Journal of Psychosomatic Research 76 (2014) 221–226

Contents lists available at ScienceDirect

Journal of Psychosomatic Research

How attachment style and locus of control influence patients' trust in their oncologist

Marij A. Hillen [a,*], Hanneke C.J.M. de Haes [a], Lukas J.A. Stalpers [b], Jean H.G. Klinkenbijl [c], Eric-Hans Eddes [d], Mathilde G.E. Verdam [a], Ellen M.A. Smets [a]

[a] Department of Medical Psychology, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands
[b] Department of Radiation Oncology, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands
[c] Department of Surgery, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands
[d] Department of Surgery, Deventer Hospital, Deventer, The Netherlands

ARTICLE INFO

Article history:
Received 7 August 2013
Received in revised form 23 November 2013
Accepted 27 November 2013

Keywords:
Trust
Attachment
Locus of control
Physician–patient relations
Oncology
Videotaped consultations

ABSTRACT

Objective: Cancer patients need to trust their oncologist. How the oncologist communicates probably contributes to patients' trust. Yet, patient characteristics such as their attachment style and health locus of control may influence how such communication is perceived. We examined how these personality characteristics influence trust as well as moderate the relation between oncologist communication and trust.
Methods: Eight videotaped scenarios of an oncologic consultation were created. Oncologist communication was systematically varied regarding their expressed competence, honesty and caring. Cancer patients ($n = 345$) were randomly assigned to view the videos and report their trust in the observed oncologist. Patients' self-reported attachment style, health locus of control and trust in their own oncologist were assessed.
Results: Patients with a stronger external health locus of control trusted the observed oncologist more ($p < .001$). Neither attachment avoidance nor attachment anxiety was related to trust in the observed oncologist. However, attachment avoidance moderated the positive effect of the oncologists' communication of caring and honesty on trust: avoidant attachment significantly diminished the effect ($p < .011$ and $p < .044$, respectively). High attachment avoidance ($p = .003$) and attachment anxiety ($p < .001$) were related to weaker trust in patients' *own* oncologist.
Discussion: Patients' attachment avoidance may hamper their trust in their own, but not necessarily in a newly observed, oncologist. As expected, patients' attachment style influences how oncologist communication influences trust, underscoring the importance of oncologists tailoring their communication to individual patients. We confirmed observational findings that patients convinced that others control their health trust their oncologist more than others.

Introduction

Cancer patients need to be able to trust their oncologists, since they depend on their medical knowledge and skills for either cure or extension of life [1]. When so much is at stake, strong interpersonal trust is even more crucial than in many other medical situations. To help oncologists create optimal trust, we need evidence on how it is established.

Trust may be defined as the optimistic acceptance of a vulnerable situation, in which patients believe their physician to act in their best interests [2]. It is in part caused by the oncologist's behavior. Three communication elements appear to especially foster cancer patients' trust. Trust is enhanced if the oncologist 1) explicitly conveys medical competence, 2) informs the patient honestly and in sufficient detail, and 3) is caring and compassionate towards the patient [3 and Hillen et al., submitted].

Trust is also presumed to be dependent on patient characteristics. Women, elderly, and more highly educated cancer patients were more trusting of their oncologist [4–7]. Additionally, particular personality traits, i.e., patients' attachment style and their locus of control, have been frequently linked to cancer patients' ability to trust their oncologist. Moreover, these traits may influence how oncologist communication is perceived [8], thus moderating the effect of communication on trust. However, solid evidence for the direct and indirect associations between cancer patients' personality characteristics and trust is rare. Such associations should be established, as reduced trust is associated with more patient worry [9,10], reduced treatment adherence [11–13], and reduced loyalty to oncologists [14]. Therefore, this study sought to estimate how attachment anxiety, attachment avoidance, and health locus of control (HLOC) predict cancer patients' trust in

* Corresponding author at: Academic Medical Center, University of Amsterdam, Department of Medical Psychology, P.O. Box 22700, 1100 DE Amsterdam, The Netherlands. Tel.: +31 20 566 4631; fax: +31 20 566 9104.
E-mail address: M.A.Hillen@amc.uva.nl (M.A. Hillen).

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http://dx.doi.org/10.1016/j.jpsychores.2013.11.014

the oncologist (research question 1), and moderate the effect of communication on trust (research question 2) (see Fig. 1). Results can help oncologists adapt their communication to individual patients.

Attachment style

Attachment style is a consistent and enduring pattern of how an individual relates to people when in a dependent relationship [15,16]. The attachment styles observed in childhood are thought to persist throughout adulthood, and influence cognitions, affect, and behavior in close relationships [17,18]. Initial attachment theories and measures categorized people into 'attachment styles', i.e., anxious, avoidant or secure, whereas later evidence points towards two dimensions of insecurity as underlying adult attachment style [19]. Presently, debate continues about the optimal means to assess attachment styles, and different conceptualizations (categorical vs. dimensional) and measurement types (self-report vs. observational) are still in use [20]. Nevertheless, adult attachment is now predominantly assessed by combining scores on two, largely independent, continuous dimensions: attachment anxiety and attachment avoidance [21].

