Exploring the relationship between patients' health locus of control and perception of physician's support

2008

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EXPLORING THE RELATIONSHIP BETWEEN PATIENTS' HEALTH LOCUS OF CONTROL AND PERCEPTION OF PHYSICIAN'S SUPPORT

by

Maria F. Ricci-Twitchell

A thesis submitted in partial fulfillment of the requirements For the Honors in the Major Program in Psychology in the College of Sciences and in The Burnett Honors College at the University of Central Florida Orlando, Florida

Spring Term 2008

Thesis Chair: Dr. Karen Mottarella
Abstract

This study explored the relationship between patients' Health Locus of Control and their perceptions about the nature of their physician-patient relationship. The Locus of Control Scale and the Multidimensional Health Locus of Control Scale were implemented to measure the degree of personal control individuals attribute to their health. The Health Care Climate Questionnaire was used to measure the perceived physician support. The predicted result of the study was that patients who exhibit a higher degree of internal health locus of control would report better relationships with their physicians. This hypothesis was confirmed; there was a positive relationship between Internal Health Locus of Control and the Health Care Climate Questionnaire. Also, a significant relationship between the Powerful Others subscale of the Health Locus of Control and perceived physician support was established.
Dedications

To my family, who supported me through this journey.

To my primary care physician, Dr. Guillermo Fonseca, who not only has given me medical support but also has been a great inspiration.
I would like to take this opportunity to personally acknowledge each and every one of my committee members for their support:

To Dr. Karen Mottarella,
Since day one you have supported me in every step of the way and kept me on track, especially when I suffered from major writer’s block. Thank you for believing in me!

To Dr. Shannon Whitten
Your input of ideas throughout the thesis development, your patience during the data analysis process, your overall help in every aspect of this journey, Thank you!

To Mrs. Nancy Brasel,
Your critical analysis of certain aspects of my thesis encouraged me to rethink certain components from the draft. Thank you for your help!

I would like to also acknowledge my husband, thank you for your support and your loving heart, and my parents, none of this would be possible if it was not for your support.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Method</td>
<td>6</td>
</tr>
<tr>
<td>Participants</td>
<td>6</td>
</tr>
<tr>
<td>Measures</td>
<td>6</td>
</tr>
<tr>
<td>Procedure</td>
<td>9</td>
</tr>
<tr>
<td>Results</td>
<td>11</td>
</tr>
<tr>
<td>Discussion</td>
<td>13</td>
</tr>
<tr>
<td>Tables</td>
<td>18</td>
</tr>
<tr>
<td>Table 1. Descriptive Statistics on Participant Demographics and responses to Health History Questions</td>
<td>19</td>
</tr>
<tr>
<td>Table 2. Average Scores and Standard Deviations the Locus of Control Scale, the Multidimensional Health Locus of Control Scale forms A and B, and the Health Care Climate Questionnaire</td>
<td>20</td>
</tr>
<tr>
<td>Table 3. Pearson Correlations between the Locus of Control Scale and the Multidimensional Health Locus of Control Scale forms A and B</td>
<td>20</td>
</tr>
<tr>
<td>Table 4. Pearson Correlations between the Multidimensional Health Locus of Control Scale forms A and B and the Health Care Climate Questionnaire</td>
<td>20</td>
</tr>
<tr>
<td>Table 5. Pearson correlations between the questions on the Patients' Perceptions of Primary Care Physicians Short Questionnaire, the Health Care Climate Questionnaire, and the Internal Health Locus of Control subscales in forms A and B</td>
<td>21</td>
</tr>
<tr>
<td>Appendices</td>
<td>22</td>
</tr>
<tr>
<td>Appendix A: Informed Consent</td>
<td>23</td>
</tr>
<tr>
<td>Appendix B: Locus of Control Scale</td>
<td>26</td>
</tr>
<tr>
<td>Appendix C: Multidimensional Health Locus of Control Scale Form A</td>
<td>30</td>
</tr>
<tr>
<td>Appendix D: Multidimensional Health Locus of Control Scale Form B</td>
<td>33</td>
</tr>
<tr>
<td>Appendix E: Health Care Climate Questionnaire</td>
<td>36</td>
</tr>
<tr>
<td>Appendix F: Participant Information Form</td>
<td>40</td>
</tr>
<tr>
<td>Appendix G: Patients' Perceptions of Primary Care Physicians</td>
<td>43</td>
</tr>
<tr>
<td>Appendix H: Debriefing Form</td>
<td>46</td>
</tr>
<tr>
<td>References</td>
<td>48</td>
</tr>
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Introduction

The United States spends more on health care than any other industrialized nation in the world (California Health Care Foundation, 2005). In 2005, health care spending in the United States reached two trillion dollars and is expected to increase to four trillion by 2015 (Borger, Smith, Truffer, Keehan, Sisko, Poisal & Clemens, 2006). An important variable in health care cost is patient satisfaction (Helman & Frostin, 1998; Frostín, 1999). A report on the 1998 Health Confidence Survey by Frostin and Hicks (1998) determined that a main concern for most Americans is health care cost, especially in the future. Out of the 1002 participants in the survey the majority were not satisfied with their choice of physician and quality of care received.

While patient satisfaction is an important determinant of a proficient health care system, only 40 percent of Americans report being satisfied with their health care (World Health Organization, 2000). Such alarming levels of dissatisfaction regarding the health care system have consistently appeared in several medical reports (National Coalition on Health Care, 1997; Helman & Frostin, 1998; Frostin, 1999; Frostin, 2000). An important, yet underemphasized, determinant of the patients' overall satisfaction with the health care system is the quality of the relationship with their primary care physician (Tidikis & Strasen, 1994; Lindenthal, Lako, Van Der Waal, Tymstra, Andela, Scheneider, 1999; Reed & Trude, 2002). In a study conducted by Fuertes et. al. (2006) 118 patients rated the quality of their working alliance with their physicians. They found that patients who reported significantly stronger working alliances also had stronger adherence to the treatment recommendations. Another study that investigated the relationship between patient satisfaction and the doctor-patient relationship was conducted by Flocke, Miller
and Crabtree (2002). The researchers used a cross sectional design with 2881 patients and linked patient satisfaction to the communication style used by physicians. Four communication styles were identified: person-focused, biopsychosocial, biomedical and high physician control. The study indicated that levels of satisfaction were reported to be highest among the patients that received care from physicians with the person-focused style, while the lowest levels were associated with the high physician control style. The person-oriented physicians communicated in a friendly style and negotiated treatment options with their patients. Whereas physicians using a high control approach assumed a dominant position in relation to their patients and gave less attention to the patients' concerns. The remaining two styles, biopsychosocial and biomedical, did not exhibit high levels of patient satisfaction as compared to the person-focused style. Physicians that were identified as being biopsychosocial rated second highest after the person-focused style because they included the social repercussions of the health conditions of their patients. The biomedical style physicians focused more on treating the disease; this generally resulted in low levels of patient satisfaction.

