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Personality Type & the SLP’s Employment Setting: Is There a Pattern?

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Personality Type & the SLP’s Employment Setting: Is There a Pattern?

A Thesis Presented to

The Graduate Faculty of

Minnesota State University Moorhead

By

Ashley Ann Schurr

In Partial Fulfillment of the

Requirements for the Degree of

Master of Science in

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Thesis Abstract

The purpose of this study was to determine if there is a pattern in the practicing SLP’s personality type (similar to the Myers-Briggs Type Indicator) and the employment setting the speech-language pathologist currently works in. Speech-language pathologists across the U.S. who hold the certificate of clinical competence (CCC) were surveyed, being randomly selected from the American Speech-Language Hearing Association (ASHA) mailing list. Due to low response rate, data was then gathered in an alternate way, through ASHA Special Interest Groups (SIGs). Data was analyzed as two separate data sets, then combined for a n=321. Combined data showed that top personality types in the sample were ESFJ and ISFJ, both representing 20% of the sample. Results indicated that there was a wide spread of personality types in each of the possible work settings, showing variation of personalities in the profession. Extrovert types were more common in the health care and college/university setting, while introvert types were more common in the education, private practice and telepractice setting. ESFJ was most common in health care and private practice, while ISFJ was most common in educational settings (K-12, early intervention, preschool). The findings of this study will be useful to guide future research, as well as the future of the field of speech language pathology.

Keywords: speech-language pathologist, work setting, personality type, Myers-Briggs
ACKNOWLEDGEMENTS

I would like to thank Dr. Vossler for being curious about personality types and how they relate to our field, inspiring this project, as well as answering every question I thought to ask throughout the writing process. I’m sure it wasn’t easy at times! Special thanks also to my committee, Dr. Drake, Mrs. Mehrhoff, and Dr. David Paul for supporting my research and giving their input.

My family also deserves a huge thank you. Each and every one of you gave input, advice, and calming words throughout my thesis writing and graduate school as a whole. Thank you for inspiring me and allowing me to believe I could be anything I wanted to be when I grew up.

A final thank you to everyone at MSUM and beyond who showed interest or helped with this thesis in any way, including my cohort, professors, friends and family members.
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ASHA MAILING LIST SAMPLE

SIG DATA

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Chapter One

Introduction

A speech language pathologist (SLP) is a professional who works in the areas of communication and swallowing disorders for those of all ages. The SLP collaborates with other professionals, counsels patients and caregivers, and addresses prevention and wellness. The SLP also screens, assesses, treats, and assists patients in deciding what modality of communication is best. The SLP is aware of the best and most current instrumentation in the field (American Speech-Language Hearing Association, 2016). There are, as of 2014, 135,400 practicing speech language pathologists within the United States, with a projected 164,300 needed by 2024. This growing need is projected to help the baby-boomer population as they age as well as the improving rate of survival for premature infants, who may benefit from speech therapy services (United States Department of Labor, 2014).

Speech language pathologists can work in a variety of settings, including educational settings like early intervention, preschools, K-12 schools, and universities. Health care settings are also common, such as hospitals, residential health care facilities, and private practices. Other areas include corporate speech-language pathology, or local, state or federal government agencies (American Speech-Language-Hearing Association, n.d.a). Working within these different settings may require different skill sets across disorder type, setting, and age of client.

Previous research has suggested that there is a relationship between certain personality qualities and choice of occupation (Bean & Holcombe, 1993). The Myers-Briggs Type Indicator (MBTI) is a way to assess personality type based on perception and judgement of the world around them, assessing how different people use their skills in different ways. The MBTI is a forced choice inventory that addresses how individuals gather energy, gain information, make decisions, and deal with the outer world, resulting in sixteen possibilities of a four letter “type”
PERSONALITY TYPE AND SLPS’ EMPLOYMENT SETTING

(Myers & McCaulley, 1995). Since its creation, numerous free versions of “type indicators” have been created that yield similar results. Personality type indicators have been implemented in marriage counseling and coaching, early learning, learning styles, and occupations (Myers & Myers, 1995). Speech language pathologists’ most common personality types include ISFJ (introvert-sensing-feeling-judging) and ESFJ (extrovert-sensing-feeling-judging) (Macdaid, McCaulley & Kainz, 1995). ISFJs are commonly called “the defender” and are categorized as being warm, empathetic, and being good listeners. They likely enjoy a non-threatening environment and valuing fairness. ESFJs are referred to as “the consul” and are energetic, empathetic, joyful, enjoy being with others, and value unity and agreement (Demarest, 1997).

Throughout the literature, there are numerous studies reporting specific occupations and their distribution of personality types. Studies also compare personality type within an occupation against other factors, including but not limited to: Baran’s 2005 research on Illinois dentists, MBTI, and burnout, Whitworth’s (2008) study of personality types of registered nurses in southern Mississippi and conflict-handling styles, and Smoke and Sale’s 2006 study addressing personality types of radiation therapists and quality of work-life. It may be helpful for the 164,300 SLPs needed by 2024 to learn what settings might be a better fit. It would also be helpful to know what the personality types of practicing speech-language pathologists are within the different work settings that an SLP can hold employment in. Since SLPs work with different age groups in varying settings, finding a possible trend within personality will only improve the field. To meet this purpose, this paper presents the results of a survey that addressed research question: “Is there a relationship between the personality type (similar to that of the MBTI) of current practicing SLPs in specific employment settings?”
The purpose of this literature review is to review the results of previously conducted studies and published articles in speech therapy, the Myers-Briggs Type Indicator (MBTI) and those similar, and application of personality type within individual occupations. This review will assist in giving insight to the importance of conducting research on the relationship between practicing speech-language pathologists' personality types and the setting in which they work.

**Problem**

Research has suggested that there is a relationship between certain personality qualities and choice of occupation (Bean & Holcombe, 1993). In current literature, personality type is often assessed using the Myers-Briggs Type Indicator (MBTI). Evidence is available investigating burnout, conflict handling, quality of work-life, and other factors in specific employment areas, addressing personality type within those analyses (Baran, 2005; Norton, 2014; Smoke & Sale, 2006; Whitworth, 2008). Since no studies found or reviewed by the researcher have dissected specialized fields or examined specific personality types in terms of where they might be employed, this review of the literature will address information already discovered and needs in the field. In order to help identify some of the employment environments and vocational requirements faced by SLPs, the next sections will define communication, communication disorders, and the role of the SLP. Following those sections, the review will transition to a discussion of the current research related to personality types.

**Communication Disorders**

Communication is the means by which information is transmitted between a sender and receiver. This can be done through gestures, posture, movement, or verbal language, which is often the preferred method. Language is often shared through speech, the individual sounds of
language that a society recognizes (Plante & Beeson, 2008). The American Speech-Language-
Hearing Association (1993) defines a communication disorder as an inability to “receive, send,
process, and comprehend concepts or verbal, nonverbal, and graphic symbol systems. [It] may
be evident in the process of hearing, language, and/or speech [ranging] in severity from mild to
profound” (para. 2). A communication disorder may be acquired or congenital and affect
different people and their lives in different ways (American Speech-Language-Hearing
Association, 1993).

Disorders may arise in the areas of speech, language, social communication, cognitive
communication, swallowing, hearing, central auditory processing, or be defined as a
communication difference (American Speech-Language Hearing Association, n.d.b.; American
Speech-Language Hearing Association, 1993). Speech disorders may arise when a person has
a difficulty with their production of speech sounds, has a fluency disorder (such as stuttering), or
has problems with resonance. Language disorders can be expressive in nature, when the
person struggles to share their own thoughts or feelings, or be caused by receptive deficits, in
which the person has a trouble comprehending what they hear. Language deficits may also
appear when the person is trying to think of content to say, figuring out how to organize their
intended message, or identifying the social area in which it is appropriate to share particular

Social cognitive disorders can result in the inability to greet, comment, ask appropriate
questions, take turns, or tell stories. Social communication disorders often are seen with people
who have autism or have experienced a traumatic brain injury (TBI). People with cognitive
communication inadequacy have problems organizing thoughts, paying attention, or problem
solving. These symptoms may be present following a stroke, traumatic brain injury, or with a
dementia diagnosis. Swallowing disorders are present when there is a feeding or swallowing
difficulty, which may result from a stroke, TBI, or injury (American Speech-Language Hearing
Association, n.d.b). Communication disorders can also involve auditory input, in which a person
is deaf or hard of hearing and needs assistance in communicating. This could be assisted either through American Sign Language (ASL) or using auditory and verbal methods. Central auditory processing is a deficit in the ability to process auditory stimulus with the presence of typical hearing. SLPs may also assist with communication differences. Communication differences refer to dialect, in which there is a variation in the way a person uses language that is shared by a culture or region. An accent can be a communication difference as well.

