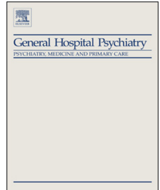
ARTICLE IN PRESS

General Hospital Psychiatry xxx (2014) xxx–xxx

Contents lists available at ScienceDirect

General Hospital Psychiatry

journal homepage: http://www.ghpjournal.com



Lower levels of trust in one's physician is associated with more distress over time in more anxiously attached individuals with cancer

Chris Hinnen, Ph.D. [a,b,*], Grieteke Pool, Ph.D. [b], Nynke Holwerda, Ph.D. [b], Mirjam Sprangers, Ph.D. [c], Robbert Sanderman, Ph.D. [b,d], Mariet Hagedoorn, Ph.D. [b]

[a] Department of Medical Psychology and Hospital Psychiatry, Slotervaart Hospital, Amsterdam, The Netherlands
[b] Section Health Psychology, Department of Health Sciences, University Medical Centre Groningen, University of Groningen, Groningen, The Netherlands
[c] Department of Medical Psychology, Academic Medical Centre, University of Amsterdam, The Netherlands
[d] Department of Psychology, Health and Technology, University Twente, Enschede, The Netherlands

ARTICLE INFO

Article history:
Received 26 January 2014
Revised 3 March 2014
Accepted 4 March 2014
Available online xxxx

Keywords:
Cancer
Patient–physician trust
Attachment
Emotional distress
Physical functioning

ABSTRACT

Objective: In the present study, we investigated individual differences in the outcome of patient–physician trust when confronted with cancer from an attachment theoretical perspective. We expected that lower levels of trust are associated with more emotional distress and more physical limitations within the first 15 months after diagnosis, especially in those who score relatively high on attachment anxiety. No such association was expected for more avoidantly attached individuals.
Method: A group of 119 patients with different types of cancer (breast, cervical, intestinal and prostate) completed questionnaires concerning trust (short version of the Wake Forest Physician Trust Scale) and attachment (Experiences in Close Relationship scale Revised) at 3 months after diagnosis. Emotional distress (Hospital Anxiety and Depression Scale) and physical limitations (physical functioning subscales of the European Organization for Research and Treatment of Cancer, Quality of Life Questionnaire-C30) were assessed at 3, 9 and 15 months after diagnosis. To test the hypotheses, multiple hierarchical regression analyses were performed.
Results: Lower levels of trust were associated with more emotional distress and more physical limitations at 3, 9 and 15 months after diagnosis in more anxiously attached patients, but not in less anxiously attached patients.
Discussion: These results indicate an attachment-dependent effect of trust in one's physician. Explanations and clinical implications are discussed.

© 2014 Elsevier Inc. All rights reserved.

Trusting one's physician when confronted with cancer is an important factor for a patient's well-being [1]. People with cancer are confronted with many uncertainties, have to deal with radical treatment and have to make difficult and far-reaching decisions. Within such a context, it is important to be able to rely and depend on one's physician. It has been found that lower levels of trust in one's physician are associated with more emotional distress and less adherence to medical advice [2]. However, the impact of lack of trust in one's physician may vary for different people with cancer. In the present study, we show that attachment theory may offer a useful framework for understanding individual differences in the outcome of patient–physician trust. This theory describes the evolutionary and developmental origins of adult patterns in how people perceive, feel and act within close interpersonal relationships [3–5].

According to attachment theory, people show differences in their needs and willingness to rely and depend on others, as a consequence of early childhood experiences with caregivers. These experiences result in attachment representations that shape future expectations, needs and fears regarding dependency and autonomy [4]. In adulthood, attachment representations have been conceptualized as a set of mental states concerning *anxiety* about rejection and abandonment and *avoidance* of intimacy and interdependence [6–8].

