AUTHORITARIANISM AMONG MEDICINE AND LAW STUDENTS

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This study assessed the effects of gender, faculty, and year (level) on "authoritarianism" among university students within the faculties of law and medicine. A questionnaire, using the Ray Adapted F Scale to measure authoritarianism, was administered to 454 students at the University of Western Australia. The first, third and sixth year medical students were compared with first, third and final year law students. Gender alone was responsible for a significant source of variance, with males more authoritarian than females. Faculty alone showed a strong trend towards significance with medicine more authoritarian than law. Although no other 2- or 3- way interactions were significant a trend was apparent in which females became more and males less authoritarian with increasing level.

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Discrimination against patients from minority groups may impede their access to medical care [1-3], and adversely affect their medical management; therefore the personality traits of members of the medical profession may directly affect the quality of medical care. Poorer treatment of aboriginal patients when compared to white has been observed [1,2]. The first major explanation for the ineffectiveness of health care to the aboriginal population at the Bourke Aboriginal Medical Centre was "the cultural chasm between the providers and the potential consumers of Health care". Kamien claimed that "the accessibility of medical care related to both geographical and cultural proximity [1]. .... intolerance of white staff was sometimes expressed by the quality of anger and harshness in their voices" [1]. Hood, studying the cognitive and affective rejection of mentally ill persons, found that it correlated significantly with the doctors' level of "authoritarianism" [3]. Wayne studied the attitudes of medical personnel that alienated their "substance abuse" patients. He found that negative attitudes strongly correlated with authoritarian views [4]. Such attitudes however could be improved through lectures, with resulting increased competence in dealing with these patients; the improvement strongly correlating with a reduction in the authoritarian pattern of response [4]. Eron claimed that medical students possessed certain values and attitudes dissonant with the demands and gratifications of a service-oriented profession [9]. McGuire, considering an "authoritarian personality" as one characterised by the relative absence of humanitarian feeling, demonstrated a significant decrease in the expression of human feelings over four years of medical school [10]. Using the Likert Humanitarian scales, Eron showed that medical students who became more humanitarian did less well on the clinical part of their National Board examinations than those who showed

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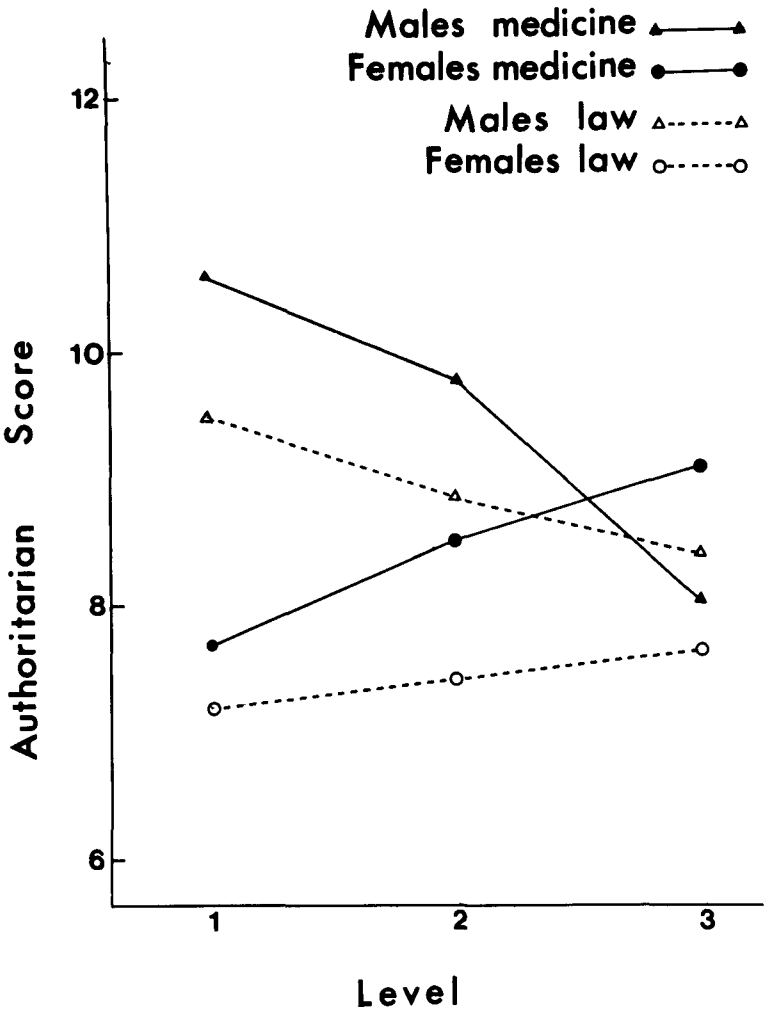

Figure 1. Authoritarian score for males and females in the faculties of law and medicine. Levels 1, 2 and 3 refer to 1st, 3rd and final year of undergraduate study

a decrease [9]. Few other studies in this field have been reported.

The authoritarian personality [5] was originally defined as a personality type with dogmatic beliefs, an hierarchical orientation in interpersonal relationships, with significantly greater distrust and suspicion, manipulative in relationships with others and seeking material rather than social values. The Adorno F scale was used to quantitate this personality type. This scale correlated with the Anti-Semitic scale [5]. As individuals who tended to answer all questions positively appeared more authoritarian, due to the structure of the original questionnaire, the wording of the questions was changed to account for these "false" positive responders or acquiescers [6-8].

