May 2006

Comparing Psychological Type and Explanatory Between Nursing Students and Clinical Faculty: A Pilot Study

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Recommended Citation

Allchin, Lynn; Engler, Arthur J.; and Dzurec, Laura Cox, "Comparing Psychological Type and Explanatory Between Nursing Students and Clinical Faculty: A Pilot Study" (2006). *School of Nursing Scholarly Works*. 40.  
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Abstract

Negotiation of complex collaboration and effective teamwork among health care providers is essential to patient safety and to quality of care. This study examined characteristics of nursing students and faculty influencing communication between them. Psychological type (Myers-Briggs Type Inventory (MBTI) (Myers, McCaulley, Quenk, & Hammer, 1998) and explanatory style (Attributional Style Questionnaire) (ASQ) (Peterson et al., 1982) were compared for participating first year baccalaureate nursing students (N=286), and clinical nursing faculty (N=59) from both two- and four-year nursing programs. Modal student psychological type was ESFJ; modal faculty psychological type was ISTJ. The two groups demonstrated significant differences in processing information, and making decisions and judgments. Students were slightly more optimistic than faculty. Psychological type and level of optimism did not appear to correlate. Data from this pilot study provide an initial framework on which to base further research that could enhance the quality of teamwork among healthcare providers.
A Pilot Study Comparing Psychological Types and Explanatory Styles of Nursing Students and Clinical Faculty

Collaboration and effective teamwork among health care providers is essential, not only to patient safety, but also, ultimately, to quality of care. The ever-increasing complexity of health care, itself; the expanding diversity of the healthcare workforce; and the growing effort to increase involvement of patients’ family members in providing care makes effective and efficient collaboration and communication increasingly complicated. Communication among health care providers, especially nurses as front-line providers, directly influences the successes of care—outcomes, patient safety, and satisfaction for all involved.

Collaboration and effective teamwork are, themselves, complex processes that involve not only the artful application of scientific principles and knowledge, but also the enactment of successful and complete communication. As Dorothy Nevill noted, “The real art of communication is to say the right thing at the right place but to leave unsaid the wrong thing at the tempting moment (http://www.quoteworld.org/authors/dorothy_nevill Accessed 5/6/06). The subtleties of communication serve as a conduit, carrying the patient care process to its end, and contributing directly to its final outcomes.

The purpose of the study described in this report was to examine characteristics of nursing students and faculty, as those characteristics might influence communication between them. As students learn to communicate for nursing, they will take those skills into the practice arena.
Collaboration and communication among students and faculty will color the experience for all involved, and ultimately will affect the patient care process.

Background

To better understand characteristics of nursing students enrolled in a large research-extensive University in the Northeastern United States, investigators initiated a program of research in Fall 2004. The first two waves of students (N=286) entered the undergraduate program in either Fall 2004 or Fall 2005. The investigators were interested in four particular characteristics of those students—psychological type (Costello, 1993; Martin, 1997); explanatory style (Seligman, 1990; Tennen & Herzberger, 1987); level and experience of depression (Radloff, 1977, 1991) associated with coming to college; and experiences of fatigue (Pugh, 1993) associated with students’ newly-developing roles in college. Through their longitudinal program of research, the investigators conducted numerous analyses of study variables as they interacted with the students’ perceptions of the college experience and their academic success. As patterns in students’ psychological type and explanatory style became apparent through research, the investigators began to question how these same characteristics manifested in clinical faculty, and how patterns manifested by both might compare and contrast. Thus the study described in this report was conducted.

Psychological Type

Psychological type characterizes individuals’ ways of interacting with the environment, focusing on the ways individuals choose to make contact with others and to organize their thinking about themselves and their environments (Pearman & Albritton, 1997). Type theory (de Laszlo, 1990;
Myers & Myers 1995; Myers et al., 1998) proposes a scheme of four ‘preference pairs’ that can be combined in varying ways to yield 16 different ‘psychological types.’ These types are outlined in Table 1.

One’s four-point ‘psychological type’ represents specific preferences for each of the four preference pairs. Characteristics of these pairs are summarized below.

