



Research Article

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THE RELATIONSHIP BETWEEN DOCTORS' PERSONALITY TYPES ACCORDING TO ENNEAGRAM TYPOLOGY AND THEIR CHOICE OF MEDICAL SPECIALTY

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Abstract

Objectives: An individual's personality affects many choices in their life, as well as their choice of profession and specialty. The aim of this study is to examine the effect of physicians' personality type on their preference for specialization in medicine.

Materials and Methods: This research was designed as a cross-sectional study. In this study, sample selection was made from all the residents undergoing specialty training at Ankara City Hospital by stratified sampling method, based on the number of residents in internal medicine, surgery, and basic sciences. A personal data collection form was used as a data collection tool and the "Taştan Personality Type Inventory" was used to determine personality type.

Results: According to the personality type scale, most of the participants were identified as the 'helper' personality type. While there was no significant relationship in the comparison of the three major branches according to personality type, a significant difference was found in the double comparison of internal and surgical sciences. According to this result, it was determined that most of the "achiever" and "challenger" type physicians were in surgical departments.

Conclusion: Personality models can be used as a tool for specialty selection by medical students and physicians. Therefore, personality-type education could be incorporated into the medical curriculum. This would allow medical students to recognize their traits during their education and make more informed choices regarding their specialty.

Keywords: Medical specialties, personality, medical education.

Introduction

The concept of personality is one of the most important parts of efforts to understand others. Personality is a structure of human emotions, behavioral patterns, thoughts, and psychological structure and determines a person's unique adaptation to life. Many theories about personality were put forward and personality was examined from many different aspects. One of these methods is the Enneagram methodology.¹⁻³

There are 9 basic personality types in the Enneagram model, and each has its own positive and negative characteristics. The types do not have superiority over one another; rather, they have their differences. This model examines healthy, average, and unhealthy behaviors of 9 personality types through their connections with one another.⁴

Enneagram is a model that examines personality from a very broad perspective and offers suggestions for change and development. It is a model used to help people in many other areas of life such as to make the right choice according to their tendencies and to recognize their improvable and negative behaviors.⁴

We can define profession as all the activities that individuals acquire as a result of education, which meet certain conditions and provide financial gain. A profession provides not only financial gain but also spiritual satisfaction accompanied by the feeling of being useful. Professional life constitutes a large part of life and has an important place in terms of a person's satisfaction and happiness in life.²

For physicians, choosing a specialty is like a new career choice, and the choices affect their whole life. The decision to receive training in a particular area for the rest of their lives is of critical importance, and the wrong choice may have negative effects on their lives. Choosing a profession or specialty that suits the characteristics of their personality is very important both in terms of the person's professional satisfaction and happiness and in terms of the benefit they will provide to their community. While there are many external factors to affect the choice of specialty such as financial gain, working conditions, and workload, the most important internal factor is personality type. The physician's choice will affect their functionality, satisfaction, and happiness in life. Previous studies also revealed that differences in people's professional interests are largely affected by their personality.^{2,5,6}

Although there are studies conducted with different personality inventories on physicians and medical students, not many studies were found using the enneagram methodology.

This study aims to examine whether the enneagram types of physicians in different specialties are effective in their specialty preferences and to increase awareness of personality theories among physicians.

Materials and Methods

This research was designed as an observational, cross-sectional study.

Data collection forms

A survey consisting of a personal data collection form and Taştan Personality Type Inventory (TPTI)⁷ was conducted on resident physicians who agreed to participate in the study, through e-mail and the survey application method under observation between 15.08.22 and 15.10.22. All participants included in the study have given written consent. The personal data collection form included information on age, gender, marital status, and specialty. In this study, personality types were determined according to TPTI. TPTI consists of 44 questions. It is a Likert-type scale and graded from 0 (definitely no) to 6 (definitely yes). The scale contains 44 items and has nine subtypes, each consisting of a personality type. The scale was developed by Taştan et al. Certain questions on the scale indicate the characteristics of a certain personality type. Personality type number one is defined as “*reformer*”, personality type number two is “*helper*”, personality type number three is “*achiever*”, personality type number four is “*individualist*”, personality type number five is “*investigator*”, personality type number six is “*loyalist*”, personality type number seven is “*enthusiast*”, personality type number eight is “*challenger*”, and personality type number nine is “*peacemaker*”.⁷

