THE IMPORTANCE OF AFFECT TO BUILD CONSUMER TRUST IN HIGH-CONSEQUENCES EXCHANGES

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ABSTRACT

This theoretical paper investigates the importance of affect displayed by service provider to build consumer trust in high consequence exchanges. High-consequence exchanges are difficult situations in which the choices present a dilemma that can cause stress and severe emotional reactions (KAHN, LUCE, 2003; BOTTI; ORFALI; IYENGAR, 2009) In this context, individuals do not have much experience dealing with the situation, and are highly uncertain about how to solve their problem (KUNREUTHER; MEYER; ZECKHAUSER; SLOVIC; SCHWARTZ; SCHADE; LUCE; LIPPMAN; KRANTZ; KAHN; HOGARTH, 2002). In high-consequences decisions, trust will have a key role, since it reduces the exchange uncertainty and helps the consumer to shape consistent and reliable expectations of the service (SIRDESHMUKH; SINGH; 2000). Several marketing studies have addressed the cognitive antecedents of trust, such as competence and efficiency (e.g. SHAPIRO; SHEPPARD; CHERASKIN, 1992; LEWICKI; BUNKER, 1994; MCKNIGHT; CHOUDHURY; KACMAR, 1998; JOHNSON; GRAYSON, 2000). However, the affective antecedents of trust have not received the same attention. This seems to occur, at least, due to two reasons: firstly, research on trust have investigated business-to-business exchanges, where emotional bonds are probably weaker when comparing with business-to-consumer exchanges (e.g., MOORMAN; ZALTMAN; DESHPANDE, 1992; MCALLISTER, 1995; COSTIGAN; ILTER; BERMAN, 1998; JOHNSON; GRAYSON, 2000); and secondly, these studies generally explore service contexts with low affective content and low-consequence choices (e.g. restaurants and clothes retail). However, when the focus is on exchanges with severe consequences, such as medical service encounters, the cognitive antecedents of trust seem not to be enough to explain patient trust. In this specific case, trust based on affect seems to become important; mainly because consumers may not have ability to evaluate the cognitive aspects of the situation (e.g. doctor's competence), and moreover, a medical services failure can be highly problematic or even fatal (LEISEN; HYMAN, 2004). Consumers need to feel good and comfortable with the doctor to go through a difficult treatment. Finally, we also investigate the importance of affect and cognition on trust in low-consequence choices. Although this is not the focus of our study, we understand that it is also important to understand low-consequence choices to better capture variations in the process of trust development depending on the underlying contextual factors. We are predicting that cognition will be more important than affect in building trust in low-consequence choices. In this kind of situation, patients are more self-confident, less sensitive, and do not perceive a high probability of loss (KUNREUTHER et al., 2002), and therefore focuses more on the rational outcomes. We believe that in low-consequence encounters, trust mediates the relationship between cognition and consumers' behavioral intentions, but does not mediate the relationship between affect and consumers' behavioral intentions. Along the article, some research propositions are done, and in the end some considerations are presented.

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1 INTRODUCTION

> *"Because, when you think about it, do I, am I making the right decision? Do I really want to inject [chemotherapy], what do you call that? Just looking at all those things go into your body, and it is just a kind of tingly warm feeling, and then within 24 hours, you are sick like a dog. So like, after one treatment, I had doubts, is this really helping me or not? They said it is helping me, you know, but like I couldn't really believe. I could put my body in more jeopardy than anything. It kills your cancer cells, but it also kills some of your good cells too."*
>
> (Lupton, 2003)

Imagine being in Ivy's position: it is difficult. Some decisions need to be made: Which medical treatment is the best for your disease? Can you trust your doctor's advice in a situation where your future and survival will depend on this medical treatment?

The decision illustrated above falls at one of the extreme ends of a continuum reflecting the importance of the outcome - from low-consequence to high-consequence decisions. High-consequence decisions can be defined as problems that have a high probability of financial and/or emotional loss outcomes, and high costs of reversing a decision once it is made (KUNREUTHER et al., 2002; SLOVIC; SCHWARTZ; SCHADE; LUCE; LIPPMAN; KRANTZ; KAHN; HOGARTH, 2002).