The first MBTI profile preference pair contrasts Introverts and Extraverts (I/E) in terms of source of energy. Introverts tend to be quiet and shy, thinking through what they will say before they say it (Caplinger, 2005), as they find their source of energy internally. Introverts sometimes fail to see the ‘big picture’ characterizing situations as they tend to concentrate on the data in front of them. Alternatively, Extraverts find energy in the environment, particularly through their interactions with others. They tend to be expressive and outgoing, often speaking before they think about the words they are saying.

The next preference pair addresses how Sensers and iNtuitives (S/N) take in information. Sensing types prefer to process information in the form of known facts and familiar terms. As Myers and Myers (1995) stated, “…sensing types…depend on their five senses for perception” (p. 57) and “face life observantly, craving enjoyment” (p. 63). They tend to be concrete and interested in ‘what is’ (Caplinger, 2005). Alternatively, iNtuitives (N) “listen for the intuitions that come up from their unconscious with enticing visions of possibilities (Myers & Myers, 1995, p. 57). Intuitives tend to be more abstract than sensing types, interested in ‘what can be’
and using their imaginations to bring proposed scenarios and perceived concerns to conclusion 
(Caplinger, 2005).

The thinking/feeling (T/F) preference pair concerns the way one makes decisions or judgments. ‘Thinkers’ “value logic above sentiment” and “are stronger in executive ability than in the social arts” (Myers & Myers, 1995, p. 68), while ‘Feelers’ “value sentiment above logic” and “are usually personal, being more interested in people than in things” (Myers & Myers, p. 68). This preference tends to determine whether one makes decisions on a more personal, emotional basis (F) or on logical and objective considerations (T).

Finally, the judging/perceiving (J/P) preference pair addresses the way individuals tend to organize their lives. ‘Judging types’ (J) tend to organize their lives in structured ways. Those demonstrating the J preference tend to tell others what ought to be done; when the J preference is coupled with the E (extraversion) preference, this tendency can be manifested in ways that appear thoughtless. ‘Perceptive types’ (P), alternatively, “are more curious than decisive” tending to “keep decisions open as long as possible before doing anything irrevocable, because they do not know nearly enough about it yet” (Myers & Myers, 1997, p. 75). They may appear indecisive and uncertain.

Personal views of optimal ways to manage clinical situations will vary depending on psychological type. Clearly, differences in style between and among psychological types could raise interesting issues for students and faculty.
According to type theory (de Laszlo, 1990; Myers & Myers, 1995; Myers et al., 1998), stress, such as that experienced in learning to navigate complex clinical settings, can lead to behaviors that are out of character for a given personality type. Since these stress-related behaviors are out of character for an individual, they are, themselves, distressing, perpetuating the stress that is already inherent in a given situation; in the case of this study, in the complex clinical setting with which students are learning to travel. Our goal was to examine how the psychological types of students and faculty might be viewed to contribute to communication, or miscommunication, in the clinical teaching/learning situation.

Explanatory Style

Seligman (1990) created a succinct metaphor for explanatory, or attributional, style theory (Buchanan & Seligman, 1995; Seligman; Shatte & Reivich, 2002), noting that, “Each of us carries a word in his heart, a ‘no’ or a ‘yes’” (p. 16). According to Seligman’s theory of Learned Optimism, successful nurses, like all successful individuals, will approach their complex roles in a positive way, with a qualified, grounded ‘yes’—one that incorporates recognition of the challenges inherent in myriad nursing situations (Dzurec, et al., 2006). A qualified ‘yes,’ is, effectively, a grounded sense of optimism (Seligman, 1990; Shatte & Reivich, 2002); it stands in stark contrast to a view that is more pessimistic—a qualified or global ‘no’ that suggests ‘I can’t.’

Optimism is not idealism, as, unlike idealists, optimists are willing to acknowledge fault—not to be cast as blame—whether it occurs personally, in others, or in the environment. Further, optimists take appropriate responsibility for correcting problems that arise as a result of
perceived faults. An optimist, however, does not dwell on fault, allowing it to command his or her attention over time.

