Research Article

INVESTİGATİON OF THE PERCEPTİON PATTERNS OF NURSES AND PHYSİCİANS ACCORDİNG TO PERSONALİTY DİMENSİONS İN FİVE FACTOR THEORY

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ARTICLE INFO

ABSTRACT

The aim of this research is to examine nurses and physicians' own occupational groups and their perception of each other according to the personality dimensions based on the adjectives in the Five Factor Personality Theory. This descriptive study was carried out between October-December 2017 and 309 persons (n = 153), nurses n = 156) who agreed to participate in the study in private hospitals operating in the European provinces in Istanbul and allowing them to work. "Personal Information Form" and "Adjective Based Personality Test Scale" were used to gather personal data. The obtained data were analyzed using the SPSS 23 packet program. In the analysis of the data, descriptive statistical methods (frequency and percentages), the significance between the two means (Student's t) test and the Mann Whitney U test were used for averages with statistically significant differences from the normal distribution. Physicians and nurses had a mean total score of 2.78 ± 1,542 on the adjectives-based personality test scale, and it was found that they defined the test personality moderately. Moreover, when physicians assessed themselves and the nurses, the mean scores of conscientiousness, softness, responsibility, emotional imbalance, experiential openness subscales and sums of scale were higher than nurses. The difference between physician and nurse professional groups was significant (p <0.05). Personality traits are characteristics that can change with education and social environment, even if they are partly innate. These characteristics are reflected in one's social life and working life and are preventing the establishment of a professional career relationship. The acquisition of a professional qualification of the physician nurse relationship in the health sector is a situation that can affect patient safety and productivity and can be supported with appropriate studies.

INTRODUCTION

One of the most important parts of human life is business life. The time that people spend in the workplace and their relationship with colleagues in the workplace are also factors that make business life more beautiful and more sustainable. People spend a great deal of their lives doing business in different periods of their lives, seeing different trainings. The aim in these trainings is to have a job to be done happily and happily. The person who finds this happiness in the workplace contributes to the prosperity of the society by working more productively and also contributes positively to the happiness which is beyond the business life. The human factor, which is considered to be the most valuable asset in organizations, faces more as a fundamental element contributing to the organization with its emotions, ideas, beliefs, abilities, knowledge and skills, rather than merely physical work. Workers are increasingly involved in work life, and while researchers studying within the organization, they try to find the factors, business behaviors and underlying causes of these behaviors affecting these relationships within the organization (Sarı, 2011; Judge, Heller and Mount 2002).

It is anticipated that physician and nurse relationship, which work together in every field where health care is provided and have to spend long working hours, can affect patient safety and productivity by acquiring a professional trait (Ömüriş 2014;Çetinkaya & Agam 2011;Gök & Koca 2016).This study is designed to examine how these two professional groups perceive their colleagues and each other, and it is envisaged that this relationship will be a guide for the professionalism of the physician and nurse relationship, and a shedding light for awareness.

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Conceptual Framework

Concept of Personality

Personality is an easy concept for our plural. That's what makes you "you". All the features that distinguish you from others are inseparable. It is difficult to define the personality, how to understand and measure the person, and it can be affected by many factors. Some researchers have made different definitions about personality. (Wilt & Revelle 2015) According to the definition of the American Psychological Association (APA), personality is the following: "Individual differences in the characteristic patterns of thought, feeling and behavior" (Owens, Stewart & Huebner 2017). In every personality definition made, it is said that personality is a great influence on life. In fact, your personality is strongly associated with life satisfaction (Boyce, Wood & Powdthavee 2013). It is important that there is a reliable way to conceptualize and measure the person who has such a large potential impact on life. The most commonly used personality scale is the "Five Factor Personality Model".

Five Factor Personality Model

In the literature, theories about the determination of personality dimensions have been emphasized in recent years and the personality traits can be evaluated under five factors (Doğan, 2012;Kaşlı & Seymen 2015;Morsünbül, 2014). The most important of these theories is the Five Factor Personality Theory, which contains personality traits. The foundations of this theory were laid with Allport, continued with Cattell and Eysenck, and developed in 1985 by Paul Costa and Robert Mc Crae, resulting in five dimensions of personality. These five essential dimensions are outwardness, compatibility, responsibility, neuroticism and development it is expressed as openness (İnanç & Yerlikaya, 2011).According to Hammond (2001), "Five Factor Personality Model Dimensions and Qualities" are shown in Table 1.