High-consequence choices are difficult situations in which the choices present a dilemma that can cause stress and severe emotional reactions (KAHN, LUCE, 2003; BOTTI; ORFALI; IYENGAR, 2009) In this context, individuals do not have much experience dealing with the situation, and are highly uncertain about how to solve their problem (KUNREUTHER et al., 2002).

Botti et al (2009) state that the individuals are increasingly expected to make choices in high-consequence contexts, and these kinds of decisions have been rarely considered in consumer behavior studies. However, when the consumer behavior task increases in complexity, systematic differences in the behavior will probably be observed (KAHN; BARON, 1995). Indeed, Kunreuther et al. (2002) suggest that future studies could develop a better normative model of choice for high-consequence decision-making that incorporates psychological considerations such as affect.

In high-consequences decisions, trust will have a key role, since it reduces the exchange uncertainty and helps the consumer to shape consistent and reliable expectations of the service (SIRDESHMUKH; SINGH; 2000). Corroborating this reasoning, Sitkin and Roth (1993) state that trust-relevant exchanges are characterized by: high level of performance ambiguity (e.g., consumers' evaluations of a medical treatment are generally highly ambiguous); significant consequences (e.g., the medical treatment could have significant consequences for the patient); and greater interdependence (e.g., when the consumer participates in the process of exchange performance, such as when the patient has to describe his/her symptoms to the doctor).

Several marketing studies have addressed the cognitive antecedents of trust, such as competence and efficiency (e.g. SHAPIRO et al., 1992; LEWICKI; BUNKER, 1994; MCKNIGHT et al., 1998; MCKNIGHT et al., 2002, 2004; JOHNSON; GRAYSON, 2000). However, the affective

antecedents of trust have not received the same attention. This seems to occur, at least, due to two reasons: firstly, research on trust have investigated business-to-business exchanges, where emotional bonds are probably weaker when comparing with business-to-consumer exchanges (e.g., MOORMAN et al., 1992; MCALLISTER, 1995; COSTIGAN et al., 1998; JOHNSON; GRAYSON, 2000); and secondly, these studies generally explore service contexts with low affective content and low-consequence choices (e.g. restaurants and clothes retail).

However, when the focus is on exchanges with severe consequences, such as medical service encounters, the cognitive antecedents of trust seem not to be enough to explain patient trust. In this specific case, trust based on affect seems to become important; mainly because consumers may not have ability to evaluate the cognitive aspects of the situation (e.g. doctor's competence), and moreover, a medical services failure can be highly problematic or even fatal (LEISEN; HYMAN, 2004). Consumers need to feel good and comfortable with the doctor to go through a difficult treatment.

This research aims to explore the impact of affect and cognition on patient trust. Besides, this study also investigates the mediator role of trust in the relationship between affect (and cognition), and consumers' intention to continue the treatment, and to seek a second opinion in high consequence exchanges.

More specifically, this study fills the following gaps in the literature: first, it extends our understanding of potential consequences in consumer choices. Thorne and Robinson (1988) affirm that patient trust will vary depending on whether the disease is a chronic condition or an acute illness. We specifically investigate exchanges with high-consequences which are neglected by the literature. Most studies focus on low-consequence exchanges, such as, restaurants, clothes retail, and flight experience. Second, few studies (e.g. MC ALLISTER, 1995; JOHNSON; GRAYSON, 2005) have explored trust based on affect and its relationships with others constructs. While health and healthcare studies highlight the importance of affective aspects like comforting, caring, and communication in building trust (SEMMES, 1991; THOM, 2001), in marketing studies, the affective antecedents of trust have been widely ignored. The study of cognitive antecedents of trust is not a new contribution; however it is also important to present this construct once although affect and cognition are different antecedents of trust, they are closely related (MCALLISTER, 1995; JOHNSON; GRAYSON, 2005).

