To DRE or not to DRE?

The relationship of men’s cognitive style to participation in digital rectal examinations (DRE) and other cancer screening behaviour, then health psychologists should take account of them in health promotion and in clinical settings.

METHOD
We surveyed 585 men from across Australia, asking whether they had done home stool tests (bowel cancer screening), or PSA tests or DREs (prostate cancer screening). The data were analysed using structural equation modelling in AMOS.

CONCLUSION
Attributes of DRE considered in rational processing may motivate participation.

Are NFC or FI associated with higher or lower participation in prostate or bowel cancer screening?

Individuals differ in NFC and FI. If these individual differences are linked to differences in health behaviour, then health psychologists should take account of them in health promotion and in clinical settings.

RESULTS
NFC accounted for 1.2% of the variance in men’s self-reported participation in digital rectal examinations.

We controlled for
- age
- socioeconomic status
- education
- english as first language
- frequency of GP visits.

COGNITIVE STYLE: TWO FORMS OF PROCESSING

Faith in Intuition (FI)
The preference for using intuitive processing, which is:
- high-speed; autonomous
- independent of working memory
- associative.
Experienced as gut feelings, intuition, emotion, knowing.

Need for Cognition (NFC)
The preference for using rational processing, which is:
- slower; deliberate
- reliant on working memory
- algorithmic.
Experienced as conscious, controlled or logical thought.