

ality structure of medical students in our sample.

Several limitations of this study merit attention before more-detailed consideration of these results. First, self-reporting data might be incomplete due to problems of accuracy and completeness of reporting. In accord with findings from Shen et al.,<sup>3</sup> slightly higher scores on the Lie scale in this sample might suggest that participants have a tendency to describe, imagine, and consider themselves in more 'socially desirable' ways in order to depict a 'good doctor' impression. In addition, students who failed to participate in this class survey might possess certain traits such as being rash, isolated, and inaccessible. The study results might thus overlook the potential influences of these trait effects. Second, the use of a cross-sectional design limited our ability to explore the robustness of personality traits during medical education and the possible relations between personality patterns and selection of residency specialty. Finally, this study was unable to include measurements of certain background variables, such as familial structures, parental personality traits, familial socioeconomic status, etc., as they seemed to be involved with the formation and modification of personality structure.<sup>19-21</sup>

Despite limitations such as these, a specific personality profile for medical students at Taipei Medical University was evidently observed. The medical students in our sample were generally introversive, compliant, submissive, and objective. They were less likely to feel inferior and might be more concerned with logical thinking and in scheduling plans in advance. In the study of Shen et al.,<sup>3</sup> an extroversion trait was identified for medical school applicants, whereas an intraversion trait was illustrated in a group of medical students in our sample. Determining whether differences came from dissimilarities of sample selection or medical environments deserves further consideration. Despite this, our study generally identified a group of people with healthier and more-robust personality profiles. It was previously shown that medical students are significantly more likely to possess higher socioeconomic status, higher parental educational and occupational levels, and higher household incomes as well as being more likely to have a physician parent, compared to the general population. All

these have been shown to be improved family characteristics for the development of a child.<sup>22</sup> Accordingly, studies, including this current one, have consistently observed a more socially adapted and emotionally stable personality profile in medical students.<sup>3,7</sup> In addition, confirming previous findings,<sup>3</sup> medical students are more concerned with neatness and orderliness, possibly influenced by requirements of the medical environment. They also display higher levels of emotional stability and conscientiousness.<sup>10</sup>

As was shown in the previous literature,<sup>2-9</sup> a specific personality profile was observed for medical students. The origin of the personality pattern may be related to the selection of medical students with personality traits more appropriate for achieving high academic performance and may be further influenced by current medical training. It might be, therefore, possible to identify a group of students with a cluster of abilities, interests, and personal sentiments that augur well for success in medical school and that predict with a reasonable probability that they will succeed as medical students. Possessing a medical personality might be one of the key ingredients in developing competent and successful medical doctors.

For gender effects, several issues are worth discussing, although the extent of the differences between male and female medical students was lower than what might be expected in the general population. In this study, male students displayed higher levels of personality traits on those frequently regarded masculinity scores like general activity, ascendancy, social extraversion, and rathymia scales. On the other hand, females experienced more emotional problems and disturbances (such as levels of depression, cyclic tendencies and nervousness) compared to males. The previous literature has consistently documented increased risks of emotional problems and disturbances in females. Hwu,<sup>23</sup> in studying a sample from Taiwan, reported that females had higher prevalence rates for disorders related to anxiety and depression. Similar findings have also been observed in the West.<sup>24-27</sup> In a report by Hojat et al.<sup>28</sup> males had significantly higher intensities of loneliness, whereas females presented higher levels on general anxiety, test anxiety, and neuroticism scales. Further, by the mid-years of medi-