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# Drivers of trust in pediatric health care: role of family-centered care

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## Background Information

- Trust is an important point for a positive patient-provider relationship
- Factors of trust: honesty, communication, competence, and confidence<sup>1</sup>
- Linked to better medical care, adherence to treatment, and continuity of care<sup>2</sup>
- Minimal studies in pediatric health care
- Pediatric care is family oriented and relies on parental involvement
- Adult care is specific to the patient and relies on independent skills and engagement of the patient

## Introduction

- Family-centered care (FCC) is an approach to build and maintain trust through partnership<sup>3</sup>
- Key components of FCC: respect, information sharing, and collaboration/partnering<sup>3</sup>

## Methods

Conducted a comprehensive literature review to analyze target behaviors of trust

Reviewed current surveys of trust and family-centered care

Generated a pool of survey questions for a patient/family and a colleague survey

Surveys were finalized at 26 questions each and inputted into REDCap™

Distributed surveys to physicians, nurses, support staff, and patients/families and a data analysis was conducted

## Results

Table 1: Colleague Survey Data Summary

Target Behavior	Physician (n=13)	Nurse (n=7)	Support Staff (n=6)
Respect*	4.23	4.75	4.79
Information Sharing*	4.10	4.48	4.44
Collaboration/Partnering*	4.04	4.24	4.33
Importance of Including Patients in Improvement Initiatives**	5.41	6.38	6.11
Perceived Value of Target Behaviors by Patient/Family**	9.41	9.52	9.61
Overall Importance of Target Behaviors**	6.54	6.86	6.83

\*A Likert agreeability scale was used as follows: Strongly Disagree 1, Disagree 2, Neither agree nor disagree 3, Agree 4, Strongly Agree 5

\*\*A Likert importance scale was used as follows: Not at all important 1, Low importance 2, Slightly important 3, Neutral 4, Moderately important 5, Very important 6, Extremely important 7

\*\*\*A scale of 1-10 was used to measure the importance of the target behaviors as they are valued by patient and families.

“Physician made sure my child would be comfortable answering the questions rather than me”

- Parent response to being asked how the healthcare provider connected with their child

“A cornerstone to trust and relationship is active listening. The more I listen, the more I learn and the better I can help figure out how best to partner with the family.”

- Physician response to being asked how they partner with a patient and family

Table 2: Patient/Family Survey Data Summary

Target Behavior	Patient/Family (n=5)
Respect*	5
Information Sharing*	5
Collaboration/Partnering*	4.7
Importance of Communication and Timeliness**	6
Frequency of Involvement in Decision Making***	5
Perceived Value of Target Behaviors by Patient/Family****	10
Overall Trust in Health Care****	9.5

\*A Likert agreeability scale was used as follows: Strongly Disagree 1, Disagree 2, Neither agree nor disagree 3, Agree 4, Strongly Agree 5

\*\*A Likert importance scale was used as follows: Not at all important 1, Low importance 2, Slightly important 3, Neutral 4, Moderately important 5, Very important 6, Extremely important 7

\*\*\*A Likert frequency scale was used as follows: Never 1, Almost never 2, Occasionally 3, Almost every time 4, Every time 5

\*\*\*\*A scale of 1-10 was used to measure the importance of the target behaviors as well as trust.

## Analysis and Conclusion

- Colleague data is generally in agreeance and recognizes the importance of family-centered care to build trust
- Specific areas of growth include (1) engaging patients/families in quality improvement initiatives, (2) considering cultural backgrounds and beliefs into care, (3) ensuring that patients/families receive complete and accurate information in a timely manner, and (4) asking how patients and families wish to participate in their care
- Health care providers perceived their individual performance to be greater than all providers in their area of work
- Patient/family data shows the belief that healthcare providers are showing respect, sharing information, and collaborating with them to ensure they get the best care
- Collaboration and partnering with the nursing staff was the biggest area of growth

## Future Recommendations and Intervention

- An educational intervention program was designed to target some of the areas that have the potential for improvement
- The intervention targets:
  1. Educating health professionals on cultural diversity
  2. Informing providers how to avoid burnout and compassion fatigue
  3. Encouraging patient and family participation in quality improvement initiatives
- Recommendations for future interventions:
  1. Encourage providers to ask patients and families how they wish to participate in their care
  2. Implement resources on how to provide timely, accurate, and complete information and care

### REFERENCES

1. Ozawa, S., & Sripad, P. (2013). How do you measure trust in the health system? A systematic review of the literature. *Social science & medicine (1982)*, 91, 10–14. <https://doi.org/10.1016/j.socscimed.2013.05.005>
2. Brennan, N., Barnes, R., Calnan, M., Corrigan, O., Dieppe, P., & Entwistle, V. (2013). Trust in the health-care provider-patient relationship: a systematic mapping review of the evidence base. *International journal for quality in health care : journal of the International Society for Quality in Health Care*, 25(6), 682–688. <https://doi.org/10.1093/intqhc/mzt063>
3. Kuo, D. Z., Houtrow, A. J., Arango, P., Kuhlthau, K. A., Simmons, J. M., & Neff, J. M. (2012). Family-centered care: current applications and future directions in pediatric health care. *Maternal and child health journal*, 16(2), 297–305. <https://doi.org/10.1007/s10995-011-0751-7>

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