A literature review on how patient trust is affected by patient proximal percepts and by physician behavior

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A Literature Review on how Patient Trust is affected by Patient Proximal Percepts and by Physician Behavior

Patient trust is a crucial element of the patient-physician relationship in that it determines patient adherence to the medical treatment and can have an important impact on patient recovery and health. This literature review aims at identifying which patient proximal percepts and which physician verbal and nonverbal behavior predict patients' trust in their physicians. The review shows that patients have more trust in physicians whom they perceive as competent, caring, and communicative (information sharing), and who display the correspondent behavior. However, research also shows that depending on their individual characteristics, patients sometimes react differently to the same physician communication style. In order to elicit patient trust, the physician thus needs to adapt his or her communication style to the patient.

Keywords: physician-patient communication, patient trust, adaptivity.

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1. Introduction

"Do physicians kill people? – Undoubtedly; and I knew a man who proved by good reasons that we should never say, such a one is dead of a fever, or a catarrh, but she is dead of four doctors and two apothecaries" (Molière 1665/2000).

This 17th century drama excerpt of the French playwright Molière articulates (in a provocative way) that mistrust in physicians is not a recent problem. Physicians deal with illnesses that often cause physical pain and psychological distress or that may have vital consequences; they have to make correct diagnoses, prescribe appropriate treatments with a minimum of side effects; they also have to inform their patients and make them willing and able to follow treatment regimens. The health and well-being of patients thus depend in great proportions on the physician's medical as well as relational competences, and these competences may vary from physician to physician. Even if the medical knowledge and practice have evolved immensely since the times of Molière, patients still do not always trust their physicians. What influences patient mistrust or trust? This is what I propose to show in this literature review.

Trust is reliance on or confidence in the worth, truth, or value of someone or something (APA 2007). In the physician-patient interaction, patient trust can be defined as the belief that the physician is honest, competent, will preserve the patient's confidentiality, and will act in the patient's best interest (Fiscella et al. 2004; McKinstry et al. 2006). Trust can be understood as a necessary basis for the quality of the care process, in that it may enable patients' disclosure and discussion of their medical problems, acceptance of physical examination, and acceptance of the treatments. Also, it can be the result of a deliberate, rational process, or an automatic and spontaneous reaction to the physician's behavior (Skirbekk 2009).

Trust has raised the interest of researchers in physician-patient communication since the end of the nineties. Studying patient trust is important because it determines patient adherence to treatment recommendations, as well as continuity of care (Thom et al. 1999). Recent studies have shown that trust of diabetic patients predicted their level of glycemic control, in other words, that trust had an impact on their health status (Mancuso 2010; Selby et al. 2007). Lack of trust may also lead to higher transac-

tion costs, for instance when patients need to be reassured trough additional tests, or when they do not fully disclose information – which may prevent the medical condition from being treated quickly and effectively (Creeds & Miles 1996). Moreover, patient trust influences the patients' intention to stay with their physician (Platonova, Kennedy & Shewchuk 2008) and not to look for second opinions (Hall et al. 2002), which prevents "doctor-shopping" and the related costs for the patient as well as for society as a whole.

In this paper, I will present a review of the literature on the predictors of patient trust in their physicians. Some studies have investigated how specific verbal and nonverbal behavior cues were related to patient trust, while others have considered global perceptions (i.e., interpretations made of these behavior cues by the patients) and have not looked at the cues themselves. These more global interpretations of verbal and nonverbal behavior are called "proximal percepts" by some authors (e.g., Burgoon, Birk & Pfau 1990) – which is the term that will be used through this paper. To illustrate, a smile (nonverbal behavior) may be perceived as a sign of sympathy (proximal percept). In this literature review, I will consider both types of studies and will build bridges between them. To date, the attempts made to teach physicians behavior that increases patient trust have produced no effect (Thom 2000; Thom, Bloch & Segal 1999), probably because we still lack a clear understanding on the processes that lead patients to trust their physicians. Therefore, only if we have a clear idea of how specific physician behavior influences patient proximal percepts and of how these proximal percepts influence patient trust, will we be able to teach physicians more effective communication styles.

