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Has Speech-Language Pathology Changed? Personality Types of Contemporary Students

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ABSTRACT

The influence of personality on therapy outcomes is largely unknown. However, clinical success in a broad sense may be influenced appreciably by personality, as persons with differing personalities comprise a therapy team. **Purpose:** This study assessed the personality traits of a large number of graduate students in speech-language pathology and compared the results to those of a generation ago. This information is valuable in preparing students for both educational and workplace success. **Method:** A total of 320 graduate students in speech-language pathology at six universities completed the Keirsey Temperament Sorter-II. Frequency and proportional data of personality type and temperament and means for the bipolar constructs were analyzed. **Results:** A majority of the students preferred a Sensing-Judging (SJ) temperament at a rate that is double that of the US population. (Persons with a SJ temperament tend to be realists who prefer organization and service.) With the exception of one, universities were statistically comparable in their students' bipolar constructs. **Conclusion:** This study confirms recent findings of a preference for the SJ temperament in graduate speech-language pathology students. Although these findings indicate a clear shift in the personality of students from a generation ago, clinical educators and workplace managers must be knowledgeable of and diligent in the utilization of all team members' personalities to facilitate educational and clinical success.

INTRODUCTION

Since the early years of the profession of speech-language pathology, there has been an interest in determining the characteristics of the clinician that influence therapeutic success. Ward and Webster believed that "the development of the humanness of our students is as basic and important as is the transmission of clinical know-how", suggesting that clinicians have both technical and personal skills that influence the clinical interaction.¹ More recently, Bernstein Ratner argued that evidence-based practice is complex and that variables related to the therapist may outweigh specific types of therapy in predicting treatment outcomes.² Surveys of practicing clinicians' beliefs echo this possibility.³⁻⁴ And, an early study affirmed both technical and interpersonal components are necessary in effective therapy.⁵

Beyond interpersonal skills, several researchers have attempted to characterize the personality of the therapist. Cooper, Eggertson, and Galbraith reported that students who performed better in therapeutic interactions were those who desired group identity and relationships with others.⁶ No other statistically significant relationships were found in other studies of personality and clinical performance.⁷⁻⁹ Authors reported group tendencies toward a relationship between performance and personality, but the sum of these studies found contradictory traits: Clinicians were compliant and passive but had an internal locus of control and were self-starters; they were creative and imaginative but were detail-oriented; they were extraverted but were reserved; they were assertive but passive. These contradictory findings among different studies are likely the result of small subject populations in single localities with various assessment tools reflecting different theoretical bases.

Personality assessment based on Jungian theory has become popular in health care.¹⁰⁻¹⁵ Swiss psychologist Carl Jung described persons having three mental processes or psychological types (sensing-intuiting, thinking-feeling, and judging-perceiving) and an attitude toward the world (extraverted-introverted). These mental processes and attitudes allow for four poles or pairs, resulting in sixteen different combinations of personality types. The two most widely used Jungian personality assessments are the Myers-Briggs Type Indicator and the Keirsey Temperament Sorter II.¹⁶⁻¹⁷ These assessments provide similar scores and demonstrate an acceptable degree of validity and reliability.¹⁸⁻²²

There are no known studies comparing clinical speech-language pathology performance and personality based on Jungian theory. However, the personality traits of speech-language pathologists have been explored. Middleton and Roberts were the first to study Jungian personality preferences in speech-language pathology.²³ They found the dominant traits for 121 graduate students and practicing professionals were extraversion (E), intuiting (N), feeling (F), and judging (J). In a larger sample of over 300 students and professionals, McCaulley found also a predominant preference (41% of the sample) for intuiting (N) and feeling (F) and a second most preference (27% of the sample) for sensing (S) and judging (J).²⁴ These NF clinicians of almost a generation ago preferred meaningful relationships and work environments that were harmonious. They valued self-actualization and made decisions based on idealistic concerns and could easily envision the future. Unfortunately, the idealism of the NF therapist could easily lead to dissatisfaction if not realized.¹⁷