One variable that is thought to influence the relationship between the physician and the patient is Health Locus of Control (Auerbach, Clore, Kiesler, Orr, Pegg, Quick & Wagner, 2002; Braman & Gomez, 2003; Burgoon, Parrott, Burgoon, Coker, Pfau & Birk, 1990; Cvengros, Christensen, Hillis & Rosenthal, 2007). The general concept of Locus of Control was first introduced in 1954 in Rotter's Social Learning Theory. Locus of Control involves the degree that a person attributes events that occur in his or her life to internal or external factors. Internal factors are perceived to be within the control of the actual individual including both personal characteristics and personal behavior and
choices. Individuals with an external Locus of Control attribute the cause of the event to be outside of their control, such as the result of chance, luck, or powerful others (Rotter, 1990). Social Learning Theory and the concept of locus of control spurred a vast body of research. Locus of Control has been linked to several factors, including: independence and resistance to influence (Seeman, 1963); involvement in social action (Gore & Rotter, 1963); interpersonal trust (Rotter, 1980); academic achievement (Uguak, Elias, Uli & Suandi, 2007); and employees' job stress and turnover intentions (Chiu, Chien, Lin & Hsiao, 2005).

In 1976, the general concept of Locus of Control was applied to the health arena (Wallston, Wallston & Kaplan, 1976). Health Locus of Control involves either internal or external attributions made in a health care context. Individuals with an Internal Health Locus of Control tend to believe that their health is a function of their own behavior. For example, these individuals with a high Internal Health Locus of Control might say, “If I can take care of myself, I can avoid illness”. External individuals, however, tend to attribute the status of their health to factors that are beyond their power. For example, they might say, “Good health is largely a matter of good fortune” (Wallston et al., 1976). Health Locus of Control has been found to influence patient adherence to medication (Voils, Steffens, Flint & Borsworth, 2005); adherence to weight loss plans (Paxton & Sculthorpe, 1999); eating habits (Wardle, Steptoe, Bellisle, Davou, Reschke, Lappalainen, & Fredrikson, 1997); healthy lifestyles such as using seatbelts (Steptoe & Wardle, 2001); and dental care (Ludenia & Doham, 1983). In general, patients with high internal Health Locus of Control led healthier lifestyles than patients with high external Health Locus of Control.
Another concept related to patient satisfaction is the patient’s perception of the physician’s support (Fiscella, Franks, Srinivasan, Kravitz, & Epstein, 2007). In a study conducted by Franks, Fiscella, Shields, Meldrum, Duberstein, Jerant, Trancredi and Epstein (2005) 4,700 participants completed a survey that measured both changes in their health status over the past year and the perception of their physicians. Patient’s perception of the physician included measures of four dimensions: the physician’s personal familiarity with the patient, trust, perceived support in decision making, and satisfaction. The results revealed that patients’ that indicated having positive perceptions of their physician reflected on all of the four dimensions were associated with both a smaller risk of health status decline and increase levels of satisfaction. A study conducted by Kim, Kaplowitz, and Johnston (2004) with 550 outpatients yielded similar results. The perceived physician empathy and support measured through the factors of information exchange, inter-personal trust, perceived expertise, and partnership significantly increased patient satisfaction and compliance in general. Perceived physician support as a moderator to patient satisfaction has also been measured through the physician’s communication style. In a study by Silvester, Patterson, Koczwara, and Ferguson (2007) patients rated physicians who used more open communication skills as more empathic and supportive than physicians who used a more controlling communication style. This conclusion was also supported by a study executed by Williams, Frankel, Campbell and Deci (2000) which concluded that a positive perception of the physician in the context of physician’ supportive communication style was connected to higher patient satisfaction.

The current study explores the relationship between Health Locus of Control and the patients’ perception of support from their primary care physician. Previous studies
have touched on this topic but have either used different scales to measure the physician patient-relationship (Duberstein, Meldrum, Fiscella, Shields, & Epstein, 2006; Schwartz, Hasnain, Eiser, Lincoln, & Epstein, 2006) or the sample was homogenous and included only people with an illness (Williams et al., 1996, Williams, Rodin, Ryan, Grolnick & Deci, 1998; Williams, McGregor, King, Nelson, & Glasgow, 2004). For example, in a study conducted by Williams, Rodin, Ryan, Grolnick and Deci (1998) 126 participants’ adherence to prescription medication was investigated. A relationship was found between Internal Health Locus of Control and perceived medical support in promoting medication adherence. Although the study’s results were consistent with a previous study that used the same methods for weight control (Williams, Grow, Freedman, Ryan, & Deci, 1996), neither of these studies were representative of the general population. This study uses a sample of participants with no specific illness or disorder and looks specifically at the correlation between the Health Locus of Control and the nature of the patient’s relationship with the physician. The hypothesis is that in a sample of individuals with no specific illness or disorder Internal Health Locus of Control will positively correlate with how supportive the patient perceives the physician to be. The purpose of this study is to replicate and extend the results of previous research to the general population.
Method

Participants

Participants included 196 University of Central Florida psychology students over the age of 18 with internet access. Recruitment occurred via the UCF Psychology Research Participation System (Sona), an online research engine. Access to the survey was accomplished by logging on to sonasystem.com. The participants received extra credit points for their participation. Of the 196 total participants, 155 (77.1%) were female and 41 (20.4%) were male. The majority of the sample was Caucasian (70.1%) followed by several different ethnic groups: Hispanic (14.9%), African American (5.5%), Asian (4%), Pacific Islanders (1%), and other (5.5%). Most of the participants carried health insurance (84.6%) while 15.4% claimed not to have any form of health coverage. The majority of the participants rated their health as very good (49.3%), followed by good (21.4%), excellent (17.9%), some health problems (10%), and serious health problems (1%). Most of the participants had visited their primary care physician within one year (78.1%) and 21.9% reported having seen a primary care physician more than one year ago.