The population of this research consists of approximately 2000 residents undergoing specialty training at Ankara City Hospital, and the sample consists of residents who were selected according to the distribution of internal, surgical, and basic departments among the residents working at Ankara City Hospital and volunteered to participate in the study. A stratified sampling method was used in sample selection, and the sample size was calculated according to a 95% confidence interval and a 5% margin of error. Accordingly, it was aimed to reach 197 and 113 physicians from internal departments and surgical departments, respectively. Since the number of resident physicians in basic departments was insufficient to represent the population, it was aimed to reach all 54 residents in this field. A total of 365 people, 207 of them in internal departments, 113 of them in surgical departments, and 45 of them in basic departments, who received medical specialty training at Ankara City Hospital and volunteered to participate, were included in the study. This survey was administered to 367 residents, but since 2 participants gave the same answers to all the questions in the TPTI and received equal scores from all personality types, these participants were not included in the statistical analysis.

The data was obtained from 365 participants in this research and the analysis was evaluated with appropriate statistical methods in the IBM SPSS Statistics 22 (SPSS Inc., Chicago, IL) program. The survey method was used in this research. Moreover, in the research reliability analyses were conducted for the scales and Cronbach Alpha coefficients were calculated. The Cronbach Alpha coefficient for TPTI was calculated as 0.820, and that

indicates the scale to be highly reliable. In the analysis of the data, descriptive categorical data are shown as number (n) and percentage (%), and quantitative data are shown as mean and standard deviation values, skewness, kurtosis, and minimum and maximum values. It was determined that there was no missing value in the data. Independent Sample T Test was used to compare the means of two independent groups, and the One-Way ANOVA test was used to compare the means of more than two groups. Pearson Correlation test was used to examine the relationship between quantitative variables, and Pearson Chi-Square analysis was used to determine the relationship between categorical data. Additionally, the significance value for all the results was taken as $p < 0.05$.

Results

The results of a total of 365 participants, 207 from internal departments, 113 from surgical departments, and 45 from basic departments, were analyzed. It was observed that the age of the participants in this study was $\text{mean} \pm \text{SD} = 28.29 \pm 2.72$ years (Min.= 24, Max.= 49). When the gender variable was examined, it was determined that 111 (30.2%) of the participants were male and 254 (69.6%) were female. When the marital status variable was examined, it was seen that 200 (54.8%) of the participants were single, 5 (1.4%) were divorced/widowed, and 160 (43.8%) were married. Of the participants, 207 (56.7%) were from internal departments, 113 (31.0%) were from surgical departments, and 45 (12.3%) were from basic departments.

In this study, we found that there are physicians of every personality type in almost every branch.

There was no significant relationship between the major branch in which the physician specializes and their personality types ($p > 0.05$) (Table 1).

Since there was no significant relationship in the comparison of the three major branches, a pairwise comparison was made between internal and surgical departments by excluding basic departments because of the low number of residents. This comparison is given in detail in Table 2. Accordingly, a significant relationship was found between the major branch in which physicians specialize and their personality types ($p = 0.03$).

The most common personality types among physicians specializing in Family Medicine were the “*reformer*”, “*helper*” and “*peacemaker*” respectively (Table 3).

Table 1. Examining the Relationship Between the Major Branch of Physicians' Specialization and Personality Types

Variables	Major Branches						Total
	Internal Departments		Surgical Departments		Basic Departments		
	n	%	n	%	n	%	
Reformer	56	61.5	24	26.4	11	12.1	91
Helper	57	58.2	31	31.6	10	10.2	98
Achiever	18	39.1	21	45.7	7	15.2	46
Individualist	5	55.6	3	33.3	1	11.1	9
Investigator	5	71.4	2	28.6	0	0	7
Loyalist	5	38.5	5	38.5	3	23.1	13
Enthusiast	21	65.6	6	18.8	5	15.6	32
Challenger	9	39.1	12	52.2	2	8.7	23
Peacemaker	31	67.4	9	19.6	6	13.0	46
$\chi^2=20.810$ p=0.186							365

Table 2. Comparison of Personality Types of Physicians in Internal Medicine and Surgical Branches