A recent study by Fraas et al. found a majority of graduate student clinicians demonstrating a different personality type than those of a generation ago.²⁵ Eighty four graduate students at two universities (one in the midwest and the other in the southeast United States) were given the Keirsey Temperament Sorter.¹⁷ These students had a preference for nine of the possible sixteen personality profiles, and a majority of the students had a preference for extraversion (E: 71%), sensing (S: 55%), feeling (F: 79%), and judging (J: 79%). A new but admittedly small pilot study at one university in the upper Midwest confirms the findings of Fraas.²⁶ Students in several health care professions, including 83 students in speech-language pathology, filled out the online version of the Keirsey Temperament Sorter. Almost three-quarters (74 percent) of all their students were classified as SJ (sensing-judging) temperament, and NF (intuiting-feeling) temperament was a distant second most preferred, with fifteen percent of the student population. Specific frequencies or proportions for speech-language pathology students were not provided but were statistically non-significant from the other health professions students. (Response rates were not provided.) If these two small studies are generalizable to the population of speech-language pathologists, they reflect a shift in the personality of the profession in the past three decades. Thus, the main question addressed in the current study is: Has there been a shift in the personality of the typical speech-language pathologist?

PURPOSE

The present research attempted to identify the personality traits of a large number of graduate students in speech-language pathology. Such information is valuable in preparing students for both educational and workplace success.

METHOD

Participants

Six universities in the mid-south and southwest United States participated in the study. Of these universities, four were public, state-supported institutions, and two were private, religious-affiliated institutions. First semester students in each university's graduate program in speech-language pathology were asked to participate. Of 356 potential subjects, 322 agreed to participate with a response rate of 94 percent, and data were usable from 320 subjects. IRB approval for this study was obtained and consent forms were completed for each subject.

Data Collection

As part of a larger study, participants completed the print version of the Keirsey Temperament Sorter II (KTS-II).¹⁷ This self-reported personality inventory consists of 70 forced-choice questions. All participants at the six universities were provided equivalent instructions and a quiet, group environment to complete the assessment. Responses were returned to the principal investigator, and personality profiles were extracted from the subjects' responses according to the procedures outlined in Keirsey.¹⁷ Participants were provided specific information about their personality type. The KTS-II allows for the determination of sixteen possible personality types and four temperaments, based on an individual's numerical scores for the four bipolar constructs of extraversion-introversion (E-I), sensing-intuiting (S-N), thinking-feeling (T-F), and judging-perceiving (J-P).

Data Analysis

All data were entered into a Microsoft Excel spreadsheet and transferred into the PASW Statistics 18 software program. Frequency and proportional data for each bipolar construct, personality type, and temperament were extracted. The One Sample Chi-Square Test assessed for differences in the observed and the expected frequencies based on national population data. One-

Way ANOVAs with post hoc comparisons using the Games-Howell Test assessed for differences among the bipolar constructs for each university.

RESULTS

Frequency and proportional data for each of the sixteen personality types and the four temperaments are provided in Table 1. Although all sixteen personality types were represented in our subject population, two personality types (ESFJ and ISFJ) comprised over fifty percent (51.9%) of the sample. (The only difference in the two types is in the extraversion-introversion pole.) A majority of the subjects (63.1%) demonstrated a temperament of SJ (sensing-judging), and the second most common (21.3%) temperament was NF (intuiting-feeling). The One-Sample Chi-Square Test found significant differences in the observed frequencies of personality types compared to the hypothesized equal frequencies of all personality types $\chi^2(15)=520.4, p<.0001$.

It was of interest also to know if the frequency distributions of these speech-language pathology students were different from those of the general population. Frequency distributions were compared to data available from The Myers and Briggs Foundation.²⁷ There was a significant difference between the observed frequencies of the sixteen personality types and the expected frequencies in the US population (based on previous research) $\chi^2(15)=242.29, p<.0001$ (Table 1). Compared to the general US population, our student population exhibited fewer than expected thinking (T) and perceiving (P) types. There was a significant difference also between the observed frequencies of the four temperaments and the expected frequencies of the four temperaments in the general population $\chi^2(3)=65.49, p<.0001$. Our speech-language pathology student population exhibited more NF and SJ and fewer NT and SP temperaments, compared to the general US population. Table 2 shows a majority of the subjects had a preference for extraversion (E: 59.7%), sensing (S: 76.3%), feeling (F: 82.2%), and judging (J: 78.1%).