Measures

The participants completed the following four scales:

Locus of Control Scale. The Locus of Control scale measures the degree to which individuals attribute the events that occur in their life to either internal or external factors (Rotter, 1966). The scale consists of 29 items containing either an internal directed answer (e.g. “When I make plans, I am almost certain that I can make them work”) or an external directed answer (e.g. “It is not always wise to plan too far ahead because many
things turn out to be a matter of good or bad fortune anyhow”). After the total score is obtained, a high score reveals External Locus of Control while a low score indicates an Internal Locus of Control (Rotter, 1966). The purpose of this scale in the context of the present study is to confirm the reliability of the Multidimensional Health Locus of Control Scale by serving as a parameter in determining either the internality or externality of the participants. Previous studies have yielded significantly different alpha reliabilities for each of the three subscales that are part of the Multidimensional Health Locus of Control scale. For example, Wallston et al. (1978) found the alpha reliability of the three subscales to be between .67-.77. Contradicting these results was the alpha reliability reported by Wall, Hinrichsen and Pollack (1989) with ranges between .79-.80. Due to these discrepancies the addition of the Locus of Control ensures the precision of the Multidimensional Health Locus of Control scale. The scale is reported in its entirety in Appendix B.

*Multidimensional Health Locus of Control Scale.* The Multidimensional Health Locus of control Scale (MHLOC) was developed by the Wallston, Wallston and DeVellis (1978) as an advanced adaptation of the Health Locus of Control. The MHLOC is comprised of three subscales: Internal Health Locus of Control, Powerful Others Health Locus of Control, and Chance Health Locus of Control. Each of the three subscales corresponds to three different sources of control over health. In this scale, the external factors are divided into powerful others and chance. The Internal Health Locus of Control (IHLC) is the degree to which a person believes that his or her health results from their own behavior (e.g. “If I take the right actions, I can stay healthy”). The Powerful Others Health Locus of Control (PHLC) is the extent to which personal behavior and health are
attributed to the influence of powerful individuals, such as physicians or family members (e.g. “Regarding my health, I can only do what my doctor tells me to do”). The Chance Locus of Control (CHLC) encompasses the extent to which health is presumed to be a function of chance, luck, or fate (e.g. “Luck plays a big part in determining how soon I will recover from an illness”) (Wallston et al., 1978).

Forms A and B each contain the three Health Locus of Control subscales which are represented by six items and are rated using a 6 Likert response scale (i.e. 1 = “strongly disagree” and 6 = “strongly agree”). The two forms are scored independently because each one is a different measure of the same construct, therefore there is not total MHLOC score (Wallston et al., 1978). In general IHLC scores are slightly negatively correlated with CHLC, whereas IHLC scores are uncorrelated to PHLC, PHLC and CHLC are slightly positive correlated (Wallston, Stein, & Smith, 1994). According to Wallston et al. (1978) the alpha reliability of each of the three subscales ranging from .67-.77. Other studies also reported similar alpha levels, finding alpha ranging from .60-.63 (Hewson & Charlton, 2005) and an alpha range between .55-.76 (Malcarne, Fernandez & Flores, 2005). In contrast, other studies show significant higher alpha scores such as the one obtained by Wall et al. (1989) with alpha levels for the three subscales ranging from .79-.8 and Kircaldy, Siefen, Merbach, Rutow, Brahler, and Wittig (2007) obtained alpha ranges from .71 to .93. Form A of the scale is reported in its entirety in Appendix C and form B of the scale is reported in its entirety in Appendix D.

The Health Care Climate Questionnaire (HCCQ). The Health Care Climate Questionnaire (HCCQ) assesses the patient’s perception of physician’s support. The HCCQ includes 15 items designed to determine the patient’s perception of the degree to
which the relationship with his or her physician promotes an autonomous environment (e.g. "My physician listens to how I would like to do things"). The items are scored based on a five point scale that ranges from "not true at all" to "very true" (Williams et al., 1996). The reliability for this scale is fairly high. In a study that included participants in a weight loss program the Cronbach’s alpha was .92 (Williams et al., 1996) and in a smoking cessation study Cronbach’s alpha was reported to be .96 (Williams & Deci, 1996). The scale is reported in its entirety in Appendix E.

*Participant Information Form.* A participant information form was used to collect demographic information of the participant, including age, race, gender, marital status, whether they currently have health insurance, current health status, and number of visits to their primary care physician. The Participant Information form is reported in its entirety in Appendix F.

*Patients’ Perceptions of Primary Care Physicians Short Questionnaire.* A short questionnaire that included items pertaining to the interaction that participants may have had with their physicians was constructed by the researcher with the purpose of highlighting perception of physician support. Sample items include: “If I am not satisfied with my doctor’s diagnosis I will probably seek a second opinion”, “I usually take notes when I go into a doctor’s visit” and “There were times when I doubted my doctor’s course of action”. The short questionnaire is reported in its entirety in Appendix G.

*Procedure*

Participants gained access to the study through the UCF Psychology Department’s Sona System website. A link directly connected them to zoomerang.com where they were able to complete the survey. The first screen included the informed consent form which
explained that the aim of this study was to investigate the relationship between patients and their physicians. Participants were required to sign an electronic waiver of consent before they proceeded to completing the surveys.

Following the Informed Consent, the participants first completed the Locus of Control Scale. Then, participants completed the Multidimensional Health Locus of Control Scale. Next, the participants completed the Health Care Climate Questionnaire. Lastly, participants completed the Participant Information Form followed by the Patients' Perceptions of Primary Care Physicians Short Questionnaire. Finally, at the conclusion of the experiment, the participants were shown a Debriefing Form. Participant information remained confidential and anonymous.
Results

Pearson bivariate correlations were conducted to determine the relationship between Health Locus of Control and perceptions of primary care physicians. Scores on the Multidimensional Health Locus of Control Scales served as measures of patient’s attributions of control of their health. The Multidimensional Health Locus of Control had 2 Forms (A and B) each with 3 subscales (Internal Health locus of Control, Chance Health Locus of Control, and Powerful Others Health Locus of Control), all of which were considered for the analysis. The scores on the Health Care Climate Questionnaire measured the participant’s perception of physician support. An alpha level of .05 determined significance for all tests.

