

Drivers of Trust in Pediatric Health Care: Role of Empathy and Communication

Allison McGlynn

J. Nathan Hagstrom MD, MHCM
Lehigh Valley Health Network, j_nathan.hagstrom@lvhn.org

Helen Julia
helen.julia@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/research-scholars-posters>



Part of the [Pediatrics Commons](#)

Let us know how access to this document benefits you

Published In/Presented At

McGlynn, A., Hagstrom, J. N., Julia, H. (2020, August). Drivers of Trust in Pediatric Health Care: Role of Empathy and Communication. Poster Presented at: LVHN Research Scholar Program Poster Session, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Drivers of Trust in Pediatric Healthcare: The Role of Empathy and Communication

Allison McGlynn, J. Nathan Hagstrom MD, MHCM, Helen Julia

Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- Trust plays a critical role in creating effective patient provider relationships and can be a critical factor in acceptance of, adherence to, and satisfaction of therapeutic recommendations. It also can effect satisfaction of medical care, symptom improvement, disclosure of relevant information, and patient disenrollment.¹⁻²
- Although lacking in research, trust is important especially in pediatric healthcare due to the emphasis on family centered care. Age, number of decision makers, and severity of disease are just a few of the ways building trust in pediatrics may be more difficult than in adult care.
- Trust is built based off of many factors, but a few of them are communication, empathy, competency and relationship.³⁻⁵
- Cancer patients have high levels of trust in their healthcare providers due to the nature of their long-term care and diagnosis.⁶

Objective and Hypothesis

- According to the child CAHP's survey for LVHN's Reilly Children's Hospital for the first three quarters of fiscal year 2020, communication between physician, nurses, and families is low with a percentile score of all categories being less than 53%.
- The Children's Cancer Center scores are high in the upper quartile. The length of cancer care allows for a better relationship between the patient and caregiver, which leads to increased communication. Oncology personnel also may display more empathy and communication skills that have been acquired in their field through hands on experience and training.
- If trust can be measured in both those who treat and have cancer and those who do not, then trustworthy behaviors that are lacking in general non-cancerous pediatrics can be noted and intervened on to increase trust, raising the percentile ranking.

Methods

Child CAHPs survey results were obtained from past survey results within the Children's Hospital.

A literature review was conducted to locate validated scales of trust and to analyze behaviors of trust.

A survey was created focusing on verbal and non verbal communication, as well as, relationships, empathy, and factors that limit communication using REDCap.

The survey was distributed to nurses, support staff, physicians, and patient's families, with adjusted questions for each cohort.

Results were analyzed for areas of improvement.

Methods

- The areas the surveys were sent out to were the Children's Cancer Center, inpatient pediatrics, children's ER, PICU, and LVPG.
- They were given a series of statements (38-47 statements) and were asked to rate their agreement on a scale from 1-Strongly Agree to 9-Strongly Disagree. Each statement had an option to opt out with not applicable.

Results

Responses			
Cohort	Number of Responses	Number Who Treat/Are Treated for Cancer	Number Who Do NOT Treat/Are NOT Treated for Cancer
Nurses and Support Staff	48	20	28
Physicians	11	10	1
Patients	3	1	2

Colleagues That Treat Cancer			
Top 6 Disagreeing Statements	Score	Top 6 Agreeing Statements	Score
I have resources for burnout	3.2	I do not discriminate based on age, sex, gender, race, disability, socioeconomic	1.5
I have resources for compassion fatigue	3.1	I accept any emotions from patients	1.4
I take adequate time with patients and do not feel rushed	2.2	I listen to the concerns of the patient and family	1.5
I am knowledgeable about cultures and their expectations in healthcare	2.6	I proactively work to maintain relationships with my patients	1.4
I avoid scientific vernacular when talking with patients	2.2	I understand that patients are missing out on opportunities when in care	1.4
I encourage a second opinion (physician only)	2.9	I encourage questions to be asked	1.3

