

# A Comparison of Osteopathic, Pharmacy, Physical Therapy, Physician Assistant, and Occupational Therapy Students' Personality Styles: Implications for Education and Practice

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**ABSTRACT.** Research has demonstrated that students with specific personality styles tend to choose particular professions. Even within a discipline, differences in personality traits are evident. With differences in personality styles reported in other professions, the question arises, are there differences in personality styles among the health professions? As such, this study is being undertaken to determine if differences in personality style exist between pharmacy and other health-profession students. Such information can help educators guide prospective students into compatible careers or counsel students who are having a difficult time completing the curriculum. In addition, this information can help enlighten health-profession students about the differences in personality and how these differences may manifest themselves in the workplace. The hypothesis tested was "there is a difference in personality traits between osteopathic, pharmacy, physical therapy, physician assistant, and occupational therapy students." The instrument used to assess students' personality traits was the Myers-Briggs Type Indicator (MBTI). The MBTI is a forced-choice, self-report, personality inventory developed to measure variables in Carl Jung's theory of psychological type. The MBTI consists of 126 questions representing four underlying bipolar constructs: Extraversion-Introversion (E/I), Sensation-Intuition

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(S/N), Thinking-Feeling (T/F), and Judgment-Perception (J/P). The four constructs are combined into a "profile" of which 16 possibilities exist. MBTI's completed by 1,508 osteopathic, 654 pharmacy, 165 physical therapy, 211 physician assistant, and 70 occupational therapy students were used in the analysis. Chi-square analyses were conducted on the four bipolar constructs as well as the 16 profile types. Significant differences were found on the E/I, S/N, and J/P dimensions as well as 9 profile types. The results lend support to the idea that people choose professions partially based on personality traits. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: [getinfo@haworthpressinc.com](mailto:getinfo@haworthpressinc.com)]

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### INTRODUCTION

Educational research and development efforts are most often directed at the improvement of teaching while neglecting students' learning styles (1). Besides being marginally effective, an exclusive focus on improving teaching methods may lead to reinforcement of inappropriate and nontransferable learning strategies. This has important considerations in pharmacy education given the importance of transferring classroom knowledge and skills to job situations.

Learning style is best understood as the composite characteristic cognitive, affective, and physiological factors that serve as relatively stable indicators of how a learner perceives, interacts with, and responds to the learning environment. Learning style is a structure of neural organization and personality which both molds and is molded by human development and the learning experiences of home, school, and society (2).

Studies have demonstrated a relationship between academic performance and students who were taught in their preferred learning style (3). For example, Nelson et al. (4) found that college students who were assessed on their learning styles received an interpretation of their strengths and weaknesses and were provided instructional sessions on applying these strengths and weaknesses achieved significantly higher grade-point averages and higher retention rates than those students: (a) who were assessed on their learning styles and only received an interpretation of their strengths and weaknesses, and (b) those who received no learning-style intervention.

Research has also demonstrated that students with specific personality styles, a basic structure of learning style, tend to choose particular professions (5,6). Mathews found that mathematics and humanities students were more independent and applied, while education majors preferred social and conceptual situations (5). Even within a discipline, differences in personality traits are evident. Stewart discovered a significant difference in personality between undergraduate marketing students pursuing degrees in sales or advertising and undergraduate marketing students pursuing degrees in marketing management (6).

The health professions are no different. Research indicates a dominant and different personality style among students enrolled in medicine, nursing, pharmacy, physical therapy, and dentistry programs (7-11). In addition, research demonstrates that personality styles among health-profession students tends to remain constant over time (12).

With differences in personality styles reported in other professions the question arises, "are there differences in personality styles among the health professions?" For example, is there a dominant personality style among nursing students which differs from that of pharmacy students? A review of the literature would indicate that differences in personality styles exist; however, different instruments with varying psychometric qualities were used making strong comparisons difficult. As such, this study is being undertaken to determine if differences in personality style exist between pharmacy and other health-profession students. Such information would be valuable to educators who guide prospective students and to instructors who should adapt teaching methods to fit students' learning styles.

### ***METHODOLOGY***

This retrospective-descriptive study was designed to assess the personality traits of health-profession students. The hypothesis tested was "there is a difference in personality traits among pharmacy, osteopathic, physical therapy, physician assistant, and occupational therapy students."

