Title: Understanding and using personality type in healthcare communication.

Abstract:

This article explains how understanding personality type can help nurses understand themselves better. Personal knowing is one of the patterns of knowing that Carper identified were fundamental to being a good nurse. The Myers-Briggs Type Indicator is explained and the characteristics of the sixteen different types provided. The article explores how type impacts upon team-working and influences management style. It provides insight from an MBTI perspective into how stress can affect people differently and the type-related coping strategies that might be beneficial.

Keywords: Myers-Briggs Type Indicator; Keirsey; Carper; Personality type; nurses; communication; patterns of knowing; personal knowing; management style; teamworking

Background

At the heart of compassionate caring is communication (Author 2017a). The Nursing and Midwifery Council (NMC) Code (2018) requires nurses to prioritise people as well as practice effectively. Failing to understand ‘who’ we are can result in us struggling to interact effectively with colleagues and feeling stressed. Having insight into people’s differences, working in partnership and dealing with differences of opinion are all part of the Code. This requires ‘knowing’ which, as a concept is unique to nursing (Bonis 2009). Carper (1978, p.222) identified four fundamental patterns of knowing in nursing (personal, empirical, ethical and aesthetic) which she advises that nurses needed to be aware of in order to ‘...provide the discipline with its particular perspectives and significance. Other patterns of knowing have been added to Carper’s (Table 1), including unknowing (Munhall 1993), socio-political knowing (White 1995), emancipatory (Chinn and Kramer 2011) and organisational knowing. The latter has been identified as particularly important for new nurses (Author 2017b). Moyle and Hackston (2018 p512) suggest that increased self-awareness is associated with “job contentment and enthusiasm and with improvements in relationships and communication with colleagues”. Human behaviour, linked to individual personality type, impacts on how effectively nurses can carry out these requirements. This article explains how understanding personality type can help nurses develop their personal knowing, understand themselves better and use this insight to improve communication and handle stress.

Personality types

Personality is defined as “a consistent pattern whereby a person’s psychological conditions, thoughts, behaviors, and emotions influence and support those patterns” (Waite and McKinney 2018 p9). Our personalities affect how we feel, think, perceive and react to the world around us. There is a link between the values and traits exhibited by different personality types. Values relate to what is considered important whereas “traits relate to what we are like” (Groothuizen et al 2017 p1072). Together, values and personality type influence what motivates a person and how they behave (Groothuizen et al 2017).

Although this paper focuses on the Myers Briggs Type Indicator (MBTI) it is important to recognise that a variety of personality or temperament typing systems exist and much critique exists in the fields of sociology and psychology regarding the MBTI as well as other typing systems (Wechsler et al 2018). Other systems include the Five Factor Model which categorises people according to their conscientiousness, agreeableness, openness, extraversion and neuroticism (Robins et al 2017). The public would probably say that nurses should score highly on the first three and very low on neuroticism but this adds little insight for the nurse’s personal development. Another personality typing system is the Hogan Assessment that is designed to identify the suitability of people for leadership positions (www.hoganassessments.com) but this offers little insight into relationships of a caring nature. This paper focuses on the MBTI as it is longer-established and commonly-used (Mallari and Pelayo 2017). Nursing schools in America encourage students to do an MBTI test. It provides insight into building therapeutic relationships with patients and clients (Allen and Brock 2000). Waite and McKinney (2018 p15) argue understanding their own MBTI is “foundational” in leadership development by helping nurses understand their own and colleagues’ behaviour and manage team dynamics. Roberts (2015) reported that participating in MBTI-associated coaching facilitated his nurse leaders in developing better teams that could deliver “outstanding patient care”. The MBTI may help male nurses navigate gender-related challenges (Luo et al 2018).

What is the MBTI?

In the 1940s, Kathleen Myers and Isabel Briggs Myers (Briggs Myers 2016) developed a Jungian-based assessment tool, the Myers Briggs Type Indicator (MBTI). This is based Jung’s four psychological types: feeling, thinking, sensing and intuition and Jung’s four attitudes: extraversion, introversion, judging and perceiving (Mallari and Pelayo, 2017). The MBTI adds a further dimension by identifying that people’s preferences and attitudes form a dichotomy across the following pairs: extraversion (E) versus introversion (I), intuitive (N) versus sensing perception (S), feeling (F) versus thinking (T) and judging (J) versus perceiving (P) (Leary, Reilly and Brown 2008; Briggs Myers 2016; Mallari and Pelayo 2017) (Table 2).

