

Trust in Health Professionals

Citation Garrubba M & Yap G. 2019. Trust in Health Professionals. Centre for Clinical Effectiveness, Monash Health, Melbourne, Australia.

Executive Summary

Background

Trust in health professionals is important because health and healthcare in general involves an element of uncertainty and risk for the vulnerable patient who is reliant on the competences and intentions of their clinicians [1]. Patient trust in health professionals is an area of interest to Monash Children's Hospital and a review of evidence was requested to assist with the submission of a Better Care Victoria Innovation Grant.

Objectives

- To identify a definition and the determinants of trust
- To identify validated tools to measure trust between patient and health professional
- To ascertain the relationship between trust and quality of care
- To identify interventions to improve trust between patient and health professional

Search Strategy

A search of grey literature was conducted. Websites known to the authors, google scholar and an advanced google search were undertaken to identify relevant evidence. Papers were screened and selected according to the inclusion criteria in Appendix 1. Only articles in English published after 2014 were included. Due to time constraints a decision was made not to search medical, nursing and allied health databases.

Results

Definition

Various definitions [1-5] and conceptualisations of trust have been developed within medicine [2]. A 2014 systematic review provides a comprehensive definition:

"The expectations of the public that those who serve them will perform their responsibilities in a technically proficient way, that they will assume responsibility and not inappropriately defer to others, and that they will make their patients' welfare their highest priority" [2].

Determinants of trust

Health professionals' behaviours are central in understanding how trust is formed and maintained. These include:

- thoroughly evaluating problems [4, 5]
- understanding a patient's individual experience [4-6]
- compassion [4, 5]
- empathy [1, 4-8]
- advocacy [4, 5, 7]
- reliability and dependability [1, 4, 7]
- accessible [5]
- practice of patient-centered care [4, 6, 8]
- communicating clearly and completely [1, 4-6]
- continuity of care [4, 5, 8]
- building a partnership [4]
- giving time in the consultation [4, 5]
- providing appropriate and effective treatment [1, 4, 7, 8]
- being honest and respectful to the patient [1, 4, 6-8]
- shared decision-making [5, 8]
- confidentiality [7]

Tools to measure trust

There are many validated tools to measure patients trust in health professionals. The Trust in Oncologist Scale (TiOS) and Health Care Relationship Trust Scale (HCRTS) measures had the best quality regarding the design, methods and reporting of psychometric property assessment [2]. The Trust in Physicians Scale (TiPS) is the tool which has been most extensively tested and used [2].

Trust and quality of care

Trust is important for patient and health professional relationships and is reported as an indicator and potential 'marker' for how patients evaluate the quality of health care [9]. As levels of trust and mutual understanding increase, responsiveness and the patients' perceptions of the quality of their care often improve [9].

Interventions to improve trust

Although a systematic review found there to be insufficient evidence to conclude that any intervention may increase or decrease patient trust in doctors there are a number of interventions that may influence trust. These include:

- Improve communication skills
- Demonstrate the doctors' openness and honesty
- Emphasize confidentiality
- Demonstrate doctors' technical competence
- Enhance the professionalism of the doctor
- Continuity of care
- Improve access to care
- Encourage doctors to demonstrate caring by providing measures which might be seen as additional to normal care
- Enable patients' choice of doctor

Conclusion

This rapid review of the evidence has focused on trust in the relationship between patient and health professional. Determinants of trust and validated tools to measure trust were identified with a systematic review highlighting the Trust in Physician Scale (TiPS) to be a validated tool and the most commonly used. Trust and quality of care go hand-in-hand, with trust being seen as a more appropriate indicator of acceptability and quality of health care than patient satisfaction. Although a recent systematic review found insufficient evidence that any intervention may increase or decrease patient trust in doctors, improved communication skills, continuity of care and openness and honesty are seen as essential to building a trusting relationship.

This review did not identify any determinants, tools or interventions specific to the paediatric population. The information provided in this review has been taken from primary and secondary health services as well as inpatient and outpatient settings.

Background

Trust in health professionals is important because health and healthcare in general involves an element of uncertainty and risk for the vulnerable patient who is reliant on the competences and intentions of their clinicians [1]. Defining trust, classifying its determinants, identifying validated tools to measure trust between patient and health professional and ascertaining the relationship between trust and quality of care is of interest to Monash Children's Hospital. An evidence snapshot was conducted to scan the literature to assist with the submission of a Better Care Victoria Innovation Grant.

