

Examination of Personality Traits in Athletic Training Students

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KEY POINTS

Although convenient, labeling individuals as having a particular personality “type” is inappropriate. Rather we should consider one’s personality as being comprised of a number of “traits” or consistent patterns of behavior.

Athletic training students (ATs) demonstrated high extraversion, suggesting they are highly sociable and active.

ATs demonstrated low agreeableness and conscientiousness, suggesting a need to plan interventions to decrease tendencies toward cynicism, low self-esteem, and undependability.

Athletic training educators, clinicians, and employers might better understand dominant personality traits of athletic training students by using the NEO-FFI to assist in planning clinical experiences, devising job responsibilities, and informing interventions.

Athletic training, similar to other health professions, is not practiced in a vacuum. Rather our viewpoints, decisions, and ultimately, actions can be influenced by a multitude of

external and internal factors. External factors that can influence athletic trainers include time, resources, organizational culture, and policies. Internal (i.e., psychological) factors that are less evident include athletic trainers’ perceptions, cognition, emotions, personality, and ideologies. Accordingly, athletic training researchers have begun to examine various aspects of the cognitive development of athletic training students (ATs), such as learning styles,¹⁻³ professional socialization,⁴ and ethical ideologies and decision making.⁵ Researchers have recommended examinations of intra-

personal factors, such as personality traits that may mediate decision making and the clinical behavior of ATs.⁵

Although personality influences our personal and professional lives, little research has investigated the dominant personality traits among clinicians and ATs. This lack of research is surprising, because intrinsic factors, such as one’s temperament, attitude, or social skills, significantly influence success or failure as an athletic trainer or therapist. A better understanding of ATs’ personality traits may assist educators, approved clinical instructors, and clinicians who interact with ATs. Such understanding may help educators and future employers to assist students and recent graduates in developing an appropriate professional disposition and the foundational behaviors that are necessary for successful practice and a satisfying professional life. The two-fold purpose of this report is (a) to describe the Five-Factor Model of Personality and (b) to review a sample of ATs’ personality traits.

Personality Psychology

Every individual possesses a unique personality. The term “personality” originated from the Latin term *persona*, meaning the “mask” worn by an actor to portray a character. According to the American Psychological Association, one’s personality refers to individual differences in characteristic patterns of thinking, feeling, and behaving.⁶ Personality can be simply defined as the

intrinsic organization of an individual's mental world that is stable across time and situations.⁷ The field of personality psychology is a multidisciplinary study of individual differences in personality characteristics, the manner in which the various parts of a person come together as a whole.⁸ Various theoretical approaches that reflect evolutionary, biological, behavioral, social, or psychoanalytic perspectives have been developed to explain how and why our personalities differ.

The contemporary applied study of personality often involves use of psychometric assessments (e.g., questionnaires or interviews) to identify, describe, quantify, and possibly explain the commonalities and differences among individuals.⁸ Some of these assessments (e.g., Myers-Briggs type indicator) have been used to categorize individuals according to descriptive taxonomies or typologies. Critics of this practice believe it is overly simplistic and have questioned the utility of personality type categories.⁸ Recently, much attention has been focused on the measurement of "traits" that represent relatively stable patterns of behavior, thought, and emotion. One of the dominant classification methods in personality research is called the "big five" or Five-Factor Model (FFM), which suggests that the basic structure of personality can be best explained by five traits, sometimes summarized by the acronym OCEAN: Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism.⁹

The Five-Factor Model of Personality

The FFM was applied to a convenience sample of 48 undergraduate ATs (M = 24; F = 24; 21.5 ± 1.7 yrs) enrolled in an accredited athletic training education program. This FFM is based on the idea that individual differences in behavior can be represented by five traits that play an important role in shaping behavior.⁷ ⁹ Research has linked these traits to the prediction of

clinical education effectiveness in the field of nuclear medicine,¹⁰ moral reasoning,¹¹ stress levels experienced by medical students,¹² academic achievement,¹³⁻¹⁶ learning styles,¹⁷ preference for teaching methods,¹⁸ career satisfaction,¹⁹ and work strain.²⁰

