

**MEDICAL SPECIALTY DECISION MODEL:  
UTILIZING SOCIAL COGNITIVE CAREER THEORY**

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Introduction

The purpose of this study was to develop a working model to explain medical specialty decision-making. Using Social Cognitive Career Theory, the authors examined personality, medical specialty preferences, job satisfaction, and expectations about specialty choice to create a conceptual framework to guide specialty choice decision-making.

Method

Using an existing data set, the authors examined personality and medical specialty preference gathered from medical students (n=49) who graduated between 1990 and 1995. The authors contacted these graduates by mail and asked them to reflect on their choice of medical specialty and to respond to questions about their job satisfaction. Females comprised 62% of the sample and males comprised 38%. Of the respondents, 37 (76%) were Caucasians, 10 (20%) were

Asian/Pacific Islanders, 1 (2%) was African-American, and 1 (2%) was Hispanic. Medical specialty areas represented by the graduates included Internal Medicine, Pediatrics, Family Medicine, Obstetrics/Gynecology, Dermatology, Emergency Medicine, Anesthesiology, Surgery, Nephrology, Radiology, Pediatric Psychiatry, Hematology/Oncology and Preventative Critical Care.

### Instruments

Personality was assessed using Personality Research Form (PRF; Jackson, 1974) and Myers-Briggs Type Indicator (MBTI; Myers, 1962). The Personality Research Form consists of 440 true-false items and yields 20 normal personality traits based on Henry Murray's theory of personality (1938).

Reliabilities for the scales range from .69-.90. The MBTI, based on Carl Jung's *Psychological Types* (1921), yields sixteen normal personality types. Form G of the MBTI with

126 forced-choice questions was used in this study.

Reliabilities for MBTI type categories range from .67-.90.

The Medical Specialty Preference Inventory (MSPI) assessed preference for six medical specialties. The MSPI (Zimny, 1977; Zimny & Senturia, 1973) was developed in 1976 to assess medical students' preference for six medical specialties (family practice, internal medicine, obstetrics-gynecology, pediatrics, psychiatry, and surgery). It consists of 199 items organized into 40 separate factor scores. These scores are then combined to provide overall scores for the six medical specialties. The six clusters were developed from protocols of specialists from these areas. Reliability of the MSPI scores range from .66 to .93 with a median of .84 (Gough, 1979).

Along with a request for permission to use the student's archival data, the authors inquired about expectations for

specialty choice and job satisfaction using a questionnaire. Physicians responded utilizing a Likert scale to six statements regarding job satisfaction (see Table 1). These six statements came from a previous study by Snyder (1994). According to Snyder, the job satisfaction scale was developed by Price and Mueller (1986) with a reliability coefficient of .88.

Satisfaction with job characteristics is measured using a four point Likert scale with responses ranging from strongly agree to strongly disagree. Participants were also asked to respond to questions about their expectations and actual practice of specialty area. Based on the work of Warren and Wakeford (1990), prevalence of mismatch between expectation and actual of practice was low among medical students and house officers.

The authors sought to answer the following questions: What is the relationship between personality, as measured by

the PRF and MBTI, and medical specialty choice? Further, what is the relationship between personality and job satisfaction? How does entering a specialty predicted by (or not predicted by) the MSPI correlate with job satisfaction? How do expectations about specialty choice influence job satisfaction?

### Results

Data analyses were conducted to test our framework by examining the relationship between personality, medical specialty preferences, job satisfaction, and expectations about specialty choice. Correlational analysis using Pearson R indicated no significant relationship between PRF factors and specialty choice or job satisfaction (high vs. low). This finding suggests that personality, as measured by the PRF, did not play a role in the medical specialty chosen nor did it contribute to level of job satisfaction with that medical specialty area. Chi-square results of the MBTI and specialty choice or job

satisfaction were also not significant. MBTI type, therefore, did not correspond to the respondent's choice of medical specialty nor level of job satisfaction. Chi-square results of the MSPI and job satisfaction were also not significant. This finding suggests that entering a specialty predicted (or not predicted) by the MSPI did not influence level of job satisfaction.

Qualitative comments provided by participants about expectations and actual practice of specialty helped to explain level of job satisfaction. These comments were categorized into twenty different themes. "Personal Reward/Satisfaction," "Clinical Issues Associated with Medicine," "Time Commitment to Medicine" and "Balancing Personal and Professional Life" offered current contextual influences on specialty choice.

#### Discussion

Medical specialty decision-making has long been a perplexing process for medical students and behavioral researchers. This study looked to Social Cognitive Career Theory to explain the complex interplay between personality, specialty preference, job satisfaction and expectations regarding specialty choice. In comparing each of these influences individually on specialty choice and job satisfaction, no significant results were found. A conceptual model based on social cognitive theory is proposed and preliminary results support further testing of the model for medical specialty decision-making.

Table 1

Participants rated these questions using Strongly Agree, Agree, Disagree, Strongly Disagree

- |   |
|---|
| 1. I find enjoyment in my practice.                           |
| 2. I like my practice better than the average physician does. |
| 3. I am seldom bored with my practice.                        |
| 4. I would not consider taking another practice.              |

5. Most days I am enthusiastic about my practice.

6. I feel fairly well satisfied with my practice.

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