PERSONALITY TYPES OF DIRECTORS OF NURSING IN NURSING
HOMES(U) AIR FORCE INST OF TECH WRIGHT-PATTERSON AFB OH
C W WILLIAMS MAY 86 AFIT/CI/NR-86-96T

F/G 6/5   NL

MICROCOPY RESOLUTION TEST CHART

NATIONAL BUREAU OF STANDARDS 1963-A

AD-A170 740

DTIC FILE COPY

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER AFIT/CI/NR 86- 96T	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) Personality Types of Directors of Nursing in Nursing Homes		5. TYPE OF REPORT & PERIOD COVERED THESIS/DISSERTATION
		6. PERFORMING ORG. REPORT NUMBER
AUTHOR(s) Calvin Wayne Williams		8. CONTRACT OR GRANT NUMBER(s)
PERFORMING ORGANIZATION NAME AND ADDRESS AFIT STUDENT AT: The University of Texas		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
CONTROLLING OFFICE NAME AND ADDRESS AFIT/NR WPAFB OH 45433-6583		12. REPORT DATE 1986
		13. NUMBER OF PAGES 128
MONITORING AGENCY NAME & ADDRESS(if different from Controlling Office)		15. SECURITY CLASS. (of this report) UNCLAS
		15a. DECLASSIFICATION DOWNGRADING SCHEDULE

16. DISTRIBUTION STATEMENT (of this Report)

APPROVED FOR PUBLIC RELEASE; DISTRIBUTION UNLIMITED

17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)

18. SUPPLEMENTARY NOTES

APPROVED FOR PUBLIC RELEASE: IAW AFR 190-1

LYNN E. WOLAVER   6 AUG 86
Dean for Research and
Professional Development
AFIT/NR

19. KEY WORDS (Continue on reverse side if necessary and identify by block number)

DTIC
ELECTE
AUG 1 2 1986
D

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

ATTACHED.

DD FORM 1473   EDITION OF 1 NOV 65 IS OBSOLETE
1 JAN 73

ABSTRACT

PERSONALITY TYPES OF DIRECTORS OF NURSING

IN NURSING HOMES

CALVIN WAYNE WILLIAMS

The personality types of directors of nursing in nursing homes located in the State of Texas were identified in this descriptive research study. Insight into the personality types of these relatively unknown nurse executives was gained through mailing the Myers-Briggs Type Indicator and a Personal Demographics Sheet to a random selection of nursing directors. Three research questions were answered with: (1) the identification of ten personality types; (2) the indication that the predominant personality type was introversion-sensing-feeling-judgment (ISFJ); and (3) the determination that a significant difference in the personality types existed among the directors of nursing using chi square with Yate's Correction. A specific and exclusive personality type does not characterize the directors of nursing in Texas' nursing homes. Demographically, the majority of these nurse administrators can be described as married females in their late 30's, educated with an Associates Degree in Nursing, and licensed as Registered Nurses. These nurses have been associated with nursing homes less than five years and in their current director's positions less than one year. By identifying and describing the personality types of the nursing home directors of nursing, other nurses now have an opportunity to become aware

PERSONALITY TYPES OF DIRECTORS OF NURSING

IN NURSING HOMES

APPROVED:

Patricia H. Oberin
(Supervising Professor)

Samuel T. Hughes, Jr.

John C. Reed

DEDICATION

With love to my wife, Mary Helen, and our son,
Christopher Calvin...our family can be forever.

PERSONALITY TYPES OF DIRECTORS OF NURSING

IN NURSING HOMES

by

CALVIN WAYNE WILLIAMS

Presented to the Faculty of the Graduate School of

The University of Texas at Arlington in Partial Fulfillment

of the Requirements

for the Degree of

MASTER OF SCIENCE IN NURSING

THE UNIVERSITY OF TEXAS AT ARLINGTON

MAY 1986

ACKNOWLEDGEMENTS

One of the beautiful things to me in pursuing my graduate degree is the scholastic family that forms and provides each of its members with cheer, faith, knowledge, and strength to achieve dreams. I want to acknowledge the graduate faculty and students who are a part of that family, and who have made a special contribution to my learning. I am grateful to you for your help and support. I owe a special thanks to my Thesis Committee Chairperson, Dr. Patricia H. Okimi, and to my Thesis Committee members, Dr. Samuel T. Hughes, Jr. and Dr. John C. Reed, for their valuable feedback and suggestions during the accomplishment of this masters' thesis.

Also, my thanks goes to the Air Force, who made this educational opportunity possible for me. In addition, my deep appreciation is extended to the Southwest Long-Term Care Gerontology Center for their granting me a Research Award.

I am indebted to my father, George W. Williams for his continual encouragement throughout my educational pursuits. To the rest of my family, thank you for your support too. And to Helen Lafayette, my mother-in-law, a special

iv

thanks for cheering me on to obtain my graduate degree.

Finally, I would be remiss without expressing my gratitude to my nuclear family for tolerating the disruptions to our family life. I love Mary Helen and Christopher very much for the endurance, love, and support, they have extended to me during this educational adventure. Christopher, you are a very special son for helping your father. And Mary Helen, I especially appreciate you for you give purpose, perspective, and happiness to all I do. God bless you all.

March 26, 1986

v

ABSTRACT

PERSONALITY TYPES OF DIRECTORS OF NURSING

IN NURSING HOMES

CALVIN WAYNE WILLIAMS, M.S.N.

THE UNIVERSITY OF TEXAS at ARLINGTON, 1986

Supervising Professor: Patricia H. Okimi

The personality types of directors of nursing in nur-
sing homes located in the State of Texas were identified in
this descriptive research study. Previous nursing studies
have neglected identifying any characteristics about these
nursing directors whose administrative roles are in transi-
tion. Changes brought by the expansion of health services
in nursing homes to meet the rapid growth in the elderly
population and those with chronic illnesses who need long-
term care have placed new demands on the nursing directors.
Any educational assistance rendered to these directors of
nursing would be helped by the possession of knowledge about
these individuals' personal characteristics. The purpose of

this study was to identify the personalities and begin the development of a personality profile on these nurse admini- strators.   To achieve this purpose, three research questions were formulated: (1) What are the personality types of di- rectors of nursing in nursing homes located in the State of Texas as measured by the Myers-Briggs Type Indicator?; (2) Is there a predominant personality type for the directors of nursing in nursing homes located in the State of Texas?; and (3) Is there a significant difference in the personality types found among the directors of nursing in nursing homes located in the State of Texas? Answers to these questions came from mailing the Myers-Briggs Type Indicator (MBTI) and the Personal Demographics Sheet to a random selection of 120 directors of nursing. Anonymity and confidentiality were provided to the subjects. The MBTI measures the four bi- polar scales of a personality type theorized by Jung and Myers, namely extraversion-introversion, sensing-intuition, thinking-feeling, and judgment-perception. Additional characteristics were sought and provided on the Personal Demographics Sheet completed and returned by thirty-four of the subjects. Summarily, the majority of the nursing direc- tors are married females in the age group of 35 to 44 years with nursing licensure as registered nurses. Academically, most of them have earned Associate Degrees and preferred

daytime continuing education programs dealing with supervisory and employee management. Two-thirds of the nursing directors have been associated with nursing homes less than five years. Nearly one-half of these individuals have been in the current director of nursing positions less than one year. Analysis of the thirty-four respondents' preferences on the Myers-Briggs Type Indicator yielded the identification of ten personality types. The ISFJ personality type of introversion, sensing, feeling, and judgment was the predominant type preferred by eight or 23.5 percent of the subjects. Calculation of the chi square with Yate's Correction for the distribution of personality types yielded a value of $X^2 = 30.30$ for a .02 level of significance. Based on this chi square value, there was a significant difference in the personality types of the directors of nursing in nursing homes located in the State of Texas. From the results of this study, one can conclude there is not a specific and exclusive personality type characterizing nurses who are directors of nursing in Texas' nursing homes.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

Introduction

Who are the people in my neighborhood? This question
is from a song played on a popular children's television
program. Song listeners are asked to become familiar with
the people who reside or work in their neighborhoods. An a-
nalogy may be drawn for nurses as the focus of patient care
changes from the traditional hospital setting to that of the
nursing home. Today's nurses who are employed in hospitals
need to ask themselves, "Who are the nurses in my neighbor-
hood?" More specifically, the question is, "Who are the
nurses working in the nursing homes?" The answer may well
be that hospital nurses do not know who these nurses are;
however, their geriatric patients are getting to know them.

With today's cost constraints on hospitalization,
many hospital discharged geriatric patients are entering lo-
cal nursing homes for the continuation of their care. As
this pattern of nursing home usage increases, the necessity
arises for hospital nurses to have more contact with nursing
home nurses to facilitate patient discharge planning and

1

continuity of care.   As the nursing staffs from each of
these health care areas communicate, they will learn more
about each other that will be beneficial in the provision of
nursing care to their mutually shared patients.

Leadership to facilitate the flow of communication
between nurses must come from the nursing administrators.
It is important that they know about each other and the re-
spective health care environments in which they manage their
nursing staff to provide patient care.   While much is known
about the personal charactertistics of some hospital nurse
administrators, very little is known about their counter-
parts in the nursing home (Eliopoulos, 1982; Garvin, 1984).
Garvin's (1984) study of Texas hopsital nurse administrators
provides information about how they perceive facts and
possibilities, and how they make judgments about the conse-
quences and human values involved in a problem to be solved,
situation to be dealt with, or a decision to be made.   No-
thing is known about the perception and judgment preferences
of nursing home nurse administrators.   This research study
is an attempt to describe the way these nursing administra-
tors prefer to use their minds in the way they perceive and
the way they make judgments.   Through these preferences that
characterize an individual's personality, some insight may
be gained into at least one aspect of who they are.   Knowing
more about them offers nurses opportunities to strengthen

the professional working relationship of nurses with nurses.

Statement of Problem

What are the personality types of directors of nursing in nursing homes located in the State of Texas?

Background and Significance

While studies of the characteristics of nurses and nurse administrators in hospitals have been conducted for some time, researchers have not given much examination to the personality characteristics of the directors of nursing in nursing homes. The lack of notice given to these nursing administrators may be due in part to the stigma attached to nurses employed in nursing homes. According to Eliopoulos (1982):

> The stigma attached to geriatric nursing prevented many competent nurses, sensitive to their professional image, from entering this field and increased the burden of the many fine nurses who enjoyed this specialty. Rather than receiving support from colleagues, geriatric nurses found that often it was their fellow nurses to whom they had to justify their area of practice. Thus, two groups of nurses emerged in nursing homes—— a large group of incompetents and undesirables, and a small group of fine practitioners who received minimal to no support from the nursing community at large. The end product was a weak nursing mass who lacked strength and support, and capacity to retain power. (p. 448)

Eliopoulos (1982) maintains that the power and respect that these nurses possessed as directors of nursing was lost as their leadership role was changed to that of a figurehead which would help the nursing home retain its licensure and

receive reimbursement.

In recent years, a different type of attention has been directed toward the nurses and directors of nursing in nursing homes. The attention is on the expansion of the roles and functions of the nursing administrator and the staff nurse because of changes in thinking about long-term care facilities. According to Reif (1982), "Long-term care, particularly nursing home care is currently the fastest growing segment of the health services in the United States...." (p. 146). Reif indicated that there was a critical need for nurses with specialty training in gerontology and long-term care, and that:

> The key reason for the shortage is the rapid growth of the elderly population, and, in particular, a sharp increase in the number of those over age 75 and others among the aged who have the highest risk of chronic illness and severe functional impairments. (p. 146)

The tremendous growth in the nursing home population demands not only an increase in the education and skills of the nurse to meet the challenges but it demands even more of the director of nursing to be sensitive and adaptive to the changes taking place. The director of nursing is in a better position than almost any other individual to establish a model of nursing care that promotes a high quality of life while caring for the illnesses of the residents in the nursing home.

The role of the director of nursing in the nursing

home is in transition from that of the past to a markedly

different one of the future. Changes in the role and re-

sponsibilities of these nursing administrators are address-

ed in Roderick's (1984) perception that the:

> Long-term health care managers of the future will have
> to temper their enthusiasm with pragmatic awareness of
> realities. They must be committed to changing funda-
> mental patterns of organization, delivery, and accoun-
> tability, and they must be obligated to meet demands
> for modification in the turbulent environment. The
> manager of the future long-term health care facility
> must be a leader, not a manager. He or she must be a
> political leader, with a vision of conceptualization,
> issue definition, social architecture, and clarity,
> and arrangement of organized and dignified human en-
> deavor. Innovation in management will be fundamental
> in health care organizations of the future. Control
> will continue to be at the heart of the effective mana-
> gerial practice in health. (p. 22)

The challenge to shift attitude, values, and nursing care

views places a great demand on the director of nursing.

Eliopoulos (1982) stresses that:

> The director of nursing role in the nursing home is at
> a significant crossroad. Demands are being placed on
> nursing homes as never as before to not only provide
> quality care but to demonstrate innovation, creativity
> and progressiveness. (p. 450)

The expanding role of these nurse administrators

calls for them to step away from the figurehead position and

clinical duties to be an administrator who can facilitate a

reasonable balance between an efficient organization and an

appropriate response to the needs of the patient.

To prepare the long-term care nursing administrators

for tomorrow's leadership needs, educational programs must

be provided that will help them achieve these objectives.

This educational necessity is supported by Roderick (1984),

who advises:

> To provide the best possible long-term care, we must
> make proper personnel education, training, and utiliza-
> tion one of our highest priorities. The need for edu-
> cation and training in the long-term care field is cri-
> tical. (p. 21)

Increasing the education and skills of the current

nurse administrators who are serving as directors of nursing

in nursing homes and providing additional qualified nurse

administrators who will possess the necessary leadership

qualities will be a challenge for nursing. One way to fa-

cilitate the educational process is to gain some insight and

understanding about the current directors of nursing in nur-

sing homes. One facet that may be addressed in developing a

profile of these nursing directors is to identify some ob-

servable differences in the way they prefer to use their

minds in the way they perceive and make judgments about

things, people, occurrences, and ideas. The manner in which

a person perceives and judges a problem, a decision, or a

situation are major characteristics and determinants of a

person's behavior. According to Jung's (1923) psychological

findings, there is an interplay between an individual's per-

sonality type and his or her perception and judgment prefer-

ences. Personalities will influence what nurse administra-

tors want and what they do on the job. According to Peter

7

Drucker (1973):

> Work is an extension of the personality. It is
> achievement. It is one of the ways in which a person
> defines himself or herself, measures his worth, and his
> humanity. (p. 185)

Since work is influenced by the personality, it is important

to learn more about the personalities of the directors of

nursing in nursing homes.

An awareness of the similarities and differences in

the personality types identified may help to open communica-

tion between nurse educators, hospital nurse administrators,

and the directors of nursing in nursing homes. As Roderick

(1984) states:

> To be proactive in the face of complexity and to suc-
> ceed, a leader must believe in the coexistence of
> health care organizations. Skills to develop interde-
> pendence between and among acute care and long-term
> care services will be essential. (p. 21)

Peer contact among these nursing leaders will help to nar-

row the mystical gap between hospital and nursing home

nurses. Through opportunities to work collaboratively,

nurse administrators in these facilities will be able to a-

chieve a more meaningful experience for themselves, their

nursing staffs, and benefit nursing as a profession.

The significance of this research study is that it

will serve as the initial step in the description of the

personality types of directors of nursing in nursing homes.