Before testing the hypothesis, intercorrelations were calculated to determine the reliability of the seven measures of locus of control. All the correlations between the Locus of Control and the Multidimensional Health Locus of Control subscales in both forms A and B were in the predicted direction. Also, all the correlations among the subscales of the Multidimensional Health Locus of Control forms A and B were in the predicted direction. All the correlations were significant except for the relationship between Locus of Control and the Powerful Others Health Locus of Control subscale. This provides further confirmation of the reliability of the Multidimensional Health Locus of Control scale. The coefficients are reported in Table 2.

To test the hypothesis, correlations were obtained between each measure of Health Locus of Control and the score on the Health Care Climate Questionnaire. A significant relationship between Internal Health Locus of Control and the Health Care Climate Questionnaire emerged, indicating that Internal Health Locus of Control is
positively related to having a good patient-physician relationship, $r = .20, p < .01$ for Form A and $r = .25, p < .01$ for Form B. This finding is congruent with our hypothesis. The results are reported in Table 3. Additionally, the analysis yielded a significant positive relationship between the Powerful Other Health Locus of Control Subscale in the Form B and the Health Care Climate Questionnaire, $r = .16, p < .05$. The results are reported in Table 4.

Significant correlations were also detected between 8 of the 9 questions in the Patients’ Perceptions of Primary Care Physicians Short Questionnaire and the Health Care Climate Questionnaire. Also, significant correlations were identified between the Internal Health Locus of Control subscales in forms A and B and five questions of the Patients’ Perceptions of Primary Care Physicians Short Questionnaire. All the correlations were in the predicted direction suggesting that the patient’s perceived control over his or her health leads to a positive relationship with the primary care physician. The results are reported in Table 5.
Discussion

The present study attempted to determine if one variable, patients’ sense of control over their health, is positively related to perceptions of physician support. The two measures used were the Health Locus of Control as a measure of patient’s perceived control over their health and the Health Care Climate Questionnaire as a measure of the perception of physician support. As predicted, the data indicated that a higher degree of Internal Health Locus of Control is associated with a more positive relationship with the primary care physician. Several studies have yielded similar findings thus supporting this relationship. (Kirkcaldy et al., 2007; Cvengros et al., 2007). A possible explanation for this observed phenomenon is that individuals with a high Internal Health Locus of Control are more conscious of their health and therefore take the necessary steps to maintain their health status and take the appropriate actions in the event of an illness (Kirkcaldy et al, 2007). In general, individuals with a high Internal Health Locus of Control are concerned with the maintenance of their health (Steptoe, et. al., 2001). Also, such a responsible attitude towards health maintenance can promote a sense of team effort between the internal patient and the doctor. This productive patient-physician relationship could be the result of the perception that the internal person has of the physician as a facilitator towards health maintenance (Steptoe, et. al., 2001). Alternatively, it could be the result of a Health Locus of Control match between the patient and the physician (Cvengros et. al., 2007). Further research needs to be conducted to unveil the nature of this relationship.

In addition, a positive relationship between Powerful Others Health Locus of Control and perceived physician support was established by the data. This was not
predicted by the hypothesis. It could be that those with a high Powerful Others Health Locus of Control select their doctors carefully and therefore perceive their doctor as having a high degree of power over their health. Another possible explanation to this positive relationship could be that individuals who exhibit a high Powerful Others Health Locus of Control believe that, in the event of a health problem, medical professionals will be able to help them. It should be noted that this correlation was not demonstrated across both forms of the MHLOC scale and that although the relationship with Form A was significant, it was also modest in strength. It would be useful to see if the results could be replicated on a new sample of adults.

A study that may illuminate this relationship was conducted by Steptoe et. al. (2001) which found a significant correlation between Internal Health Locus of Control and Powerful Others Health Locus of Control in a sample of healthy 7115 College aged students in Europe. Although in the present study the relationship between the Internal Health Locus of Control and the Powerful Others Health Locus of Control is not significant, they are both positively related to perception of physician support. Therefore we could infer that satisfaction with the patient-doctor relationship could go beyond the patient's degree of internal responsibility and could result from a personality match between the patient and the physician. A study conducted by Cvengros et al. (2007) has concluded that patients that share a similar Health Locus of Control with their physicians are more satisfied with their care, feel more supported, and adhere to treatment recommendations. Further analysis into this area could make more concise connections between health locus of control and perceived physician support.
Past research has not explored the relationship between these variables on a sample of individuals with no specific illness or disorders. This could be mainly due to the immediate and practical need to apply such findings to specific health conditions such as heart disease (Williams et al., 1996; Williams et al., 1998; Williams et al., 2004). Past research has linked a high Powerful Others health locus of control to individuals who have had or have a physical ailment (Winefield, E., 1982). The present study extended these findings to a more general population.

Augmenting the above findings was the fact that the data for the Patients' Perceptions of Primary Care Physicians Short Questionnaire were consistent with the general hypothesis and with the correlations found between the MHLOC and the HCCQ. Participants who indicated they are willing to seek a second opinion, do their own research on their medical condition, and ask their doctor questions when they have concerns tend to have a good relationship with their physician. These are all indicative of a strong Internal Health Locus of Control. Also, those who have a good relationship with their physician tend not to doubt his or her course of action and tend to be confident in their instructions when it comes to taking prescription medication. These are indicators of a high reliance on the doctor as a powerful other, which is consistent with the relationship between the HLOC and the HCCQ. Additionally, those who feel that they can be sincere with their physician and who are willing to call the doctor with questions typically have a high Internal Health Locus of Control and those with a High Powerful Others Health Locus of Control tend to trust their doctors instructions for taking medication. In other words, these data fit the predicted pattern that patients who take control of their health perceive their physician to be more supportive.
There are several limitations of this study. The nature of the sample of college students utilized is homogeneous in terms of age, health, and education and not representative of the general population. In addition, this study has the limitation of being a correlational research, thus causal inferences cannot be drawn from the data. An experimental design will be needed to determine the degree to which each variable influences the other.