Thus, the MBTI separates people into one of sixteen possible types. Moyle and Hackston (2018) note that critics suggest this compartmentalises people but, in reality, MBTI and Jungian theory recognise that we use both sides of each dichotomy but have a preference for one side. Although some have suggested that the descriptors are broadly applicable to all, quantitative research statistically refutes this (Moyle and Hackston 2018). It is important to remember that no one should consider themselves ‘stuck’ in a box and every type is equally valuable (Waite and McKinney 2018). By understanding type and intertype dynamics, individuals will grow. Personality type is related to both occupational and organisational membership (Bradley-Geist and Landis 2012). People can develop behaviours that are linked with their non-preferences although they will continue to feel most comfortable when their life and work aligns with their type (Passmore, Holloway and Rawle-Cope 2010). As someone scoring high on introversion, I can interact with hundreds of people in a lecture hall, but I understand that afterwards I will feel drained and need time alone to recharge my batteries. Keirsey (1998) identified that the sixteen MBTI groups could be clustered into four groups which broadly share characteristics: Guardians (SJ), Idealists (NF), Rationals (NT) and Artisans (SP). The distribution across the population is uneven with Guardians and Artisans the most common types and Idealists and Rationals much less common (Shen et al 2007). Table 3 summarises the characteristics of the different types.

Time Out 1: You can identify your personality type by doing the free online test at [www.humanmetrics.com](http://www.humanmetrics.com) This is not completely identical to Myers Briggs but is very close and is free whereas there is a fee payable for having your MBTI tested by a registered MBTI practitioner.

MBTI type and nursing

There is no ‘best’ type for nursing even though choice of occupation is influenced by personality type (Dungey and Yielder, 2017). Given the right motivation, situation and opportunity, all types perform effectively (Hardigan and Cohen 2003) but some are more prevalent. Research consistently suggests that nurses are predominantly (60-70%) sensing-judging (Guardian) types with intuitive-feeling (Idealist) types being the next most common at around 20-25% (Jain and Lall 1996; Prasad 2016; Mallari and Pelayo 2017; Harris and McKay 2018). Sensing-judging types have a strong sense of duty and prize team-working highly. Intuitive-feeling types generally have a strong sense of service to help people become the best they can be. Jain and Lall (1996) found that nurses were predominantly sensing, feeling, judging (SFJ) (Guardian) types. Bean and Holcombe (1993) reported that oncology nurses were primarily introverted SFJ types (needing some quiet time later to recharge their batteries after a shift). Waite (2018) found that her participants (twelve nursing undergraduates, six other health-related degrees) were predominantly extraverted sensing types (gaining their energy from being with others) but the feeling vs. thinking and judging vs. perceiving attributes were evenly divided. Within a profession, someone’s type can influence their field. Emergency department and ward nurses are often SJ (Guardians), palliative care nurses are NF (Idealists), intensive care nurses are NT (Rationals) and children’s nurses are often SP (Artisans). In the post-Francis Report drive to recruit the ‘right’ people into nursing, Groothuizen et al (2017) have expressed concern that potential student nurses might have desirable characteristics for nursing but be rejected on the grounds of values. As a nurse educator, since the introduction of values-based recruitment within my organisation, the Guardian types remains the most common type but has reduced as the number of Idealists has increased in proportion (unpublished research). In the Philippines, Mallari and Pelayo (2017) found that ESFJ undergraduates were most likely to be nursing students which corresponds with my experience over a ten-year period prior to MMI-style recruitment. All MBTI types can make good nurses.

Dominant MBTI types of other professions

The most common MBTI types vary across different professions (Hardigan and Cohen, 2003). Across nursing, feeling types predominate but in medicine, most doctors express preferences for thinking (Claes et al 2018). This means the two professions that work most closely together, access information very differently and thus may approach decision-making from opposing stances. Although Guardian (SJ) types predominate across health professions in general, doctors are more likely to be Intuitive types so Keirsey’s Rational (NT) and Idealist (NJ) types predominate (Prasad 2016). Rational types may struggle to communicate with more emotional types which can explain why patients often turn to nurses for explanations after the doctor has left the bedside. However, general practitioners (GPs) are more likely to be Guardian (SJ) types (Prasad, 2016) and this similarity with the general population can mean they are seen as good communicators. Specialities like radiology or anaesthetics that require focused attention on detail are more likely to be introverted, fact-oriented sensing types (Prasad, 2016). The dominant type for pharmacists has been reported as ISTJ and for occupational therapists as ESFJ (Hardigan and Cohen 2003). In UK-based research, people whose work involves counselling express a high (55%) tendency to be NF Idealist types (Passmore et al 2010) which links to their goal of helping people become the best they can be.

Time Out 2: Next time that you feel or believe someone is not listening to your ideas try saying “I think”. People who have a strong thinking preference find it easier to relate to people’s ideas when they hear “I think” rather than “I feel” or “I believe”.