Augmentative/alternative communication is also a communication variation, in which a person is unable to share their thoughts verbally and uses symbols, pictures, or specialized technology to communicate (American Speech-Language-Hearing Association, 1993).

**Speech-Language Pathologists**

A speech-language pathologist (SLP) is a professional who works in the areas of communication and swallowing disorders for all ages, from newborns to end of life care. A student in speech pathology must complete a bachelor’s degree in the area of communication disorders, plus a master’s degree or doctoral work. They are also required to complete at least 400 clinical hours of direct experience in the master’s program. It is then expected that the SLP obtain their Certificate of Clinical Competence (CCC-SLP) after a clinical fellowship year, during which they work in the field being advised by a certified speech language pathologist (American Speech-Language Hearing Association, 2016; Plante & Beeson, 2008).

Within the disorder areas, the American Speech-Language Association (2016) has identified eight domains of service delivery: collaboration, counseling, prevention and wellness, screening, assessment, treatment, modalities, technology, instrumentation, and population and systems. The practicing SLP is expected to empower the individual and provide support when necessary, giving the client strategies and educating communication partners to help him or her succeed in communication. The SLP is also expected to use suitable screening and assessment instrumentation for different diagnoses, implement proper treatment, be aware of different instrumentation available and who it can assist in the best manner, and have useful
people skills to address others to communicate needs of their clients and families (American Speech-Language-Hearing Association, 2016).

According to the most recent occupational outlook handbook from the U.S. Department of Labor Statistics (2014), there are 135,400 speech-language pathologists employed in the United States. It is projected that by 2024, 164,300 SLPs will be needed (U.S. Department of Labor, 2014). SLPs are in high demand, working part time, full time, or on a “as needed” basis. The SLP is often part of a team, working with teachers, audiologists, doctors, social workers, occupational therapists, physical therapists, medical doctors, and others (American-Speech-Language-Hearing Association, n.d.b). Fifty-six percent of speech-language pathologists are employed in the education setting, with 53% of that group in schools and the other 3% in colleges and universities. When working in early intervention, preschool, and K-12 schools, the SLP provides multiple services, including but not limited to: conducting evaluations, interacting with children with a full range of disabilities, working with the general educators and special educators to develop learning strategies, collaborating with parents and other professionals, writing annual reports, developing Individualized Family Services Plans and Individual Education Plans, as well as other tasks. At the university level, speech language pathologists may take part in research, teaching, or clinical supervision for students (American-Speech-Language-Hearing Association, n.d.a).

Thirty-nine percent of speech-language pathologists work in health care settings. Thirteen percent of that group is in hospitals, diagnosing communication disorders or swallowing problems, working as part of a team to treat patients, counseling patients and families, and educating others on communication services. Residential health care facilities and nonresidential (outpatient health care) facilities also require SLPs to assist their patients with early intervention programs. One fifth (19%) of speech-language pathologists are affiliated with private practice. While some SLPs may work part or full time at a private practice, other SLPs own their own practice, allowing themselves to make decisions about their schedules or how
many clients they see. Other options for worksites in speech therapy include corporate speech-language pathology or local, state and federal government agencies, as well as telepractice (American Speech-Language-Hearing Association, n.d.a).

Gathered from the information above, it is evident that speech pathology is a needed occupation with influence in education, healthcare, and other fields. Those who work in the field of speech-language pathology are often said to be caregivers. SLPs use people skills and empathy to understand and counsel their clients while improving communication abilities for those they serve. Therefore, it is warranted to discuss personality type, as well as how it relates to occupations and the field of speech language pathology.

**Personality and the Myers-Briggs Type Indicator**

Human beings differ in how they interpret or relate to their world. The way a person intuitively does so is said to mirror their individual personality (Boyd & Brown, 2005). Multiple theories have, throughout history, tried to identify reasons in which people act the way they do. Carl Jung’s theory was developed on the idea that a person’s behavior is predictable and consistent. He argued that there is discrepancy in the way people perceive, or become aware of stimulus in their environment, and the way people judge, or come to conclusions about what they have perceived. This perception and judgement is often patterned. Jung believed that if people consistently differed in the way they assess and make conclusions about their environment, they would differ in their reactions, morals, motivations, and leisure activity (Myers & McCaulley, 1995).

The Myers-Briggs Type Indicator (MBTI) is based on Carl Jung’s theory about perception, judgement, and the way people use their skills differently (Myers & McCaulley, 1995). Kathleen Briggs and Isabel Briggs Myers, a mother-daughter team, wanted to make Jung’s theory more functional to people’s everyday lives (Moore, 1987). Isabel was interested in the nursing population because she believed that a type identification was important for those who had other people’s lives in his or her hands (McCaulley, 1980). It was suggested that type
indication would help individuals deal with change in a positive way and work together in teams (Allen, 1994). The aim of the MBTI is to determine the basic preference of people in terms of perception and judgement and recognize patterns in reaction to put to practical use (Myers & McCaulley, 1995).

The MBTI, and personality indicators like it, are a forced-choice inventory based on the theory that “seemingly chance variation in human behavior is not due to chance; it is in fact the logical result of a few basic, observable preferences” (Myers & McCaulley, 1995, p.11). The questions asked give participants a 4 letter “type”, based off of four dichotomies. The first dichotomy in the Myers-Briggs Type Indicator addresses is how individuals gather energy and show interest in their outer and inner worlds – introversion or extroversion. The EI (extrovert-introvert) preference tells if a person focuses on the outer world or on the internal world of ideas (Myers & Myers, 1995). An extrovert is often more involved with the outside world, dealing with people and things. Energy is gathered from others and talking is how an extrovert works out their ideas. Introverts have interest in their inner world, thinking of their own concepts and ideas. Energy is gathered from time alone in quiet places. These individuals seem private and contained, but rather enjoy deep conversions instead of small talk (Demarest, 1997; Myers & Myers, 1995). Individuals in America were 76% extrovert and 24% introvert (Demarest, 1997).

Jung also stated that there are two ways of perceiving. The MBTI assesses these preferences of perception, how people gather information, defined as either sensing or intuition (SN) (Myers & Myers, 1995). Those who are sensing appreciate gathering information through their five senses in a literal and concrete way. Focus is often on the present moment and sensing individuals appreciate predictability. People who prefer intuition gather information through hunches and value imagination, usually choosing to be more general and figurative. Creativity and focus on the endless possibilities the future holds is regularly an interest. In the American population, 73% of people are sensing and 26% are intuitive (Demarest, 1997).
When addressing how individuals make decisions, the dichotomy is between thinking or feeling (TF) (Myers & Myers, 1995). The thinking type enjoys logistics, thinking about cause and preferring things to be black and white. Decisions are made in a logical, rational manner (Demarest, 1997). Thinkers may have strong analytical ability and are concerned with fairness. Feelers make decisions on an individual basis, doing what is right based on personal and group values (Myers & McCaulley, 1995). They enjoy recognition and positivity for their work. It is said that thinkers make decisions from their head; feelers make decisions from their heart. The American population is reported to be 50% feeling and 50% thinking (Demarest, 1997).

The final dichotomy addressed is judgement or perception (JP), based on how the individual handles the outer world. This category was described in detail in Jung’s work, and is essential to the MBTI. Those who are determined as judging appreciate making decisions, planning, and organizing structure into their lives. These people take deadlines seriously, and enjoy feeling purpose in whatever they do. Perceivers love surprises and are adaptable, often waiting until the final moments to complete a task. They are open to new information and are open to changes in plans. The American population is split 50% and 50% for this category (Demarest, 1997).

It is important to remember that the MBTI was designed to give information on preferences of interacting with the world and others. It sorts people into types, but does not measure ability in any way (Allen, 1994). The individual uses both parts of each dichotomy to a certain extent; the MBTI shows which preference the individual will show tendency toward (Carmen, 2003).

**MBTI Personality Type**

The Myers-Briggs Personality Indicator results in a four letter type based on the four dichotomies. There are sixteen possible types as shown in the chart below (Table 1) with specific traits (Myers & McCaulley, 1995, p. 20-21; Norton, 2014). Frequency compared to the
population in the United States is also indicated, as drawn from The Myers & Briggs Foundation (2002). See Appendix A for a more complete description of individual personality types.

