

Personality Type and Perceptions of Discrimination in Nursing Students: A Correlational Study

Gülşah ÜNSAL JAFAROV*, Ana Luiza FERREIRA AYDOĞDU**, Kubilay ERİŞLİK***

Abstract

Aim: This study aimed to determine the personality types and discrimination perception levels of undergraduate nursing students at two private universities in Istanbul, Turkey, and assess whether personality affects perceptions of discrimination.

Method: A descriptive, correlational study was conducted. Data were obtained from 172 nursing students who volunteered to participate in the study. ‘The Nurses’ Perceptions of Discrimination Scale’ was used to determine the degree to which the students perceived various behaviors as discriminatory, and the students’ personality types were assessed using the ‘Bortner Rating Scale–Short Form’. The data were collected online on the Internet. The relationship between students’ perceptions of discrimination and their Bortner type A/B personality traits was analyzed using the Mann-Whitney U test.

Results: Most of the students were 21-25 years of age (58.1%), female (63.4%), in the first or second year of the nursing program (67.5%), and not working (80.2%). Our results showed that most of the students had type A personality (66.9%) and high perceptions of discrimination (mean=110.83 on a scale of 30 to 150). There was no significant relationship between personality type and discrimination perception levels ($p < 0.05$).

Conclusion: This study suggests that nursing students are generally sensitive to discriminatory behaviors in the workplace and during patient care, but Bortner personality type is not a significant factor associated with perceptions of discrimination in nursing students. Studies with larger sample sizes are recommended to further contribute to the literature.

Keywords: Perceived discrimination, social perceptions, personality, nursing.

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* RN, PhD, Asst. Prof. Dr., Istanbul Gelişim University, Faculty of Health Sciences, Department of Nursing, Istanbul, Türkiye. E-mail: gunsal@gelisim.edu.tr [ORCID https://orcid.org/0000-0003-0220-1060](https://orcid.org/0000-0003-0220-1060)

** RN, PhD, Asst. Prof., Istanbul Health and Technology University, Faculty of Health Sciences, Department of Nursing, Istanbul, Türkiye. E-mail: ana.luiza@istun.edu.tr [ORCID https://orcid.org/0000-0002-0411-0886](https://orcid.org/0000-0002-0411-0886)

*** MSc. Res. Asst., Istanbul Ticaret University, Faculty of Humanities and Social Science, Department of Statistics, Istanbul, Türkiye. E-mail: kubilayerislik@ticaret.edu.tr [ORCID https://orcid.org/0000-0002-0744-4435](https://orcid.org/0000-0002-0744-4435)

ETHICAL STATEMENT: Ethics approval was obtained from the İstanbul Gelişim University Ethics Committee (date: 04.11.2022, number: 2022-13). All students who agreed to participate in the study were informed about the purpose of the study and their informed consent was obtained. Written permission was also obtained from the creators of the scales used in the study.

Hemşirelik Öğrencilerinin Kişilik Tipleri ile Ayrımcılık Algıları: Korelasyonel Bir Çalışma

Öz

Amaç: Araştırma, Türkiye'de İstanbul'da bulunan iki özel üniversitedeki hemşirelik lisans öğrencilerinin kişilik tiplerini ve ayrımcılık algı düzeylerini belirlemek ve kişiliğin ayrımcılık algılarını etkileyip etkilemediğini değerlendirmek amacıyla yapılmıştır.

Yöntem: Tanımlayıcı ve ilişki arayıcı olarak tasarlanan bu araştırma, araştırmaya katılmaya gönüllü olan 172 hemşirelik öğrencisi ile yapılmıştır. Öğrencilerin, hasta bakımında ve çalışma ortamında karşılaşılan bazı davranışları ne derece ayrımcılık olarak algıladığını belirlemek için 'Hemşirelerde Ayrımcılık Algısı Ölçeği (HAAÖ)' ve kişilik tiplerini belirlemek için 'Bortner Derecelendirme Ölçeği-Kısa Formu' kullanılmıştır. Veriler, online olarak internet ortamında toplanmıştır. Öğrencilerin ayrımcılık algıları ile Bortner tipi A/B kişilik özellikleri arasındaki ilişki Mann-Whitney U testi kullanılarak incelenmiş olup, verilerin değerlendirilmesinde SPSS programı kullanılmıştır.

