

Influence of Names on Career Choices in Medicine

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Three studies showed that medical doctors and lawyers were disproportionately more likely to have surnames that resembled their professions. A fourth study showed that, for doctors, this influence extended to the type of medicine they practiced. Study 1 found that people with the surname “Doctor” were more likely to be doctors than lawyers, whereas those with the surname “Lawyer” were more likely to be lawyers. Studies 2 and 3 broadened this finding by comparing doctors and lawyers whose first or last names began with three-letter combinations representative of their professions, for example, “doc,” “law,” and likewise found a significant relationship between name and profession. Study 4 found that the initial letters of physicians’ last names were significantly related to their subspecialty, for example, Raymonds were more likely to be radiologists than dermatologists. These results provide further evidence names influence medical career choices.

KEYWORDS names, careers, doctors, lawyers, self-enhancement, implicit egotism, nominative determinism

Introduction

Most people have a desire to see themselves favorably (Allport, 1961; James, 1890/1950; Swann, 1987) and, as such, are motivated to attain and maintain a positive self-image (Rosenblatt et al., 1989). Pelham et al. (2002) labeled this preference for things connected to one’s self “implicit egotism,” characterizing it as an unconscious tendency for people to positively enhance almost anything they associate with themselves (Jones et al., 2004; Koole et al., 2001; Pelham et al., 2002; 2005).

Implicit egotism motivates people to regard themselves as smarter and less disingenuous than their acquaintances, and in turn to regard their acquaintances more favorably than other people (Alicke, 1985; Brown, 1986). This same penchant for seeing oneself in a positive light also extends to one’s own name (Hoorens & Nuttin, 1993). For example people rate letters in their names, especially their first and last initials, more favorably than other letters in the alphabet, a phenomenon that is

pervasive around the world (Hodson & Olson, 2005; Kitayama & Karawsawa, 1997; Koole et al., 2001; Nuttin, 1985; 1987).

The names we are known by define our existence. Without a name, we are anonymous; with a name, we are a somebody. Even people in an otherwise vegetative state will respond to their names via increased brain activity (Perrin et al., 2006; Di et al., 2007). Another example of the importance we attach to our names is the “cocktail party effect” wherein people who are not consciously listening to conversations taking place in a remote part of a room in which they are in, will nevertheless take notice when their name is mentioned (Moray, 1959).

Does this preference for one’s own name influence important life choices? There are certainly many anecdotes they do (Casler, 1975; Hunt, 1994; Jung, 1952; *New Scientist*, 1991; Nuessel, 1992; Slovenko, 1983). In an article on synchronicity, written in 1952, psychiatrist Carl Jung wrote that

we find ourselves in something of a quandary when it comes to making up our minds about the phenomenon which (psychiatrist Wilhelm) Stekel calls the “compulsion of the name.” What he (Stekel) means by this is the sometimes quite gross coincidence between a man’s name and his peculiarities or profession. For instance [. . .] Herr Feist (Mr Stout) is the food minister, Herr Rosstaucher (Mr Horsetrader) is a lawyer, Herr Kalberer (Mr Calver) is an obstetrician. [. . .] Are these the whimsicalities of chance, or the suggestive effects of the name, as Stekel seems to suggest, or are they “meaningful coincidences?” (Jung, 1952)

Commenting on this same phenomenon, Jen Hunt, citing an article on incontinence from a 1977 study in the *British Journal of Urology* by J.W. Splatt and D. Weedon, contended that “authors gravitate to the area of research which fits their surname” (Hunt, 1994: 212). In 1994, *New Scientist* magazine catalogued numerous examples supporting Hunt’s contention and renamed Stekel’s compulsion, “nominative determinism.”