The personality profile identified by the research study may

be helpful in determining which personality characteristics

are more relevant to the functions of a nurse administrator.
Therefore, a major outcome of the study could result in the
development of an educational program that would provide
nurses in administrative positions and prospective nursing
directors an opportunity to recognize their own personality
types and the impact this type may have on those in manage-
ment and clinical nurse positions. Furthermore, the oppor-
tunity would exist for them to develop those behavioral
skills necessary to balance and enhance their own person-
alities. These nursing directors will then be more aware
of how people individually and collectively perceive events,
and the consequences which arise from the decisions they
make. The search for a personality profile on the directors
of nursing in nursing homes through the findings of this re-
search study is but one way to address the opportunities,
challenges, and needs of the nurse administrator who assumes
leadership to upgrade the quality of care for the elderly.

Theoretical Framework

Jung's theory of psychological types and Myers' per-
sonality theory were utilized in this research study. Both
theories are compatible in their approach to explain the in-
finite varieties of individual personalities that result
from the combinations of ways that people choose to perceive
and judge the ideas, things, people, or occurrences in their
lives. Myers' personality theory was selected because it

implemented Jung's theory of type in a simplistic tool. In
this section of the study, the researcher will identify the
fundamentals of these theories, explain their relationship
to the research problem, and discuss how the theories will
be used to resolve the problem. The fundamentals of Jung's
theory will be presented first.

Jung's (1923) theory of psychological types is an
attempt to find something to work with in tackling the prob-
lem of individual differences. These differences are rela-
ted to the life force of will called libido. Jung's study
of the libido focuses on its manifestations as the individ-
ual makes his adjustment to life's experiences. The libido
is manifested in four different ways for each object of ex-
perience that the individual has in life. These four ways
are: sensation, thinking, feeling, and intuition. Through
sensation, the individual meets the outside world through
the five senses. When the individual gives interpretation
to that which is perceived, it is called thinking. Next,
as the person evaluates or judges the object, one establish-
es its value in terms of one's psychic orientation and this
is called feeling. Finally, the individual has an awareness
of relationships about the experience which cannot be known
in any other way. This aspect of experience which eludes
consciousness is called intuition.

In these four expressions of the libido, two are

termed rational and two are termed nonrational. Thinking
and feeling are the rational functions because they involve
a deliberate attitude and action on the part of the indivi-
dual toward the object being experienced. The individual in
thinking interprets, and in feeling judges the object. In
contrast, sensation and intuition are viewed as nonrational
functions. They are nonrational in that the individual does
not purposively or rationally seek to experience or under-
stand the object. The relationship with the object through
sensation is a passive experience. In the process of intu-
ition, the understanding of the object comes to the individ-
ual. In essence, Jung (1923) perceived the libido as such.

Jung (1923) sees a compensatory relation within each
set of functions. Progoff (1953) writes:

> In the rational set, thinking and feeling act as oppo-
> sites, and tend to balance each other, while sensation
> and intuition are in the same relationship in the non-
> rational set. (p. 101)

These four functions serve as a compass to give direction
and orientation in the study of the personality.

All four functions are experienced by every individ-
ual to some degree. Although one function is more highly
developed in each individual than the others, the other
three functions remain (Progoff, 1953, p. 102). The indi-
vidual uses his dominant function on a conscious level not
only to experience the world but as the basis around which
he organizes his personality.

A conceptual picture of the individual's personality can be represented through use of the function compass mentioned earlier. With the dominant function in the consciousness, the other member of the pair, i.e., thinking-feeling, sensation-intuition, is in the unconsciousness. It is a way of seeing how the opposites balance one another and maintain their constant interrelationship. The other two functions are in between, overlapping, and influencing the other two functions (Progoff, 1953, p. 102).

The individual can develop one of the four functions that seems to be either the natural preference or one that will provide his most effective means for social success. The developed function is gifted with strong abilities and it is able to lead the personality. With its distinct differentiation from the other functions, the dominant one becomes evident to the world outside of the individual. The individual identifies with the most favored and most developed function. According to Jung (1923) this identification permits psychological typing.

While the individual is concentrating on differentiating the characteristics of the dominant function, another aspect of the libido is coming into the consciousness level. The libido's progressive movement may be directed either out into the environment toward concrete objects of the objective world, or it may be directed inward, down into the per

son's inner world. The movement toward the outer world is called extraversion, and the movement toward the inner world is termed introversion. Every individual has both tendencies or attitudes in his nature. There is a tendency for the conscious personality to concentrate on either one of the directions (Progoff, 1953, p. 109). In each personality, there are parts that are extraverted, and parts that are introverted.

Jung (1923) has named the two attitudinal types: extravert and introvert. The four functional types he named: thinking, feeling, sensation, and intuition. As the four functional types exist in each of the two attitudes, a total of eight combinations result, i.e., extravert sensation type and an introvert sensation type. These eight psychological types serve as the guiding principles to help consider an individual's relation to the outer world in terms of his dominant and inferior, and overlapping functions (Progoff, 1953, p. 111).

Myers' personality theory builds on these features of Jung's type theory. According to Myers (1962), her theory is:

> That much apparently random variation in human behavior is actually quite orderly and consistent, being due to certain basic differences in the way people prefer to use perception and judgment. 'Perception' is here understood to include the processes of becoming-aware of things or people, or occurrences or ideas. 'Judgment' is understood to include the processes of coming-to-conclusions about what has been perceived. If people

differ systematically in what they perceive and the
conclusions they come to, they may as a result show
corresponding differences in the reactions, in their
interests, values, needs, and motivations, in what they
do best, and in what they like best to do. Adopting
this working hypothesis, the Indicator [Myers-Briggs
Type Indicator] aims to ascertain, from self-report
of easily reported reactions, people's basic prefer-
ences in regard to perception and judgment, so that
effects of the preferences and their combinations may
be established by research and put to practical use....
(p. 1)
Thus behavior is directly affected by the processes of
perception and judgment, and it is entirely reasonable
that basic differences in perception or judgment should
result in corresponding differences in behavior. (p.
51)

Utilizing Jung's typology, Myers (1962) believes that an

individual's personality or type is created, "...by the ex-

ercise of their preferences with regard to the use of per-

ception and judgment" (p. 63). The underlying assumption in

Myers' (1962) theory is that every person has a natural pre-

ference for one of the opposites in each pair of indices

contained in four basic preferences: extraversion or intro-

version, sensing or intuition, thinking or feeling, judgment

or perception.

Myers' extra scale of judgment-perception was design-

ed to measure an individual's preferred way of dealing with

the outer world. These dimensions of the personality were

never explicitly defined by Jung as independent functions,

although the distinction between perceptive types and jud-

ging types is implied in Jungian theory (Carlyn, 1977, p.

461). Myers expla.ns that people alternate use between

these two attitudes since both cannot be used at the same
time.   However, people prefer one attitude best and spend as
much time in it as possible.   People's choices are based
upon the fundamental differences between the two attitudes.
Myers (1962) explains the difference:

> In the judging attitude, in order to come to a conclu-
> sion, perception must be shut off for the time being.
> The evidence is all in.   Anything more is incompetent,
> irrelevant, and immaterial.   One now arrives at a ver-
> dict and gets things settled.   Conversely, in the per-
> ceptive attitude one shuts off judgment for the time
> being.   The evidence is not all in.   There is much more
> to it than this.   New developments will occur.   It is
> much too soon to do anything irrevocable. (p. 58)

Myers sees the preference between perception or judgment as
a person's tendency to prefer one force that dominates and
unifies one's life.   Jung and Myers agree that the dominant
process acts like a governing process to balance the other
preferences in the personality as they are developed and
utilized.

Under Myers' theory, people create their own person-
ality type by making a choice with regard to the pairs of
opposites in each of the four preferences.   Myers (1962) em-
phasizes in her theory that:

> People who exercise the same preferences have in com-
> mon whatever qualities result from the exercise of
> those preferences.   The interests, values, needs, hab-
> its of mind and surface traits which naturally result
> tend to produce a recognizable kind of person.   One can
> therefore partly describe an individual by stating his
> four preferences .... (p. 63)

One can conclude from Myers' theory and Jung's theory

of typology that personality is structured by an individ-
ual's choice between the combinations of psychological atti-
tudes and functions that are associated with the ways of
perceiving and judging experiences in the environment.

It is this conclusion that relates both Myers' and
Jung's theories to the problem of identifying the perception
and judgment preferences or personality types of the direc-
tors of nursing in nursing homes. Assuming that every per-
son has a natural preference for perceiving and judging, and
that together these two processes, "... make up a large por-
tion of people's mental activity, govern much of their outer
behavior ..." (Myers, 1980, p. 1), then it is possible to
measure these aspects of behavior in the directors of nur-
sing.

Both of these theories will be utilized to resolve
the research problem because Jung's theory of psychological
types is the basis for the research instrument that Myers
developed. The Myers-Briggs Type Indicator (MBTI) imple-
ments Jung's theory of type by permitting people to identi-
fy their preferred methods of perceiving and judging.
Through administration of the MBTI to the directors of nur-
sing in nursing homes, it will be possible to identify their
perception and judgment behavior as a personality type.

Statement of Purpose

The purpose of this research study was to identify

the personality types of the directors of nursing in nursing homes located in the State of Texas; and to determine if there was a difference in personality types among these directors of nursing.

Statement of Research Questions

Three research questions were formulated for this research study. The research questions were:

1. What are the personality types of directors of nursing in nursing homes located in the State of Texas as measured by the Myers-Briggs Type Indicator?

2. Is there a predominant personality type for the directors of nursing in nursing homes located in the State of Texas?

3. Is there a significant difference in the personality types found among the directors of nursing in nursing homes located in the State of Texas?

Assumptions

An assumption was made for this study that each nursing home identified in the Directory of Texas Long Term Care Facilities had a director of nursing (Hogstel, 1983, p. 29).

Limitations

The limitations of this research study were:

1. The number of directors of nursing in nursing homes

located in the State of Texas to be randomly sam-
pled was limited by budgetary constraints.

2. The results of this study apply only to the direc-
tors of nursing in nursing homes located in the
State of Texas and cannot be generalized to any
other group of individuals.

Definition of Terms

To clarify the terminology utilized in this study,
the following terms are defined:

1. Director of nursing - A registered professional
nurse or a licensed vocational nurse who is employ-
ed full time at 40 hours a week in a skilled nur-
sing facility. The director of nursing reports to
the agency administrator and is responsible for em-
ploying and supervising nursing personnel; plan-
ning, implementing and evaluating nursing; and
operating the nursing department within the philos-
ophy and objectives of the institution (Hogstel,
1983, p. 29).

2. Long-term care - Refers to a broad range of medi-
cal, social, and supportive services for persons
who have lost some capacity for self-care, and who
are expected to need care for an extended period of
time. These services range from in-home, commun-
ity, to institutional skilled nursing facilities

(Governor's Long-Term Care Planning Group, 1982, p. 2).

3. Nursing home – A medical residential setting designed to provide long term services to persons in need of specialized nursing services on a 24-hour basis (Governor's Long-Term Care Planning Group, 1982, p. 58).

4. Personal preference types – (Rovezzi-Carroll & Leavitt, 1984, p. 1550; Rezler & Buckley, 1977, p. 476):

    a. Extrovert – A person who attends to the outer world of people and objects.

    b. Introvert – A person who prefers to focus on the inner world of ideas and reflects before engaging in action.

    c. Sensing – A person who is realistic, observes by way of the senses, and works well with facts.

    d. Intuition – A person who is imaginative, idea-oriented, and good at problem-solving.

    e. Thinking – A person who is analytical and values impersonal, objective logic.

    f. Feeling – A person who weighs personal values, sympathizes, and believes that human dislikes and likes are important.

g. Judging - A person who lives in a planned, or-
derly way, aiming to regulate life and control
it.

h. Perceiving - A person who lives in a flexible,
spontaneous way, and aims to understand life
and adapt to it.

5. Skilled nursing facility - A nursing home which
provides 24-hour care for persons demonstrating
medical necessity of such complexity that the ser-
vices and supervision of professional nursing per-
sonnel are required on a daily basis (Governor's
Long-Term Care Planning Group, 1982, p. 58).

Summary

Little is known about the directors of nursing in
nursing homes who are facing a dynamic change in their ad-
ministrative roles. Demands are being placed on these nurse
administrators to be innovative, and progressive in their
patterns of management and patient care delivery so nursing
homes can meet the demands for modification in a turbulent
health care environment. The stigma surrounding these nurse
administrators is dissolving as the health care turbulence
puts a new perspective on their leadership roles and the
necessity for nursing leaders in hospitals and nursing homes
to be interdependent in solving mutual problems. To facili-
tate the communications exchange among nursing administra-

tors, some insight about the directors of nursing in nursing homes may come through developing a profile about the way they prefer to use their minds in the way they perceive and make judgments about people, things, and ideas. According to Jung's theory of psychological types, there is an interplay between an individual's personality type and his or her perception and judgment preferences. Using Jung's theory, Myers evolved her own personality theory and developed the Myers-Briggs Type Indicator. This research instrument offers a way to measure these personal characteristics of perception and judgment in the directors of nursing. The purpose of this research study was to utilize the Myers-Briggs Type Indicator in an effort to identify the personality types of directors of nursing in nursing homes, and to begin a profile on certain recognizable personal characteristics.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The purpose of the review of literature was to deter-
mine what had been written that described the personality
types of the directors of nursing in nursing homes as depic-
ted in the psychological and personality theories of Jung
and Myers. As the current literature does not exist that
would describe these personal characteristics, the resear-
cher found it necessary to extend the literature search be-
yond the normal five year span to twenty-five years to lo-
cate reference articles. Nothing specific could be located.
From the articles that were found that dealt with personali-
ty profiles, the researcher attempted to evolve a pyscholo-
gical description of the registered nurse who may be employ-
ed in either the nursing home or hospital setting. The
literature review is divided into seven areas: (1) senior
nursing students, (2) graduate nursing students, (3) nurse
practitioners, (4) medical-surgical and psychiatric nurses,
(5) nurses in general, (6) allied health professionals, and
(7) business managers. Each area will be presented in the

21

above order, beginning with the senior nursing students.

Senior Nursing Students

The personality profile of nursing students was studied to see what personality description senior students from a nursing program might present. The developing thought was that these senior nursing students may resemble those directors of nursing who may be recent graduates themselves. In the attempt to describe the personalities of student nurses, it was found that few researchers have concentrated on senior students. In one of the studies dealing specifically with senior nursing students, Reece (1961) described them as having strong needs for deference, abasement, nurturance, and endurance. These students were less motivated for achievement, autonomy, dominance, and succorance (p. 173).

These personality characteristics are from the Edwards Personal Preference Schedule (EPPS) which was used in many studies that will be presented in this literature review and is detailed here to familiarize the reader with its content. Leavitt, Lubin, and Zuckerman (1962) describes the EPPS on page 80 of their article as follows:

1. Achievement: to accomplish something difficult; to be a success; to be one's best.
2. Deference: to respect superiors; to respect authority; to accept leadership; to conform to custom.
3. Order: to like order; to aim for perfection in detail; to have things planned and organized.
4. Exhibition: to be the center of attention; to make an impression; to have an audience.

5. Autonomy: to be free to do what you want; defy convention; to be critical of authority.
6. Affiliation: to please and win affection; to be loyal to friends; to form strong attachments.
7. Introception: to be introspective; to be interested in motives and feelings; to analyze the behavior of others.
8. Succorance: to desire sympathy; to want encouragement; to have others interested in your problems.
9. Dominance: to dominate others; to be a leader; to influence others to make a decision.
10. Abasement: to feel inferior; to feel guilty; to feel timid; to withdraw from unpleasant situations.
11. Nurturance: to sympathize with others; to be generous with others; to encourage others.
12. Change: to try new and different things; to like to travel; to experience novelty; and change.
13. Endurance: to persist; to keep at a task until it is finished; to put in long hours of uninterrupted work.
14. Heterosexuality: to enjoy heterosexual activities. to be interested in the opposite sex.
15. Aggression: to criticize others publicly; to tell others what one thinks of them; to attack contrary points of view; to make fun of others; to become angry.