Objectives

- To identify a definition and the determinants of trust
- To identify validated tools to measure trust between patient and health professional
- To ascertain the relationship between trust and quality of care
- To identify interventions to improve trust between patient and health professional

Search strategy

A search of grey literature was conducted. Websites known to the authors, google scholar and an advanced google search were undertaken to identify relevant evidence. Papers were screened and selected according to the inclusion criteria in Appendix 1. Only articles in English published after 2014 were included. Due to time constraints a decision was made not to search medical, nursing and allied health databases.

Results

The literature search identified ten papers. The evidence consisted of systematic reviews, literature reviews and an opinion article. No quality appraisal of included studies was undertaken.

Defining Trust

Various definitions [1-5] and conceptualisations of trust have been developed within medicine [2]. A 2014 systematic review provides a comprehensive definition:

"The expectations of the public that those who serve them will perform their responsibilities in a technically proficient way, that they will assume responsibility and not inappropriately defer to others, and that they will make their patients' welfare their highest priority" [2].

Empirical studies have revealed that patients' trust in physician is associated with patient satisfaction, continuity of care and adherence to treatment [2].

Trust in physician facilitates access to healthcare, disclosure of relevant information and thereby supports accurate and timely diagnosis to be made. Trust in physician is also associated with self-reported health improvement and patients' self-reported ability to manage their chronic disease [2].

Determinants of trust

Research has identified factors that influence the development of trust, ranging from technical competency and interpersonal attributes to organizational factors [6] and according to patients trust is built largely on the doctors interpersonal competence [4].

Health professionals' behaviours (including doctors and nurses) are central in understanding how trust is formed and maintained. These behaviours include the following:

- thoroughly evaluating problems [4, 5]
- understanding a patient's individual experience [4-6]
- compassion [4, 5]
- empathy [1, 4-8]
- advocacy [4, 5, 7]
- communicating clearly and completely [1, 4-6]
- continuity of care [4, 5, 8]
- building a partnership [4]
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- reliability and dependability [1, 4, 7]
- accessible [5]
- practice of patient-centered care [4, 6, 8]
- shared decision-making [5, 8]
- confidentiality [7]

In addition to physician behaviors, there is evidence that the length of social relationships with health professionals is significant, with longer relationships leading to higher levels of trust [7]. Patient choice in selecting their health professional (e.g. personal choice vs recommendation vs convenience) is another predictor of trust [7].

Tools to measure trust

A 2014 systematic review provides a thorough overview and comparison of different validated measures for assessing trust in physicians [2]. The aim of the review was to identify existing psychometrically tested measures of trust in physician, to determine the methodological quality of the studies that report on psychometric properties of measures and to evaluate the quality of identified measures based on their psychometric properties [2].

The studies included in this review were mostly conducted in the USA and used English measures. Sample sizes range from 25 to 1199 participants. The majority of study samples included patients which were recruited in very heterogeneous settings. Most studies were based on outpatient samples with a variety of health issues. Included studies reported on psychometric properties of the following seven measures of trust in physician [2]:

- [Trust in Physician Scale \(TiPS\)](#)
- Trust Scale for the Patient-Physician Dyad (TSPPD)
- Wake Forest Physician Trust Scale (WFPTS)
- Abbreviated Wake Forest Physician Trust Scale (A-WFPTS)
- [Health Care Relationship Trust Scale \(HCRTS\)](#)
- Health Care Relationship Trust Scale Revised (HCRTS-R)
- [Trust in Oncologist Scale \(TiOS\)](#). (developed on the basis of the WFPTS, is the only population-specific measure and assesses cancer patients' trust in their oncologists)

The systematic review used the COSMIN checklist to assess the quality of design, methods and reporting and the Terwee criteria to assess the quality of psychometric properties [2].

Quality assessments with the COSMIN and the Terwee criteria revealed a heterogeneous picture of the methodological quality of included studies and the quality of psychometric properties of identified measures [2]. The TiOS and HCRTS measures had the best quality regarding the design, methods and reporting of psychometric property assessment [2]. The TiPS is the measure which has been most extensively tested, however the majority of the studies using TiPS were rated poor for internal consistency [2]. To better utilise the TiPS in a research setting adhering to a quality criteria like the COSMIN checklist [2].