Personality Measurement

The NEO Five-Factor Inventory Form-S (NEO-FFI)⁹ is a 60-item research version of the longer 240-item clinical NEO PI-R instrument used to measure the five basic factors of personality. The NEO-FFI is a measure of the FFM of personality and yields scores for each of the OCEAN domains (Table 1). The instrument includes 12 sets of 5 statements that are rated by a 5-point Likert-type scale, which is anchored by 0 (*strongly disagree*) and 4 (*strongly agree*). One of the five statements in each of the 12 sets relates to one factor of personality. The instrument takes approximately 10 to 20 minutes to complete. The research literature provides strong support for its construct validity, internal consistency (Cronbach's alpha: 0.70 – 0.82),^{21,22} and test-retest reliability (ICC: 0.63 – 0.90).^{9,15,23} The NEO-FFI was scored according to published instructions.⁹

Discussion

The ATs who participated in our study demonstrated high extraversion, average neuroticism and openness, and low agreeableness and conscientiousness (Figure 1). The finding that ATs were high in extraversion was an encouraging finding, because such individuals are described as positive, assertive, and socially-orientated, each of which are characteristics that could be assets to an athletic trainer; however, individuals high in extraversion are also characterized as enjoying attention. Depending on the nature of the clinical setting, extraversion may not be a positive attribute for an AT who

TABLE 1. THE NEO-FFI YIELDS SCORES IN EACH OF THE TRAIT DOMAINS PRESENT IN THE FIVE FACTOR MODEL OF PERSONALITY

| High Scorer Traits | | Low Scorer Traits |
|--------------------|---|---|
| O | Curious, original, untraditional, creative | Conventional, non-artistic, non-analytical |
| C | Prepared, confident, adheres to principles | Undependable, absent-minded, low self-esteem |
| E | Sociable, active, person-oriented individuals | Reserved, sober, retiring, quiet |
| A | Honest, frank, well-intending, concerned for others | Cynical, manipulative, self-centered |
| N | Strong emotional responses, unrealistic ideas/urges | Resilient, few negative emotions, calm, relaxed |

The domains are as follows: Openness (O), Conscientiousness (C), Extraversion (E), Agreeableness (A), and Neuroticism (N). The table provides a summary of descriptive adjectives associated with high and low scorers in each trait.

