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Insights Into Personality: Implications in Physician Profiles



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According to a scientific study published in 2013 by acclaimed NASA toxicologist Dr. John T. James, an estimated 210,000 to 440,000 people die each year due to preventable medical errors (James 2013). Further examination reveals that medical errors would then be the third largest cause of death in the United States (Allen 2013). A driving component of healthcare reform in the United States is the mandate to improve quality through reduction of variability in patient outcomes. While processes play a factor in preventable medical errors, we submit that personality insights may play a role in the future in more clearly matching physicians and their personality types with specific physician specialties, and thus an indirect association with preventable medical errors (Bradley et al. 2007). We advance this concept through examination of psychological profiling in other important industries outside of healthcare.

A handful of broadly-publicised and tragic airline incidents, where pilot error and implication of pilot personality-related problems were questioned, led us to examine if personality issues play a role in the frequency of preventable medical errors. Specifically, would the quality of healthcare services provided in the United States improve through the incorporation of some form of advanced personality assessment testing for physicians?

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Industry Personality Tests

Of the top Fortune 100 companies, including Apple, Exxon, and General Motors in the United States, 89% require their potential new hires to complete a comprehensive personality assessment and profile prior to any formal offer of employment (Shuit 2003). Testing is designed to determine whether or not a candidate's personality set will be an appropriate 'cultural fit' for job tasks and that of the organisational culture. If the testing reveals that their personality disposition does not marry with the job requirements and organisational culture, disqualification occurs and they are not employed. Some might argue that this process of human resources risk management may play some role in preventing productivity issues, lawsuits or more serious human resources implications for the respective organisation.

In healthcare, whilst some personality testing may take place by suppliers and vendor organisations, our research indicates that there does not appear to be a consistent or uniform methodology for personality assessments of current or future physicians. Limited publications exist in examining the personality type of specific types of specialists or any corollary in physician personality and medical errors. Upon completion of medical education and training, a licensed physician, in order to practise medicine at a hospital, completes a cursory background check. Credentialing, and the privileging process as it is referenced in the United States, is completed in order to determine what a particular physician may be allowed to perform within the confines of the hospital facilities. This in turn begs the question that in addition to a validation of educational credentials might an organisation ask about the utility of potential personality testing as part of the credentialing process for physician privileges or employment?.

In contrast to the healthcare industry, the aviation industry consistently completes psychological testing required by the Federal Aviation Administration (FAA) to have a medical certificate prior to becoming a licensed airline pilot (FAA 2014). This certificate certifies that a pilot is both physically and psychologically fit to be a pilot. Pilots are required to take a battery of tests including, but not limited to, The [Weschler Adult Intelligence Scale](#), [Trail Making Test Parts A & B](#), and the Minnesota Multiphasic Personality Inventory. If deemed necessary a psychiatrist may conduct a Rorschach test, or any other personality assessment that they deem fit (FAA 2014).

In 1997 a study that spanned across five Flemish universities was conducted as an attempt to determine how a student's personality would affect their rate of success in medical school. Success was measured in the classroom and in practice as well. Researchers were able to show that success rates did indeed differ based on a student's personality (Lievens et al. 2009). More recently in 2010 a retrospective study at the Saint Louis School of Medicine was conducted to assess student medical school performance during the first three years of medical school. What the researchers found was identical to what was found over a decade prior: medical student performance varied based on their personality type. The study concluded that medical school admission should be adjusted with the addition of personality examinations, due to its importance as an accurate gauge and predictor of future performance (Haight al. 2012).

While research has shown that personality testing does indeed determine performance, could there be an alternative explanation for why physicians are not scrutinised to the same degree as airline pilots? According to a census conducted by the Federation of State Medical Boards

in 2012, there were approximately 878,194 practising physicians in The United States (Young et al. 2014). Given that the Affordable Healthcare Act aims to provide coverage to approximately 32 million additional people by the year 2019, compounded by the fact that the average age of practising physicians is 51 years old, and the finite pipeline for future physicians shows an alarming shortage for physicians within the workplace (Young et al. 2014; Deparle 2010; Florence 2011). Could the need created by so many new patients, the unknown cost, or the lack of measurable benefit be determinates of why organisations do not require personality profile testing as an additional assessment during the physician hiring process?

Defining Personality Tests and Test Types

There are numerous personality profile tests that exist in the market. Many are considered to be broad, and simply measure personality from a very wide perspective. One of the more commonly known broad personality tests is the Myers-Briggs personality test. Other more specific personality tests can be taken to look at a particular trait of a person. A common personality test that exists is the Dominance, Inducement, Submission, and Compliance (DiSC) assessment profile that measures a person's communication behaviours.