The Myers-Briggs Type Indicator (MBTI) was used to assess students' personality traits. The MBTI is a forced-choice, self-report, personality inventory developed to measure variables in Carl Jung's theory of psychological type. The MBTI consists of 126 questions

representing four underlying bipolar constructs: Extroversion-Introversion (E/I), Sensation-Intuition (S/N), Thinking-Feeling (T/F), and Judgment-Perception (J/P). The four constructs are combined into a "profile" of which 16 possibilities exist. For example, a person can have a profile type of ESTJ. Research has established evidence of the MBTI's validity and reliability (13).

The bipolar constructs are defined as follows: Extroverts (E) tend to focus on the outer world of people and things while introverts (I) focus on the inner world of ideas and impressions. Sensors (S) focus on the present and on concrete information gained from senses while intuitives (N) focus on the future with an emphasis on patterns and possibilities. Thinkers (T) base their decisions on logic and objective analysis while feelers (F) base decisions primarily on values and subjective evaluations of person-centered concerns. Judgers (J) prefer a planned and organized approach to life while perceivers (P) enjoy a flexible and spontaneous approach to life.

As part of a southern health science school's core curriculum, the MBTI is administered to physician assistant, physical therapy, and occupation therapy students during the first semester of the first professional year, and to osteopathic and pharmacy students during the first semester of the second professional year. The purpose of administering the MBTI is to give students insight into their specific learning and personality styles. Students are given class time to complete the MBTI.

Explanations of the MBTI as well as an opportunity to ask questions are presented to students before the MBTI is administered. Participation is voluntary and the results are confidential. After students have completed the MBTI, results are scored and returned to students with explanations; again, class time is used to present the results. For this study, nine years of data from osteopathic students (1988-96), eight years of data from pharmacy students (1989-96), four years of data from physician assistant students (1993-96), and three years of data from physical therapy and occupational therapy students (1994-96) were used in the analysis.

## **RESULTS**

MBTI's completed by 1,508 osteopathic, 654 pharmacy, 165 physical therapy, 211 physician assistant, and 70 occupational therapy students were used in the analysis. Demographic data are presented in

Table 1; Table 2 presents group personality preferences. The four group personality preferences were then grouped into 16 profile types. Table 3 shows the percentage of each profile type by discipline.

To answer the hypothesis “there is a difference in personality traits among pharmacy, osteopathic, physical therapy, physician assistant, and occupational therapy students,” chi-square analyses were conducted. The analyses were calculated on the four bipolar constructs as well as the 16 profile types. Results are presented in Tables 4 and 5, respectively. The relatively small number of occupational therapy students resulted in frequencies less than five for some of the profile types; this made statistical inference in some cases difficult.

A significant difference was found on the E/I dimension with pharmacy students ( $p < 0.005$ ) more likely to be introverts and physician assistant ( $p < 0.05$ ) students preferring the extroverted dimension. A significant difference ( $p < 0.005$ ) was found on the S/N dimension. Pharmacy students ( $p < 0.005$ ) preferred the sensing dimension while osteopathic students ( $p < 0.005$ ) prefer to use intuition to a greater degree. No statistical significant difference was discovered on the T/F dimension. A significant difference ( $p < 0.10$ ) was discovered on the J/P dimensions with pharmacy students showing a strong judging preference.

TABLE 1. Descriptive Information of Students.

<i>Gender and Age</i>					
<b>Group</b>	<b>Osteopathic</b>	<b>Pharmacy</b>	<b>Physical Therapy</b>	<b>Physician Assistant</b>	<b>Occupational Therapy</b>
Male	66.0%	44.0%	10.0%	39.0%	10.0%
Female	34.0%	56.0%	90.0%	61.0%	90.0%
Age	27.6	25.2	25.3	28.4	25.3
<i>Ethnicity</i>					
<b>Group</b>	<b>Osteopathic</b>	<b>Pharmacy</b>	<b>Physical Therapy</b>	<b>Physician Assistant</b>	<b>Occupational Therapy</b>
Asian	8.0%	12.0%	8.0%	5.0%	5.0%
Black	5.0%	5.0%	3.5%	3.0%	5.0%
Hispanic	11.0%	27.0%	8.0%	11.0%	7.5%
White	74.0%	53.0%	80.0%	78.0%	80.0%
Other	2.0%	3.0%	0.5%	3.0%	2.5%

TABLE 2. Comparison of Group Myers-Briggs Personality Preferences.