People who score relatively low on both dimensions are said to be secure [9]. Secure attachment is a cluster of attitudes and emotional states that includes feeling confident about the availability and responsiveness of others coupled with confidence about one's own ability to deal with stressors [10]. In contrast to more insecurely attached individuals, securely attached individuals have a broad range of different coping skills they have learned to mobilize in a flexible and considered way [11]. Consequently, while lower levels of trust in one's physician may be upsetting for more securely attached patients, they are likely to be able to cope with it in an active and problem-solving way.

Attachment anxiety is a cluster of attitudes and emotional states that include an exaggerated desire for closeness and intimacy together with a high fear of rejection and abandonment [12]. In stressful situations, people high on attachment anxiety may view themselves as

* Corresponding author. Section Health Psychology, Department of Health Sciences, University Medical Centre Groningen, University of Groningen, Antonius Deusinglaan 1, Groningen, the Netherlands. Tel.: +31 503636274.
E-mail address: S.C.H.Hinnen@umcg.nl (C. Hinnen).

http://dx.doi.org/10.1016/j.genhosppsych.2014.03.005
0163-8343/© 2014 Elsevier Inc. All rights reserved.

Please cite this article as: Hinnen C., et al, Lower levels of trust in one's physician is associated with more distress over time in more anxiously attached individuals with cancer, Gen Hosp Psychiatry (2014), http://dx.doi.org/10.1016/j.genhosppsych.2014.03.005

unable to deal with the stressors and emotion regulation and self-soothing may fail. In a medical context, physicians may notice clingy and support-generating behaviors of anxiously attached patients, such as reports of high levels of emotional distress and physical limitations [13]. These behaviors may be seen as an attempt to elicit care that result from a need to rely and depend on others for comfort and reassurance, which may be consistent across relationships and over time [14]. More anxiously attached individuals have been found to report more (unexplained) medical and psychological symptoms than secure and avoidant individuals, and to overuse the health care system [15–18]. Due to their high level of dependency on others, lower levels of trust in one's physician may be associated with the report of more distress and physical limitations, especially in more anxiously attached individuals.

Attachment avoidance is a cluster of attitudes and feeling states that includes an enduring and compulsive tendency to be self-reliant and independent, while denying the importance of close relationships [19,20]. These people tend to overregulate their emotions, show little feelings and use rationalization or intellectualization to handle stressful situations in order to minimize the need to rely on others [19,21]. Due to their high level of independency, lower levels of trust in one's physician may not result in more distress in more avoidantly attached individuals.

In a previous study making use of a categorical measure of attachment, namely, the Attachment Style Interview [22], we showed in the same patient sample that insecurely attached patients reported less trust in their physician than securely attached patients [23]. The effect sizes were small to medium, indicating that even insecurely attached patients reported relatively high levels of trust. Nevertheless, substantial differences in trust could be detected within different attachment subgroups. In the present study, we use a continuous measure of attachment, the Experience in Close relationship questionnaire [6,7,24]. Furthermore, in the present study, we go one step further by investigating a potential moderating effect of attachment on the associations between level of trust in one's physician on the one hand and emotional distress and physical functioning on the other hand. Although categorical data may be appealing in a clinical setting, a dimensional approach as applied in the current study has theoretical and analytical advantages [25]. That is, adult attachment security is more likely to be a variable on which people differ in degree than in type. Moreover, categorical data introduce problems concerning power, which can only be avoided by large samples and effect sizes [26]. Since only small differences in trust can be expected, as was shown by Holwerda et al. [23] and the aim of the present study is theoretically driven, a dimensional measure is preferred.

In the present study, we hypothesized an attachment-dependent effect of trust in one's physician. We expected that lower levels of trust in one's physician are associated with more emotional distress (Hypothesis 1) as well as the report of more physical limitations (Hypothesis 2) within the first 15 months after diagnosis, especially in those people who score relatively high on attachment anxiety. Moreover, attachment avoidance was not expected to moderate the association between trust in ones' physician on the one hand and emotional distress and physical functioning on the other hand. Thus, we expect that decreased trust in the physician will be associated with increased physical and emotional distress and that this association will be strengthened by anxious, but not by avoidant insecurity.

