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Institutional Betrayal in the Medical System Predicts Symptoms of Posttraumatic Stress Disorder in a Sample of Patients with Chronic Medical Conditions

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ABSTRACT

Institutional betrayal (IB), or feelings that an institution failed to prevent or respond supportively to a traumatic event, may exacerbate the negative consequences of trauma including poorer mental health status (Smith & Freyd, 2013). Due to the cumulative effect trauma has on health (Sledjeski et al., 2008) and the chronic nature of many severe health conditions, individuals experiencing these conditions may need to frequently utilize health care services (Bonomi et al., 2009). Negative appraisals of health care experiences could lead to perceptions of IB in the medical system. The current research investigated the effects of IB on posttraumatic stress (PTSD) symptoms in a Canadian sample with chronic medical conditions. A hierarchical multiple regression analysis indicated that after controlling for previous trauma, quality of the healthcare relationship, and general willingness to trust, IB still significantly predicted posttraumatic stress symptoms. Given that IB is only moderately correlated with the other predictors, results suggest that IB is a unique construct with independent predictive value that may be more detrimental to medical patients than are other factors. Therefore, IB in the medical system is a construct that should be attended to by researchers and those in the medical profession in order to ensure quality healthcare services for patients.

INTRODUCTION

Survivors of trauma often struggle with chronic conditions (both physical and psychological, like PTSD) and are also more likely to utilize healthcare services (Bonomi et al., 2009). Patients with chronic medical conditions may be further traumatized by the medical system given the frequency of medical errors, the role in decision-making, and the quality of healthcare relationships and communication (Ashraf et al., 2013; Mazor et al., 2006). Victims of betrayal trauma, including institutional betrayal (IB), may experience an exacerbation of the negative consequences of trauma (Smith & Freyd, 2013). Research shows that being exposed to trauma that is high in betrayal predicts a lower willingness to trust others, including those who may be important for one's well-being (Gobin & Freyd, 2013). Chronic medical patients, and especially those with a history of trauma, may therefore experience feelings of IB in the medical system during their interactions with healthcare providers.

CURRENT RESEARCH

The current research investigated the effects of IB on PTSD symptoms in a Canadian sample with chronic medical conditions. Specifically, the investigation analyzed whether feelings of IB predict PTSD symptoms above and beyond the effects of other trauma, quality of healthcare relationships, and general willingness to trust others.

METHODS

Participants:

- 352 Canadian individuals with chronic medical conditions participated in an online survey.
 - Ages ranged from 18-88 (mean 47.8); 57.1% identified as female, 42.3% as male.
- 81% identified as "Caucasian," 11.6% as "Asian," 1.4% as "African American," 1.4% as "Hispanic," and 2.8% as other (mainly multiracial).
- Higher SES than the national average (high income and high education).
- Chronic conditions: 43.8% chronic pain, 27.8% respiratory problems, 24.7% arthritis-related problems, 21.9% digestive problems, 20.5% diabetes.

Measures:

- Institutional Betrayal in the Medical System Questionnaire (IBQ-MS; Tamaian, 2015); Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006); PTSD Checklist 5 (PCL-5; Weathers et al., 2013); General Trust Scale (Siegrist et al., 2005); Patient Continuity of Care Questionnaire (PCCQ; Hadjistavropoulos et al., 2008).

Analyses:

- A hierarchical multiple regression analysis investigated predictors of PTSD, with trauma, trust, and healthcare relationships in the first two blocks, and IB experiences in the third.

Table 1. Summary of hierarchical multiple regression analysis

Variable	Blocks								
	Model 1			Model 2			Model 3		
	<i>B</i>	<i>SE</i>	<i>β</i>	<i>B</i>	<i>SE</i>	<i>β</i>	<i>B</i>	<i>SE</i>	<i>β</i>
High betrayal trauma	3.17	.676	.22***	2.84	.64	.20***	2.66	.59	.18***
Low betrayal trauma	1.49	.54	.13**	.91	.51	.08	.34	.48	.03
Healthcare Relationships				-4.04	1.35	-.13**	-1.05	1.30	-.03
Doctor trust				1.91	2.07	.04	3.03	1.91	.06
General trust				12.32	2.17	.25***	8.60	2.06	.17***
Institutional betrayal							.20	.03	.32***
Adjusted <i>R</i> ²	.251			.338			.438		
<i>F</i>	56.72***			35.78***			45.18***		

****p*<.001, ***p*<.01, **p*<.05, *β* represents the part correlation

RESULTS

A hierarchical multiple regression analysis (see Table 1) was conducted to investigate whether or not IB in the medical system predicts PTSD symptoms after controlling for other variables (i.e., previous trauma, healthcare relationships, and trust).

After controlling for high betrayal and low betrayal trauma in block 1, as well as healthcare relationships, doctor trust, and general trust in block 2, the overall model (Model 3) significantly predicted PTSD symptoms. Therefore, experiencing more high betrayal trauma and having a lower willingness to trust others significantly predicted PTSD symptoms.

Importantly, adding IB to the model explained an additional 9% of the variance. Results showed that IB significantly predicted PTSD symptoms even after controlling for previous traumatic experiences and general tendencies to trust others.

DISCUSSION

The results of this investigation indicated that negative interactions with the medical system and thus feelings of IB strongly affect chronic medical patients' psychological well-being even after controlling for other variables (i.e., previous instances of trauma, perceived quality of healthcare relationships, and general tendencies to trust others and to trust medical providers specifically). While IB, mental health, and trauma variables are correlated, they are not interchangeable. Instead, this research showed that IB appears to be a concept that incorporates many of these factors but that adds significant, incremental predictive value towards symptoms of PTSD. Implications of the current research speak to the current state of the Canadian medical system and point to potential avenues for change in order to improve the effectiveness of the distribution of care and patient satisfaction with healthcare interactions.

FUTURE DIRECTIONS

Future studies should be designed to validate this measure of IB with other populations, such as an acute medical population or a mental health population. While being able to identify IB is pivotal, prediction and prevention of IB will be a vital area for investigation. Future research should identify interventions for individuals who have experienced IB and examine the prevalence of IB in various medical systems. Further, research should employ longitudinal designs in order to better understand causal factors of IB (Smith & Freyd, 2014).