Bulgular: Araştırmanın bulgularına göre öğrencilerin çoğu 21-25 yaş (%58,1), kadın (%63,4), hemşirelik bölümünün birinci veya ikinci yılında (%67,5) ve çalışmamaktadır (%80,2). Ayrıca, öğrencilerin çoğunun A tipi kişiliğe (%66,9) ve yüksek ayrımcılık algısına (30 ila 150 arasında bir ölçekte ortalama=110,83) sahip olduğu ortaya çıkmıştır. Kişilik tipi ile ayrımcılık algı düzeyleri arasında ise anlamlı bir ilişki saptanmamıştır ($p < 0,05$).

Sonuç: Bu çalışma, hemşirelik öğrencilerinin genel olarak iş yerinde ve hasta bakımı sırasında ayrımcı davranışlara karşı duyarlı olduklarını ancak Bortner kişilik tipinin hemşirelik öğrencilerinde ayrımcılık algısı ile ilişkili anlamlı bir faktör olmadığını düşündürmektedir. Literatüre daha fazla katkı sağlamak için daha büyük örneklem ile çalışmaların yapılması önerilmektedir.

Anahtar Sözcükler: Algılanan ayrımcılık, sosyal algılar, kişilik, hemşirelik.

Introduction

Discrimination is an ancient problem perpetrated for various reasons, including religion, sect, race, ethnicity, age, sex/gender, and political opinion, and it continues to be a common problem in business and social life today. Discriminatory behaviors have negative consequences both for the person being discriminated against and the institution in which they work. Social and workplace discrimination can take a serious psychological toll on the victim, resulting in reduced job performance. Employees of institutions in which discrimination occurs were reported to have significantly impaired performance, a higher turnover rate, and lower job satisfaction and organizational commitment¹. Both national legislation and numerous international declarations and conventions such as the International Labour Organization (ILO) and the Declaration of Human Rights treat discrimination as a crime and describe criminal proceedings against discrimination²⁻⁴.

Nurses not only discriminate against patients and their families, but they can also be subjected to discrimination from patient families, physicians, and even fellow nurses⁵. Stereotypical

perceptions of nursing as a female profession⁶ can be a basis of discrimination against male nurses, while physicians may discriminate against nurses because they characterize them as assistants who simply measure blood pressure and give injections^{7,8}. During the COVID-19 pandemic, nurses and other health workers faced discrimination due to fear of spreading infectious disease⁹⁻¹¹. It was also reported that health workers' anxiety and depression levels increased in association with their perceived exposure to discrimination¹¹.

Personality structure is believed to underlie individual differences in mindset, behavioral patterns, emotions, abilities, and perception styles and levels¹². In the late 1960s, two cardiologists, Meyer Friedman, and Ray H. Rosenman, described personality types A and B, a classification that remains widely accepted today¹³. Understanding the factors involved in shaping the personalities and behaviors of student nurses, such as their preferences, how they want to be perceived by society, and their awareness of unethical behaviors, may help prevent discriminatory behaviors in patient care and the workplace in health care institutions.

Studies point to a wide range of reasons for discrimination against sick or healthy individuals in the health field^{2,14,15}. In a study including 810 people, a majority of the participants stated that they had been discriminated against by a health worker on at least one occasion². These discriminatory behaviors can be based on various factors, such as the patient's ethnicity, sexual orientation, language, religion, disability, economic status, and presence of infectious disease¹⁶⁻¹⁹.

While discriminatory behavior leads to negative consequences for both nurses and organizations, there are many variables that influence what people perceive as discrimination and to what degree they are affected by it¹⁹⁻²¹. Personality is one basis for this, and both exposure to and the impact of discrimination were reported to differ significantly between people with different personality traits²². In other words, personality shapes how a person perceives events as well as their level of perception¹².