Table 1 Five Factor Personality Model Dimensions and Qualities

Dimensions	Qualities
Extraversion	The relationship between persons, power, social cohesion, activeness, ambition, sociability
Soft Start/ Compatibility Agreeableness	Being lovable, socialized, docile, trusting, not suspicious
Emotional balance / Neuroticism	Emotional stability, emotional control, anxiety, negative affectivity, ability to affect
Conscientiousness/Responsibility	Reliability, desire to achieve, cautiousness
Development / Openness to Experience	Intelligence, intelligence, culture, questioning

Hammond, M. S. (2001). "TheUse of theFive-Factor Model of Personality as a TherapeuticTool in CareerCounseling", Journal of Career Development, 27(3): 156

Extraversion

Outwardness is about energy resources and interacting with others, acceptability is about your orientation to others. It is a structure based on how it interacts with others in general. Outwardness has many features in it. These features are: humility, moderation, being thoughtful, being polite, being faithful, being self-sacrificing, being helpful, being sensitive, being cute, being cheerful and thoughtful. People with high tolerance tend to be loved, respected and sensitive to the needs of others. They probably have very few enemies, sympathizers, and very loving to their friends and loved ones and sympathetic to the looks of strangers. (Eby, 2015) The characteristics that can be counted for the collaborative sympathetic, energetic, excitable and talkative outsourcing sub-dimension, who are good at human relationships and who love to spend time with people. They are warm and social. If the outward facing dimension of a person is low, the opposite type of inward personality dominates. These include distancing people, silence in general, shyness, homosexuality, and seizure (Doğan, 2012).

Soft Start / Compatibility / Agreeableness

Softness / compatibility is the ability of an individual to be in good cohesive, coherent and good relationships with other people. They like to work as a team and they give confidence to the people they work with. The boundaries of tolerance are very broad and soft and they exude confidence to the other side. Consistent individuals tend to find solutions in a negative and calm manner in the negative situations they face. Individuals who do not have these characteristics become irritable and incompatible (Hellriegel & Slocum 2009).

Development / Openness to Experience

Openness defines the depth, originality and complexity of a person's mental and experiential life and is associated with aesthetic sensitivity, creativity, curiosity, and imagination (Vernooij., Orcalli., Fabbro & Crescentini 2016). The imagination of individuals with this feature is broad, curious, open to innovation, intelligent and intellectual direction is higher. They are creative and their cultural aspects are a wide range. Individuals who do not have this feature are switched off (Hellriegel & Slocum 2009).

Neuroticism

Neuroticism is a factor that indicates more negative features. Neuroticism is not just a factor of mediocre or disability but also a self-confident and self-confident element. The term includes emotional stability and generalized anger. Neurotic personality traits; It can be considered as strange, pessimistic, grumpy, jealous, nervous, anxious, timid, careful, insecure, unstable, and extremely sensitive (Scheider., Rench., Lyons& Riffle 2012). Individuals who score at the top of neurotizin are more likely to feel safe, feel safe and adventurous. They may be brave and indifferent with anxiety or doubt.

Conscientiousness

Those responsible for facilitating targeted behavior, defined as a sense of responsibility, a tendency to control prosperity, and a tendency to behave in socially acceptable ways, provide superiority in deferring satisfaction, working within rules, and planning and organizing effectively. For the Responsibility sub-dimension: They are ambitious, self-disciplined, consistent, predictable, controlled, honest, resourceful, hard-working, energetic, determined, and planner. It is likely that someone who has a high level of responsibility and is successful in his job and career, is superior in leadership positions, and follows his goals with determination and anticipation (John& Srivastava 1999).

The personality that separates the person from the other individuals is defined as personality, all of which is characteristic of him / herself, and being happy in the

workplace depends on the harmony and synergy that he has caught up with his colleagues to match the person's personality. People have different working styles and different ways of establishing relationships, depending on their different personalities and their personality characteristics. Relations between individuals are based on the perception that individuals have against each other. It allows us to organize our perceptual social relationships about other people and to adjust our behaviors. The expectation and adaptation of people to their work are different from each other depending on their personal characteristics. Just as personality is influenced by the business environment, the business environment is also influenced by the individual's personality (Sarı,2011; Chiaburu, Oh, Bery, Li,. & Gardner 2011). Interpersonal relationships are important in business life as well as in every step of social life, and these relationships are an effective element in shaping the social direction of organizational life. Numerous studies have shown that positive relationships lead to positive organizational outcomes (Ömüriş 2014).