Team working

Waite and McKinney (2018) argue that personality preferences are key factors in effective healthcare teams. A high-performing team is comprised of different personality types who are able to work together effectively. A team which has too many of the same type of people may have blindspots that inhibit performance. If there are too many perceiving types, it can be hard to reach a decision because they perceive a variety of possible alternatives including ‘blue sky’ options. Likewise, feeling and thinking preferences can clash as they have different communication styles and ways of making decisions (Claes et al 2018). Encouraging people to explain how they came to their view is a sound leadership quality as it reduces the chance of misunderstanding. Taking time for ‘team huddles’ and encouraging people to speak up can also improve communication. Understanding our own personality type and how it might interact with, or be perceived by, others can help nurses perform more effectively. Schwartz et al (2018) used the Communication Wheel, an MBTI-based tool that visually represents type-based communication preferences to improve communication between nursing and medical students.

Time Out 3: Think back to a recent meeting or huddle – what worked well? What did not seem to work so well? Was there anyone who seemed out of step with the others present? Were they encouraged to explain how they came to their view?

MBTI and leadership style

We all have some natural ability as managers but most of us are unaware of how our personality type will influence our innate approach to leading teams (Leconi nd). When other people demonstrate a style that differs from the style that we believe is right, the underlying issue might simply be that we are two different personality types. In general, what is most important is that the managerial or leadership style used is appropriate for the situation, is appropriate for the team and ultimately achieves the required end result in a timely manner without causing any damage in so doing. Table 4 shows the different types of managerial expertise we have naturally according to our MBTI type. As with nursing in general, there is no type that is more suitable to be a manager or leader than others. However, career progression might favour more extraverted types particularly in the United States (Wisser and Massey 2019). Therefore, it is an important interview skill for those who score high on introversion to be able to articulate their strengths such as their calmness and deep, as opposed to superficial, focus on problem solving and their ability to empower others (Sherman 2013).

Conflicts can arise when a manager’s natural style is very action-oriented (e.g. ENTJ or ISTP) so they try to drive through their vision (or the organisation’s) without taking time to consider whether members of their team expect a more participative or ‘human’ approach. Some people naturally resist change. Claes et al (2018) identified the most common physician type as ISTJ in their study and commented that this might explain “why it is often difficult to implement change in hospitals”. As Table 3 shows, ISTJs can be seen as ‘jobsworths’, cold and focused on detail. The reason it is difficult to implement change might be less to do with personality type as Claes et al (2018) suggest than the ability of the leaders to communicate why change is necessary. When trying to resolve conflicts, managers need to avoid making character accusations as this will be counterproductive (Black 2018).

If nurses lack personal knowing, they can fail to meet the expectations of some members of their team. For example, the ESFP Performers look for praise from their colleagues that more pragmatic, rule-oriented types like ESTJs and ISTJs ignore because, to them, people are employed to do a job and should not continually expect thanks or applause. Thinking type leaders may ignore people’s needs for their feelings to be acknowledged (Claes et al 2018). INTJ (Mastermind) nurses can upset people in meetings because they often spot problems faster than others so appear negative and their analytical approach feels alien to others (Wisser and Massey 2019). It is important for nurses looking to develop their leadership skills to develop insight into personality types (Burkett 2016) and to remember that people leave managers not companies (Lipman 2015).

MBTI and stress

If a nurse has a negative experience with a colleague they may develop avoidance strategies (often unconsciously) (Bar-On 2003). People’s ability to cope with difficult issues is influenced by personality type (Quenk 1999; Briggs Myers 2000; Keirsey 2003). Moderate stress can lead to a nurse’s dominant (strongest) function becoming over-emphasised. Someone who scores high on the thinking function might over-prioritise thinking about solutions and information that comes from feelings or intuition (Martin 2004). Under extreme stress, a person’s dominant function might be overtaken by their least strong function. A highly-stressed thinking type could suddenly find themselves unable to access their rational side and is operating purely on feelings (Martin 2004).

Research suggests there is the possibility that introverts are less likely to discuss problems so might be more affected by workplace stressors than extraverts (Ramachandran et al 2019). Being aware of this risk might be important for line managers. A nurse might be feeling stressed or distressed but remains quiet about their feelings. Research exploring burnout in nurses suggests, unsurprisingly, that conscientiousness reduces slightly as job demands increase (Robins et al 2017). This could become a source of stress for perfectionist types like ESFJ & ESTJ who develop an inner conflict over not being able to give care to the standards they wish and feeling they are failing patients and colleagues. Research suggests that the least likely to suffer from stress are judging types (Saleh et al 2016). This may be because they make a decision then move on rather than constantly re-examining it. Other researchers have found that extraverted-perceiving types are less stressed by change than other types as they perceive the possibilities that change offers and are invigorated by working with others to effect changes (Coetzee et al 2008). Coping strategies seem to vary according to type (Martin 2004, Warner, 2017) Idealists (intuitive-feeling types) are more likely to use emotional coping strategies in contrast to Rationals (intuitive-thinking types) (Son et al, 2015). Table 5 offers some ideas for coping strategies to deal with moderate stress but any nurse who is feeling highly stressed should seek professional help. Many healthcare organisations provide free counselling support for employees.

