



HOW DOES CULTURE IMPACT TRUST IN THE PATIENT-DOCTOR RELATIONSHIP?

Authors: Malak Al Qubaisi¹, Marié T. O'Shea¹, Ludmila Marcinowicz², Jane Uygur³, Lorna Flannery⁴, Teresa Pawlikowska¹.

¹Health Professions Education Centre, Royal College of Surgeons in Ireland, Dublin 2, Ireland

²Nursing, Medical University of Bialystok, Bialystok, Poland.

³Department of General Practice, Royal College of Surgeons in Ireland, Lower Mercer, Dublin 2, Ireland.

⁴Mercer Library, Royal College of Surgeons in Ireland, Dublin 2, Ireland.

Introduction

"Respect, trust, rapport are necessary components of a therapeutic relationship" [1]. Trust is a multi-dimensional factor that plays a crucial role in maximising efficiency of therapeutic encounters for doctors and patients [2]. Interlinking components of trust include communication, competence, confidence, confidentiality, honesty and system trust. Globally, trust is a central component in the patient-doctor relationship: however, differing cultural meanings may impact perceptions of trust [3].

Aims and Objectives

This scoping review explores how culture impacts trust in the patient-doctor relationship.

The objective of this review are:

1. To map out the available literature on how culture affects the operationalisation of trust on the patient doctor relationship.
2. To provide a basic infrastructure of themes and correlations, between culture and trust, for healthcare professionals both nationally and internationally.
3. To define the key concepts underpinning how culture impacts on trust in the context of patient –doctor relationships.

Methodology

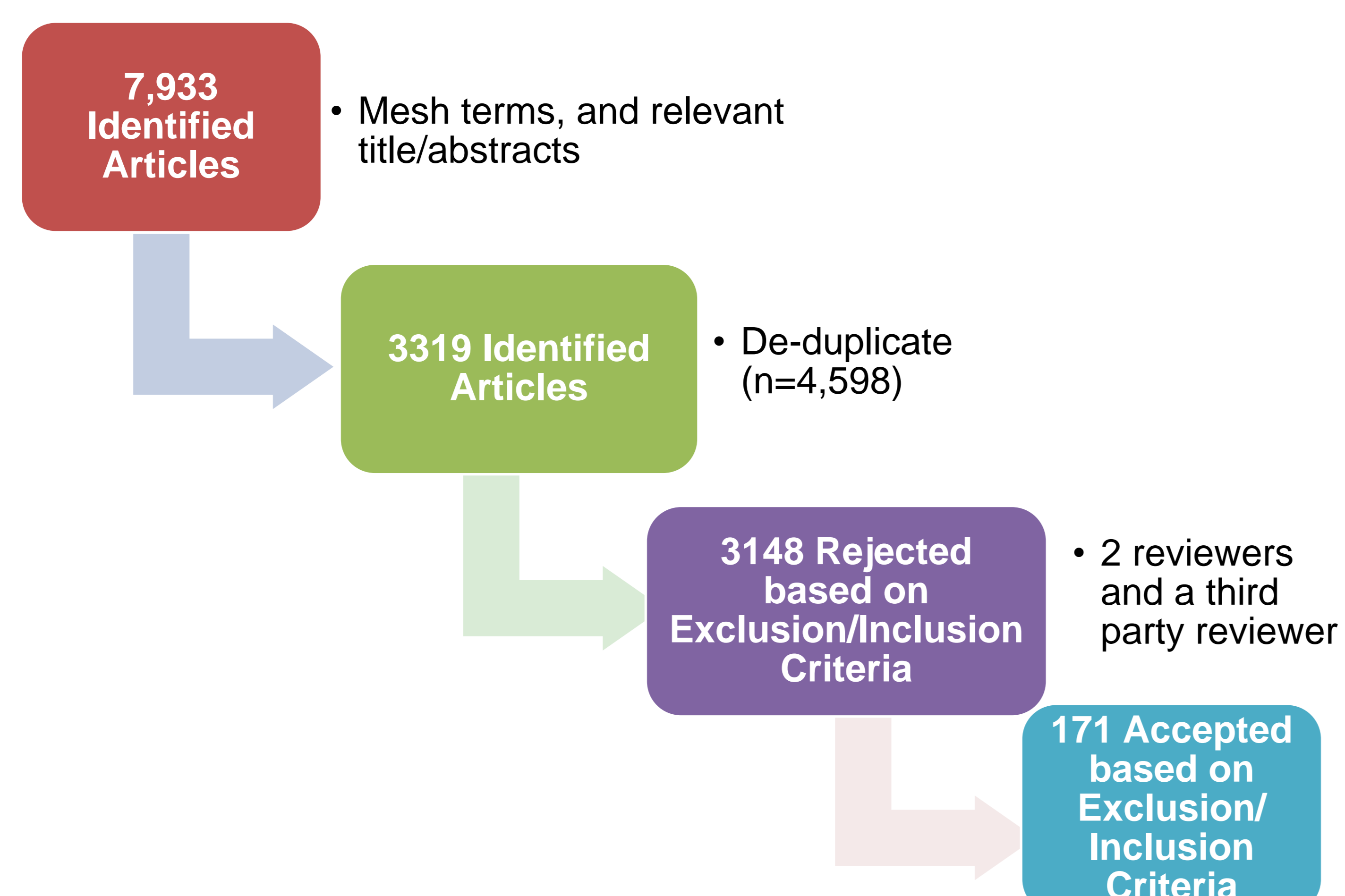
- Scoping review - evidence from a variety of contexts with a variety of methodological approaches and of diverse quality [4].
- Inclusion and exclusion criteria established.
- Narrative approach was utilised for synthesising.