<b>Extrovert vs. Introvert</b>					
<b>Preference</b>	<b>Osteopathic N = 1508</b>	<b>Pharmacy N = 654</b>	<b>Physical Therapy N = 165</b>	<b>Physician Assistant N = 211</b>	<b>Occupational Therapy N = 70</b>
Extrovert	58.7%	48.6%	67.3%	62.1%	62.9%
Introvert	41.3%	51.4%	32.7%	37.9%	37.1%

  

<b>Sensing vs. Intuition</b>					
<b>Preference</b>	<b>Osteopathic N = 1508</b>	<b>Pharmacy N = 654</b>	<b>Physical Therapy N = 165</b>	<b>Physician Assistant N = 211</b>	<b>Occupational Therapy N = 70</b>
Sensing	55.9%	64.8%	65.5%	71.0%	60.0%
Intuition	44.1%	35.2%	34.5%	29.0%	40.0%

  

<b>Thinking vs. Feeling</b>					
<b>Preference</b>	<b>Osteopathic N = 1508</b>	<b>Pharmacy N = 654</b>	<b>Physical Therapy N = 165</b>	<b>Physician Assistant N = 211</b>	<b>Occupational Therapy N = 70</b>
Thinking	55.4%	54.0%	46.1%	52.7%	48.6%
Feeling	44.6%	46.0%	53.9%	47.9%	51.4%

  

<b>Judging vs. Perceiving</b>					
<b>Preference</b>	<b>Osteopathic N = 1508</b>	<b>Pharmacy N = 654</b>	<b>Physical Therapy N = 165</b>	<b>Physician Assistant N = 211</b>	<b>Occupational Therapy N = 70</b>
Judging	57.1%	64.1%	64.8%	63.5%	48.6%
Perceiving	42.9%	35.9%	35.2%	36.5%	51.4%

The chi-square analysis calculated on the 16 profile types (chi-square = 135.77,  $df = 60$ ,  $p < 0.005$ ) indicated the distribution of profile types was not homogenous across disciplines. To identify specific differences, the chi-square analysis was decomposed to inspect for cell specific contributions. On the basis of the contributions to chi-square, the profile types differed from what we would expect in a homogenous population. The decomposed chi-square analysis indicated the following: (a) osteopathic medical students are more likely to be INFP ( $p < 0.10$ ), ISFJ ( $p < 0.05$ ), and ENTP ( $p < 0.005$ );

TABLE 3. Comparison of Group Myers-Briggs Personality Profiles.

Profile	Osteopathic N = 1508	Pharmacy N = 654	Physical Therapy N = 165	Physician Assistant N = 211	Occupational Therapy N = 70
ISTJ	11.0%	16.0%	12.0%	14.0%	7.0%
ISFJ	6.0%	12.0%	6.0%	7.0%	9.0%
INFJ	4.0%	4.0%	2.0%	0.5%	0.0%
INTJ	4.0%	4.0%	2.0%	3.0%	4.0%
ISTP	4.0%	5.0%	1.0%	3.0%	3.0%
ISFP	3.0%	4.0%	4.0%	5.0%	3.0%
INFP	5.0%	3.0%	2.0%	2.0%	6.0%
INTP	4.0%	4.0%	3.0%	3.0%	6.0%
ESTP	6.0%	5.0%	6.0%	7.0%	7.0%
ESFP	5.0%	4.0%	7.0%	5.0%	10.0%
ENFP	8.0%	7.0%	7.0%	11.0%	11.0%
ENTP	7.0%	4.0%	4.0%	0.5%	6.0%
ESTJ	13.0%	11.0%	12.0%	18.0%	9.0%
ESFJ	7.0%	8.0%	16.0%	12.0%	13.0%
ENFJ	5.0%	4.0%	9.0%	5.0%	0.0%
ENTJ	7.0%	5.0%	6.0%	4.0%	7.0%

(b) pharmacy students are more likely to be ISTJ ( $p < 0.01$ ) and ISFJ ( $p < 0.005$ ); (c) physical therapy students are more likely to be ESFJ ( $p < 0.005$ ) and less likely to be ISTP ( $p < 0.10$ ); (d) physician assistant students are less likely to be ENTP ( $p < 0.005$ ) and INFJ ( $p < 0.05$ ), and more likely to be ESTJ ( $p < 0.05$ ); and (e) occupational therapy students are less likely to be ENFJ ( $p < 0.10$ ).

### DISCUSSION

It is important to say clearly that there is no value judgment about any of the functions. For example, it is neither better nor worse to be a thinking (T) or feeling (F) type. In certain situations or contexts, however, each function possesses various advantages and disadvantages. The key is in recognizing this fact. Students or practicing health professionals who are misplaced may find themselves suffering dissonance and/or high anxiety.

TABLE 4. Chi-Square Analysis for Groups: MBTI Personality Preferences.