Many studies in the health field, especially those conducted with nurses and nursing students, have used personality type inventories and examined factors related to personality type²³⁻²⁵. This may be because of evidence that personality differences can affect professional perceptions, exposure, and responses, and findings of cognitive and motivational differences^{23,24}. Uyanık et al.²⁶ reported that nursing students' perception of the profession and sources of motivation were affected by many factors and that academicians should take these into consideration when creating educational content. It is well established that the clinical mentors, clinical advisors, and academicians involved in nursing education and training have a marked effect on students' personalities and attitudes²⁷.

The behaviors of individuals with a type A personality structure are explained by three overarching characteristics: general hostility and aggressiveness that is easily provoked, a sense of urgency that leads to anger and impatience, and being achievement-oriented and highly

competitive¹². In brief, people with type A personality are generally irritable, impatient, achievement-oriented, and perfectionist²⁸. Akıncı et al.²² pointed out that individuals with type A personality think, talk, act, live, and even play faster and more aggressively than those around them. In the literature, it has been stated that individuals with type A personality have higher stress levels¹². As it is known that every job in the hospital setting has an effect on human health, nurses can have high-stress levels because their position requires considerable attention and skill²⁹.

In contrast to type A, the type B personality is more relaxed, less competitive, and can deal with failure without becoming stressed³⁰. In addition, people with a type B personality are steadfast employees, have a more relaxed attitude toward life, are not hurried, and are more at peace spiritually³¹. They make more time for leisure activities, are more flexible, are not quick to anger, and do not get nervous. Being comfortable at work does not create a sense of guilt, and they are confident about their environment and themselves³².

Determining nurses' personality types may provide guidance solutions to the problems currently facing health organizations. Personality types, a tendency to make medical errors, organizational stress levels, job satisfaction, entrepreneurial tendencies, burnout levels, and decision-making techniques among nurses and nursing students are perennial research topics^{29,33,34}. However, the relationship between personality and discrimination is an understudied topic. Therefore, the present study aimed to determine the personality types and discrimination perception levels of nursing students at two private universities in Istanbul, Turkey, and assess whether personality affects perceptions of discrimination.

Material and Methods

Study Design and Sample

A descriptive and correlational study was conducted to determine the personality types and levels of discrimination perception in nursing students and evaluate the relationship between these characteristics. The study included nursing students from two private universities in Istanbul. No sampling method was applied, and data were collected from all students who volunteered to participate in the study (n=172).

Data Collection

Data collection tools consisted of a personal information form including variables that may influence perceptions of discrimination (age, gender, year of study, high school attended, marital status, employment status), the Nurses' Perceptions of Discrimination Scale (NPDS) to assess perceptions of discrimination, and the Bortner Assessment Scale-Short Form to determine the students' personality structure.

Nurses' Perceptions of Discrimination Scale

The NPDS was developed by Jafarov⁵ and contains a total of 30 items in 4 subscales: Personal Preferences and Individual Characteristics, Kinship and Closeness, Nurse Individual and Professional Characteristics, and Patient and Disease Characteristics. The Personal Preferences and Individual Characteristics subscale measures the degree to which certain behaviors shown in response to people's characteristics and personal preferences are perceived as discrimination. The Kinship and Closeness subscale measures the degree to which certain behaviors based on a person's family and social relationships are perceived as discrimination. The Nurse Individual and Professional Characteristics subscale measures the degree to which certain behaviors based on the personal and professional characteristics of nurses are perceived as discrimination. Finally, the Patient and Disease Characteristics subscale measures the degree to which certain behaviors shown in response to the personal and clinical characteristics of patients are perceived as discrimination.

The items are rated on a 5-point Likert-type scale (1: "absolutely not discriminatory" to 5: "absolutely discriminatory"). Item scores are summed to yield a total score ranging from 30 to 150, with higher scores indicating levels of discrimination perception. None of the items are reverse-scored. Psychometric analyses showed that the content validity index of the scale items was 0.96-1.00, factor loadings were 0.49-0.80, and internal consistency of the subscales was 0.66-0.92. The Cronbach's alpha of the scale was found to be 0.89.

Bortner Rating Scale–Short Form

The Bortner Rating Scale-Short Form was adapted to Turkish by Özsoy³⁵. It is an 8-point Likert-type scale consisting of 7 polarized statements. The total score ranges from 21 to 68 and is interpreted after multiplying by 3. Participants with scores higher than 100 are regarded as type A personality, while those with scores less than 100 are considered type B personalities.