Table 1. Personality Types in the United States.

<table>
<thead>
<tr>
<th>Personality Type</th>
<th>Characteristics</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ISTJ</strong></td>
<td>Hard-working</td>
<td>11.6%</td>
</tr>
<tr>
<td></td>
<td>Thorough</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Responsible</td>
<td></td>
</tr>
<tr>
<td><strong>ISFJ</strong></td>
<td>Conscientious</td>
<td>13.8%</td>
</tr>
<tr>
<td></td>
<td>Loyal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dedicated</td>
<td></td>
</tr>
<tr>
<td><strong>INFJ</strong></td>
<td>Insightful</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>Inspiring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Creative</td>
<td></td>
</tr>
<tr>
<td><strong>INTJ</strong></td>
<td>Independent</td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td>Individualistic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Visionary</td>
<td></td>
</tr>
<tr>
<td><strong>ISTP</strong></td>
<td>Pragmatic</td>
<td>5.4%</td>
</tr>
<tr>
<td></td>
<td>Realistic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adaptable</td>
<td></td>
</tr>
<tr>
<td><strong>ISFP</strong></td>
<td>Low-key</td>
<td>8.7%</td>
</tr>
<tr>
<td></td>
<td>Flexible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Modest</td>
<td></td>
</tr>
<tr>
<td><strong>INFP</strong></td>
<td>Original</td>
<td>4.4%</td>
</tr>
<tr>
<td></td>
<td>Values focused</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Caring</td>
<td></td>
</tr>
<tr>
<td><strong>INTP</strong></td>
<td>Analytical</td>
<td>3.3%</td>
</tr>
<tr>
<td></td>
<td>Intellectual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ingenious</td>
<td></td>
</tr>
<tr>
<td><strong>ESTP</strong></td>
<td>Action Oriented</td>
<td>4.3%</td>
</tr>
<tr>
<td></td>
<td>Energetic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Realistic</td>
<td></td>
</tr>
<tr>
<td><strong>ESFP</strong></td>
<td>Friendly</td>
<td>8.4%</td>
</tr>
<tr>
<td></td>
<td>Outgoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enthusiastic</td>
<td></td>
</tr>
<tr>
<td><strong>ENFP</strong></td>
<td>Lively</td>
<td>8.1%</td>
</tr>
<tr>
<td></td>
<td>Charismatic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Encouraging</td>
<td></td>
</tr>
<tr>
<td><strong>ENTP</strong></td>
<td>Perceptive</td>
<td>3.2%</td>
</tr>
<tr>
<td></td>
<td>Adaptable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clever</td>
<td></td>
</tr>
<tr>
<td><strong>ESTJ</strong></td>
<td>Logical</td>
<td>8.7%</td>
</tr>
<tr>
<td></td>
<td>Directive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Directive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Organized</td>
<td></td>
</tr>
<tr>
<td><strong>ESFJ</strong></td>
<td>Helpful</td>
<td>12.3%</td>
</tr>
<tr>
<td></td>
<td>Warm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cooperative</td>
<td></td>
</tr>
<tr>
<td><strong>ENFJ</strong></td>
<td>Warm</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>Supportive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friendly</td>
<td></td>
</tr>
<tr>
<td><strong>ENTJ</strong></td>
<td>Energetic</td>
<td>1.7%</td>
</tr>
<tr>
<td></td>
<td>Assertive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confident</td>
<td></td>
</tr>
</tbody>
</table>

**Occupations and the MBTI**

Numerous studies have been conducted to assess the personality type trends in different occupations, using a quantitative, cross-sectional design (Baran, 2005; Bean & Holcombe, 1993; Baggs, 2013; Boyd & Brown, 2005; Carmen, 2003; Norton, 2014; Smoke & Sale, 2006; Whitworth, 2008). Myers and Myers (1995) report that life is influenced by the type of occupation one chooses, and can be determined in part by personality type. A pattern that the authors noticed was that ESFJ, the warmest sensing type, often is in service to others in some form or another. The type of occupation someone holds is supported by the SN
preference, the way in which people gather information. Sensing personalities are “drawn to occupations that let them deal with a constant stream of facts, whereas intuitives like situations in which they look at possibilities” (Myers & Myers, 1995, p. 150). The next preference to keep in mind is TF dichotomy, which explains the way people make decisions and judgements. Thinking types are more likely to prefer skillful tasks and deal with inanimate objects, avoiding personal or unpredictable feelings. Feelers, on the other hand, are commonly seen working with people and helping others in numerous ways. Extroverts are often working in louder, more active jobs, while introverts are often in quieter atmospheres performing work that can be done by one person (Myers & Myers, 1995).

Macdaid, McCaulley and Kainz (1995) created an atlas in which various occupations are listed with the personality types seen in that occupation’s population. Results for 2351 registered nurses showed that the most popular type was ISFJ at 14.8% (Macdaid, McCaulley & Kainz, 1995). This specific personality type is characteristically found to service others and be dedicated to their position. The hallmark of this type is commitment (Myers & McCaulley, 1995). In the work environment, this type is seen as friendly, sensitive, hard-working, liking to get organized before the start of project, and enjoying harmony (Demarest, 1997). This can be compared to Bean and Holcombe’s (1993) study of oncology nurses and personality types, in which 6 of the 40 (15%) oncology nurses in her study resulting in ISFJ. The second most common type was ESFJ (11.4%), with just one letter variation from the most common throughout nursing as a whole (Bean & Holcombe, 1993). ESFJ is explained with the hallmark of “affiliation”, with multiple interests, a strong reliance on facts, warmth and sympathy, and a fondness to stay organized (Myers & McCaulley, 1995). In the workplace, ESFJs are able to connect with people well, are productive, active, and place a great value on interpersonal harmony (Demarest, 1997).

When analyzing 173 special education teachers, it was found that ENFP was the most common personality type (13.29%) (Macdaid, McCaulley & Kainz, 1995). This is included here
since, in a school setting, a speech language pathologist and special education teacher may be placed in a similar “related services” category. The ENFP personality is said to have various interests, a hold on possibilities, warmth, and have the ability to be adaptable (Myers & Myers, 1995). Another related occupation is occupational therapists (OTs). Out of 118 OTs, 18 (15.25%) were ISFJ, 14 were ENFP (11.86%), and 13 were ESFJ (11.02%) (Macdaid, McCaulley & Kainz, 1995). These results support Myers and Myers’ (1995) claim that sensing types often find fulfillment when they serve others. SFs (sensing and feeling types) are said to handle their sharing of facts with personality and warmth, be sympathetic, and provide help to those in need. On the opposite occupation side, 1603 doctors were asked to take the MBTI, and the most common were ISTJ with 210 participants (13.1%) (Macdaid, McCaulley & Kainz, 1995). The ISTJ are said to be hard-working and responsible, enjoying organizing facts related to specific situations (Myers & Myers, 1995). See Appendix A for more information on personality type and the workplace.

SLPs and Personality Type

According to Macdaid, McCaulley and Kainz’s (1995) compilation, teachers of speech pathology and therapy were most commonly ISFJ, with 31 people identifying with this type (19.75%). ESFJ was second with 25 people, or 15.92% of the sample. In another study, one hundred and six speech pathologists in health care were sampled. ENFP was the most common response with 15 SLPs (14.15%) (Macdaid, McCaulley & Kainz, 1995). ENFP is noted as having multiple interests, a hold on possibilities, warmth, sympathy, and the ability to adapt. This was also seen in special education teachers (Myers & McCaulley, 1995). ENFPs in the workplace display excitement, generate ideas, are expressive, and are people oriented. They are said to want to include others’ ideas and are visionary (Demarest, 1997). ESFJ was second among SLPs in the health care setting, with 14 respondents (13.21% of the total) (Macdaid, McCaulley & Kainz, 1995). Norton (2014) assessed 20 practicing SLPs and 24 SLP students with the MBTI within her school and community in Maine and found similar results. Her findings
indicated the top personality type was ISFJ, followed by ESFJ. Although her study included students in communication sciences and disorders (the undergraduate degree for speech language pathologist), it is useful to see a more current application of MBTI within the field to see if this could be confirmed or if there were changes (Norton, 2014).