Optimism determines to a large extent how energized one can become when encountering predictable setbacks—such as those experienced in the daily life of nurses—or how ‘helpless’ (Seligman, 1990) when facing crucial defeats (Shatte & Reivich, 2002)—such as unsuccessful job negotiation or conflict in the work setting. Optimism is vital to success in the personal and work setting (Seligman, 1990) and to positive mental health (Fazio & Palm, 1998; Nolen-Hoeksema & Girdus, 1995; Mikulincer, 1988; Robins & Hayes, 1995; Ziegler & Hawley, 2001). Low levels of optimism are linked to depression (Seligman, 1990; Dzuric, Allchin, & Engler, in press). For the study described here, we planned to examine levels of optimism among nursing students and clinical faculty, to see, first, the level of optimism expressed by each group, and second, whether expressed optimism was associated with psychological type. An association between optimism and psychological type, as posed in the study questions, or a trend toward pessimism among students or faculty, might affect communication in the clinical setting.

Measures

For the study reported here, investigators examined psychological type (Myers-Briggs Type Inventory (MBTI) (Myers, McCaulley, Quenk, & Hammer, 1998) and explanatory style (Attributional Style Questionnaire) (ASQ) (Peterson et al., 1982) of participating first–year, baccalaureate nursing students and clinical nursing faculty from two- and four-year programs. We used the MBTI and the ASQ to measure psychological type and explanatory style, respectively, for participating nursing students and clinical faculty.
Psychological type and explanatory style in nursing faculty and students

MBTI (Myers et al., 1998). The MBTI is based on Jung’s theory of psychological types (de Laszlo, 1990; Myers et al., 1998). It is a 94-item instrument with four separate indices: extraversion/introversion (E/I); sensing/intuiting (S/N); thinking judgment/feeling judgment (T/F); and judgment/perception (J/P). For each index, a forced choice between two alternatives leads to identified preference, as described previously.

The scoring procedure for the MBTI is structured so that a weight of 2 is assigned to item choices that statistically best predict total ‘type’ with a prediction ratio of 72% or more; a weight of 1 is assigned to choices with a prediction ratio of 63-71%; overpopular responses are assigned a weight of 0. Weighted scores are summed, producing ‘preference scores’ that determine a type profile across the four indices, as illustrated in Table 1. Authors of the MBTI manual (Myers et al., 1998) noted that internal consistency reliabilities for continuous scores for 9,216 participants of both genders in their studies were 0.83 for the EI index; 0.83 for the SN index; 0.76 for the TF index; and 0.8 for the JP index. For this study, we focused on the SN and TF indices, as these indices represent ‘core functioning,’ involving, in particular, styles of processing information, and making decisions and judgments.

ASQ (Peterson et al., 1982). The ASQ is a self-report measure that evaluates choice of optimistic or pessimistic explanations for events as ‘explanatory style.’ The ASQ describes 12 hypothetical events, half that are ‘positive,’ and half ‘negative.’ Respondents are asked to state why each event occurred. For example, respondents may say something like: “I just had my hair cut and looked nice,” or “I’m no good when it comes to handing things in on time.” Respondents then
provide ratings for each statement on three seven-point scales: 1) internality (who is responsible for the outcome of the hypothetical event, self or others?); 2) stability (what is the likelihood of event happening again?); and 3) globality (what is the influence of the situation on other areas of life?).

Internal consistencies for each of the three scales (internality, stability, and globality) were found by the instrument authors (Peterson et al., 1982) in their study of 100 college students to be alpha=0.44 to 0.69. Further, instrument authors showed that correlations between spontaneous causal explanations and relevant ASQ scales ranged from 0.19 (p<.1) to 0.41 (p<.001) with internality and composite scores showing the strongest association.