Search Strategy

- Six electronic databases were searched
 - PubMed, Web of Science, Cinahl, Psych Info, Scopus and Embase.
- Combination of keywords and MeSH terms used to capture studies of interest; such as 'culture', 'trust' and 'patient-physician relationship'.

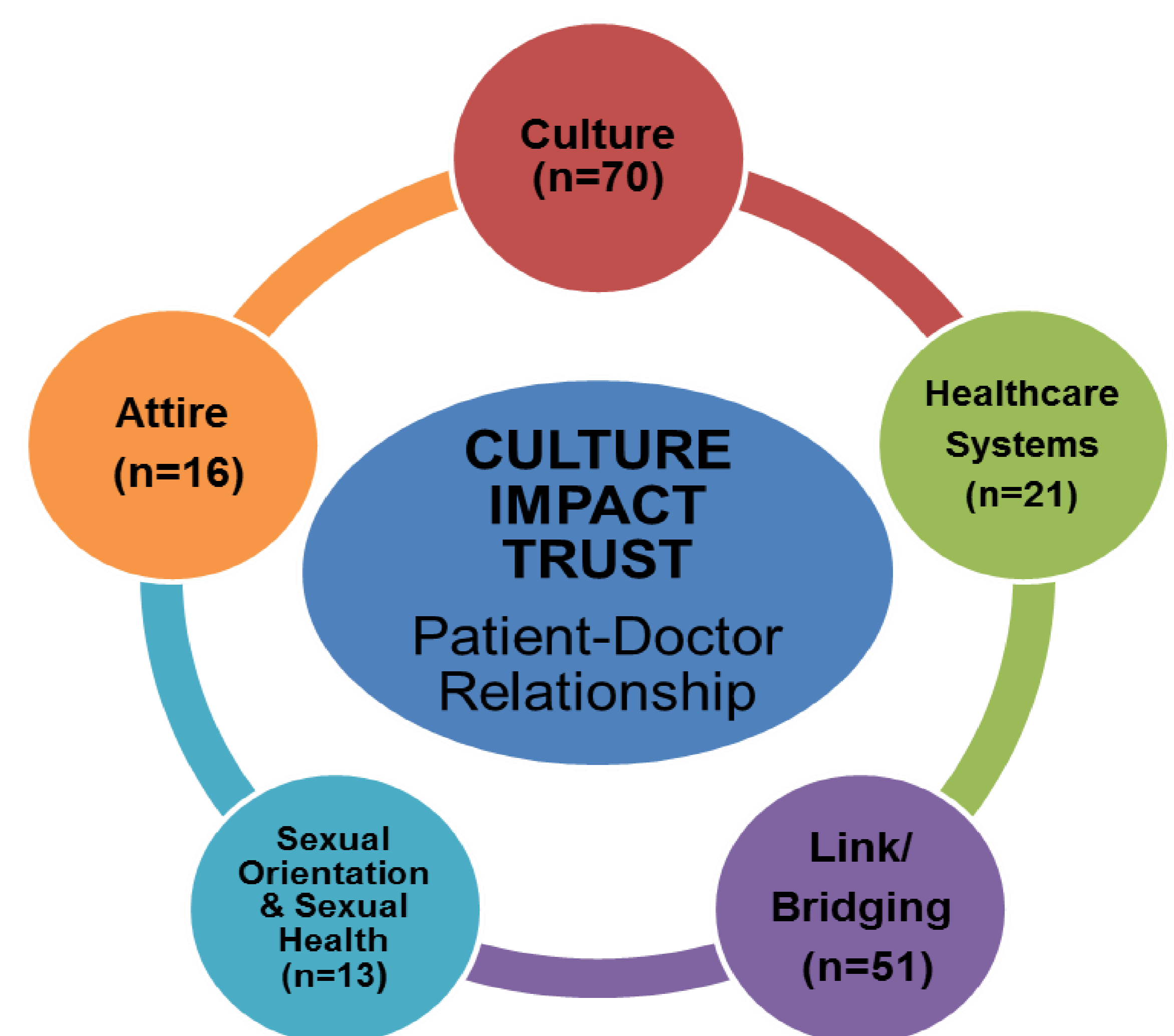
Assessing studies for eligibility

- To date two reviewers independently screened the abstracts and titles of all research articles delineated by the search.
- The article abstracts reviewed based on initial inclusion and exclusion criteria.
- Differences resolved by a third party reviewer.