Another, more technical limitation to this study was the absence of an item in the Multidimensional Health Locus of Control Scale form B that was administered to the participants due to experimenter error. This item was indicative of Chance Health Locus of Control and stated “When I am sick, I just have to let nature run its course”. Still, all the correlations between the Multidimensional Health Locus of Control subscales behaved in the predicted direction.

A good patient-physician relationship can have a great impact on patient satisfaction. For example, a study conducted by Lindenthal et. al. (1999) examined the factors that determined patient satisfaction and determined that participants gave a higher rating of importance to empathy and having a good physician relationship than health care cost. The factors that result in a good patient-physician relationship can be difficult to analyze; as a result, there is a vast existence of articles with contradictory results. The purpose of the present study was to shed some light on one variable that is critical to a good patient-physician relationship and patient satisfaction.

In summary, the present study investigated the relationship between patients’ Health Locus of Control and perceptions of physician support. The results of this study indicated a positive relationship between the Internal Health Locus of Control and
autonomy support thus indicating that personal sense of control is positively related to the perception that patients have of their physician. The existence of a relationship between these two variables stresses the importance that the patient-physician relationship can have in the improvement of patient satisfaction in general.
Tables

*Table 1.* Descriptive Statistics on Participant Demographics and responses to Health History Questions

*Table 2.* Average Scores and Standard Deviations the Locus of Control Scale, the Multidimensional Health Locus of Control Scale forms A and B, and the Health Care Climate Questionnaire

*Table 3.* Pearson Correlations between the Locus of Control Scale Multidimensional Health Locus of Control Scale forms A and B

*Table 4.* Pearson Correlations between the Multidimensional Health Locus of Control Scale forms A and B and the Health Care Climate Questionnaire

*Table 5.* Pearson correlations between the questions on the Patients' Perceptions of Primary Care Physicians Short Questionnaire, the Health Care Climate Questionnaire, and the Internal Health Locus of Control subscales in forms A and B
Table 1

*Descriptive Statistics on Participant Demographics and responses to Health History Questions*

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<th>Personal Information</th>
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<td>White, Non-Hispanic</td>
<td>141</td>
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<td>Black or African American</td>
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<tr>
<td>Hispanic</td>
<td>30</td>
<td>14.9%</td>
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<tr>
<td>American Indian</td>
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<tr>
<td>Asian</td>
<td>8</td>
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<td>Native Hawaiian and Other Pacific Islander</td>
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<tr>
<td>Other</td>
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<td><strong>Gender</strong></td>
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</tr>
<tr>
<td>Very good</td>
<td>99</td>
<td>49.3%</td>
</tr>
<tr>
<td>Good</td>
<td>43</td>
<td>21.4%</td>
</tr>
<tr>
<td>Some health problems</td>
<td>20</td>
<td>10%</td>
</tr>
<tr>
<td>Serious Health Problems</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Medical visit less than one year ago</td>
<td>153</td>
<td>78.1%</td>
</tr>
<tr>
<td>Medical visit more than one year ago</td>
<td>43</td>
<td>21.9%</td>
</tr>
</tbody>
</table>
Table 2

Average Scores and Standard Deviations the Locus of Control Scale, the Multidimensional Health Locus of Control Scale forms A and B, and the Health Care Climate Questionnaire

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOC</td>
<td>11.10</td>
<td>3.46</td>
</tr>
<tr>
<td>IHLOC Form A</td>
<td>26.09</td>
<td>4.44</td>
</tr>
<tr>
<td>CHLOC Form A</td>
<td>17.71</td>
<td>4.29</td>
</tr>
<tr>
<td>POHLOC Form A</td>
<td>18.23</td>
<td>4.78</td>
</tr>
<tr>
<td>IHLOC Form B</td>
<td>25.91</td>
<td>4.30</td>
</tr>
<tr>
<td>CHLOC Form B</td>
<td>14.59</td>
<td>4.15</td>
</tr>
<tr>
<td>POHLOC Form B</td>
<td>19.06</td>
<td>4.28</td>
</tr>
<tr>
<td>HCCQ</td>
<td>5.04</td>
<td>1.14</td>
</tr>
</tbody>
</table>

Table 3

Pearson Correlations between the Locus of Control Scale Multidimensional Health Locus of Control Scale forms A and B

<table>
<thead>
<tr>
<th>Scale</th>
<th>External LOC</th>
<th>IHLOC-A</th>
<th>CHLOC-A</th>
<th>POHLOC-A</th>
<th>IHLOC-B</th>
<th>CHLOC-B</th>
<th>POHLOC-B</th>
</tr>
</thead>
<tbody>
<tr>
<td>External LOC</td>
<td>1</td>
<td>-.26**</td>
<td>.38**</td>
<td>-.03</td>
<td>-.24**</td>
<td>.28**</td>
<td>.04</td>
</tr>
<tr>
<td>IHLOC-A</td>
<td>-.26**</td>
<td>1</td>
<td>-.28**</td>
<td>-.01</td>
<td>.78**</td>
<td>-.27**</td>
<td>-.07</td>
</tr>
<tr>
<td>CHLOC-A</td>
<td>.38**</td>
<td>-.28**</td>
<td>1</td>
<td>.23**</td>
<td>-.32**</td>
<td>.75**</td>
<td>.24**</td>
</tr>
<tr>
<td>POHLOC-A</td>
<td>-.03</td>
<td>-.01</td>
<td>.23**</td>
<td>1</td>
<td>-.02</td>
<td>.28**</td>
<td>.76**</td>
</tr>
<tr>
<td>IHLOC-B</td>
<td>-.24**</td>
<td>.78**</td>
<td>-.32**</td>
<td>-.02</td>
<td>1</td>
<td>-.33**</td>
<td>-.04</td>
</tr>
<tr>
<td>CHLOC-B</td>
<td>.28**</td>
<td>-.27**</td>
<td>.75**</td>
<td>.28**</td>
<td>-.33**</td>
<td>1</td>
<td>.29**</td>
</tr>
<tr>
<td>POHLOC-B</td>
<td>.04</td>
<td>-.07</td>
<td>.24**</td>
<td>.76**</td>
<td>-.04</td>
<td>.29**</td>
<td>1</td>
</tr>
</tbody>
</table>

* indicates correlation is significant at alpha = .05
** indicates correlation is significant at alpha = .01

