

## 01. Background

- Around 1 out of 3 Canadians have a **chronic disease** (World Health Organization, 2018).
- There is a bidirectional relationship between chronic disease and **psychological distress** (DeJean et al., 2013).
- As people with a chronic disease interact with the healthcare system more frequently (Agborsangaya et al., 2013), they are at risk for **adverse medical events**.
- **Institutional betrayal** is an institution's failure to prevent harm or adequately respond to harm experienced by an individual they serve (Smith & Freyd, 2014).
- Comparitively, **institutional courage** is a commitment from institutions to protect and serve those accessing their services (Freyd, 2018).

## 02. Objective

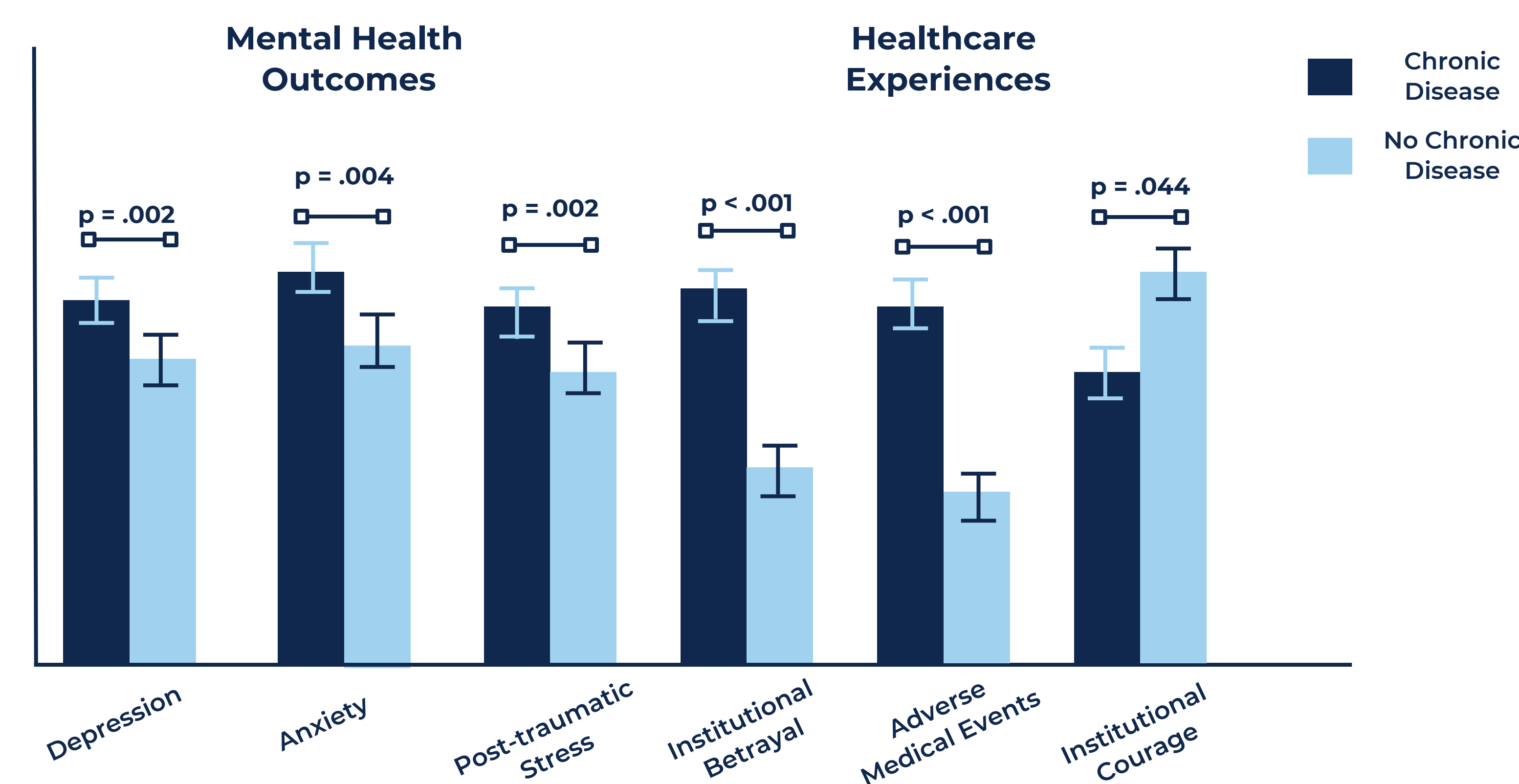
Our objective is to understand how healthcare experiences (i.e., institutional betrayal, institutional courage, adverse medical events) impact mental health outcomes (i.e., depression, anxiety, post-traumatic stress) in people with chronic disease, as well as to determine differences between these outcomes in people with and without a chronic disease.

## 03. Methods

- Participants
  - Adults at least 18 years old with (n= 109) and without (n= 444) a chronic disease.
- Measures
  - Adverse Childhood Experiences International Questionnaire (ACE-IQ)
  - General Anxiety Disorder-7 (GAD-7)
  - Institutional Betrayal Questionnaire-Health (IBQ-H)
  - Institutional Courage Questionnaire-Health (ICQ-H)
  - Medical Errors, Adverse Consequences, Unexpected, or Lasting Pain Assessment
  - Patient Health Questionnaire-9 (PHQ-9)
  - Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)
- Analyses
  - Chi-square tests, independent samples t-tests, bivariate correlations, multiple linear regressions.

## 04. Results

- **Independent Sample T-tests**
  - The chronic disease group reported significantly different depression, anxiety, and post-traumatic stress scores compared to the non-chronic disease group. Additionally, institutional betrayal, adverse medical events, and institutional courage scores were significantly different between groups. The chronic disease group scored higher on all variables except for institutional courage.



Institutional  
Betrayal

p = .028\*



Anxiety



Post-traumatic  
stress

p = .017\*

### • Multiple Linear Regressions

- Among people with chronic disease, institutional betrayal predicted anxiety and post-traumatic stress above and beyond adverse childhood experiences and demographic variables.
  - Institutional betrayal did not predict depression.
- Adverse medical events and institutional courage did not predict depression, anxiety, and post-traumatic stress.

## 05. Discussion

- As current literature suggests, we found that people with chronic disease had higher psychological distress.
- Institutional betrayal and adverse medical events were distinct.
  - This suggests that the experience of an adverse medical event itself is not causing psychological distress, but how the institution reacts to, and prevents, these events is imperative.
- While we did not find that institutional courage predicted psychological distress, institutional courage may be crucial in improving mental health outcomes after experiences of betrayal in healthcare.
- Future studies should continue exploring these concepts, as well as related concepts in people with chronic disease, including trust, dependency, and disengagement with the healthcare system.

## References

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