<i>Extrovert vs. Introvert</i>					
Preference	Osteopathic N = 1508	Pharmacy N = 654	Physical Therapy N = 165	Physician Assistant N = 211	Occupational Therapy N = 70
Extrovert	885	318	111	131 <sup>c</sup>	44
Introvert	623	336 <sup>a</sup>	54	80	26
<sup>a</sup> Significant at $p < 0.005$ . <sup>b</sup> Significant at $p < 0.05$ .					
<i>Sensing vs. Intuition</i>					
Preference	Osteopathic N = 1508	Pharmacy N = 654	Physical Therapy N = 165	Physician Assistant N = 211	Occupational Therapy N = 70
Sensing	843	424 <sup>a</sup>	108	149	42
Intuition	665 <sup>a</sup>	230	57	62	28
<sup>a</sup> Significant at $p < 0.005$ .					
<i>Thinking vs. Feeling</i>					
Preference	Osteopathic N = 1508	Pharmacy N = 654	Physical Therapy N = 165	Physician Assistant N = 211	Occupational Therapy N = 70
Thinking	835	353	76	110	34
Feeling	673	301	89	101	36
<i>Judging vs. Perceiving</i>					
Preference	Osteopathic N = 1508	Pharmacy N = 654	Physical Therapy N = 165	Physician Assistant N = 211	Occupational Therapy N = 70
Judging	860	419 <sup>d</sup>	107	134	34
Perceiving	648	235	58	77	36
<sup>d</sup> Significant at $p < 0.10$ .					

Comparing the extrovert/introvert dimension reveals that more pharmacy students are introverted. These findings are consistent with Lowenthal (14) who also discovered, on a smaller sample, that the majority of pharmacy students are introverts. This has important considerations for education and pharmacy practice.

According to McCaulley, about 75% of the population in the United

TABLE 5. Chi-Square Analysis for Groups: MBTI Profiles.

Profile	Osteopathic N = 1508	Pharmacy N = 654	Physical Therapy N = 165	Physician Assistant N = 211	Occupational Therapy N = 70
ISTJ	169	<b>107<sup>b</sup></b>	20	29	5
ISFJ	<b>96<sup>c</sup></b>	<b>78<sup>a</sup></b>	10	15	6
INFJ	63	23	3	<b>1<sup>c</sup></b>	0
INTJ	63	28	3	7	3
ISTP	56	32	<b>2<sup>d</sup></b>	7	2
ISFP	40	23	7	10	2
INFP	<b>78<sup>d</sup></b>	21	4	5	4
INTP	59	24	5	6	4
ESTP	93	33	10	14	5
ESFP	72	28	12	11	7
ENFP	123	46	11	23	8
ENTP	<b>113<sup>a</sup></b>	28	7	<b>1<sup>a</sup></b>	4
ESTJ	197	70	20	<b>38<sup>c</sup></b>	6
ESFJ	112	53	<b>27<sup>a</sup></b>	25	9
ENFJ	74	29	15	11	<b>0<sup>d</sup></b>
ENTJ	100	31	9	8	5

<sup>a</sup> Significant at  $p < 0.005$ .

<sup>b</sup> Significant at  $p < 0.01$ .

<sup>c</sup> Significant at  $p < 0.05$ .

<sup>d</sup> Significant at  $p < 0.10$ .

States are extroverts; yet, the majority of pharmacy students in the study were introverts (15). The implications for education are mixed. Lowenthal and Meth (16) found that introverts do not perform any better in school than extroverts. Rezler et al. (17), however, reported that high achievers had preferred the introvert dimension. Borg and Shapiro (18) discovered that introverts possessed a greater probability of achieving a higher grade than extroverts. This brings up an interesting question: Are the requirements to gain admittance into pharmacy school and the rigorous curriculum filtering out extroverts, or is the practice of pharmacy more appealing to introverts? Considering past research has demonstrated that personality profiles, as measured by the MBTI, are consistent over time, the school socialization process probably has little impact (12).

The large number of introverts may negatively affect future phar-

macist-patient relationships. Nelson and Stake (19) found a significant relationship between therapist MBTI scores and ratings of relationship quality. Specifically, when therapists scored higher on the extroversion dimension both they and their clients rated the relationship more positive. This again brings up an engaging point: Are the majority of practicing pharmacists introverts and if so, is this affecting the pharmacist-patient relationship?

Students enrolled in the osteopathic, physical therapy, physician assistant, and occupational therapy programs possess, as groups, more extroverts. This may indicate that they are better prepared to develop positive patient-professional relationships. This may also imply that extroverts are more attracted to, or accepted at a greater rate, into health professions perceived as more interactive.