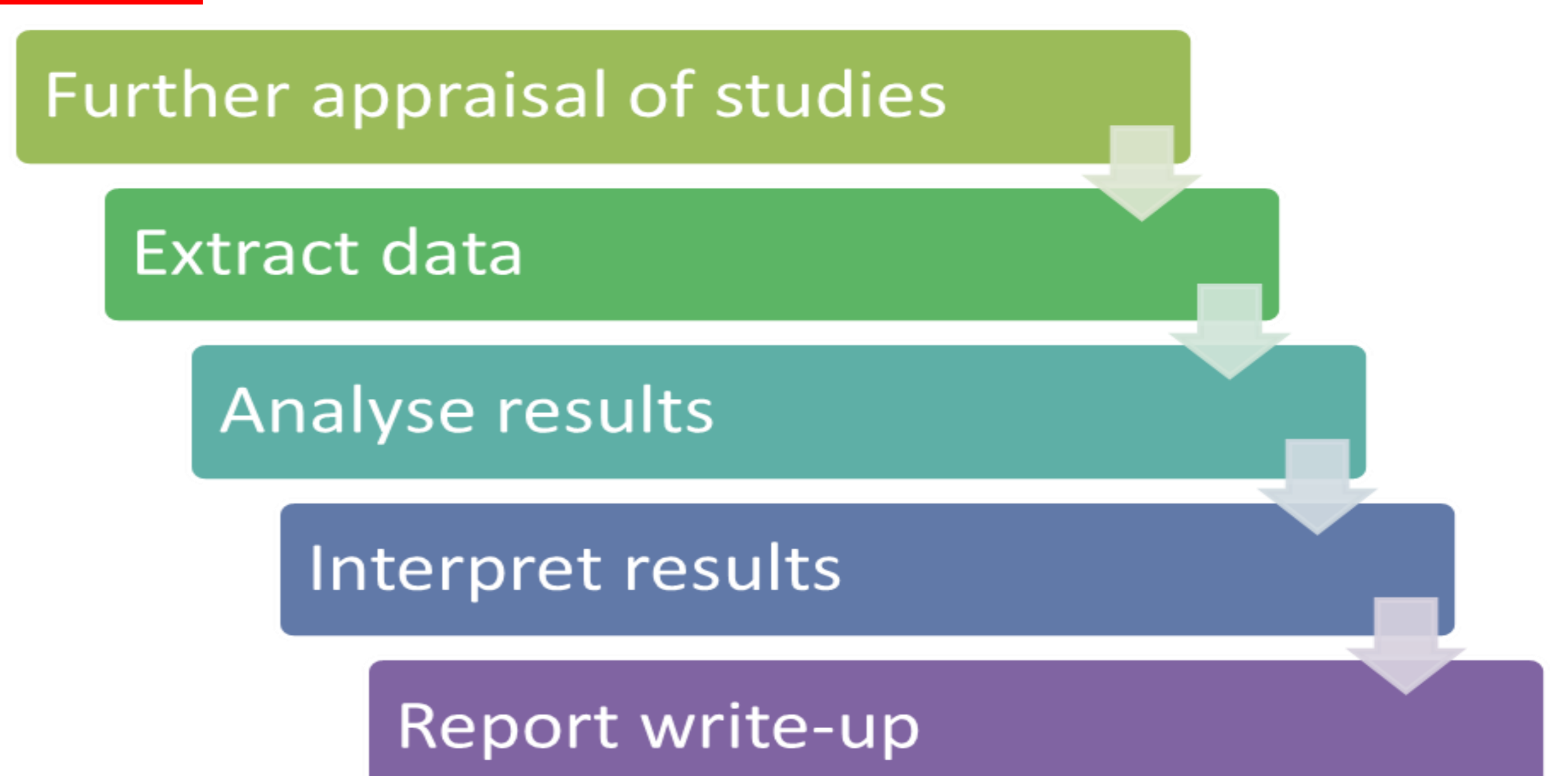


Results

Five main themes to date have emerged which were used to categorise the articles: 'healthcare systems', 'differing cultures', 'sexual orientation and sexual health', physician's attire' and 'link/bridging' articles. Publication dates ranged from 1985 to 2016.



Next Steps



Discussion/Conclusions

- The concept of trust in the patient-doctor relationship is recognised as important.
- It is operationalised in medical care through a wide variety of cultural perspectives which have considerable contextual fluidity.
- The literature found in this scoping review highlights the complexity of the landscape.
- The 'link/bridging' category contains articles of high relevance but low specificity – this theme will adapt upon further review.

References

1. De Haes H, Bensing J. Endpoints in medical communication research, proposing a framework of functions and outcomes. Patient Educ Couns. 2009;74:287-94.
2. Deveugele M, Derese A, van den Brink-Muinen A, Bensing J, de Maesener J. Consultation length in general practice: cross-sectional study in six European countries. BMJ. 2002;325:472-7.
3. Mercer S, Fitzpatrick B, Goulay G, Vojt G, McConnachie A, Watt G. More time for complex consultations in a high-deprivation practice is associated with increased patient enablement. BJGP. 2007;57:960-6.
4. Best Evidence Medical Education (BEME) Collaboration - <http://www.bemecollaboration.org>