In 2002, Pelham et al. reported a series of studies providing empirical support that names do in fact influence important life outcomes, including career choice. One of these studies found that people whose first names begin with “Den,” such as Dennis or Denise, are more like to be dentists, whereas people whose names begin with “La,” such as Lawrence and Laura, are more likely to be lawyers. Similarly, individuals whose names begin with “Geo” are more likely to be geologists; hardware store owners are more likely to have H as an initial than R; and owners of roofing companies are more likely to have R as an initial than H. Additional studies have found that people are disproportionately like to marry people whose first or last names resemble their own. For example, Toms are more likely to marry Tonyas compared to Jacks who are in turn more likely to marry Jackies (Jones et al., 2004). Similarly, people have a greater preference for brands that match the initials of their name (Hodson & Olson, 2006) and are more inclined to give money to a charity when the person requesting it shares the same first name (Burger et al., 2004).

The present series of studies extends these findings by providing further evidence that names influence not only the decision to become a doctor, but also the medical specialty doctors decide to practice. Using archival sources, evidence is presented that doctors have disproportionately more surnames that include “doc,” “dok,” and “med”

than lawyers, who in turn are more likely to have “law,” “lau,” and “att” in their names, and that this influence even extends to the medical subspecialties that doctors choose to pursue.

Study 1

This first study constituted the most specific test of whether surnames are associated with careers, by comparing the number of doctors and lawyers with the surnames “Doctor” and “Lawyer” with their respective careers. Although these are relatively uncommon surnames, a disproportionate concurrence of name and career would suggest that the surname does influence the choice of career.

Method

With Human Investigation Committee approval, surnames were obtained from two internet websites: doctors’ names were garnered from BoardCertifiedDocs.com (BCD, 2007); surnames for lawyers were obtained from Martindale.com. The latter website is freely available and contains over 800,000 entries. The BCD is a fee-based database with a similar number of entries. The Martindale directory did not place any limits on the number of “hits” per entry. The BCD had a limit of 10,000 “hits,” but this was not exceeded in any of the searches. The only restrictions were that searches on the Martindale had to contain at least three consecutive letters, and searches on the BCD site had to contain two consecutive letters. Both sources are national directories and do not restrict searches based on state residency as was the case for Pelham et al. (2002). Furthermore, each directory allowed for searches based on either first or last name. For this first study, surnames containing the words “lawyer” and “doctor” were obtained from each site. Since this was a very narrow search, and few such entries were anticipated, male and female entries were not analyzed separately.

The data were statistically analyzed by the Fisher’s exact and Chi Square tests for categorical data (that is, where there is only one possible outcome). These statistical tests are used to make decisions about differences between groups. The Fisher’s exact test allows for comparisons involving only two possible outcomes and two variables. For example, males and females tossing coins. Here the question would be, do heads come up more often when men toss coins. There are only two possible outcomes (heads or tails) and only two possible tossers (men or women). In the first study, the two outcomes are the two surnames, Doctor and Lawyer, and the two groups that are being compared are doctors and lawyers. The Chi Square test is used when there are two or more outcomes (doctors who names begin with different letter combinations such as An, De, Ra) and two or more groups being compared (Anesthesiologists, Dermatologists, Radiologists, and so on). In this kind of comparison we want to see if one or more groups have a name letter combination that occurs more frequently than what is predicted by chance.

By convention, only differences between two or more groups that occur at a chance of five per cent or less (written as probability (p) less than ($<$), is considered “statistically significant.” Thus a $p < .05$ means that, if 100 such tests were made, a difference this big could only have occurred by chance five times out of a hundred. Similarly, a $p < .01$ means a difference could only have occurred by chance one time out of a

hundred, and a $p < .001$ means a difference could only have occurred one time if the test were repeated a thousand times. Although differences between groups may seem large, they may not be statistically significant because statistical tests take variability into account. With small samples, variability is often very great, so that very large differences do not attain “statistical significance.” By relying on “statistical significance” rather than differences alone, statistics minimize subjectivity.