Health Services and Health Professionals

Some features such as the inability of the health services to be postponed, the inability to execute, the difficulty of realizing the production on demand and the necessity of giving uninterrupted service distinguish this service from other services and confront as a service that needs to be given more complex, more dynamic and absolutely teamwork. One of the most important conditions for providing effective and quality health care services is to carry out communication between team members in a healthy and orderly manner. Even though professional knowledge and skill is a very important concept in health service workers, communication and team members' meeting together in common paydays constitute the most important parameters. Achieving success as a team, while requiring individual capabilities to be superior and having limited capabilities, results in a broader and more sustainable momentum. This is one of the approaches to modern management understanding. It is in close relation with the emotional intelligence and personality traits of the members who form the healthy associations team formed with their team members and the studies done are shown that the best performers in the team are not the ones having the most personal intelligence and the most professional knowledge but the team work which can communicate well with other individuals forming the team people are predisposed. The most important concept for teamwork is the ability to establish interpersonal relationships correctly and effectively (Çetinkaya & Agam 2011).

Health teams are complex and have a structure that requires many health professional groups to be involved. A wide range of health care services are available, but a single outcome - that is to say, that the person receiving the service is provided with a quality, comprehensive diagnosis, treatment, rehabilitation and health care services and that all the health care workers' decisions (Gök & Koca 2016). Professional communication among health service providers, especially nurses and physicians, is important for the provision of quality care and health care services that prioritize patient safety for patient and family care. Physician-nurse communication is influenced by hospital environment, patient care intensity, workload, gender, socio-economic status, educational level and personality traits

of healthcare professionals (Flicek 2012). Non-optimal, interprofessional cooperation in health care delivery leads to non-optimal patient care. Therefore, professional communication at a high level is important. While a patient is a strong professional, both patients and professionals benefit, and if there is a conflict, the consequences are also negatively affected (Schmalenberg & Kramer 2009).
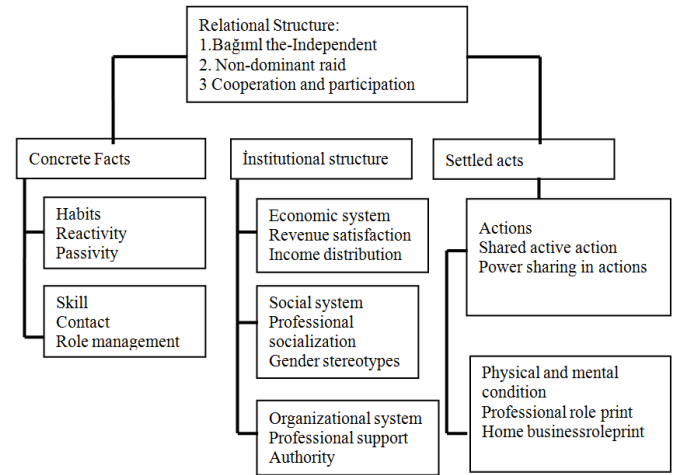

Figure 1 Theoretical model of factors affecting physician-nurse relationship

Despite recent progress made in the health sector in Turkey, the extreme density of health services, prevalence of non-communicable diseases continues deficiency in the number of physicians and nurses domination. As in many other countries, the physician assumes a role that covers full responsibilities, and the nurses are obliged to adhere to this established pattern and to provide the necessary nursing care and health care services by adhering to the physician's instructions (GotlibConn, Kenaszchuk, Dainty, Zwarenstein & Reeves 2014). This hierarchical situation, which came from the past and became a pattern, needed to move in this hierarchy, even though the nurses wanted to take some responsibility, give direction to the patient care, give suggestions or recommendations, and they were mostly victims. Nevertheless, the role of nurses, together with education, skills and competences, has turned from profession to profession. However, some nurses have now changed the status of the nursing profession, even though the physician-nurse hierarchy still continues, and the nurse thinks that the nurse is subject to medicine, and the nurses have become autonomous exercise authority in patient care and practice beyond the passive role that such a hierarchy has forced (Holyoake, 2011).