Data Analysis

The chi-square independence test was used to analyze relationships between demographic characteristics and personality type. According to the Kolmogorov-Smirnov test for normality, NPDS scores were not normally distributed. Therefore, the nonparametric Mann-Whitney U test was used to examine whether levels of discrimination perception differed according to personality type.

Ethics

Permission to conduct the study was obtained from the administrations of the participating institutions before data collection. Ethics approval was obtained from the İstanbul Gelişim University Ethics Committee (date: 04.11.2022, number: 2022-13). All students who agreed to participate in the study were informed about the purpose of the study and their informed consent

was obtained. Written permission was also obtained from the creators of the scales used in the study.

Results

The students participating in the study were predominantly (58.1%) aged 21-25 years, 97.7% were single, 63.4% were female, 81.4% were not graduates of a health vocational high school, 38.4% were first-year students, and 80.2% did not have a job. Of those who were employed, only 26.5% worked in the health sector (Table 1).

Table 1. Demographic distribution of the participants

		n	%
Gender	Female	109	63.4
	Male	63	36.6
	Total	172	100.0
Year of Study	1	66	38.4
	2	50	29.1
	3	29	16.9
	4	27	15.7
Age	≤ 20 years	64	37.2
	21 – 25 years	100	58.1
	26 – 35 years	7	4.1
	≥ 36 years	1	0.6
Marital Status	Married	4	2.3
	Single	168	97.7
Type of High School	Health Vocational High School	32	18.6
	Other	140	81.4
Employment Status	Working	34	19.8
	Not working	138	80.2
Employment Sector	Health	9	26.5
	Other	25	73.5

The mean NPDS subscale scores of the nurses participating in the study were 60.10 for the Personal Preferences and Individual Characteristics subscale, 18.53 for the Nurse Individual and

Professional Characteristics subscale, 14.58 for the Kinship/Closeness subscale, and 17.62 for the Patient and Disease Characteristics subscale.

Total NPDS scores of the 172 students in the study ranged from 36 to 150, with a mean of 110.83. Half of the participants had a score of 116 or higher. These results indicated that the students in this study had high perceptions of discrimination (Table 2).

Table 2. Nurses' Perceptions of Discrimination Scale (NPDS) scores of the participants (n=172)

NPDS Scores	Mean	Standard Deviation
<i>Personal Preferences and Individual Characteristics Subscale</i>	60.10	15.04
<i>Nurse Individual and Professional Characteristics Subscale</i>	18.53	4.99
<i>Kinship/Closeness Subscale</i>	14.58	5.67
<i>Patient and Disease Characteristics Subscale</i>	17.62	5.52
Total	110.83	26.36

Approximately two-thirds of all students (66.98% of women and 66.67% of men) in the study had type A personality type ($p > 0.05$ for gender).

There was no difference in the frequency of type A personality according to year of study (63.6% of first-year students, 68% of second-year students, 69.0% of third-year students, and 70.4% of fourth-year students).

The frequency of type A personality tended to decrease with age (70.3% in students aged ≤ 20 , 65% in those aged 21-25, and 62.5% in students aged ≥ 26), but the difference was not statistically significant.

A slightly larger proportion of students who graduated from health vocational schools had type A personality (71.9%) when compared with graduates of other high schools (65.7%), but again there was no statistical relationship between high school and personality type.

There was also no significant relationship between employment status and personality type, with 64.7% of working students and 67.4% of those not working having a type A personality (Table 3).

Table 3. Relationship between demographic characteristics and personality type

		Type A (n=115)	Type B (n=57)	Total (N=172)	P value
Gender	Female	73	36	109	.967
	Male	42	21	63	
Year of Study	1	42	24	66	.908
	2	34	16	50	
	3	20	9	29	
	4	19	8	27	
Age	≤ 20 years	45	19	64	.752
	21 – 25 years	65	35	100	
	≥ 26 years	5	3	8	
Type of High School	Health Vocational High School	23	9	32	.504
	Other	92	48	140	
Employment Status	Working	22	12	34	.766
	Not Working	93	45	138	

* $p < 0.05$

Students with type A personality had a mean NPDS score of 111.17, while that of the students with type B personality was 110.14. No statistically significant difference was detected between the groups in mean NPDS scores or subscale scores (Table 4).