Similar findings to Reece's high and low preferences were evident in Redden and Scales (1961) study using the same research instrument as Reece, the Edwards Personal Preference Schedule. In comparison to the norm of college women in general, these senior nursing students were significantly higher in deference, introception, nurturance, endurance, and aggression. They had lower than norm scores for order, autonomy, affiliation, dominance, change, exhibitionism, and heterosexuality.

Stauffacher and Navran (1968) initiated a longitudinal study of senior nursing students to see what personality characteristics were evident then and five years later. Us-

ing the EPPS, their findings were again similar to the high

and low needs evident in the two previously mentioned stud-

ies.

Using the Omnibus Personality Inventory, Meleis and

Dageneis' (1981) study results showed their sample of gradu-

ating nursing students as having a higher need for autonomy,

rebelliousness, aggression, and gratification of their

needs. Also, these individuals were characterized as pos-

sessing strong tendencies toward a non-religious orienta-

tion, personal integration, and a practical outlook on life.

In addition, these graduating nursing students were depicted

as having active, creative imaginations, enjoying reflective

thinking, but experiencing high anxiety levels.

These changes in the personality profile of the grad-

uating nursing students may be explained by Yankelovich

(1981) as individuals searching for self-fulfillment.

Yankelovich (1981) explains:

> What is extraordinary about the search for self-ful-
> fillment in contemporary America is that it is not con-
> fined to a few bold spirits or a privileged class ...
> search for self-fulfillment is ... involving ... per-
> haps as many as 80 percent of all adult Americans. In
> the 1960s the search for self-fulfillment was largely
> confined to young Americans on the nation's campuses
> and was masked by the political protests against the
> war in Southeast Asia. When the war ended in the early
> seventies, the campuses quieted, and the challenge to
> traditional mores spread beyond college life to find a
> variety of expressions in the larger society-in the
> women's movement; in the consumer, environmental and
> quality-of-life movements ('small is beautiful'); in
> the emphasis on self-help, localism, and participa-
> tion; in the hospice movement; in the flood of books on

cultivating the self; in the questioning of the scientific-technological world view; in greater acceptance of sexuality ...; in a new preoccupation with the body and physical fitness; in a revival of interest in nature and the natural; and above all, in a search for the 'full, rich life,' ripe with leisure, new experience, and enjoyment as a substitute for the orderly, work-centered ways of earlier decades. (p. 1)

Over the past several decades, the rules of social behavior have expanded, moving us from a society with relatively homogeneous definitions of family, sex roles, and working life toward greater tolerance, openness, choice, and a wider range of acceptable behavior. There is a clear pattern of change in our society's rules of living according to Yankelovich.

Graduate Nursing Students

Without having information on the demographics concerning the graduate preparation of directors of nursing in nursing homes, the researcher attempted to describe in this section those personality characteristics that could be used to depict them if they have completed a graduate nursing program.

Graduate students majoring in four clinical nursing areas were studied by Miller (1965). Results from the Strong Vocational Interest Blank for Women and the California Psychological Inventory demonstrated significant differences in personality characteristics among these four areas. Miller describes psychiatric nursing majors as: rebellious,

nonconforming, manipulative, distrustful, overreactive to minor frustrations, sensitive to criticism,, self-dramatizing, creative, and verbally fluent. Medical-surgical nursing majors distinguished themselves as: conformists, submissive, tactful, reliable, rationally objective, sincere, dependable, judgmental of social values and attributes of others, impersonal and aloof. Public health graduate students were seen as: orderly, dependable, productive, conventional, sociable, less introspective, and self-concerned. The maternal-child group were depicted as: warm, compassionate, relaxed, aesthetically sensitive, liked and accepted by others, socially perceptive, introspective, ready to feel guilty, more feminine, and conventional. Support for Miller's study came from a study by Lukens.

Lukens (1965) found that the personality patterns of graduate nursing students in medical-surgical nursing and psychiatric nursing programs were similar to those described in Miller's findings. According to Lukens, medical-surgical nursing students were authoritarian, orderly, religious, humanitarian, and more achievement oriented. In contrast to them, graduate psychiatric nursing students were found to be more tolerant of socially undesirable and value-violated feelings and motivations.

Chater (1967) researched the personality characteristics of graduate nursing students in the same four nursing

clinical specialties as did Miller (1965) but measured them using the Omnibus Personality Inventory. Chater's findings are like Miller's. Some additional descriptors are provided for each group. Graduate students in psychiatric nursing were described as: socially oriented, creative in adaptive responses, and prominent intellectually. Action-oriented, and practical-minded were added to depict the graduate medical-surgical majors. The public health group was seen as: independent and autonomous, tolerant of ambiguity, reflective thinkers, but not socially oriented. This last descriptor for the public health nurses contradicted that found in the Miller study which was that they were socially oriented. With the final group of maternal-child graduate nursing students, Chater identified them as preferring simplicity versus complexity, unoriginal, dependent, authoritarian, rigid, and emotionally suppressed. Although different research tools were used, one may suggest that both Chater's and Miller's studies indicate that there are differences in the personality profiles of graduate students as they perceive and judge their environments.

Different personality patterns emerged in Miller's (1966), and Graham's (1967) studies for those nursing students preparing as teachers and administrators. Both researchers agreed that students who chose administration placed more value on monetary gains, property, and objects

which have utility than did those students who chose teach-
ing. Whereas, graduate students selecting teaching placed
more value than those choosing supervision on striving for
success through personal effort, influencing others, having
time for introspective contemplation and intellectual growth
and accomplishment, and are willing to subject themselves
for long periods to other's requirements in order to achieve
educational goals (Miller, 1966, p. 170; Graham, 1967, p.
184). Graham went a little further in describing those stu-
dents within the medical-surgical specialty that had select-
ed teaching. These teachers' personal characteristics in-
cluded being more tender-hearted, kind, cultured, protected,
emotionally sensitive and idealistic. Also, they were more
more concerned with relationships between their inner lives,
and social happenings with their emotions.

Hansen and Chater's (1983) study of female registered
nurses in a master's degree program indicated that, "... wo-
men in nursing seek roles within the profession that permit
the expression of their personalities" (p. 48). From their
study, those nurses who exhibited managerial interests were
more practical minded, sociable, conforming, dominant, ex-
pressive, and had more occupational interests than those who
did not demonstrate such interest. The nurse practitioner's
personal characteristics are considered next.

Nurse Practitioners

Articles on nurse practitioners were reviewed to assemble a psychological profile on them that may fit this type of nurse who has become a director of nursing in a nursing home.

White (1975) compared the psychological characteristics of nurse practitioners in general with second year nursing students using the Edwards Personal Preference Schedule. Nursing practitioners had higher scores for autonomy, exhibition, dominance, change, and heterosexuality with lower scores on nurturance, deference, order, abasement, and endurance. In contrast, the baccalaureate nursing program students' scores were reversed on these same personality characteristics.

Burns, Lapine, and Andrews (1978), looked at the personality profile of nursing students participating in a graduate pediatric nurse practitioner program. After program completion, these nurses were administered the Edwards Personal Preference Schedule as they had been upon entry into the program. Their scores matched White's (1975), and they had some additional high need preferences for aggression, introception, and achievement. The exception was that dominance was shown as a low need preference.

Bruhn, Floyd, and Bunce (1978) administered the Myers-Briggs Type Indicator on three different occasions to

students in a pediatric nurse practitioner program. When they tested the nurse practitioners one year after graduation, "... the nurses' profile on all psychological measurements tended to resemble those obtained on entry to the program" (Bruhn et al, 1978, p. 703). The nurses' profile was distributed as more extravert-sensing, followed by introvert-intuitives, next introvert-sensing, and finally extravert-intuitives.

Medical-Surgical and Psychiatric Nurses

The fourth area of the literature review concerning the medical-surgical and psychiatric nurse studies will be covered in this section. They are included as an opportunity to get a broader psychological description of nurses.

Cohen, Trehub, and Morrison (1965) employed the Edwards Personal Preference Schedule to measure the personality profiles of psychiatric nurses. Cohen et al's findings are in sharp contrast to those of Lukens' (1965), and Miller's (1965). Cohen et al characterized the psychiatric nurses' needs as high for order, endurance, deference, and introception. Their needs were lower for achievement, dominance, autonomy, succorance, exhibition, aggression, and affiliation. A different view of the psychiatric nurse comes from another study by Townes and Wagner.

In their two separate studies on child psychiatric nurses and adult psychiatric nurses, Townes and Wagner

(1966a, 1966b) used Cattell's 16 Personality Factor Questionnaire. Both groups of nurses can be described as: "... more intelligent, dominant, assertive, and liberal in their thinking and less concerned with adherence to formal authoritarian codes of behavior than the general population" (Townes & Wagner, 1966a, p. 71; 1966b, p. 356). Their findings are similar to what Miller (1965) and Lukens (1965) found for the graduate nursing students in these same related fields.

Lentz and Michaels (1965) studied nurses working on separate medical and surgical floors to examine personality factors among them. They found both groups had significantly higher scores than the Edwards Personal Preference Schedule (EPPS) norm group of college women for order, endurance, and deference while the need for dominance was scored lower. In a comparison, Lentz and Michaels found that on ten of the 15 variables on the EPPS, medical nurses' scores fell between those of the surgical and psychiatric nurses. The comparison psychiatric nurses were brought in by the researcher's from a different study conducted by Navran and Stauffacher. High scores for the medical nurses were on order, succorance, and affiliation. Scores were lowest for the three nursing groups on dominance, and nurturance. For the rest of the variables, the medical nurses were next in high scores. The psychiatric nurses scored high on intro-

ception, dominance, heterosexuality, achievement, and auton-

omy. The surgical nurses were high for change, abasement,

nurturance, endurance, deference, aggression, and exhibi-

tion. More information comes from another study.

Using Cattell's 16 Personality Factor Questionnaire,

Gluck and Charter (1980) tested medical and surgical staff

nurses. Gluck and Charter's measurements found that all

these nurses scored toward being reserved, detached, criti-

cally aloof, stiff, and self-assured. Within these groups,

nurses with less than five years of nursing experience were

described as more assertive, frank, expressive, unconven-

tional, and needed recognition. In contrast, nurses with

more than 21 years of nursing experience were characterized

as being more submissive, dependent, conforming, restrained

and cautious, rulebound, and conscientious. Also, they were

more emotionally disciplined, and controlled in will power

and social preciseness. The differences in these longer

working nurses may be accounted for by Yankelovich's (1981)

explanation:

> Average fulfillment seekers are not concerned with ab-
> stract historic issues; the arena within which they
> struggle is their everyday life. Their life experi-
> ments engage what we might call the 'giving/getting
> compact'--the unwritten rules governing what we give
> in marriage, work, and community, and sacrifice for
> others, and what we expect in return .... The old giv-
> ing/getting compact might be paraphrased this way:
> 'I give hard work, loyalty and steadfastness. I swal-
> low my frustrations and suppress my impulse to do what
> I would enjoy, and do what is expected of me instead.
> I do not put myself first; I put the needs of others

ahead of my own. I give a lot, but what I get in re-
turn is worth it ....' These people, especially if they
are over thirty five years of age, have mostly settled
into stable commitments to family, work, friends, com-
munity, and leisure .... The majority retain old tra-
ditional values, including a moderate commitment to the
old self-denial rules, even as they struggle to achieve
some measure of greater freedom, choice, and flexibili-
ty in their lives. (pp. 6, 7, 88)

The less experienced nurses seem to fit the category of the

psychiatric nurse while the more experienced nurses parallel

that of the medical-surgical nurse in the studies of Miller

(1965), Lukens (1965), and Lentz and Michaels (1965). The

descriptions of the less experienced nurses and psychiatric

nurses would be fitting those people who make up the post-

war baby boom. Yankelovich (1981) describes the baby boom-

ers in this manner:

Clearly, nothing an be further from the values of
self-fulfillment seekers than the class-conscious,
hierarchical, authoritarian, adversarial attitudes that
characterize the managerial outlook in many American
industries. Balking at these attitudes, workers en-
gaged in the search for self-fulfillment retaliate by
holding back their commitment, if not their labor. They
resent sharp social class distinctions between employee
and employer. They do not automatically accept the au-
thority of the boss. They want to participate in deci-
sions that affect their work. They prefer variety to
routine and informality to formalism. They want their
work to be interesting as well as pay well and to give
them an outlet for creativity. They seek responsibili-
ty and they like to set their own goals. They enjoy
working in small groups in a relationship of collegi-
ality rather than in a rigid hierarchy. They desire
constant feedback: a running commentary on how they
are doing on the job. (p. 41).

From these earlier studies on the psychiatric nurses, one

can surmise that the psychiatric nurses were the vanguard of

nurses seeking self-fulfillment. The personality character-
istics of nurses in general will be reviewed next.

Nurses in General

The review of literature on the personality types of
nurses in general was pursued as a possible likeness for the
personality characteristics of the directors of nursing in
nursing homes.

In the literature search, a couple of studies on men
in nursing were reviewed as there may be a director of nur-
sing who is a male. Mannino (1963) studied the profession-
al man nurse and Garvin (1976) examined the male nursing
student. Similar results were obtained from both studies
which showed men in nursing as kind, sympathetic, highly es-
thetic and theoretical, orderly and systematic in their
knowledge. Man's interests are empirical, critical, and
rational so that he judges things primarily by their tangi-
ble utility. In his religious orientation, he seeks to com-
prehend his relationship to the cosmos as a whole.

Both masculine and feminine characteristics were dis-
played in the nurses studied by researchers Simpson and
Green (1975), and Minnigerode, Kayser-Jones, and Garcia
(1978). This psychological androgynous nurse's feminine
characteristics were warmth, understanding, gentleness,
helpfulness, and kindness. Included were the masculine
traits of independence, competitiveness, self-confidence,

and decision-making. From these studies, some nurses would display a blend of supportive personal concern, and technical competence.

George and Stephens (1968) compared the personality traits of public health nurses and psychiatric nurses. Results from the Edwards Personal Preference Schedule indicated that the public health nurses had higher needs for autonomy, and abasement while the psychiatric nurses had higher needs for deference and aggression. Other than these four variables, the public health nurses showed a similar personality profile to that of the psychiatric nurses on the remaining eleven variables. These personality traits are similar to Miller's (1965), and Chater's (1967) descriptions of the psychiatric and public health nurses. However, George and Stephens' (1968) study of these two nursing groups showed the psychiatric nurses as having a higher need for deference than the public health nurses.

Caputo and Hanf (1965) hypothesized that there is a set of personality needs shared in common by those nurses already functioning in nursing and by those individuals seeking to enter nursing. From the Edwards Personal Preference Schedule (EPPS), results indicated that although registered nurses are similar to one another, there does not appear to be a specific and exclusive pattern of personality needs characterizing registered nurses in diverse settings.

The personality pattern relationships from the EPPS among
the nurses, college women, and adult women were high. The
registered nurses had this pattern of personality needs,
from high to low: introception, nurturance, change, affilia-
tion, abasement, heterosexuality, endurance, dominance, ex-
hibition, deference, achievement, succorance, order, aggres-
sion, and autonomy. In comparison to the public health
nurse in George and Stephens' (1968) study, the registered
nurse is almost completely opposite in personality traits.
The rank order from high to low of personality traits for
the public health nurse in George and Stephens' study are:
order, introception, deference, endurance, achievement,
change, aggression, autonomy, heterosexuality, abasement,
dominance, affiliation, nurturance, exhibition, and succor-
ance.