Third, we investigate the mediator role of trust between affect and cognition, and consumers' intentions to continue treatment, and in decreasing the intention to seek a second opinion in high consequence exchanges. Some health care studies (SAFRAN; TAIRA; ROGERS; KOSINSKI; WARE; TARLOV, 1998; THOM; RIBISL; STEWART; LUKE, 1999; CHIN, 2001; HALL; DUGAN; ZHENG; MISHRA, 2001; HALL; ZHENG; DUGAN; CAMACHO, MISHRA, BALKRISHMAN, 2002; TARRANT; STOKES; BAKER, 2003) explore the relationship between trust and treatment continuity; however, we did not find any investigation about the role of the severity of the disease in this relationship.

Fourth, we investigate the impact of trust and second opinions on patient satisfaction, and the mediator effect of satisfaction in the relationship between trust and loyalty intentions (e.g. word-of-mouth, repurchase) in high-consequence choices. There is some evidence in health care studies that patient trust positively influences satisfaction (THOM et al., 1999; THOM, 2001; THOM; KRAVITZ; BELL; KRUPAT; AZARI, 2002). However, the patient's behavioral intentions are not explored in those studies. As noted by Chin (2001), trust in the patient–physician relationship is very important to typical business outcomes, such as patient retention, positive word-of-mouth, and economic revenues. In the current economy, physicians' financial success depends on their patients' continued business and referrals.

Finally, we investigate the importance of affect and cognition on trust in low-consequence choices. Although this is not the focus of our study, we understand that it is also important to understand low-consequence choices to better capture variations in the process of trust development depending on the underlying contextual factors. We are predicting that cognition will be more important than affect in building trust in low-consequence choices. We believe that in low-consequence encounters, trust will mediate the relationship between cognition and consumers' behavioral intentions, but will not mediate the relationship between affect and consumers' behavioral intentions. The next item will explore trust more deeply.

2 THEORETICAL BACKGROUND AND PROPOSITIONS

The next item will present: trust between individuals - interpersonal trust, affect versus cognition, treatment continuity and second opinion sought, satisfaction, loyalty intentions, and trust in low-consequence choices.

2.1 TRUST BETWEEN INDIVIDUALS: INTERPERSONAL TRUST

Interpersonal trust is widely discussed in the psychology literature; the concept consists of individual or group expectations about another group or individual carrying out their verbal or written promises (ROTTER, 1967). Johnson-George and Swap (1982) affirm that interpersonal trust is a basic feature in all social institutions where cooperation and interdependence is necessary.

McAllister (1995) defined interpersonal trust between organizational members as the degree of trust that an individual feels, and his intentions based on another's words, actions and decisions. The author also affirms that interpersonal trust has two main forms: trust based on affect and trust based on cognition. According to this author, trust based on cognition is related to knowledge and "good reasons to trust"; trust based on affect is more related to emotional bonds between individuals (e.g. care, concerned, etc). For the present study, we define trust as the expectations held by the consumer that the service provider is dependable, and can be relied on to deliver its promises (SIRDESHMUKH; SINGH; SABOL, 2002).

In the next section, we will discuss affect and cognition to better understand the antecedents of trust.

2.2 AFFECT VERSUS COGNITION

The differences between affect and cognition and, especially, which of these are the cause and effect, have represented a contentious point of debate in psychology literature since the 80's. Zajonk (1980) published an article in the Journal of American Psychologist called "Feelings and Thinking: Preferences Need No Inferences" that pointed out that affect, per se, could be sufficient to indicate preferences without an earlier cognitive process. The Cognitive-Experimental Theory from Epstein

(1993 apud SHIV; FEDORIKHIN, 1999) proposes that the affective and cognitive systems are different, but generally, operate in parallel where the affective system is a quicker and rougher process, and the cognitive system is a more refined and deliberate process.

On the other hand, Lazarus (1982) and Tsal (1985) affirm that affect will always be mediated by cognition. Lazarus (1982) points out that, for example, a child's emotional reaction will depend on his/her ability to understand his/her social context. The more complex and symbolic the emotional reactions are, the higher the need of understanding the social context. In this way, the entering of a specific emotion into a child's repertoire will depend on cognitive pre-requisites.