The Planned Behavior Theory, developed by Ajzen (1991), described this behavior among health professionals as communication behavior and said that this behavior emerged as a result of behavioral intentions and certain values or beliefs (Ajzen,1991). The agent pointed out that 'attitudes towards behavior', 'subjective norm' and 'perceived behavioral' control 'are the main determinants of communication. Perceived behavioral control is the perceptions of the health professionals about their ability to communicate effectively with others, in other words, the perception of individual communication and perceived ease (Corcoran, 2007). The extent to which personal factors can be effective in maintaining the current hierarchy will depend on the professional communication of both

professional groups and how they perceive each other personally.

METHOD

This descriptive study was conducted between October 2017 and December 2017 in private hospitals operating in the European province of Istanbul and allowing work to be done. The universe of the research was composed of a nurse (N = 4500) and a physician (N = 1000) who completed at least one year as a study period in private hospitals operating in Europe in the province of Istanbul in early 2017. The statistical formula of n: Nt²pq / d² (N-1) + t² pq was used to determine the number of samples of physicians and nurses participating in the study. According to this form; n: 153 physicians and 156 nurses were sampled. According to the number of samples, number of nurses and physicians from each hospital were determined by proportional selection method using stratified random sampling method (Sümbüloğlu & Sümbüloğlu 2005). This number varied between 5 and 10 according to the number of hospitals.

Data Collection Tools and Data Collection

Research data; The demographic information of the physicians and nurses participating in the research was obtained through face-to-face interviews with the "Personal Information Form" developed in line with the Five Factor Personality Theory and the "Adjective Based Personality Test".

Personal Information Form: It consists of questions such as age, educational status, sex, years of work.

Adjective Based Personality Test Based on Five Factor Personality: An Adjective Based Personality Test Scale developed by Bacanlı *et al*. (2009) in the direction of five factor personality theory and composed of 40 items (Bacanlı, İlhan & Aslan, 2009), followed by Çeliköz and Şeker Sır (2016) reliability was assessed by Confirmatory Factor Analysis, and reliability was assessed by Cronbach Alpha and Split Half internal consistency coefficients. The 13 items of confirmatory factor analysis were reduced to 27 items and the Cronbach Alfa Reliability Coefficient was found to be 0.85. As a result, the Adjective Based Personality Questionnaire consists of 27 items and five factors. There are 5 items in Neuroticism (N), 6 items in Outwardness (OW), 5 items in Development clarity (DC), 5 items in Compatibility (C) and 6 items in Responsibility (R) (Çeliköz,Sır Şeker 2016). The scale is in the form of a 7-point Likert and the participants are given a choice of seven polarity adjectives (1) Very suitable, (2) Fairly appropriate, (3) Somewhat appropriate, (4) Neither appropriate nor appropriate, (5) Somewhat appropriate, (6)) They respond by marking one of the most appropriate options. In this study, factor analysis for the items that were downloaded to 27 items was not performed again and reliability studies were done. The overall Cronbach Alpha score of the scale was 0.93, Extrinsic a = 0.85, Neuroticism / Emotional Balance α = 0.78, Softness α = 0.87, Responsibility α = 0.83, Growth / Experience Openness α = 0.85. The relationship between the scale and its subscales was assessed by the Spearman-Brown correlation analysis technique and statistically significant (p <0.001 and p <0.005) correlation was found between the total score and all subscale scores.

adjectives (1) Very suitable, (2) Fairly appropriate, (3) Somewhat appropriate, (4) Neither appropriate nor appropriate, (5) Somewhat appropriate, (6)) They respond by marking one of the most appropriate options.

Data Analysis

Analysis of the data obtained in the study was made with SPSS 23 for Windows computer program. Before the difference analysis of the data, the normality distribution was checked by the Kolmogorov Smirnov test. For non-normal distributions, the significance test (Student's t test) was used for the difference between the two groups for the Mann Whitney U test normal distribution for the difference between the two groups. The distribution of the questions in the Personal Information Form was interpreted as frequency, percentage, and scale scores as mean, standard deviation. The results were evaluated at 95% confidence interval, p <0.05 significance level.