For the study reported here, as for our related studies, internal consistency reliability was determined for composite negative and composite positive dimensions of the ASQ instrument, each originally composed of 12 items, separately. By deleting items with item to total correlations of <0.20, the composite negative dimension of an overall positiveness score (Buchanan & Seligman, 1995) resulted in an 11-item scale, with an internal consistency of 0.80. Similarly, we constructed a composite positive dimension of the overall positiveness score (Buchanan & Seligman); the composite positive dimension was a 10-item scale, with an internal consistency of 0.79. The composite, overall positiveness score used in this analysis consisted of the mean score for the composite positive scale minus the mean score for the composite negative (CPCN) scale, which could range from -7 (most negative) to +7 (most positive).

Methods
As a component of a larger, longitudinal study, the exploratory, descriptive study described here was guided by following questions: 1) Do composite psychological types of typical nursing students and clinical faculty differ?; 2) If so, what is the difference?; 3) How does level of optimism compare between nursing students and clinical faculty, as distinct groups?; and 4) Are there patterns of association between psychological type and level of optimism for either nursing students or clinical faculty? The study was initiated following approval by the University Institutional Review Board. Student and faculty responses to items on the MBTI (Myers et al., 1998) and the ASQ (Peterson et al., 1982) served as data used to answer the study questions.

The sample consisted of MBTI and ASQ responses provided by 286 first-year students (92.4% female) in a traditional baccalaureate nursing program, and 59 faculty members (96.2% female), from both two- and four-year nursing programs. For students, the mean age was 18.3 years ($SD = 2.17$) and for faculty, it was 49 years ($SD = 7.40$). In our state, clinical faculty, who are in short supply, often serve simultaneously in both baccalaureate (4 year) and associate degree (2 year) nursing programs.

The largest percentage of students demonstrated tendencies for extraversion (E), detail-orientation (S), sentimentality (F), and organization (J) (ESFJ—20.4%). Those with ESFJ characteristics are friendly and organized. They avoid conflict and tend to sweep problems under the rug. They have a great desire to please others, and complete tasks in a timely manner. They do not always see the big picture (Hirsh & Kummerow, 1990)
For participating faculty the predominant psychological type was introversion (I), detail-orientation (S), thinking (T), and organization (J) (ISTJ-17.2%). Those with ISTJ characteristics, such as modal faculty in this study, respect traditional, hierarchical approaches to leadership, are task-oriented and structured, and expect others to conform to standard operating procedure, rather than encouraging innovation. They need to develop patience for those who do not follow established procedures (Hirsh and Kummerow, 1990).

Findings

Assessing Quantitative Differences in Psychological Types of Students and Faculty

We conducted a two-way contingency table analysis to evaluate whether nursing faculty and traditional nursing students varied significantly in MBTI ‘core functions,’ that is, in styles of processing information, and making decisions and judgments. The preferences making up these core functions are Intuitive/Feeling (NF), Intuitive/Thinking (NT), Sensing/Feeling (SF), and Sensing/Thinking (ST). The two variables compared by contingency table analysis, therefore, were group (2 levels: faculty or student) and MBTI core functions (4 levels: NF, NT, SF, ST). A Pearson chi-square demonstrated that group and core function type were significantly related ($\chi^2=3, N = 313) = 38.08, p < .001). Thus, the two groups (faculty and students) demonstrated that they differed significantly in approaches to processing information, and making decisions and judgments.

Figure 1 presents data about the proportion of students and faculty who fell into each Core Functions type.
As Figure 1 shows, student demonstration of a preference for ‘NF’ core functioning was about 1.9 times (.36/.19) more likely than that of a faculty member; student demonstration of a preference for ‘SF’ core functioning was about 1.8 times (.47/.26) more likely. The probability of a faculty member preferring the ‘NT’ style of core functioning was about 4.2 (.17/.04) times more likely than for a student; faculty preference for the ‘ST’ style was about 2.9 (.38/.13) times more likely than it was for students. The probability that a faculty member would prefer ‘SF’ was about 1.8 times (.47/.26) the preference likelihood for a student; and the probability of a student preferring ‘ST’ was about 2.9 times (.38/.13) more likely than it was for faculty.