Overall, the results of this review show that the methodological quality of psychometric property studies on trust in physician is not satisfactory in many respects [2]. The results can be used to assist researchers in choosing a measure optimal for their individual research purpose. Development of new measures is not warranted however, it is important to note that a measure's psychometric properties need to be re-established for any new setting, sample or cultural context [2].

Trust and Quality of health care

Trust is important for patient and health professional relationships and is reported as an indicator and potential 'marker' for how patients evaluate the quality of health care [9]. Although there is not an abundance of research available around the relationship between trust and quality of health care, it is documented that as levels of trust and mutual understanding increase, responsiveness and the patients' perceptions of the quality of their care often improve [9].

Central to quality assessment is the increasing emphasises on user acceptability, as evidenced by the emergence of patient satisfaction and patient-centered care in the literature and in policy [3, 8].

For a comprehensive and detailed assessment of the quality of health services, both clinical and perceived quality of care need to be evaluated and then compared [9]. Alongside technical measures of quality, attention should be given to manifestations of quality – e.g. acceptability, cultural appropriateness and responsiveness [8, 9].

Research suggests that trust in clinicians and services is likely to be a better indicator of acceptability and quality than the illusive and transitory concept of patient satisfaction [8].

Does trust affect health outcomes?

Trust in the health care professional has been suggested to be the foundation for effective treatments and fundamental for patient-centered care [10]. There is a growing number of studies that report correlations between trust measures and patient s' health outcome. In these studies the health outcomes encompass different dimensions, such as objectively measured indicators, clinical observations, and patients' subjective self-ratings [10]. Systematic review (with

meta-analysis of observational studies), findings show that across diverse clinical settings, patients reported to be more satisfied with treatment, show more beneficial health behaviours, less symptoms and higher quality of life when they had higher trust in their health care professional [10].

Interventions to improve trust

A 2014 Cochrane review [4] aimed to assess the effects of interventions intended to improve patients' trust in doctors or a group of doctors.

The review included 10 RCTs involving 11,063 patients from the USA in 8 primary care settings, a Health Maintenance Organisation and a private secondary clinic. There was considerable heterogeneity between the studies. Interventions were of three main types; three employed additional physician training, four were education for patients and three provided additional information about doctors in terms of financial incentives or consulting style. Additionally, several different measures of trust were employed [4].

Overall, the review found insufficient evidence to conclude that any intervention may increase or decrease patient trust in doctors. This may be due in part to the sensitivity of trust instruments, and a ceiling effect, as trust in doctors is generally high. It may be that current measures of trust are insufficiently sensitive. Further trials are required to explore the impact of doctors' specific training or the use of a patient-centered or decision-sharing approach on patients' trust, especially in the areas of healthcare provider choice, and induction into healthcare organisation. International trials would be of particular benefit. The review was constrained by the lack of consistency between trust measurements, timeframes and populations [4].

Table 1 provides a variety of parameters associated with increased trust which might be applied as interventions to improve patients' trust in their doctors [4].

The purpose of seeking interventions that are helpful in promoting trust is based on the assumption that a variety of desirable attributes such as medication adherence, satisfaction, and continuity of care are associated with global measures of trust. However, these are associations, and there is little evidence that interventions that might improve global trust will necessarily also increase these attributes [4].

Table 1 Interventions which may influence trust

Parameter	Example
Improve communication skills	Encouraging a patient-centered approach or the expression of empathy
Demonstrate the doctors' openness and honesty	Disclosure of financial incentives to limit costly investigations or treatment, or other incentives which might influence care
Emphasize confidentiality	Regularly emphasising the confidential nature of the doctor-patient relationship through leaflets or by word of mouth
Demonstrate doctors' technical competence	Advertising doctors' qualifications or compliance with continuing professional development
Enhance the professionalism of the doctor	The way the doctor dresses
Continuity of care	
Improve access to care	Patients may have more trust in a doctor who appears to make him or herself available to them
Encourage doctors to demonstrate caring by providing measures which might be seen as additional to normal care	Educational interventions
Enable patients' choice of doctor	

Health care leaders and patient advocates attending the 2018 American Board of Internal Medicine Foundation Forum participated in a structured exercise to identify and prioritise interventions to improve trust [6]. These approaches to increase trust among patients and the organisations and teams that care for them are listed below.