Limitations of the Study

The research is limited to the opinions of 309 physicians and nurses working in private hospitals operating in the province of Europe in 2017 and the data obtained from the scale items.

Ethics of research

In order to be able to apply the work, the hospital administrations were interviewed and written permission was obtained by giving information about the study. Participants were given written and verbal consent to volunteer to participate in the survey. In order to be able to work, Bacanlı, who owns the scale, was given permission to use by mail.

RESULTS

In this section, factor analysis and validity-reliability results of the scale used primarily include descriptive information about the participants, descriptive statistics for the mean and standard deviations of the investigator's dependent and independent variables, and correlation values between the variables.

Findings related to correlations between scale and scale

In this study, factor analysis was not performed again for the items that were originally prepared by Bacanlı (2009) as 40 items, and for the items of measurement which were downloaded to the final 27 items by confirmatory factor analysis made by Çeliköz and Şeker Sır (2016). (Bacanlı, İlhan & Aslan,2009; Çeliköz, & Sır Şeker 2016). Chronbach Alpha values were tested to test internal consistency in the context of reliability. The total Cronbach Alpha value of the scale was 0.93. The Cronbach Alpha values of the subscales of the scale were 0.85 for Extroversion, 0.85 for Neuroticism / Emotional Balance α = 0.78, and 0.8 for Softness). Responsibility α = 0.83. The relationship between the scale and its subscales was assessed using the Spearman-Brown correlation analysis technique. A statistically significant correlation was found between the scale total score and all subscale scores (p <0.001 and p <0.005).

Table 2 Correlation Analysis of Scale Dimensions

Faktors	M	SD	1	2	3	4	5
Outwardness	2,48	0,72	1				
Soft head	2,46	0,80	,454**	1			
Responsibility	2,98	0,93	,254**	,385**	1		
Emotional imbalance	3,32	0,79	,014	,177**	,112**	1	
Experience clarity	3,52	0,82	,367**	,259**	,218**	,479**	1
Cronbach Alpha Reliability Coefficient			0,85	0,87	0,83	0,78	0,85

p<0.001,p<0.005

Description Features of Nurses and Physicians (n= 156, n=153)

From the obtained data 78.9% of participant nurses are women, 74.5% of them are 30 years old and below, 47.1% of them are high school graduates, 62.1% of doctors are women, 42% 42% were found to be specialist doctors Nurses and Physicians' Descriptive Characteristics (n = 156, n = 153): 78.9% of participant nurses were female, 74.5% were 30 years old and below and 47.1% were high school graduates. 62.1% were women, 42% were between 31-40 years of age, and 42% were specialist doctors.

Table 3 Personality Characteristics Based on Adjectives Based on the Five Factor Theory of Physicians and Nurses Participating in the Survey Scale Total Scores

Attributes Based on Adjectives	n	Average $\overline{X}$	Standard deviation (SD)
Emotional imbalance (neuroticism)	309	2,55	1,502
Smoothness / Compatibility	309	2,48	1,453
Responsibility	309	2,38	1,412
Change / Development clarity	309	2,28	1,340
Outwardness	309	2,23	1,293

In Table 3, when the participants' total score averages were examined, it was found that the highest score was taken from the dimension of emotional balance / neuroticism (2.55±1,502) this dimension is (2.48±1,453) in average, softness / compatibility dimension in 2.38±1,412) responsibility dimension in (2.38±1,340) in average, The lowest score of participant physicians and nurses was given to the dimension of outward turnover with an average of 2.23±1,293).

Table 4 Comparison of the average scores of the nurses and physicians according to the adjective-based Personality Test

	Physician self-description (n=153)			Nurses self-description (n=156)			Z/ t	p
	Item ave.	$\overline{X}$	SS	Item ave.	$\overline{X}$	SS		
Extraversion	2,19	13,14	1,26	1,77	10,62	1,14	-3,069*	0,090
Docility	2,64	13,2	1,52	1,88	9,4	1,04	-4,386	0,000
Responsibility	2,27	13,62	1,38	1,78	10,68	1,22	-4,122	0,000
Emotional imbalance	3,01	15,05	1,66	1,95	9,75	1,12	-5,800	0,000
Experience clarity	2,49	12,45	1,34	1,77	8,85	1,05	-5,334	0,000
Total	2,6	68,46	10,16	2,15	47,3	4,57	-1,248*	0,001