In Gortner's (1968) study of registered nurses enter-
ing a baccalaureate nursing program, these nurses were found
to have similar personality characteristics to those of sen-
ior nursing students in the same program. According to the
results on the Omnibus Personality Inventory tool, both
groups' personality profile revealed a heightened interest
in ideas and reflective thought, caution, nonimpulsivity,
realism, and adherence to religious and socially acceptable
norms of behavior. Being authoritarian and having more mas-
culine interests than other college women described the pair

too. Also, they were average in appreciation of aesthetic
and problematic matters, and less tolerant of novel ideas
and ambiguity. The registered nurses were more reflective
and logical thinkers than were the senior students.

Findings from MacDonald's (1975) study on matching
personalities with position indicates achievement as the
motivational need most characteristic of the sampled head
nurses' personalities.

On the only study found describing the personality
traits of registered nurses, licensed vocational nurses, and
nurse aides in nursing homes, Burge (1977) found all three
types of nurses as scoring above average on ascendancy, re-
sponsibility, emotional stability, and sociability.

In England, one purpose of Lewis and Cooper's (1976)
review of personality measurement among nurses was to deter-
mine if there are, "... personality traits one could identi-
fy for successful and long-serving nurses" (p. 212). These
authors concluded that it is difficult to draw any firm
generalizations about a nursing personality profile. They
did not give up trying to find that profile because later
in 1976, new findings were reported.

Cooper, Lewis, and Moores (1976) researched the per-
sonality profiles of long-serving senior nurse officers in
administrative positions. Using results from the 16 Person-
ality Factor Questionnaire, these authors concluded that

the male and female nurses in the sample had significant

differences on eight scales in comparison to the general

male and female population. As a group, these senior nurses

were more outgoing, emotionally stable, conscientious, ex-

perimenting, self-sufficient, controlled, and relaxed. The

male nurses were significantly more outgoing, intelligent,

and emotionally stable than the female nurses. Yet, the fe-

male nurses were more tender-hearted, and sensitive. The

topic of personalities was further researched by Lewis.

Lewis' (1980) study in England was concerned with,

"establishing personality based criteria of suitability for

nursing" (p. 221) to help in the recruitment and selection

of trainee nurses. Personality measurement among qualified

and active nurses was obtained using the 16 Personality Fac-

tor Questionnaire. In the comparison to the norm population

of women, Lewis' findings described nurse tutors and teach-

ers, and newly registered nurses as more intelligent. Ex-

perienced nurses were more conscientious, persevering, and

responsible. Sisters and newly registered nurses were more

tough-minded. Newly qualified nurses were more conventional

and practical, less self-disciplined, inconsiderate, not

careful, yet most anxious to do the right things. Also,

they were more easily affected by feelings, and had less

tolerance for unsatisfactory conditions. In contrast to

the new nurses, senior nurses showed more control of their

emotions, and were more outgoing, creative, imaginative, experimental, and tolerant of change. All of the nursing groups sampled were described as self-sufficient, decision-makers, and acted on their own initiative. Lewis' findings on male nurses confirmed those in Cooper, and Lewis's (1976) study.

Koehne-Kaplan and Tilden (1976) were interested in the interplay between personality types and clinical judgment in nursing practice. The registered nurses measured in the sample by the Jungian Type Survey were primarily extraverts. These registered nurses were enrolled in a baccalaureate nursing program and a very large number of them were identified as having a personality type of extravert-sensing-feeling.

Allied Health Professionals

Studies involving allied health professionals were reviewed to add a comparative base for the findings that would come from using the Myers-Briggs Type Indicator to identify the personality types of the directors of nursing.

Rezler and Buckely (1977) identified and compared the personality traits of six groups of female student health professionals using the Myers-Briggs Type Indicator. Only two significant differences were found, and these indicated that of all the groups, female medical students preferred thinking to feeling, and pharmacy students were more judging

than perceiving. Another allied health professional study using the Myers-Briggs Type Indicator was reviewed.

Radonsky (1980) described the personality character-istics of published occupational therapists as extravert-intuitive-thinking-judging. In the same study, nonpublished occupational therapists had introvert-sensing-feeling-judg-ing personality types.

Rovezzi-Carroll and Leavitt (1984) examined the per-sonality characteristics of physical therapy students using the Myers-Briggs Type Indicator. Students who desired ca-reers as generalist clinicians were described as sensing and judging. The students choosing careers as specialist clini-cians scored higher on the intuitive and perceiving scales. Both the generalist and specialist clinician groups were homogeneous in their preferences for extraversion and feel-ing.

In a related study of allied health professional but one in which the Myers-Briggs Type Indicator was not used, Buhmeyer and Johnson (1977) compared the personality pro-files of nurses and physician extenders. Nurses were sig-nificantly more interested in activities, and wanted more control than the physician extenders.

Business Managers

The final grouping in the literature review was the business managers. The purpose in reviewing the business

literature was to see what personality descriptions were be-

ing ascribed to nurses as management personnel. Nurse ad-

ministrators in any setting were not described. The re-

searcher found descriptions of business managers that may

apply to the study's problem. Literature from this area was

reviewed and included in the hope of providing a comparative

description.

Stoghill (1948) surveyed the literature on personal

factors associated with leadership and classified these fac-

tors under the general headings of:

1. Capacity - is intelligence, alertness, verbal fa-
    lity, originality, and judgment.
2. Achievement - is scholarship, knowledge, athletic
    accomplishments.
3. Responsibility - is dependability, initiative,
    self-confidence, persistence, aggressiveness, and
    desire to excel.
4. Participation - consists of activity, sociability,
    cooperation, adaptability, and humor.
5. Status - is socio-economic position and popularity.
6. Situation - consists of mental level, status,
    skills, needs, and interests of followers. (p. 64)

Along the same lines, Miner (1973) described six ma-

jor characteristics of management behavior: (1) favorable

attitude toward authority, (2) desire to compete, (3) asser-

tive motivation, (4) desire to exercise power, (5) desire

for a distinctive position, and (6) a sense of responsibili-

ty (p. 149).

In Schein's (1975) study, successful female middle

managers were found to possess those characteristics, and

attitudes more commonly applied to men in general. Female

managers who were more similar to men displayed character-
istics of leadership ability, competitiveness, self-confid-
ence, objectivity, and aggressiveness. Also, they had at-
tributes of being forceful, ambitious, and responsible.
Those female managers more similar to women were depicted as
modest, creative, cheerful, and intuitive. Also, these in-
dividuals were helpful, more aware of other's feelings, and
displayed humanitarian values. Schein found that the per-
ceptions of competence, intelligence, persistence, tact, and
creativity were not related to sex.

Data from Kerin and Slocum's (1981) study of graduate
students in business administration indicated that intuitive
thinking types and feeling types differ in their information
preferences. The authors noted this principal difference
from using the Myers-Briggs Type Indicator in the study.
Kerin and Slocum concluded that thinking types prefer more
objective, quantitative data than do feeling types.

Important yet different personality characteristics
of effective managers were evident in the remaining business
readings. Sargent (1981) defined three competencies of an
effective manager that are applicable to nurse administra-
tors as they are business managers:

1. Analytical competence: the ability to identify,
    analyze and solve problems even without complete
    information.
2. Interpersonal competence: the ability to influ-
    ence, supervise, lead, manipulate, and control
    people.

3. Emotional competence: the capacity to be stimulated rather than exhausted by emotional and interpersonal crises; to bear high levels of responsibility without becoming paralyzed, and to exercise power without guilt or shame. (p. 49)

Within these three competencies can be fit the important personality characteristics that Newman, Warren, and Schnee (1982), Cantor (1982), Huse (1982), and Skinner and Sasser (1983) determined would be present in successful managers. McMurray (1976) named many of these personality prerequisites that these authors did but added that the successful manager had to, "subscribe to the Protestant ethic of hard work, perseverance, frugality, craftmanship, pride, obedience to authority, and loyalty to the employer" (p. 365).

In the final reading, Flippo and Munsinger (1982) referenced the results of the Sears, Roebuck Company longitudinal study indicating significant personal characteristics associated with successful managerial performance. Among these characteristics were a marked preference for, "orderly thought, overt and even aggressive self-confidence, a leaning toward number-related tasks, personal values of a practical and economic nature, and high general activity" (p. 297).

Summary

In summary, the review of literature presented in this study provided a comprehensive overview of the studies and readings that have attempted to describe the personality

profiles of nurses, allied health professionals, and business managers. The personality profile of the senior nursing students would characterize them as conformists who respect authority, dislike unpleasant situations, show concern for other people, persist at any task, and who enjoy creative and reflective thinking. According to the studies on graduate nursing students, psychiatric nurses were creative, verbally fluent nonconformists who were more tolerant of other's behavior. Medical-surgical nurses were described as authoritarian, orderly, dependable, action-oriented, and achievement oriented. Public health nurses were more outgoing and independent. Maternal-child nurses as sociable, authoritarian, conventional, sensitive to others, and preferring simplicity over complexity. The main aspects of a personality profile for the nurse practitioners would include being outgoing and independent, perceiving through the senses, and enjoying change. Personalities of nurses with different lengths of nursing experience are almost opposite each other. Nurses with less working experience are described as assertive, frank, and unconventional while nurses with more tenure are submissive, restrained, and conventional. Descriptive terms gleaned from the readings on nurses in general would characterize their personalities as: authoritarian, orderly, systematic, empirical, critical yet sensitive to others, rational, adhere to socially acceptable

norms of behavior, and less tolerant of novel ideas and am-
biguity. Another way to describe these nurses would be as
extravert-sensing-feeling types. Some of these preferences
evident in nurses were similar to those found in the studies
examining the personality types of allied health profession-
als. The descriptions of the personality characteristics of
business managers are those that can be associated with the
terms used to described nurses. It becomes evident from the
literature review that nurses do share some personality
traits. However, it is difficult to determine which traits
will be the ones that are descriptive of the nursing direc-
tors as there is no corroborating evidence in the litera-
ture. Also, the results of these studies covered in the
literature review make it certain that there is not a spe-
cific and exclusive personality profile that can be utili-
zed to characterize all nurses, as well as the directors of
nursing in nursing homes. Therefore, there is a need to
collect and publish information about the personality pro-
file of these nursing directors that will correct the lite-
rary deficiency. Thus, the purpose of this research study
is to identify and describe the personality types of the
directors of nursing in nursing homes.

CHAPTER III

METHODOLOGY

Introduction

The purpose of the research study was to answer ques-
tions that focused on identifying the personality types of
directors of nursing in nursing homes located in the State
of Texas and determining whether or not there was a predomi-
nate personality type among the nursing directors. Also,
the study concerned itself with answering the question that
asked if there was a significant difference in the person-
ality types among the directors of nursing. The methods and
procedures utilized in achieving the answers to these ques-
tions will be described in this section. The content of
this section will include research design, population and
sampling, ethical considerations, instrumentation, data col-
lection and analysis. The research design will be presented
first.

Research Design

The research design employed in the study was a de-
scriptive survey (Isaac & Michaels, 1981, p. 46). This de-
scriptive research survey sought to collect data on the per-

46

sonality types of directors of nursing in nursing homes lo-
cated in the State of Texas.   By accumulating this data base
on personality types, some insight can be provided about the
personal characteristics of these very specific nurse ad-
ministrators.

Population and Sampling

The population of interest in this study was the di-
rectors of nursing in nursing homes that are skilled nursing
facilities located in the State of Texas.   The random sample
that was selected from this general population was obtained
from the listing of nursing homes in the Directory of Texas
Long Term Care Facilities supplied by the Texas Department
of Health Quality Standards Division.   From the 930 possible
participants identified and numbered consecutively in the
directory, a table of random numbers was used to draw a sam-
ple of 120 nursing homes (Rand Corporation, 1955; Polit &
Hungler, 1983, p. 419).   According to Polit and Hungler
(1983):

> It should be clear that the sample selected randomly
> in this fashion is not subject to the biases of the
> researcher....Random selection does...guarantee that
> differences in the attributes of the sample and the
> population are purely a function of chance. (p. 420)

A survey packet was mailed to the director of nursing in
each of these randomly selected nursing homes.   Budgetary
constraints limited the number of subjects that could be
included in the study's sample.

Ethical Considerations

The ethical considerations in this research study provided anonymity and confidentiality to all participating subjects. In each of the cover letters sent to the 120 directors of nursing, the subjects were provided information about the study and invited to participate. Also, in the cover letters, the directors of nursing were advised to read the statement of informed consent before completing the two research instruments. In the statement of informed consent, the subjects were given more detail about the study's purpose and how it would be achieved through their participation. In the same consent form, subjects were informed about the researcher's use of an identification number on the questionnaires to assure their anonymity and confidentiality. This number was discarded by the researcher when the research materials had been returned. The consent of the participating directors of nursing was to be inferred from their completion of the Myers-Briggs Type Indicator and the Personal Demographics forms. Copies of the cover letter, and the statement of informed consent are included in the appendices.

Instruments

The instrument utilized to collect data about the personality types of the directors of nursing in nursing homes was the Myers-Briggs Type Indicator. A personal demo-

graphics sheet was also provided to the participants. The
Myers-Briggs Type Indicator is a measure of personality dis-
positions and interests as based on Jung's theory of psycho-
logical types. The Myers-Briggs Type Indicator (MBTI) Form
F, which has been designed specifically for research pur-
poses, with an answer sheet was mailed to each of the sub-
jects in the sample. The MBTI was self-administered by the
participants using the instructions given on the cover page
of the test booklet, and answer sheet. Subjects were ad-
vised that the typical administration time for the MBTI and
the Personal Demographics Sheet would be 25 minutes.

Form F of the Myers-Briggs Type Indicator consists of
166 questions covering the four bi-polar scales of: (1) ex-
traversion-introversion, (2) sensing-intuition, (3) think-
ing-feeling, and (4) judgment-perception. According to
Myers (1962), the main purpose of the Myers-Briggs Type In-
dicator is to ascertain a person's basic preferences in re-
gard to the major processes of perception and judgment.
These processes are part of a personality type and can be
identified by a person's habitual choice for one of the op-
posites in each of the four paired preferences mentioned in
the beginning of this paragraph. To avoid bias from either
acquiescence or social desirability, the Myers-Briggs Type
Indicator employs force-choiced items (Myers, 1962, p. 84).

Scoring the Myers-Briggs Type Indicator requires the

use of a separate handscoring key for each of the four pre-

ferences, i.e., EI, SN, TF, and JP. Scoring the MBTI pro-

duces a numerical score for each of the two choices in the

four bi-polar preferences. The choice with the most points

shows how strongly an individual prefers one of the oppo-

sites in each pair. A letter associated with the preferred

choice is taken and assembled with the letters from the

other preferences. Combining these four letters in the or-

der of extraversion-introversion, sensing-intuition, think-

ing, and judgment-perception make up the personality type

formula. A personality type, like ISFJ from introversion,

sensing, feeling, and judging, can be matched to published

descriptions of the personal characteristics associated with

the four preferences in the formula. Useful insights about

the person can be readily obtained from these associated

trait descriptions for each combination of these prefer-

ences. There are sixteen possible personality types. A

brief description of the characteristics associated with

each of these types is included in the appendices.

Reliability and validity have been established for

the Myers-Briggs Type Indicator (MBTI). Myers (1962) re-

ports high reliabilities for the internal consistency (p.

84). Split-half reliabilities for type categories were es-

timated calculating the tetrachoric correlation coefficients

and by applying the Spearman Brown prophecy formula (Myers,

1962, p. 20b). Carlyn (1977) used various methods to mea-
sure the internal consistency of continuous scores and pro-
duced similar coefficient results as did Myers (p. 465).

