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**ECONOMICS**

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*Sociology*

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## THE ROLE OF TRUST IN DOCTOR-PATIENT RELATIONSHIP: QUALITATIVE EVALUATION OF ONLINE FEEDBACK FROM POLISH PATIENTS

**ABSTRACT.** Apart from the fact that trust between doctors and patients is a source of sustainable relations, affecting the behaviour of both parties, it also has its therapeutic value. Therefore, this paper aims to construct a model of trust in the doctor-patient relationship based on qualitative research (analysis of the contents of Internet message boards). The study has revealed that trust towards doctors is a result of overlapping and interpenetration of two levels of trust: macro- and meso-. Macro-trust can be seen as a context in which all the dimensions of institutional trust are 'embedded'. Whereas meso-trust (institutional) is described in terms of three dimensions: benevolence, competence and integrity.

**Keywords:** system trust, institutional trust, doctor-patient relationship, Poland.

### Introduction

Trust in various social and economic relations has recently become a subject of wide debate. Trust between doctors and patients, apart from being a source sustainable relations and having an influence on the behaviour of both partners, is also of therapeutic value (Gilson, 2003). Trust, or lack thereof, is a result of actual experience which arises from some sort of social context and requires a stable institutional background (Strategia Rozwoju Kapitału Społecznego 2011-2020). Surveys reveal that in Poland the level of trust towards doctors is lower than in other European countries. More in-depth research is called for to clarify the nature of the complex and multi-faceted issue of trust between doctors and patients. Therefore, the aim of this paper is to put forward a conceptual model of doctor-patient trust on the basis of qualitative research: analysis of comments published online on message boards.

### 1. The circles of doctor-patient trust

Trust is an integral element of every satisfying relationship (Morgan, Hunt, 1994). Luhmann describes it as a mechanism which reduces social complexity (Skytt, Winther, 2011). Trust can be defined as the belief that one's partner will act in the common interest

(Gilson, 2003), and that neither party will ever attempt to harm their partner by taking advantage of their weaknesses (Morgan, Hunt, 1994). It also means the willingness to invest one's resources in a relationship with another party. Trust stems from a certain positive image established on the basis of previous mutual relations (Brockner *et al.*, 1997), as well as from the perceived degree of reliability of partners. Moreover, trust acts as a mechanism which reduces opportunist behavior (Skytt, Winther, 2011).

Patient trust in physician is a multidimensional construct that has different definitions between and within disciplines. Thom *et al.* (2002) define patient trust in physician as a set of beliefs or expectations that a care provider will perform in a certain way, while Pearson and Raeke (2000) define trust as an emotional characteristic, where patients have a comforting feeling of faith or dependence in a care provider's intentions (Montague, 2010).

Patients need trust at each and every stage of building relationships with their doctors. It plays a key role in these relationships, but also positively affects treatment outcomes (Hillen *et al.*, 2011). As Calnan and Rowe point out, a relationship based on trust brings therapeutic benefits, enhances patient satisfaction and, consequently, improves the results of the treatment (Calnan, Rowe, 2006). Research also demonstrates that in a patient-doctor relationship, it is essential that a period of time is reserved to make it possible for some degree of trust to emerge, so that the patient can fully benefit from doctor's advice, or make changes in his or her lifestyle, if so recommended (Peilot *et al.*, 2014).

Trust can be studied on several overlapping levels. According to Sztompka, there exist gradually expanding concentric circles of trust: from the most tangible personal relations to more abstract attitudes towards social structures and institutions (Sztompka, 2007).

Trust towards a particular doctor will eventually extend to encompass the clinic where this particular doctor works, and in the long term, it might begin to apply to the social role of doctors and the entire healthcare system. A reverse phenomenon can occur too: institutional trust in doctor might influence one's attitude towards a particular healthcare professional.

