

INTRODUCTION

The study of personality was primarily formalized in the 1930s by G. W. Allport.¹ Based upon the review and evaluation of approximately 50 definitions of personality, he initially defined personality as “what a man really is”, with a more-functional definition of “Personality is the dynamic organization within the individual of those psychophysical systems that determine his unique adjustment to his environment.” Moreover, the “personality trait” was emphasized as a “generalized and focalized neuropsychic system with the capacity to render many stimuli functionally equivalent and to initiate and guide consistent (equivalent) forms of adaptive and expressive behavior.” This description implies that although being relatively stable in a certain period of time, personality characteristics are not completely static and might not persist throughout one’s entire life. In spite of the significant contributions of Allport, the definitions and elements of personality still remained controversial. However, it is generally believed that the remarkable complexity of personality is affected by genetic and environmental factors which are currently believed to determine individual differences in response to stimuli.

It has been proposed that individuals with certain personality patterns might be more attracted to specific areas of study in order to fit personal needs and specialties.² Regardless of the complex nature of personality and behavior, researchers have been interested in exploring whether there is a commonality of behavioral characteristics in those individuals who constitute the medical community. In reviewing personality theories, methods of personality assessment, and studies designed to examine medical behaviors, there was evidence supporting the existence of behavioral similarities, i.e., a medical personality, within the medical community. It has thus been proposed that medical students might possess particular personality traits distinct from those of the general population.³ In a longitudinal study conducted by Meit et al.,⁴ 181 students (102 males and 79 females) were administered the Sixteen Personality Factor (16PF) Questionnaire to identify personality traits and trait patterns of incoming medical students at West Virginia University

in the US. Significant discrepancies in traits between medical students and the general population were observed, with the most compelling findings exhibiting personality trait differences between female medical students and their male peers.

However, instead of an overall personality profile, most research conducted has been directed more at 1 or 2 individual personality traits.^{5,6} In analyzing the personality structure of 413 UCLA medical school applicants, Shen et al.³ found that medical school applicants exhibited higher tendencies on the personality traits of empathy and extraversion, compared to the normative group. They reported being more energetic and of striving to excel. In regard to higher scores on the “Response bias” scale, it is reasonable to assume that medical school applicants may tend to describe or to imagine themselves as being considerate, unselfish, sympathetic, outgoing, generous, and willing to seek the company of others in order to depict a ‘good doctor’ impression.³

Schofield^{7,8} proposed that medical students are more capable of accepting frustration and deprivation. They also possess an optimistic view of the future and believe in the decency of people. Particularly, tending to be concerned with neatness and orderliness, medical students like to live in a routine way and tend to represent themselves as respecting the law and as resenting nonconformity in others—an implication that confirmed Krakowski’s inferences in describing 100 physicians in various specialties.⁹

Gender effects have been widely addressed in studies of medical students. Female medical applicants display significantly higher masculinity scores than do females in general. Differences in masculinity scores between male medical applicants and the normative male population were, however, not significant.³ Peng et al.¹⁰ also reported that male medical students were significantly more happy-go-lucky, enthusiastic, and venturesome, while females were more conscientious, suspicious, and under social control. In addition, male and female medical students were observed to interact differently with their learning environment.¹¹ Male medical students perceived that bad events in the learning environment were persistent, pervasive, and were dominantly mediated through