Variables	Major Branches				Total n (%)
	Internal		Surgical		
	n	%	n	%	
Reformer	56	70	24	30	80 (100)
$\chi^2=1.318$ p=0.251					
Helper	57	64.8	31	35.2	88 (100)
$\chi^2=0.001$ p=0.984					
Achiever	18	46.2	21	53.8	39(100)
$\chi^2=6.679$ p= 0.010					
Individualist	5	62.5	3	37.5	8(100)
$\chi^2=0.017$ p=0.896					
Investigator	5	71.4	2	28.6	7 (100)
$\chi^2=0.142$ p=0.706					
Loyalist	5	50	5	50	10 (100)
$\chi^2=0.975$ p=0.323					
Enthusiast	21	77.8	6	22.2	27 (100)
$\chi^2=2.212$ p=0.137					
Challenger	9	42,9	12	57.1	21 (100)
$\chi^2=4.689$ p= 0.030					
Peacemaker	31	77.5	9	22.5	40 (100)
$\chi^2=3.285$ p=0.070					
$\chi^2=17.235$ p= 0.028					320

Table 3. Examination of Personality Distribution of Physicians Working in the Department of Family Medicine

Variables	Family medicine		
	n	%	
Personality Types	Reformer	22	26.8
	Helper	20	24.4
	Achiever	5	6.1
	Individualist	2	2.4
	Investigator	3	3.7
	Loyalist	2	2.4
	Enthusiast	9	11
	Challenger	3	3.7
	Peacemaker	16	19.5

While the majority of the male physicians were in the "reformer" personality type, the majority of female physicians were in the "helper" personality type. A significant relationship was found between the physician's personality type and their gender ($p=0.01$). In the detailed analysis conducted to find out at what personality level there is a significant difference between gender and personality type, the "helper" personality type was found to be significant in favor of female physicians ($p=0.002$), while the "challenger" personality type was found to be significant in favor of male physicians ($p=0.001$).

There was no significant relationship between personality type and marital status of the participating physicians ($p>0.05$).

Discussion

As far as the research goes, there was no study in the literature examining the relationship between the enneagram model personality type and medical specialty branch preference. There was no statistically significant difference between the personality type and medical specialty branch preferences of the residents who received specialty training at Ankara City Hospital, considering all the major branches. Another comparison was made between internal and surgical departments and a significant difference was observed between the two branches. While that was the case in this study, a study conducted by Akış et al. using five-factor personality traits in residents found that there was no significant difference between personality traits and specialty branch preferences.⁵

It was determined that the most common personality types among the resident physicians who participated in our study were "helper" and "reformer". The most common personality type in internal departments and surgical departments was "helper", while the most common personality type in basic departments was

"reformer". In a study conducted by Erçin, the most common personality type in healthcare professionals was the "reformer" type.⁸ In another study conducted by Taştan and Aktürk on university employees and students, the most common personality type in the Türkiye sample was found to be the "helper" type, however, it was found that as the level of education increased, the "reformer" type of personality increased.⁹ Another study conducted in Korea found that the most common personality types among medical students were "peacemaker" and "reformer".¹⁰ It can be said that the prevalence of personality types varies from society to society. Thus, this sample group is compatible with the Türkiye sample average. It can be predicted that type 2 (*helper type*), who care about the needs of those around them and like to help, are self-sacrificing and compassionate, will choose medicine, which is a profession that requires a lot of sacrifice and sensitivity to people's needs, and this situation is parallel to the results of the study. On the other hand, it is expected that the "reformer" personality type, which is an idealistic, principled, and sensitive type in their responsibilities, will turn to medicine, a profession that requires idealism and responsibility. Moreover, it is expected that the "helper" type will be more commonly found in internal and surgical branches. Those branches have one-on-one communication with the patients, and they require more dedication. In a study conducted by Subaş et al. on school administrators, the most common personality types were found to be "peacemaker" and "challenger". This result suggests that the distribution of personality types varies from profession to profession.¹¹

In this study, a significant difference was found between internal and surgical departments on personality type, and this difference was in the "achiever" and "challenger" types. "Achiever" and "challenger" types were more likely to choose a surgical branch. In a study conducted by Sievert et al. using a temperament and character inventory, the most common cluster in general surgery residents was the "commanding" cluster.⁶ This cluster has temperamental characteristics such as independence, autonomy, and assertiveness and shows similar characteristics to the type 8 "challenger" type in the Enneagram. On the other hand, type 3 (*achiever type*), who are ambitious, competitive, do not like to be idle, care about their image, are goal-oriented and self-motivated, can be expected to turn to surgical branches that require high motivation and long hours of work, and this case shows similarity to the results of this study. It is expected that type 8 (*challenger type*), who likes to take risks, and is a challenging and strong type, will turn to surgical branches that require risk-taking, quick decision-making, and being strong. Therefore, it may show that physicians with this personality type make a more appropriate choice if they choose the surgical branch.