Colleagues That Do NOT Treat Cancer			
Top 6 Disagreeing Statements	Score	Top 6 Agreeing Statements	Score
I have the resources for burnout	3.5	I treat patients and families equally	1.8
I have resources for compassion fatigue	3	I trust the words of other clinicians	2
I take adequate time with patients and do not feel rushed	2.7	I proactively work to maintain relationships with my patients	2
I display my own emotions when interacting with patients and families	2.9	I leave my personal life behind when interacting with patients and families	1.9
I participate in collaborative decision making between colleagues	2.6	I respect all colleagues and treat them fairly	1.9
I am aware of my tone of voice when talking to patients and do not raise my voice	2.5	I listen to the concerns of both the patient and family	1.9

Patients			
Top 3 Disagreeing Statements	Score	Top Agreeing Statements	Score
My child's healthcare providers accept when I disagree with a diagnosis or plan of care. They encourage me to seek a second opinion if I would like one.	2.33	All other statements were given a score of 1, meaning strongly agree.	1
My child's healthcare providers work with me to establish a plan of care that works for me.	2.33		
My child's healthcare providers sit down to talk to my child and I.	2.33		
Factors That Build Trust	Number of People Who Rated as Most Important	Factors That Maintain Trust	Number of People Who Rated as Most Important
Competence	2	Competence	2
Communication	1	Communication	1

Conclusion

- Colleagues that treat cancer rated themselves higher in all categories compared to colleagues who do not treat cancer.
- Both sets of colleagues had overlapping areas that they think they are good at and areas that they think need improvement. All colleagues felt they needed better resources for burnout and compassion fatigue, increased time with patients, and better cultural knowledge. All colleagues felt they were good at listening to patients and families, as well as, proactively maintaining relationships with patients.
- Colleagues that treat cancer rated themselves significantly higher in certain areas than colleagues that do not treat cancer. These behaviors can possibly be applied to colleagues that do not treat cancer to raise levels of trust.
 - Examples of these behaviors are:
 - Accepting all emotions from patients
 - Encouraging questions
 - Understanding patient's missed opportunities while in treatment
 - Not discriminating against patients based on age, sex, gender, race, disability, and socioeconomic status
- Although there were only 3 patient responses, there were 3 areas that need improvement.
 - Both patients and colleagues agreed that they need to give/receive encouragement to get second opinions.
 - Patients feel that their healthcare providers should sit down with them to talk more and work to establish a plan of care that works for them. Healthcare providers rated themselves moderately in these areas.

Intervention and Future Directions

- An intervention was made to address the overarching needs for both sets of colleagues. The intervention addressed:
 - Different cultures and their expectations in healthcare
 - Resources for compassion fatigue
 - Resources for burnout
- An additional intervention could be completed for behaviors rated highly in colleagues that treat cancer that did not overlap with colleagues who do not treat cancer. After intervention, the survey could be recompleted to see if there was an increase in trustworthy behaviors.

References

- Brennan N, Barnes R, Calnan M, Corrigan O, Dieppe P, Entwistle V. Trust in the health-care provider-patient relationship: a systematic mapping review of the evidence base. *Int J Qual Health Care*. 2013;25(6):682-688. doi:10.1093/intqhc/mzt063
- Müller, Evamaria et al. "Assessment of trust in physician: a systematic review of measures." *PLoS one* vol. 9,9 e106844. 10 Sep. 2014, doi:10.1371/journal.pone.0106844
- Ozawa, Sachiko. "How Do You Measure Trust in the Health System? A Systematic Review of the Literature." *Social Science & Medicine (1982)*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/23849233/.
- Damm L, Leiss U, Habeler U, Ehrich J. Improving Care through Better Communication: Continuing the Debate. *J Pediatr*. 2015;167(2):501-2.e5. doi:10.1016/j.jpeds.2015.05.040
- October, Tessie W et al. "Characteristics of Physician Empathetic Statements During Pediatric Intensive Care Conferences With Family Members: A Qualitative Study." *JAMA network open* vol. 1,3 e180351. 6 Jul. 2018, doi:10.1001/jamanetworkopen.2018.0351
- Hillen MA, Butow PN, Tattersall MH, et al. Validation of the English version of the Trust in Oncologist Scale (TIOS). *Patient Educ Couns*. 2013;91(1):25-28. doi:10.1016/j.pec.2012.11.004

Special thank you to Judith Sabino, Karen Vadyak, and Denise Russomano