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Using theories and models for operationalization of patient trust in doctors in chronic disease response in low income Africa: 'Best Fit Approach'

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Abstract

Background: Recent evidence suggest that improved patient trust in doctors can facilitate their healthcare seeking, adherence and continuity with care. With the growing burden of chronic disease in low income Africa (LIA) characterized by challenges of poor patient healthcare seeking, non-adherence and poor continuity with care, trust forms an important entry point for addressing these challenges. However, the topic of trust has generally received weaker attention among researchers in LIA contexts. To date, there has been no attempts to generate a clear guide for theory-driven inquiries as a means of operationalization of trust as a public health lens for chronic disease response in LIA. **Objective:** This paper revisits the 'Best fit approach', a potentially useful but less used strategy to offer a step by step guide for systematically identifying theories and models for theory-driven inquiries of trust in patient-provider relationships in LIA. **Methods/Design:** The 'Best fit framework analysis' approach is revisited as a potentially useful in systematically identifying 'best fit' theories and models of trust to aid theory-driven inquiries. The paper proposes a step by step guide on how to gather theories and models, use thematic analysis approach for coding of themes from selected theoretical literature and lastly, generating an interview guide for theory-driven research in LIA. **Conclusion:** The review of existing trust theories and models may facilitate generating useful constructs for developing an interview guide for theory driven research on patient-provider trust in LIA. When data from theory-driven inquiries are analysed, they form an important step in operationalization of trust in therapeutic relationships as a lens for addressing the challenges of chronic diseases in LIA context.

Keywords: *Theory, Best fit, Trust, patient, provider, doctor, physician, low income, Africa*

Background

Previous studies have reported trust between patients and their providers (Doctors, Physicians and Clinicians) as playing a substantial role in patients' health behaviours and outcomes. A considerable amount of literature has suggested patient trust in doctors to facilitate their health care seeking, medication initiation, adherence to treatment and recommendations, satisfaction and overall improvement in health outcomes [1-7]. With recent evidence indicating the growing burden of chronic diseases in LIA characterized by poor healthcare seeking, adherence and continuity with care [8-13], trust improvement appears a promising entry point to addressing some of these challenges.

With limited trust research in LIA, theory-driven understanding of the topic forms an important step for its operationalization in responding to the challenges of chronic diseases in this context. Despite existence of many interpersonal trust theories and models, for instance [14-24]; there are concerns of the absence of a clear framework to guide theory-driven inquiries of trust in patient-provider relationships [25, 26]. To date, there has been no attempts to generate a clear guide for theory-driven inquiries as a means of operationalization of trust as a public health lens for chronic disease response in LIA. This paper aims to address this gap by revisiting the 'Best fit approach', a potentially useful but less used strategy to offer a step by step guide for systematically identifying theories and models for theory-driven inquiries of trust in patient-provider relationships in LIA.

Methods

The paper is constructed within the schematic discussion of the '*Best Fit Framework synthesis*' approach [27-30]. However, the purpose differs where the end product are the theoretical constructs forming practical variables for developing research tools as compared to developing a 'framework' [27-30]. Guidance on how to conduct a search in electronic databases, reference tracking and expert consultations is proposed. The paper highlights on how the coding of themes from selected '*best fit' theories and models*' can be conducted and lastly, how to use constructs from best fit theories for a theory-driven inquiry.

Discussion

Whilst trust in interpersonal relationships is a multifaceted, complex and context specific concept, it is regarded as the most essential element for successful relationships within human groups and societies [15, 21-24, 31]. Trust can be categorized as institutional/social or interpersonal and general trust [16, 17, 20,

32-35]. Patient-provider trust is a type of interpersonal trust that a patient vest in health care institutions' representatives in order to make use of medical services. Theoretical conceptualizations of trust at both individual and system-wide trust in western primary health care settings are extensive [14-24]. However, the absence of a clear guidance for theory-driven inquiry of trust limits its practical operationalization as a lens for chronic disease response in LIA.

In seeking to generate theoretical constructs to guide theory-driven investigations in LIA, the following steps are proposed: (1) developing research question(s); (2) systematic search of existing theories and models (3) generating thematic categories and (4) generating interview guide. The following figure summarizes these steps.