Managers’ own personality type can create stress for themselves as well as their team. An INTP manager may struggle to delegate tasks leaving themselves over-extended, doing tasks that those above them believe they should be passing down the line to others, and making their team feel untrusted and resentful. The INTP manager’s natural tendency to be introverted, analytical and critical, including self-critical, puts them at risk of stress-related illness. An INTJ manager may come across to their team as distant and possibly uncaring and that can mean they do not notice when members of their team are feeling stressed. An ENFP manager might seem to be constantly changing how things are done and to Idealist team members they could appear to value ‘good enough’ care over good care. Conflict management styles can also differ with personality type. Whitworth (2008) found nearly 60% of nurses preferred an accommodating conflict management style frequently accompanied by willingness to compromise or collaborate. These characteristics are particularly associated with Guardian and Artisan types. Nurses without degree-level qualifications were more likely to be competitive in their approach to conflict and prioritise their feeling preference as opposed to degree-educated nurses (Whitworth 2008) so this might be something for managers to consider particularly as new roles such as associate nurses come into effect. A good leadership quality for registered nurses is the ability to manage team conflict.

Time Out 4: Who is the best manager that you have come across? What makes them so good?

MBTI and hidden agendas

Each Myers Briggs/Keirsey temperament type has a hidden agenda – a sort of life theme or value base that underpins a lot of that person’s attitudes and behaviours (Socionics.com). The person is often unaware of this life theme. Understanding that these sub-texts exist is important as it helps explain why people sometimes seem to act out of character even if they do not appear stressed. What seems something minor may make a normally very rational type to explode. The incident, or comment, may have made that person subconsciously feel unloved; if being loved is their sub-theme, they may react out of all proportion. If someone’s hidden agenda is perfection, anyone who shows them up as less than perfect is likely to face strong resentment.

Similarly, when people make decisions, they may subconsciously prioritise the outcome that accords with their individual hidden agenda. In a family situation where a child has a serious life-threatening illness and no further hope can be offered the family, one parent might be prepared to sell the family home to seek an expensive, highly-uncertain “cure” abroad even at the expense of the financial welfare of the rest of the family because their hidden agenda of being healthy drives them. Ashya King’s parents covertly removed Ashya from hospital and drove him across Europe to access proton beam therapy which they funded through selling a home in Spain (Bridgeman 2015). According to Socionics, there are eight hidden life-themes (two types per theme) (www.socionics.com).

To be loved: ENTP & ESTP

To love: INTP & ISTP

To be healthy: INTJ & INFJ

To be perfect: ESFJ & ESTJ

To understand: ISFP & INFP

To be wealthy: ENFJ & ENTJ

To believe: ISTJ & ISFJ

To know: ESFP & ENFP

Remember also, that people have “epiphanies” – they suddenly leave their job to travel the world to ‘find themselves’ (Gilbert 2006) but whether that links to their personality type or hidden agendas is unknown as this has not been researched.

The relevance of MBTI to patient care

Nurses often struggle to understand why some patients fail to follow evidence-based health advice. Sometimes this is because the advice conflicts with the patient’s personality type. Many people are Artisan types (sensing-feeling) who are spontaneous, fun-loving people preferring to live in the here-and-now and not worry about the future (Keirsey 2008). Their timekeeping is often poor and they are late for appointments as they get distracted. If having fun means going to the pub, drinking and smoking, that is what they will do despite their diabetes. Artists may prioritise their art over controlling their bipolar disorder because their medication suppresses their creativity and leaves them feeling ‘flat’. Idealist (intuitive-feeling) types may be drawn towards alternative therapies as they believe them to be more ‘in tune’ with who they are. Allen and Brock (2000) provide a comprehensive insight into how understanding personality type can help nurses communicate with patients including breaking bad news. Research indicates that many doctors have thinking preferences with some so brusque and direct that they seem uncaring (Claes et al 2018). An important part of the nurses’s role is ensuring bad news is broken in a caring manner.

Conclusion

Learning their MBTI type can help nurses better understand themselves. This personal knowing helps them practice effectively (Carper 1978). Although other approaches to personality type testing exist, the MBTI is well-established and has been used by nurses across the world to help improve their communication and leadership skills which in turn support patient-centred care, reduce conflict, and improve team-working. Knowing their MBTI may help nurses understand their responses to stress and select coping strategies that resonate with their type.

References

Author (2017a)

Author (2017b)

Allen J, Brock S (2000) *Healthcare communication using personality type: Patients are different!* Hove: Routledge.

Bar-On R, Parker J (2000) *The Handbook of Emotional Intelligence: The theory and practice of development, evaluation, education and implementation – at home, school and in the workplace.* San Francisco: Jossey Bass Wiley

Bean C, Holcombe J (1993) Personality types of oncology nurses, Cancer Nursing, 16, pp479-485.

