

XXVII SCIENTIFIC CONFERENCE

EMPIRICAL STUDIES IN PSYCHOLOGY

13 – 16TH MAY, 2021.

FACULTY OF PHILOSOPHY, UNIVERSITY OF BELGRADE



INSTITUTE OF PSYCHOLOGY
LABORATORY FOR EXPERIMENTAL PSYCHOLOGY
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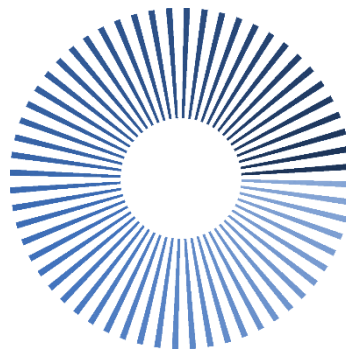
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TUNING FORKS (E. Zimmermann, Leipzig – Berlin)

Instruments for generating tones of a given frequency. They are used in studies of auditory sensitivity for determining the differential, absolute and upper thresholds. Figure shows a set of three tuning forks generating the C-major chord, each fork generating the tones of 256 Hz (c¹), 320 Hz (e¹), and 384 Hz (g¹) respectively. The forks were tuned to the pitch of the originals from the German Physico-Technical Imperial Institute (Phys.-techn. Reichsanstalt).

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IS PATERNALISTIC MODEL OF PHYSICIAN-PATIENT RELATIONSHIP REALLY IN THE PAST: THE ROLE OF TRUST IN PASSIVITY NORMALIZATION

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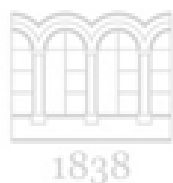
Trust in physicians and health care system is paramount to delivering quality healthcare and crucial for maintaining favorable physician-patient relationship. There are multiple models of physician-patient relationship that differ by patients' role in his/her health-related decision-making. Although legislation has changed towards deliberative model, in practice, the paternalistic model of relationship might still be widespread in Serbian healthcare system. If this is true, trust in physicians and healthcare system should be positively correlated to passivity normalization. Conversely, if the model that best describes real patient-physician relationship in Serbia is deliberative, trust should be negatively correlated to patients' passivity normalization. Women who gave birth at least once ($N = 274$, $M_{age} = 42.4$) completed two sets of items: (a) 24 about their relationship with physicians and attitudes toward healthcare system in general, and (b) seven regarding normalization of passivity during childbirth. Canonical correlational analysis on the two sets of items revealed two significant pairs of canonical functions. The first pair ($Rho = .62$, $\chi^2(168) = 316.73$, $p < .001$) captured the positive relation between trust in physicians (13 items, e.g., *I believe that physicians and healthcare workers care about me as a person*) and all seven items from passivity normalization set. Here, trust in physicians explained 12.6% of the variance of passivity normalization. The second pair of functions ($Rho = .48$, $\chi^2(138) = 192.71$, $p = .001$) pointed to the negative relation between trust in public healthcare system (5 items, e.g., *If I could afford it, I would always choose a private hospital*) and three items from passivity normalization set that indicate full submissiveness during childbirth (e.g., *During a childbirth, a woman must do whatever the physician tells her*). This function accounted for only 2.9% of the variance. Our results indicate that trust in healthcare providers and system reflects on women's passivity normalization, that is – paternalistic physician-patient relationship is present, accepted and supported by patients. This is reflected in positive relation between trust in physicians and passivity normalization. However, negative relation between trust in public healthcare system and full submissiveness during childbirth indicates that, alongside the existing paternalistic model, there is slight but far from comprehensive shift to the deliberative model.

Keywords: trust in healthcare system, physician-patient relationship, passivity normalization

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