CHAPTER 1

INTRODUCTION

The Merriam Webster dictionary defines ‘trust’ as assured reliance on the character, ability, strength or truth of someone or something. Trust is as old as the social structure of human relations. The *Rig Veda*, the Hindu scripture talks about faith,

“Faith is composed of the heart's intention. Light comes through faith. Through faith men come to prayer. Faith in the morning, faith at noon and at the setting of the sun. O Faith, give us faith!” *Rig Veda* 10.151.4-5.

The first recorded use of the word ‘trust’ can be traced back to the 13\textsuperscript{th} century. The word is probably of Scandinavian origin. It can be traced to the word ‘treowe’ which meant truth or faithfulness. Robert Plutchick, the renowned psychologist has defined eight basic emotions which are biologically primitive and necessary for reproductive fitness of animals. Plutchick classifies trust as one among the eight primitive human emotions.[1] Human beings have a natural ability to trust and judge the trustworthiness of others. This has been attributed to the hormone oxytocin secreted in the brain.[2] Trust has been identified as the fundamental basis of all relationships within and between social groups. The measure of belief in honesty, fairness and benevolence of another person is defined as trust. Confidence is the belief in another person’s competence. Loss of trust will not happen if the transgression is perceived as a failure of competence, but trust will be
broken if the perception is transgression of honesty, fairness or benevolence.[3] According to social identity approach, trust in people is based on group memberships and identity. Trust is placed more on in-group members than out-group members.[4] Thus trust is also an indicator of the social capital.

Health care is a dynamic social institution and trust forms an integral part of human interactions with the health care system. Trust in health care is all the more important given the state of vulnerability inherent in illness. Patient trust in the physician has been defined as a collection of expectations that the patients have from their doctor.[5] Certain other researchers have defined patient trust as a feeling of reassurance or confidence in the doctor. [6] Another interesting definition of trust, which is apt for the health care setting is “an unwritten agreement between two or more parties for each party to perform a set of agreed upon activities without fear of change from any party”. [7] Further, health care trust can be manifested as trusting attitudes and trusting behaviors. These are not necessarily the same. While it is possible that a person may exhibit trusting behavior by seeking health care, the patient may not necessarily have the positive trusting attitude.[8] Trust in health care has been shown to lead to several important outcomes. Greater trust in health care providers leads to greater adherence to treatment, greater follow up, lesser need for second opinions, lesser need for extensive investigations, reduction in health care cost, and a perceived placebo effect of treatment. Moreover trust in health care is of intrinsic value. There is a lot of research on trust in health care from developed country perspectives. Most studies have emerged from the United States and the United Kingdom and some studies from Australia. These studies have looked at trust in doctors, nurses, allied health professionals, health insurers and the health system as a whole. They have studied the dimensions of trust and the factors which lead to or erode trust.
Nevertheless it is important to note that trust in health care in these settings are likely to be very different from trust in health care in developing countries. In developing health care settings where there is a deprivation of resources, lack of universal health access, low public expenditure on health care, high out of pocket expenditure on health and poorly regulated private practice, the dimensions and determinants of trust are likely to be very different. Economic factors, uncertainties in access to health, emotional factors and implicit acceptance of paternalism in clinical practice are all likely to operate in the health care setting thus leading to different dimensions. A sound understanding of trust in health care is important for proper assessment of the social dimension of health care delivery in these settings. Further questions that arise are whether trust in health care, hitherto understood in the developed country settings, would be different in the developing countries. The rationale for this research study is to gain an understanding of the concept of trust in physicians, its dimensions and determinants. Based on this understanding the research also aims at developing a psychometric scale to measure trust in physicians. In this thesis the steps in the research process are described sequentially from the initial qualitative exploration, the quantitative follow up survey, validation of a pre-existing Trust in Physician Scale, development and validation of a new trust in physician scale and finally an understanding of the perceptions of health care providers about trust in physicians. The findings of these studies are described with appropriate illustrations and data presentations. Finally the findings are discussed in the light of what is already known and the new findings explained. Directions for future research work are also outlined.