p<0.001,p<0.005

When the scores of physicians and nurses according to their descriptions were compared, it was determined that the average score of the physicians (67.46 ± 10.16) was higher than the nurses (47.3 ± 4.57) and the difference between the averages was statistically significant (p> 0,05). According to the difference analysis between the groups when physicians and nurses' self-referencing scores were compared softness, emotional balance, responsibility, experiment clarity scores while there was a significant difference (p <0.05)There was no significant difference in the dimension of outwardness (t $_{(307)}$ = 3,06 p =, 090) (p> 0,05) (Table 4).

Table 5 Comparison of the mean scores of nurses 'self-recommendations in assessing physician nurses' recipe according to the Personality Test based on Adjectives

	Physician description of nurse (n=153)			Nurse description of nurse (n=156)			Z/t	p
	Item ave.	$\overline{X}$	SS	Item ave.	$\overline{X}$	SS		
Extraversion	2,42	14,52	1,36	1,92	8,16	1,14	-,908*	0,292
Docility	2,63	13,15	1,51	2,31	11,55	1,50	1,028*	0,423
Responsibility	2,44	14,64	1,46	1,78	10,68	1,42	-2,795	0,005
Emotional imbalance	2,55	15,05	1,17	2,02	10,1	1,21	,314*	0,082
Experience clarity	2,44	12,2	1,48	2,08	10,4	1,25	5,20*	0,000
Total	2,49	69,76	8,14	2.03	50,19	4,57	-1,248*	0,604

p<0.001,p<0.005

When the scores of the nurses 'descriptions of the doctors were compared with the nurses' self-descriptions, the difference between the groups was found to be compatibility / softness (t $_{(307)}$ = 1,028 p = 423) and emotional balance (t $_{(307)}$ =, 314 p =,082), outwardness (t $_{(307)}$ = -, 908 p = 292),while there was no significant difference (p> 0,05), experiment clarity (t $_{(307)}$ = 5,20 p =, 000), responsibility (Z = -2,795 p =005, there was a significant difference between the scores of the dimensions (p <0,05). Doctors describe nurses as more responsible. The mean scores of the doctors were higher than the nurses. When the average scores of the patients were compared, the mean scores of the physicians (69.76 ± 8.14) were higher than the nurses (50.19 ± 4.57) (Table 5).

Table 6 Comparison of mean scores of physicians 'evaluation of doctors' descriptions of nurses according to the Adjectives Based Personality Test

	Physician description of physicians (n=153)			Physician description of nurses (n=156)			Z/t	p
	Item ave.	$\overline{X}$	SS	Item ave.	$\overline{X}$	SS		
Extraversion	1,86	11,16	,974	1,57	9,42	,805	-3,057	0,031
Docility	1,91	9,55	1,11	1,64	8,2	,677	2,043	0,012
Responsibility	1,89	11,34	1,13	1,64	9,84	,688	-,1,271*	0,427
Emotional imbalance	1,92	9,6	1,10	1,66	8,2	,695	-,768*	0,296
Experience clarity	1,61	8,05	,853	2,51	12,55	,651	-,320*	0,320
Total	12,48	50,7	7,14	8,02	48,28	4,56	1,459*	0,086

p<0.001,p<0.005

According to the analysis of difference between the groups when the scores of physicians 'descriptions of nurses were compared according to the doctors' own professions while there was a significant difference between the dimensions of softness (Z = 2,043 p =, 012) and outwardness (Z = -3,057 p =, 031) (p <0,05), emotional balance (t $_{(307)}$ = -, 768 p =, 296), responsibility dimension (t $_{(307)}$ = -1,271 p =, 427) there was a significant difference between the scores of the dimensions (p <0,05). When the average of the total points was compared, it was found that the mean score of the physicians (50.7 ± 7.14) was higher than the nurses (48.28 ± 4.56) (Table 6).