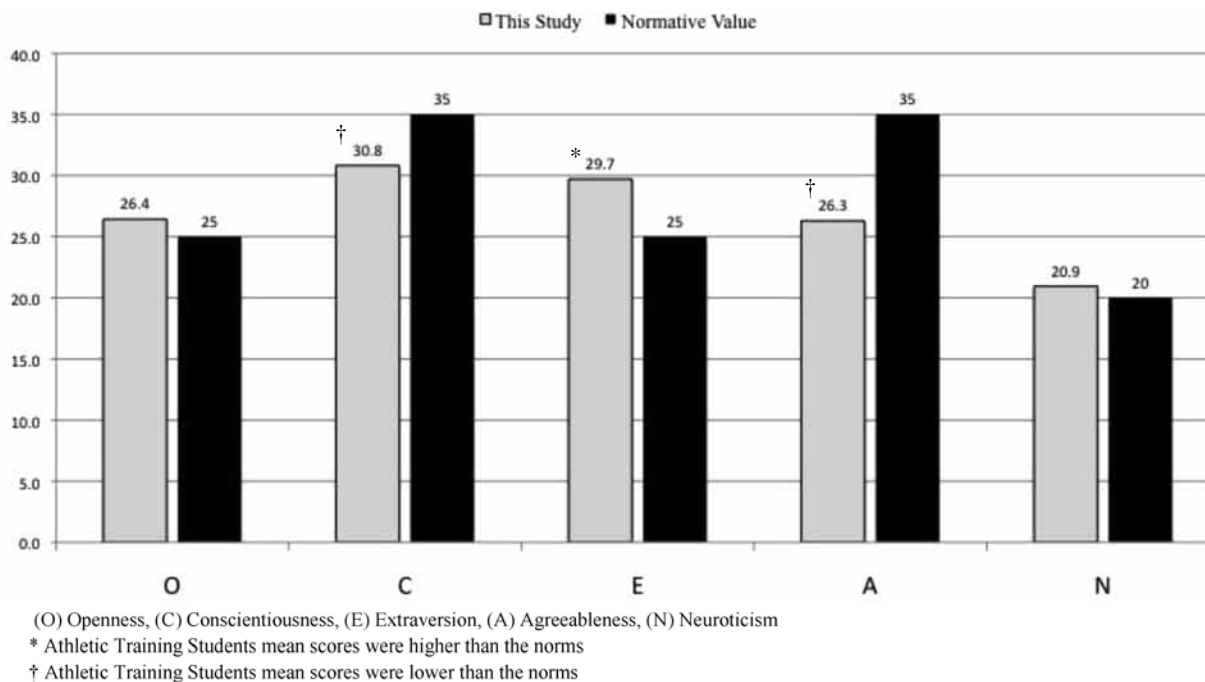


Figure 1 Comparison of athletic training students' scores on the five domains of the NEO-FFI scores with normative values.

may become dissatisfied if he or she perceives an inadequate level of attention from instructors, colleagues, and patients. The ATs we studied also demonstrated levels of agreeableness and conscientiousness that were below normative values. The low agreeableness and conscientiousness scores are a concern, because these traits relate to compassion for others and self-discipline, both of which are qualities that are necessary in clinical practice. This finding suggests that an educational intervention that is designed to improve agreeableness and conscientiousness may be needed for many ATs.

Although our findings are interesting, more research on the psychology of personality is needed before any firm recommendations can be made for athletic training education. For example, personality traits that are important to clinical practice have not been clearly established. Whether practice as an athletic trainer changes one's personality or a particular personality make-up influences the choice to pursue an athletic training (i.e., self-selection) career is unknown. A direct link between personality make-up and clinical behavior has not been established, but personality assessment may help us to better understand ATs and young clinicians. Such information might help to ensure that ATs have opportunities to interact with clinical instructors who have different personalities. If both a student and his or her instructor understand personality tendencies, enhanced awareness of habitual behaviors, attitudes, and thought processes may facilitate positive changes. The five fac-

tors assessed by the NEO-FFI represent dimensions of personality that will vary among ATs and may change over time. An assessment result should not be viewed as a representation of a fixed personality type and should not be used to predict clinical performance or be used as a selection criterion for hiring or admission into an educational program.

Practical Application

Understanding personality traits could be helpful to athletic training educators and clinicians. Educators could administer the NEO-FFI to students and approved clinical instructors (ACIs) to gain a better understanding of dominant personality traits. This information could potentially be used to optimize students' clinical experiences. For example, an ACI might be informed about a particularly challenging AT's dominant personality traits and a strategy for ACI communication with the student might be developed. The dominant personality traits of both ATs and ACIs might be considered in making clinical placements. Some educators may seek to optimize the clinical experience by matching student and ACI personalities, but a better approach would probably involve planning clinical rotations to ensure that students encounter ACIs who have a variety of personality characteristics. Varied interpersonal experiences reflect the reality of clinical practice and may facilitate professional socialization and development of the foundational behaviors of professional practice. Information about the personality traits of

athletic trainers and therapists who are beginning work in a new practice setting might be used to guide development of job responsibilities and to identify strategies for effective communication and motivation.

Conclusions

What combinations of personality traits characterize the “best” clinician? At present, we do not know, and the answer may depend on the clinical setting where an athletic trainer or therapist practices. We found that ATs demonstrate high extraversion, average neuroticism and openness, and low agreeableness and conscientiousness. Our findings cannot be generalized to all ATs, but assessment of dominant personality traits may have value for design of instructional activities and student placements for clinical experiences. Future research should seek to relate personality traits to specific clinical behaviors and examine their relationships to intrinsic factors (e.g., motivation, self-regulation, and self-efficacy) and extrinsic factors (organizational climate, culture, and clinical setting). ■

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