

The Patient-Provider Relationship in a Small Rural Clinic: The Connection between Provider Self-Disclosure and Patient Trust

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Introduction

Even in a small rural clinic such as Mountain Area Health Education Center Family Health Center (MAHEC FHC) at Cane Creek, where the provider-patient interaction is often intimate, there exists a large gap between how much the provider knows about the patient's personal life, and how much the patient knows about the provider's. We began asking questions such as: Is that ideal? Are patients bothered by this unidirectional flow of information? How much do patients think they know about their provider? How much do they want to know about their provider? And, most importantly, could there be any possible implications regarding patient-provider trust?

A review of previous research regarding the patient-provider relationship showed many findings suggesting that increased patient trust leads to a variety of positive outcomes. In 2005, Marchiori reported that increased trust was strongly correlated with increases in general and mental health status of patients, most likely due to increased compliance to treatment plans.¹ For example, patients who express greater trust in their physicians show increased treatment adherence as well as willingness to seek care.^{2,4} Additionally, greater levels of patient trust are positively associated with more frequent preventive health screenings, symptom improvement, increased satisfaction, earlier cancer detection, and a higher health-related quality of life (HRQoL).^{2,3} Additionally, provider traits such as emotional sensitivity, demonstrated competency, desire to answer questions, and thorough explanations were all found to foster patient trust.¹ Very little research, however, has been done examining the relationship between provider self-disclosure and reported levels of patient trust. We sought to examine the relationship between MAHEC FHC at Cane Creek providers' level of self-disclosure and their patients' level of trust.

Methods

We conducted a voluntary, anonymous, cross-sectional survey at MAHEC FHC at Cane Creek in Asheville, North Carolina. The Cane Creek practice is comprised of four providers (three M.D.'s and one P.A.) and has a mostly rural patient base


Front desk office staff administered paper-pencil surveys (9-items) to all willing patients at the time of visit check-in. Patients returned completed surveys back to the front desk at their convenience. Survey administration took place during a three-week period in July 2015.

The nine-item survey was designed with the purpose of gauging patients' beliefs about the role of knowledge about their provider's personal lives and the effect that knowledge would have on the care they receive. Surveys included two questions about patient characteristics (age and gender) and nine questions about patient-provider relationships. Items 1-8 on the survey used a 4-point Likert scale (anchors varied based on question). Survey Item 5 ("The more I know about my healthcare provider, the more I trust them") was the question specifically intended to gauge the relationship between provider self-disclosure and patient trust. Item 9 was an open-ended statement which allowed participants to list any and all topics they felt would be beneficial for patients to know about their provider (Figure 1).

Participant responses were input manually into Microsoft Excel, and descriptive statistics were generated. For items 1-8, participant responses were averaged to determine which items

received the most agreement. Means and standard deviations are presented. For analysis of responses by age, participants were grouped into age categories of 10 years (with the exception of the first group, because the youngest participant was 12 years old). The average response of each age group was calculated for items 1-8.

Figure 1. Survey



Age: ____ Gender: M F

How well do you feel that you know your primary provider? (as an individual i.e. about his life outside of work)
1- none 2- somewhat 3- fairly well 4- very well

How important is knowing about your provider's life outside of work to YOU as a patient?
1- not at all important 2- somewhat important 3- very important 4- essential

I believe that a better relationship with my healthcare provider would lead to higher quality medical care
1- does not describe me 2- somewhat describes me 3- describes me well 4- describes me very well

The more I know about my healthcare provider the more comfortable I feel with them
1- does not describe me 2- somewhat describes me 3- describes me well 4- describes me very well

The more I know about my healthcare provider, the more I trust them
1- does not describe me 2- somewhat describes me 3- describes me well 4- describes me very well

I have considered asking my care provider, either at this office or another, some personal detail of their life but decided not to because I felt uncomfortable doing so.
1- does not describe me 2- somewhat describes me 3- describes me well 4- describes me very well

I would like to know my Care Provider better
1- does not describe me 2- somewhat describes me 3- describes me well 4- describes me very well

The thought "my provider knows much more about me than I do about them" has crossed my mind prior to taking this survey
1- never 2- a couple times 3- several times 4- very often

Please list any and all topics that you feel would be beneficial for a patient to know about their medical provider (ex Family, Hobbies, Beliefs etc.):

Results

Ninety-five patients completed the survey. The median participant age was 56 years old with a range from 12-87. Most participants were female [51 (53.7%)]; 37 (38.9%) were male, and 7 (7.4%) chose not to reveal their gender. More than three quarters of the participants (77.7%) believed that if they knew more about their provider, they would trust them more (Figure 1, Item 5)

(Figure 2). Many participants also believed that a better relationship with their provider would lead to higher quality medical care (Figure 1, Item 3), and the more they knew about their provider the more comfortable they would feel with them (Figure 1, Item 4) (Table 1).

