

DOGMATIC THINKING AND COMMUNICATION SKILLS OF STUDENT-PHYSICIANS¹

GLENN A. SALTZMAN
*Northeastern Ohio Universities
College of Medicine.*

FREDRIC M. WOLF
*Ohio State University
College of Medicine*

MARK L. SAVICKAS AND MARTHA L. WALKER
Northeastern Ohio Universities College of Medicine

Summary.—Medical students' performance on Carkhuff's Communication and Discrimination Indexes improved significantly as a result of a 9-wk. training program. However, students who performed better on these measures in relation to their peers were not more open-minded as measured by Rokeach's Dogmatism Scale.

Research indicates that persons, who are more open-minded and exhibit less ethnic prejudice and authoritarianism in their beliefs than their peers, are likely to be less rigid in their problem-solving behavior, less concrete in their thinking, have a broader grasp of a particular subject, seek and utilize more information and resist premature closure in perceptual processes, reserve judgment in decision-making, exhibit fewer distortions of memory, and exhibit greater tolerance of ambiguity (Goldman & Blackman, 1978; Kemp, 1960; Rokeach, 1960). Moreover, dogmatic thinking may influence professionals' attitudes toward their patients or clients. For example, closed-minded medical students held less confidence in the inner resources of cancer patients to handle knowledge of their condition (Juan, Gagan, & Haley, 1969). However, acceptance of death and the necessity to prepare for it were not significantly related to dogmatic thinking.

The purpose of this study was to explore the correlations of open/closed-minded thinking with several measures of interviewing/communication skills for a sample of 55 first-year medical students (38 males and 17 females). The modal age of students was 21 yr. at the time of testing. Approximately two-thirds of the students participate in a combined 6-year B.S./M.S. program, while the remainder are traditional students who have already completed their undergraduate studies.

The mean score on the Dogmatism Scale—Form E (Rokeach, 1960) was 142.84 ($SD = 19.00$). Average scores on Carkhuff's (1969) Standard Indexes of Communication and Discrimination were 1.45 ($SD = 0.52$) and 0.99 ($SD = 0.23$), respectively, before a 9-wk. training program emphasizing the development of patients' trust, reciprocal relationships of physicians

¹Direct correspondence or requests for reprints to Fredric M. Wolf, Division of Research and Evaluation in Medical Education, The Ohio State University, 3190 Graves Hall, Columbus, Ohio 43210.

and patients, and physicians' attending and responding skills. Average scores for the Communication and Discrimination Indexes were 2.59 ($SD = 0.62$) and 0.69 ($SD = 0.17$), respectively, after training. These changes indicated significant students' improvement ($p < .01$) on both the Communication (dependent $t = -8.55$) and Discrimination (dependent $t = 7.14$) Indexes. A lower score on the Discrimination Index indicates greater accuracy in the rating of physicians' responses to patients' statements. A detailed description of this training may be found in Engler, *et al.* (1981).

Responses to the Dogmatism Scale were not significantly related to performance on the Standard Indexes of Communication or Discrimination, neither before nor after training. Neither was dogmatism related to evaluations of students' performance in small groups, nor on a videotaped screened patient interview, nor on a written final examination. Correlations ranged from $-.18$ to $.25$.

The fact that measures of open/closed-minded thinking and communication/interviewing skills share little common variance may be a reflection of the composition of the Dogmatism Scale. Of the 40 items 15 concerned self-proselytization, power and status, acceptance of authority, and beliefs in a cause, with stronger agreement indicative of more closed-mindedness. For example, persons more strongly agreeing with the following statements are considered to be more dogmatic: "While I don't like to admit this even to myself, my secret ambition is to become a great man . . . ; if given the chance I would do something of great benefit to the world; it is often desirable to reserve judgment about what's going on until one has had a chance to hear the opinions of those one respects." Given the esteem in which physicians are held by society, their relative position of authority and the power they exercise over the lives of their patients, their helping "mission," and the desirability of seeking either second opinions or opinions of others with more specialized training and knowledge, the Dogmatism Scale may not be an appropriate measure of dogmatic thinking for use with either students or practicing physicians.

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