Results and Discussion

Despite being quite restrictive, doctors were more likely to have surnames containing “doctor” as or in their surname, and lawyers were more likely to contain “lawyer,” as or in their surname, than predicted by chance (Fisher’s exact test, $p = .005$) (see Table 1). While these two surnames represented an extremely small percentage of the total names, the fact that within that collection of names people in these two professions fell into their respective name group is in keeping with implicit egotism’s premise that names do influence career choices. The second study, using a less restrictive name search, provided additional support.

Study 2

Study 2 broadened the search strategy by comparing the frequency of lawyers and doctors in the same databases, with surnames beginning with “law,” “lau,” or “att”(orney) letter combinations, with surnames beginning with “doc,” “dok,” and “med.” The first group of surnames was then collapsed into a single “Law” group and the other was collapsed into a “Doc” group. Each sex was analyzed separately.

Results and Discussion

The most common surnames for the “Law” group were Lawrence, Laurence, and Att. Dockery and Medina were the most common surnames in the “Doc” group. Male doctors were more likely to have surnames containing one of their respective letter groupings than were lawyers, and vice versa for lawyers (Fisher’s exact, $p = .0003$) (see Table 2). The same relationship was not seen for females.

In discussing their results with regard to dentists having more Den letters in their names, Pelham et al. (2002) mentioned that the differences they found could have been due to one or two of the names they sampled. In the present study the most common surname for male doctors was Medina (58 occurrences out of 239).

TABLE 1
NUMBER OF DOCTORS AND LAWYERS WITH SURNAME “DOCTOR” OR “LAWYER”

	Surname	
	Doctor	Lawyer
Profession		
Doctor	20 (14.5%)*	5
Lawyer	12	18 (12.5)*

*Percentages in parenthesis indicate number expected by chance.
Fisher’s exact test, $p = .005$, two tailed.

TABLE 2
 NUMBER OF DOCTORS AND LAWYERS WITH SURNAMES BEGINNING WITH
 DOC/DOK/MED OR LAW, LAU, ATT

	Surname			
	Males		Females	
	Doc/Dok/Med	Law/Lau/Att	Doc/Dok//Med	Law/Lau/Att
Doctor	297(268)*	1101	134(127)*	407
Lawyer	329	1540(1511)*	132	455(449)*

*Percentages in parenthesis indicate number expected by chance.

To determine if this name was unduly influencing the outcome for doctors, the frequency of this same name was determined for lawyers. For that profession there were 44 Medina out of 315 lawyers with surnames beginning with Med.* The higher percentage of Medinas in the medical database could therefore have been due to that particular name. To determine if that were so, the data were reanalyzed after removing the “Medinas” from the analysis. After removal, group differences were still statistically significant. (Chi Square, $p < .04$). The results of Study 2 thus offer further support for either the nominal determination or implicit egotism hypotheses.

The fact that differences were only statistically significant for males was not totally unexpected. Previous studies have also noted that the “name-letter effect” is not as strong for women’s last names as it is for men, possibly because they generally change those names after marriage (Pelham et al., 2002). Alternatively, men may be higher in implicit egotism than women. If the latter were true, one would predict that the association between first names and occupation would also be greater for men than women.

Study 3

Study 3 repeated the previous study using first names in place of surnames.

Results and Discussion

Results were similar to those for the previous study (see Table 3). A significant association between the target letter combinations and professions was noted for males but not females.

TABLE 3
 NUMBER OF DOCTORS AND LAWYERS WITH FIRST NAMES BEGINNING WITH
 DOC/DOK/MED OR LAW/LAU/ATT

	Surname			
	Males		Females	
	Doc/Dok/Med	Law/Lau/Att	Doc/Dok//Med	Law/Lau/Att
Doctor	51(27.6)*	3134	13(8)*	2436
Lawyer	13	4567(4520.3)	10	3997(3993)*

*Percentages in parenthesis indicate number expected by chance.