Table 4

Pearson Correlations between the Multidimensional Health Locus of Control Scale forms A and B and the Health Care Climate Questionnaire

<table>
<thead>
<tr>
<th>Scale</th>
<th>HCCQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHLOC Form A</td>
<td>.20**</td>
</tr>
<tr>
<td>CHLOC Form A</td>
<td>-.13</td>
</tr>
<tr>
<td>POHLOC Form A</td>
<td>.11</td>
</tr>
<tr>
<td>IHLOC Form B</td>
<td>.26**</td>
</tr>
<tr>
<td>CHLOC Form B</td>
<td>-.06</td>
</tr>
<tr>
<td>POHLOC Form B</td>
<td>.16*</td>
</tr>
</tbody>
</table>

* indicates correlation is significant at alpha = .05
** indicates correlation is significant at alpha = .01
**Table 5**

Pearson correlations between the questions on the Patients' Perceptions of Primary Care Physicians Short Questionnaire, the Health Care Climate Questionnaire, and the Internal Health Locus of Control subscales in forms A and B

<table>
<thead>
<tr>
<th>Questions</th>
<th>HCCQ</th>
<th>IHLC:A</th>
<th>IHLC:B</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I am not satisfied with my doctor’s diagnosis I will probably seek a second opinion.</td>
<td>.24**</td>
<td>.12</td>
<td>.15*</td>
</tr>
<tr>
<td>If I am not satisfied with my doctor’s diagnosis I will probably seek a second opinion regardless of whether or not my insurance permits.</td>
<td>.24**</td>
<td>.10</td>
<td>.11</td>
</tr>
<tr>
<td>If I do not understand a diagnosis I usually tend to do research about it in my spare time.</td>
<td>.20**</td>
<td>.12</td>
<td>.13</td>
</tr>
<tr>
<td>I usually take notes when I go into a doctor’s visit.</td>
<td>.05</td>
<td>.04</td>
<td>.12</td>
</tr>
<tr>
<td>I feel that I can be sincere about my concerns with the health issues I discussed with my doctor.</td>
<td>.66**</td>
<td>.24**</td>
<td>.22**</td>
</tr>
<tr>
<td>I tend to mention health issues I might be concerned about to my doctor.</td>
<td>.52**</td>
<td>.14</td>
<td>.15*</td>
</tr>
<tr>
<td>If I recall a question or concern after a doctor’s visit I will call the doctor to clarify my doubts.</td>
<td>.58**</td>
<td>.19**</td>
<td>.24**</td>
</tr>
<tr>
<td>There were times when I doubted my doctor’s course of action.</td>
<td>-.43**</td>
<td>-.15*</td>
<td>-.11</td>
</tr>
<tr>
<td>When I receive a prescription from my doctor I am confident of the directions given by him or her when I take the medication(s).</td>
<td>.48**</td>
<td>.21**</td>
<td>.21**</td>
</tr>
</tbody>
</table>

* indicates correlation is significant at alpha = .05
** indicates correlation is significant at alpha = .01
APPENDICES

Appendix A: Informed Consent
Appendix B: Locus of Control Scale
Appendix C: Multidimensional Health Locus of Control Scale Form A
Appendix D: Multidimensional Health Locus of Control Scale Form B
Appendix E: Health Care Climate Questionnaire
Appendix F: Participant Form
Appendix G: Patients’ Perceptions of Primary Care Physicians Short Questionnaire
Appendix H: Debriefing
Appendix A: Informed Consent
Appendix A: Informed Consent

Informed Consent Form

Please read this consent document carefully before you decide to participate in this study.
You must be 18 years of age or older to participate.

Project Title: Perceptions of Healthcare

What you will be asked to do in this study: In this study you will be asked to complete survey questions related to your attitudes about health and your primary care physician. You will also be asked to provide some information about yourself and your health.

Time required: 30-60 minutes.

Risks: This study has minimal potential risks for the participants. However, in any study in which identifying information is collected, there is always a risk of a breach of confidentiality. However, you will not be asked to give your name, and after you take the online study, your responses will only be downloaded by a participant number and not by name.

This study will ask you questions about yourself and about your relationship with your physician. The study is not expected to be stressful or distressing. However, if responding to any questions on these topics is distressing to you, you are free to skip any questions that you do not feel comfortable answering, and you are free to withdraw your participation from the study at any time.

Benefits/Compensation: Participation in this study provides you with the opportunity to experience research first hand. Participation may also provide you with the opportunity to earn extra credit points in some psychology classes. Refer to your syllabi or speak with your instructors regarding their extra credit policy. Also check your syllabi or speak to your instructors for information regarding alternatives to research participation. Course credit or extra credit will be awarded through the Sona System used by the UCF Psychology Department.

Confidentiality: Your responses are strictly confidential and will be identified only by a participant number and not by your name. Your name will not be associated with any of the data collected in this study.

Voluntary Participation: Your participation in this study is voluntary. There is no penalty for not participating. You have the right to withdraw from the study at any time without penalty. You may also skip any questions that you do not wish to answer.

Whom to contact if you have questions about the study:
Dr. Karen Mottarella. kmottare@mail.ucf.edu (321) 433-7982, Department of Psychology, University of Central Florida Palm Bay campus, BCC Building 3, Room 226, 250 Community College Parkway, Palm Bay FL 32909

Dr. Shannon Whitten. swhitten@mail.ucf.edu (321) 433-7981, Department of Psychology, University of Central Florida Palm Bay campus, BCC Building 3, Room 227, 250 Community College Parkway, Palm Bay FL 32909

Maria Ricci-Twitchell. mfricci@aol.com Honors in the Major Student, University of Central Florida, Palm Bay campus

**Whom to contact about your rights in the study:** Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (IRB). For information about participants' rights please contact: Institutional Review Board Office, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246. The telephone numbers are (407) 882-2276 and (407) 823-2901. The office is open from 8:00 am to 5:00 pm Monday through Friday except on UCF official holidays. (This sentence was deleted)

By clicking this button, I have read the procedure described above.

By clicking this button, I am 18 years or older, and I voluntarily agree to participate in the procedure.
Appendix B: Locus of Control Scale
Appendix B: Locus of Control Scale

Locus of Control Scale

From each question set, please choose only one answer that you agree with the most.