Table 7 Comparison of mean scores of nurses in assessing how nurses describe physicians' nurses according to nurses according to the Adjectives Based Personality Test

	Physician description of nurses (n=153)			The perception that nurses describe physicians as nurses (n=156)			Z/t	p
	Item ave.	$\overline{X}$	SS	Item ave.	$\overline{X}$	SS		
Extraversion	2,34	14,04	1,52	2,43	14,58	1,60	-,631*	0,776
Docility	2,60	13	1,58	2,42	12,1	1,55	-1,043*	0,297
Responsibility	2,48	14,88	1,58	2,73	16,3	1,81	-3,057*	0,002
Emotional imbalance	2,72	13,6	1,46	2,67	13,35	1,66	,314*	0,082
Experience clarity	2,44	12,2	1,48	2,61	13,05	1,64	-,908*	0,292
Total	2,51	67,82	8,16	2,47	69,38	8,26	-1,953*	0,004

p<0.001,p<0.005

When the scores of the nurses describe how nurses describe the perception of nurses by physicians' nurses, the difference between the groups was significant (p <0.05) in the dimension of responsibility (t $_{(307)}$ = -3.057 p =,002, outwardness (t $_{(307)}$ = -,631 p =, 776), the experimental clarity t$_{(307)}$ = -, 908 p = 292), emotional imbalance (t $_{(307)}$ =, 314 p =, 082),softness (t $_{(307)}$ = 1,028 p =, 423) were not significantly different (p> 0.05).The mean score of physicians (67.82 ± 8.16) was found to be lower than nurses (69.38 ± 8.26) and the difference between the means was statistically significant (p> 0,05) (Table 7).

Table 8 Comparison of mean scores in evaluating physicians' nurses' description of physicians in terms of nurses' physicians according to the Personality Test based on Adjectives

	Nurses description of Physician (n=156)			The perception that physicians describe nurses as physicians (n=153)			Z/t	p
	Item ave.	$\overline{X}$	SS	Item ave.	$\overline{X}$	SS		
Extraversion	1,66	9,96	,972	1,78	10,68	,801	1,314*	0,210
Docility	2,81	14,05	1,11	2,64	13,2	1,01	1,028*	0,207
Responsibility	2,89	17,34	1,11	2,64	15,84	1,12	-1,271*	0,427
Emotional imbalance	2,92	14,6	1,10	2,66	13,3	,695	-,768*	0,416
Experience clarity	2,61	13,05	,853	2,51	12,55	,651	-328*	0,120
Total	2,57	69,06	10,16	1,91	65,57	4,57	-3,544	0,380

p<0.001,p<0.005

When the scores of how physicians describe physicians of nurses in terms of doctors of nurses were compared, there was no significant difference according to the difference analysis between groups (p> 0,05).

DISCUSSION

In health care facilities where health care is provided, many professions with different specialized fields are working as a team to provide quality health care and patient care. Within this team, physicians and nurses who are in close contact with the patient due to their duties, perceive the members of their profession groups and other professions and work together in a working environment to ensure that care and treatment are done safely and with desire. This cooperation enables physicians and nurses to respect each other's feelings, to have confidence, to share their participation and responsibility in equitable decisions. It can be said that poor cooperation and communication have a negative effect on the quality of patient care. With this thought, it was aimed to investigate the way physicians and nurses perceive their colleagues and each other according to personality dimensions in five factor theory.

When the total score averages of physicians and nurses were examined, it was found that the highest score was the mean of emotional balance / neurotic subscale (2,55 ± 1,502) and the lowest score was the mean outwardness subscale (2.23 ± 1,293) (2.78 ± 1.542) was found. Although the score of the emotional balance / neuroticism personality dimension and the scale total score of the physicians and nurses were higher than the other scores, it was determined that these personality characteristics did not define themselves a little. This result may be a positive contribution to the healthcare system, especially if you get a low score on the dimension of emotional imbalance. Because individuals who score high on this dimension are anxious, anxious, restless and pessimistic. Health professionals need to score high on this dimension, leading to conflicts and conflict management in hospitals that have an intense and stressful work environment, which can lead to difficulties in coping with stress. In a study conducted, it was found that individuals' anxious, depressive, aggressive and insecure (high emotional inconsistency) negatively affected their job performance (Barrick, Mount, Judge 2001). According to the results of softness / compatibility and responsibility dimension physicians and nurses stated that these personality characteristics do not define themselves a little. According to these personality traits, physicians and nurses are usually determined, attentive, planned and aware of their responsibilities that they think others, tolerate and work in harmony with others, cooperate and avoid sacrifice. Occupational therapies performed by physicians and nurses require this feature. Having this capability will contribute to improving patient and employee satisfaction by contributing to the well-managed relationship and providing quality patient care services in a patient-centered working environment. In one study, employees with high levels of responsibility were found to have high levels of job satisfaction and motivation, low levels of job avoidance and job separation, and conflicts in their relationships(34) The other personality dimension that nurses and nurses score lower than other dimensions is extroversion. Despite the fact that the high score obtained from this dimension has many benefits for organizations, a study by Isır (2006) has also found a negative impact on organizations related to this dimension. In this study, it was determined that the tendency of exodevices to leave work and leave work was higher (Isır 2006).

