

An Assessment of Conscientiousness and Proactive Nursing Behaviours in The General Hospitals in Benue State

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Abstract

This study investigated conscientiousness and proactive nursing behaviours in General Hospital in Benue State, Nigeria. A survey was conducted on nurses across general hospitals in Benue State. A total of three hundred (371) participants participated, out of which 87(23.5%) were male while 279 (75.2%) were female. Their mean age was 42.88 (SD=9.98) years. The proactive nursing services scale (PNSS) self-developed, The Unfolding Five Factor Model of Conscientiousness Scale (UFFMCS) developed by Carter et al., (2014) were used for data collection. Multiple Linear Regression analysis was used to test the only hypothesis of the study. The findings revealed that, conscientiousness significantly predicts the overall proactive nursing behaviours in the General Hospitals setting. It was therefore recommended among other things that, To enhance nursing behaviour, healthcare organizations should incorporate conscientiousness assessment into their recruitment and professional development processes. This can help identify and nurture individuals with high levels of conscientiousness, who are more likely to engage in proactive behaviours, drive improvements and deliver exceptional patient care.

Key words: Conscientiousness, proactive nursing behaviour and General hospitals.

Introduction

Proactive nursing behaviour is essential for delivery of high-quality patients' care, particularly in general hospitals where resources may be limited. Proactive nursing behaviour refers to a self-initiated behaviour that endeavours to solve a problem before it has occurred. It refers to taking control of a situation and making early changes, rather than adjusting to a situation or waiting for something to happen.

Proactive nursing behaviour involves a set of habitual, behaviourally inclined practices designed to anticipate and address the needs of surgeons and patients. This includes tasks such as providing anticipatory assistance, monitoring patient status in the operating theatre, administering drugs, giving clear instructions to patient

caregivers, and reducing waiting times in emergency departments. Nurses in a proactive role take cues from the situation or participants rather than imposing their own solutions (Singh et al., 2020).

Proactivity in nursing isn't limited to extra-role behaviours. It also encompasses improving the efficiency of core tasks and engaging in altruistic actions, like offering help to patients before they ask. This approach focuses on identifying and seizing opportunities to pre-emptively address potential problems and threats. Proactive behaviour is often exhibited by nurses who are positive, energetic, and intelligent, embodying a proactive mind set. Iqbal (2019) defines proactive nursing service as active, self-initiated, and future-oriented actions aimed at changing and improving situations

before problems arise.

Advances in technology, reimbursement systems based on diagnosis-related groups, and changes in organizational structures and procedures have increased the need for conscientiousness in proactive nursing behaviours. Proactive nursing behaviours enhance patient outcomes by ensuring effective care interventions, patient safety, and reduced waiting and processing times.

Proactive nursing behaviour includes making recommendations to colleagues to reduce errors (Li, 2020). Through proactive behaviour Nurses, can improve staff performance and provide solutions to work-related problems. This behaviour stems from a motivational process that engages nurses or teams to increase job efficiency (Masood & Afsar, 2017). Proactive nursing care is self-initiated and requires strong self-determination to maintain the commitment to this behaviour (Robins et al., 2020).

Proactive nursing service also involves actions not specified in assigned tasks, where individuals spontaneously and actively take charge to bring about changes in their work environment, solving and anticipating problems to benefit the organization (Kamia & Porto, 2018). At an individual level, proactive nursing behaviours may not offer tangible benefits but are driven by motivation and self-ignited behaviours such as satisfaction and self-fulfilment (Thomas, Whitman & Viswesvaran, 2010).

Given its crucial role in healthcare, researchers have explored the main factors predicting proactive nursing behaviours. Previous studies highlight the importance of conscientiousness (Den Hartog & Belschak, 2012) in fostering proactive nursing

behaviours. Conscientiousness is defined as the awareness of ones' thoughts, feelings, and actions, is critical antecedent of proactive behaviours. This study aims to investigate the relationship between conscientiousness and proactive nursing behaviour among nurses in general hospitals in Benue State.

However, a few exceptions, research on the processes fostering proactive nursing behaviours remains scarce. It is therefore an area of interest to health care organisations to learn more about the mechanisms that will help increase proactive nursing behaviours, as this may indirectly promote quality of care and the opposite of it may lead to a deteriorating backward care system (Warshawsky, Havens, & Knafl, 2012).

Conscientiousness, as a sub-personality trait, may play a significant role in fostering and sustaining proactive nursing behaviour. It is defined as a trait characterized by being careful, diligent, and having a desire to perform tasks well and take obligations seriously (Thompson, 2008). Conscientious individuals tend to be efficient and organized, which leads to increased proactive work behaviour. Costa and McCrae (1985) describe conscientiousness as comprising dependability, carefulness, thoroughness, responsibility, and perseverance.