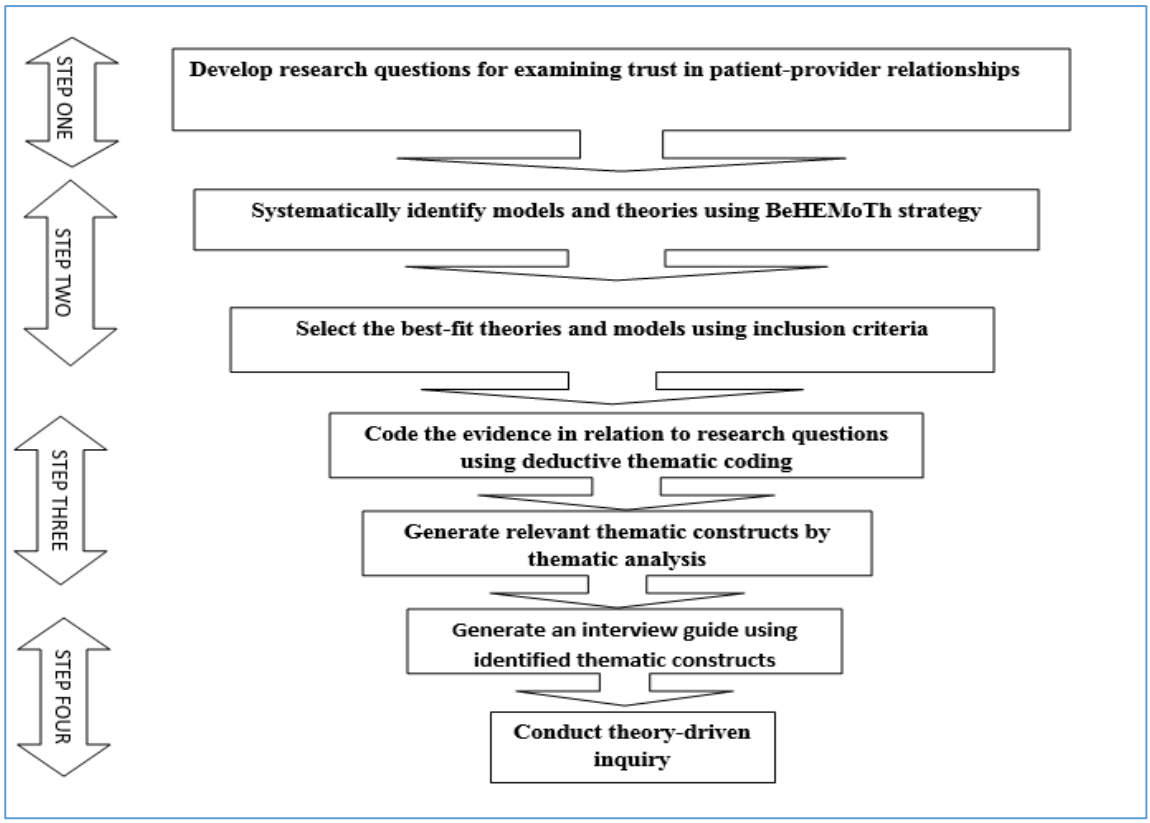

Figure 1: *Best-fit strategy for theory driven inquiry*

Step One: Generating research question(s)

The first proposed step in theory-driven inquiry of trust in LIA involves generating research question (s). Examples of the questions may be: (1) what are the determinants of trust establishment and sustenance in low income Africa? (2) what

is the relationship between patient trust in doctors and patient trust in the institutions? and; (3) how trust in patient-provider relationship can be improved?

Step Two: Identification of theories and models

In the context of patient-provider trust, all relevant models and theories are systematically identified using the BeHEMoTh strategy [29]. BeHEMoTh approach involves identifying the **Be**haviour of interest (*Interpersonal trust or trust in this case*), **He**alth context (primary health care or medical practice) and using specific search terms for **Mo**dels and **Th**eories. Search items may extend beyond 'trust', 'interpersonal trust', 'patient-doctor relationships', 'patient-provider relationships', 'patient-physician relationships' and 'theories' and/or 'models'. Databases such as Medical Literature Analysis and Retrieval System (MEDLINE), Psychological Information (Psych Info), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus, Google Scholar, Web of Science, selected institutional libraries and grey literatures may be searched. Reference lists of all publications, meeting the inclusion criteria may be checked for additional relevant citations. Experts in the field of patient- provider trust may be contacted, or their websites searched to identify any relevant theories and models. Models and theories from BeHEMoTh search are then subject to inclusion criteria described in **Table 1** (below).

Table 1: Inclusion criteria for selection of theories and models

Criteria	Response
Publications identified by BeHEMoTh Strategy	
1. The publication describes [interpersonal or] trust?	Yes ¨ Go to question 2
	No ¨ reject
2. Is it possible to extract trust constructs or concepts?	Yes ¨ Go to question 2
	No ¨ reject
3. Does the theory or model describe how trust is formed or sustained	Yes ¨ Go to question 4
	No ¨ reject
4. Is the theory relevant to patient- provider trust?	Yes ¨ Retain
	No ¨ Reject

A primary researcher may apply an inclusion criteria scale to all titles and abstracts (if any) to an agreed random percentage of the selection. The theories and models that 'best fit' the concept of patient trust in their providers are selected through consensus building by both primary and secondary researchers as well

as expert consultations. A PRISMA flowchart (**Figure 2**) may be used to summarize the models and theories selected for inclusion.