The fact that a significant association between first name initials and profession was only found for men supports that hypothesis that men have higher implicit egotism than women. Implicit belief systems, like implicit egotism, operate outside of conscious awareness (Greenwald & Banaji, 1995; Pelham et al., 2005). If women have more emotional insight about themselves than men, they may be less likely to be influenced by unconscious affective associations about themselves.

Study 4

The final study determined whether surnames were related to a physician's specialty. Beginning in their third year of medical education, students "rotate" through various clinical departments where they observe physicians treating patients in those various specialties. After graduating, they are required to choose one of those specialties in which to take additional training, for example, dermatology, neurology. The assumption is that in large measure the choice of which specialty they choose depends on their experiences during these clinical rotations. For this study, we asked whether an individual's name also influences the specialty he/she chooses. While it seems far-fetched to think that such an influence might occur, Pelham et al.'s (2002) studies and Studies 1–3 above, indicate that names do influence the general choice of career. This next study tested whether names also influence career choices within a particular profession.

Method

For this study we searched the Board Certified Doctors database. This database includes provision to search names by board certified specialty. Since board certification did not come into existence at the same time for all the specialties listed, searches were restricted to physicians born between 1920 and 1950. We first identified specialties that contained only a single term, for example, Dermatology, rather than multiple terms, for example, Allergy and Immunology, because the former would permit less problematic associations. Based on these specialties, we then compared the frequency of surnames containing a minimum of the first two letters in each specialty, for example, the number of Dermatologists named (De)nny, the number of Neurologists named (Ne)al in each of these specialties. These restraints resulted in match-ups for five specialties: Anesthesiology-An, Dermatology-De, Neurology-Ne, Pediatrics-Pe, Radiology-Ra. (Surgery was not included because it also appears in association with several other subspecialties, e.g., orthopedic surgery.)

We then repeated this study using first names. However, for this study we restricted these comparisons to specialties in which these two first letters were part of at least one of the first 500 most common names in the Social Security name list (www.ssa.gov/OACT/babynames/decades/names1960s.html) for the 1940s, the midpoint of our previous analysis. Since no such male names began with "Su," we did not include Surgery as one of the specialties included in the comparisons.

Results and Discussion

The 7×7 frequency matrix is shown in Table 4. The targeted match-ups in observed and expected frequencies (in brackets) are shown in bold. For each specialty, the

TABLE 4
 LIKELIHOOD OF MEDICAL SUBSPECIALTY AS A FUNCTION OF MALE PHYSICIANS' SURNAMES

Specialty	First Two Surname Initials						
	AN	CA	DE	NE	PA	PE	RA
Anesthesiology	35 (30.5)	81	62	28	56	52	31
Cardiology	27	76 (72.0)	47	18	50	43	44
Dermatology	22	61	35 (34.6)	20	47	34	31
Neurology	14	29	20	18 (13.6)	19	33	16
Pathology	28	92	53	42	84 (65.8)	53	39
Pediatrics	58	161	91	83	120	115 (110.9)	77
Radiology	76	194	99	60	113	129	123 (97.5)

Note: For diagonal frequencies (boldface type), expected values are in parenthesis.

observed frequency of names was disproportionately higher than what was expected by chance (Chi Square, $p < .008$). The highest deviations from chance occurred for radiologist; the lowest for dermatologists. Group differences for female physicians were not statistically significant.

Although Obstetrics/Gynecology is one of the most common specialties in medicine, we did not include it in the previous analyses because of the single term constraint. There are also no names beginning with “Ob” in the first 500 names in the Social Security name list. However, “ob” is the beginning second and third letter combination in Robert and its diminutive Bob, and Robert was one of the five most popular male names in the United States up to the 1960s. As a supplemental study, a different strategy from the previous study was adopted to test whether a disproportionate number of obstetricians are named Robert. For this analysis, we compared the number of obstetricians named Robert with male obstetricians with first names similar in frequency to Robert during the 1960s. James, the name immediately preceding Robert, had a frequency of 3.49 per cent compared to 3.32 per cent for Robert. Mark, the name immediately following Robert, had a frequency of 2.90 per cent. Thus, if obstetricians were more likely to have the first name Robert compared to James than predicted by its frequency of occurrence, it would imply that this name may in some way have influenced their decision to become obstetricians. On the other hand, one would expect more obstetricians to be named Robert than Mark, solely on the basis of their name frequency.