In this study, family medicine residents within internal departments were evaluated and a sufficient number of residents for analysis was reached, therefore personality type distribution for them was examined. The most common personality types in the family medicine field were identified as "reformer", "helper" and "peacemaker" respectively. These results show that family medicine, which adopts a holistic approach, fits the Ankara City Hospital resident physician profile and the general Türkiye sample profile. Person-centered care, community orientation, original problem-solving skills, comprehensive approach, primary care management, and holistic

modeling are the core competencies of family medicine, and they overlap with the characteristics of the “*reformer*” personality type. A review study conducted by Borges and Savickas revealed that family physicians have a high awareness of rules, they care more about ideas and imagination than practices, they are more thought-oriented than general surgery and anesthesia, and their conscientious aspects are more dominant. Family physicians were observed to be more organized and persistent. In other studies, examined, family physicians were found to be emotion-oriented.¹² Having a high awareness of rules, being organized, and being persistent can be reconciled with the characteristics of the “*reformer*” type in the enneagram, who are rule-oriented, principled, have a high sense of responsibility, are meticulous and organized. Their predominance of conscientiousness and emotional focus can be reconciled with the characteristics of the “*helper*” type in the emotional center triad, who are selfless, attach importance to emotional sharing, and are very sensitive to the needs of those around them. All these results support that people who choose Family Medicine are more prone to “*reformer*” and “*helper*” personality types.

In this study, a significant relationship was found between physicians' personality type and gender. Most of the men were “*reformer*” type, while most of the women were “*helper*” type. In a study by Taştan and Aktürk investigating the personality type distribution in a Türkiye sample of 1646 people, consisting of university students and employees, the “*helper*” personality type was found equally in women and men, while the rate of “*reformer*” was found higher in men.⁹ It can be said that the results of this study are parallel to these results. In this study, the “*helper*” type was found to be significantly higher in favor of women, while the “*challenger*” type was found to be significantly higher in favor of men. In a study conducted by Yüksel on university students, the “*individualist*” type was found to be significant in favor of women, while the “*investigator*” type was found to be significant in favor of men¹³. In a study conducted by Erçin on people admitted to the hospital, the “*achiever*” type was found to be significant in favor of men. Moreover, in this study, the most common type in both men and women is the “*reformer*” type.⁸ With these results, it can be inferred that the distribution of personality types according to gender varies according to the population. It can also be concluded that one cannot say that any enneagram type is gender-specific.

In this study, the relationship between personality type and medical specialty branch preference was examined. Medicine is a discipline where all personality types can find a suitable field in terms of branch diversity. Although physicians seem to represent a homogeneous group in terms of personality traits and abilities, differences may emerge during the specialty selection. The branch choice can be considered as a new career choice, and personality type can be taken into consideration for such an important choice.

Physicians constitute a heterogeneous group; however, it can be said that different personality types can adapt to different branches. By becoming aware of their personalities and abilities, physicians can focus on how they

can more efficiently utilize the skills resulting from these personalities in their branches. It would also be useful to conduct studies on the success strategies of different personality types in the same branch.

It would be beneficial to conduct more comprehensive studies on the subject in basic departments that can reach a sufficient number of people. Moreover, expanding the scope of the research and comparing all major and minor branches within internal, surgical, and basic departments according to personality type may provide more meaningful results in terms of reaching more homogeneous groups. The relationship between personality type and branch selection can be examined by using different personality inventories.

Limitations of the Study: Although the sample was conducted with several resident physicians that can be generalized to the educational institution where it is located, the limitations of this study are that it is limited to only residents, that it does not represent all physicians, as the number of residents in basic departments is insufficient, resident doctors were not grouped according to their seniority years, they were not grouped according to sociodemographic characteristics, and that we must use two different methods as a survey application method.

Ethical Considerations: Our study was conducted following the Helsinki Declaration Principles. The study was conducted with the approval of Ankara City Hospital No. 2 Clinical Research Ethics Committee. (Decision No: E2-22-2234, Date: 03/08/2022).

Conflict of Interest: The authors declare no conflict of interest.

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