Black J (2018) Conflict management and team building as competencies for nurse managers to improve retention. *DNP Qualifying Manuscripts* 9. [https://repository.usfca.edu/dnp­­\_qualifying/9](https://repository.usfca.edu/dnp_qualifying/9)

Bradley-Geist J, Landis R 2012) Homogeneity of personality in occupations and organizations: a comparison of alternative statistical tests. *Journal of Business Psychology*, 27: 149-159. doi: 10.1007/s10869-011-9233-6

Bridgeman J (2015) Misunderstanding, threats and fear, of the law in conflicts over children’s healthcare: in the matter of Ashya King [2014] EWHC 2964, *Medical Law Review*, 23(3): 477-489.

Briggs Myers I. (2016) *Introduction to Type* 7th Edn.. Oxford, Oxford Pychologists Press.

Burkett L (2016) Collaborative decision making: empowering nurse leaders. Nursing Management, September: 7-10. Doi: 10.1097/01.NUMA.0000491131.60730.d3

Claes N, Storms H, Branbanders V (2018) Personality of Belgian physicians in a clinical leadership programme. *Health Services Research*, 18: 834. doi:10.1186/s12013-108-3645-1

Dungey G, Yielder J (2018) Student personality and learning styles: a comparison between radiation therapy and medical imaging undergraduate students in New Zealand. Radiography, 23:107-113. doi:10.1016/j.radi.2016.11.005

Harris J, McKay D (2018) Personality distribution of Canadian medical students: a first look. *Canadian Medical Education Journal*, 9(2):211-e19.

Gilbert E (2006) *Eat, Pray, Love*. New York: Penguin

Groothuizen J, Callwood A, Gallagher A. (2017)What is the value of values based recruirment for nurse education programmes? Journal of Advanced Nursing, 74, pp1068-1077.

Hardigan P, Cohen S (2003) A comparison of learning styles among seven health professions: implications for optometric education, The Internet Journal of Allied Health Sciences and Practice, 1, 1.

Jain V, Lall R (1996) Nurses’ personality types based on the Myers-Briggs type indicator. Psychological Report, 78: 938.

Keirsey D (2003) Temperment Type Assessment Tool. [www.keirsey.com](http://www.keirsey.com) accessed 21 June 2003.

Leary M, Reilly M, Brown F (2008) A study of personality preferences and emotional intelligence. *Leadership and Organization Development Journal*, 30(5):421-434. doi: 10.1108/0143770910968697

Lencioni P (nd) MBTI, [www.tablegroup.com](http://www.tablegroup.com)

Lipman V (2015) *The Type B manager: Leading successfully in a Type A world.* Upper Saddle River, New Jersey: Prentice Hall Press.

Luo W-J, Wu K-C, Tsau S-Y (2018) Gender stereotype of male nurse in a virtual reality game: exploring the effect of MBTI in decision-making process through game theory Proceedings of IEEE International Conference on Applied System Innovation, IEEE ICASI 2018 Meen, 418- 421.

Mallari S, Pelayo J (2017) Myers-Briggs Type Indicator (MBTI) profiling and General Weighted Average (GWA) of nursing students. Assessment, Counseling, Alumni and Placement Center.xxx

Martin C (2004) Personality type and stress: a coaching tool for effective executive functioning. Center for Applications of Psychological Type. <https://www.capt.org/products/examples/20060HO.pdf>

Maslow A (1954) *Motivation and Personality*. New York, Harper.

Moyle P, Hackston J (2018) Personality assessment for employees development: ivory tower or real world. *Journal of Personality Assessment*, 100(5), pp.507-517. doi:10.1080/00223891.2018.1481078

Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates.* London: NMC

Passmore J, Holloway M, Rawle-Cope M (2010) Using MBTI type to explore differences and the implications for practice for therapists and coaches: are executive coaches really like counsellors? Counselling Psychology Quarterly, 23(1), pp1-16.

Prasad M (2016) A test of Myers-Briggs type indicator in health professions: a literature review. *Asian Journal of Management*, 7(4): 297-306. doi: 10.5958/2321-5763.2016.00045.7

Quenk NI (1999) *Essentials of Myers-Briggs Type Indicator Assessment.* John Wiley and Sons, London.

Ramachandran V, Loya A, Shah K et al (2018) Myers-Briggs type indicator in medical education: a narrative review and analysis. Health Professions Education, <https://doi.org/10.1016/j.hpe.2019.03.003>

Roberts R (2015) ‘Myers Briggs test could enable personal and reflective journey, Nursing Times, 12th October.

Robins T, Roberts R, Sarris A (2017) Understanding how personality impacts exhaustion and engagement: the role of job demands, and job and personal resources as mediators. Australian Psychologist, 53, pp.253-262.