Figure 2. “The More I Know About My Provider, the More I Trust Them”: Responses by Frequency

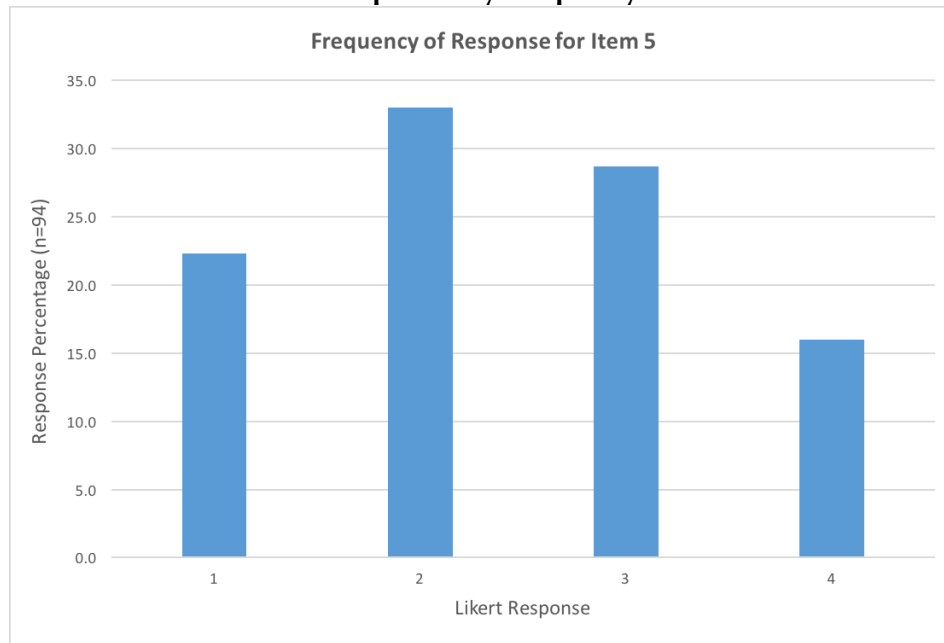


Table 1. Average Responses for Items 1-8*

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Average: (n=95)	2.22 ± 1.1	1.77 ± .07	2.24 ± 1.0	2.26 ± 1.0	2.38 ± 1.0	1.47 ± 0.8	1.99 ± 0.9	1.49 ± 0.8

*Response of “1” indicates disagreement with statement. Response of “4” indicates agreement with statement. Highlighted numbers represent the highest overall agreement.

Other topics that participants felt would be beneficial to know about their medical provider included: provider’s education background and initial reason behind pursuing medicine, family information, marital status, children, pets, vacations, general lifestyle habits, health information, exercise preferences, spouse profession and interests, home area, and religious beliefs.

Gender Specific Findings

Comparison of responses between males and females showed that females reported more agreement with survey items on average than males on all items (Table 2). Both groups, males and females, expressed the most agreement on item 5 (“The more I know about my healthcare provider, the more I trust them.”). Averages and standard deviations for each item analyzed by gender can be seen in Table 2. The item receiving the highest rating of agreement is highlighted in orange.

Table 2. Average of Male and Female Responses for Items 1-8

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Male Average (n=37):	2.17 ± 1.0	1.72 ± 0.7	2.14 ± 0.9	2.19 ± 1.0	2.22 ± 0.9	1.27 ± 0.7	2.00 ± 0.9	1.38 ± 0.8
Female Average (n=51):	2.24 ± 1.1	1.84 ± 0.7	2.35 ± 1.1	2.41 ± 1.0	2.5 ± 1.1	1.63 ± 0.9	2.06 ± 1.0	1.63 ± 0.9

Age Specific Findings

Groups 20-39 years old and 70-89 years old expressed the highest agreement for items 1-8 (Table 3).