Lane, Nadel, Allen and Kaszniak (2000) affirm that neuroscience still does not have a conclusion about the neurological differences between affect and cognition. The authors point out that even though the scientists divide the human brain into three or more parts to do some conceptual studies, the brain does not have purely specific cognitive or affective parts. In fact, these processes interact with each other all the time.

Although the affective and cognitive systems are closely related, for the researchers to be better able to apply these concepts, the authors suggest they use the purest form of these processes, for example, considering cognition as a computer program where there is no possibility of an action that was not programmed. The authors also affirm that cognition is considered as conscience; therefore, if a person can identify the reason of a particular emotional response (e.g. hands movement, grimace) it seems that conscience is present in this action. However, if he/she does not recognize the reason, there is probably no cognition in the process and it is identified as an affective process.

If we consider the Cambridge Dictionary (2005), affect is defined as a feeling of liking for a person or place. This same dictionary defines cognition as the act of thinking or using a conscious mental process. Besides both definitions being very simple, they are useful due to their preciseness. For the present study, something recognized by the person (e.g. technical ability) will be considered as cognition and the feeling of liking for a person or place (e.g. care) will be considered as affect. The present study is not concerned with which of these processes came first or later. It is important to demonstrate that cognition and affect are distinct processes, and because of this their impacts on trust need to be studied separately. In exchanges with severe consequences, such as medical service encounters, the cognitive antecedents of trust seem not to be enough to explain patient trust. In these cases, trust based on affective aspects will become relevant; mainly because consumers may not have knowledge to evaluate the cognitive aspects of the situation (e.g. doctor's ability), and moreover, a medical services failure can be highly problematic or even fatal (LEISEN; HYMAN, 2004). Based on the evidence that affect and cognition impact consumer trust (MCALLISTER, 1995; JOHNSON; GRAYSON, 2005); and trust is important in high consequence exchanges, we postulate the first proposition:

P1: In high consequence exchanges, affect and cognition influence consumer trust.

P2: In high consequence exchanges, consumers' trust is higher when both affect and cognition are high, as compared with situations where one or both are low.

The next item will discuss patients' intentions to continue the treatment and seek the second opinion sought.

2.3 TREATMENT CONTINUITY AND SECOND OPINION SOUGHT

As noted by Trachtengerg, Dugan and Hall (2005), trust in the medical profession is a key predictor of whether a patient will follow a physician's treatment recommendations, seeks care and relies on physicians' judgments, and gives physicians more control to let them make decisions for them. The patient level of trust in their physicians has been shown to correlate closely and independently with satisfaction with the physician and adherence to the treatment plan (CHIN, 2001).

Continuity is a problem encountered by all health professionals and encompasses a wide variety of behaviors on the part of the patient, such as failure to enter a treatment program, premature termination of therapy, and incomplete implementation of instructions, including prescriptions (BLACKWELL, 1976). Physicians' comprehensive knowledge of patients and patients' trust in their physician are the variables most strongly associated with treatment continuity (SAFRAN et al., 1998).

When people are sick, they feel vulnerable and need care and compassion; and also need to be considered as a whole person (HALL et al., 2001). These factors build consumer trust because it helps the consumer to feel more secure about relying on the service provider and follow the indicated treatment (SAFRAN et al, 1998; THOM et al., 1999; CHIN, 2001; HALL et al., 2001; HALL et al., 2002; TARRANT et al., 2003). Balkrishnan, Dugan, Camacho and Hall (2003) found some evidence that patients who trust their doctor are less inclined to seek a second opinion, because they totally rely on their doctor, and do not see any reason to listen to another professional.

Botty and colleagues (2009) affirm that high-stake decisions, like choosing a cancer treatment, almost transcend the concept of choice, as they require individuals to face crises, emotional turning points, upset, and an inability to cope emotionally, cognitively or behaviorally in order to solve problems with their usual devices. The authors named these types of decisions as tragic choices (BOTTY et al., 2009).