Conscientiousness includes elements such as self-discipline, carefulness, thoroughness, organization, deliberation (the tendency to think carefully before acting), and achievement orientation (Gosling, 2008). It is traditionally associated with strong character. Conscientious individuals are generally hardworking and reliable; however, they may also exhibit workaholic, perfectionist, and compulsive behaviours

when this trait is taken to extremes (Dewitt & Schouwenburg, 2002). On the other hand, individuals low in conscientiousness are not necessarily lazy or immoral but tend to be more laid-back, less goal-oriented, and less driven by success.

Despite the acknowledged importance of conscientiousness, and proactive nursing behaviours, there is a limited understanding of the specific factors predicting proactive nursing behaviours. Existing literature indicates the prevalence of these traits among nurses but lacks specifics on their interplay. Furthermore, limited research has explored how to mitigate the negative impacts of these factors. It is based on the above background that this paper is designed to examine the influence of conscientiousness on proactive behaviour among nurses of general hospitals in Benue state.

Conscientiousness and Proactive Behaviour

Thomas, Rogers, Spitzmueller, Roberts, and Rogers (2018) investigated the effects of proactive personality and conscientiousness on training motivation in a conditional, indirect process model, using data from a multinational sample of trainees, in order to better understand the effect of training transfer as a ubiquitous but frequently unmet goal of training initiatives amounting to billions of dollars lost annually and masses of under-skilled workers as a result of the lack of application of training content to their job.

They found that, trainee's proactive personality positively influences transfer intentions partially through its influence on motivation to learn and that higher levels of conscientiousness weakens this relationship. Their findings provided further evidence

supporting the importance of proactive personality and conscientiousness as factors that need to be accounted for in the design of talent development solutions. This study is of particular relevance as its underlying basics are similar to the present study but different in sample as the current study seeks to explore the above variable only on a sample of hospital nurses.

Thomas, Whitman and Viswesvaran (2010) in a meta-analysis of 103 independent samples provided a comparative evaluation of the relationships associated with four emergent proactive constructs including proactive personality, personal initiative, voice, and taking charge. They investigated the comparative relationships among these focal proactive constructs and key organizational variables (job performance), personality traits (the Big Five), and individual variables (work experience). Thomas, Whitman and Viswesvaran (2010) found significant positive correlations between proactivity and performance, satisfaction, affective organizational commitment, and social networking. Their study also provide evidence that differentiates focal proactive constructs from the Big Five as well as individual differences in work experience, age, and general mental ability. Current progress towards a more integrative understanding of proactivity research is discussed. Their study was a correlational study with a limited sample of 103 for generalizability whereas the current study is a mediating study seeking to explore proactive nursing behaviours in a more elaborate sample size.

Hypothesis

There will be a significant influence of

conscientiousness on proactive nursing behaviours, (team collaboration, Clinical/Counselling, care/mentoring services) in General Hospitals in Benue State.

Method

Design

The researcher utilized a cross-sectional survey approach. The approach was favoured because the data collected as used for analyses at a particular point in time.

Participants

Participants for this study were three hundred and seventy-one (371) nurses in General Hospitals across Benue State. Analysis showed that (23.5%) of the respondents were male while the majority (75.2%) were female. However, (1.3%) of the respondents did not indicate their gender. With regards to age, out of the 371 respondents, majority (35.8%) were within the age range 41-50 years, 26.4% were in the 31-40 years' age bracket while 21.3% were aged between 51 and 60 years. Those in the age bracket 19-30 years make up 14.6% of the total. However, 1.6% of the respondents did not indicate their age.

In terms of respondents' marital status, the result in table 1 reveals that majority (71.4%) were married while 14.3% were single. In terms of ethnic group, the result shows that 60.9% of the total respondents numbering 371 are of Tiv ethnic group and form the majority. The Idoma ethnic group comprises 22.6% and Iggede 9.7%. The remaining two ethnic groups viz, Igbo and Ibibio together make up about 2.7%. However, 4.0% of the respondents did not

indicate their ethnic affiliation.

Sampling

Total population sampling technique, also known as Census method was used to sample participants for the study. This is due to the fact that, the size of population of Nurses across General Hospitals in Benue State is small, and not utilizing the entire population, was to raise eye brows at the generalizability of the findings.

Instruments and procedure

A set of questionnaire was used for data collection. The questionnaire was divided into sections. Section "A" contains demographic information of the participants, Section "B" measured proactive nursing behaviours. Section "C" measured organizational support.

- I. The Proactive Nursing Behaviours Scale (PNSS), a self developed scale was used to measure proactive nursing behaviour. The scale has 26-item measured on Likert-type scale. The scale is divided into three domains: Team Collaboration, Clinical Counseling, and Care/Mentoring, with overall reliability Cronbach's alpha of .93.
- ii. The Unfolding Five Factor Model of Conscientiousness Scale (UFFMCS) measures conscientiousness using a 20-item scale, focusing on facets like orderliness and industriousness with reliability reported as .91 (Carter et al., 2014).