1. a. Children get into trouble because their parents punish them too much.
   b. The trouble with most children nowadays is that their parents are too easy with them.
2. a. Many of the unhappy things in people's lives are partly due to bad luck.
   b. People's misfortunes result from the mistakes they make.
3. a. One of the major reasons why we have wars is because people don't take enough interest in politics.
   b. There will always be wars, no matter how hard people try to prevent them.
4. a. In the long run people get the respect they deserve in this world.
   b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.
5. a. The idea that teachers are unfair to students is nonsense.
   b. Most students don't realize the extent to which their grades are influenced by accidental happenings.
6. a. Without the right breaks, one cannot be an effective leader.
   b. Capable people who fail to become leaders have not taken advantage of their opportunities.
7. a. No matter how hard you try, some people just don't like you.
   b. People who can't get others to like them don't understand how to get along with others.
8. a. Heredity plays the major role in determining one's personality.
   b. It is one's experiences in life which determine what they're like.
9. a. I have often found that what is going to happen will happen.
   b. Trusting fate has never turned out as well for me as making a decision to take a definite course of action.
10. a. In the case of the well prepared student there is rarely, if ever, such a thing as an unfair test.
    b. Many times, exam questions tend to be so unrelated to course work that studying in really useless.
11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
    b. Getting a good job depends mainly on being in the right place at the right time.
12. a. The average citizen can have an influence in government decisions.
    b. This world is run by the few people in power, and there is not much the little guy can do about it.
13. a. When I make plans, I am almost certain that I can make them work. 
   b. It is not always wise to plan too far ahead because many things turn out to be a 
      matter of 
      good or bad fortune anyhow.
14. a. There are certain people who are just no good. 
   b. There is some good in everybody.
15. a. In my case getting what I want has little or nothing to do with luck. 
   b. Many times we might just as well decide what to do by flipping a coin.
16. a. Who gets to be the boss often depends on who was lucky enough to be in the right
      place first. 
   b. Getting people to do the right thing depends upon ability - luck has little or nothing 
      to do with it.
17. a. As far as world affairs are concerned, most of us are the victims of forces we can 
      neither understand, nor control. 
   b. By taking an active part in political and social affairs the people can control world 
      events.
18. a. Most people don't realize the extent to which their lives are controlled by accidental 
      happenings. 
   b. There really is no such thing as "luck."
19. a. One should always be willing to admit mistakes. 
   b. It is usually best to cover up one's mistakes.
20. a. It is hard to know whether or not a person really likes you. 
   b. How many friends you have depends upon how nice a person you are.
21. a. In the long run the bad things that happen to us are balanced by the good ones. 
   b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
22. a. With enough effort we can wipe out political corruption. 
   b. It is difficult for people to have much control over the things politicians do in 
      office.
23. a. Sometimes I can't understand how teachers arrive at the grades they give. 
   b. There is a direct connection between how hard I study and the grades I get.
24. a. A good leader expects people to decide for themselves what they should do. 
   b. A good leader makes it clear to everybody what their jobs are.
25. a. Many times I feel that I have little influence over the things that happen to me. 
   b. It is impossible for me to believe that chance or luck plays an important role in my 
      life.
26. a. People are lonely because they don't try to be friendly. 
   b. There's not much use in trying too hard to please people, if they like you, they like 
      you.
27. a. There is too much emphasis on athletics in high school. 
   b. Team sports are an excellent way to build character.
28. a. What happens to me is my own doing. 
   b. Sometimes I feel that I don't have enough control over the direction my life is taking.
29. a. Most of the time I can't understand why politicians behave the way they do.
b. In the long run the people are responsible for bad government on a national as well as on a local level.
Appendix C: Multidimensional Health Locus of Control Scale Form A
Appendix C: Multidimensional Health Locus of Control Scale Form A

Instructions: Each item below is a belief statement about your medical condition with which you may agree or disagree. Beside each statement is a scale which ranges from strongly disagree (1) to strongly agree (6). For each item we would like you to circle the number that represents the extent to which you agree or disagree with that statement. The more you agree with a statement, the higher will be the number you circle. The more you disagree with a statement; the lower will be the number you circle. Please make sure that you answer EVERY ITEM and that you circle ONLY ONE number per item. This is a measure of your personal beliefs; obviously, there are no right or wrong answers.

<table>
<thead>
<tr>
<th>Item</th>
<th>Statement</th>
<th>SD</th>
<th>MD</th>
<th>D</th>
<th>A</th>
<th>MA</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>If I get sick, it is my own behavior which determines how soon I get well again.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>No matter what I do, if I am going to get sick, I will get sick.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Having regular contact with my physician is the best way for me to avoid illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Most things that affect my health happen to me by accident.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Whenever I don't feel well, I should consult a medically trained professional.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>I am in control of my health.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>My family has a lot to do with my becoming sick or staying healthy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>When I get sick, I am to blame.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>Luck plays a big part in determining how soon I will recover from an illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>Health professionals control my health.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>11</td>
<td>My good health is largely a matter of good fortune.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>12</td>
<td>The main thing which affects my health is what I myself do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>13</td>
<td>If I take care of myself, I can avoid illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>14</td>
<td>Whenever I recover from an illness, it's usually because other people (for example, doctors, nurses, family, friends) have been taking good care of me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>15</td>
<td>No matter what I do, I'm likely to get sick.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>16</td>
<td>If it's meant to be, I will stay healthy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>17</td>
<td>If I take the right actions, I can stay healthy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>18</td>
<td>Regarding my health, I can only do what my doctor tells me to do.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: Multidimensional Health Locus of Control Scale Form B
Appendix D: Multidimensional Health Locus of Control Scale Form B

Instructions: Each item below is a belief statement about your medical condition with which you may agree or disagree. Beside each statement is a scale which ranges from strongly disagree (1) to strongly agree (6). For each item we would like you to circle the number that represents the extent to which you agree or disagree with that statement. The more you agree with a statement, the higher will be the number you circle. The more you disagree with a statement, the lower will be the number you circle. Please make sure that you answer **EVERY ITEM** and that you circle **ONLY ONE** number per item. This is a measure of your personal beliefs; obviously, there are no right or wrong answers.