In this kind of high-consequence situation, the individuals' perceived preference-matching ability may be challenged, and the emotional distress associated with it has been shown to not only weaken personal preferences, but also to undermine normal coping resources and mechanisms (KAHN; BARON, 1995). We postulate that in high-consequence exchanges, trust will mediate the relationship between affect and cognition; and treatment continuity and second opinion. Based on this evidence, we present the following propositions:

P3: In high consequences, trust mediates the relationship between affect and consumer's intention to continue the treatment.

P4: In high consequences, trust mediates the relationship between cognition and consumer's intention to continue the treatment.

P5: In high consequences, trust mediates the relationship between affect and consumer's intention to seek a second opinion.

P6: In high consequences, trust mediates the relationship between cognition and consumer's intention to seek a second opinion.

The next item will discuss patients' satisfaction, and its relationship with trust and second opinion.

2.4 SATISFACTION

Westbrook and Reilly (1983) considered satisfaction as "an emotional response to the experiences provided by, associated with particular products or services purchased, retail outlets, or even molar patterns of behavior such as shopping and buyer behavior, as well as the overall marketplace" (p. 256). Satisfaction also can be defined as "the buyer's cognitive state of being adequately or inadequately rewarded for the sacrifices he has undergone" (HOWARD, SHETH 1969, p. 145).

According to the confirmation/disconfirmation framework, satisfaction is defined as "the summary psychological state resulting when the emotion surrounding disconfirmed expectations is coupled with the consumers' prior feelings about the consumption experience" (OLIVER 1981, p. 27). In this sense, consumers compare their perceptions of product performance with a set of standards (e.g., expectations, performance). Confirmation results when the perceived performance matches standards, whereas disconfirmation results from a mismatch. Confirmation and disconfirmation are expected to determine consumer satisfaction or dissatisfaction. Consumer trust is considered to be a key antecedent of satisfaction (SINGH; SIRDESHMUKH, 2000). In health care studies, trust is the variable most strongly associated patients' satisfaction with their physician (SAFRAN et al., 1998).

We did not find any study that relates second opinion with patient satisfaction; however there is some evidence that there is a connection in high-consequence decisions. Patients with serious illnesses like cancer seek expertise in order to deal with the disease. They typically seek information on the Internet and second opinions from other physicians to be sure about the treatment options, to get support, and to find a better way to fight against the disease (ZIEBLAND; CHAPPLE; DUMELOW; EVANS; PRINJHA; ROZMOVITZ, 2004). If the consumer trusts the doctor and the second opinion matches the first, the patient will probably be more satisfied with the doctor, compared with situations where the second opinion dissents from the first doctor's opinion. This happens because the patient's expectations are matched when he or she trusts the doctor, and the second opinion reinforces it. Based on these assumptions, we formulated the following proposition:

P7: In high consequence exchanges, consumers' satisfaction is highest when trust is high and the second opinion presents the same diagnosis, in contrast to situations where trust is low and second opinion is different or isn't available.

The next item will discuss patients' intentions to repurchase, and patients' intentions to engage in positive word-of-mouth.

2.5 LOYALTY INTENTIONS

In a service context, loyalty can be defined as consumers' desire to continue buying from a firm for a long time; to prefer it when he or she has other options; and to recommend it to his or her friends and family members (GREMLER; BROWN, 1996; LOVELOCK; WIRTZ, 1996). Among the research that explores consumers' motivations to stay in a relationship, the repurchase intention is the measure

more widely used (JARVENPAA; TRACTINSKY; VITALE, 2000; GEFEN; STRAUB, 2004). However, this variable by itself seems to be insufficient to reflect loyalty intentions because we have to consider other aspects such as high exit barrier or lack of financial resources (ZEITHAML; BERRY; PARASURAMAN, 1996). Behaviors like intention to say good things about the firm and refer its services to other people are important because it indicates positive feelings about the firm, and also must be considered (MURRAY; OZZANE, 1991; ZEITHAML et al., 1996).

