Myers-Briggs Personality Preferences May Enhance Physician Leadership Success in Non-clinical Jobs


By Richard Aranda, MD and Stan Tilton, MBA

In this article...

Personality traits for physicians and business executives differ in some ways; take a look at those differences when it comes to the Myers-Briggs personality preferences.

Why are some physicians in non-clinical roles viewed as being effective leaders while others are not?

To some extent, the answer to this question depends on the individual physician. However, based on our experiences working with and coaching physicians, there are some consistent themes that seem to negatively influence leadership performance.

One major theme is that the behavioral and decision-making norms relevant for the patient care setting can adversely impact leadership effectiveness or leadership perception by others. Physicians fundamentally elicit information, integrate it, and make independent decisions on behalf of patients with the treatment plan being implemented by support staffs.

The “take charge” and independent decision-making can be perceived as an unwillingness to collaborate or elicit opinions from team members. A familiar comment is that some physicians are ineffective because they fail to adapt their leadership style to the leadership norms that are more appropriate for the non-clinical setting.

Another theme is that most physicians do not have a strong background in leadership fundamentals gained from formal leadership training. Although physicians are quite knowledgeable about the art of medicine, their insights about the art and science of leadership tend to be less advanced. This places physicians at a disadvantage relative to people who are more seasoned in business.

Physicians tend not to be well-versed on the corporate concepts of managing others, driving performance, building alignment, resolving conflict, and managing stakeholder expectations, to name a few.

Personality types

One factor not extensively discussed with regard to physician leadership is the role of innate personality type. Although extensive literature exists on assessing personality type using the Myers-Briggs Type Indicator (MBTI) and leadership, there is surprisingly very little published research examining the personality types of physician leaders using this tool.

In fact, the majority of published articles using the MBTI primarily reflect research that characterizes physician personality types to choice of medical specialty or propensity toward being an educator or clinical practitioner. More limited published information exists on the management or leadership style of physicians using personality assessment tools other than the MBTI.

Given this paucity of information, we reviewed the most recently available published MBTI data (2002-2006) to obtain an overview of the personality types of physicians in an effort to gain insight into physician personality types compared to individuals in corporate leadership roles (e.g., executives).

We selected the MBTI data because, according to the Center for Applications of Psychological Type, it is the most widely used personality inventory. Approximately 2 million people take the MBTI assessment annually.

MBTI assessment tool

The MBTI was introduced after World War II by Katherine Cook Briggs and her daughter, Isabel Briggs Myers, based on the theories of personality types elaborated during the early 20th century by Carl Jung, a Swiss psychiatrist. The MBTI is owned by Consulting Psychology Press Inc.

The assessment is based on responses to a series of questions and identifies an individual’s natural way of doing things known as psychological preferences. There are four
people with a preference for Feeling prefer to make decisions based on personal values and what is important to them and to others involved. Their goal is to create harmony and treat each person as a unique individual. The term Feeling used here is not the same as emotions.

The fourth and final set of preferences is the attitude or orientation of how people deal with the outer world.

Judging vs. Perceiving

People with a preference for Judging prefer to live in the outer world in a planned, orderly way, seeking to regulate and manage their lives. They want to make decisions and come to closure and move on. Their lives tend to be structured and organized, and they like to have things settled. The term Judging used here should not be confused with judgmental. People with a preference for Perceiving prefer to live in the outer world.

Sensing vs. iNtuition

People with a preference for Sensing will prefer to take in information that is real and tangible. They are observant about specifics of what is going on around them; they are especially attuned to practical realities. People with a preference for iNtuition will prefer to take in information by seeing the big picture, focusing on relationships and connections between the facts. iNtuatives are especially good at seeing new possibilities.

The third set of preferences is the function or process of how people make decisions.

Thinking vs. Feeling

People with a preference for Thinking will prefer to make decisions based on logical consequences of a choice or action. Their goal is to find a standard or principle that will apply in all similar situations. The term Thinking should not be confused with intelligence or competence. People with a preference for Feeling prefer to make decisions based on personal values and what is important to them and to others involved. Their goal is to create harmony and treat each person as a unique individual. The term Feeling used here is not the same as emotions.

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world in a flexible, spontaneous way, seeking to experience and understand life, rather than control it.

**What is your personality type?**

Upon completion of the MBTI instrument, a four letter ((E or I), (S or N), (T or F) and (J or P)) type code is assigned that classifies the respondent as one of the 16 personality types.

For example, an individual with the preferences for Introversion, Sensing, Thinking, and Judging would be coded with a personality type of ISTJ. Simply put, a person who is an ISTJ gets energy from the inner world of ideas and experiences, they prefer information that is real and tangible, they make decisions in a logical and objective way based on predefined standards or principles, and they interact with the world around them in a planned, orderly and organized way.

Once personality type is identified, it does not mean that the opposite preferences are never used. Type theory merely suggests that we tend to use skills related to our natural way of doing things, but are still capable of using, or further developing, the skills related to preferences less natural to us.

For example, if we use Sensing as our natural way of information gathering, we can still use the preference of iNtuition but this preference may be less developed.

**Executive personality types**

Table 2 summarizes the latest available MBTI data of executives. We selected executives since these individuals are in corporate leadership positions with significant strategic and managerial oversight.