Micro-scale (interpersonal) trust is the trust that exists between two persons. On the micro scale, trust is generated on the basis of the individual disposition of the partners, their readiness to trust others, personal experience, but also perceived risk and uncertainty, as well as potential benefits and losses associated with granting trust. Micro-trust is assigned to one particular person and cannot be transferred to other people, which means that trust appears whenever both parties meet, i.e. the context of these encounters, and thus the changing roles of the partners, have no relevance (Skytt, Winther, 2011).

Meso-scale (institutional) trust refers to the confidence in principles, roles and norms, notwithstanding who personifies them (Skytt, Winther, 2011). This kind of trust depends on the context. Institutional trust is a general attitude shaped by previous personal experiences and contacts with the representatives of an institution, on the one hand, and by the existing social norms on the other (van der Schee *et al.*, 2007; Goold, Klipp, 2002).

Trust is understood as a willingness to rely on others in terms of their competence, integrity and benevolence. The first two of these dimensions of trust are of rational (cognitive) nature, while the last one is emotional (affective) (Colquitt *et al.*, 2011). The term 'competence' refers to the ability to fulfill given promises, 'benevolence' is to be seen as sincere concern for the interests of customers, whereas 'integrity' means compliance with commonly held principles (Colquitt *et al.*, 2007).

Trust towards one's partner in a relationship can be ambivalent in nature, i.e. one can trust someone in certain regards, while distrust the same person in another. According to Welch, people usually trust their doctors to some extent, but at the same time are partly skeptical (Welch, 2006).

Macro-scale (system) trust concerns social institutions or systems. It signifies an expectation that one will receive appropriate attention of, e.g., the healthcare system, should

such a need arise (Straten *et al.*, 2002). This type of trust is a generalised attitude. Similarly to institutional trust, it depends partly on one's personal contacts with the representatives of those institutions, and partly on their image created by the media. Macro-trust affects the way in which relationships between individuals and the system (van der Schee, Groenewegen and Friele, 2006). The idea of trust in large-scale health systems is daunting when the condition of trust – that the 'truster' know the 'trusted' – cannot be fulfilled given the distance of health institutions from its members and patients (Abelson *et al.*, 2009).

In order to evaluate and understand a patient-physician trust relationships, it is also important to clarify the nature of trust in medical technology, particularly in relation to other aspects of the health care systems. As Montague claims (2010), patient's trust in technology may be a variable which provides additional insight into the factors that predict patient trust or distrust in their physician. Timmons *et al.* (2008) found that, when confronted with using an unfamiliar medical technology, users' trust in the technology is constructed through a combination of trust in the technology, people and institutions. The researchers found a relationship between patients' perceptions of their physicians and their health status decline (Franks *et al.*, 2005).

According to definition, to trust in technology or automation is to believe that a tool, machine or equipment will not fail (Montague, 2010). Montague *et al.* (2009) in their study provided evidence that trust in technology and trust in medical technology are different constructs with similar attributes. Study also found that participants' perceive trust between technology and trust in medical technology differently. This may be because of the unique role the human patient plays within the system (Montague *et al.*, 2009). Montague's studies found that trust in medical technology is in fact a multi-dimensional construct involving subscales of technology characteristics, provider's characteristics and the way in which the provider uses technology. Calnan *et al.* (2005) conducted a national survey to assess public attitudes towards a variety of innovative health care technologies. What they discovered was general public's ambivalence about new medical technologies.

It is worth noting that a close correlation can be observed between the various types of trust. Macro-trust has a bearing on meso- and micro-scale behaviours, but at the same time, it modifies the system itself. Whereas micro-scale actions affect trust on the higher levels: meso- and macro- (Skytt, Winther, 2011). Therefore, the health system's contribution to the construction of institutional trust, and finding ways to understand these relationships is of paramount importance.

Trust is a process which focuses not on persons but on interaction. It is about the ability to build relationships, or to open to new possibilities. In this context, trust means constant readiness to become involved in relationships with others (Rudzewicz, 2009). Despite the undeniable benefits of trusting another person (or a technology for that matter), it seems more profitable sometimes to adopt a strategy of distrust and suspiciousness, because the costs of misplaced trust can be considerable (Grudzewski *et al.*, 2009).