Comparing the American population and SLPs, there is an agreement in the most common type (United States Department of Labor, 2014; Macdaid, McCaulley & Kainz, 1995). When looking at totals, however, 26% of the total population is either ISFJ or ESFJ, while 51.9% of SLPs identified in one of these two categories (Bureau of Labor Statistics, 2014; Baggs, 2013). It was also noted by Baggs in her 2013 study that a majority of graduate students in speech-language pathology preferred sensing-judging (SJ) twice as much as the U.S. population. However, it is also important to remember that different individuals add diverse and unique traits to a team. Not every SLP will be the same personality type, and although there are certain types or preferences that are more common than others, that does not mean one is better than another. Patterns are noted, but do not prove a “good” or “bad” speech language pathologist (Baggs, 2013).

Gaps in the Literature

There are multiple studies and articles addressing personality types of certain jobs, such as Boyd and Brown’s 2005 study of personality types of emergency department senior medical staff, Bean and Holcombe’s study on oncology nurses (1993), Carmen’s 2003 study of audiologists, and numerous other studies available in the literature. There is also research throughout different occupations analyzing MBTI within the specific traits or other stimuli, such as Baran’s 2005 research on Illinois dentists, MBTI, and burnout, Whitworth’s (2008) study of personality types of registered nurses in southern Mississippi and conflict-handling styles, and Smoke and Sale’s 2006 study looking at personality types of radiation therapists and quality of work-life.
What was not found in the review of the literature is any research analyzing speech language pathologists’ personality types and other factors. Since the field of SLP is dynamic and workplaces have such variety, it would be interesting to see if a certain personality type fits a specific workplace better than others. Although Macdaid, McCaulley and Kainz’s (1995) atlas of type showed results of SLPs in schools and health care settings, this research is dated and there are multiple other settings in which speech pathologist currently can work. The settings given do not encompass all the possibilities SLPs have in different work settings.

Why is this research important? Carmen (2003) stated it best when addressing the necessity of identifying personality types that are common among audiologists. The author stated that:

if audiologists could better understand the way we operate in the world, it would seem that knowing our personality type, especially early in our career, might help guide us within the field, knowing what specialty might be most suitable to us:
Clinical, education, therapy, and so forth (Carmen, 2003, p.14).

With the projected 164,300 speech language pathologists needed by 2024, this study will provide information about specific work settings and the personality types that are most common in different areas (Bureau of Labor Statistics, 2014). This information could be used to assist graduate students when finding specific clinical placement settings, new speech language pathologists trying to find their first job, practicing SLPs who experience low job satisfaction in their current placement, as well as those speech language pathologists with an interest in higher education who are debating going back for their PhD. The application of this project may help guide SLPs in the field and help them find the best work setting for their personality type.
Chapter 3
Methodology

The purpose of this research was to gather data on personality type of speech language pathologists and their current work setting. This was completed through a quantitative survey, allowing for a one-time, cross-sectional design as seen in related studies reviewed by the researcher (Baran, 2005; Bean & Holcombe, 1993; Baggs, 2013; Boyd & Brown, 2005; Carmen, 2003; Norton, 2014; Smoke & Sale, 2006; Whitworth, 2008). The researcher used an assessment similar to that of the Myers-Briggs Type Indicator, as well as demographic questions to gather information. Quantitative methods were deemed most appropriate to answer the specific question, gathering numerical data rather than themes or self-reported feelings of the participants. Data gathered could be compared easily throughout each of the two data sets. Quantitative methods also allowed for the study to be reproducible in the future, if necessary, because data points are presented in a reliable, numerical structure (Hissong, Lape & Bailey, 1997).

Participants

To explore the research question addressing current practicing speech-language pathologists’ personality types and their work setting, a quantitative online survey was initially mailed to a randomized list of 1000 licensed SLPs throughout the United States through ASHA. This form of random sampling was selected to maximize the generalizability of the results.

Human subjects involved in this study were placed at no more than minimal risk. Participation was voluntary and participants were informed that they could withdraw from the study at any point during the completion of the survey. Consent was considered implied if the participant completed the survey. The consent information is available in Appendix B. The consent form, along with a link to the online survey, was mailed to the participants. The
participants accessed the link to the survey without sharing their name, thereby removing any personal information from the results. This allowed for an acceptable cost/benefit analysis for participants involved. A copy of the survey is available in Appendix C.

Due to low response rate with the initial participant method, a second round of data collection method was undertaken through the use of the ASHA Special Interest Groups (SIGs). The researcher contacted Minnesota State University Moorhead faculty in the Speech Language Hearing Sciences Department, requesting they share the information through the SIGs to which they belonged. The email requesting this participation is located in Appendix D. SIGs that were included are as follows: SIG 1 - Language Learning and Education, SIG 2 - Neurogenic Communication Disorders, SIG 3 – Voice and Voice Disorders, SIG 10 - Issues in Higher Education, SIG 11 – Administration and Supervision, SIG 12 – Augmentative and Alternative Communication, SIG 15 – Gerontology, SIG 16 – School-Based Issues, and SIG 18 - Telepractice.

Data Collection

This study used a one time, cross sectional survey as the data collection tool. This was deemed best way collect data as it allowed the researcher to gather information from a large number of speech therapists across all employment settings in a one-time snapshot. A quantitative methodology was selected because it was believed to be the best fit due to the numerical data that could be gathered in an attempt to find a relationship between personality types and area of the field in which the participant worked. SLPs with varying experience completed the survey, illustrating the results of different levels of practice. The survey used in this study can be found in Appendix C. Questions were close-ended, mutually exclusive, and exhaustive. The assessment began with basic demographic questions, leading into more SLP-specific demographic questions. These included age, gender, race, region of residence, highest level of education received, years of experience, and current work setting.
The participants then completed the personality type indicator section of the survey. The participant was asked to share their personality type. If they did not know their personality type, they were directed to an online link, https://www.16personalities.com/free-personality-test. This was used with permission from the publisher. Time needed to complete the survey was about 15-20 minutes.

Data Analysis

Once completed, the data was analyzed with descriptive statistics, using Microsoft Excel programming to determine if the data suggested that there was a relationship between personality types of current practicing speech-language pathologists and work setting.

Hypotheses

One hypothesis that this researcher generated at the onset of the study was that there would be a relationship between personality type and work setting for current practicing SLPs. Secondarily, the researcher believed that SLPs based in schools would identify ENFP as the most common personality type, based on Macdaid, McCaulley, and Kainz’s 1995 research. When addressing the SLP in a medical setting, the hypothesis was that the most significant MBTI type would be ISFJ, which had been identified in previous literature as the most common type among SLPs (Macdaid, McCaulley & Kainz, 1995; Myers & McCaulley, 1995; Norton 2014).
Chapter Four

Results

This chapter presents results and analysis from the survey addressing personality type and the SLPs’ work setting. Results for this one time, cross sectional study were analyzed using descriptive statistics. Data was collected from two different samples, each of which were analyzed separately, then as a combined data set. Results are as follows.

Preliminary Data

Preliminary data was gathered from the ASHA mailing lists with n=46. Demographic information of this sample can be found in Appendix E. Personality types of those surveyed are as follows:

Table 2. Personality Types of ASHA Mailing List Sample.

<table>
<thead>
<tr>
<th></th>
<th>ESFJ</th>
<th>ENFJ</th>
<th>ESTP</th>
<th>ESTJ</th>
<th>ENFP</th>
<th>ENTJ</th>
<th>ISFJ</th>
<th>ISFP</th>
<th>ISTP</th>
<th>INFP</th>
<th>ISTJ</th>
<th>INTJ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Fifty two percent (n=24) of respondents identified as extrovert, with the remaining 48% (n=22) identified as introvert. Twelve of the possible sixteen personality types were seen in this sample, showing diversity within the field. Personality type and work setting results were as follows:

Table 3. Personality in SLP’s Work Setting.

<table>
<thead>
<tr>
<th>Personality Type</th>
<th>ESFJ</th>
<th>ENFJ</th>
<th>ESTP</th>
<th>ESTJ</th>
<th>ENFP</th>
<th>ENTJ</th>
<th>ISFJ</th>
<th>ISFP</th>
<th>ISTP</th>
<th>INFP</th>
<th>ISTJ</th>
<th>INTJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Early Intervention, preschool K-12</td>
<td>5</td>
<td>4</td>
<td></td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telepractice</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Private Practice</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
In terms of individual extrovert and introvert types, the data was spread across given work settings, with varying 4-letter types in each setting, as displayed in Table 3. The responses from this data set showed that the health care setting is common across numerous extrovert types (n=11), with the most common in health care being ESFJ (46% of extroverts). 45% of extroverts (n=10) work in the school setting with the most common type being ESFJ, followed by ENFJ. Introvert types were common in the school setting as a whole (n=14), with 64% of introvert participants in this setting. ISFJ was the most common personality type of introverts in both school and healthcare setting, as well as telepractice.