In follow-up, we conducted six, follow-up pairwise comparisons of the possible core function pairs to evaluate the differences among their proportions for the faculty and undergraduate groups. Table 2 shows the results of these analyses. We used Holm’s sequential Bonferroni method to control for Type I error at the 0.05 level across all six comparisons. Except for the comparison between NT and SF (analysis #6), all pairwise comparisons were significant. In other words, while students and faculty were equally likely to demonstrate NT or SF types, the two groups demonstrated significant differences in their styles of processing information and making decisions and judgments.

Psychological Type and Explanatory Style

Next, we conducted a 4 x 2 ANOVA to evaluate the relationship of Core Function type (4 levels, NF, NT, SF, ST), group (2 levels, student and faculty), and explanatory style (composite...
positiveness score, [CPCN]) (Buchanan & Seligman, 1995). Table 3 presents the means and
standard deviations for explanatory style, by student and faculty groups, and for the total sample.

The ANOVA indicated no significant interaction between psychological type and explanatory
style \[ F(3, 293) = 0.603, p = 0.614, \text{partial eta-squared} = 0.006 \]. Thus, data from this study
suggest that psychological type and explanatory style were not related between or among the
students and faculty participating in this study. The ANOVA did demonstrate a significant main
effect for group \[ F(1, 293) = 10.88, p = 0.001, \text{partial eta-squared} = 0.036 \], suggesting that
students had a more optimistic outlook than did faculty. As group consisted of only two levels,
no further analyses were necessary.

Summary and Implications

Differences in psychological type among members of any team can introduce barriers to
successful communication and teamwork. In complex healthcare settings where communication
is essential, those barriers could lead to perceptions on the parts of participants that others are
uncaring, too critical, emotional, and/or or inappropriately subjective in relationships with
patients, staff, peers, and or subordinates or superiors. Findings from this pilot study suggested
some differences between nursing students and clinical faculty that might introduce barriers to
their communication and affect the quality of teaching and learning experiences for both students
and faculty.

The participating first year nursing student and clinical faculty groups in our study differed in
global psychological type, that is, in tendency toward extraverion or introversion, and in the
ways they processed information, and made decisions and judgments. The modal student psychological type was ESFJ. This means students tended to be extraverted, detail-oriented, people-focused, and organized in their management of the environment. Alternatively, the modal clinical faculty psychological type was ISTJ. Clinical faculty tended to be introverted, detail-oriented, logic-focused, and organized in their management of the environment.

According to type theory (de Laszlo, 1990; Myers & Myers, 1995; Myers et al., 1998), stress, such as that experienced in learning to deal with complex clinical settings, can lead to behaviors that are out of character for a given personality type. For those demonstrating ESFJ tendencies, the modal type for student participants in the study, stress can lead to difficulty thinking clearly, excessive emotionality, oversensitivity, and overpersonalization (Martin, 1997). And for those with ISTJ tendencies, the modal type for faculty participants in the study, stress might lead to rigidity and excessive critical evaluation (Martin, 1997). The data from our study suggest that further study regarding psychological type of nursing students and clinical faculty might be undertaken, to determine optimal ways to structure teaching situations so that both students and faculty have positive experiences in the clinical area.

For the two groups participating in our study, psychological type was unrelated to level of optimism, measured in terms of explanatory style (Buchanan & Seligman, 1995; Seligman, 1990). Participating students were relatively more optimistic than were clinical faculty, overall. Interestingly, data from previous data analyses conducted by the investigators (Dzurec et al., 2006) suggested that undergraduate nursing students were relatively more optimistic than students enrolled in a post-baccalaureate certificate program in nursing. Further research might
be conducted to ascertain the specific effects of optimism on clinical success for students, and on
faculty members’ evaluation of students. These data would support better understanding of
interaction of these variables in clinical settings, and might also provide a basis for
understanding factors involved in burnout among nurses as they practice.

Almost (2006) noted that nurses tend to avoid addressing issues that appear conflictual. Data
from our study suggest strong potential for varying levels of conflict in nursing student/faculty
situations, by virtue of differences in psychological type and its potential implications for
disparate assumptions on the parts of faculty and students. Further study of the psychological
type and level of optimism among nursing students and faculty might contribute significantly to
building strong nursing and ultimately interdisciplinary teams and to the quality of patient care.