Attachment anxiety involves a fear of interpersonal rejection or abandonment, an excessive need for approval from others, and distress when the other is unavailable or unresponsive. Attachment avoidance involves fear of dependence and interpersonal intimacy, an excessive need for self-reliance, and reluctance to self-disclose [22]. High scores on either or both dimensions are indicative of insecure attachment, whereas securely attached individuals score low on both attachment avoidance and anxiety [19].

At times of stress and particular vulnerability, e.g., in severe illness, attachment behaviors are thought to be particularly activated [23]. Insecure attachment could then hamper patients' willingness or ability to form a trusting relation with their physician [23,24]. Thus, cancer patients with insecure attachment styles may trust their oncologist less than securely attached patients [25]. Patients' attachment style may also moderate how they perceive their oncologist's communication, and how such communication impacts trust [23]. More specifically, avoidantly attached people are known to seek control, and might therefore require more information. Attachment avoidance has also been associated with refusing empathy [26,27]. Consequently, they might appreciate the oncologist's elaborate and honest information provision, whereas caring behavior may negatively impact on trust. Reversely, anxiously attached patients were suggested to have a strong need for proximity [26], which may lead to a particularly strong beneficial effect of the oncologist's caring behavior on trust.

To summarize, it is hypothesized that cancer patients who score high on either attachment avoidance, attachment anxiety, or both, will report lower trust in the oncologist. The higher the patients' attachment avoidance, the stronger the expected positive effect of honest information provision by the oncologist. Moreover, the positive effect of caring behavior on trust is expected to be stronger than average for patients with high attachment anxiety and weaker for patients with high attachment avoidance (see Fig. 1).

Powerful others health locus of control

Health locus of control (HLOC) has additionally been related to patients' trust. Moreover, it may determine how oncologist's communication influences their trust. HLOC is defined as the extent to which individuals consistently attribute their health to their own doing, willpower or efforts or to external agents [28–30]. Powerful others HLOC is a person's consistent belief that powerful individuals other than one-self, e.g., healthcare providers, control one's health [31].

When confronted with cancer, most patients have to undergo drastic procedures or treatments with limited guarantees and several associated risks. The belief that the physician carrying out this procedure or treatment strongly impacts one's health could predispose someone to trust [28,32], as was previously demonstrated among primary care [32,33] and HIV patients [28]. Likewise, the effect of communication on trust may differ depending on patients' health locus of control. Specifically, patients with a strong belief in powerful others may feel little need for personal control. Consequently, they might attach relatively less importance to detailed and honest information provision by their oncologist [34].

Summarizing, patients with strong powerful others HLOC were hypothesized to have more trust. Moreover, the stronger the patients' belief in powerful others in controlling their health, the weaker the expected positive effect of an oncologist's honest information-provision on trust (see Fig. 1).

Methods

Design

This investigation is part of an experimental study in which the effects of specific characteristics of oncologist communication on patients'

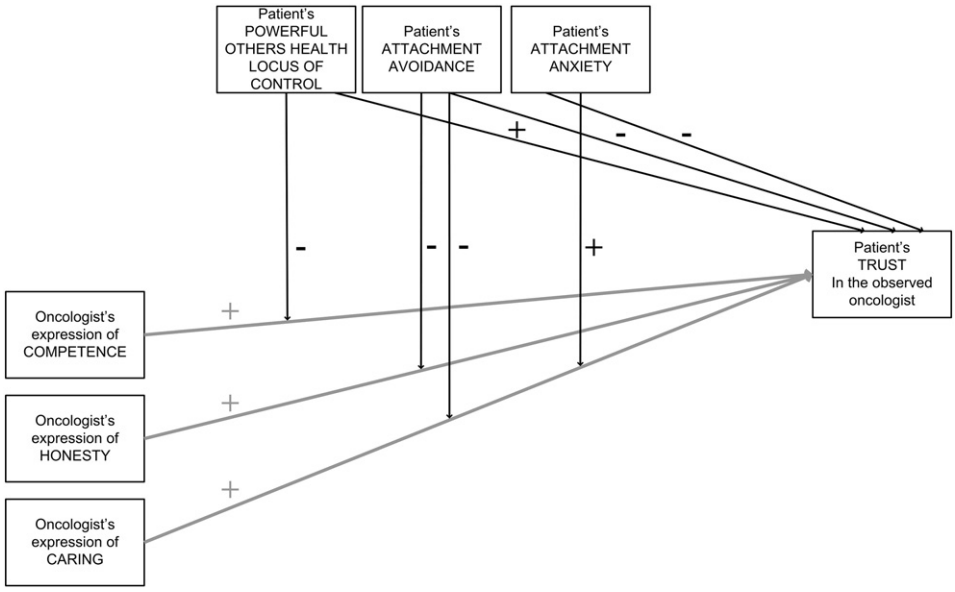

Fig. 1. Visual representation of research hypotheses.