Procedure

Data for this study were collected through

direct contact with participants. Permission was sought from the hospital management board for the purpose of data collection. The questionnaire was administered to the nurses in general hospitals in Benue State. The participants were assured of confidentiality of their responses.

Data Analysis

Data collected for this study was analysed using Statistical Package for Social Sciences (SPSS) version 26. During the pilot study,

confirmatory factor analysis was performed on the two scales to ascertain the presence of subscale and to determine the strength of items on the scales. In the main study, frequencies were used to summarize and describe the demographic characteristics of the participants. Simple Linear regression analysis was used to test the influence of conscientiousness on proactive nursing behaviours, (team collaboration, Clinical / Counselling, care/mentoring services) in General Hospitals in Benue State.

Results

Table 1: Linear Regression Estimates of Influence of Conscientiousness in Proactive Nursing behaviours and it Dimensions

DV	IV	R	R ²	df	F	t	p
PNS	Constant	.313	.098	1,369	40.145	26.901	.000
	Conscientiousness					.31	6.336
						3	.000
TC	(Constant)	.294	.086	1,369	34.926	23.221	.000
	Conscientiousness					.29	5.910
						4	.000
CCS	(Constant)	.233	.054	1,369	21.185	27.005	.000
	Conscientiousness					.23	4.603
						3	.000
CMS	(Constant)	.316	1.00	1,369	40.924	17.455	.000
	Conscientiousness					.31	6.397
						6	.000

Table 1 shows the result of the influence of conscientiousness on proactive nursing behaviours in the test of the second hypothesis of the study. The first part of the result shows the influence of the predictor on the whole dimension of proactive nursing behaviours. This result indicates that conscientiousness exerts a significant influence on overall proactive nursing behaviours in the General Hospitals in Benue State ($\beta=.31, p<.01$). It explained 10% of the variance in proactive nursing behaviours as

indicated by the R² value of .10. With regard to the influence of conscientiousness on team collaboration dimension of proactive nursing behaviours, the result revealed that conscientiousness significantly predicted team collaboration ($\beta=.29, p<.01$). The predictor also accounted for 9% of the variance in team collaboration as indicated by R² value of .09

In terms of the influence of conscientiousness on the clinical/counselling dimension of proactive nursing behaviours,

the result revealed a significant predictor influence of the predictor on the outcome variable ($\beta=.23, p<.01$) in the general hospital in Benue State. Conscientiousness explained 5% of the variance in clinical/counselling proactive behaviours.

With regard to the influence of conscientiousness on the care/mentoring dimension of proactive nursing behaviours, the result showed that conscientiousness was a significant predictor of care/mentoring domain of proactive nursing behaviours in General Hospital in Benue State. ($\beta=.32, p<.01$), It accounted for 10% of the variance in care/mentoring ($R^2=.10$). Taken together, the result shows that conscientiousness is a significant predictor of proactive nursing behaviours in all its dimensions and overall, hence research hypotheses two was confirmed. Thus conscientiousness has a significant influence on proactive nursing behaviours in General Hospital in Benue State.

Discussion

The findings indicate that, the result in table one which showed that conscientiousness is a strong predictor of all three dimensions of proactive nursing behaviours at the General Hospitals studied, namely, team collaboration, clinical/counselling, and care/mentoring. The discovery corroborates the earlier research conducted by Yidong et al (2020) which demonstrated that conscientiousness has an impact on proactive behaviour among Chinese employees. The discovery contradicts the findings of Onderwater (2017), who determined that conscientiousness does not significantly influence proactive activity in employees. The discovery contradicts the findings of

Adebayo and Nwabuoku (2008), who concluded that conscientiousness did not have a substantial impact on the proactive behaviour of non-teaching personnel at the University of Ado-Ekiti in South-west Nigeria. Therefore, the results of this study differ from earlier findings. Some individuals are working together in tandem, while others are in disagreement or at variance. This can be attributed to the nature of the organisations that were examined.

The present study examined the proactive behaviours of nurses in hospital organisations, while other studies included staff from organisations that are not headquartered in hospitals. The heterogeneity of the organisations examined, as well as the diversity of the professions they engage in, may have contributed to the varied outcomes achieved.

Conclusion

The study concluded that Conscientiousness had a significant and positive impact on all aspects of proactive nursing behaviour in the General Hospitals in Benue State.

Conscientiousness had a substantial and combined prediction on proactive nursing behaviours in General Hospitals in Benue state.