Saleh M, Eltahlawy E, Amer N (2016) Job satisfaction and prevalence of stress signs. International Journal of Research in Environmental Sciences, 2(5):28-35. doi:10.20431/2454-9444.0205004

Schwartz L, El-Banna, Conroy J, Browne J (2018) What’s your style? Enhanced interprofessional communication and practice using the Communication Wheel. *Nurse Educator*, 44(1): 20-24. doi:10.1097/NNE.0000000000000509

Shen S-T, Prior S, White A, Karamanoglu M (2007) Using personality type differences to form engineering design teams. Engineering Education, 2(2): 54-66. doi: 10.11120/ened.2007.02020054

Sherman R (2013) Introverts can be nurse leaders, too. American Nurse Today. 8(9): 1-2.

Son H, Lee K, Kim N (2015) Stress and ways of coping according to personality type in nursing students. Advanced Science and Technology Letters, 104: 27-62. doi: 10.14257/astl.2015.104.13

Waite R, McKinney N (2018) Personality typology: understanding your preferences and striving for team effectiveness. The ABNF Journal, Winter, 8-16.

Warner C (2017) The best methods to handle stress based on your Myers-Briggs Personality Type. Verily Yours, April 26, 2017. <https://verilymag.com/2017/04/myers-briggs-stress-management>

Wechsler S, Benson N, de Lara Machado W, D’Antona Bachert C, Gums E (2018) Adult temperament styles: a network analysis of their relationships with the Big Five Personality Model. European Journal of Education and Psychology, 11(1): 61-75. doi:10.30552/ejep.v11i1.186

Whitworth B (2008) Is there a relationship between personality type and preferred conflict-handling styles? An exploratory study of registered nurses in southern Mississippi. *Journal of Nursing Management*, 16: 921.932. doi: 10.1111/j.1365-2834.2008.00918.x

Wisser K, Massey R (2019) Mastering your distinctive strengths as an introverted nurse leader, Nursing Administration Quarterly, 43(2), pp125-129.

Table 1 Patterns of Knowing in Nursing

|  |  |
| --- | --- |
| Pattern of Knowing | Characterised by… |
| Personal knowing | Having self-understanding and empathy derived from recognising the subjectiveness of personal experience and its potential impact upon others |
| Empirical knowing | Recognising the importance of measurable, objective knowledge that can be empirically verified |
| Ethical knowing | Displaying attitudes and knowledge about moral questions and the ability to choose the right thing to do |
| Aesthetic knowing | Developing the intuitive knowledge that comes from experience and expertise coupled with an awareness of relating to the ‘here and now’ including the uniqueness of the patient and their circumstances |
| Unknowing | Being open to recognising that limits exist to own knowledge and that of others and being prepared to address areas of unknowing |
| Organisational knowing | Understanding their employing organisation’s systems, processes and hierarchies to navigate successfully around barriers to good patient care |
| Socio-political knowing | Understanding the power structures within the political, social and economic world that constrain healthcare delivery and whose voices tend to be heard |
| Emancipatory knowing | Recognising the differing patterns of knowing, critiquing them and using critical reflection and leadership abilities to develop nursing praxis and transform care |

Table 2: MBTI dichotomies of psychological type and attitude

|  |  |  |  |
| --- | --- | --- | --- |
| Psychological Type |  | Abbreviations |  |
| Extraversion: focuses on the external world and things; gains energy from being with others | E/I | Intraversion: focuses more on their inner world of ideas and impressions; recharges their batteries by alone time |
| Sensing: gains information from facts and their own five senses; focuses on the present | S/N | Intuition: gains information intuitively, looking for patterns and relationships; focuses on the future |
| Psychological Attitude | Feeling: makes decisions with the heart, applying emotion, personal and social values, seeking to understand others and be harmony with them | F/T | Thinking: makes decisions with the mind using analysis, theory and logic; pride themselves on their detachment and objectivity |
| Judging: values decisiveness, organisation, plans and closure; decisions need to be made in order to take action | J/P | Perceiving: values spontaneity and flexibility: likes to keep decisions fluid and changeable |

