

Factors associated with patients' trust in their general practitioner: a cross-sectional survey

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SUMMARY

This study aimed to identify factors that are associated with patients' overall trust in their general practitioner (GP). A survey of patients in ten general practices in the East Midlands was conducted. Most patients (76%) reported high levels of trust in their GP. Regression analysis showed that measures of the quality of the GP-patient relationship (GP-patient communication, interpersonal care, and knowledge of the patient) were strongly associated with trust in a patient's usual GP, whereas patients' reports of duration of registration with the practice, and proportion of visits to the usual GP were not.

Keywords: trust; doctor-patient relationship.

Introduction

PATIENTS' trust in their general practitioner (GP) is recognised as an essential feature of a therapeutic relationship^{1,2} and is related to increased patient satisfaction and adherence to treatment.³ Little, however, is known about the process by which trust develops in the doctor-patient relationship⁴ and what aspects of the relationship are associated with increased levels of trust. There is evidence that measures of the quality of the GP-patient relationship, including GP-patient communication and interpersonal care,⁵ are associated with patient trust. There is, however, conflicting evidence that aspects of continuity, including the duration of the GP-patient relationship,^{6,7} are associated with trust.⁴

Patient trust can be conceptualised as having two interrelated elements: interpersonal trust (trust in a particular GP), and social trust (generalised trust in the healthcare system, the medical profession, and/or the patient's practice as a whole).^{1,4,8} However, empirical testing has shown that trust emerges as a one-dimensional construct, and that a single-item measure of trust can adequately capture these different elements.⁸

This study aims to further explore the place of trust in the GP-patient relationship, by measuring levels of trust and by identifying factors that are independently associated with patients' overall trust in their GP.

Method

A cross-sectional questionnaire survey of patients consulting in United Kingdom general practice was carried out using the General Practice Assessment Survey (GPAS).⁹ The GPAS includes a question asking patients to indicate their overall trust in their usual GP on a scale from 1 (not at all) to 10 (completely). It also includes multi-item scales addressing the quality of the GP-patient relationship, and two questions on aspects of continuity: duration of registration with the practice and proportion of visits to the usual GP.

The survey was conducted between June and October 2000 in ten practices (two single-handed, eight group) within a Primary Care Organisation (PCO) in the East Midlands. Each practice was asked to survey up to 150 patients. Practices selected several consulting sessions over a period of 2 or more weeks, representing the range of practice activities. All patients over the age of 18 years consecutively attending the selected sessions were asked by practice receptionists to complete a questionnaire before their consultation. Practices did not keep a record of non-responders.

Scores on the range of variables were calculated according to the GPAS scoring system. Multiple linear regression was

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HOW THIS FITS IN*What do we know?*

Patients' trust in their GP is an essential feature of a therapeutic relationship and is related to increased patient satisfaction and adherence to treatment.

*What does this paper add?*

Patients report high levels of trust in their GP. Factors relating to the quality of the GP-patient relationship (GP-patient communication, interpersonal care and knowledge of the patient), as well as patients' age and ethnicity, are strongly associated with patients' trust in their usual GP.

undertaken to examine the relationship between trust and a range of variables, including the measures of the GP-patient relationship and aspects of continuity.

Results

The GPAS questionnaire was returned by 1369 patients. Only responders who indicated that they had a usual GP were included in the analysis. The analysis included 1078 questionnaires with complete data on all variables of interest. Characteristics of responders are given in Table 1.

The mean trust score was 8.45 (SD = 1.86). Seventy-six per cent of patients had overall trust scores of 8 or over.

Regression analysis (Table 2) showed that variables relating to the quality of the GP-patient relationship (scales of GP-patient communication, interpersonal care, and knowledge of the patient) were independently associated with trust. Age and ethnic group also emerged as having a significant independent association with trust, with a positive relationship between age and trust, and white patients showing more trust than patients from other ethnic backgrounds. Length of registration with the practice and the extent to which the patient sees their usual GP were not independently associated with trust. A regression model incorporating the variables significantly associated with trust (communication, interpersonal care, GP's knowledge of the patient, age and ethnic group) explained 46% of the variance in trust scores.

