PMT Report Summary

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Final Report Summary - PMT (Paediatric medical trust)

Summary

This project found that interpersonal trust played a significant role in the medical treatment of children with serious illnesses. A qualitative study and a quantitative study were carried out. The qualitative study confirmed that mothers, children, and physicians reported that interpersonal trust played a crucial role in the medical treatment of children with asthma and diabetes. The quantitative study show that asthmatic children's trust beliefs in physicians and (in combination with) their mothers trust beliefs statistically predicts the children's adherence to prescribed medical regimes. The quantitative study will continued longitudinally in order examine whether those trust beliefs server as probable causes of adherence. The 'Paediatric medical trust' (PMT) will be used to develop guidelines for paediatricians regarding the role of interpersonal trust in the medical treatment of children with serious illnesses.

Research fellowship in detail:

Interpersonal trust in physicians by children with serious illnesses and parents is regarded as essential to the successful treatment of children with serious illnesses (Thorne & Robinson, 1989). Nuutila and Salanterä (2006) have argued that interpersonal trust between physicians and both children with asthma and their parents are critical to their adherence to medical regimes and, as a consequence, to their physical health, and quality of life. In that vein, it has been found that approximately 55 % of paediatric patients fail to adhere to medical regimes and such non-adherence seriously undermines successful medical treatment (World Health Organization, 2003; Drotar, 2000). If it was known that children's and / or parents' trust beliefs contribute to their adherence to prescribed medical regimes then it would be possible to promote the successful medical treatment of children with serious illnesses. Other researchers have highlighted the role of children's / parents' beliefs regarding the causes of illnesses in the medical treatment of children with serious illnesses (see Chateaux, & Spitz, 2006).

There is a scarcity of research regarding the role that interpersonal trust as well as beliefs about the causes of illness play in the medical treatment of children with serious illnesses. The current two-study, PMT research program, was designed to redress that oversight. The qualitative study examined the perspectives of children with serious illnesses (i.e. diabetes and asthma), their mothers, and the medical professions who treatment the children. The study assessed the perspectives of each of those stakeholder groups regarding the role that interpersonal trust plays in the medical treatment of children with serious illnesses. The quantitative study examined the relationships amongst:

(a) asthmatic children's trust beliefs in physicians;
(b) their mothers' trust beliefs in physicians;
(c) asthmatic children's beliefs regarding the causes of their illnesses;
(d) their mothers' beliefs regarding the causes of their children's illness;
(e) the children's adherence to medical regimes and (f) the children's quality of life.
Study 1

The participants were 10 children from 9 to 16 years old with asthma / diabetes, 9 of their mothers, and 6 medical professionals (doctors / nurses) who were responsible for the children's medical treatment. Two focus groups were carried out with mothers and one focus group was carried out with doctors / nurses. The children were interviewed individually regarding their perspectives on interpersonal trust in their medical treatment. The focus groups included probes regarding the characteristics of a trustworthy doctor, the characteristics of an untrustworthy doctor, and the role trust plays in an ill child's adaption to and management of his or her condition. The focus group discussions and interviews have been transcribed and a preliminary coding of them has been carried out. The following themes have been identified:

(1) health system influences (e.g. trust is formed not just towards individuals but is cemented as a result of a efforts of a team);
(2) perceived properties of trust in health care professionals (e.g. Professional registration, Promise of Realistic behaviour change;
(3) difference between 'like' and 'trust' (e.g. the distinction between honesty v complicity).

Further analyses of the focus groups and interviews are being carried out by Dr Sally Sergeant. The qualitative findings attest to the significance of interpersonal trust in the medical treatment of children with serious illnesses and suggest directions for promoting such trust.

Study 2

The participants were 358 children (252 boys) from 7 years - 8 months to 16 years - 7 months (M = 12 years - 6 months, SD = 2 years - 8 months) and their mothers. They were administered the measures on-line with the assistance of Asthma UK and other similar agencies:

(1) children's trust beliefs in physicians scale (Rotenberg et al., 2008);
(2) revised-illness perception questionnaire (Chateaux & Spitz, 2006) as a measure of children's and mothers' beliefs regarding the causes of illness;
(3) children's paediatric asthma quality of life questionnaire (Juniper et al., 1995);
(4) the general trust in physicians scale (Hall et al. 2002) as a measure of parents' trust beliefs in physicians;
(5) adherence to prescribed medical regimes by children (Hayford & Ross, 1989) as reported by parents;
(6) asthma problems of the school (e.g. frequency of asthmatic attacks and missing school because of the attacks) as reported by parents.

The children demonstrated serious asthmatic problems with the majority of them have 'asthma' attacks one a week or twice a week and missing school because of asthma attacks one a week or twice a week. As expected, children's trust beliefs in physicians was positively correlated with: (a) mothers' trust beliefs in physicians, r(356) = 0.33 p < 0.001 (b) the children's adherence to prescribed medical regimes, r(356) = 0.55 p < 0.001 and (c) the children's quality of life, r(356) = 0.31 p < 0.001. In addition, it was found that children's and mothers' beliefs regarding illness-based causes of illness were positively correlated with the children's adherence to prescribed medical regimes, rs(356) = 0.49 and 0.44 ps < 0.001 respectively. Hierarchical regression analyses showed there was an interaction between children's trust beliefs in physicians and mothers' trust beliefs in physicians in the prediction of children's adherence to prescribed medical regimes, ß = -0.34 p = 0.03. The results show that a combination of low children's trust beliefs in physicians and low mothers' trust beliefs in physicians were associated with very low adherence by the children to prescribed medical regimes.

The findings yield support for the hypotheses that:

(a) children acquire their trust beliefs in physicians from their mothers;
(b) as expected, children's trust beliefs in physicians predisposes them to adhere to prescribed medical regimes and to have a higher quality of life;

(c) there is an association between the belief that asthma is an illness (as held by children and their mothers) and children's adherence to prescribed medical regimes; and

(d) there is a ‘family effect’ in that children who are at the greatest risk for non-adherence are those with low trust beliefs in physicians and have mothers who hold low trust beliefs in physicians.

The children and their mothers in the quantitative study have agreed to complete the scales again in January / February 2013. They will be contacted at that time and asked to complete the scales. The resulting longitudinal investigation will permit the identification of probable causal relationships, including the principle that children's trust beliefs in physicians predisposes them to adhere to prescribed medical regimes and thus a high quality of life. The longitudinal research combined with the qualitative study will be submitted for publication in a high level journal (e.g. Journal of Paediatric Psychology).

Implications

The findings yielded by the PMT research programme will be used to develop guidelines for paediatricians regarding the role that children's (and parents') trust in physicians plays in the medical treatment of children with serious illnesses. The PMT findings will assist in the development of interventions that promote trust in physicians by children with serious illnesses and their parents.

References


Reported by

UNIVERSITY OF KEELE
Dorothy Hodgkin Building Room 1.84
ST5 3SA NEWCASTLE-UNDER-LYME
United Kingdom
See on map

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