The aim of this literature review is to better understand which patient proximal percepts and physician verbal and nonverbal behavior may lead patients to trust their physician. However, since most studies in the field use cross-sectional designs, few causal links can be proved. In this review, potential predictors for perceived physician trust will be considered, but the reader must keep in mind that the direction of the causality between the variables is rarely established. Experimental designs and mediation analyses will be needed to prove the existence of those links. The organization I adopt in presenting the results follows a heuristic purpose and reports the causations suggested – but rarely proved – by researchers in the field.

2. Method

To conduct this review, I searched the databases Medline and PsychInfo for articles containing in their abstracts the words (i) trust, distrust, or mistrust, (ii) patient*, and (iii) physician* behav* or physician* communicat*. The search was limited to articles published in English between January 1980 and March 2011. After removal of duplicates, 56 studies remained, the abstracts of which were screened for relevance. Studies were included if they reported variables of the physician's communication style or behavior that predicted patient trust. Both quantitative and qualitative studies were considered. Exclusion criteria were: case studies, studies investigating patient trust in the medical profession in general (as opposed to patient trust in a specific physician), studies investigating the consequences of trust (rather than the potential predictors of trust), and studies conducted with children, adolescents, or with patients suffering from psychiatric disorders. Finally, 27 studies were retained.

3. Results

In this section, I organize the results according to the patient proximal percepts of physician competence, caring, and information sharing. I chose these three percepts because they were by far the most frequently investigated ones and because many of the remaining percepts could be related to them (for instance, the percept of "involvement" can be related to the percept of "caring"). Every time, I report specific verbal and nonverbal physician behaviors that have been linked to patient trust and I relate those behaviors to the proximal percepts of physician competence, caring, and information sharing. Finally, I present patients' individual characteristics that have been shown to moderate the link between the physician behavior and the patient trust.

3.1. Perceived Physician Technical Competence

Physician competence may be divided in two categories: on the one hand, *technical competence,* which encompasses the medical knowledge and technical ability to perform the examination, interpret the symptom

and prescribe the appropriate treatment; on the other hand, *interpersonal competence,* which relates to the social skills of the physician and to his or her ability to foster the relationship with the patient (Young 1980). Patients report that the physician's interpersonal competence has a crucial influence on their trust (Mechanic & Meyer 2000), but as interpersonal competence will be discussed later in this paper (e.g., through perceived caring and information giving), I will focus in this section on perceived technical competence, i.e., on patients' proximal percept of their physician's technical competence.

According to cancer patients, a physician's technical skills and expertise have an influence on their level of trust (Oliffe & Thorne 2007; Wright, Holcombe & Salmon 2004). Furthermore, the association between perceived physician competence and patient trust is suggested by several indirect measures. Oncologists think that lack of *knowledge* (e.g., regarding new studies published in the field) when talking to the patients results in less patient trust (Friedrichsen & Milberg 2006). Also, patients believe that most verbal expressions of uncertainty by their physicians (e.g., "Let's see what happens," "I don't know," "I think it might be...") negatively influence patients' trust in their physicians (Odgen et al. 2002). Lack of knowledge and expressed uncertainty may thus be perceived as a lack of competence and negatively influence patient trust. Furthermore, an early study on the topic (Young 1980) showed that perceived technical competence of the physician positively influenced patient willingness to disclose symptoms, and trust is a likely explanation for this result.

Now, which specific verbal and nonverbal cues emitted by the physician have been related to patient trust? At the end of the nineties, an exploratory study with focus groups consisting of patients (Thom & Campbell 1997) identified an element of the physician's communication style that, according to those patients, influenced their trust in their physicians and that – according to the authors – can be considered an element of perceived technical competence: the perception that the physician had *thoroughly evaluated the problems.* Verbal behaviors such as *exploring the patient's personal experience of the disease* (Fiscella et al. 2004) and *listening to the patient* (Keating et al. 2004) have also been related to patient trust in other studies, and these associations were probably due to the fact that they convey an impression that the physician thoroughly evaluated the problem.