The results supported the hypothesis. There were 898 obstetricians named Robert compared to 673 named James and 278 named Mark. The odds ratio for the Robert/James comparison was 1.3 ($p < .001$). The odds ratio for the Robert/Mark comparison was 3.23, higher than would be expected based on the percentages of these names (1.48, $p < .001$).

General discussion

“Implicit egotism,” a cognizant or unconscious self-awareness (Pelham et al., 2002) can have a broad influence on behavior, affecting attitudes to oneself, to other people (Alicke, 1985; Brown, 1986; Burger et al., 2004; Finch & Cialdini, 1989) to pets, for

example, people tend to choose breeds of dogs that are similar to themselves in appearance (Coren, 1999; Payne & Jaffe, 2005; Roy & Christenfeld, 2004; 2005; cf. Levine, 2005), and even inanimate possessions, for example, people value their own wristwatches and even blank cassette tapes more favorably than those owned by others (Beggan, 1992; Beggan & Allison, 1997; El-Alayli et al., 2006; Nesselroade et al., 1999).

Pelham et al. (2002) reported a series of studies indicating that implicit egotism also motivates people to pursue career choices that remind them of their names. The four studies reported here confirm that finding with a different database. The first three studies found that names denoting medical and legal professions were disproportionately associated with those professions. Study 4 indicated that this same relationship also occurred for distinctions within one of those professions. Ernst and Yett (1961) identified several influences on physicians' career choices. The first, and most important, is "experiential" and derives from the experiences medical students receive during medical school. The second is "taste," the career plans that students bring with them as a consequence of their personalities and social backgrounds. The third is economic, the expectation of future career earnings. In recent years controllable lifestyle has emerged as another important consideration (Dorsey et al., 2003). The present study suggests that the hitherto unappreciated factors of a medical student's surname may also constitute a "tipping point" in career choices, as evidenced by the disproportionate occurrence in the medical profession and in subspecialties of that profession of people with names that match that profession, albeit only among male physicians. A possible explanation for this gender difference is that women are less inclined to have positive feelings about their last names because they are aware that they will probably not keep those names after they marry (Kitayama & Karasawa, 1997).

Names, acting through implicit egotism, can also undermine achievement. Professional baseball players whose first or last names begin with "K," the letter representing strikeouts in baseball, are more likely to strike out than are other players (Nelson & Simmons, 2007), and students pursuing MBA degrees whose names begin with C or D have lower grade point averages compared to those whose names begin with A or B or other alphabetical letters (Nelson & Simmons, 2007). Another instance in which initials have been associated with negative outcomes is the surprising association between one's initials and longevity. Christenfeld et al. (1999) reported that individuals whose names spelled out negative words, such as P.I.G., were more likely to die prematurely, whereas those with positive initials, such as V.I.P., are more likely to live longer. While this finding has been attributed to an artifact related to a shift in the popularity of positive and negative initials over time (Morrison & Smith, 2005), we have corroborated these findings for major league baseball players, even after controlling for birth year (Abel & Kruger, 2007).

Despite the statistically significant differences in the studies reported here, and in those cited above, the differences resulting in these statistically significant effects are relatively small and unlikely to be a major factor in any career decision. However, if a student were uncertain as to whether to pursue a particular career, or what specialty to pursue within a career, then the present studies suggest that the tipping point toward one or the other may ultimately come from the unconscious influence of that student's name.

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