Table 1. Frequencies and Proportions of Personality Types and Temperaments vs Expected Proportions

Type	Temperament	Frequency	Proportion	Expected Proportion
ISTJ		14.0	4.4	11.6
ESTJ		22.0	6.9	8.7
ISFJ		69.0	21.6	13.8
ESFJ		97.0	30.3	12.3
	SJ	202.0	63.1	46.4
ISTP		5.0	1.6	5.4
ESTP		8.0	2.5	4.3
ISFP		12.0	3.8	8.8
ESFP		17.0	5.3	8.5
	SP	42.0	13.1	27.0
INFJ		12.0	3.8	1.5
ENFJ		31.0	9.7	2.5
INFP		13.0	4.1	4.4
ENFP		12.0	3.8	8.1
	NF	68.0	21.3	16.5
INTJ		3.0	0.9	2.1
ENTJ		2.0	0.6	1.8
INTP		1.0	0.3	3.3
ENTP		2.0	0.6	3.2
	NT	8.0	2.5	10.4

Note. Frequency and proportion of the personality type and temperament of the 320 subjects. Expected proportion is based on data of the United States population per the Myers and Briggs Foundation.²⁷

Table 2. Frequency and Proportion of Subjects Preferring Each Personality Type by Pole (n=320)

Type	Frequency	Proportion	Type	Frequency	Proportion
Extraversion (E)	191	59.7	Introversion (I)	129	40.3
Sensing (S)	244	76.3	Intuiting (N)	76	23.7
Thinking (T)	57	17.8	Feeling (F)	263	82.2
Judging (J)	250	78.1	Perceiving (P)	70	21.9

Table 3 provides descriptive statistics for each personality bipolar construct by university. As a group, larger mean scores for subjects at all universities were demonstrated for extraversion (E), sensing (S), feeling (F), and judging (J). There was no significant effect for university on the personality bipolar constructs for extraversion-introversion $F(5, 516)=0.639, p=0.670$, and sensing-intuiting $F(5, 516)=0.971, p=0.436$. There was a significant effect for university attended on the thinking-feeling pole ($F[5,516]=3.046, p=0.011$) and the judging-perceiving pole ($F[5, 516]=18.541, p=0.000$). Post hoc comparisons using the Games-Howell Test indicated that subjects at University 1 demonstrated a significantly higher thinking (T) mean score compared to University 3, and University 1 demonstrated a significantly lower judging (J) mean score compared to all other universities.

Table 3. Means and Standard Deviations of Personality Preferences Scores by University (n=320)

University	Personality Preference							
	E	I	S	N	T	F	J	P
1	5.89 (2.58)	4.24 (2.65)	11.53 (4.13)	8.47 (4.13)	7.73 (4.28)	12.27 (4.28)	8.83 (5.16)	11.17 (5.16)
2	5.61 (2.88)	4.39 (2.88)	11.87 (3.39)	8.06 (3.42)	6.09 (3.70)	13.86 (3.69)	13.10 (3.57)	6.90 (3.57)
3	5.70 (3.07)	4.30 (3.07)	12.63 (3.59)	7.37 (3.59)	4.96 (2.68)	15.04 (2.68)	13.67 (2.59)	6.33 (2.59)
4	5.23 (2.85)	4.77 (2.85)	12.38 (3.69)	7.62 (3.69)	6.95 (3.87)	13.05 (3.87)	14.23 (3.68)	5.77 (3.68)
5	6.09 (2.82)	3.91 (2.82)	12.69 (3.68)	7.18 (3.46)	6.30 (3.87)	13.69 (3.86)	14.17 (3.73)	5.83 (3.73)
6	6.05 (2.52)	3.95 (2.52)	12.19 (3.92)	7.81 (3.92)	5.19 (4.42)	14.81 (4.42)	14.57 (3.27)	5.43 (3.27)
ALL	5.79 (2.78)	4.24 (2.80)	12.17 (3.72)	7.78 (3.68)	6.45 (3.94)	13.53 (3.94)	12.75 (4.45)	7.25 (4.45)

DISCUSSION

The results of this study corroborate the findings of recent research that a majority of students showed a SJ (sensing-judging) temperament.²⁵⁻²⁶ The second most common temperament was NF (intuiting-feeling). The results of these studies reveal a dramatic shift in the personality of the population of speech-language pathology students in the past generation. The first and second most predominant temperaments of graduate students have switched.

All sixteen personality types were observed in this student population. There is no single type that describes all speech-language pathology graduate students. Nevertheless, over fifty percent of all graduate students were either an ESFJ or ISFJ type. These two personality types account for a large proportion of the US population (approximately 26 percent), according to the Myers and Briggs Foundation.²⁷ Yet, individuals with temperaments of SJ become speech-language pathology students at a rate that is proportionately double that observed in the general population. Why would such a large number of people with an SJ temperament be attracted to speech-language pathology? Health care professions are a good fit for individuals with SJ temperaments. These individuals are typically sensitive to the needs of others and desire to serve others. They tend to be

practical, realistic, and traditional, preferring standard protocols of care. Large proportions of SJ temperaments are found also in other health professions students.^{11,26,28-29} Speech-language pathology students tend to prefer feeling (F) over thinking (T), having a tendency to make decisions based on values and compassion rather than through rational analysis. This is observed also in physical and occupational therapies.^{11,12} In spite of this dramatic shift in personality in the past generation, these results from six different universities suggest that specific cohorts of students likely vary with different schools or perhaps even from year to year at the same school.