Recommendations

Based on the findings of this study it was therefore recommended that:

- I. To enhance nursing behaviour, healthcare organizations should incorporate conscientiousness assessment into their recruitment and professional development processes. This can help identify and nurture individuals with high levels of

conscientiousness, who are more likely to engage in proactive behaviours, drive improvements and deliver exceptional patient care.

- ii. Organizations can design targeted interventions to foster conscientiousness among nursing staff, such as training programmes emphasising responsibility, organization and goal-oriented behaviour.

References

- Adebayo, S.O., & Nwabuoku, U.C. (2008). Conscientiousness and Perceived Organizational Support as Predictors of Employee proactivity. *Pakistan Journal of Social Sciences*, 5(1), 363-367.
- Costa, P.T., & McCrae, R.R. (1995). Domains and facets: Hierarchical personality assessment using the revised NEO personality inventory. *Journal of Personality Assessment*, 64, 21-50.
- Den Hartog, D. N., & Belschak, F. D. (2012). When does transformational leadership enhance employee proactive behaviour? The role of autonomy and role breadth self-efficacy. *Journal of Applied Psychology*, 97, 194–202. doi:10.1037/a0024903.
- Dewitt, S., & Schouwenburg, H. C. (2002). Procrastination, temptations, and incentives: The struggle between the present and the future in procrastinators and the punctual. *European Journal of Personality*, 16(6), 469-489.
- Gosling, S. (2008). *Snoop: What your stuff says about you*. New York: Basic Books.
- Gosling, S. D., Rentfrow, P. J., & Swann, W. B. (2003). A very brief measure of the Big-Five personality domains. *Journal of Research in Personality*, 37(6), 504–528. [https://doi.org/10.1016/S0092-6566\(03\)00046-1](https://doi.org/10.1016/S0092-6566(03)00046-1)
- Kamia, M., & Porto, J.B. (2018). Desenvolvimento e validação da Escala de Comportamento Proativo nas Organizações - ECPO. *Aval. psicol.* [Internet]. 2009 [acesso em 14 fev 2018]; 8(3). Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pi
- Lee, E. S. (1994). *Cross-sectional studies in health research*. *Journal of Public Health*, 16(3), 250-255.
- Li, X. (2020) The Preliminary Literature Review of Proactive Behaviour. *American Journal of Industrial and Business Management*, 10, 915-919. doi: [10.4236/ajibm.2020.105061](https://doi.org/10.4236/ajibm.2020.105061).
- Onderwater, J. (2017). *The effect of Perceived Organizational Support on Knowledge Hiding: The moderating roles of agreeableness, conscientiousness and need for power*. 1(2), 1-34.
- Thomas, J. P., Whitman, D. S., & Viswesvaran, C. (2010). Employee proactivity in organizations: A comparative meta-analysis of emergent proactive constructs. *Journal of Occupational and Organizational Psychology*, 83, 275–300
- Thomas, J.P., Whitman, D.S., & Viswesvaran, C. (2010). Employee proactivity in organizations: a comparative meta-analysis of

- emergent proactive constructs. *Journal of Occupational Organizational Psyc.*[Internet]. 2010 [acessoem 10 fev 2018]; 83(2). Disponível em: <https://doi.org/10.1348/096317910x502359>.
- Thompson, E.R. (2008). "Development and Validation of an International English Big-Five Mini Markers". *Personality and Individual Differences*. 45(6): 542-548. doi:10.1016/j.paid.2008.06.013
- Yidong, T.U., Xinxin, L. u., Wang, S., Liu, Y. (2020). When and why conscientious employees are proactive: A three-wave investigation on employees' conscientiousness and organizational proactive behaviour. *Journal of Personality and Individual Differences*. 1(2),12-35.13
- Singh, J.P., Chand, P.K., Mittal, A. & Aggarwal, A. (2020). "High-performance work system and organizational citizenship behaviour at the shop floor", *Benchmarking: An International Journal*, 27(4), 1369-1398.
- Singh, V., Turner, N., & Simoes, E. (2020). *Proactive Nursing Behaviours in the Operating Theatre: A Review of Effective Practices*. *Journal of Advanced Nursing*, 76(2), 514-523.
- Iqbal, A. (2019). *Proactive Nursing: Future-Oriented Actions in Healthcare*. *Journal of Nursing Management*, 27(3), 123-131.
- Masood, A., & Afsar, B. (2017). *Motivation and Proactive Behaviour in Nursing: A Review*. *Nursing Outlook*, 65(4), 489-498.
- Robins, L., Smith, S., Kost, A., Combs, H., Kritek, P.A., & Klein, E.J. (2020). Faculty perceptions of formative feedback from medical students. *Teach Learn Med* 2020;32:168-75.
- Warshawsky, N. E., Havens, D. S., & Knafl, G. (2012). *The influence of interpersonal relationships on nurse managers' work engagement and proactive work behaviour*. *Journal of Nursing Administration*, 42(12), 572-578.