A significant difference was discovered on the S/N dimension. Pharmacy students were more inclined to use the sensing function while a greater proportion of osteopathic students preferred the intuitive function than would be expected. In terms of school performance, pharmacy students who prefer the intuitive function have a tendency to score higher on timed multiple-choice tests—SAT, PCAT, and the NAPLEX (16). On the other hand, medical students who prefer the sensing function have an easier time passing the NBME exams. These disparate findings may be a result of a need by sensors to grasp the concrete world (20). Sensors tend to perform better on objective measures while intuitives display a greater proclivity for theoretical constructs.

In terms of field of practice, more intuitives are attracted to the field of medicine and sensors to pharmacy (16,21,22). In terms of work setting, significantly more sensors are in roles placing them in direct contact with patients; intuitives, on the other hand, are more likely to be found in positions of administration, teaching, and research (23). This may be due to the fact that sensors are more competent at dealing with emergencies and more proficient and accurate at diagnosing illness (24). In addition, sensors are more proficient at diagnosing and assume larger roles requiring this skill (25). In this study, sensors were the dominant function across all health professions and the overwhelming number of pharmacy students are sensors. This may indicate that pharmacists have an ideal personality to assume a larger “hands-on” role through the implementation of pharmaceutical care programs.

Examining the five health-science disciplines reveals no significant differences across the thinking/feeling dimension. Past research demonstrates that in education individuals with thinking preferences tend to perform better in math and science (25). For instance, O'Donnell (21) discovered that in medicine, feelers were less likely to pass the NBME exams and dropout at a greater rate. In terms of practice, however, Nelson and Stake (19) found that feeler types develop superior patient-client relationships.

Implications for pharmacy practice are not entirely evident. In this study a nearly 50-50 split occurred. Success in a strong science-based curriculum clearly requires some type of thinking function. On the other hand, the feeling function might be emphasized to develop productive pharmacist-patient relationships once students are in the clerkship component.

A significant difference was discovered on the J/P construct with more pharmacy students preferring the perceiving function than would be anticipated. The implication for pharmacy practice is quite striking. Most of the pharmacy students did not fit the caricature of the typical dispensing pharmacist who follows a set pattern. It is possible that perceivers who end up in a dispensing role may experience a large degree of job dissatisfaction.

### **CONCLUSION**

This study was undertaken to see if there was a difference in personality traits among pharmacy, osteopathic, physical therapy, physician assistant, and occupational therapy students. Results indicate significant differences across the E/I, S/N, and J/P dimensions. Data also indicate a logical trend in profiles. Specifically, the study revealed the following: (a) the dominant profile for osteopathic and physician assistant students was ESTJ—meaning they are practical and realistic, with a natural head for business or mechanics; (b) the dominant profile for physical and occupational therapy students was ESFJ—meaning they are warm-hearted, talkative, and mainly interested in things that affect people's lives; (c) the dominant profile for pharmacy students was ISTJ—meaning they are serious, thorough, logical, and realistic.

For pharmacy educators taking psychological types into account can be rewarding and productive. The objective is to keep all types of students involved. This can be accomplished by varying instructional

methods to “fit” students’ strengths or offer enough options for students to feel comfortable within the learning environment (26). For example, instructors who wanted to teach to the dominant pharmacy profile would want to allow students time to think/read about things beforehand (introvert), provide students concrete and explicit objectives (sensing), use precise and correct definitions (thinking), and provide students schedules, outlines, and predictability (judging). Of course, the key is to vary teaching methods enough to play to the many strengths and preferences of their students (26).

The results also lend support to the notion that people choose professions partially based on personality traits (8,5,6). This information could be used by educators to help guide prospective students into compatible careers or counsel students who are having a difficult time completing the curriculum. In addition, this information can help enlighten pharmacy, osteopathic, physical therapy, physician assistant, and occupational therapy students about the differences in personality and how these differences may manifest themselves in the workplace.

This study was conducted in a large, urban, southern setting. Differences may exist in other locales. Nevertheless, the findings are notable and supported by past research. Future research in health-science education and practice should concentrate on the effect personality has on the profession. Certain questions need to be answered: (a) Which MBTI profile defines the most satisfied practicing health-care professional? (b) Is the switch to an all-Pharm.D. curriculum creating a different MBTI profile for pharmacists? and (c) Does the admission process filter out excellent candidates or are they self-selecting? Insightful and reasoned analysis will help make the professions stronger.

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