Table 4. Descriptive statistics of the Nurses' Perceptions of Discrimination Scale (NPDS) total and subscale scores by personality type

NPDS Scores, mean (SD)	Type A Personality (n=115)	Type B Personality (n=57)	P value
Personal Preferences and Individual Characteristics Subscale	60.85 (15.42)	58.58 (14.26)	.132
Nurse Individual and Professional Characteristics Subscale	18.66 (5.29)	18.26 (4.35)	.311

<i>Kinship/Closeness Subscale</i>	14.48 (5.97)	14.77 (5.06)	.759
<i>Patient and Disease Characteristics Subscale</i>	17.17 (5.61)	18.53 (5.26)	.129
<i>Total</i>	111.17 (27.67)	110.14 (23.71)	.502

* $p < 0.05$

Discussion

This study aimed to determine the personality types and discrimination perception levels of undergraduate nursing students at two private universities in Istanbul, Turkey and assess whether personality affects perceptions of discrimination. The sociodemographic characteristics of our participants were comparable to those reported in other studies on Turkish undergraduate nursing students in terms of age, gender, and type of high school^{36,37}.

Most students (66.9%) presented a type A personality structure. People with this personality type are more productive, successful, and focused on work. However, they are also more nervous and impatient, and thus are more likely to develop stress-related problems^{22,38}. These results are important because, according to previous studies, the personality of nurses/nursing students influences their competence and job satisfaction^{24,25,38-42}. A study of Pakistani nurses and patients pointed out that nurses' personality traits such as affectionate behavior were important in converting patients' discomfort into well-being⁴². A study conducted with nursing students in Iran demonstrated a positive correlation between perceived stress and the personality trait of neuroticism⁴¹, while a study in Spain showed a relationship between nursing professionals' personality and their engagement in the profession⁴⁰. A study conducted in China determined that job satisfaction was lower and occupational stressors and burnout were higher among nurses with type A personalities²⁴. In another Iranian study with nurses, the type B personality was predominant (61.3%) and associated with higher job satisfaction scores³⁹.

Type B personality was also found to be associated with organizational citizenship behaviors of female nurses in a survey carried out in India²⁵. Sakallı³⁸ reported that workers with type A personalities are more preferred by employers due to their manageability and discipline at work, but are also more likely to have occupational accidents. This information is highly relevant, as nurses are susceptible to accidents because of their continuous occupational exposure to biological, physical, ergonomic, and chemical risks⁴³.

In the present study, no significant relationship was found between personality type and the participants' demographic characteristics. These results differ slightly from those of a survey conducted with medical students in Bahrain, in which type A personality was predominant overall but was even more prevalent among female students²³.

When analyzing participants' responses to the items in the Bortner Rating Scale, those that had the highest scores (indicating type A personality) were "I am meticulous when it comes to appointments" and "I focus on one thing at a time." The items with the lowest scores (indicating type B personality) were "I do not feel rushed, even if I have something important to do" and "I have many interests outside of work." These findings suggest that the nursing students participating in this study are highly focused on work/study and also experience time pressure. Other studies carried out in Turkey^{37,44,45} and in several other countries⁴⁶⁻⁴⁸ have analyzed the importance of time management for nursing students. Studies conducted in Turkey pointed to a positive correlation between time management and academic performance among nursing students^{44,45}. Similarly, a study carried out with Indian nursing students indicated a positive correlation between wasted time and academic stress⁴³ and others have shown that nursing students who better manage their time are less anxious^{37,47,48}.