- Leadership (boards and senior management) should acknowledge that trust is foundational and that creating a trusting environment and experience is essential for good processes and outcomes [6]
- Measurement of trust and related issues should become a standard part of the evaluation of patient care experiences and experiences with health plans. For example, data on patients' "likelihood to recommend" organizations are available along with benchmark information from comparable institutions. Data from physicians, nurses, and other personnel on their engagement (eg, "I am proud to tell people I work for this organization") provide insight into the extent to which the caregivers trust that their organization shares their values [6].

- Transparency of patient care experiences and outcomes should be part of a system of measurement, monitoring, reporting, and continuous improvement of quality and safety. For example, payers should make such data transparent as a default model for clinicians and health care organizations [6].
- Boards and senior leadership should regularly examine data that reflect on trust by patients and among personnel. Data on trust should be discussed along with financial metrics that the board monitors and uses to reward the leadership team.
- Standards, training, and accountability systems should be developed for individual clinicians. Training and education should emphasize communication and relationship skills. Some organizations, such as the Cleveland Clinic and Texas Children's Hospital, have required that all physicians undergo formal training in communication, and have seen patient experience improve afterward. Health care system leaders should convene patients and frontline clinicians to identify specific barriers to coordination and articulate solutions [6].
- Standards, best practices, and accountability systems should be developed for team functioning to create trusting environments. For example, clinicians should receive feedback on how patients evaluate the coordination of their care. Through payment models that explicitly reward patient trust and care coordination, payers can play an important role in motivating clinician efforts to achieve high performance in these critical areas [6].
- Relationships between patients and health care professionals (including teams) should be structured with the goal that patients can make choices that reflect their preferences. Clinicians should recognize that, just as there is an information imbalance in which they know more medical science than patients, there is a second information imbalance in which patients know more about what matters to them and how they are doing than clinicians, and discussions should occur to correct that information imbalance [6].
- Health systems should ensure that the needs of patients for a navigator or translator are reliably met. Patients must be confident that someone on the care delivery team will help them understand the care that they are receiving, ensure coordination, elicit the preferences of the patients, and advocate for patients when necessary [6].
- Patients should be actively engaged in designing solutions to fix the erosion of trust. Top senior management should attend meetings of patient advisory councils. Many organizations now include patients on operational committees as their default approach. This best practice should be adopted widely [6].

Conclusions

This rapid review of the evidence has focused on trust in the relationship between patient and health professional. Determinants of trust and validated tools to measure trust were identified with a systematic review highlighting the Trust in Physician Scale (TiPS) to be a validated tool and the most commonly used. Trust and quality of care go hand-in-hand, with trust being seen as a more appropriate indicator of acceptability and quality of health care than patient satisfaction. Although a recent systematic review found insufficient evidence that any intervention may increase or decrease patient trust in doctors, improved communication skills, continuity of care and openness and honesty are seen as essential to building a trusting relationship.

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References

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Appendix 1

Information Sources and Search Terms

Information sources		
Google	Kings Fund	Harvard Business Review
Health Foundation	Sax Institute	Advisory Board
Search Terms		
<ul style="list-style-type: none"> Trust AND healthcare AND quality - 189 Trust AND (health professional or doctor or nurse) – 240 How to measure trust in healthcare – 157 relationship between trust and quality healthcare - 165 		

Inclusion Criteria

Patient group (include any relevant factors eg age, gender, condition)	Adults, Carers, Children, Family receiving care in a tertiary hospital Health Professionals (doctors/nurses/allied health)
Intervention/diagnostic test/exposure	Trust interventions? Credibility, reliability, intimacy Trust at the clinical interface Benefits of high level trust for both clinical care and patient satisfaction How do you measure trust? What tools are available? Are they validated?
Outcome/s	Achieving Trust in Healthcare Professionals Understanding Trust Measuring trust
Setting	Ideally paediatric can look to adult, Similar health services to Australia
Language/Date	English, 2014 - current