Table 3: Characteristics of different MBTI types

|  |  |  |  |
| --- | --- | --- | --- |
| Keirsey Group | MBTI  Type | Keirsey Nickname | Descriptor |
| Guardian  They focus on duties and responsibilities. They are drawn to what they can keep an eye on and take good care of. They consider it is important to obey rules and respect the rights of others.  Comprise  45-50% of the UK population | ESFJ | Provider | ESFJs are family-oriented and tend to be warm-hearted, conscientious workers who value good team-working and cooperation with others. They are loyal, hard-working and will always try to deliver on promises. They focus on completing tasks correctly and in a timely manner. They see people’s needs and gain satisfaction from helping address those needs. They like people to acknowledge their contributions to their family, team and work environment and happy to prompt such acknowledgments. |
| ESTJ | Supervisor | ESTJs are very practical, matter-of-fact people who are great organisers and very detail-focused. Their goal is getting results and they can be very decisive in trying to get things done efficiently. They like systems and rules which they will follow rigorously and expect others to do the same. They can be very forceful when implementing their plan to achieve their goals. They want people to respect them for their managerial abilities. |
| ISFJ | Protector | ISFJs are quiet but friendly types who take on responsibility as part of protecting others. They value order and harmony at home and work. They are conscientious workers, committed and painstaking. They strive to ensure their work is competent and correct. They value loyalty and people being considerate in their demands. They remember specific details about people and are focused on how others feel. They like people to acknowledge their contributions to their family, team and work environment but are often ‘unsung heroes’ |
| ISTJ | Inspector | ISTJs are quiet, serious, dependable types whose work is characterised by thoroughness and a sense of responsibility. They are practical and logical in calculating what needs doing and how to do it. They can be seen as ‘cold’ because they ignore distractions in order to impose order on what they see as chaos. This can lead others to deliberately disorder things as a prank. They want to be valued for their attention to detail and rule following but are often seen as ‘jobsworths’. |
| Idealist  They focus on what they hope and imagine might be possible for themselves and other people. They want to act morally. They are always trying to reach their goals without compromising their personal values.  Comprise  10-14% of the UK population | ENFJ | Teacher | ENFJs are warm, intuitively-empathetic, responsible, loyal types who understand how others are feeling and what motivates them. As idealists, they live in the world of possibilities and want to help people achieve their full potential. They facilitate individuals and groups to become the best they can be. They are very sensitive to criticism from others and want to be valued for their inspirational leadership. |
| ENFP | Champion | ENFPs are warm, enthusiastic, imaginative types who see the world as full of possibilities. They are fluent persuaders due to their ability to read people and situations very quickly and improvise on the spot. They value their spontaneity and flexibility greatly but may struggle to make decisions when all possibilities seem attractive. They freely praise others but have a strong need for praise and affirmation from others. |
| INFJ | Counsellor | INFJs are insightful and seek to understand what motivates people. They look for connections between ideas, relationships and situations. Their internal value system is very important. They are conscientious, organised workers with a strong belief system about the importance of being of service to others. They become distressed when their values are rejected. They want their vision of the common good to be accepted and supported rather than needing personal praise. |
| INFP | Healer | INFPs are idealistic and want to be fulfilling their vocation rather than merely having a job. They use their curiosity to understand and help people. They are open to possibilities and act as catalysts for implementing new ideas or ways of working. They need congruence between their employer’s values and their own. They are generally adaptable and accepting unless their values feel threatened. Being praised for having ‘a true vocation’ makes them feel great. |
| Rational  They focus on what new problems intrigue them and what new solutions they can envision. They are always pragmatic and act as efficiently as possible to achieve their objectives. They will ignore arbitrary rules and conventions if need be.  Comprise  8-10 % of the UK  population | ENTJ | Fieldmarshall | ENTJs take on leadership roles very readily. They are decisive and often brutally frank in their assessments of people and situations which will upset feeling types. They are intellectually curious which develops high knowledge levels. They hate inefficiency and illogicality whether in people, procedures or policies. They take the long vision and are very strategic in designing solutions and achieving their goals. They care little about how others see them. Praise is best expressed in monetary terms. |
| ENTP | Inventor | ENTPs are quick-thinking, ingenious types who love inventing solutions to challenging problems. They love the world of concepts and strategy. They tend to be outspoken but are good at reading others. They are quickly bored and will change routines or interests just for the sake of addressing their boredom even if something is working well. They like others to recognise their inventiveness and unpredictability. |
| INTJ | Mastermind | INTJs are highly analytical with original minds and ways of thinking. They quickly see patterns across concepts, fields of practice and events then develop explanations and theories. Their independence is prized. They expect high levels of competence and performance from themselves and others. Micro-managing threatens their autonomy and their behaviour can become challenging. Respecting their intellect and giving them freedom will gain a very loyal employee. |
| INTP | Architect | INTPs are driven to creating structure by developing logical explanations for what interests them. They tend to favour the theoretical, abstract world of ideas more than social interaction and often unusually focused on problem solving. They are usually quiet, self-contained people but their ability to perceive possibilities means they are flexible, adaptable employees. They are always analytical and sometimes critical. Having their explanatory model published brings them quiet satisfaction. |
| Artisan  They focus on what they see right in front of them and what they can get their hands on. They will do whatever works and whatever gives a quick, effective payoff. They are happy to bend the rules.  Comprise  25-35% of the UK  population | ESTP | Promotor | ESTPs are flexible, tolerant, results-focused pragmatists who live in the present rather than thinking about future possible difficulties. They value ‘good enough’ over perfect. They focus on doing and learn by experimenting or pushing buttons to see what happens rather than considering theories or reading the instruction manual. They are energetic, spontaneous, enjoy material comforts and want to enjoy life. They appreciate being praised for their spontaneity and sense of fun. |
| ESFP | Performer | ESFPs are exuberant, friendly, outgoing, spontaneous types. They love life, people, comfort and enjoy working with others to make things happen. They are realists so although they make work fun, they also bring common sense. They adapt readily to new people and situations and like improvising. They want their performance applauded at the time as next time it might not be as good. |
| ISTP | Crafter | ISTPs are tolerant and flexible types who will observe quietly until a problem appears. They will then act fast to identify workable solutions. They are more analytical than other Artisans and examine what works and why to get to the root of practical problems. Root cause analysis is natural to them. They organise facts logically and value efficiency. They want their solutions implemented and the effectiveness acknowledged. |
| ISFP | Composer | ISFPs are sensitive, kind, quiet types. They are friendly, loyal and committed to the values and people who are important to them. They need their own space and freedom to work to their own time frame. They enjoy the present moment and what is happening around them. They like harmony so do not force their opinions or values on others. Disagreements and conflict distress them. Being praised for their team-working and ability to create ‘beautiful music’ together is their idea of joy. |

