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Title

Written Reflections Indicative of Trust: Implications for Telemedicine and Relational Trust

Priority 1 (Research Category)

Practice management and organization

Presenters

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Abstract

Context: The COVID-19 pandemic moved primary care to the virtual environment essentially overnight, allowing transactional aspects of healthcare to continue, but likely diluting the formation of patient-clinician trust. The healthcare system runs on trust. As Nobel Laureate Kenneth Arrow notes, virtually every commercial transaction has within itself an element of trust, but the role of trust in health care is especially crucial, because illness is an “assault on personal integrity.” Greater vulnerability calls for higher trust. Relational trust a healthcare interaction is grounded in the clinician/patient relationship, but embedded in connections to care teams, organizational administrative and support services, and broader societal systems.

Objective: Trusting healthcare relationships allow for human vulnerability, for relational connection alongside measuring symptoms, making diagnoses, or assigning therapies. Understanding trust probes questions about human nature, beliefs, and values. Understanding trust in healthcare— informed by the conceptual foundations of trust in relationship science—allows for consolidating theoretical foundations and identifying opportunities and challenges to explore the human aspects of medicine. This project connects the conceptual richness of human communication research and relationship science to conceptualize trust in healthcare. Study Design and Population Studied: We use data from our larger project on reflective practice in family medicine. From medical residents’ written reflections written over an academic year, we identify examples indicative of the recognizing importance of trust (N=176 reflections) and we describe implications for telemedicine. Outcomes / Results: We provide evidence for dimensions including learning to trust, recalibrations of trust, and recognizing vulnerability. Learning to trust indicated recognizing relationship shifts through multiple interactions and frames trust as something that is earned. Recalibrations of trust took place after a tense interaction followed by a decision to assign more or less trust. Recognizing vulnerability involved social interactions where people revealed personal information with an assumption of potential judgment or criticisms and prompted

reflections about closeness or trust within the relationship. Conclusions: Our project provides a conceptual framework for close relationship process of trust in healthcare and implications for telemedicine.