## **2. Health care in Poland**

Over the last fifteen years the Polish health care system has undergone a number of significant changes. During the socialist time medical knowledge was often used in an authoritarian way, in order to implement policies and regulations of a nanny state (Włodarczyk, 1998). Patients were reduced to passive recipients of health care and were completely isolated from the decision making proces.

Consequently a strong idealistic stereotype of a doctor dominated the relationship between medical personnel and patients. Doctors were perceived by their patients as role

models in their private and professional life, often expected to be knowledgeable and ethical altruists (Ostrowska, 1981).

Nowadays, the NFZ defines the volume and scope of health services needed to satisfy the health needs of a given local community outlined in each voivodeship health plan. Yet, the most significant change introduced by the reform was the ability for each patient to choose a doctor, hospital or any organisation contracted by the NFZ to provide medical services. Unsatisfied patients now have the right to change provider at any time. Even such a simple change, allowing patients to choose their preferred provider encouraged an unheard of before level of competitiveness amongst health care organisations. As a result the relationship between doctors and patients, dominated earlier by high level of trust and paternalism, has also evolved. A recently published report indicates that the prestige that medical professions used to enjoy has been gradually falling: in 1975 86% of respondents regarded doctors with high esteem, the percentage that fell to 79 in 1995, and reached 71% in 2013 (Prestiż zawodów CBOS, 2013).

### 3. Research methodology

Trust between a doctor and a patient is fairly difficult to measure and, as many authors notice, there is no universal scale that would quantify it (Dietz *et al.*, 2006). For this reason, researchers endeavour to construct and verify their own scales, based on other people's studies by other scholars. As a result, it becomes even more difficult to conceptualise the notion. The study conducted for this paper intended to provide more insight into the ways trust is understood by healthcare system users so as to achieve better operationalisation of the concept. The overriding purpose, however, was to identify the nature of trust between patients and doctors by indicating various factors which determine the appearance of such trust. The undertaken research is to identify the nature of trust between a doctor and a patient by indicating the particular factors which determine the appearance of such trust. The research will help to create a conceptual model of trust in the doctor-patient relationship.

Having thus defined the purpose of the study, the authors decided to carry out a quantitative study in the form of an analysis of posts by users of online message boards where the issue of patient trust in physicians was discussed (content analysis). Content analysis is a research technique used in the social sciences, especially sociology. This technique is used for the objective, systematic and quantitative description of overt content of the messages. The contents and messages contained in books, newspapers, magazines, the Internet and any other sources of written documents are a manifestation of attitudes authors messages (Miles, Huberman, 2000). The analysis takes into account feedback found in magazines, books, websites, letters, emails etc (Babbie, 2005). After online research, six discussion threads were selected by the authors, all of which were started on messaged boards established in years 2008-2012:

- [www.gazeta.pl](http://www.gazeta.pl); health service board, thread: 'Poles are losing confidence in healthcare profession' – 96 posts; [http://forum.gazeta.pl/forum/w,305,135703266,135703266,Zaufanie\\_Polakow\\_do\\_zawodow\\_medycznych\\_jest\\_nizsze.html](http://forum.gazeta.pl/forum/w,305,135703266,135703266,Zaufanie_Polakow_do_zawodow_medycznych_jest_nizsze.html);
- [www.gazeta.pl](http://www.gazeta.pl); health service board, thread: 'Can we trust doctors?' – 12 posts; [http://forum.gazeta.pl/forum/w,305,138339236,,czy\\_powinnismy\\_ufac\\_lekarzom\\_.html?v=2](http://forum.gazeta.pl/forum/w,305,138339236,,czy_powinnismy_ufac_lekarzom_.html?v=2);
- [www.rodzice.pl](http://www.rodzice.pl), thread: 'Trust in doctors' – 7 posts; <http://dziecko-info.rodzice.pl/archive/index.php/t-127998.html>;

