
Original Article

Determining Attachment Styles of the Residents (Shiraz University of Medical Sciences, 2014)

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Abstract

Introduction: The Attachment system as described by John Bowlby, is an innate human tendency and it is in the service of infants to form a relationship with primary care givers for normal development. In adulthood, this system is activated under stressful conditions and the person responds to it based upon previous internal models of self and the others. Considering the importance of a secure style for health care professionals, the purpose of this cross-sectional study was to investigate the attachment style in the residents of Shiraz University of Medical Sciences.

Methods: In this cross sectional study 243 residents in different specialties were recruited and divided into 3 groups. We assessed the attachment styles of the participants using Van Oudenhoven's Adult Attachment Style Questionnaire. Statistical analysis and comparisons between the groups was performed by ANOVA, Chi square and t tests using SPSS-16.

Results: The percentage of secure, dismissing, fearful and preoccupied styles in the residents were, 56%, 15.2%, 6.6% and 22.2%, respectively. No difference in attachment styles among these three groups was found. However, the female residents had a more secure score compared to the male participants.

Conclusion: This study, as a preliminary one, offers some questions that may be addressed in the future studies. Paying attention to the attachment styles in the medical students, residents and health care professionals may lead to design proper programs to enhance their abilities to empathize with their patients and development of more effective relationships in their career.

Keywords: Attachment style, Residents, Specialty

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Introduction

Early experiences of everyone have important effect on his personality growth and behavior in adulthood. Such experiences can be named a strong emotional relation with a caregiver (especially parents). This strong emotional relation with the caregiver that is called attachment plays an essential role in psychological characteristics of human (1).

John Bowlby formulated the attachment theory to describe attachment as a strong emotional connection made by anyone with special individuals (2). According to Bowlby and his followers, attachment styles are innate and universal capacities to deal with the world (3). In their relation to the primary caregivers, infants develop internal models of themselves and others. In secure children, positive models of self and others form based on a predictable and satisfactory relationship with the parents. In adulthood, attachment system would be activated under stressful conditions especially in the situations related to the care, loss and intimate relationships (4). Ainsworth et al. identified three patterns of attachment in children: secure, insecure-avoidant, and insecure-ambivalent (anxious) (4). According to Bartholomew and Horowitz studies, there are two patterns of attachment including dismissing and fearful (5). They reasoned that the avoidance may be due to a defensive style arising from a sense of arrogant "pseudo-independency" or a low self-esteem originated from an inferiority feeling. The former pattern is related to dismissing style and the latter is in accordance with fearful style. The model of self and others are negative in fearful individuals. Whereas in the dismissing ones; there is a positive model of self and a negative model of the others. In the preoccupied persons the model of self is negative and for others is positive. Classic studies assessed the distribution of the attachment styles in the adult and children population showed a relatively similar result. The percentages of secure, avoidant (dismissing and fearful) and anxious (preoccupied) attachment styles have been reported as 60%, 20% and 20%, respectively (6).

In a study of the 144, medical students in Washington Medical School, Ciechanowski found an insecure attachment styles in 44 percent of students with a distribution of 19.4%, 13.2% and 11.8% among dismissing, fearful and preoccupied styles, respectively (7). The students with a secure attachment style had a more tendency toward primary care specialties. Also, in a study of 104 medical students in Arkansas Medical School, Campos et al. reached to similar results in the distribution of attachment styles (8). Welch and Houser found that the secure students have a high score on satisfaction in relationships, hopefulness, self-disclosure and trust (9).

In a meta-analysis of 94 studies, Konrath et al. pointed out that the percentage of students with secure style has decreased in recent years, whereas the percentage of students with insecure styles especially the dismissing one, has increased (10).

Medicine is a profession that requires an interaction with the individual suffering from bodily and emotional problems. The attachment system is activated repeatedly in the health care professionals during caring of the patients. In other jobs, direct activation of the attachment system is less obvious. Considering the high percentage of insecure attachment in the population (40%), such style could have inappropriate effects in the career of health care professionals. Hence, evaluation and detection of these styles among the health care professional is worth doing. In this study, we evaluated the attachment styles in the residents of the Shiraz University of Medical Sciences.

Methods

We recruited 243 (125 male and 118 female) residents in different specialties. We divided their majors into three main groups. Surgical groups such as general surgery, urology, ophthalmology, ear, nose and throat, neurosurgery, obstetrics & gynecology and orthopedics (n=90), internal medical groups including pediatrics, neurology, cardiology, dermatology, physiatrists and psychiatry (n=102), and the third group including pathology, radiotherapy and anesthesiology (n=51). The last group is consisted of the specialties that are not in direct relationship with the patients and patients are referred by other doctors. We distributed 265 questionnaires and 22 of them were omitted because of incompleteness.

To assess the attachment style, we used Van Oudenhoven's Adult Attachment Style Questionnaire that consists of 24 questions (11). Each question arranged according to a 5-degree Likert scale from complete disagreement to complete agreement. In a factor analysis study, the psychometric properties of the questionnaire in Iranian population were evaluated. As the result of this study, we made some minor change in the original questions and after omitting one question due to low reliability and validity, 23 questions were selected. The Cronbach's alpha for the Iranian version was 0.70 and for the subscales of secure, preoccupied, dismissing and fearful were 0.63, 0.72, 0.69 and 0.76, respectively (12). We compared the attachment styles in these 3 groups of residents. Statistical analysis and comparisons between the groups was performed by ANOVA, Chi square and t tests using SPSS-16.