Studies on personality traits and the methods used to determine these personalities in people have been researched for many years. It was not until a mother and daughter team by the name of Katharine Cook Briggs and Isabel Briggs Myers took existing research on personality and applied it to their own work on creating a formal assessment test that was to be used to help women get careers in the 1950s. In 1962 they published the first ever personality questionnaire indicator that eventually became known today as the [Myers-Briggs](#) (Myers 1962). They saw this indicator as a way for women to better understand what jobs they would be the most proficient at during World War II. The test has evolved since its initial inception and is used by many different organisations in order to determine potential employee personalities as a determinate for cultural fit.

The questions given on the Myers Briggs test are designed to determine how people view the world around them, and how they make decisions within that scope. Once the test has been taken, the individual will score within four dichotomies.

- Introverted or Extroverted;
- Sensing or Intuition;
- Thinking or Feeling;
- Judging or Perception.

The Myers-Briggs does not show that a person is either Introverted or Extroverted, but it shows what preference a person may have over the other, and it is not a measurement of a person's aptitude. The majority of people that take the Myers-Briggs tend to maintain identical personality traits as they progress in age (OPP nd).

Another widely used assessment was created by the same man who created the fictional character Wonder Woman, William Marston. He was a Harvard-educated psychologist, who was well known for publishing several essays in popular psychology. His most popular essay *The Emotions of Normal People* (Marston 1928) would eventually evolve into what we know today as the DiSC assessment. This assessment allows for an organisation to learn more about particular attributes of a person, rather than a broad personality assessment.

The DiSC assessment tool was designed to measure a person's communication behaviours. It is based around four personality traits:

Dominance, Inducement, Submission, and Compliance. Similar to the Myers-Briggs, a person is given a series of questions to answer and, based upon completion of the test, they will be given a score. A person will be ranked as having one of previous listed personality traits or they may have a dominant and a subdominant trait that they fall within.

For example it is possible to be strong Dominance, but close to Inducement. This simply means you may exhibit some of both traits in your communication behaviours. Unlike Myers-Briggs, a person's DiSC can change over time as they grow in their lives and their careers (Personality Profile Solutions, LLC 2010). These personality tests have been used in education and in the corporate world when determining placement of a student within a group, or placement of an employee within an organisation. Different personalities exhibit comfort and discomfort when it comes to certain jobs or areas within education or place of work.

Is There Such a Thing as an Ideal Personality for Being a Doctor, or a Specific Type of Doctor?

While there are several different types of potential personalities that a physician could have, no single personality type is considered a poor personality type. Physicians of all personalities have been effectively practising medicine for years and have proven themselves in the field of medicine. However each personality type has associated traits that can strengthen or weaken a physician's effectiveness given a specific specialty. It is also critically important to note that for procedurally-oriented physicians psychomotor skills testing and assessment might serve as a valuable adjunct to personality testing during the medical school residency selection process. However, for the purposes of this article, we raise this additional testing consideration, but do not address it further in this publication.

In recent studies such as the Jackson and Coker study (2009), it has been determined that a physician's personality was a direct indicator as to which specialty they would excel in. This research is further supported by studies done through an organisation called PeopleKeys®. They include physician personality as an important characteristic in their Perfect Match for Hiring within Medical Practices Package (DISC Insights 2013). Essentially if a physician expressed interest in highly structured environments and was uncomfortable with ambiguity, a hospital-based specialty such as anaesthesiology would be beneficial for them to explore. Within the confines of a hospital, a physician is given structure and guidelines within which they are to stay. Personality tests allow for physicians to not only understand what specialty type they would excel in, but also allow for a healthcare organisation to determine if a physician would make an appropriate fit, given the role which the physician was applying for.

The misunderstanding or misinterpretation of one's personality type could lead to a physician not understanding their own strengths and weaknesses within a given specialty.

Understanding the current state of our healthcare system and the problems it faces with a large number of medical errors per year is the first step in trying to find a solution to this problem. The next step is for healthcare administrators and human resources to take action and question the current system based on the comparative information in other industries regarding personality type. As humans we are not perfect and cannot always be perfect. If healthcare systems knew and understood the personalities of the physicians they were looking to hire, could they potentially create a cohesive environment receptive to improved outcomes?

Given that the airline industry takes into account a psychological evaluation prior to employment, it raises the question as to why this has not become commonplace within the healthcare industry. Physicians are given an enormous amount of power when it comes to treating patients and being responsible for patient lives. Typically physicians are autonomous and care for their patients in the way they see fit. In the healthcare industry, similar to the airline industry, every time the pilot gets into the cockpit or a physician preps for surgery, they are ultimately responsible for the lives of those people. If the aviation industry in addition to other industries such as engineering are utilising personality testing as a measure of safety, is there utility in the healthcare industry implementing personality testing for physicians and other direct care providers?

Key Points

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