And which specific physician behaviors have been related to the proximal percept of physician competence? A study conducted by Blanch-Hartigan et al. (2010) has shown that medical students who adopted a patient-centered communication style (e.g., open questions, psychosocial talk, asking for patient's opinion) and behavior (e.g., showing interest or empathy) were perceived as more competent by analogue patients (note that in one of the conditions, the effect was shown only for male medical students). However, due to the lack of studies investigating which nonverbal cues are used by patients to judge their physician's competence, we must turn to the general literature on perceived competence in order to generate hypotheses. Burgoon, Birk & Pfau (1990) have conducted a study on speakers who were rated on perceived competence. In this study, the perception of the speaker's competence was related to behaviors that might have been perceived as signs of verbal ease (i.e., speech fluency), self-confidence (i.e., facial expressiveness), and caring (i.e., smiling and facial pleasantness). More research will be needed to see if these nonverbal behaviors play the same role in the patients' perception of their physicians' competence, and if they influence patient trust.

3.2. Perceived Physician Caring

Perceived competence is not the only element to play a role in patient trust. Patients trust their physicians more when they perceive them as *caring* (Henman et al. 2002; Keating et al. 2004; Mechanic & Meyer 2000; Ommen et al. 2008; Robb & Greenhalgh 2006; Thom 2001) – in the sense that patients have the impression that their physician cares for them and for their well-being. Research using related concepts also shows that patients trust their physicians more if they perceive them as *involved* (Kowalski et al. 2009), *kind, interested* (Torke, Corbie-Smith & Branch 2004), and as *empathetic* listeners (Hojat et al. 2010).

But what specific physician behaviors have been related to patient trust? *Providing emotional support* (Arora & Gustafson 2009; Ommen et al. 2008) has been related to patient trust. Also, *exploring the patient's personal experience of the disease* (Fiscella et al. 2004) and more *listening* to the patient (Davey & Butow 2006; Henman et al. 2002; Keating et al. 2004) – which I have already mentioned as related to patient trust –, do

certainly not only convey a sense of thorough evaluation of the problems but also convey a sense of caring.

On the nonverbal side, it has been shown that patients who reported that their physicians *greeted them more warmly,* were more *gentle during the examination,* or made *more eye contact* trusted them more (Thom 2001). Warmth during greetings and gentleness during the physical examination may again be interpreted by patients as signs of caring, as well as eye contact indicating attention, a component of caring. Time physicians spend with their patients has also been related to patients' trust (Eggly et al. 2006; Fiscella et al. 2004; Keating et al. 2004), possibly because it also conveys a sense of caring.

Other nonverbal behaviors that may be used to convey caring include smiling, direct eye contact, head nods, open arm position, forward lean, direct body orientation, and less interpersonal distance (Ambady et al. 2002; Aruguete & Roberts 2002; Hall, Roter & Rand 1981; Harrigan & Rosenthal 1983). In an experimental study, Aruguete & Roberts (2002) demonstrated that nonverbal behaviors conveying caring (vs. distance) positively influenced patient trust in physicians. Participants were patients waiting in a student health clinic who saw the physician on a video tape. The physician was played by an actor who – depending on the condition – made moderate to high eye contact with the patient, rarely attended to the patient's chart, used concerned facial expressions, smiled frequently at the patient, leaned in toward the patient, and was seated approximately two feet from him or her (caring condition); or who made little eye contact, frequently attend to the chart, use neutral facial expressions, adopt a distant body posture, and was seated approximately four feet from the patient (distant condition). In the caring condition, patients reported significantly higher trust levels than in the distant condition. This indicates that nonverbal behaviors conveying caring have a positive influence on patient trust.

However, many other verbal and nonverbal physician behaviors have been related to the patient's proximal percept of caring and may thus have an influence on patient trust. For instance, expressed empathy, statements of reassurance and support, positive reinforcement, laughing and joking, courtesy, and psycho-social talk are perceived as signs of caring by patients (Beck, Daughtridge & Sloane 2002). Future research should thus investigate whether these behaviors also play a role in patient trust.

