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Building Relationships on the Model of Trust

Introduction

This chapter will examine a practical application of the trust model. By building trust it is possible to disclose and learn about the real problems in healthcare management, for patients and physicians. This chapter describes a research project that was designed to build trust with informers and researchers alike, in order to learn about healthcare issues. The research model used the concept of trust not only to design the research question and questionnaires but to support the data collection process itself. This chapter will describe a study in Italy that investigated the communication process between patients and their oncologists over QoL issues. It will describe the importance of the trust model in designing research when patient participation is necessary.

The research question

The purpose of research was to examine the doctor-patient relationship and the trust that patients and physicians had in each other by examining the communication process. The study focused on interpersonal trust, and therefore examined a critical component of the trust relationship: communication. The communication issue that was studied was quality of life (QoL) issues. A patient’s trust in his/her physician was measured by asking patients:

- did they experience negative effects of treatment on QoL?
- if so, had they voiced their concerns to the oncologist?
- had there been any response from the professional?
Likewise oncologists were asked to describe their patients' QoL, and whether:

- patients spoke spontaneously about their QoL concerns
- patients' were actively solicited for information about QoL
- patients were given a clinical response.

The research used QoL as a pretext to see how the proposed relationship (the position of the two actors in the communication process) was perceived both by patients and their physicians. The research focused on QoL because, over the last decade, cancer treatments have, in 64.4% of cases, created five-year survival rates of cancer patients, increasing concern over QoL. QoL is also associated with both patient willingness to continue treatment and increased survival. Measuring patient perception of QoL has become common practice; however, little attention has been given to the relationship between oncologists and patients about QoL. As patient perceptions of QoL influence evaluations of care and treatment outcomes, how doctor-patient communication about QoL is managed by oncologists in oncology centres becomes of utmost importance.

QoL issues were conducive to understanding the communication process between patients and physicians because questions concerning patients' QoL could be expressed in simple terms. Therefore, patients from any cultural background could identify whether or not they had perceived negative effects of treatment on their lives, whether they had discussed these with their oncologists and whether speaking up had generated a response. The purpose of the study was not to describe only the QoL of the cancer patient but also to study the communication process around this issue and determine whether this had an effect on the perceived efficacy of treatment. The research question was: how does the proposed relationship between patients and physicians effect the content of their exchange, or the management of QoL?

Two groups of informers, patients and oncologists in oncology centres, provided the data. While the object of the study was the communication process, as a way of describing the interpersonal trust between oncology patients and their physicians, the design of the research process itself was based on the model of trust described in the previous chapter. It focused on building trust between the scientific committee, the sponsor, the university, a patient association, the researchers, the oncology centre and the patients.