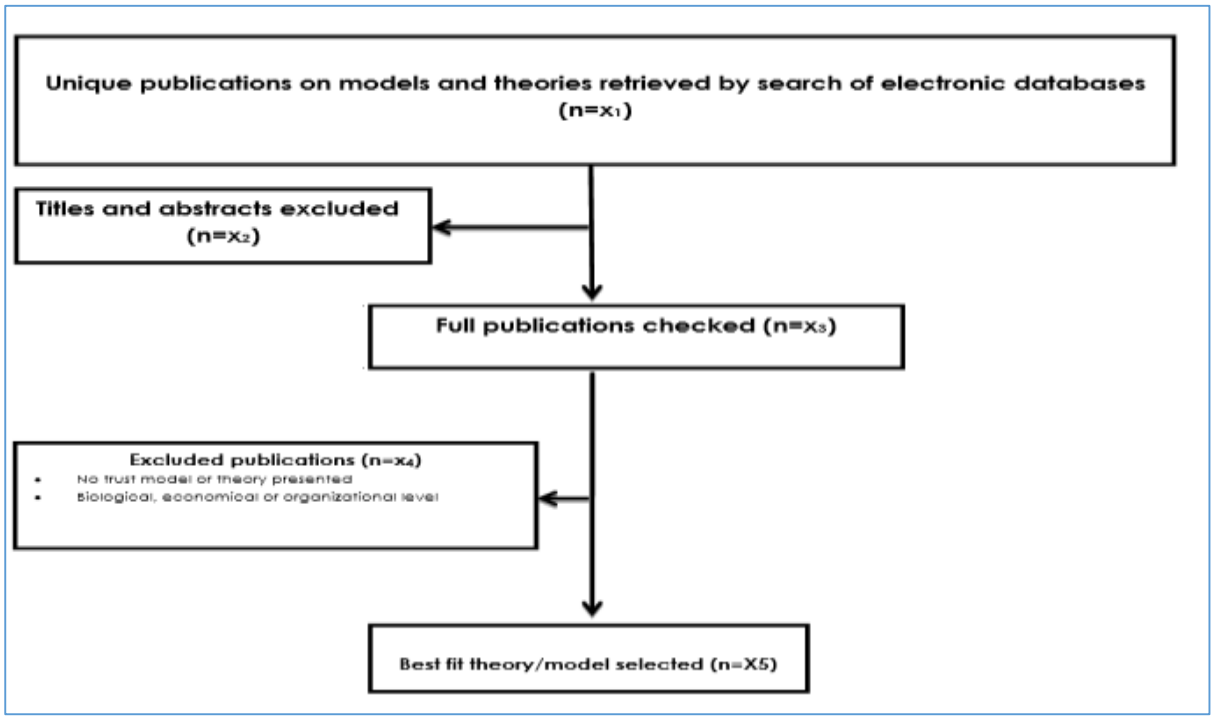

Figure 2: *PRISMA Flowchart of interpersonal trust theories and models from electronic database search*

Step Three: Generating thematic categories

Paying attention to the research question (s), a thematic coding Software such as Nvivo 10 or any other appropriate software, may be used for thematic analysis. Researchers may use the coding software to identify relevant codes from theories and models in relation to the research questions. According to Braun and Clarke [36], a coding strategy where a researcher attempts to accommodate existing constructs into pre-existing research question(s) is referred as to deductive coding or "top-down approach". A consensus approach is then used to resolve disagreements on the codes among researchers. The emerging codes are then organised into subthemes. Then, subthemes are sorted into thematic constructs. This may be followed by collating the related coded data extracts and subthemes within each thematic construct.

The constructs from a selected model and theories are then used to generate research tools.

Step Four: Generating interview guide

After generating a list of thematic constructs (Step 3), the fourth and final stage is developing the interview guide. With limited evidence on the topic of trust in LIA, an attempt should be made to generate qualitative evidence before attempting to generate quantitative evidence [37]. In qualitative inquires, a semi-structured interview that include open-ended questions taping into the constructs from theories and models offers flexibility for identifying new ways of understanding the topic at hand and can be adapted to accommodate new or emerging topics during the interview process [38-41]. After data collection, the emerging accounts of participants may then be analysed thematically to generate evidence and recommendations for operationalization of trust as a lens for chronic disease response in LIA.

Conclusion

This paper does not only offer a step by step process for a theory driven understanding of trust in LIA, but also may be used as a guide for theory-driven inquiries in other related topics in LIA countries. The review of existing trust theories and models may facilitate generating useful constructs for developing an interview guide for theory driven research on patient-provider trust in LIA. When data from theory-driven inquiries are analysed, they form an important step in operationalization of trust in therapeutic relationships as a lens for addressing the challenges of chronic diseases in LIA context

Competing interests

The author declares that they have no competing interests.

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