1. Method

1.1. Patients

This study is part of a larger longitudinal study investigating the role of attachment style in adaptation to cancer among people recruited from three hospitals in the Netherlands [23]. The study has been approved by a medical ethical committee in the Netherlands. Individuals were eligible if they were 30 to 75 years old, had a first diagnosis of cancer (i.e., breast, cervical, gastrointestinal or prostatic cancer) within the past 3 months, had an expected survival of at least 1 year and were able to speak and comprehend Dutch. Physicians informed individuals about the study and its requirements. Interested individuals received a detailed information letter and were informed that the information provided would be treated confidentially and that they could withdraw from the study at any time.

1.2. Measures

Respondents completed a questionnaire at three time points, that is, 3, 9 and 15 months after diagnosis. We used their ratings of trust in their physician and attachment representations at the first assessment and the score of distress and physical functioning at all three assessments.

1.2.1. Trust

Individuals' trust in their physician was measured by a short version of the Wake Forest Physician Trust Scale [27,28], assessing trust in the physician who was most involved in the treatment during the past months. The five items administered were as follows: “My physician sometimes puts his/her own interests first,” “My physician is extremely thorough and careful,” “I completely trust my physician's decisions about which treatments are the best for me,” “My physician is totally honest in telling me about all of the different treatment options available for my condition,” and “All in all, I have complete trust in my physician.” Items were scored on a scale from 1 (totally agree) to 5 (totally disagree). After rescaling the positive items, higher scores indicate more trust. We calculated mean scores with a possible range of 1 (no trust) to 5 (full trust) for each patient. Cronbach's alpha was .86.

1.2.2. Attachment representations

Attachment anxiety and attachment avoidance were measured with the Experiences in Close Relationship scale Revised (ECR-R), a continuous measurement of attachment style [6,7,24]. The ECR-R comprises 36 items to assess attachment anxiety (18 items) and attachment avoidance (18 items). Items were rated on a 5-point Likert scale, ranging from “strongly disagree” to “strongly agree.” The present data showed good internal consistency for both subscales, with Cronbach's alphas of .91 and .88 for attachment anxiety and attachment avoidance, respectively.

1.2.3. Distress

Participants completed the Hospital Anxiety and Depression Scale [29], a validated 14-item self-report scale assessing feelings of anxiety and depressive symptoms over the last week on a 4-point scale (0–3, a higher score representing more distress) [30,31]. Cronbach's alpha for the total score was .93, .92 and .90 at 3, 9 and 15 months after diagnosis, respectively.

1.2.4. Physical limitations

The Physical Functioning subscales of the European Organization for Research and Treatment of Cancer, Quality of Life Questionnaire-C30 [32] was administered to assess physical functioning. The Physical Functioning scale consists of five items referring to the past week that can be scored on a 4-point scale ranging from 1 (“not at all”) to 4 (“very much”). Item examples are “are you able to make a long walk” and “do you need help with your personal care?” A lower score indicates that a person states he or she is limited, not able to take care of him or herself and needs help from others. The sum of the subscale was transformed into a score between 0 and 100. Cronbach's alpha was .74, 74 and .77 at 3, 9 and 15 months after diagnosis, respectively.

1.2.5. Patient characteristics and disease-specific variables

Cancer type was extracted from the patients' medical files. Gender, age, educational level, treatment type and presence of metastases at

Please cite this article as: Hinnen C., et al, Lower levels of trust in one's physician is associated with more distress over time in more anxiously attached individuals with cancer, Gen Hosp Psychiatry (2014), http://dx.doi.org/10.1016/j.genhosppsych.2014.03.005

Download English Version:

https://daneshyari.com/en/article/6081747

Download Persian Version:

https://daneshyari.com/article/6081747

Daneshyari.com