SIGs Data

Secondary data gathered through the ASHA SIGs was analyzed separately to address any patterns/differences through the different collection method, with n=275. Demographic information for this data set can be found in Appendix F. Personality types of those surveyed are displayed in Table 4.

Table 4. Personality Types of SIGs Sample.

<table>
<thead>
<tr>
<th></th>
<th>ESFJ</th>
<th>ENFJ</th>
<th>ESTP</th>
<th>ESTJ</th>
<th>ENFP</th>
<th>ENTJ</th>
<th>ESFP</th>
<th>ENTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISFJ</td>
<td>52</td>
<td>13</td>
<td>51</td>
<td>21</td>
<td>2</td>
<td>8</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td>ENFP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENTJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESFP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENTP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In this sample, 47% of respondents were extrovert (n=128), while 53% were introvert (n=147). Most common personality types included ISFJ (n=52) and ESFJ (n=51), followed by INFJ (n=32) and ENFP (n=29). This sample included all 16 of the MBTI types, showing variations in personality type across the field of speech language pathology.

Personality type related to work setting for this data set was as follows in Table 5:
Table 5. Personality Type and Work Setting of SIG Data.

<table>
<thead>
<tr>
<th>Personality Type</th>
<th>ESFJ</th>
<th>ENFJ</th>
<th>ESTP</th>
<th>ESTJ</th>
<th>ENFP</th>
<th>ENTJ</th>
<th>ESFP</th>
<th>ENTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>8</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Early Intervention, preschool K-12</td>
<td>23</td>
<td>10</td>
<td>1</td>
<td>2</td>
<td>18</td>
<td>3</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Private Practice</td>
<td>4</td>
<td>3</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>College/University</td>
<td>15</td>
<td>4</td>
<td></td>
<td>1</td>
<td>10</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Local, State or Federal Government</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personality Type</th>
<th>ISFJ</th>
<th>ISFP</th>
<th>ISTP</th>
<th>INFP</th>
<th>ISTJ</th>
<th>INTJ</th>
<th>INFJ</th>
<th>INTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td></td>
<td>3</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Early Intervention, preschool K-12</td>
<td>37</td>
<td>4</td>
<td>1</td>
<td>15</td>
<td>3</td>
<td>7</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Private Practice</td>
<td>5</td>
<td>2</td>
<td></td>
<td>3</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>College/University</td>
<td>4</td>
<td>2</td>
<td></td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Local, State or Federal Government</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This data set identifies a variety of personality types for each work setting, including both introvert and extravert types, with the exception of local, state or federal government, which contains one introvert type (INTJ). Those who reported “other” as a work setting were most commonly assistive technology directors or worked with AAC, or identified as recently retired.

**Combined Data**

When combining the data from both samples together, the sample size increased to a total of 321. Demographic information can be reviewed using the information in Appendices E and F. Work setting varied, with at least one participant in all settings with the exception of corporate speech therapy. Work setting distribution is explained in Table 6 below.
Table 6. Work Settings of Participants. Health care = 61, school setting = 173, private practice = 27, college/university = 52, government =1, telepractice = 3, other =4.

Sample size was drawn from both the ASHA mailing list and the specific ASHA Special Interest Groups (SIGs). Total personality types represented can be found in Table 7 below:

Table 7. Personality Types of Combined Data.
When looking at the personality types of the participants, the most common type was ESFJ, with 21% of the total. Second was ISFJ, with 18% of the sample. All 16 possible personality types from the Myers-Briggs Type Indicator were present, showing diversity among the profession and population. Forty-seven percent of those sampled were extrovert types, while 53% were introvert types. The “SJ” pair, which Baggs (2013) found twice as common in SLP graduate students than the total population, accounted for 49% of this population (n=144).

A comparison of work setting and personality types was also analyzed, with results as follows in Tables 8-11. Multiple tables were used to display this data in order to provide a more specific look at each work setting. This allowed for a more complete analysis of data.

Table 8. Personality Types in Healthcare Setting.

Personality types in the healthcare setting, included hospitals, skilled nursing facilities, and subacute care, as well as outpatient services. 14 of the 16 possible personality types were represented in the sample. 61 total participants worked in the healthcare setting at the time of
data collection. The most common personality type in this setting was ESFJ, followed by ISFJ. Other popular personality types include INFJ, ESTJ, and ENFJ. The healthcare setting was 51% extrovert types (n=31) and 49% introvert types (n=30).

Table 9. Personality Types in the Early Intervention, Preschool or K-12 Setting.

<table>
<thead>
<tr>
<th>Personality Type</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISFJ</td>
<td>26%</td>
<td>45</td>
</tr>
<tr>
<td>ESFJ</td>
<td>16%</td>
<td>28</td>
</tr>
<tr>
<td>ENFJ</td>
<td>8%</td>
<td>14</td>
</tr>
<tr>
<td>ESTP</td>
<td>1%</td>
<td>2</td>
</tr>
<tr>
<td>ESTJ</td>
<td>1%</td>
<td>2</td>
</tr>
<tr>
<td>ENFP</td>
<td>10%</td>
<td>18</td>
</tr>
<tr>
<td>ENTJ</td>
<td>2%</td>
<td>4</td>
</tr>
<tr>
<td>ESFP</td>
<td>4%</td>
<td>7</td>
</tr>
<tr>
<td>ISFP</td>
<td>5%</td>
<td>8</td>
</tr>
<tr>
<td>ISTJ</td>
<td>2%</td>
<td>3</td>
</tr>
<tr>
<td>INTJ</td>
<td>4%</td>
<td>7</td>
</tr>
<tr>
<td>INFP</td>
<td>10%</td>
<td>17</td>
</tr>
<tr>
<td>ISTP</td>
<td>1%</td>
<td>2</td>
</tr>
<tr>
<td>INFJ</td>
<td>9%</td>
<td>16</td>
</tr>
</tbody>
</table>

The education setting, with a total of 173 participants, included early intervention, preschool, and K-12. The most common type was ISFJ, followed by ESFJ and ENFP. Respondents were 43% extroverts (n=75) and 57% introverts (n=98).
Table 10. Personality Type in Private Practice.

Of the sample of those working in private practice, ESFJ and ISFJ were the most common personality types. INFP and ENFJ followed, with 15% and 11%, respectively. Forty-eight percent of the respondents were extroverts (n=13) and 52% were introverts (n=14).

Table 11. Personality Type in the College/University Setting.
Fifty-two participants’ work setting was the college/university setting. ESFJ and ENFP were the identified as the most common personality types, followed by INFJ. This differs from other settings, with ESFJ and ISFJ consistently being the most common personality types. ISFJ only represented 8% of this sample, with a total of 4 respondents. 60% of the respondents were extroverts (n=31), while 40% were introverts (n=21).

Local, state or federal government included one respondent who identified as having a personality type of INTJ. Three respondents to the survey said they worked in telepractice. Each presented with a different personality type, ISTJ, ISFJ, and ESFJ. Four respondents selected “other” as their work setting, self-identified with the following personality types: , ESFJ, INTJ, INFJ, and INTP.

Gender Differences

The sample size included 9 males and 311 females, as well as one participant who selected “other”. Data analysis of the personality types based on gender is as follows:

Table 12. Personality Type of Females.
Females in the sample size were most commonly ISFJ and ESFJ, both with 20% of the sample. Other popular personality types were INFJ and ENFP. There was at least one female in each MBTI personality type, showing varying personality types across the sample.

Table 13. Personality Type of Males.

![Pie chart showing personality types of males.]

Of the 9 males in the study, the most common personality type was ENFP, followed by ESFJ and ENFP. Two males held their doctorate, while all others had master’s degrees. The participant who listed “other” as their gender was the personality type of ISTJ.

**Education Level and Personality Type**

The sample included 34 individuals with their Ph.D., 32 being female and 2 being male. Participants with their doctorate comprised 11% of the study. Eighty-nine percent held their master’s degree (n=286) while one participant listed their highest level of education as “other” (0.03%). Those with their Ph.D. had the following personality types, as shown in Table 14.
Table 14. Personality Type of Ph. D. Holders.