- [www.gazeta.pl](http://www.gazeta.pl); forum on children's health, thread: 'I'm losing trust in doctors' – 31 posts; [http://forum.gazeta.pl/forum/w,567,90026508,,trace\\_zaufanie\\_do\\_lekarzy.html?v=2](http://forum.gazeta.pl/forum/w,567,90026508,,trace_zaufanie_do_lekarzy.html?v=2);
- [www.rodzice.pl](http://www.rodzice.pl), thread: 'Trust in doctors' – 7 posts; <http://dziecko-info.rodzice.pl/archive/index.php/t-131351.html>;
- [www.gazeta.pl](http://www.gazeta.pl); health forum, thread: 'Trust in doctors' – 38 posts; [http://forum.gazeta.pl/forum/w,24712,80087278,80859783,Re\\_temat\\_zmieniony\\_ZA\\_UFANIE\\_DO\\_LEKARZY.html](http://forum.gazeta.pl/forum/w,24712,80087278,80859783,Re_temat_zmieniony_ZA_UFANIE_DO_LEKARZY.html).

#### 4. Patients' trust in doctors – results

##### 4.1. Macro-scale (system) trust

Institutional trust in the doctor-patient relationship is built and maintained in the context of real and symbolic events taking place on the surface of mass phenomena. These phenomena are:

- systemic: associated with organising and running of healthcare system,
- macrostructural: concerning the institutional foundation of doctor-patient relationship.

Both of the above dimensions of mass phenomena involve – apart from doctors and patients – a third party, namely the payer, responsible for financing health services and in-kind benefits in a given population.

In a positive way, trust is interpreted as the propensity to believe in the other party's intentions and actions in a situation that poses the risk of opportunistic behavior (Meijboom, de Haan, Verheyen, 2004). Lack of trust, therefore, means the opposite of this propensity: refraining from close relations with the other party. On a macro-scale, this can be manifested in a variety of ways. Among them is the projection effect, which consists in the identification of the representatives of a given mechanism (here: healthcare system) with the mechanism itself. The characteristics and attributes of the mechanism are automatically ascribed to all its individual elements. Quantitative studies explicitly confirm this rule:

*'[...] it might be because doctors are identified with the system. The system is far from perfect (though not as bad as many believe), and people project this low opinion onto the system's functionaries – as this is what the system has reduced doctors to' (pct3).*

*'Medical professionals are somehow automatically identified with the country's entire healthcare system, which, as everyone knows, leaves a lot to be desired. I guess lots of people just don't get the whole idea of NFZ (National Health Fund), Ministry of Health, etc. and so they vent their anger on those medical professions' (sabrilla).*

It can be concluded on the basis of the above remarks that the patient-doctor relationship is entangled in the social and structural context, and inextricably embedded in the healthcare system. This context seems necessary for proper understanding of certain phenomena, including the creation and shaping of institutional trust in the discussed relation. A healthcare system provides a number of principles – institutional regulations and contracts – which determine the occurrence of certain propensities (here: of trust as the bonding agent of relationships). The configuration of the elements of the set can be either understood narrowly (as the rules of the game), or broadly – as a system of formal institutions and organisational structures, or even political bodies. The present quantitative study confirms the existence of these two approaches. Under the former approach, the healthcare system can be treated as a construction founded on the ethical and moral principles of the medical profession, which should suffice as a reference point. Here is what patients expect:

*'I'd like most doctors to be dedicated professionals, like the one mentioned above...' (liczek).*

However, doctors themselves are slightly more pragmatic:

*'[...] the so-called 'vocation' and mental strength help you face reality without losing your mind in the process. The oath? Doesn't it mention enjoying life and being honored with fame (strangely, everyone forgets this line). Frankly, WE HATE THE OATH, because in Poland it has been used for years as a justification of the fact that doctors earn less than manual labourers: What about the vocation?! they ask' (practicant).*

Others, meanwhile, prefer a broader understanding of the configuration of the set's elements, taking systemic solutions into consideration. They usually propose institutional solutions to streamline the system or its parts:

*'full privatisation is the only recipe for an efficient healthcare service!!!' (kazymux).*