The validity of the Myers-Briggs Type Indicator has
been conducted. Both Myers (1962), and Carlyn (1977) repor-
ted that the content validity for the four indices are
generally consistent with the content of Jung's typological
theory (p. 21; p. 468). A comparison of the MBTI with the
Grey-Wheelwright Questionnaire, another instrument designed
to identify Jungian types, showed three indices: (1) extra-
version-introversion, (2) sensing-intuition, and (3) think-
ing-feeling as significant at the .01 level (Myers, 1962,
p. 21). The fourth indice of judgment-perception was not
compared as the Grey-Wheelwright Questionnaire did not have
this scale.

On predictive validity, Carlyn (1977) reports it as
being moderate in the Myers-Briggs Type Indicator (p. 469).
Construct validity has been investigated in the MBTI by
Carlyn (1977), and Cohen, Cohen, and Cross (1981). Investi-
gation of the MBTI's constructs and scores has resulted in
both sets of researchers strongly suggesting, as Carlyn
wrote:

> That the individual scales of the Myers-Briggs Type In-
> dicator measure important dimensions of personality
> which seem to be quite similar to those postulated by
> Jung. (p. 471)

In addition to the Myers-Briggs Type Indicator, a

Personal Demographics Sheet was used to collect data about the directors of nursing in nursing homes. The demographics form was a self-administered twelve question instrument designed by the researcher to yield information about the subjects' age, sex, marital status, nursing licensure, length of tenure as a nursing director, previous workplace, and education related achievements and pursuits. An example of this instrument is included in the appendices.

Data Collection

Participant packets consisting of a cover letter, an informed conse statement, a Myers-Briggs Type Indicator (MBTI) test booklet, an answer sheet for the MBTI, Personal Demographics Sheets, and a self-addressed, stamped return mailing envelope was mailed to each of the directors of nursing in nursing homes randomly selected to participate in the study. Examples of these items included in the participants packets, except the Myers-Briggs Type Indicator test booklet and answer sheet, are in the appendices.

The cover letter served as the letter of introduction to explain the purpose of the study. In addition, the cover letter performed other functions. It invited participation, indicated the length of time to complete the two research instruments, addressed anonymity and confidentiality, and provided instructions for returning the questionnaires. Also, the cover letter explained that the research findings

would be made available to the participants upon request. A

detachable request form was provided with the statement of

informed consent.

A follow-up letter was mailed as a reminder to parti-

pants who had not returned the research materials by a given

date in the cover letter. An extension date for completing

and returning the instruments was provided in the reminder

letter as a sufficient response had not been obtained in the

initial period of data collection.

The directors of nursing who participated in the

study returned their completed questionnaires by mail to the

researcher. As the participants returned their study ma-

terials on an individual basis, each of their assigned iden-

tification numbers was discarded to preserve their promised

anonymity. Also, to maintain this anonymity, participant

requests for a copy of the abstract of the study's findings

were separated from the questionnaires as they were received

by the researcher.

Data Analysis

For this descriptive research study, the descriptive

statistical procedure of frequency distribution and the non-

parametric test of inferential statistics, called chi square

with Yate's Correction, were applied to analyze the data

collected in the two questionnaires (Bartz, 1976, p. 294;

Polit & Hungler, 1983, p. 520). According to Isaac and

Michael (1981), "Chi square is a means of answering questions about data existing in the form of frequencies" (p. 177).

To obtain the information for the frequency distributions and for analysis, the Myers-Briggs Type Indicator answer sheets were handscored. A different handscoring key, one for each of the eight choices, i.e., extraversion, introversion, sensing, intuition, thinking, feeling, judging, and perceiving, was applied to every answer sheet to determine which selections had the highest preference. When all four bi-polar scores had been determined, a type formula consisting of the letters from the four strongest preferences was compiled. Each personality type identified was assembled in a distribution table and the frequency of occurrence was tabulated. In this manner, the research questions concerning identification of the personality types and determination of the predominant personality type of the directors of nursing in nursing homes could be answered.

The answer to the research question regarding the significance of the distribution of the personality types of the nursing directors came through the application of the statistical technique called chi square. As the expected distributions of the personality types was below ten, Yate's Correction for this deficiency was calculated into the chi square computation. The chi square with Yate's Correction

was applied to the sets of expected and observed frequency distributions to test the significance of these personality type distributions for the directors of nursing in nursing homes. The level of significance was set at .05 for the results of the study.

Data collected on the Personal Demographic Sheets were organized into categories and tabulated into distribution tables for analysis.

Methodological Limitations

The methodological limitations for this study were:

1. The small sample of directors of nursing selected to participate in the study was largely due to the costs associated with mailing participant packets and the researcher's limited budget for financing the study.

2. The possibility that a participant's packet was mailed to a nursing home and unanswered because a director of nursing was not employed in the facility at that time.

3. The time frame for distributing the participant's packets may not have been ideal as some of the nursing homes in the State of Texas were under investigation for alleged mistreatment of nursing home patients and the institutional policies may have restricted responses to any outside agency inqui-

ries including the researcher's questionnaires.

Summary

In summary, the design of this descriptive survey was
focused on collecting data that would answer the first two
research questions that were concerned with the identifica-
of the personality types and the determination of the pre-
dominant personality type for the directors of nursing in
nursing homes located in the State of Texas. The signifi-
cance of the distribution of the nursing directors' person-
ality types was to be tested at a level of .05 to obtain an
answer to the third research question.

Information pertaining to these research questions
was collected through the mailing of the Myers-Briggs Type
Indicator and a Personal Demographics Sheet to a randomly
selected sample of 120 directors of nursing in nursing homes
located in the State of Texas. Data collected through the
return mailings of the questionnaires by study subjects were
processed in a manner that provided the participants anony-
mity and confidentiality. Analysis of data was accomplished
through the application of the descriptive statistical pro-
cedure of frequency distributions and the inferential sta-
tistic called chi square with Yate's Correction. Sample
size, absence of nursing directors, and institutional re-
straints on study participation were given consideration
as possible limitations affecting the research methodology.

CHAPTER IV

RESULTS

Introduction

This descriptive study was designed to answer three research questions concerning the personality types of directors of nursing in nursing homes located in the State of Texas. Data obtained through the Myers-Briggs Type Indicator were analyzed using the frequency distribution and chi square statistical procedures. Characteristics and findings about this study's sample were drawn from this analysis and the answers to questions on the Personal Demographics questionnaire. These characteristics and findings will be presented in this chapter.

Characteristics of the Sample

The population in this study consisted of directors of nursing in nursing homes located in the State of Texas. A simple random sample of 120 directors of nursing was selected to participate in the study. Participant packets were mailed to all of those selected. From this sample, 34 subjects responded by completing and returning the two questionnaires which had been mailed to them. These two ques-

tionnaires were the Myers-Briggs Type Indicator and the Personal Demographics Sheet.

Information on the ages of the directors of nursing was solicited on the demographics questionnaire. The age range was found to be 25 to 64 years with a mean age of 37.1 years and 35.3 per cent of the sample were between 35 and 44 years of age. This data is depicted in Table 1.

TABLE 1

AGE RANGE OF DIRECTORS OF NURSING

Age	Frequency	Percent
25 - 34	9	26.5
35 - 44	12	35.3
45 - 54	8	23.5
55 - 64	5	14.7
	N = 34	

The sexual gender and marital status of the participants were requested on the demographics questionnaire. All respondents were female with the exception of one male. From the data provided, the marital statuses of the nursing directors were as follows: 79.4 percent married, 17.6 percent divorced, and 3.0 percent widowed. Information on the marital statuses is displayed in Table 2.

TABLE 2

MARITAL STATUS OF DIRECTORS OF NURSING

Marital Status	Frequency	Percent
Married	27	79.4
Divorced	6	17.6
Widow	1	3.0
N = 34		

Of the 34 respondents to the survey, 64.7 percent of the directors of nursing were registered nurses, and 35.3 percent were licensed vocational nurses. Table 3 displays this information.

TABLE 3

NURSING LICENSURE OF NURSING HOME DIRECTORS OF NURSING

Nursing License	Frequency	Percent
Registered Nurse	22	64.7
Licensed Vocational Nurse	12	35.3
N = 34		

Table 4 presents the survey results of the education-

al background of the respondents. Twenty-four, or 62.5 per-
cent of the nursing directors possess an Associate Degree in
Nursing, five or 20.8 percent have a Baccalaureate Degree in
Nursing, and four or 16.7 percent possess a Diploma. Of the
remaining ten subjects, five responded to this question on
the highest academic degree possessed by recording either
the abbreviations of RN or LVN in the block marked "Other",
and five subjects did not record their highest academic de-
gree.

TABLE 4

EDUCATIONAL BACKGROUND OF RESPONDENTS

Degree	Frequency	Percent
Diploma	4	16.7
Associate Degree in Nursing	15	62.5
Baccalaureate Degree in Nursing	5	20.8
	N = 24	

The specialty in the highest academic degree achieved
was predominantly basic nursing for 24 of the participants.
One RN respondent with a Diploma and one RN with an Associ-
ate Degree in Nursing recorded being educated as nursing
clinical specialists for an emergency room and a special

care unit. Two other participants indicated their specialty in school was nursing administration. Other individual specialties noted were education, hemodialysis, and psychology.

Table 5 shows that 26 respondents or 76.5 percent are not completing an academic degree while eight subjects or 23.5 percent are working on an academic degree. Of these eight participants, five were studying in the nursing field with four of them seeking an Associate Degree and one a Bachelor of Science in Nursing degree; two were studying psychology with only one of these indicating the degree level and it was a Masters; and one participant was studying health care administration at an unknown degree level.

TABLE 5

RESPONDENTS PRESENTLY COMPLETING AN ACADEMIC DEGREE

Response	Frequency	Percent
Yes	8	23.5
No	26	76.5
N =	34	

Twenty one or 61.8 percent of the directors of nursing were interested in continuing their academic education. Table 6 displays these findings.

TABLE 6

INTEREST IN CONTINUING ACADEMIC EDUCATION

Response	Frequency	Percent
Yes	21	61.8
No	13	38.2
	N = 34	

Educationally, the nursing directors were primarily interested in continuing their studies in nursing. Nursing administration and gerontology were the next two choices. Most respondents desired a baccalaureate degree. These findings are exhibited in Table 7.

TABLE 7

DESIRED ACADEMIC FIELD AND DEGREE

Study Field Degree	No Response	AD	BSN	MSN	Ph.D.
Nursing		2	5	1	
Nursing Administration			3		
Gerontology	3				
Psychology	2				
Education			1		
	N = 17				

Thirty-three or 97 percent of the participants were
interested in continuing education programs while one was
not. Among those interested in the programs, 23 or 69.7
percent of the directors of nursing preferred programs
scheduled during the daytime hours as opposed to 10 or 30.3
percent who desired the early evening hours. The preferred
weekdays to attend the continuing education programs were
Wednesdays and Thursdays.

In response to the question, "what is the most dif-
ficult problem the directors of nursing have?", staffing was
the problem most often recorded. As many of the partici-
pants listed more than one problem, the problems were cate-
gorized according to shared commonalities. These categories
are presented in Table 8.

TABLE 8

DIRECTOR OF NURSING'S MOST DIFFICULT PROBLEM

Problem	Frequency	Percent
Staffing	33	78.6
Changes in State Regulations	4	9.5
Family Members of Patients	3	7.1
Budget	1	2.4
Small Town Without A Doctor	1	2.4

The data presented in Table 9 reveals the types of continuing education topics that the study participants recorded would be most useful to them. Supervisory and employee management was the topic in greatest demand by the directors of nursing in nursing homes.

TABLE 9

MOST USEFUL EDUCATIONAL TOPICS

Topic	Frequency	Percent
Health Care Planning	2	4.2
Legal Aspects	2	4.2
Rehabilitative Nursing	3	6.3
Decubitus and Urinary Tract Infections	4	8.3
Nursing Home Management and Marketing	5	10.4
Update on geriatric diseases, medications, nursing procedures and techniques	7	14.5
Aging and Care of Aged	8	16.7
Supervisory and Employee Management	17	35.4

Additional data collected on the demographics questionnaire dealt with the length of time the subjects had been in their current director of nursing positions. Table 10 depicts that 41.2 percent of the nursing directors have

been in their current positions less than one year.

TABLE 10

LENGTH OF TIME IN CURRENT POSITION
AS A DIRECTOR OF NURSING

Years	Frequency	Percent
Less than 1	14	41.2
1	1	2.9
2 - 3	10	29.4
4 - 5	2	5.9
6 - 7	3	8.8
8 - 9	1	2.9
10 and more	3	8.8
	N = 34	

A related question on time was utilized to elicit
from the respondents the length of time each had been a di-
rector of nursing associated with nursing homes. Data pre-
sented in Table 11 shows that 38.2 percent of the sample has
been in this capacity less than two years. However, 67.6
percent of the nursing directors have been associated with a
nursing home for less than five years when the first two
percentages in the Table 11 are combined.

TABLE 11

LENGTH OF TIME AS DIRECTOR OF NURSING
ASSOCIATED WITH NURSING HOME

Years	Frequency	Percent
Less than 2	13	38.2
3 - 5	10	29.4
6 - 9	4	11.8
10 - 12	3	8.8
13 - 15	1	2.9
16 - 18	1	2.9
19 - 20	1	2.9
21 and more	1	2.9
	N = 34	

In response to the question on where the participants were working before becoming a director of nursing for a nursing home, findings in Table 12 show that 48.5 percent of the respondents worked in a nursing home and 42.5 percent were employed in a hospital. See Table 12 for these findings.

TABLE 12

WORKPLACE BEFORE BECOMING A DIRECTOR OF NURSING

Workplace	Frequency	Percent
No Response	1	3.0
Doctor's Office	1	3.0
School	1	3.0
Not Working	1	3.0
Hospital	14	42.5
Nursing Home	16	48.5
N = 34		

Findings

Responses from the directors of nursing to the Myers-Briggs Type Indicator were compiled, and analyzed to answer the research study's three questions. The answer to the first research question is displayed in Table 13 which represents the personality types of the directors of nursing in nursing homes located in the State of Texas. From the responses of the 34 subjects participating in the study, ten personality types were identified from the 16 types that are possible in the measurements afforded by the Myers-Briggs Type Indicator.

TABLE 13

FREQUENCY DISTRIBUTION OF PERSONALITY TYPES
OF DIRECTORS OF NURSING IN NURSING HOMES
IN THE STATE OF TEXAS

Personality Type	Frequency	Percent
ISFJ	8	23.5
ESFJ	7	20.6
ESTJ	6	17.6
ISTJ	4	11.8
ISFP	2	5.9
ESFP	2	5.9
INTP	2	5.9
ENTP	0	0
INFJ	1	2.9
ENFJ	0	0
INTJ	1	2.9
ENTJ	0	0
ENFP	1	2.9
INFP	0	0
ISTP	0	0
ESTP	0	0

N = 34

E = Extrovert   I = Introvert
S = Sensing   N = Intuition
T = Thinking   F = Feeling
J = Judgment   P = Perception

As indicated in Table 13, the personality type of ISFJ as introvert (I), sensing (S), feeling (F), and judgment (J) was the predominant personality identified among the directors of nursing taking part in this study. At 23.5 percent, the ISFJ personality type answered the second research question which sought to determine the predominant personality type for the directors of nursing in nursing homes in Texas that took part in the study.

