What's trust got to do with it? How Otolaryngologists Experience Trust in Surgical Practice

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INTRODUCTION

- As a surgeon, **building trust with patients is an integral component of care delivery.**
- Trust in physicians is predictive of adherence to treatment recommendations and correlates with improved health outcomes.
- The role of trust for the patient is intuitive, yet this is not necessarily true for the surgeon.
- Existing literature on trust focuses primarily on the patient's experience rather than the surgeon's experience and perspective.
- **Professional and personal importance of trust to the surgeon need to be better understood.**

METHODS

Design: Realist thematic analysis of qualitative interviews exploring surgeons' experience of trust in the surgeon-patient relationship.

Setting: Surgeons caring for adult patients in an otolaryngology-head and neck surgery department at a large tertiary academic medical center

Data Collection: 26 interviews; digitally recorded and transcribed, lasting 11-35 minutes (mean 25.2).

Data Analysis: Thematic analysis resulted in **5 major themes**; saturation was reached with 26 interviews

RESULTS

Thematic Analysis of Otolaryngologists' Experience of Trust

1 Trust as Central to Surgeon Ethos

*"It **[trust] is probably most important thing that we do**...from the moment you meet a person...we're trying to establish trust from the beginning, and that it's kind of the foundation of the whole relationship, right?... It's a great responsibility the person is putting in us."* — **Participant 14**

2 Trust Benefits the Surgeon

*"**...you get out much more than what you pay in**. So it's worthwhile effort... The time I spend in the clinic face to face with a patient is very much worthwhile effort."* — **Participant 19**

3 Trust Benefits the Surgeon–Patient Relationship

*"**...building trust early to help manage some of these things later on**, I think is really important. That can be managing, like I said, those complications or side effects. It can be like getting patients through all the treatment they need."* — **Participant 25**

4 Surgeon Strategies for Building Trust

*"I try to **express or convey my interest in [a patient] as a person, as an individual, as a human being**...I do actually care about them, and not just that particular disease process that I'm treating them for, but how it impacts their overall well-being."* — **Participant 1**

5 Facilitators and Barriers to Trust

Patient & Systems Level

*"Establishing that trust early on is just a function of transparency... **just understanding what their motivation is,** what they're there for...**really just being curious and seeking exactly where their frustration is coming from**...It's usually coming from previous experiences or family experiences or something they're currently going through, where they don't feel like they have their own autonomy in addressing them in that situation."* — **Participant 18**

Time

*"I think it **[time] has a huge, huge influence**...the time to be able to properly build the rapport and trust with somebody. It always takes time and visit lengths are directly tied to that... if I ever fall behind...I can catch up by speeding myself up in these visits. But I know that I don't like it when I do that, I can tell I feel less satisfied with the encounter, and less satisfied with the relationship, with the with the patient."* — **Participant 5**

DISCUSSION

- Trust is a **core tenet** of the surgical profession and a source of purpose and wellbeing. It keeps surgeons persevering through extensive training, long work-hours, difficult prognoses, and administrative burdens.
- **Time with patients** is a key factor influencing trust formation & can be impacted by **practice models and competing priorities** which could create opportunities for exploring trust formation as a **quality measure**.
- **Teaching trainees** the value of trust is both **a moral and a practical** imperative for the future of healthcare.
- Curricula can address skill development and appreciation for trust-based, patient-centered relationships. Active engagement may protect against burnout by connecting surgeons to their purpose and ethos.

Table 1. Participants' Demographics (n = 26)

Average Age (SD)	47.2 (10.1)
Gender	
Female	10 (38.5%)
Male	16 (61.5%)
Academic Rank	
Assistant Professor	9 (34.6%)
Associate Professor	8 (30.8%)
Professor	9 (34.6%)
Average number of years since completing formal training (SD)	14.1 (9.71)
Primary Practice Location	
University Hospital	21 (80.8%)
VA Hospital	2 (7.7%)
Other	3 (11.5%)

CONCLUSIONS

- **Trust matters to surgeons' professional practice and personal well-being**, in and beyond care delivery itself.
- Trust builds patient confidence, helps when complications arise, and **grows through time spent on interpersonal connection**.
- Trusting relationships connect surgeons to a **deeper sense of purpose and protect against burnout.**
- Building and maintaining trust should be emphasized in surgical training and practice and optimized through care delivery models and quality measures.

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Some quotes are lightly edited for length and clarity