Results

The percentage of secure, dismissing, fearful and preoccupied styles in the residents were, 56%, 15.2%,

6.6% and 22.2%, respectively (Table 1). There is no significant difference (P-value = 0.748) in the percentage of attachment styles among the groups (Table 2). Again, it shows no significant difference among the groups.

Table 1. The percentage of attachment styles among residents (n=243)

	Surgery	Medicine	Others	Total
Secure	50(55.6%)	59(57.8%)	27(52.9%)	136(56.0%)
Fearful	8(8.9%)	5(4.9%)	3(5.9%)	16(6.6%)
Preoccupied	16(17.8%)	24(23.5%)	14(27.5%)	54(22.2%)
Dismissing	16(17.8%)	14(13.7%)	7(13.7%)	37(15.2%)
Total	90(100%)	102(100%)	51(100%)	243(100%)

Table 2. The mean and standard deviation of the attachment style scores in the residents

	Surgery	Medicine	Others	Total
Secure	2.80(0.52)	2.97(0.47)	2.81(0.56)	2.88(0.51)
Fearful	2.02(0.69)	1.88(0.76)	1.94(0.70)	1.95(0.72)
Preoccupied	2.50(0.63)	2.50(0.65)	2.61(0.72)	2.52(0.65)
Dismissing	2.53(0.59)	2.56(0.52)	2.55(0.66)	2.55(0.57)

However, we found a significant difference between men and women in the secure attachment style. Table 3 shows

that the women have a higher secure score compared to the men. We found no difference between men and women in the other attachment styles.

Table 3. Comparison of attachment style score in the men and women residents

Style	Sex	Number	Mean(SD)	Df	t	P
Secure	Men	125	2.78(0.49)	241	2.86	0.004
	Women	118	2.97(0.52)			
Fearful	Men	125	2.03(0.74)	241	1.79	0.07
	Women	118	1.86(0.70)			
Preoccupied	Men	125	2.48(0.66)	241	1.06	0.28
	Women	118	2.57(0.65)			
Dismissing	Men	125	2.53(0.58)	241	0.51	0.60
	Women	118	2.57(0.56)			

Discussion

The purpose of this study was evaluation of attachment styles in the residents of Shiraz University of Medical Sciences. Distribution of the styles in the residents is in accordance with the previous studies (6). In a meta-analysis on 94 samples consisted of more than 25000 students of American college between 1988 and 2011, Konrath et al. Found that the percentage of secure attachment has been decreasing over time (from 49% to 42%), Whereas the percentage of insecure attachment especially as dismissing one has been increasing (from 12% to 19%) (10). The distribution of attachment styles in a similar study in medical students in Shiraz University of Medical Sciences was 51%, 13.2%, 22.3% and 13.5% in the secure, dismissing, fearful and preoccupied styles(12).

Comparison of attachment styles in medical students and residents shows no significant difference in secure and dismissing attachment (51% vs. 56% and 13.2% vs.

15.2%). However, in fearful and preoccupied styles, significant differences are evident (22.3% vs. 6.6% and 13.5% vs. 22.2%). It indicated that the medical students are more fearful and less preoccupied than residents. Fearful people have negative attitudes toward both themselves and the others and are not able to trust in interpersonal relationships. Preoccupied style is an indication of a negative view of themselves and a positive view of the others. It seems that the medical students have a more avoidant and individualistic style compared to the residents, whereas the residents show a more anxious style. Residents are supposed to have more intense relationship with the patients and tolerate heavier burden in their career. In a study on the students, Welch and Houser found that the fearful people have a low score in the four dimensions of satisfaction from relationships, hopefulness, self-disclosure and trust (9). The higher percentage of preoccupied style in the residents is in favor of the importance of "others" and paying more attention to the patient's need. A study on the health care people

who cooperate with international organization showed that the individuals with anxious (preoccupied) style reported more stress compared to avoidant (fearful and dismissive) individuals (13).

In this study, we found a more secure style in women compared to men. This finding is not compatible with the study of Bartholomew and Horowitz that showed no difference. In the Bartholomew and Horowitz study, the percentages of preoccupied style in women are more than men (5). Insecurity of men in our study can be related to the negative effects of socio-economic factors on them compared to women. The matter that our findings can be generalized to the general population should be addressed in the future studies. In the study on medical students of Shiraz University of Medical Sciences, we found a weak difference in the preoccupied and dismissing styles between men and women similar to the study of Bartholomew and Horowitz. Hatfield and Rapson mentioned that in a society with sexual discrimination, men show a tendency toward indifference and eccentricity and women have more dependency and anxiety (14). In addition they noted that in Asian cultures with emphasize on collectivism, people are more prone to preoccupied style.

We did not find any difference between three groups of specialties. It can be related to the relative paucity of our sample. However, we have to notice that the choice of specialty in our universities is dependent to multiple factors alongside the interest of students.

Conclusion

This study, as a preliminary one, offers some questions that may be addressed in the future studies. Such studies could be designed for both health care professionals and the general population to evaluate the generalizability of the results. After putting together the results of such studies, we could get a clearer image of distribution of attachment styles in the society. Paying attention to this issue in the medical students, residents and health care professionals may lead to designing proper programs to enhance their abilities to empathize with their patients and development of more effective relationships in their career.

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