Although it has been suggested previously that nurses' personalities can influence their professional lives in several aspects, we were unable to reveal any statistically significant differences in perceptions of discrimination according to personality type. Participants had a high level of discrimination perception overall, with a mean score of 110.83 (66.7% of the maximum possible score). When the subscale scores were analyzed, the highest mean score was in the Personal Preferences and Individual Characteristics subscale (60.10 ± 15.04 , average item score of 4) and the lowest was in the Kinship/Closeness subscale (14.58 ± 5.67 , average item score of 2.9). These results indicate that providing differential care to patients based on factors such as their sexual preference, religion, cultural background, and education level was perceived as discrimination while providing differential care to family, friends, or fellow healthcare workers was less perceived as discrimination by the students. The latter result was expected, as Turkish society highly values family and interpersonal relationships with friends, coworkers, and acquaintances⁴⁹.

In a survey conducted to determine the personality characteristics of Turkish nurse managers, participants received the highest mean score in the "self-control/awareness" factor⁵⁰. This is in agreement with the results of this study, in which nursing students showed a high level of awareness of the discriminatory nature of certain behaviors, such as providing different care according to factors like patients' sexual orientation, diagnosis, age, educational level, and religion, among others. These findings are interesting because previous studies conducted with Turkish undergraduate nursing students identified negative attitudes toward people with HIV/AIDS⁵¹ and refugees^{52,53}. It is important to note that in recent years, Turkey has been receiving a large number of refugees, mainly from Syria^{54,55} thus, nursing students take care of many of them in the health institutions where they do internships. Another survey carried out in Turkey revealed negative attitudes of conservative undergraduate nursing students toward lesbian women and gay men⁵⁶. Similar results were observed in a survey by Küçükçaya and

Kahyaoğlu Süt³⁶, in which undergraduate nursing students showed discriminatory attitudes towards LGBTI individuals, with mainly male students stating they would feel uncomfortable caring for LGBTI individuals. In the study, the role of religious beliefs was emphasized as a basis for discriminatory behaviors when caring for these patients. Therefore, although the high self-reported levels of discrimination perception of nursing students in this study may be considered an encouraging result, these data do not guarantee that students will not discriminate consciously or unconsciously while providing care. On the other hand, studies conducted with Turkish undergraduate nursing students pointed to positive attitudes toward older patients, suggesting that ageism is less of a problem^{57,58}. This may be because Turkish culture values older adults' experience and emphasizes respect for elders.

Discriminatory attitudes of undergraduate nursing students toward patients have also been identified in studies conducted in other countries⁵⁹⁻⁶¹. Studies related to discriminatory behavior against patients and the perception of these behaviors among nursing students pointed to the need to train and prepare students to care for all patients equally, regardless of characteristics such as age, gender, sexual orientation, diagnosis, and ethnicity, because discriminatory behaviors arise due to lack of knowledge and experience^{36,51,52,57,59-61}.

The present study reveals important information about the personality of nursing students and their perceptions of discrimination. Nursing educators as well as nursing managers should pay attention to the personality characteristics of nursing students and nurses, utilizing positive personality traits to facilitate the provision of quality care and promote healthy interpersonal relationships in the work environment and assessing negative personality traits that may prevent nurses/nursing students from working ethically and efficiently.

Nurses must be prepared to care for the diverse societies that are developing as globalization brings more people of different ethnicities, sexual orientations, beliefs, and religions together. Therefore, an open and continuing dialogue about the importance of providing care without discrimination is essential in educational and health institutions.

Limitations

This study is limited to the geographical region and society in which it was conducted. In addition, this research was conducted at only two universities. Another limitation of the study is the use of self-report questionnaires, which may favor recall bias despite the high reliability and validity of the data collection instruments. Lastly, the scarcity of studies on perceptions of discrimination in nursing did not allow further discussions on the topic.

Conclusions

The majority of undergraduate nursing students who participated in the present study had type A personalities, and no significant relationships between personality type and demographic

characteristics were observed. Participants had relatively high perceptions of discrimination that did not differ according to personality type.

Although self-reported perceptions of discrimination were high among the students in this study, it is known that discrimination against patients is common in health systems worldwide. Therefore, the present study discusses an important and current topic. The importance of providing equal care to patients and the community must be addressed in different disciplines of nursing education, as well as in continuing education programs for nurses. Nursing managers have key roles both in identifying discriminatory behaviors and in developing training that promotes quality care and discrimination-free environments for both nurses and patients.

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