The focus of the third research question was to determine if there was a significant difference in the personality types of the directors of nursing in Texas' nursing homes. In order to obtain the answer to this research question, the chi square statistical procedure was applied to the collected data. As the expected frequencies in the calculations were less than 10, the Yate's Correction for continuity formula was employed. The formula is:

$$X^2 = \frac{(0 - E - 0.5)^2}{E}$$

Downie and Heath (1974) recommend using the Yate's Correction because, "When any expected frequency is small, less than 10, a chi square computed for such data is likely to be an overestimate and may lead to erroneous conclusions" (p. 196).

The value of $X^2 = 30.30$ was determined and according to the Table of Distribution of X^2 Probability for 15 de-

grees of freedom, the value of 28.259 for X^2 to be signifi-
cant at the .02 level (Polit & Hungler, 1983, p. 631).
Based on the chi square value of X^2 = 30.30, the finding was
that there is a significant difference in the personality
types of the directors of nursing in nursing homes located
in the State of Texas.

Summary

The descriptive characteristics and findings of this
study on the personality types of directors of nursing in
nursing homes located in the State of Texas were presented
in this chapter. A summation of the characteristics of the
34 subjects found on the Personal Demographics questionnaire
indicates that 35.3 percent were in the age group of 35 to
44 years and all were female with the exception of the one
male director of nursing. The majority of the participants
are married. In the sample, 64.7 percent of the subjects
were registered nurses and 35.3 percent were licensed vo-
cational nurses. Academically, 62.5 percent of the nursing
directors have Associate Degrees and the predominant edu-
cational specialty in their training was basic nursing.
Twenty-six nursing directors (76.5%) were not completing an
academic degree at research time. The interest in continu-
ing with academic education was strong at 61.8 per cent with
the primary field of study to be nursing. Ninety-seven per-

cent of the respondents were interested in continuing education programs and there was an indication that most of the nursing directors desired daytime programs scheduled preferably on Wednesdays and Thursdays. The difficult problem foremost in the minds of the participating nursing directors was staffing. The preferred continuing educational topic centered on supervisory and employee management. Among the directors of nursing who participated in the research study, 41.2 percent have been in their current director's position for less than one year. A high percentage of the subjects, 67.6 percent, have been associated with nursing homes as directors of nursing for less than five years. Nearly half of the respondents or 48.5 percent were working in a nursing home before becoming a director of nursing in a nursing home. The findings in the data collected through the Myers-Briggs Type Indicator indicated that ten personality types were present in the sample of respondents. The predominant personality type of ISFJ (Introversion, Sensing, Feeling, Judgment) was found to exist for these participating directors of nursing. Analysis of the personality types was conducted through application of the chi square statistical procedure with Yate's Correction. The chi square value of $X^2 = 30.30$ indicated a significant difference existed at the .02 level for those participating directors of nursing from nursing homes located in the State of Texas.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this research study was to identify
the personality types of the directors of nursing in nursing
homes located in the State of Texas. The design of the de-
scriptive research study involved mailing two questionnaires
to a random sample of 120 directors of nursing in nursing
homes located in the State of Texas. These questionnaires
were the Myers-Briggs Type Indicator and the Personal Demo-
graphics Sheet. The self-administered questionnaires were
completed and returned by 34 subjects. The Myers-Briggs
Type Indicator measured the nurse administrator's prefer-
ences in regard to perception and judgment as based on
Jung's and Myers' theories of personality types. These
theories propose that there is an interplay between an in-
dividual's personality type and his or her perception and
judgment preferences. Scoring the Myers-Briggs Type Indi-
cator completed by each subject produced four preference
scores, one for each of the four bi-polar scales which
structure an individual's personality type, namely: extra-

version (E) or introversion (I), sensing (S) or intuition (N), thinking (T) or feeling (F), and judgment (J) or perception (P).

Data collected from the Myers-Briggs Type Indicator were analyzed to answer three research questions formulated for the study. The questions answered by the findings were:

1. What are the personality types of directors of nursing in nursing homes located in the State of Texas as measured by the Myers-Briggs Type Indicator?

2. Is there a predominant personality type for the directors of nursing in nursing homes located in the State of Texas?

3. Is there a significant difference in the personality types found among the directors of nursing in nursing homes located in the State of Texas?

One finding showed that ten personality types were found among the participating directors of nursing. A second finding indicated that the predominant personality type evident in these ten personality types was the ISFJ which signifies introversion (I), sensing (S), feeling (F), and judgment (J). The third finding showed that a significant difference in the personality types existed because the chi square value of $X^2 = 30.30$ exceeded the .05 level of significance.

Findings from the information collected on the Per-

sonal Demographics Sheet characterized the directors of nursing as: predominantly married females with a mean age of 37.1 years, licensed as registered nurses, educated primarily in associate degree nursing programs, interested in continuing education programs but not actively pursuing academic degrees, employed less than five years as a nursing director, and encumbered with staffing difficulties in the nursing home.

Interpretation

The first research question was an inquiry into the personality types of the directors of nursing in nursing homes located in the State of Texas as measured by the Myers-Briggs Type Indicator. Ten of the sixteen personality types possible on the Myers-Briggs Type Indicator were identified among the 34 participating directors of nursing. The ten personality types were:

```
 1.  Introversion  Sensing    Feeling   Judgment    (ISFJ)
 2.  Extraversion  Sensing    Feeling   Judgment    (ESFJ)
 3.  Extraversion  Sensing    Thinking  Judgment    (ESTJ)
 4.  Introversion  Sensing    Thinking  Judgment    (ISTJ)
 5.  Introversion  Sensing    Feeling   Perception  (ISFP)
 6.  Extraversion  Sensing    Feeling   Perception  (ESFP)
 7.  Introversion  Intuition  Thinking  Perception  (INTP)
 8.  Introversion  Intuition  Feeling   Judgment    (INFJ)
 9.  Introversion  Intuition  Thinking  Judgment    (INTJ)
10.  Extraversion  Intuition  Feeling   Perception  (ENFP)
```

The diversity evident in the ten personality types indicates that nurses with different personalities had chosen to be directors of nursing in nursing homes.

The variety in the personalities is accounted for by
Jung's and Myers' theories of personality types. According
to Myers (1962):

> The apparently random variation in human behavior is
> actually quite orderly and consistent being due to cer-
> tain basic differences in the way people prefer to use
> perception and judgment. (p. 1)

By definition, a nursing director's perception determines
what he or she sees in a situation, and his or her judgment
determines what he or she decides to do about it. The basic
preferences of the directors of nursing in regard to percep-
tion and judgment were identified by their choices between
the opposites found in each of the four indices comprising
the personality type. These four indices were: extraver-
sion (E) or introversion (I), sensing (S) or intuition (N),
thinking (T) or feeling (F), and judgment (J) or perception
(P). Therefore, according to Jung's and Myers' theories,
the directors of nursing's personalities are like other peo-
ples in that they reflect that there are individual differ-
ences in the way people prefer to perceive and judge. As a
result, people behave differently in our society.

The second research question addressed whether there
is a predominant personality type among the directors of
nursing in Texas' nursing homes. The predominant personali-
ty type was determined to be the ISFJ type which is composed
of the four perception and judgment preferences: introver-
sion (I), sensing (S), feeling (F), and judgment (J). Eight

of the respondents or 23.5 percent were found to be of the ISFJ personality type.

The directors of nursing who were identified with this personality type would be better understood by a description of each preference comprising the personality type. Myers and Myers (1980) have described the effects of these preferences in work situations.

According to the nursing directors' preference to be introverts, these individuals would be noted to have the faculty for concentration because more attention is paid to what is going on inside the head with concepts and ideas than to what is going on outside in the outer world of people and things. On the job, these nurse administrators prefer to work alone, and tend not to mind about working on a project for an extended period of time. Interruptions and telephone intrusions are disliked. These nursing directors tend to be very thorough and careful with details. Also, these individuals are interested in the idea behind a current project. Thinking a lot before acting, and possibly not acting afterwards would also describe these directors of nursing who have a preference for introversion.

As sensing types, these individuals are characterized as being precise, logical and systematic in doing administrative work. These nurse administrators show an excellent ability to adapt to the routine ways of doing things. New

problems are bothersome unless there standard methods to re-
solve them. These nursing directors are conspicuous for be-
ing patient with routine details but impatient when the de-
tails become complicated.

Another aspect of the ISFJ personality type is the
preference for feeling. Feeling means these directors of
nursing are very people oriented. In being aware of other
people and their feelings, the nurse administrators try to
maintain a harmonious working relationship in the nursing
home. Praise is given and occasional praise in return is
appreciated. As such, these individuals would prefer to
please people rather than tell them unpleasant things. This
people oriented nature of the feeling preference often lets
the nursing director's decisions be influenced by people's
personal likes and dislikes.

The last preference in the personality type is judg-
ment. A judgment preference indicates the nursing directors
work best when they can plan their work and can follow that
plan. In organizing work, the preference is on getting
facts that are stated clearly and simply. Being organizers,
these nurse administrators prefer to get things settled and
finished before moving on to other projects. There is a
tendency on these nursing directors' part to be satisfied
once a judgment on a thing, situation, or person has been
reached. Adherence to the established standard operating

procedures by themselves and other staff members is valued
and respected by the nursing directors.

Although a predominant personality type was found to
exist among the directors of nursing in nursing homes, the
ESFJ counterpart of the ISFJ personality type needs conside-
ration too. Attention should be directed at the ESFJ per-
sonality types because it was the next highest in the pat-
tern of frequency distributions. The ESFJ personality type
was identified on seven or 20.6 percent of the 34 research
instruments. The directors of nursing with the ESFJ type
are similar in the sensing (S), feeling (F), and judgment
(J) indices to the nursing directors described with the ISFJ
personality type. The difference between these two person-
ality types is that the ESFJs are extroverts whereas the
ISFJs are introverts. With this difference in mind, a
thumbnail sketch of these nurse administrators as extroverts
would primarily characterize them as the most sociable of
the types. ESFJs are energized by the variety and action
that comes from interactions with people. These nursing di-
rectors do not mind the telephone interruptions and intru-
sions that come from having people around in the workplace.
Whether work is performed personally or by other people,
these nurse administrators are interested in how the work
was accomplished and the results. A personal preference is
on performing fast uncomplicated procedures, and avoiding

the long slow jobs. Often, these nursing directors act

quickly, and sometimes without thinking. As extroverts,

the directors of nursing love to communicate and live in

terms of people and things (Myers & Myers, 1980, p. 93).

Another dominant personality type was the ESTJ. Six

or 17.6 percent of the 34 sampled directors of nursing were

concentrated in this personality type. The indices of ex-

traversion, sensing, and judgment in this ESTJ personality

type are similar to those described for the ISFJ and ESFJ

personality types. The preferred index of thinking (T)

characterizes these nursing directors as extraverted think-

ers who:

> Use their thinking to run as much of the world as may
> be theirs to run. They are in their element whenever
> the outer situation needs to be organized, criticized,
> or regulated. Ordinarily they enjoy deciding what
> ought to be done and giving the appropriate orders to
> ensure that it will be done. They abhor confusion, in-
> efficiency, half measures, anything that is aimless and
> ineffective. Often they are crisp disciplinarians, who
> know how to be tough when the situation calls for
> toughness. (Myers & Myers, 1980, p. 85)

Because of these characteristics, Myers and Myers (1980)

acknowledge this personality type, "might be called the

standard executive type" (p. 86). The directors of nursing

with an ESTJ personality type enjoy administration because

of their natural tendency to think, plan, decide, organize,

and achieve results.

The reason for the prominence of the three personali-

ty types of ISFJ, ESFJ, and ESTJ among the directors of nur-

sing is unclear. However, the strong favoritism for these personality types may be accounted for by the similarities in certain preferred indices that comprise the personality types. The nursing directors who have these three person- ality types have indicated a common preference for the in- dices of sensing and judgment.

Keirsey and Bates (1984) have summarized and describ- ed the traits of these shared preferences in terms of ad- ministrative strengths. Accordingly, these nurse admini- strators have a sense of social responsibility that is re- flected in being duty bound and obligated to serve the in- terests of the nursing home. Because these individuals like administrative work, the nursing directors are in nursing homes to establish nursing services, and to nurture and maintain the services as an effective, smooth running sys- tem. Subordinates know these leaders expect the rules of the nursing home to be followed and disapprove of the wrong- doers. Before these directors of nursing take any personnel or administrative actions, the consequences are weighed in an effort to see the practical effects of the decision. Ac- cording to Keirsey and Bates (1984), the abilities of these particular nursing directors:

> Lie in establishing policies, rules, schedules, rou-
> tines, regulations, and hierarchy.... drawing up lines
> of communication, at following through....being pa-
> tient, thorough, steady, reliable, orderly...value
> policies, contracts, and standard operating procedures.
> This sort of manager can be relied on to arrange the

environment so as to bring stability to an organiza-
tion. (p. 138)

Overall, the obligations of serving others and being useful
to the nursing home through administrative activities are
proven daily by these nurses. In having similar preferred
ways of behaving, these individuals are accepting and ful-
filling the duties and responsibilities as directors of nur-
sing in nursing homes.

The third research question asked whether there is a
significant difference in the personality types found among
the directors of nursing in Texas' nursing homes. Through
the application of the chi square statistical procedure with
Yate's Correction to the expected and observed frequency
distributions of personality types, a significant difference
was found to exist among the personality types.

The deviation between the theoretical expectation and
the observed frequency distributions was significant in that
the distribution of the ten personality types did not occur
by chance. The expectation of two nursing directors dis-
tributed in each of the sixteen personality types was not
realized in the results.

The observed frequencies in some of the personality
type categories deviated more than others from what was ex-
pected by chance. The largest differences between the ex-
pected and observed values of the chi-square analysis were
in regard to the ISFJ, ESFJ, and ESTJ personality types.

The expected distribution in each of the personality types was to be two, but the observed distributions were eight, seven, and six respectively. Thus, the greatest contributions to the chi square value comes from the fact that there are more directors of nursing in nursing homes who are of these three personality types than the number that would be expected by chance.

To account for the effect of the small sample size on the one-way classification of the chi square with the small expected distribution frequencies, chi square (X^2) was computed with Yate's Correction. The value for X^2 necessary for a .05 level of significance was 25.00. The obtained value from the analysis of the sample's results was $X^2 = 30.30$, which is at the .02 level of significance. This chi square value indicates there is a significant difference in the personality types of the directors of nursing in nursing homes located in the State of Texas.

Nursing Implications

Who are the directors of nursing? Are the directors of nursing those whose personal characteristics when put together would render this recognizable portrait: attention focused on the inner world of ideas; respect for facts and capacity for detail; judgments based on sympathetic handling of people; and decisive after reflection? Or are the directors of nursing better described with this portrait: atten-

tion focused on the outside world of people and things; respect for facts and capacity for detail; impersonal judgments based on cause and effect; and immediate decisions?

The answer to the question is that all these personal characteristics describe a director of nursing. These descriptions are not exclusive because the results of this research study indicated that there are other personal characteristics to describe the nurse administrators who are directors of nursing in nursing homes. The ten personality types identified for these nursing directors give evidence that people are different from each other. These differences in personalities do not make one right and the other wrong but illustrate the point that people have preferential differences in the manner in which perception and judgment are used in the administrative workplace.