Table 4: Type and management style

|  |  |
| --- | --- |
| Type | Management style |
| ESTJ | authoritative, and results-oriented |
| ISTJ | decisive, rule oriented |
| ESFJ | personal, decisive yet soft |
| ISFJ | caring yet rule-oriented |
| ENFJ | more democratic, people-oriented |
| INFJ | cause-oriented, quiet, potential-focused |
| ENFP | energetic, empathy-oriented, outgoing |
| INFP | very caring, withdrawn, yet participative |
| ESTP | pragmatic and expedient |
| ISTP | action-oriented and pragmatic |
| ESFP | easy going yet very expedient |
| ISFP | more understanding and ‘human’ |
| ENTJ | visionary, action-oriented, decisive |
| INTJ | autonomous, independent, hard to read |
| ENTP | communicative, general, autonomous |
| INTP | unnatural delegaters, up-front, distant |

Table 5: Type, indicators of stress and coping strategies (drawing on Martin 2004 and Warner, 2017)

|  |  |  |
| --- | --- | --- |
| Type | Indicators of stress | Coping strategies |
| ESTJ | Critical of others, intolerant of rule-breaking, emotional outbursts | Talk about your worries with trusted people |
| ENTJ | Critical of others, impatient, insensitive, emotional outbursts | Turn to a trusted person for reassurance and a reality check |
| ISTJ | Withdrawn, irritable, stubborn and over-focused on details | Write a ‘to do’ list then eliminate some items |
| ISFJ | Withdrawn, irritable, stubborn and over-focused on details | Share how you feel with supportive people |
| ESFJ | Over-focused on people’s feelings, inflexible, black and white thinking | Focus on achievable tasks |
| ENFJ | Over-focused on people’s feelings, inflexible, black and white thinking | Focus on your own needs rather than solving other people’s crises |
| INFJ | Withdrawn, perfectionist, over-focused on low priority tasks | Remember life is not perfect and you cannot control everything |
| INTJ | Withdrawn, perfectionist, over-focused on low priority tasks | Set time aside to plan and deal with worries |
| ENFP | Overactive, overflowing with ideas however impractical, picky | Delegate tasks and try guided imagery to slow down and relax |
| ENTP | Overactive, overflowing with ideas however impractical, picky | Try deep breathing exercises to calm yourself |
| INFP | Withdrawn, hyper-sensitive, avoids action, critical of others or self | Find a new, and achievable, project that inspires you |
| ISFP | Withdrawn, hyper-sensitive, avoids action, critical of others or self | Engage with your creative side with an art project |
| ESTP | Over-talkative, over-sharing, doom-mongering, increased pleasure seeking | Review the ‘to do’ list and focus on meaningful activities |
| ESFP | Over-talkative, scattered, pessimism, increased pleasure seeking | Exercise, read a book, go for a walk, focus on the here and now |
| ISTP | Withdrawn, irritable, insensitive, focused on being busy, forgetful | Stand up straight, rebuild confidence with easy-win tasks |
| INTP | Withdrawn, over-thinking and not acting, forgetful, emotional outbursts | Listen to calming music and reflect on your emotions |

Learning Points

1. The Myers-Briggs Type Indicator (MBTI) can help nurses to understand themselves better.
2. A person’s MBTI type is linked to their behaviour, how they communicate and what they consider is important.
3. There are 16 different MBTI types. These fit into four groups: Guardians, Artisans, Idealists and Rationals. The groups are unevenly distributed across the population.
4. People’s MBTI type influences how they manage their teams.
5. A person’s MBTI influences how they behave when feeling stressed and can influence the type of coping strategies that are effective.

Relevance to The Code

The Nursing and Midwifery Council (NMC) Code (2018) requires nurses to prioritise people as well as practice effectively. Having insight into your own personality type and knowing yourself better could help you be a more effective nurse. It can help you be aware of how your behaviour can affect and influence the behaviour of other people and how you can be affected by others.