

# **The Effects of Personality Factors on Speech-Language Pathologists' and Audiologists' Preferred Practice Model**

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## Background:

Currently, the field of communication disorders is undergoing a time of critical change as clinicians reflect on the type of clinician-patient interaction they practice. The two most recognized models of clinician-patient interaction are the biomedical model and the patient-centered care model. In the biomedical model, clinicians believe they know the best course of action for their client and act in an authoritarian manner; it is an impairment-focused model. In the patient centered care model, clinicians believe they should work with the client to find a course of action that fits their needs, goals, and lifestyle; it is a person-focused model.

Significant research has been done to explore the benefits and drawbacks of each model. There is ample evidence that the patient-centered care model results in higher patient satisfaction and is just as time efficient as the biomedical model. Each clinician falls somewhere on the spectrum of a purely biomedical model to a purely patient-centered care model. What determines where a clinician falls on this spectrum had not yet been researched prior to our study. This study was the first to survey communication professionals to determine which personality traits are correlated with a biomedical or patient-centered care model.

## Methods:

We conducted a survey using an online, anonymous Qualtrics survey that was open for 3 weeks. It took 10-15 minutes to complete. The survey begun by collecting demographic information from each participant (whether they are a Speech-Language Pathologist or Audiologist, how many years they have been practicing, gender, age, the state they practice in, and race/ethnicity).

Next, the survey contained a shortened version of the Big 5 Personality Test, which is a 44-point personality test widely used in the field of psychology. Responses are scored on a 6 point Likert Scale (strongly disagree to strongly agree). The test measures participants' orientation towards openness, neuroticism, agreeableness, extraversion, and conscientiousness.

The final part of the survey contained the Patient Practitioner Orientation Scale (PPOS), which is an 18 item measure often used in health-communication research to assess patient and provider beliefs regarding patient-centeredness. Responses are scored on a 6 point Likert Scale (strongly disagree to strongly agree). The scale has two subscales: Sharing and Caring. The Sharing factor indicates a respondent's belief that the provider is oriented to share power in their medical-care relationship. The Caring factor indicates a respondent's belief that the provider is oriented to caring about the patient-provider relationship, the patient's emotions, and has interest in the patient and not simply the disease.

Next, we analyzed the data for correlations between each personality trait (openness, neuroticism, agreeableness, extraversion, and conscientiousness) and an orientation towards patient-centered care or

the biomedical model. The data was also analyzed for correlations between each personality trait and their Sharing and Caring scores.

### Results:

There was a moderate negative correlation ( $r = -0.4349$ ) between the trait of agreeableness and an orientation towards patient-centered care. In other words, the higher someone scored for agreeableness, the more likely they are to practice patient-centered care. Conversely, the more antagonistic one scored, the more likely they are to practice the biomedical model.

Additionally, there was a moderate negative correlation ( $r = -0.3303$ ) between the trait of openness and an orientation towards patient-centered care. In other words, the higher someone scored for openness, the more likely they are to practice patient-centered care. Conversely, the more closed off to experience one scored, the more likely they are to practice the biomedical model.

The remaining personality traits showed weak correlations with an orientation towards patient-centered care. There was a weak negative correlation ( $r = -0.0449$ ) between the trait of extraversion and an orientation towards patient-centered care. Additionally, we found a weak negative correlation ( $r = -0.2919$ ) between the trait of conscientiousness and an orientation towards patient-centered care. Finally, there was a weak positive correlation ( $r = 0.0548$ ) between the trait of neuroticism and an orientation towards patient-centered care.

Additionally, results were analyzed in terms of the Sharing and Caring subscores of the PPOS. There was a strong positive correlation ( $r = 0.9098$ ) between the Sharing subscore and an orientation towards patient-centered care. In other words, the higher someone believes that patients desire information and should be part of the decision making process, the more likely they are to practice patient-centered care.

There was a strong positive correlation ( $r = 0.797$ ) between the Caring subscore and an orientation towards patient-centered care. In other words, the higher someone sees the patient's expectations, feelings, and life circumstances as critical elements in the treatment process (e.g., A treatment plan cannot succeed if it is in conflict with a patient's lifestyle or values), the more likely they are to practice patient-centered care.

### Conclusion:

These early findings suggest that certain personality traits are a predictive factor in a clinician's orientation towards utilizing a patient-centered care model or a biomedical model. Although extraversion, conscientiousness, and neuroticism did not demonstrate a statistically significant relationship with an orientation towards one model or the other, agreeableness and openness both showed a moderate negative correlation with an orientation towards patient-centered care. The implications of this research could impact the development of trainings for clinicians on implementing the patient-centered care model. Future research should further explore the relationship between one's agreeableness and openness to experience and why this impacts their likelihood to use the patient-centered care model.