In relational exchanges, trust is considered by many authors as a fundamental variable because it influences consumers' loyalty intentions (MOORMAN et al., 1992; MORGAN; HUNT, 1994; GARBARINO; JOHNSON, 1999). The relationship between trust and loyalty mediated by satisfaction is supported by the complementarities of the constructs. When a service provider acts in a way that builds trust, the perceived risk is reduced, the satisfaction is increased, and consumers begin to have good feelings about the future behavior of the service provider (SIRDESHMUKH et al., 2002). Complementarily, loyalty indicates the intention to continue a relationship with a specific firm, engaging in positive word-of-mouth and repurchasing (ZEITHAML et al., 1996). Based on the literature review, we postulate the following propositions:

P8: In high consequence exchanges, satisfaction mediates the relationship between trust and consumer's intentions to repurchase.

P9: In high consequence exchanges, satisfaction mediates the relationship between trust and consumer's intentions to engage in word-of-mouth.

The next item will discuss trust in low consequence exchanges and its relationship with affect, cognition, and consumers' intention to continue the treatment and seek second opinion.

2.6 TRUST IN LOW-CONSEQUENCE EXCHANGES

Trust is mainly important in situations where people are facing uncertainty, complexity, and an inability to preview the future (LUHMANN, 1979). In this kind of situation, trust is very important because there is a high probability of financial and/or emotional loss outcomes, and high costs to reversing a decision once it was made. As noted by marketing literature (LUHMANN, 1979; MAYER; DAVIS; SCHOORMAN, 1995; GEYSKENS; STEENKAMP; KUMAR, 1998), trust is a key factor in reducing the uncertainty in risky situations, and positively influencing consumer behavioral intentions.

On the other hand, in low-consequence decisions, characterized as having low probability of financial and/or emotional loss outcomes, and low costs to reversing a decision once it was made (KUNREUTHER et al., 2002), trust seems to be less important in influencing consumer behavioral intentions compared with high-consequence choices. In this way, we believe that in low-consequence choices, trust will mediate the relationship between cognition and consumers' intentions to continue the relationship, but will not mediate the relationship between affect and consumers' intentions to continue the relationship.

We are predicting that cognition will be more important than affect in building trust in low-consequence choices. In this kind of situation, patients are more self-confident, less sensitive, and do not perceive a high probability of loss (KUNREUTHER et al., 2002), and therefore focuses more on

the rational outcomes. Because of this, we believe that, in low-consequence encounters, trust mediates the relationship between cognition and consumers' behavioral intentions, however does not mediate the relationship between affect and consumers' behavioral intentions.

Additionally, in low-consequence situations, consumers will be less inclined to seek a second opinion because they perceive a low probability of loss, and therefore don't need to worry about it and seek additional information. Based on this evidence, we postulate the following propositions:

P10: In low-consequence decisions, independently of affect, consumers' trust is higher when cognition is high, in contrast to situations where cognition is low.

P11: In low-consequence decisions, trust does not mediate the relationship between affect and the consumer's intention to continue the treatment.

P12: In low-consequence decisions, trust mediates the relationship between cognition and the consumer's intention to continue the treatment.

P13: In low-consequence decisions, trust does not mediate the relationship between affect and the consumer's intention to seek a second opinion.

P14: In low-consequence decisions, trust mediates the relationship between cognition and the consumer's intention to seek second opinion.

The next item will present the general discussion, limitations, and suggestions for future researches.

3 GENERAL DISCUSSION, LIMITATIONS, AND FUTURE RESEARCH

This article describes the relationships among affect, cognition, trust and consumers' behavioral intentions in two different settings: low and high consequence exchanges. Based on the literature review, we propose a substantial and robust relationship between affect and cognition, trust, and consumers' behavioral intentions. The main focus of this study is high-consequence exchanges in medical encounters. Based on the previous studies, we believe that patients who perceive affect and cognitive characteristics in their doctor, trust their doctor more, and are better able to have positive behavioral intentions like continue treatment and not seek second opinion. Besides, we also believe that patients who trust his/her doctor will probably be more satisfied. If the patient has low trust, but seeks a second opinion, and this opinion is congruent with the first one, he/she can experience higher levels of satisfaction compared with situations in which the second doctor's opinion is divergent for the first one.

In the present study we also investigate low-consequence exchanges, and we postulated that cognition is more important than affect to build trust and influence consumers' intention to continue the treatment. Besides, cognition positively impacts trust, and trust negatively influences second opinion.