3.3. Information Sharing

Results of several studies indicate that information sharing is another key element in explaining the trust patients put in their physicians (Berrios-Rivera et al. 2006; Davey & Butow 2006; Henman et al. 2002; Keating et al. 2004; Ommen et al. 2008; Thom 2001; Thom & Campbell 1997). Information sharing encompasses the physician's answering of the patient's questions, explanations of what the physician is doing during the physical examination, and information about what patients should do if the medical problems persist.

In a prospective study with 20 physicians and 414 patients (Thom 2001), patients answered a questionnaire at the end of the visit about the physician's behavior and about their trust in him or her. Trust was measured again one month and six months later. Physicians who, according to the patients, *encouraged and answered patients' questions* and *took more time to explain what they were doing* were most trusted. Similar results were found with specialist physicians (cardiologist, neurologist, nephrologist, gastroenterologist, rheumatologist, or oncologist): patients reported more trust when they indicated that they had received as much *information* as they wanted (Davey & Butow 2006; Hall, Roter & Katz 1988; Keating 2004) and that they had been *told what to do* if the problems or symptoms continued (Keating et al. 2004). Clarity of the physician's communication seems important as well. Patients say they have more trust in physicians who communicate *clearly and completely* (Thom & Campbell 1997). Finally, patients trust their physician more when they have the feeling that the physician communicates *openly* (Schousboe et al. 2011), and he or she is *honest* and *straightforward* in the information that is given (Butow et al. 2002).

3.4. Moderating Influence of Patients' Individual Characteristics

The same physician behavior may influence patient trust differently depending on the patient's characteristics, for instance gender and age. As an example, Thom (2001) found that *referring to a specialist* was strongly associated with female patient trust, but that it had no association with male patient trust. Referring to a specialist was also associated with trust

of patients younger than 45, but not with older patients. Furthermore, some elements of the physician's communication and behavior may have a positive influence on the trust level of all patients, but have a stronger influence on the level of trust of some groups. Also in Thom's (2001) study, *checking progress* was associated with higher levels of trust in all patients, but this correlation was especially important in female patients. Similarly, the perception that the physician *respected the patient's feelings and opinions* was related with higher trust in all patients, but was especially important for younger patients.

Although patient-centeredness (i.e., a communication style that conveys high levels of caring, that is low dominant and egalitarian, and that includes the patient in the decision process) is often advocated as the best communication style for physicians. Many studies have shown that some patients (e.g., older or less educated patients) prefer a physician communication style that contradicts some of the principles of a patient-centered communication (Benbassat, Pilpel & Tidhar 1998; Levinson et al. 2005). Correspondence between patients' and physicians' opinions about how patient-centered a physician should be is related to patient trust (Krupat et al. 2001) more than patient-centeredness considered alone. On a more general level, patients who perceive themselves more similar to their physicians in beliefs and values also trust their physicians more (Street et al. 2008). Finally, patient personality determines how they react to the physician's behavior; research shows that the more agreeable the patient, the more important it that the physician adopts a warm and friendly behavior in order to foster patient trust (Cousin & Schmid Mast 2011).

4. Discussion

In this paper, the literature on patient trust was reviewed and I showed which patient proximal percepts and physician verbal and nonverbal behaviors are related to patient trust. Research shows that patients have more trust in physicians whom they perceive as competent, as caring, and as sharing information. Physicians may be perceived as more competent for instance when they show technical skills, up-to-date knowledge, explore the patient's experience of the disease, and listen to the patient. Physicians may be perceived as caring when they provide emotional support, express

empathy, make frequent eye contact with the patient, and use concerned facial expressions. Finally, physicians may be perceived as sharing information when they encourage and answer patient questions, take more time to explain what they are doing, give as much information as the patient wants, and communicate clearly.

Research is this field is still disparate and – with one exception (Aruguete & Roberts 2002) – relies on cross-sectional designs. We lack systematic investigations: patient proximal percepts such as competence or caring have been related to enhanced patient trust, but we do not always know which specific physician behaviors contribute to forming these perceptions; on the other hand, some studies have investigated direct relations between specific physician behaviors and patient trust, but without looking at how these behaviors were perceived and interpreted by patients (i.e., without looking at patient proximal percepts). This literature review has tried to link those two types of studies in order to better understand the dynamic of patient trust, but future research will have to test the proposed hypotheses using experimental designs.