By identifying and describing the personality types of the nursing home directors of nursing, other nurses now have an opportunity to become aware of how others in administrative positions are oriented to life. This recognition permits a view of the personality types and their impact not only for the individual nursing directors but also for nursing colleagues and subordinates. The identification and description of personality types, which is available through the Myers-Briggs Type Indicator, can help the nursing directors balance their own perception and judgment processes.
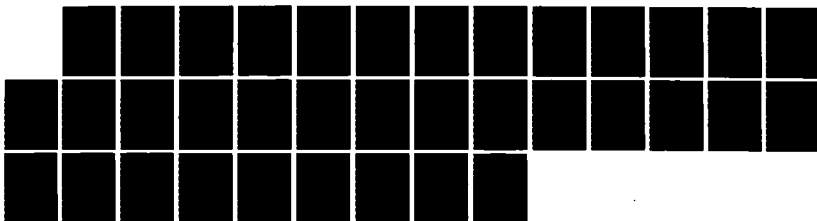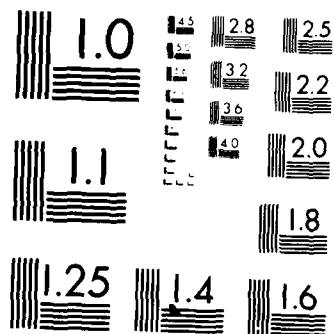
MICROCOPY RESOLUTION TEST CHART

NATIONAL BUREAU OF STANDARDS 1963 A

This balancing of processes will be necessary if the nursing directors are to meet the new demands facing them in nursing home administration and patient care delivery.

These nursing leaders will need to add to their natural preferences the appropriate use of the opposite attitude either by developing a controlled use of the attitudes within themselves or by using the opposite attitudes other people bring with them. Until the director of nursing becomes skilled in utilizing an opposite preference, the best alternative would be for them to gather people around them who have the opposite processes. These people would pick and look at matters in a different way in order to supplement each other in the joint undertakings of administration and patient care. For example, the sensing type of nursing director needs an intuitive type of person who will bring up new possibilities and ingenuity on problems. Intuitives would be able to read the signs of coming change and help prepare the sensing nursing directors for the future.

Enhancement and development of the dominant and auxillary personality preferences for these directors of nursing can occur best through educational programs designed for this purpose. Also, educational preparation for the duties of a nurse administrator will enhance the performance of a director of nursing regardless of the personality type possessed. The need for education and training is evident

for the study's participating nursing directors as their basic educational preparation generally does not prepare them for managerial responsibilities. The administrative coursework deficient in most Associate Degree nursing programs may be part of the reason most of the directors of nursing indicated that their immediate educational needs were in supervisory and employee management. Another reason that people problems are of primary concern to the nursing directors is the concern goes along with the feeling aspect of their personality types.

Evident in the nursing homes are registered nurses with baccalaureate degrees who had worked previously in hospitals. Their presence may be the advent of an exodus of these older nurses to the nursing homes where they will feel comfortable in organizing and moving things along. Their ESTJ personality types are fitting for the nursing directors position. The belief in the coexistence of the hospitals and nursing homes for mutual economical survival may be more of a reality with these nurse administrators who have had experience in both health care organizations.

Nurse administrators should be able to move into either practice area, hospital or nursing home, as both are viable employment opportunities. Disdain for the nursing home as the second best place for a nurse to practice nursing administration needs to be replaced with respect. For

the nursing home offers the nurse the same opportunity to utilize his or her knowledge and skills as a hospital nurse administrator would encounter. Education and personality types can make a nurse marketable in either practice area.

With hospital nurses employed in nursing homes and the personality types identified for the nursing directors, networking between nurse administrators in hospitals and nursing homes may be enhanced (O'Connor, 1982, p. 36). Networking is more possible as the nursing home directors of nursing are very similar to the ESTJ personality characteristics found by Garvin (1984) for nurse administrators in Texas' 200 bed hospitals. This closeness should help nurses see each other as sharing commonalities and bridge the gap that exists because of the stigma surrounding nursing homes.

In addition, many commonalities were found in comparing the personality characteristics of the nurses discussed in the literature review with the personality types of directors of nursing in nursing homes. The descriptive terms used to characterize the medical-surgical nurses, such as authoritarian, reliable, orderly, sociable, concern for others, and conventional, closely resemble those used for the preferences of extrovert, sensing, feeling, and judgment. Analytical, interpersonal, and emotional competencies in the personalities of the effective business managers could also be ascribed to the directors of nursing.

The implication in the identification and description of personalities through the literature review and this research study is that nurses are similar and different in the fundamental ways of perceiving and judging. With these similarities and differences in personalities known, this knowledge can help people distinguish what reasons are behind the behaviors of nurses and nursing directors. By knowing a nurse's personality type, one can anticipate rather accurately what that person will do most of the time.

Through a revitalized interest in personality types, nurses can come to see each other as different and recognize that there is not a need to change others to be like themselves. Nurses need to redress their separation as distinct areas of nursing practice and reaffirm their alliance with each other as nurses in a profession that can be practiced effectively and successfully wherever they are employed to administer the affairs of the nursing profession.

Conclusions

From the results of this research study, one can conclude that there is not a specific and exclusive personality type characterizing nurses who are directors of nursing in nursing homes located in the State of Texas. The close distribution of the nursing directors among three of the identifed personality types questions the specification that one personality type, the ISFJ, is truly the predominant one.

The personality types of the sampled directors of
nursing in nursing homes show different orientations to life
in regard to the use of perception and judgment. One cannot
discourage nurses from pursuing a nursing administration ca-
reer in a nursing home because individual personality types
do not match those found in this study. The opportunity
exists for each personality type to contribute its manageri-
al strengths to the field of nursing administration. How-
ever, one must be aware of the similarities and dissimilari-
ties in personality types so that the strengths and weak-
nesses of each can be harnessed for the good of the indivi-
dual and the organization.

The predominance of the sensing preference in these
directors of nursing must be balanced by the intuition pre-
ference if these nurse administrators are to meet the future
challenges in health care facing nursing homes. Making the
intuition process a dominant factor in their lives will help
the directors of nursing be creative, and imaginative in de-
vising new solutions that will solve the health care prob-
lems.

Educational preparation in the administrative areas
of personnel management is a necessity for directors of nur-
sing. The basic curriculum coursework in the nursing pro-
grams for the licensed vocational nurses, and associate de-
gree registered nurses prepares these nurses more for the

technical aspect of patient care than it does for the leadership role.

How well do we know the personalities of our nurse administrators? It is difficult to draw any firm generalizations about a nursing personality profile for them. The surge of interest in the personalities of nurses evident in the 1960's has waned over the years. Now, there is a viable need to rekindle that interest and study the personalities of nursing leaders as they incorporate themselves into their jobs and achieve a satisfactory level of psychological well-being.

Recommendations

As a result of this research study, the following recommendations are made in an effort to propose directions for future studies that could distribute more information about the personality types of directors of nursing in nursing homes.

1. Replication of this study is recommended. The population sample should be larger in order to verify the personality types and their distribution among the directors of nursing in nursing homes located in the State of Texas.

2. Another recommendation is that this study be reproduced utilizing a larger population sample derived

from a broader geographical area, even nationally,
to ascertain the applicability of the current
study's results to nursing directors in nursing
homes in general.

3. From the demographic information collected in this
study, it is apparent that nursing licensure of the
directors in nursing homes may be either as regis-
tered nurses (RNs) or licensed vocational nurses
(LVNs). With this finding, it is recommended that
a study be undertaken that will permit the compari-
son of the personality types of the RNs and LVNs
who serve as directors of nursing in nursing homes.

4. From the results of this study and those of Garvin
(1984), the following recommendation involves a
further investigation into the RNs who are nurse
administrators in different types of health care
organizations. It is recommended that a study be
developed to examine the personality types of RNs
who are nursing administrators in nursing homes
and hospitals of comparable bed capacities to de-
termine what similarities and differences exist
among them.

5. And the final recommendation is a follow-up to the
preceding recommendation. The proposal is to de-
sign a research tool to measure successful perfor-

mance as a nurse administrator. The tool would be
utilized in a study to match personality type with
a good criteria of performance so that personality
types for key nurse administrators in nursing homes
and hospitals could be identified. The identifica-
tion procedure would be a part of the education
process to help develop future nurse administrators
for either type of health care organization.

APPENDIX A

MYERS-BRIGGS TYPE INDICATOR

MYERS-BRIGGS TYPE INDICATOR

The Myers-Briggs Type Indicator and the answer sheet
are copyrighted. Permission to include these research in-
struments in the appendix was not granted. Copies of the
Myers-Briggs Type Indicator Form F test booklet, and the
answer sheet may be obtained from:

Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 94306
Phone: 415-857-1444

APPENDIX B

PERSONAL DEMOGRAPHICS SHEET

PERSONAL DEMOGRAPHICS SHEET

PLEASE RESPOND TO ALL OF THE FOLLOWING QUESTIONS. CIRCLE
THE LETTER THAT CORRESPONDS TO THE BEST RESPONSE IN EACH OF
THE QUESTIONS.

1.   WHAT IS YOUR AGE GROUP:

        A.   20 - 24
        B.   25 - 29
        C.   30 - 34
        D.   35 - 39
        E.   40 - 44
        F.   45 - 49
        G.   50 - 54
        H.   55 - 59
        I.   60 - 64
        J.   65 - OLDER

2.   YOUR SEX IS:

        A.   FEMALE
        B.   MALE

3.   WHAT IS YOUR MARITAL STATUS:

        A.   SINGLE
        B.   MARRIED
        C.   DIVORCED
        D.   WIDOW
        E.   WIDOWER

4.   WHICH NURSING LICENSE DO YOU HOLD:

        A.   LICENSED VOCATIONAL NURSE
        B.   REGISTERED NURSE

5.   HOW LONG HAVE YOU BEEN IN YOUR CURRENT POSITION AS
        DIRECTOR OF NURSING?

        A.   LESS THAN 1 YEAR
        B.   2 - 3   YEARS
        C.   4 - 5   YEARS
        D.   6 - 7   YEARS
        E.   8 - 9   YEARS
        F.   10 AND MORE YEARS

6. OVERALL, HOW LONG HAVE YOU BEEN A DIRECTOR OF NURSING ASSOCIATED WITH NURSING HOMES?

    A. LESS THAN 2 YEARS
    B. 3 - 5   YEARS
    C. 6 - 9   YEARS
    D. 10 - 12   YEARS
    E. 13 - 15   YEARS
    F. 16 - 18   YEARS
    G. 19 - 20   YEARS
    H. 21 AND MORE YEARS

7. WHERE WERE WORKING BEFORE YOU BECAME A DIRECTOR OF NURSING?

    A. HOSPITAL
    B. CLINIC
    C. DOCTOR'S OFFICE
    D. NURSING HOME
    E. OTHER_____

8. WHAT IS THE HIGHEST ACADEMIC DEGREE YOU HAVE COMPLETED?

    A. ASSOCIATE DEGREE IN NURSING
    B. BACCALAUREATE DEGREE IN NURSING
    C. MASTERS DEGREE IN NURSING
    D. DOCTORATE
    E. OTHER_____

9. WHAT DID YOU SPECIALIZE IN FOR YOUR HIGHEST DEGREE?

    A. BASIC NURSING
    B. NURSING CLINICAL SPECIALIST (Please indicate what
        area)_____
    C. EDUCATION
    D. NURSING ADMINISTRATION
    E. HOSPITAL ADMINISTRATION
    F. BUSINESS ADMINISTRATION
    G. OTHER_____

10. ARE YOU COMPLETING AN ACADEMIC DEGREE AT THIS TIME?

    A. YES
    B. NO

    IF YOU ANSWERED YES TO QUESTION 10, PLEASE WRITE IN
    YOUR FIELD OF STUDY AND THE DEGREE YOU WILL EARN.
    FIELD OF STUDY_____
    DEGREE_____

11. ARE YOU INTERESTED IN CONTINUING YOUR ACADEMIC EDUCATION?

A. YES
B. NO

IF YOU ANSWERED YES TO QUESTION 11, PLEASE WRITE IN YOUR DESIRED FIELD OF STUDY AND THE DEGREE YOU WOULD LIKE TO COMPLETE.
FIELD OF STUDY_____
DEGREE_____

12. ARE YOU INTERESTED IN ATTENDING CONTINUING EDUCATION PROGRAMS?

A. YES
B. NO

IF YOU ANSWERED YES TO QUESTION 12, PLEASE ANSWER THE FOLLOWING QUESTIONS.

DO YOU PREFER CONTINUING EDUCATION PROGRAMS SCHEDULED DURING:

A. DAYTIME HOURS
B. EARLY EVENING HOURS

WHICH DAYS OF THE WEEK ARE THE MOST CONVENIENT FOR YOU TO ATTEND CONTINUING EDUCATION PROGRAMS?

A. MONDAY
B. TUESDAY
C. WEDNESDAY
D. THURSDAY
E. FRIDAY
F. SATURDAY

WHAT IS THE MOST DIFFICULT PROBLEM YOU HAVE AS A DIRECTOR OF NURSING?

_____
_____
_____
_____

WHAT PROGRAM/EDUCATIONAL TOPICS WOULD BE MOST USEFUL TO YOU?

_____
_____

APPENDIX C

COVER LETTER TO DIRECTORS OF NURSING

COVER LETTER TO DIRECTORS OF NURSING

306 Sixpence Lane
Euless, Texas 76039
30 September 1985

Dear Director of Nursing,

As a graduate student at the University of Texas at
Arlington, I am looking for directors of nursing in nursing
homes who are willing to participate in my research study.
This study is concerned with identifying the way nurse
administrators look at things and how they like to go about
deciding things. Your basic preferences in regard to per-
ception and judgment can be identified and described through
answers to a set of questions.

I am particularly interested in directors of nursing in
nursing homes as very little is known about them. I invite
you to participate in this research project. My efforts to
provide more information in this area can be successful with
your contribution.

Enclosed in this envelope are materials that will help
me collect information. Please read the Statement of In-
formed Consent before completing the Myers-Briggs Type In-
dicator and the Personal Demographics Sheet. Instructions
for completing these survey questionnaires are on each of
them. The average time for completing both instruments is
25 minutes.

I would appreciate your answering these questionnaires
and returning them in the enclosed, self-addressed envelope
by 18 October 1985. Other phases of this research study
cannot be carried out until your responses have been re-
turned. I hope that you will be a contributor, but if you
cannot, please return all the materials to me so that
another director of nursing may participate.

Instead of completing your name on the Myers-Briggs
Type Indicator and the Personal Demographics Sheet, please
note the identification number that has been entered for
you. You are identified only by a number which will be
discarded as soon as your materials have been returned. In
this manner, complete anonymity, and confidentiality of
your participation can be assured.

Your interest in the results of this study is welcomed and the findings will be made available to you upon request.

Thank you for your time and cooperation in promptly completing the enclosed materials.

Sincerely,

CALVIN W. WILLIAMS   5 Atcn
                            1. Statement of Informed
                                Consent
                            2. Myers-Briggs Type
                                Indicator (MBTI)
                            3. Answer sheet for MBTI
                            4. Personal Demographics
                                Sheet
                            5. Return mailing envelope

APPENDIX D

STATEMENT OF INFORMED CONSENT

STATEMENT OF INFORMED CONSENT

My consent to be a participant will be acknowledged by reading the following information and completing two survey questionnaires.

As a participant in this Master's thesis research study:

a. I have been informed that this study seeks to elicit information about nurse administrators from directors of nursing in nursing homes located in the State of Texas.

b. I understand this information will be collected by self-administration of both the Myers-Briggs Type Indicator and the Personal Demographics Sheet. It will take me approximately 25 minutes to complete these questionnaires.

c. I understand that responses to the Myers-Briggs Type Indicator will help to identify how I like to look at things (perception) and how I like to go about deciding things (judgment). My answers to the questions on the Personal Demographics Sheet will help to describe some general characteristics about me as a participant in the study.

d. My identity as a subject will be through an assigned identification number which will be discarded when I return the research study materials. My individual identity will be protected so that information I provide cannot be linked to me.

e. I understand that my individual responses will be combined with the other participants and will not be attributed to me personally. Also, I understand that all information obtained through this study will be kept confidential as to source, and that no individual will be identified in the research report.

f. I give my consent for the results of the Myers-Briggs Type Indicator and the Personal Demographics Sheet to be used in the researcher's Master thesis and any future publications.

g. I acknowledge that my consent to participate is
inferred by my completing the Myers-Briggs Type
Indicator and the Personal Demographics Sheet.

h. I agree to mail the Myers-Briggs Type Indicator
(MBTI) booklet, MBTI answer sheet, and the Personal
Demographics Sheet to the researcher after I com-
plete them.