*'[...] if you pay for it, you are entitled to decent care' (krabe).*

In the doctor-patient relationship, institutional trust is also closely connected with one's interpersonal attitude towards the environment, and particularly towards other people. Despite being aware of certain restrictions, such as information asymmetry and agency relationship, patients can either be willing to cooperate or refuse to be cooperative. Here are some of the postings which confirm this:

*'My doctors are wonderful. You wouldn't believe it, but we cooperate like partners. Unfortunately, I sometimes encounter a less wonderful doctor, and then I have to prove that I am aware of the risk, and that they should give up trying to tell me how to live my life. Cooperation isn't about thoughtless compliance with decisions that have little to do with the current state of medical knowledge, but plenty to do with the doctor's conviction of his own god-like infallibility' (posted by a woman).*

*'Doctors' attitude to patients also results from the fact that many patients fight (often literally) with doctors, instead of cooperating with them' (niunia).*

*'I guess doctors prefer patients who know what they want, even if they have strong opinions' (prograf).*

At the same time, service users realise that doctors' attitudes to patients are heterogeneous and dependent on the human factor, identified, however, with the organisation as a whole. This is reflected, e.g. in the following comment:

*'[...] The system includes clinics and doctors who treat patients with respect. But then there are also those with arrogant attitudes, where patients are treated like numbers, not people [...] Even in the same recovery room you can be lucky enough to get a nurse whose professionalism and dedication makes you feel secure and cared for. While, in the next shift, there comes a nurse who disregards the principles, and probably hospital procedures, and the patients can do nothing but watch helplessly, paper is patient after all. This second nurse won't be a better carer, no matter what money, equipment or procedures are provided' (practicant).*

The above post emphasises the strong link between trust in medical personnel and confidence in technologies and procedures. Both types of trust co-exist, contributing to the patients' sense of security, where as trust felt towards technology alone, even if adequately high, will never compensate for deficient trust in doctors.

The above remarks prove that patients are convinced that the quality of health services and the trust between doctors and patients are strongly determined by individual attitudes and behaviours of both sides of the relationship.

#### **4.2. Meso-scale (institutional) trust**

Trust is an essential element of any doctor-patient relationship. A certain level of trust is a prerequisite for a doctor's appointment to take place at all. Sztompka claims that trust is a notion which belongs to the activist discourse since it denotes not only a conviction, but also

actions based on the conviction (Sztompka, 2007, p. 71). Moreover, confidence in a doctor is crucial for the success of an appointment: quality of communication and cooperation, compliance with doctor's advice, etc. One of the forum users phrases it in the following way:

*'[...] when presenting at the doctor's surgery (of any specialisation) we must trust him or her, otherwise we wouldn't want them to diagnose or treat our illness. You can't go to a dentist without trusting him – that would be a logical contradiction. Just like if you didn't trust a driver, you wouldn't get on a bus because we'd be afraid that we wouldn't reach our destination safely' (krabe).*

Nevertheless, the study conducted for this paper indicates that the users' experiences have prevented them from fully trusting their doctors:

*'Polish patients have limited confidence in the healthcare providers...' (pumpernikiel).*

The above statement proves that there exists a generalised attitude towards doctors, which points to the institutional nature of trust. Other message board users declare complete lack of trust in physicians (distrust), claiming that demonstrating trust is nothing short of naivety.

*'I lost my confidence in doctors quite a long time ago. I spent 8 years looking for a doctor who would help me treat my disorder. That included both gynaecologists and endocrinologists, who later turned out to be just ordinary gynos. [...] How could I believe so completely in what they said? I've since lost my trust in doctors, I read a lot and analyse both diagnoses and dosages of medications' (Kinga123).*

*'you'll be on the safe side if you don't trust any doctors' (milaemalka).*

*'[...] blind, unlimited confidence in a doctor (especially one you don't know) is naive in my opinion (liczek).*

According to Abelsona *et al.* (2009), distrust may comprise healthy skepticism while mistrust comprises more unhealthy cynicism. Mistrust, therefore, becomes a dangerous phenomenon, which tends towards social atomism (Lewis, Weigert, 1985).