Future research should first consider important proximal percepts related to patient trust: I have proposed perceived competence, caring, and information sharing, but others might also be added, like shared decision-making (Thom & Campbell 1997), for instance, which has also been reported as potentially influencing patient trust. Physician specific verbal and nonverbal behaviors associated with those patient proximal percepts in the literature should then be investigated in a systematic way for their potential links with patient trust. For instance, I have provided examples of verbal behaviors (e.g., expressing empathy, making statements of reassurance or support) and nonverbal behaviors (e.g., smiling or nodding) generally perceived as conveying caring by patients; some of the links between these behaviors and patient trust have been studied, but some others not. The same is true for verbal and nonverbal behaviors associated with perceived competence, and for verbal behaviors related to information sharing.

The importance of perceived physician competence in determining patient trust is not surprising, as it may be very intuitive. How could we trust a physician who does not seem to have the necessary knowledge or ability to treat us? However, the cues patients use to form an opinion about this competence are less obvious. Thom (1997) reported proxies

of this perceived competence (i.e., the perception that the physician has thoroughly evaluated the problem and that he or she has prescribed an effective treatment), but no direct measure of perceived competence was made. We know from studies outside of the physician-patient interaction field that certain nonverbal cues influence perceptions of competence (Burgoon et al. 1990). But what role do these nonverbal cues play in the medical interview? And how do they influence patient perceptions of the physician's competence, and subsequently their trust in him or her?

It appears clearly in the literature that patients need the impression that their physicians *care* for their well-being and health in order to trust them. This result is interesting in a time in which we sometimes consider that technical competence is the only thing we can reasonably expect from physicians, and that empathy or concern should be expressed by family or close friends, but not by medical professionals. This literature review shows that expressions of caring should not be optional but rather should be part of physicians' communication as it positively impacts patient trust. The importance for the patients to be informed is interesting as well. Patients seem not only to rely on their physician's knowledge but want their questions to be answered (Thom 2001) and information to be given in a clear, comprehensive (Thom & Campbell 1997), and honest way (Butow et al. 2002). As Web pages on health and diseases proliferate, the physician constitutes a professional and reliable source of medical information that may be especially important.

However, it takes time to explore the patients' experience of the disease, to express empathy, and to answer questions. It is certainly not a coincidence if time spent with the patients has been related to their trust (Fiscella et al. 2004; Keating et al. 2004). As physicians are often under time pressure to reduce medical costs it may be particularly important to remember that patients who trust their physicians are more satisfied (Cousin & Schmid Mast 2011), adhere more to their treatments (Thom et al. 1999), do less doctor-shopping (Hall et al. 2002), and have better health conditions (Mancuso 2010; Selby et al. 2007). This suggests that reducing time patients spend with their physicians is probably not the best way to reduce health-related costs.

Finally, this literature review shows that individual characteristics of patients moderate their reactions to their physician's communication

style. There is no one-size-fits-all communication style, and physicians have to adapt to those patient characteristics. Certain elements of the physicians' communication styles have more influence on the trust level of some groups of patients (e.g., women, younger patients) than on the trust level of other groups, and patient-centeredness does not always have the best impact on patient trust. We need more research on this important issue, in order for physicians to know how to adapt their communication style to their patients and to enhance their trust.

Thorough evaluation of the medical problem (Fiscella et al. 2004; Thom 2001), caring behavior (Aruguete & Roberts 2002), and information sharing (Keating et al. 2004; Thom 2001) are examples of behaviors that have been related to higher levels of patient trust. As such, they should probably constitute physician behavior "by default." Much more research is needed to understand how physicians should interact differently with specific groups of patients (e.g., patients of different gender, ethnicity, age, attitudes), but we already know that the physician's communication style has different effects on patient trust depending on the differing characteristics of those patients (Doescher et al. 2000; Kayaniyil et al. 2009; Keating et al. 2004; Krupat et al. 2001; Thom 2001). Patient trust is a crucial outcome of the physician-patient interaction, and more research in this field is required to understand how to increase it.

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