Table 3. Average Responses for Items 1-8 by Age Category*

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
12-19 (n=7)	2.13 ± 1.4	1.75 ± 1.0	2.38 ± 0.9	2.25 ± 1.0	2.13 ± 1.0	1.69 ± 0.8	1.88 ± 0.6	1.43 ± 0.8
*20-29 (n=11)	2.36 ± 1.1	2.09 ± 0.9	2.27 ± 1.1	2.45 ± 1.0	2.82 ± 1.1	1.18 ± 0.6	2.09 ± 0.9	1.45 ± 0.5
*30-39 (n=12)	2.64 ± 1.1	1.55 ± 0.5	2.27 ± 1.2	2.17 ± 0.9	2.58 ± 1.2	1.42 ± 0.9	2.08 ± 0.9	1.75 ± 1.0
40-49 (n=8)	1.38 ± 0.7	1.38 ± 0.5	1.63 ± 0.7	1.88 ± 0.8	1.88 ± 0.8	1.25 ± 0.5	1.63 ± 0.7	1.00 ± 0.0
50-59 (n=14)	2.07 ± 1.0	1.71 ± 0.6	2.21 ± 0.9	2.07 ± 1.0	2.29 ± 0.9	1.29 ± 0.6	1.79 ± 0.9	1.43 ± 0.9
60-69 (n=16)	2.18 ± 0.9	1.94 ± 0.7	2.24 ± 1.1	2.35 ± 1.1	2.38 ± 1.0	1.44 ± 0.9	2.00 ± 0.9	1.50 ± 0.8
*70-79 (n=12)	2.50 ± 1.2	1.91 ± 0.7	2.42 ± 1.2	2.50 ± 1.1	2.33 ± 1.1	1.83 ± 1.1	2.33 ± 1.1	1.75 ± 1.0
*80-89 (n=7)	2.29 ± 1.1	1.43 ± 0.5	2.14 ± 1.2	2.29 ± 1.3	2.14 ± 1.1	2.00 ± 1.0	1.86 ± 1.2	1.29 ± 0.8

*Highlighted in orange is the age group with highest average agreement for each item.

Blue rows or rows featuring “*” indicate the age groups with highest overall agreement.

Conclusions

Some participants from MAHEC Family Health Center at Cane Creek value personal knowledge about their primary care provider and believe that provider self-disclosure has the potential to lead to higher patient-provider trust (Item 5), higher quality medical care (Item 3), and a greater level of patient comfort (Item 4).

There are various, legitimate reasons for keeping self-disclosure to a minimum as a provider (personal preference, safety concerns, etc.). However, these results suggest that for some patients, disclosure of more personal information may be an effective method of fostering trust and agreement. This could be of particular use in treating skeptical or generally non-compliant patients with low treatment adherence or high rates of missed appointments. This proposed trust-building effect is strongest among females in general, and those between ages 20-39 or 70-89 in particular, as demonstrated by these groups average response to item 5. Thus, provider self-disclosure could theoretically be used with greater effectiveness in this patient population, which, as Polinsky et al. reported, would directly increase treatment compliance thus leading to positive health outcomes.^{2,4}

Next Steps

Potential next steps for this project, which are already underway, involve sampling a different population of patients, preferably in a more urban area, in order to see if the above effects

are still present. This would signify that the positive implications of provider self-disclosure are applicable to other primary care environments, not just rural clinics.

Reflection and Pearls of Wisdom

Over the duration of my time at MAHEC FHC at Cane Creek I have worked very closely with four unique providers, each with their own individual opinions and approaches to medicine, but with one common driving force: compassion. It is, in my opinion, compassion, more so than competence, which separates a good provider from a great one. I learned that compassion can take many forms as a primary care provider, from spending an extra half hour explaining diabetes to a newly diagnosed patient, to making home visits for the patients too ill to keep appointments. The entire daily operation of Cane Creek was patient centered, and I was taught that one of the most important roles of a primary care provider is patient advocacy, doing whatever you can to ensure that your patients receive the care that they need, even if it is not from you. These are lessons that I am very thankful for, and lessons that I plan to take with me and implement in my future practice of medicine.

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Hunter Sprinkles, Principal Investigator: All aspects of the project from design through manuscript.

Additional Contributions:

Mike Coladonato, MD: Project and Clinical supervisor.

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Kacey Scott, MLIS: Manuscript editing.

Laura Lira Hernandez, MAHEC Cane Creek Office Coordinator: Scheduling and survey distribution and collection.

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