The main contributions of the present study are: first, it extends our understanding on high consequences in consumer choices. These consequences have received little attention in the marketing literature so far. Based on the literature review, affect and cognition probably causes trust, and in high-

consequence exchanges, trust seems to be a key mediator in the relationship between affect and cognition and behavioral intentions. In low consequence exchanges, trust is also an important mediator between cognition and consumer behavioral intentions, however, in this context; trust is not a mediator in the relationship between affect and behavioral intentions. Second, few studies (e.g. MC ALLISTER, 1995; JOHNSON; GRAYSON, 2005) have explored trust based on affect and its relationships with other constructs. The present study highlighted the importance of affect in building trust, particularly in high consequence exchanges. Third, we found that affect and cognition probably result in trust; and trust seems to increase consumers' intentions to continue the treatment, and decrease the consumers' intention to seek a second opinion. The present study contributed to the health care literature (SAFRAN et al., 1998; THOM et al., 1999; CHIN, 2001; HALL et al., 2001; HALL et al, 2002; TARRANT et al., 2003) corroborating that trust positively influences treatment continuity. Additionally, we found some evidences that this relationship is probably even more important in high-consequence exchanges. Even though health care studies point out the importance of affective aspects to build trust, they usually do not discriminate between the affective and cognitive antecedents of trust (e.g. ANDERSON; DEDRICK, 1990; PEARSON; RAEKE, 2000; BOVA; FENNIE; WATROUS; DIECKHAUS; WILLIAMS, 2006).

Fourth, we found some evidences in the literature (THOM et al., 1999; THOM, 2001; THOM et al., 2002) that trust and second opinion probably impact patient satisfaction, and satisfaction impacts consumers' behavioral intentions (e.g. repurchase). Finally, we explored the importance of affect and cognition on trust in low-consequence choices. Even though this was not the main objective of the present study, we found some evidences that cognition is more important to build trust in low-consequence choices. This may happen because in low-consequence exchanges, patients are more self confident, less sensitive, and don't perceive high probability of losses (KUNREUTHER et al., 2002).

In summary, our theoretical essay integrates affect, cognition, trust and behavioral intentions, and our results offer important insights into the relationship between these constructs. Specifically, the literature suggests that trust, in high consequence exchanges, is more likely to emerge when the patient perceive affective and cognitive abilities in his/her doctor. In high consequence encounters, both affect and cognition will be important to build trust, however, in low consequence exchanges, cognition will be more important to build trust and influence consumers' behavioral intentions. A brand new contribution of this study is that it proposes that affect is an important antecedent of trust, and, nevertheless, it is not even considered in most studies which approach the construct. This finding is reasonable, since we are talking about people that are really sick. These people need more than a smart doctor in order to put their lives on his/her hands; they need somebody compassionate and supportive. Because the disease is very difficult, going through such a battle alone seems to be almost impossible. Making eye contact, being friendly, and seeing the patient as a human being at the first glance may seem silly, but for people who are suffering and trying to figure out what they need to do, these things are essential.

Results from our work identified important directions for future research. First, future studies can empirically tests the propositions using experimental design. Future studies could use both low and high consequences at the same time and compared the effects. Second, future research should also explore the importance of affect in building trust using qualitative methods like in-depth interviews or ethnography. This kind of method would help to better understand the relationship between patient and service providers as doctors, nurses, physiotherapists, and psychologists. High-stake diseases like cancer are very hard to treat, and future studies are encouraged to understand more deeply and more broadly the whole context of this kind of exchange. Third, we also suggest that this study could be

replicated with real patients. It is well known that experiments are artificial in creating feelings and, specifically in this case, that we are dealing with extreme situations, more realistic studies are highly recommended.

Taken together, our propositions offer theoretical insights into the mechanics of trust and identify affect and cognition as important and robust causes of trust, and that behavioral intentions are probably consequences of trust in high-consequence exchanges. We also proposed that satisfaction may play an important role as mediator in the relationship between trust and loyalty intentions.

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