Participants with their doctorate were most commonly ESFJ, ISFJ and INFJ, with 18% of the total each category. Other common types included INTJ and ENFJ. Those with Ph.D.’s were 41% extrovert types and 59% introvert types. Though this portion of the sample was smaller in number, it is interesting to address what personality types were more common in individuals who had gone on to obtain their doctorate degree, since it is not required for the practicing SLP. Finally, personality type of individuals who held their Master’s degree was also analyzed, as seen in Table 15.
Table 15. Personality Type of Individuals with the Master’s Degree.

Participants with their master’s degree were most commonly ESFJ and ISFJ, with 20% of the total for each personality type. Forty-seven percent of the sample (n=138) identified as extrovert, while 53% identified as introvert (n=150).
Chapter 5

Discussion

The purpose of this study was to investigate if there was a relationship between the SLPs’ personality type and their work setting. This chapter discusses on the results of the study compared to previous research, patterns noticed, and possible further implications.

Sample Comparisons

Before drawing conclusions about the data gathered, it was important to address how the sample compares to the whole, analyzing the sample compared to the population of ASHA certified SLPs. Demographic information was compared with current totals from ASHA. Similarities and differences between the population of ASHA certified speech language pathologists and the total sample including ASHA mailing list and SIG participants were noted. With males making up only 2.8% of the sample (n=9), it appeared difficult to draw conclusions comparing the gender differences in the field of speech language pathology; however, when compared to ASHA’s (2017) data, males currently make up 3.7% of SLPs with their certification through ASHA. Though the number of males who participated in this study is not large, it is comparable to the current population as a whole. Other demographic information, including age, geographic region, and race were also comparable to the population as a whole. Racial minorities make up 7.9% of the population of SLPs, as compared to 9% of participants in this survey. (ASHA, 2017).

Work setting data from the survey sample was also compared to the population. According to ASHA (n.d.b), 53% of certified SLPs work in the education setting, with an additional 3% in the college/university section. In sample data from this study, 54% of participants worked in the education setting, aligning well with the population as a whole.
However, 16% of the sample stated they worked in the college/university setting. This percentage is much higher than the number identified by ASHA. This may be due to the second data collection method. Initially, using the ASHA mailing list, there were no participants who worked in the college/university setting. Participants working in the college/university setting were all drawn from the SIGs. Though this data is slightly skewed, it still permits an examination of the personality type of those participants in the college/university setting, which may allow for a possible better understanding of the personality type in that work setting.

Thirty-nine percent of current SLPs work in the health care setting, including acute care, in-patient rehabilitation, long term care facilities, and others, and 19% work in private practice (ASHA, n.d.b). Of the data collected, 19% of the sample stated they worked in the healthcare setting, while 9% worked in private practice. No statistics were given in the research investigated for the other fields, including telepractice, corporate speech therapy, or local, state, or federal government. Though data collected does not represent the population with exact percentages, it is still useful as a snapshot of the population of SLPs and applies to the field of speech language pathology in general.

**ASHA Mailing List Sample**

Though the initial sample size was relatively small, some patterns can be noted. First, there were preliminary commonalities with previous research reviewed by the investigator. Baggs (2013), Macdaid, McCaulley & Kainz (1995) and Norton (2014) identified that the most common personality types among speech language pathologists were ISFJ and ESFJ. This data matches the initial research done for this study, with 28% of participants identifying as one of those two personality types. An SJ (sensing-judging) pair, noted by Baggs (2013) as being twice as common for SLP students than in the general United States population, was found in 60% of the personality types identified in the sample. This number is consistent with Baggs’ (2013) study. This SJ pair is termed in the literature as a “caregiver complex”, which is consistent with the categorization of speech-language pathology as a caregiver profession.
PERSONALITY TYPE AND SLPS' EMPLOYMENT SETTING

(Baggs, 2013). In this study, 52% of respondents were extroverts, while 48% were introverts. This is interesting due to the nearly equal balance between the two personality types. Norton’s (2014) study of SLP students and practicing SLPs in her region showed different results, with 75% of her sample of practicing SLPs being extroverted and 25% introverted. However, Norton’s sample included only 20 SLPs, which may lead to unrepresentative data (2014). Research findings of this study better aligned with Baggs’ (2013) research. Her analysis of 320 students in the field of speech language pathology found that 59.7% were extroverted and 40.3% were introverted.

When addressing the main research question of possible commonalities of personality type for specific work settings, it must be noted that not all work settings were represented in this specific sample. However, when looking at individual personality types, ESFJ was most commonly found in a health care setting. This type was prominent in school settings as well. An ESFJ is recognized as being warm hearted, active, and connected with others (Myers & McCaulley, 1995). ISFJ was the most common in the school setting, as well as having a small representation in the health care setting. An ISFJ is said to be unassuming, friendly, a good listener, and may not communicate much about themselves (Myers & McCaulley, 1995). When addressing the qualities often found within speech-language pathology, it is clear that these traits are important in both health care and educational settings. Though limited respondents’ work setting was telepractice or private practice, it is interesting to note that both settings had participants that were extroverted and introverted.

SIG Data

Data was also analyzed with participants drawn from ASHA’s Special Interest Groups (SIGs). All 16 personality types were represented in this data set. As was the case in the previous data, there are preliminary commonalities with research reviewed before starting this study. Baggs (2013), Macdaid, McCaulley & Kainz (1995) and Norton (2014) showed that the most common personality types among speech language pathologists were ISFJ and ESFJ.
The data from the SIG participants was consistent with those findings. Sixteen percent of the sample identified as ISFJ, while an additional 16% of the sample was ESFJ. Though the available data spans across 20+ years, the most common personality types have stayed consistent. ISFJs are often quiet, friendly, responsible, and loyal. In the workplace, they are sometimes quiet about their personal life and are hardworking. They work best with harmony and affirmation. ESFJs are seen as warm-hearted, talkative, conscientious, and active in the community. In the workplace, they connect well with others, are sensitive, and take responsibilities seriously (Myers & McCaulley, 1995). The above traits are useful when practicing in the field of speech language pathology.

Other common personality types noted included INFJ and ENFP, with 10% and 9% of the sample, respectively. INFJs are noted as persevering, putting full effort into their work, and are cooperative, dependable, and autonomous in the workplace. ENFPs are lively, people oriented, and are initiators and motivators (Myers & McCaulley, 1995). When reflecting on the responsibilities required as a practicing speech language pathologist, all of the listed skills are needed in the workplace. The SLP may have various duties throughout the workday and be required to converse with other professionals, family members, caretakers, and patients themselves.

**Combined Data**

As noted above, all personality types were represented in the data; however, in the combined sample, there were no participants that claimed corporate speech therapy as their work setting. This may be due to how the data was gathered through both the randomized ASHA mailing list and the SIGs, as well as there being fewer corporate speech therapy positions available throughout the United States.

In terms of the breakdown of personality types represented in the total sample, ESFJ was the most common, with 21% of the total, followed by ISFJ with 18% of the sample. This agrees with research reviewed by this researcher, including the studies by Baggs (2013),
Macdaid, McCaulley and Kainz (1995) and Norton (2014). Other common types in this study included ENFP and INFJ, which were among the more common personality types found in Baggs’ (2013) research as well.

The SJ (sensing-judging) pair, noted by Baggs (2013) as being twice as common for SLPs than the general United States population, was found in 49% of the total sample (n=137). This percentage is consistent with Baggs’ findings (2013).

**Highest Level of Education**

The combined sample included 34 Ph.D. holders, which was 11% of those surveyed. Those who held their master’s comprised 89% of the sample. In the American population, 2% of the population has a doctorate degree (United States Department of Labor Statistics, 2014). Though there are present differences from the sample in this study and the population as a whole, it is interesting to assess personality type of SLPs with the higher degree. Ph.D. holders were most commonly ESFJ and INFJ, with 18% of the total sample for both personality types. Fifty-nine percent of Ph.D. holders were introverted, which may be due to the possible results of having a Ph.D., such as research or university duties like mentoring or teaching undergraduate or graduate coursework. The SJ caregiver complex was seen in 25% of this group, much lower than any other section analyzed (Baggs, 2013).

**Gender**

Females in the sample were 47% extrovert and 53% introvert. Forty five percent of females had the caregiver complex, noted in Baggs’ (2013) research. Nine males completed the survey, two of whom held their doctorate. Fifty six percent of males surveyed were extrovert types, with 44% being introvert types. Thirty three percent of the males had the “caregiver” complex (Baggs, 2013). The difference in percentage of SJ pair between the females and males in this study may be due to gender differences stereotyped in the dominant majority-American culture, or other unrelated outside factors.