As the authoritarian personality type may predictably compromise the quality of health care delivery, particularly to minority groups, we examined the claims made in previous studies that forces within the medical faculty select out a specific type of personality [9,10] likened to the authoritarian personality [5]. The prevalence of the personality trait was determined in 452 students, comparing medical and law students, and the variables of gender and year assessed.

Methods

Subjects

The study compared medical and law students. The four hundred and fifty four students were volunteers

Table 1. Summary of analyses of variance examining effects of gender, faculty and level on authoritarian score

Source of variation	Sum of squares	DF	F	P
Gender	157.6	1	9.2	0.003
Faculty	61.1	1	8.6	0.059
Level	15.8	2	0.5	0.68
2-Way interaction				
Gender/Faculty	4.9	1	0.3	0.6
Gender/Faculty	135.1	2	3.9	0.1
Faculty/Level	2.5	2	0.1	0.9
3-Way interaction				
Gender/Faculty/Level	31.8	2	0.9	0.4

from undergraduate courses in the faculties of law and medicine at the University of Western Australia. First, third and final year medical students were compared with first, third and final year law students. The male:female ratio in medicine and law did not differ significantly. The subjects were given a questionnaire which included biographic data, and the revised Adorno F-scale [11] to measure the authoritarian personality traits. The subjects were told that all results were confidential, that no right or wrong answers to an individual question existed and to answer all questions with Agree (1) or Disagree (2). The time required to test each group was 5 to 10 minutes. All groups were tested within one week.

Statistical analyses

An 'authoritarian' score out of 36 was determined from the questionnaire. The subjects' results were analysed using the biographic data for the dependent variables faculty (medicine or law), level and gender. Analysis was performed using the SSPS programme ANOVA [12]. A probability level of 5% marked statistical significance.

Results

Four hundred and fifty two questionnaires were completed (99.5% response rate). The sample included 293 males and 161 females (medicine n = 241, law n = 213). Comparable representation of each level included 175 students of level 1, 119 students at level 2, and 160 students at level 3. Using one-way analysis of variance, gender was significant, males being more authoritarian independent of level or faculty (P = 0.003). Although the faculty alone was not responsible for a significant difference in authoritarianism, the trend was strong with medicine more authoritarian than law (P = 0.059), (Table 1). In contrast to other studies, level alone was not responsible for any change in the degree of authoritarianism (P = 0.68). Although there was no other significant 2 or 3 way interaction, a trend exists across faculties for males to become less, and females more authoritarian, with increasing level (fig. 1).

Discussion

This study demonstrates that males were more authoritarian than females and that medical students showed a strong trend towards being more authoritarian than law students. Males tended to become less and females more authoritarian with increasing level.

The observation of a trend towards greater authoritarianism in medical than law students is consistent with a previous study comparing these faculties. Using the Attitude Inventory Scale, law students were found to be less "dogmatic" ("inclination to accept authoritarian pronouncements") than medical students at the Melbourne and Monash Universities, however "not significantly so" [13].

The absence of correlation between authoritarianism and level differs from the single comparable study involving Yale medical students [9]. Adorno noted the authoritarian personality correlated highly with expression of prejudice and cynicism [5] and Eron observed an increase in cynicism with level [9]. The validity of the methodology used is uncertain however as Eron used humanitarian scales of the Likert type "selecting items from it which he felt illustrated" the definition of cynicism taken from Webster's New International Dictionary.

The increased authoritarianism in the male students may relate to characteristics of the previously highly

traditional [14] and widely held [15,16] male gender-role stereotype. In adopting this stereotype males may also adopt aspects of the authoritarian personality such as "generalised hostility" and "manifestation of strict control" [5]. Masculine characteristics have been valued more highly than feminine characteristics particularly when first entering college [14,17-19]. Maccoby summarised her findings on task confidence as "a tendency at first for young women of college age to lack confidence in their ability to do well on a new task and their sense that they have less control over their own fate than men" [20]. Women then may become more authoritarian through adopting the male gender-role stereotype.

The observation of a trend toward reduced authoritarianism in males, and increased authoritarianism in females with increasing level (fig. 1), may be explained by forces within the university faculty (or within the community) that foster authoritarianism in females and decrease it in males or tend to bring males and females together in this projected character trait.

The possibility that forces within the faculties tend to bring males and females together in their projected character traits is supported by other studies. Schacter's analysis of the reactions of group members to a person who deviates from the group norms shows that the deviate is rejected [21]. Newcomb concluded from a study of previously unacquainted students that similarity of attitudes and values helped to determine the "affect" structure within a given group, with pairs who liked one another showing more similarity than pairs who disliked each other [22]. Eron found increasing homogeneity of results in personality tests with increasing level in Yale medical students [9]. He concluded the "increasing homogeneity" was "really a function of the exposure of all of them to the same kind of experiences". McGuire found changes in personality traits including "the decreased expression of humanitarian feelings" in medical students progressing from the first to final years. He concluded "their variability on these measures decreased, indicating the homogenising or levelling effect of the medical school experience". Our finding, then, of increasing homogeneity as manifested in the parameter of authoritarianism, appears to be consistent with a model of forces within the group modifying differences between individuals, and bringing their behavioural patterns together with time, that is, level.

To investigate the cause of these alterations in manifest authoritarianism other university faculties could be examined, uncontrolled variables such as marital status determined and the magnitude of the effects of extra-university social forces examined by comparing a group matched for gender, age, and academic status outside the university. Prospective data would enable us to determine the effect of changing social trends on our findings.

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