It was determined that physicians and nurses had a meaningful difference between the scores in the analysis results of the data they defined themselves, and the doctors described themselves as more outward-oriented, soft-headed, responsible, emotionally balanced and open to experimentation than nurses. It was also determined that doctors' descriptions of nurses were higher than the description of the nursing profession and that doctors perceived nurses as extroverted, soft-headed, responsible, emotionally balanced, and open to experiment. In the definition of nurses' doctors, the result is that the nurses describe the doctors as more open to experimentation. The comparison between the doctors and the nurses' descriptions of themselves is in favor of the doctors, considering the results obtained. This situation can arise either because our society thinks that doctors regard themselves as the most indispensable element of health for doctors. In addition, the fact that the

medical education is six years, the training period of the nurses is at different times for many years, most of them are completed with undergraduate education, and they are mentioned as auxiliary personnel in the law. In a research conducted, it was determined that the power ratio of the nurses in which the power molds continued with the physician nurse relations was lower than the physicians and the occupational privileges of the physicians were higher. Savič and Pagon (2008) point out that differences in the level of education of physicians and nurses are due to different perceptions of power in occupational roles and working environment, especially in nursing profession with different education level by doctors and that the expectations of physicians and nurses are different from each other (Skela Savic & Pagon 2008). It has been stated that in hospitals with a non-hierarchical institutional culture, employees are experts and knowledge-based, and that they have a strong sense of co-operation and co-operation with each other (Gillen 2007).

As a result of comparing the descriptions of physicians perceived by doctors with the nurses 'description of the nurses' own membership, the nurses describe that doctors think that only nurses have more responsibility. This can be attributed to the fact that nurses have developed a prejudice that nurses should think that doctors have negative perceptions towards them. In a similar case, the nurses' descriptions of doctors did not reveal any significant difference compared to the descriptions of how the nurses perceived the profession group in which doctors were members of their own. Not seeing the difference shows that doctors and nurses are more confident in their rhetoric about doctors. In the literature, it has been stated that it is important to establish cooperation between doctors and nurses in order to develop respect and confidence among the members of the team, to ensure effective communication, and to set up a team that operates according to common goals and standards (O'Brien-Pallas, Hiroz, Cook, Mildon 2005). Gillen (2005) and Szekendi (2007) emphasized that this skill is very important for the effectiveness of the collaborating group when it is considered as a skill of expressing self in the cooperation of physicians and nurses, listening to someone else's opinion and putting their own thoughts into practice (Gillen 2007, Szekendi,2007). Physicians' representation of a dominant character in health care institutions is not only their knowledge, skills and competence but also their ability to be as professional as nursing professionals and their reflection on attitudes and behaviors of this inadequatep professional.

CONCLUSİON

Personality traits are characteristics that can change with education and social environment, even if they are partly innate. Two different disciplines that are independent of each other are nursing and medical profession duties and responsibilities. Removing the differences of education and increasing branching in nursing by providing bachelor's and master's education to high school graduates in nursing profession is more professional than classical doctor-nurse relation as a trigger factor for increasing self confidence in nursing. Will contribute to their own perspective. It is thought that physicians and nurses can work together as a positive working environment by explaining how to create awareness in these two professional groups with the trainings to be given and how to create a synergy with their profession. It is thought that

physicians and nurses will understand the roles of each other and increase respect by sharing knowledge and skills.

Contributors of the authors: H.Ş .: idea, design and design of work, data collection; F.Ç .: data collection, writing, literature search, statistical analysis; A.B .: collecting data, critically reviewing the literature, searching the literature.

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