Including the two recent research studies assessing the personality of students in speech-language pathology, these findings are consistent and comprise almost 500 students at nine universities in several geographical regions of the United States.²⁵⁻²⁶ This suggests that the findings of the preferred SJ temperament generalize to the contemporary population of graduate speech-language pathology students. In spite of our results from aggregate data, some universities may demonstrate variances from these findings.

The propensity for speech-language pathology and other health professions students to have an SJ temperament does not imply that it is the best temperament. All individuals bring unique personal attributes to their clinical team, and these attributes have the potential to either contribute positively or be detrimental to the organization. For example, therapists who are judgers (J) have a tendency to be concrete thinkers who prefer order and policy. Because of this, judgers (J) may be somewhat rigid when asked to consider alternatives. Perceivers (P) are open to change and thrive on spontaneity. An imaginative perceiver (P) may be an exciting addition to a problem-solving team, but this person may find standard procedures stifling, even when they are necessary. Intuiting (N) therapists enjoy exploring new possibilities but may tend to be impulsive and sometimes unrealistic in their expectations.

Personality can influence both workplace and academic success. Although many students fit a specific personality type (ISFJ/ESFJ), educators would do well to understand specific personality differences in their students. These differences can affect both the classroom experience and clinical education.¹⁵ For example, SJ students, particularly those who are ISFJ, may not appreciate less structured, active classroom environments that emphasize experiential learning. Students who strongly prefer feeling (F) may need reminders how specific learning objectives fit their professional aspirations. (Their thinking (T) classmates are more forgiving of seemingly less practical activities.) While experiential learning is certainly appropriate and often necessary in the classroom, the educator should assist students with strong SJ preferences adjust to less preferred methods of learning. Conversely, students who are strong perceivers (P) likely will enjoy new challenges and have difficulty with highly structured and more traditional learning. Being pragmatists, perceivers (P) may be more concerned with the end rather than the means to the end. This could be a challenge in structured clinical practicum with little room for flexibility. It is clear that one learning approach, whether in the classroom or the clinical experience, will not complement the personality and learning style of all students. Classroom teachers and clinical instructors would do well to bring various methods to their learning contexts.

Caveats

Knowledge and utilization of personality information can facilitate best practices for learning in the classroom or lead a therapy team toward clinical success in a broad perspective. However, best practices in the classroom or clinic do not mean that educators or managers should always change the context to complement the personality traits of the individual. This is not only impractical but may not be in the best interest of the student or therapist. For example, individuals who are perceivers (P) may not appreciate procedures that are unrelated to direct patient care (e.g., administrative policies), but a greater appreciation of policy may help them maintain their employment. The manager or educator should also be aware that the strength of the personality trait is not informed necessarily by the type. Individuals may demonstrate varying degrees of preference with the same type. (Two individuals who are ESFJ may behave differently based on the strength of their bipolar constructs.) A mild to moderate preference may be reflected in an individual's flexibility and could be more advantageous than a strong personality preference in an individual who is less flexible. Moreover, persons with a strong personality preference may be well suited for certain tasks but not others. A strong introvert (I) may prepare an excellent defense of a clinical recommendation when given time to reflect but not provide an adequate answer during an impromptu question and answers classroom discussion. Yet, these types of exchanges are common in clinical patient staffings. The clinical educator should assist this student in developing strategies to facilitate adequate responses in a fast-paced medical context.

CONCLUSION

Different individuals bring unique contributions to the therapy team. Personality differences among team members can temper when necessary and challenge when appropriate. Pearman and Albritton argue that we should not only understand these differences but value what all people bring to their workplace.³⁰ Understanding and utilization of the inherent personality differences in team members (or student cohorts) can not only help to move the organization toward its goals but may reduce the

likelihood of cognitive dissonance among team members. These teams will function best when the team members and supervisors understand these unique traits and work to facilitate team goals utilizing the personality traits of the team members. This can lead to actively involved, productive, and effective therapists who reduce the likelihood of staff turnover.

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