Several of the messages defend doctors and contain favourable comments on their work:

*'Girls/Ladies of the forum – you're doing a great job, but you could do with a little medical knowledge, humility and respect for good doctors' (Anda).*

*'[...] as for me, I owe my life to doctors and I've come across many wonderful people, to whom I'll always be grateful. Also my GP is hugely popular with patients, because she's good at her job' (zolza).*

*'I also trust a children's surgeon – a dedicated doctor, who passionately lectures his patients on the importance of healthy life style and inquires about their other ailments, while e.g. removing a verucca' (liczek).*

It seems that for patients to develop trust towards a doctor, the doctor has to be, as one of the forum users phrased it, a 'dedicated professional', devoted to patient care, and with a holistic approach to patient management.

The disproportion between the posts whose authors express trust in their physicians and those containing declarations of distrust can be explained by the fact that people tend to share bad experiences rather than positive ones. This could, moreover, result from the nature of the medium – an online message board – used by persons eager to vent their frustration and dissatisfaction with a medical service, and seeking the understanding of those with similar experiences.

Benevolence, understood by patients in a variety of ways, e.g. as respect, empathy or offering detailed information about treatment, is the most frequently mentioned aspect of trust in the analysed message boards. This element of the relationship is, on the one hand, the easiest to assess and, on the other hand, strongly associated with the patient's well-being. What is more, forum users believe that a friendly attitude towards patients does not depend on

the economic situation of the health service provider, but solely on the goodwill of the medical personnel. Receiving information concerning one's health and the course of treatment is for patients an important manifestation of benevolence. The doctor-patient relationship is characterised by information asymmetry, with the advantage on the part of the doctor. This breeds insecurity in patients, which they endeavour to reduce. That is why patients are so sensitive to information provided by doctors. Therefore a doctor's ability to share information creates favourable conditions for cooperation, conscious co-decision-making, taking responsibility for one's health and building of mutual trust. All this is confirmed by the users of the studied message boards:

*'Why can one [doctor] tell you what happened in the operating theatre, while another one first treats you as if you were crazy and only dispenses information when publicly forced to do so in the presence of his superior? Is it about money? Does he need any equipment to share information?'* (practicant).

*'I knew everything I wanted to know; they were patient and answered even the strangest questions. So I'd say I have reasons to trust doctors'* (ProGraf).

*'I've recently often felt disappointed by the way my questions are answered'* (Krabe).

Forum users expect to receive information from their doctors at every stage of the process of treatment, and regard lack of such information as neglect:

*'I've been feeling somewhat neglected. I get practically no response to my misgivings, the doctor just writes things down...'* (ahimsa).

*'He told me to phone him if I was worried about anything, and I do call him on his mobile whenever I need a prescription or have a question'* (daglezja).

Commentators also emphasised the fact that for trust to appear, mutual respect and empathy are necessary. The posts below express this conviction:

*'[...] Even in the same recovery room you can be lucky enough to get a nurse whose professionalism and dedication makes you feel secure and cared for'* (practicant).

*'If you're not satisfied and feel that you're not receiving proper care, change your doctor. You pay for healthcare after all and have the right to expect better'* (Dotach).

*'The problem is that you want me to respect doctors simple for being doctors, while you believe that as a doctor you have the right to treat me like an idiot just because I'm a patient'* (0.9\_percent).

Respect also means time devoted to each patient, sufficient for dialogue and answering patient questions. Whereas rushing the appointment, ostentatious glancing at the watch or impatience are behaviours that show a lack of respect towards the patient.

*'Can you trust someone whom you pay 100 zlotys per 10 minutes, but when you want to ask another question they give you an impatient look and repeat the date of the next appointment?'* (liczek).

Trust in doctors was often equated with confidence in their competence, expertise and skill. The most frequently mentioned aspects included adequate training, up-to-date professional knowledge and accuracy of diagnosis.

*'More than once, I've been disappointed with even the most basic medical knowledge of many doctors'* (Pawelciu).