In a time of increasing nursing shortage and expanding health care complexity, addressing
factors that influence successful communication becomes particularly significant. Data from this
pilot study provide an initial framework on which to base further research that might enhance the
quality of teamwork among healthcare providers—students and seasoned practitioners—
affecting teaching and learning in nursing, the maintenance of patient safety and, ultimately, the
quality of patient care. Communication among health care providers, especially nurses as front-
line providers, directly influences the successes of care—outcomes, patient safety, and
satisfaction for all involved. Evaluation of factors influencing communication is especially
important as health care becomes increasingly complex.
References


Table 1.

The 16 MBTI Personality Types

<table>
<thead>
<tr>
<th>ISTJ</th>
<th>ISFJ</th>
<th>INFJ</th>
<th>INTJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISTP</td>
<td>ISFP</td>
<td>INFP</td>
<td>INTP</td>
</tr>
<tr>
<td>ESTP</td>
<td>ESFP</td>
<td>ENFP</td>
<td>ENTP</td>
</tr>
<tr>
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<td>ESFJ</td>
<td>ENFJ</td>
<td>ENTJ</td>
</tr>
<tr>
<td>Pair</td>
<td>Comparison</td>
<td>Phi</td>
<td>P</td>
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<td>------</td>
<td>------------</td>
<td>-----</td>
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</tr>
<tr>
<td>1</td>
<td>NF vs NT</td>
<td>-0.47</td>
<td>0.000</td>
</tr>
<tr>
<td>2</td>
<td>NF vs ST</td>
<td>-0.30</td>
<td>0.000</td>
</tr>
<tr>
<td>3</td>
<td>SF vs ST</td>
<td>-0.31</td>
<td>0.000</td>
</tr>
<tr>
<td>4</td>
<td>NF vs SF</td>
<td>-0.21</td>
<td>0.001</td>
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<tr>
<td>5</td>
<td>NT vs ST</td>
<td>-0.19</td>
<td>0.078</td>
</tr>
<tr>
<td>6</td>
<td>NT vs SF</td>
<td>-0.11</td>
<td>0.152</td>
</tr>
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</table>

*p-value (required p-value for significance)
### Table 3.1

**Means, Standard Deviations, and Sample Sizes for Core Function Pairs by Group**

Dependent Variable: CPCN (composite positiveness score)

<table>
<thead>
<tr>
<th>Group</th>
<th>MBTI Core Function Pairs</th>
<th>M</th>
<th>SD</th>
<th>n</th>
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<tr>
<td>Students</td>
<td>NF</td>
<td>1.84</td>
<td>1.05</td>
<td>84</td>
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<td></td>
<td>SF</td>
<td>1.86</td>
<td>1.01</td>
<td>116</td>
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<tr>
<td></td>
<td>ST</td>
<td>1.93</td>
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<td></td>
<td>NT</td>
<td>2.24</td>
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<tr>
<td></td>
<td>Total</td>
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<td>1.03</td>
<td>243</td>
</tr>
<tr>
<td>Faculty</td>
<td>NF</td>
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</tr>
<tr>
<td></td>
<td>SF</td>
<td>1.10</td>
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<td></td>
<td>ST</td>
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<td></td>
<td>NT</td>
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<td></td>
<td>Total</td>
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<tr>
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<td>NF</td>
<td>1.74</td>
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<td>ST</td>
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<tr>
<td></td>
<td>Total</td>
<td>1.79</td>
<td>1.06</td>
<td>301</td>
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</tbody>
</table>
Figure 1.

Core Functioning Types by Group

<table>
<thead>
<tr>
<th></th>
<th>NF</th>
<th>NT</th>
<th>SF</th>
<th>ST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>0.36</td>
<td>0.04</td>
<td>0.47</td>
<td>0.13</td>
</tr>
<tr>
<td>Faculty</td>
<td>0.19</td>
<td>0.17</td>
<td>0.26</td>
<td>0.38</td>
</tr>
</tbody>
</table>

Legend: Students, Faculty