<table>
<thead>
<tr>
<th></th>
<th>SD</th>
<th>MD</th>
<th>D</th>
<th>A</th>
<th>MA</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If I become sick, I have the power to make myself well again.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. Often I feel that no matter what I do, if I am going to get sick, I will get sick.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. If I see an excellent doctor regularly, I am less likely to have health problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4. It seems that my health is greatly influenced by accidental happenings.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>5. I can only maintain my health by consulting health professionals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>6. I am directly responsible for my health.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7. Other people play a big part in whether I stay healthy or become sick.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>8. Whatever goes wrong with my health is my own fault.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9. When I am sick, I just have to let nature run its course.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>10. Health professionals keep me healthy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>11. When I stay healthy, I'm just plain lucky.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>12. My physical well-being depends on how well I take care of myself.</td>
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<td>13. When I feel ill, I know it is because I have not been taking care of myself properly.</td>
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<td>14. The type of care I receive from other people is what is responsible for how well I recover from an illness.</td>
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<td>15. Even when I take care of myself, it's easy to get sick.</td>
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<td></td>
<td>16</td>
<td>When I become ill, it's a matter of fate.</td>
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<td></td>
<td>17</td>
<td>I can pretty much stay healthy by taking good care of myself.</td>
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<td></td>
<td>18</td>
<td>Following doctor's orders to the letter is the best way for me to stay healthy.</td>
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Appendix E: Health Care Climate Questionnaire
Appendix E: Health Care Climate Questionnaire

Health Care Climate Questionnaire

This questionnaire contains items that are related to your visits with your doctor. Physicians have different styles in dealing with patients, and we would like to know more about how you have felt about your encounters with your physician. Your responses are confidential. Please be honest and candid.

1. I feel that my physician has provided me choices and options.
   1  2  3  4  5  6  7
   strongly disagree  neutral  strongly agree

2. I feel understood by my physician.
   1  2  3  4  5  6  7
   strongly disagree  neutral  strongly agree

3. I am able to be open with my physician at our meetings.
   1  2  3  4  5  6  7
   strongly disagree  neutral  strongly agree

4. My physician conveys confidence in my ability to make changes.
   1  2  3  4  5  6  7
   strongly disagree  neutral  strongly agree

5. I feel that my physician accepts me.
   1  2  3  4  5  6  7
   strongly disagree  neutral  strongly agree

6. My physician has made sure I really understand about my condition and what I need to do.
   1  2  3  4  5  6  7
   strongly disagree  neutral  strongly agree

7. My physician encourages me to ask questions.
8. I feel a lot of trust in my physician.
   
   1 2 3 4 5 6 7
   strongly disagree neutral strongly agree

9. My physician answers my questions fully and carefully.
   
   1 2 3 4 5 6 7
   strongly disagree neutral strongly agree

10. My physician listens to how I would like to do things.
    
   1 2 3 4 5 6 7
   strongly disagree neutral strongly agree

11. My physician handles people's emotions very well.
    
   1 2 3 4 5 6 7
   strongly disagree neutral strongly agree

12. I feel that my physician cares about me as a person.
    
   1 2 3 4 5 6 7
   strongly disagree neutral strongly agree

13. I don't feel very good about the way my physician talks to me.
    
   1 2 3 4 5 6 7
   strongly disagree neutral strongly agree

14. My physician tries to understand how I see things before suggesting a new way to do things.
    
   1 2 3 4 5 6 7
   strongly disagree neutral strongly agree

15. I feel able to share my feelings with my physician.
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<tr>
<td>strongly disagree</td>
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<td>strongly agree</td>
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Appendix F: Participant Information Form
Appendix F: Participant Information Form

Participant Form

Thank you in advance for agreeing to participate in this survey. Please choose the most appropriate answer to these questions about yourself.

What is your age? ______

Gender:  __ Male  __ Female

Race:
  __ White, Non-Hispanic
  __ Black or African American
  __ Hispanic
  __ American Indian
  __ Asian
  __ Native Hawaiian and Other Pacific Islander
  __ Other, please explain: ____________________________

Marital Status:
  __ Single
  __ Living with a significant other
  __ Married
  __ Divorced
  __ Widowed

What is your employment status?
  __ Not employed
  __ Employed full-time
  __ Employed part-time

Do you have health insurance?
  __ Yes
  __ No

How would you rate your health?
  __ Excellent
  __ Very good
Good
Some health problems
Serious Health Problems

When was the last time you visited your primary care physician?
Less than a year ago
More than a year ago
Appendix G: Patients' Perceptions of Primary Care Physicians Short Questionnaire
Appendix G: Patients’ Perceptions of Primary Care Physicians Short Questionnaire

Patient’s Perception Questionnaire on Medical Care
Please choose the most appropriate answer to these statements about your physician.

1- Strongly disagree
2- Disagree
3- Somewhat disagree
4- Somewhat agree
5- Agree
6- Strongly agree

1- If I am not satisfied with my doctor’s diagnosis I will probably seek a second opinion.

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<td>strongly disagree</td>
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2- If I am not satisfied with my doctor’s diagnosis I will probably seek a second opinion regardless of whether or not my insurance permits.

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<td>strongly disagree</td>
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<td>agree</td>
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3- If I do not understand a diagnosis I usually tend to do research about it in my spare time.

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4- I usually take notes when I go into a doctor’s visit.
5- I feel that I can be sincere about my concerns with the health issues I discussed with my doctor.

6- I tend to mention health issues I might be concerned about to my doctor.

7- If I recall a question or concern after a doctor’s visit I will call the doctor to clarify my doubts.

8- There were times when I doubted my doctor’s course of action.

9- When I receive a prescription from my doctor I am confident of the directions given by him or her when I take the medication(s).
Appendix H: Debriefing
Appendix H: Debriefing

Debriefing Form

Thank you for your participation in this study. This study examined how patients perceive their physicians based on the relation between physicians’ attitudes and patient’s personality factors such as locus of control. The research project you have just participated in may help to shed some light on how to improve the patient-physician relationship.

If you have any further questions about this study, please feel free to contact Maria Ricci-Twitchell, UCF Honors in the Major Psychology Student, at mflricci@aol.com, Dr. Karen Mottarella, UCF Psychology Instructor, at kmottare@mail.ucf.edu or (321) 433-7982, or Dr. Shannon Whitten, UCF Psychology Instructor, at swhitten@mail.ucf.edu or (321) 433-7981.
References