Forum users made it clear that once their confidence in the knowledge and competence of physicians was undermined, they found it difficult to trust other doctors again. This indicates a close correlation between interpersonal and institutional trust. Erosion of trust leads, moreover, to other negative consequences: e.g. doubt about medical advice, self-medicating or modification of doctor's orders.

*'Only after 8 years of pseudo-treatment did I find a doctor who referred me to a specialist clinic for detailed investigations, and it turned out that I had been completely misdiagnosed by one of my previous doctors. But it was 'too late' for treatment. I've*



*since lost my trust in doctors, I read a lot and analyse both diagnoses and dosages of medications' (haganna).*

*'[...] there are doctors who have lost all credibility in my eyes because of their ignorance; I'd never let any of them treat my kidney' (Abi).*

For the authors of the posts, diagnostic skills depend on a holistic approach to treatment: one which takes into account the general condition of the patient's health.

*'A person whose job is to diagnose and treat diseases, often can't be bothered to go through test results carefully enough, or to make sure what the correct dosages are, to treat me like a human being, and not like a number in a list. [...] That's why I am educating myself: it's a self-defence strategy' (kotbehemot6).*

The above post reflects yet another aspect of trust in doctors: the question of integrity and conscientious attitude to professional duties. Conscientiousness means a thorough review of medical records and laboratory data, obtaining missing information from the patient (taking of medical history), as well as other steps necessary for correct diagnosis and choice of treatment. Sometimes, non-standard solutions are required:

*'I'd love to meet another doctor (so far I've met only two: an ophthalmologist and a pediatrician) who would make the effort to think outside the box and focus on the patient for a while' (niunia).*

*'Even though I've been let down by many doctors, I've finally found one who has time for patients, but, first of all, takes time to think' (niunia).*

According to the forum users, a trustworthy doctor is capable of a holistic view of the patient. Such an approach is also a reflection of commitment and integrity:

*'[a doctor] who, while e.g. removing a verucca, passionately lectures his patients on the importance of healthy life style and inquires about the other ailments that he suspects (e.g. obesity, spine problems, smoking etc.) has a holistic approach to his patients. For him, patients are HUMAN BEINGS' (liczek).*

*'Self-education is never sufficient. In my opinion, you can't treat yourself for, e.g. a thyroid disease, because a good doctor has a comprehensive understanding of your state of health (test results, age, other illnesses, etc.)' (anda).*

It is worth noting that once disappointed with a doctor, patients tend to be more wary of trusting other representatives of the profession. Meanwhile if a patient trusts a doctor, they are less sensitive to certain inconveniences, such as long queues or waiting lists, and probably also higher cost of treatment or greater distance between healthcare centre and place of residence.

*'Even though I've been let down by many doctors, I've finally found one who has time for patients, but, first of all, takes time to think. [...] There is always a long queue for appointment with her, because she does not keep looking at her watch while talking to patients' (teraz\_asia).*

## Conclusions

In this article, the trust has been studied from a sociological perspective. The way of understanding of trust in doctors, its nature, complexity was analyzed through direct, unfettered comments of forum participants – patients. Research technique dedicated to such purpose of the study is, among others, content analysis.

On the basis on the collected empirical material, a model of trust in doctors was constructed, with three overlapping levels: macro-, meso- and micro-trust. Macro-trust can be treated as a context for the dimensions of institutional trust.

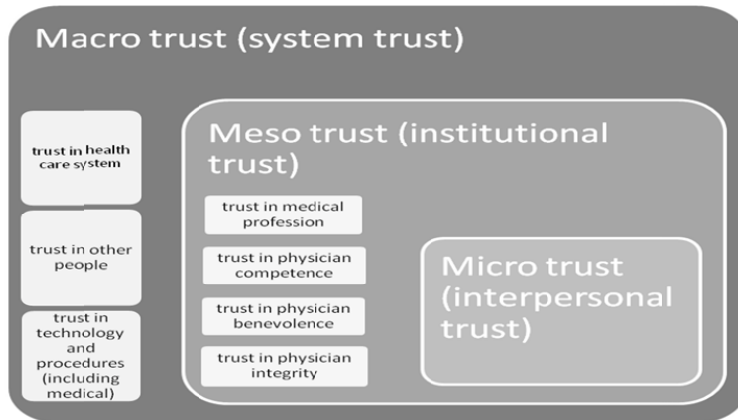


Figure 1. Conceptual model of trust in doctor-patient relationship  
 Source: own work.