**Work Setting and the SLP Personality Type**
When addressing each work setting identified in the sample, some patterns were noted. In health care, education, and private practice settings, the most common personality types were ESFJ and ISFJ. However, ESFJ was more popular in health care and private practice, while ISFJ was more common in the education setting. Both areas had a high number of participants with the “SJ” caregiver complex (45-48% of participants) (Baggs, 2013). The education setting had a larger introvert group than extrovert group, with 57% identifying as introverted. Private practice and telepractice also yielded a larger number of introverts than extroverts. Extroverts were more common in health care (51% vs. 49%) and university setting (60% vs. 40%). Those who selected “other” were much more likely to identify themselves as introverted (75% vs. 25%).

Although there was almost an even split between the two personality types, introverts were more commonly found in educational settings, private practice, and telepractice. This may be due to the demands of the work setting, such as interaction with team members, paper work, or other outside factors discussed later in the discussion.

It is also notable that throughout all workplaces, common personality types emerged. The personality type of ESFJ was most common in health care, telepractice and college/university setting. ESFJ was also prominent in the educational setting and private practice, being the second most common type. As discussed above, this personality type is warm-hearted, talkative, and interested in things that directly and visibly affect others’ lives. In the work setting, the ESFJ is connected with others, helpful, takes responsibilities seriously, and is a good team player (Myers & McCaulley, 1995).

Throughout the educational setting, ISFJ was most common. It was also common in the health care setting, with 15% of the respondents identifying as this personality type. However, ISFJs were not prominent in the college/university setting, making up only 8% of the total. This may be due to the methods of gathering the sample, as well as the requirements of that work setting. However, it is unclear exactly why this discrepancy is present.
ISFJs are seen as good listeners and consistently planning for the future. In the workplace, they are often drawn to help others and pull their own weight (Myers & McCaulley, 1995). Both ESFJ and ISFJ personality types have traits that are extremely useful in the speech language pathologist’s day-to-day work. There is need to be connected with others and take responsibility, as well as be a team player, whether that team be a colleague or a family member of a patient.

Other common personality types included ENFP, which was third most common in the educational setting at 10% of the total, and second most common in the college/university setting with 19% of the total. ENFPs are enthusiastic, high-spirited, and quick with a solution to help others. In the workplace, they are people oriented and motivated. They attend to people and the group process (Myers & McCaulley, 1995).

INFJ was also common throughout work settings, making up 10% of the health care setting participants, 9% of those in the educational setting, 7% of those in private practice, and 15% of the college/university setting respondents. INFJs desire to do whatever is needed, put effort into their work, and are dependable in the workplace. They value independence and autonomy, encouraging others (Myers & McCaulley, 1995). There is, again, application of the traits for INFJ in the field of speech language pathology. It is important for the SLP to work with others, put in high effort, and be dependable.

Limitations

One limitation in this study is that there are numerous outside factors not addressed in the survey that may affect work setting chosen by the SLP professional. Outside factors include geographic limitations, in which an SLP may be required to stay in a certain area that has only specific work settings available. It is also necessary to consider the population that each work setting may serve. A second limitation is that often, an SLP has a certain age population that they would like to work with and that may dictate the setting in which they work. Age of clients was not addressed in this survey so it is not possible to ascertain what age population each
setting involves. There is no set age limit on the settings of telepractice, private practice, or the medical setting. There are also variations in the educational setting, working with toddlers in the early intervention area, up to adults in the high school setting. A third limitation is that sometimes work setting is driven by specialization or areas of interest in the field. An SLP’s work choice may not reflect as much about their personality type, as it does about their areas of interest.

A final limitation in this study is that the field of speech language pathology is extremely broad and diverse; that results in many SLPs transitioning through different work settings throughout their career. These transitions may be based on life changes, such as schedule preferences due to having children, relocating to a different area that has only certain work settings available, and other life choices that could affect chosen work settings. Further research is warranted to continue the investigation about personality type and its relationship to work setting. Additional research should include an examination of the factors identified above that were not discussed in the current research.

**Conclusion/Further Implications**

All possible personality types were found in the sample, showing that there is no specific personality type that is not included in the population of speech language pathologists. However, knowing personality type patterns in the field may assist the current SLP or future SLP in selecting their future/current employment setting. There was almost an even split between extroversion/introversion types within each work setting.

Given the findings from this study, qualitative research might also be completed to address thoughts and feelings behind work setting in the field of speech language pathology. This study, and any future research addressing work setting, personality type, as well as other factors, may be useful to the field to continue to grow understanding and guide speech language pathology and the different work settings. Personality type is, obviously, not 100% responsible for the choice of work setting; however, the results from this study indicate that
future research in this area may be beneficial as a tool to help guide the SLP in decision making for their future.
References


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Appendix A

Traits drawn from Myers and McCaulley’s 1995 table, pp. 20-21. Workplace traits drawn from Larry Demarest’s 1997 work, “Looking at Type in the Workplace”.

**ISTJ traits:** serious, quiet, concentrated and thorough. Practical, orderly, matter-of-fact, logical, realistic, organized, responsible. Make up their own minds on what to accomplish and work on, regardless of distractions.

**ISTJ in the workplace:** organized, dependable, doing what’s sensible. Less engaged than others, but having a strong sense of duty and responsibility, not wasting time and being attentive to detail. Like to have as much information as possible about the task at hand, like clear responsibilities and measurable objectives. Prefer to work on one thing at a time and are often relied on in group projects. During change they are realistic and stable, possibly seen as resistive to change.

**ISFP traits:** cool onlookers, quiet, reserved, with unexpected moments of humor. Interested in cause and effect and how things work. Exert themselves no more than necessary.

**ISFP in the workplace:** kind, warmhearted, tolerant, patient, realistic, observant, independent, want to be helpful. In teams, they prefer a cooperative, supportive group with equality, are excellent at gathering information, are open to change that is in their values, and are attentive to the needs of others.

**ESTP traits:** matter-of-fact, enjoy whatever happens, may be blunt or insensitive, can do math or science when they see need, are best with real things that can be handled and put back together.

**ESTP in the workplace:** energetic, outgoing, want to be involved, good in a crisis, prefer minimal structure, like a variety of work and people to interact with. In teams, they want to try and not over talk about things. They are their best when situations require immediate response and thinking on their feet.
**ESTJ traits:** practical, natural for business or mechanics, can apply themselves when needed. Like to organize and run activities.

**ESTJ in the workplace:** goal directed and hardworking, energetic with a “get it done” attitude, decisive and realistic, relying on facts and logic to make decisions. In team work they like clear roles and responsibility lines, are forceful communicators, and are friendly. They get things organized and keep order, pushing for clarity.

**ISFJ traits:** quiet, friendly, responsible, conscientious, devoted to obligations, accurate and patient. Loyal and considerate.

**ISFJ in the workplace:** unassuming, warm, friendly, good listeners, may not communicate a lot about themselves, down-to-earth and hardworking. In teams, they prefer to plan and are prepared for hiccups that might arise, most often drawn to helping others. They expect everyone to pull their own weight. They work best when there is harmony and affirmation.

**ISFP traits:** quiet, friendly, sensitive, modest about abilities, do not care to lead but are loyal followers. Rather relaxed about getting things done, enjoying the present moment.

**ISFP in the workplace:** caring, accepting, realistic and observant, want to be helpful, hands-on style, independent, and pay attention to details. In team work, they prefer a supportive, participatory group, often doing work behind the scenes. They are not aware when conflict exists, focusing their energy on the concerns of the present.

**ESFP traits:** outgoing, easygoing, accepting, like a good time, sports and making things. Are more skilled at memorizing facts than mastering theories. Are best in events that need common sense and practical ability.

**ESFP in the workplace:** energetic, optimistic, like to be where the action is, involved, sociable, observant, enjoys being with others. In a team model, they bring unity, encouraging others, sharing about themselves, and attend to people before the tasks. May find conflict unsettling and are not confrontational, with a high concern for people.
**ESFJ traits:** warm-hearted, talkative, conscientious, active community members. Main interest is in things that directly and visibly affect other people’s lives.

**ESFJ in the workplace:** connected with others, friendly, sensitive, helpful, take responsibilities seriously, like direct involvement with others, work best with structure of what is expected and how it will be analyzed. In teams they are good team players, exerting a positive influence, working to pull everyone in same direction. Change should benefit the entire group and like clear beginnings and endings.

