

Personality Disorders among Medical Professionals

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ABSTRACT:

There is an increase in the amount of conversation surrounding “toxic” environments within many workplaces today, and efforts to bring about a radical change in workplace policies that have let destructive and egotistic individuals survive and succeed in highly competitive posts. Individuals that are part of an environment contribute to its culture and toxicity is a result of an accumulation of negative behaviors dictated by negative personality traits. It is our observation that such traits are very common amongst our very own medical community. Doctors and nurses bear the same modicum of human folly as the rest of this world, though they are loath to admit their vulnerabilities to anyone, including themselves.

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Studies done previously on negative behaviors amongst physicians have made use of a broad term i.e. “disruptive behavior”. The American Medical Association describes this as “personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care,”¹ and the Joint Commission definition includes all “behaviors that undermine a culture of safety.”² A study of physicians reported for disruptive behavior within the workplace found that several of these physicians, in fact, met criteria for psychiatric diagnoses, such as mood disorders, adjustment disorders, personality disorders, and anxiety disorders.³

We have worked with plenty of physicians on whom we can juxtapose the textbook traits of narcissistic personality disorder. While this may be a big label to adorn someone with, we do encounter some of our colleagues entertaining discernably arrogant and entitled proclivities. They will always provide to anyone listening, an inflated account of their accomplishments, and carefully curate a self-congratulatory image of themselves in which they are impeccable and capable of absolutely no mishap or even an occasional misjudgment. If the situation demands it, they will throw a colleague under the bus without much empathy. However, a study done by Bucknall and colleagues shows that there is hope. The study compared 3 dark triad personality traits (narcissism, Machiavellianism, and primary psychopathy) in the general population to those in individuals from the healthcare systems through validated self-reported personality questionnaires. The results showed that the health care group had lower mean scores for dark triad traits than the general population.⁴ However, a lack of insight among narcissistic individuals can undermine the

validity of a questionnaire-based study.

Another personality trait commonly noticed is obsessive-compulsive personality disorder. The WHO recognizes OCPD as a personality disorder with prominent anankastic features (anankastia) in the ICD, with symptoms reflecting an excessive conscientiousness, scrupulousness, and undue preoccupation with productivity to the exclusion of pleasure and interpersonal relationships.⁵ They strive towards an uncompromising ideal of perfectionism and tend to micro-manage the smallest of tasks and have trouble delegating responsibility. They too, like narcissistic individuals, are unable to exercise empathy towards their co-workers and exhibit rigid thought patterns that translate into an inflexible attitude in the workplace. These individuals also may be relentlessly addicted to their work and thus are more prone to burn-out and its adverse consequences.⁶ Similarly, traits indicative of paranoid personality disorder or avoidant personality disorder are also observed among medical professionals, which interfere with their thought patterns, behavior, and daily functioning.

Many models of personality traits exist, including Gordon Allport's list of 4,000 personality traits, Raymond Cattell's 16 personality factors, and Hans Eysenck's three-factor theory.⁷ Psychoticism is a dimension of personality in Eysenck's dimensions characterized by aggression, impulsivity, aloofness, and antisocial behavior. Most contemporary psychology focuses on the five-factor model also known as the Big Five developed in 1949. The five broad personality traits this model is comprised of are extraversion, agreeableness, openness, conscientiousness, and neuroticism.⁸ Neuroticism is characterized by sadness, moodiness, insecurity, anxiety and irritability.

Neuroticism and psychoticism could be associated with lower work performance among medical individuals. In studies on the general population, employees falling in the neuroticism group of the Big 5 personality traits, had lesser interactions in the workplace, compared to emotionally stable employees. They were also less attentive and had lower job

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satisfaction.⁹ A study observing national differences for thirty-seven nations in extraversion, neuroticism, psychoticism, and their correlation with per capita incomes and other variables (suicide, homicide, and alcoholism) revealed that neuroticism was significantly correlated with Hofstede anxiety scores ($r = 0.50$, $P < 0.05$). Hofstede anxiety was also significantly correlated with alcoholism ($r = 0.52$, $P < 0.05$). The study further showed that there was a significant negative correlation between psychoticism and work ethic ($r = -0.48$, $P < 0.05$). Per capita income was significantly negatively correlated with competitiveness ($r = -0.48$, $P < 0.05$).¹⁰

There is no robust data available on the exact prevalence of personality disorders within the medical community, and one may argue whether there is any need for detailed researches regarding the subject. After all personality is mostly shaped during childhood and there is little one can do about it once developed

To answer the above, awareness about maladaptive personality types could be used to help physicians and nurses become more self-aware regarding their personal characteristics. One can also better understand the impact personality traits have on other life indicators, such as success in social

Robinson OC. On the social malleability of traits: Variability and consistency in Big 5 trait expression across three interpersonal contexts. *Journal of Individual Differences*. 2009 Jan;30(4):201-8., and professional contexts¹². Also while personality traits tend to be fairly consistent over short periods of time, they can be changed through deliberate effort. A study conducted on a personality change coaching program showed that there was a significant positive change in participant selected facets, with gains maintained three months later suggesting that a structured personality change coaching program may facilitate beneficial personality change in motivated individuals.¹³

There is a need for open and evidence-based discourse on the topic of difficult personality traits within our hospital environments as a hospital system thrives on mutual understanding, respect, and cooperation amongst individuals. Instead of expecting employees to adjust themselves around a toxic work culture, there is a greater reward to be reaped by changing the culture altogether and making it better and fairer for all.

Authors Contribution:

Henna Fatma: I state that I have made a (direct, intellectual) contribution to the conception, design, analysis and/or interpretation of data

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