This context is determined by the cultural background: the overall level of trust among people and the resulting willingness to co-operate with, e.g., one's physician, but also the level of confidence in the healthcare system or medical technology. Macro-trust promotes structural bonding of the doctor-patient relationship. Institutional trust in doctors, meanwhile, depends on patients' attitudes, as shaped by the macro context on the one hand and their own previous experiences and preconceptions on the other. Meso-trust is described in terms of three dimensions: benevolence, competence and integrity. The first of the dimensions, the most frequently mentioned by forum users, is defined as the manner in which they are informed about the state of their health, respect and empathy. Trust in the competence of physicians is primarily understood as the ability to accurately diagnose cases. Whereas integrity denotes commitment and a holistic approach to patients.

The particular circles/scales of trust are mutually interactive (Fig. 2). Macro-trust is a sort of basis which determines trust on lower levels, but is also supported by meso-trust, and to a lesser degree, by micro-trust.

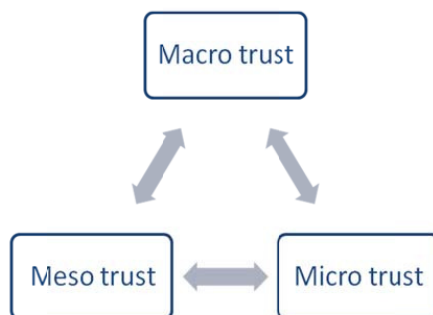


Figure 2. Interdependence among circles of trust  
 Source: own work.

Institutional trust is equally powerful since it impacts the other two levels, being at the same time supported by them. It is noteworthy that the erosion of institutional trust leads to a decrease in perceived quality of health services, but also to a decrease in macro-trust and

losses for the entire system (e.g. overconsumption of medical care). High level of institutional trust, on the other hand, is a factor that makes patients more tolerant of temporary drops in the quality of medical services.

Interpersonal trust, despite its limited range, but thanks to the direct and personal bonds it involves, ensures a permanence of the doctor-patient relationship, and has a bearing on the other levels of trust.

The study results show that trust in a doctor-patient relationship is a social, complex and multi-dimensional phenomenon. Actions taken within just one of the dimensions will not yield expected outcome. On the other hand, however, any attempts at improving the situation will trigger a synergy effect to infuse the relation between a doctor and a patient with multi-tiered trust, thus making it more effective, and – in the long term – more efficient. This is because a relationship based on trust will help avoid duplication of medical testing, non-compliance with medication regimens, unnecessary multiple appointments, and disregard for doctor's recommendations.

Trust, as a symbolic component of a relationship, can therefore be considered an indispensable condition for improving the effectiveness and efficiency of a health care system, because it permeates all the levels of a doctor-patient relationship. It eludes simple analyses of health economics, being rather part of multi-dimensional studies into the nature of relationship between service providers and service recipients, where involvement, reputation and communication are key words.

### **Methodological considerations**

The conclusions presented in the paper have been drafted based on a study conducted among a specific sample group: Internet users, i.e. persons who comprise 65% of society, mainly young, better educated, from large cities (Polskie Badanie Internetu, data from 2012). This means that the authors might have failed to investigate the opinions of, e.g., older people.

The online environment poses certain risks, but can also become a source of opportunities. On the one hand, the anonymity that the Internet ensures encourages message board users to express their opinions freely, boldly and often accurately. The absence of a researcher, or of an imposed interview script, makes the posts more valuable and free from any external influence. On the other hand, however, posting on Internet forums is often treated as a way to release tension and get rid of frustration associated with one's socio-economic circumstances.

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The authors report no conflicts of interest.

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