**INFJ traits:** succeed by persevering, originality and desire to do whatever is needed, put effort into their work, quietly forceful and conscientious.

**INFJ in the workplace:** cooperative, trusting, sensitive, dependable, see work as a mission or service, value independence and autonomy. In group settings, they are imaginative, generating ideas, encouraging others, and like a variety of opportunities to dream up new approaches. They prize harmony, and are often peacemakers in conflict.

**INFP traits:** full of enthusiasm, do not share much until they know you well, care about learning, ideas, language and projects of their own.

**INFP in the workplace:** adaptable, tolerant, calm, future oriented, like to work in a place that has personal meaning or expression of “who you are”, like flexibility and dislike high routine. In team settings, they emphasize interpersonal values, are reflective and insightful, and like to feel connected. They are open to change, and don’t like conflict, becoming preoccupied under stress.

**ENFP traits:** enthusiastic, high-spirited, imaginative, quick with a solution to help others, often rely on their ability to improvise instead of preparing in advance.

**ENFP in the workplace:** lively, people oriented, get others excited, generate multiple ideas and opinions, work from inspiration, not a plan. In groups they are initiators and motivators, attend to the people and group process. They are naturally energized by change, want to consider everyone’s viewpoint, and want organization.
ENFJ traits: Responsive, responsible, concern for what others want and think, handle things with other people’s feelings in mind, can lead a group discussion with ease, sociable, popular.

ENFJ in the workplace: involved with people and events around them, enthusiastic, expressive and reliable, like to be organized, work interactively, and create excitement and team spirit. In a team setting, they prefer collaboration and comfortable work environment, initiating and creating opportunities for others. They have a need for harmony and address conflicts immediately.

INTJ traits: have original minds, great drive, in fields that they like they have an ability to organize a job and carry it through. Skeptical and critical.

INTJ in the workplace: serious, confident, independent, inquisitive, skeptical and propose solutions. They are comfortable working alone, do their best to grasp the big picture and highly value competence in self and others. In groups, they may appear uninvolved and not committed, not comfortable with the relationship-building aspects. They project a calm and stabilizing influence in times of change, and see it as a chance to improve.

INTP traits: quiet, brilliant in exams, logical, interested in ideas, disliking small talk. Tend to have defined interests.

INTP in the workplace: concerned with ideas, intellectually inventive, deep thinkers, opinionated about what should be done, are objective, analytical and critical. They can work alone for long periods of time, need private time, and are self-directed. In a group setting, they generate creative ideas and solutions, provide a framework to aid understanding, give attention to the problem-solving project, and often work best alone. They are willing to take risks and are able to detach themselves to see different perspectives.

ENTP traits: quick, good at many things, alert, outspoken, argue for fun for either side of a question, resourceful, may neglect routine assignments.

ENTP in the workplace: generate and engage in ideas and possibilities, have a lot going on, approach things logically and analytically, are outgoing, like variety and activity in work, value competence in self and others, and may move ahead without a complete plane. As part of a
team, they have enthusiasm, are comfortable with the big picture and are less concerned with specifics. They are energized by change and like to start new things. In conflict they are able to see all sides and points of view.

**ENTJ traits:** hearty, frank, leaders in activities, good reasoning and intelligence. Good at public speaking. Are well-informed and keep adding to their knowledge. May be more positive and confident than they should be.

**ENTJ in the workplace:** tough-minded, logical, critical, energetic, action oriented, place value on competence, set and meet objectives, and are self-starters. As a team member, they are goal-oriented and always look for a better way to do something, are gregarious, and assume authority. They perform well in crisis and see conflict as a problem to be solved.
Appendix B

Implied Consent for Survey

Dear participant –

You are invited to participate in a study of personality type (similar to that of the Myers-Briggs Type Indicator) and speech-language pathologists in the field’s various work settings. I hope to learn if there are any patterns in the Myers-Briggs personality type within the different work settings within speech pathology. You were selected as a possible participant in this study because you are a certified speech-language pathologist in the field.

If you decide to participate, please complete the linked survey. Your completion of this survey is implied consent. The survey is designed to see if there are commonalities of personality types within specific work settings for speech language pathologists. It will take about 15-20 minutes of your time to complete this survey. No benefits accrue to you for answering the survey, but your responses will be used to explore the field of speech-language pathology and possibly find patterns of personality types within different work settings. You will be asked to share your personality type. If you do not feel comfortable sharing this information, you are not in any way required to share that information for this survey. Any discomfort or inconvenience to you derives only from the amount of time taken to complete this survey.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will not be disclosed.

Your decision whether or not to participate will not affect your future relationships with Minnesota State University Moorhead, the American Speech-Language Hearing Association, or your work setting. If you decide to participate, you are free to discontinue participation at any time.

Please feel free to ask questions regarding this study. You may contact the principal investigator, Dr. Kris Vossler, if you have additional questions. Her contact information is as follows: Dr. Kris Vossler, Minnesota State University Moorhead Speech Language Hearing Sciences, kris.vossler@mnstate.edu, 218-477-4200. Any questions about your rights may be directed to Dr. Lisa I. Karch, Chair of the MSUM Institutional Review Board at 218-477-2699 or email at: irb@mnstate.edu.

Thank you for your time.

Sincerely, Ashley Schurr
Appendix C

Demographic Information

Please select your age:
__ 18-24 years old  __ 25-34 years old  __ 35-44 years old  __ 45-54 years old  __ 55-64 years old  __ 65 years or older

Please select your gender:  __ female  __ male  __ other

Please select your region of residence:
__ Midwest – IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI
__ Northeast – CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT
__ Southeast – AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV
__ Southwest – AZ, NM, OK, TX
__ West – AK, CA, CO, HI, ID, MT, NV, OR, UT, WA, WY

Please specify your ethnicity:
__ White  __ Hispanic or Latino  __ Black or African American  __ Native American or American Indian
__ Asian/Pacific Islander  __ Other  __ Prefer not to disclose

Highest Education Level Obtained:
__ Bachelor’s Degree  __ Master’s Degree
__ Doctorate Degree  __ Other

Years of experience:
__ 0-4  __ 5-9  __ 10-14  __ 15-19  __ 20-24  __ 25-29
__ 30-34  __ 35-39  __ 40-44  __ 45-49  __ 50+
Please select your current work setting within the field:

__ Early Intervention, Preschool, K-12
__ College/University
__ Health Care (hospitals, SNF, subacute, outpatient)
__ Private Practice
__ Corporate Speech-Language Pathology
__ Local, State or Federal Government (Public health departments, uniformed services)
__ Telepractice
__ Other

Personality Type

If known, please self-report your Myers-Briggs Personality Type: _________________

If not known, please continue with the free survey below:

https://www.16personalities.com/free-personality-test
Appendix D

Research study:

Hello! Please consider responding to the listed survey to assist Ashley Schurr, a Minnesota State University Moorhead SLP grad student, collect data for my thesis. She is hoping to see if there are any relationships in an SLP's work setting and personality type. The survey, which is expected to take 10-20 minutes, can be found at [http://tinyurl.com/y7kdqes3](http://tinyurl.com/y7kdqes3).

If you have any questions, please feel free to contact Ashley Schurr at schurras@mnstate.edu or the principal investigator, Dr. Kris Vossler, at kris.vossler@mnstate.edu.
Appendix E

Demographic Information for ASHA Mailing List Sample.

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**Highest Education Level Obtained**

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<td>9</td>
<td>6</td>
<td>5</td>
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Appendix F

Demographic Information for SIGs Participants

**Gender**

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<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Other</th>
</tr>
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<tr>
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**Age**

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<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
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<td>71</td>
<td>61</td>
<td>65</td>
<td>61</td>
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**Region**

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<th>Southeast</th>
<th>Southwest</th>
<th>West</th>
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**Ethnicity**

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<th>Black/African American</th>
<th>Native American/American Indian</th>
<th>Asian/Pacific Islander</th>
<th>Other</th>
<th>Prefer not to disclose</th>
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<td>5</td>
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**Highest Education Level Obtained**

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<th>Master's</th>
<th>PHD</th>
<th>Other</th>
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**Years of Experience**

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<th>10 to 14</th>
<th>15 to 19</th>
<th>20 to 24</th>
<th>25 to 29</th>
<th>30 to 34</th>
<th>35 to 39</th>
<th>40 to 44</th>
<th>45+</th>
</tr>
</thead>
<tbody>
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