Discussion

This study provides evidence from a sample of consecutively attending patients on the factors related to patients' trust in their GP. Measures of the quality of the relationship between the GP and patient (communication, interpersonal care, and GP's knowledge of the patient) were most strongly associated with trust, along with age and ethnic group.

There were some limitations to the study which should be taken into account when considering the generalisability of the findings. We do not have information about the characteristics or views of non-responders, and it is possible that non-responders may hold more negative views about their GP and report lower levels of trust. The patient sample was from practices within a single primary care organisation. However, the number of patients was relatively large, and the ten practices from which the patients were recruited

Table 1. Characteristics of responders (n = 1078).

Age range (years)	18-90
Mean	45.32
SD	17.33
Male:female (%)	342:736 (31.7:68.3)
Ethnic group	
White	972 (90.2%)
Indian	37 (3.4%)
Bangladeshi	39 (3.6%)
Other ethnic group	30 (2.8%)
Have a chronic disease	
No	553 (51.3%)
Yes	525 (48.7%)
Health in general	
Very good	156 (14.5%)
Good	511 (47.4%)
Fair	362 (33.6%)
Bad	41 (3.8%)
Very bad	8 (0.7%)
Number of times patient has consulted in the past 12 months	
None	25 (2.3%)
Once or twice	170 (15.8%)
3 or 4 times	315 (29.2%)
5 times or more	568 (52.7%)
How long the patient has been registered with the practice	
Less than 1 year	57 (5.3%)
1-2 years	88 (8.2%)
3-4 years	85 (7.9%)
More than 4 years	848 (78.7%)

differed in terms of size, location, and population characteristics. The sample was limited to consulters, who may hold more positive views about their GPs than those who rarely consult. Lastly, as the sample included few patients who rarely consult, it is possible that the finding of no association between consultation frequency and trust could be attributable to this.

Although the measures of continuity (duration of registration with the practice and proportion of visits to the usual GP) correlated with patients' rating of their trust in their usual GP, neither measure of continuity was independently associated with trust in the multivariate analysis. Continuity is a multifaceted concept; a recent report defines six different aspects of continuity, and particularly important is the distinction between longitudinal continuity (seeing the same health professional over time) and relational continuity (seeing a health professional with whom the patient has, or is able to develop, a good relationship).¹⁰ These findings suggest that patients' perception of the quality of their relationship with the GP is an important factor in their trust in the GP rather than their time with the practice or the proportion of their visits to their usual GP.

We found an association between ethnic group and level of trust, with white patients showing higher levels of trust than patients from other ethnic groups: this concurs with findings from previous research.¹¹ Ethnic group concordance (or discordance) between the patient and their usual GP

Table 2. Multiple linear regression analysis on overall trust in GP.

	Correlation with overall trust score	Regression coefficient ^a	95% CI for regression coefficient
GP-patient relationship			
Communication	0.64 ^b	0.04 ^b	0.027 to 0.044
Interpersonal care	0.62 ^b	0.02 ^b	0.010 to 0.025
Knowledge of the patient	0.56 ^b	0.01 ^b	0.009 to 0.020
Aspects of continuity			
Duration of registration with practice	0.12 ^b	0.08	-0.026 to 0.176
Extent to which patient sees usual GP	0.27 ^b	0.01	-0.062 to 0.089
Patient factors			
Consultation frequency in past 12 months	0.11 ^b	-0.03	-0.142 to 0.080
Sex	-0.01	0.004	-0.177 to 0.186
Age	0.24 ^b	0.009 ^c	0.003 to 0.014
Ethnic group ^d	-0.23 ^b	-0.42 ^c	-0.708 to -0.123
Presence of chronic illness	0.06	-0.16	-0.352 to 0.041
Health in general	-0.06	-0.05	-0.171 to 0.071

^aRegression coefficients derived from the model including all variables shown in the above table. ^b $P < 0.001$. ^c $P < 0.01$. ^dEthnic group recoded into dichotomous variable (1 = white, 2 = other).

may influence the patient's level of trust. However, this information was not available in this study. Future research should explore the effect of ethnic group concordance on patient trust.

In conclusion, most patients reported high levels of trust in their usual GP. Factors relating to the quality of patients' relationship with their GP (GP-patient communication, interpersonal care, and knowledge of the patient) had the strongest association with patients' trust in their GP.

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