PLEASE SEPARATE AND MAIL THIS BOTTOM PORTION TO THE
RESEARCHER IF YOU WOULD LIKE A COPY OF THE ABSTRACT OF
THE STUDY'S FINDINGS.

MAIL TO: Calvin W. Williams
           306 Sixpence Lane
           Euless, Texas 76039

Yes,   I   would   like a copy of the abstract   of   the   study's
findings.   Please send the copy to:

Name:_____

Street Address:_____

City:_____

State:_____   Zip Code:_____

APPENDIX E

FOLLOW-UP LETTER TO DIRECTORS OF NURSING

104

FOLLOW-UP LETTER TO DIRECTORS OF NURSING

326 Sixpence Lane
Euless, Texas 76039
25 October 1985

Dear Director of Nursing,

Early in September, I wrote to you and invited you to join in a research study whose purpose was to survey the way directors of nursing in nursing homes prefer to use their minds, specifically the way they perceive, and the way they make judgments. To help with this study, participants would answer two questionnaires. At present, I haven't received your questionnaires so I decided to write again and ask you to please take the opportunity to fill them out.

Those directors of nursing who have responded have expressed overwhelming enthusiasm and interest in the subject of the study. Again, I invite you to participate and share as they have, the way you prefer to think and judge.

Please take a moment and complete the Myers-Briggs Type Indicator and the Personal Demographics Sheet. To have your perception and judgment preferences included in this research, please return them to me in the stamped, self-addressed envelope by November 8th.

Your participation means a great deal to me and to the success of this research. I hope you will take the time to contribute.

Sincerely,

CALVIN W. WILLIAMS

APPENDIX F

BRIEF DESCRIPTION OF 16 PERSONALITY TYPES

BRIEF DESCRIPTIONS OF 16 PERSONALITY TYPES

ISFJ – Sympathetic manager of facts and details; concerned with peoples' welfare; dependable, painstaking, and systematic; stable and conservative.

ESFJ – Practical harmonizer, and worker with people; sociable, orderly, opinioned; conscientious, realistic, and well-tuned to the here and now.

ESTJ – Fact minded, practical organizer; aggressive, analytic, systematic; more interested in getting the job done than in people's feelings.

ISTJ – Analytical manager of facts and details; dependable, decisive, painstaking, and systematic; concerned with systems and organization; stable and conservative.

ISFP – Observant, loyal helper; reflective, realistic, empathetic; patient with details, gentle, and retiring; shuns disagreements; enjoys the moment.

ESFP – Realistic adapter in human relationships; friendly and easy with people, highly observant of their feelings and needs; oriented to practical, first-hand experience.

INTP – Inquisitive analyzer; reflective, independent, curious, more interested in organizing ideas than situations or people.

ENTP – Inventive, analytical planner of change; enthusiastic and independent; pursues inspiration with impulsive energy; seeks to understand and inspire others.

INFJ – People-oriented innovator of ideas; serious, quietly forceful and persevering; concerned with the common good, and with helping others develop.

ENFJ – Imaginative harmonizer, and worker with people; sociable, expressive, orderly, opinioned, conscientious; curious about new ideas and possibilities.

125

INTJ - Logical, critical, decisive innovator of ideas; serious, intent, highly independent, concerned with organization, determined and often stubborn.

ENTJ - Intuitive, innovative organizer; aggressive, analytic, systematic; more tuned to new ideas and possibilities than to people's feelings.

ENFP - Warmly enthusiastic planner of change; imaginative, individualistic; pursues inspiration with impulsive energy; seeks to understand and inspire others.

INFP - Imaginative, independent helper; reflective, inquisitive, empathetic, loyal to ideals; more interested in possibilities than practicalities.

ISTP - Practical analyzer; values exactness; more interested in organizing data than situations or people; reflective, cool and curious observer of life.

ESTP - Realistic adapter in the world of material things; good-natured, tolerant, easy with people, highly observant of people's feelings and needs; oriented to practical first-hand experience.

Source: Lawrence, G. (1982). People Types and Tiger Stripes: A Practical Guide To Learning Styles. Gainesville: Center for Applications of Psychological Types, Inc.

BIBLIOGRAPHY

Adams, J., & Klein, L. R. (1970). Students in nursing
   school: Considerations in assessing personality character-
   istics. Nursing Research, 19(4), 362-365.

Bartz, A. E. (1976). Basic Statistical Concepts in Educa-
   tion and the Behavioral Sciences. Minnesota: Burgess.

Bruhn, J. G., Floyd, C. S., & Bunce, H. (1978). Training
   effects on attitudes and personality characteristics of
   nurse practitioners. Pyschological Reports, 42(3), 703-
   713.

Buhmeyer, K. J., & Johnson, A. H. (1977). Personality pro-
   files of physician extenders. Psychological Reports,
   40(2), 655-662.

Burge, J. M. (1976). A descriptive survey of personality
   traits, social characteristics, and stereotype attitudes
   toward the aged in three types of nurses giving care to
   the aged in nursing homes (Doctoral dissertation, Univers-
   ity of Florida, 1976). Dissertation Abstracts Interna-
   tional, 37, 4989B.

Burns, B. J., Lapine, L., & Andrews, F. M. (1978). Person-
   ality profile of pediatric nurse practitioners. Nursing
   Research, 27(5), 286-290.

Caputo, D. V., & Hanf, C. (1965). The EPPS pattern and the "nursing personality". Educational and Psychological Measurement, 25(2), 421-435.

Cantor, B. (1982). Winning personality traits. Public Relations Journal, 39(6), 30-31.

Carlyn, M. (1977). An assessment of the Myers-Briggs Type Indicator. Journal of Personality Assessment, 41(5), 461-473.

Casella, C. (1968). Need hierarchies among nursing and non-nursing college students. Nursing Research, 17(3), 273-275.

Chater, S. S. (1967). Differential characteristics of graduate students in nursing. Nursing Research, 16(2), 146-153.

Cohen, D., Cohen, M., & Cross, H. (1981). A construct validity study of the Myers-Briggs Type Indicator. Educational and Psychological Measurement, 41(3), 883-891.

Cohen, S. J., Trehub, A., & Morrison, F. G. (1965). Edwards Personal Preference profiles of psychiatric nurses. Nursing Research, 14(4), 318-321.

Cooper, C. L., Lewis, B. L., & Moores, B. (1976). Personality profiles of long serving senior nurses: Implications for recruitment and selection. International Journal of Nursing Studies, 13, 251-257.

111

Downie, N. M., & Heath, R. W. (1974). Basic Statistical
Methods (4th ed.). New York: Harper & Row.

Drucker, P. F. (1973). Management. New York: Harper & Row.

Eliopoulos, C. (1982). The director of nursing in the nur-
sing home setting: An emerging dynamic role in gerontolog-
ical nursing. Journal of Gerontological Nursing, 8(8),
448-450.

Flippo, E. B., & Munsinger, G. M. (1982). Management. (5th
ed.). Boston: Allyn & Bacon.

Garvin, B. J. (1976). Values of male nursing students.
Nursing Research, 25(5), 352-357.

Garvin, D. J. (1984). The Temperament Types of Nursing
Administrators in Hospital Nursing Service. Unpublished
master's thesis. University of Texas at Arlington, Texas.

George, J. A., & Stephens, M. D. (1968). Personality traits
of public health nurses and psychiatric nurses. Nursing
Research, 17(2), 168-170.

Gluck, M., & Charter, R. (1980). Personal qualities of
nurses implying need for continuing education to increase
interpersonal and leadership effectiveness. Journal of
Continuing Education in Nursing, 11(4), 29-36.

Gortner, S. R. (1968). Nursing majors in twelve western
universities: A comparison of registered nurse students
and basic senior students. Nursing Research, 17(2),
121-128.

Governor's Long-Term Care Planning Group (1982). Texas
    Long-Term Care Plan for the Elderly. (Report No. G800.8
    L854). Austin, Texas: Author.

Graham, L. E. (1967). Differential characteristics of grad-
    uate students preparing for teaching or supervision in two
    clinical specialties. Nursing Research, 16(2), 182-184.

Gynther, M. D., & Gertz, B. (1962). Personality character-
    istics of student nurses in South Carolina. Journal of
    Social Psychology, 56, 277-284.

Hanson, H. A., & Chater, S. (1983). Role selection by nur-
    ses: Managerial interests and personal attributes. Nur-
    sing Research, 32(1), 48-52.

Hoffman, H. (1970). Note on the personality traits of stu-
    dent nurses. Psychological Reports, 27(3), 1004.

Hogstel, M. O. (1983). Management of Personnel in Long-
    Term Care. Maryland: Robert J. Brady.

Huse, E. F. (1982). Management. Minnesota: West.

Isaac, S., & Michael, W. B. (1981). Handbook In Research
    and Evaluation. California: EdITS.

Jung, C. G. (1923). Psychological Types. New Jersey:
    Princeton University Press.

Keirsey, D., & Bates, M. (1984). Please Understand Me.
    California: Promoetheus Nemesis.

Kerin, R. A., & Slocum, J. W. (1981). Decision-making style and acquisition of information: Further exploration of the Myers-Briggs Type Indicator. Psychological Reports, 49(1), 132-134.

Koehne-Kaplan, N. S., & Tilden, V. P. (1976). The process of clinical judgment in nursing practice: The component of personality. Nursing Research, 25(4), 268-272.

Lawrence, G. (1982). People Types and Tiger Stripes: A Practical Guide To Learning Styles. Gainesville: Center for Application of Psychological Types, Inc.

Lentz, E. M., & Michaels, R. G. (1965). Personality contrasts among medical and surgical nurses. Nursing Research, 14(1), 43-48.

Levitt, E. E., Lubin, B., & Zuckerman, M. (1962). The student nurse, the college woman, and the graduate nurse: A comparative study. Nursing Research, 11(2), 80-82.

Lewis, B. R. (1980). Personality profiles for qualified nurses: possible implications for recruitment and selection of trainee nurses. International Journal of Nursing Studies, 17(4), 221-234.

Lewis, B. R., & Cooper, C. L. (1976). Personality measurement among nurses: A review. International Journal of Nursing Studies, 13(4), 209-229.

Lukens, L. G. (1965). Personality patterns and choice of
   clinical nursing specialization. Nursing Research, 14(3),
   210-221.

Loo, R. (1983). Nursing students: Personality dimensions
   and attitudes toward women. Psychological Reports, 52(2),
   504-506.

MacDonald, M. R. (1975). Matching personalities with posi-
   position: A study of job satisfaction. Supervisor Nurse,
   6(4), 43-50.

Mannino, S. F. (1963). The professional man nurse: Why he
   chose nursing, and other characteristics of men in nur-
   sing. Nursing Research, 12(3), 185-187.

McMurry, R. N. (1976). Avoiding mistakes in selecting exe-
   cutives. In H. Koontz & C. O'Donnell (Eds.), Management:
   A Book of Readings (pp. 363-368). (4th ed.). New York:
   McGraw-Hill.

Meleis, A. I., & Dagenais, F. (1981). Sex-role identity and
   perception of professional self in graduates of three
   nursing programs. Nursing Research, 30(3), 162-167.

Miller, D. I. (1965). Characteristics of graduate students
   in four clinical nursing specialties. Nursing Research,
   14(2), 106-113.

Miller, D. I. (1966). Characteristics of graduate students
   preparing for teaching or supervision in a nursing spec-
   ialty. Nursing Research, 15(2), 168-171.

Miner, J. B. (1973). The real crunch in managerial manpower. Harvard Business Review, 51(6), 146-158.

Minnigerode, F. A., Kayser-Jones, J. S., & Garcia, G. (1978). Masculinity and femininity in nursing. Nursing Research, 27(5), 299-302.

Myers, I. B. (1962). The Myers-Briggs Type Indicator Manual. California: Consulting Psychologists Press.

Myers, I. B., & Myers, P. B. (1980). Gifts Differing. California: Consulting Psychologists Press.

Newman, W. H., Warren, E. K., & Schnee, J. E. (1982). The Process of Management. (5th ed.). New Jersey: Prentice-Hall.

O'Connor, A. B. (1982). Ingredients for successful networking. Journal of Nursing Administration, 12(12), 36-40.

Polit, D. F., & Hungler, B. P. (1983). Nursing Research. (2nd ed.). Philadelphia: J. B. Lippincott.

Progoff, I. (1953). Jung's Psychology And Its Social Meanings. New York: Grove Press.

Rand Corporation. (1955). A Million Random Digits With 100,000 Normal Deviates. Illinois: Free Press.

Radonsky, V. E. (1980). Personality characteristics of the published and nonpublished occupational therapist. American Journal of Occupational Therapy, 34(3), 208-212.

Redden, J. W., & Scales, E. E. (1961). Nursing education and personality characteristics. <u>Nursing Research</u>, 10(4), 215-218.

Reece, M. (1961). Personality characteristics and success in a nursing program. <u>Nursing Research</u>, 10(3), 172-176.

Reif, L. (1982). The critical need for nurses in long-term care: implications for geriatrics education. <u>Gerontology & Geriatrics Education</u>, 3(2), 145-153.

Rezler, A. G., & Buckley, J. M. (1977). A comparison of personality types among female student health profession-als. <u>Journal of Medical Education</u>, 52(6), 475-477.

Roderick, S. S. (1984). A vision of long-term care in the future: A look at the year 2000. <u>Journal of Long-Term Care Administration</u>, 12(14), 19-24.

Rovezzi-Carroll, S., & Leavitt, R. (1984). Personality characteristics and expressed career choice of graduating physical therapy students. <u>Physical Therapy</u>, 64(10), 1549-1552.

Sargent, A. G. (1981). <u>The Androgynous Manager</u>. New York: AMACON.

Schein, V. E. (1975). Relationships between sex role stereotypes and requisite management characteristics among female managers. <u>Journal of Applied Psychology</u>, 60(3), 340-344.

Simpson, O. W., & Green, Y. N. (1975). Androgynous nurse. Canadian Nurse, 71(11), 20-21.

Skinner, C. W., & Sasser, W. E. (1983). Managers with impact: Versatile and inconsistent. In L. A. Schlesinger, R. G. Eccles, & J. J. Gabarro, (Eds.), Managing Behavior in Organizations (pp. 396-407). New York: McGraw-Hill.

Stauffacher, J. C., & Navran, L. (1968). The prediction of subsequent professional activity of nursing students by the Edwards Personal Preference Schedule. Nursing Research, 17(3), 256-260.

Stoghill, R. M. (1948). Personal factors associated with leadership: A survey of the literature. Journal of Psychology, 25, 35-71.

Townes, B. D., & Wagner, N. N. (1966a). Relation of performance rating and personality to long term employment. Nursing Research, 15(1), 70-72.

Townes, B. D., & Wagner, N. N. (1966b). Personality variables and length of employment of psychiatric nurses. Nursing Research, 15(4), 354-356.

White, M. S. (1975). Psychological characteristics of the nurse practitioner. Nursing Outlook, 23(3), 160-166.

END

DTIC

9 – 86