As a benchmark, the personality types of the general population are also presented. Interestingly, 85.3 percent of executives, depicted by the outer four (blue) cubes in the table, have a combined preference for both Thinking and Judging.

This combination matched with Sensing and either Introversion or Extraversion form the personality types of ISTJ (32.1 percent) and ESTJ (28 percent), which outnumber the personality types of all other executives.

In addition, the INTJ (15.8 percent) and ENTJ (9.4 percent) personality types, which also include the TJ combination, place third and fourth in numeric representation amongst executives.

All other personality types combined have little significant representation at the executive level (14.7 percent). Perhaps the most unexpected, but compelling data are that the feeling preference represents a sparse 4.6 percent of all executives.

**Physician personality types**

The physician MBTI data are summarized in Table 3. Since data for individual surgical or medical specialties were not available, the data are presented according to broad physician specialty categorizations.
Also, the table has been organized to focus on Thinking, Feeling, Judging, and Perceiving preferences, as well as according to the pairings of TJ, TP, FJ and FP to facilitate comparison between physicians, executives and the general population.

The TJ combination is the predominant preference of physicians, averaging 43 percent. Surgeons have the highest representation of the TJ combination at 50 percent. The other preferences of TP, FJ or FP collectively reflect the other 57 percent of physicians.

Because the data provide an overall snapshot of physician personality preferences, and do not specifically focus on physician executives, it is not possible to determine which personality types reflect physicians who are in executive leadership roles.

The precise answer to this would require a direct survey of physicians in the executive/management ranks of different industries. Despite these limitations, the MBTI data pertaining to executives and physicians when juxtaposed to each other provide some insights for physicians and the industries that employ them with respect to leadership roles.

First, the high prevalence of the TJ combination in the personality type of executives can’t be ignored. While there is no right or wrong, good or bad personality type—and any particular personality type is not a predictor of success or failure in one’s career or life—the fact that the TJ combination is the most prevalent among executives indicates that those striving for leadership roles should be aware of the facets of Thinking (logical, reasonable, questioning, critical, and tough minded), and Judging (systematic, early starting, scheduled and methodical).

Second, although there are a large number of physicians with the TJ combination, there are also 57 percent with disparate personality preferences. By no means are we implying that the TJ combination is required for physicians to have leadership success or even reach executive ranks; we do however, recognize if the combined attributes of TJ bring value to leadership roles, then it is important for physicians who do not have a preference for Thinking and Judging to make efforts to understand their less developed side of their innate personality.

Thus, physicians with a preference for the facets of Feeling (empathic, compassionate, accommodating, accepting and tender) or Perceiving (casual, open-ended, pressure-prompted, spontaneous and emergent) must become cognizant of their opposite TJ facets.

Third, it should not be forgotten that innate personality is only one component of the many factors that contributes to an individual’s approach to a complex activity such as leadership.

Finally, physicians who want to optimize their leadership competencies should develop a comprehensive plan for the development of leadership skills, and the industries that employ physicians should invest in onboarding or other assimilation training programs.

We offer the following guidance for physicians who are considering

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<tr>
<th>Medical Specialty</th>
<th>T</th>
<th>F</th>
<th>J</th>
<th>P</th>
<th>TJ</th>
<th>TP</th>
<th>FJ</th>
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<tr>
<td>General Practitioners</td>
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<td>42.6</td>
<td>18.6</td>
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<td>65.3</td>
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<tr>
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<td>38.8</td>
<td>67.9</td>
<td>32.1</td>
<td>41.0</td>
<td>20.1</td>
<td>26.9</td>
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<td>60.7</td>
<td>39.3</td>
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<td>16.4</td>
<td>23.4</td>
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<td>63.2</td>
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<td>19.5</td>
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<td>29.5</td>
<td>67.1</td>
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<td>Physicians</td>
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Note: N=122,864 who responded to various assessment instruments of the MBTI® between January 2002 and September 2006, Source CPP, Inc’s Skills One© database. Copyright 2008 by CPP Inc.
careers outside of clinical medicine in non patient care roles:

1. **Leverage your medical expertise but broaden your skill set to include leadership training.**

   Although physicians are hired for their expertise in medicine, being perceived as only a medical expert may be a hindrance to positioning oneself for leadership roles. Develop a leadership plan that encompasses not only a self-assessment of innate personality type, but also feedback from trusted co-workers and mentors, and coursework on the “art and science of leadership.”

2. **Take the MBTI Personality Assessment.**

   Given the persuasive MBTI data on the personality type most represented in executive leadership roles, there should be ample evidence to motivate physicians contemplating a career transition, regardless of the industry, to learn and understand their own personality type. If you don’t know your personality type, we strongly recommend that you do so before embarking on a career change. There are many online versions of the MBTI assessment available for little or no cost; however, it is well worth the additional expense to engage an MBTI Certified Practitioner to administer and provide face-to-face comprehensive personality interpretation.

3. **Trust your personality preferences (know thyself), and recognize that blind spots exist with all personality preferences.**

   Given that there is no right or wrong, good or bad personality type, the key is to appreciate that the MBTI type merely identifies a natural way of doing things. Whether you have a preference for Feeling and Perceiving or Thinking and Judging, understand and trust your innate personality preferences yet acknowledge that all preferences have inherent blind spots, which are typically the opposite facets of one’s own innate preferences.

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