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ORIGINAL PAPER

"Trust is built in an inner principle": an idiographic case study exploring the trust of a young man with chronic pancreatitis in healthcare professionals

Martina Tomagová, Juraj Čáp, Lucia Podolinská

Department of Nursing, Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava, Slovakia

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Abstract

Aim: The idiographic case study aimed to explore the trust of a person with chronic pancreatitis in healthcare professionals. *Design:* An interpretive phenomenological idiographic case study. *Methods:* Data collection was carried out through a semi-structured in-depth interview with a 29-year-old man with chronic pancreatitis. The purposive sampling of the participant was carried out according to feasibility criteria. Interpretative phenomenological analysis was used with the assistance of Atlas.ti 9 for data analysis. *Results:* Five interconnected personal experiential themes reflecting the trust of the participant in healthcare professionals were identified: Trust in healthcare professionals as an inner feeling; Active and partnership approach of healthcare professionals; Paternalistic approach and lack of interest of healthcare professionals in the patient; Expertise of healthcare professionals; and Linking trust in health professionals with the hospital ward environment, with 22 experiential statements. *Conclusion:* The participant considered trust to be an internal feeling of expectation that healthcare professionals would help him actively solve his health problems. The findings promote the implementation of patient-centered care and the partnership approach in the care of patients with chronic pancreatitis. The personal experience themes identified provide information for further qualitative research aimed at a deeper understanding of the lived experience of trust for patients with chronic pancreatitis.

Keywords: healthcare professionals, idiographic case study, interpretative phenomenological analysis, patient with chronic pancreatitis, trust.

Introduction

Trust is a key component of the partnership between a patient and a healthcare professional. It can be interpreted as the patient's belief or sense of certainty that the healthcare professional will show sincere interest in his needs and will try to fulfil his expectations, which is a basic prerequisite for the provision of quality healthcare services (Luo et al., 2023). Trust is the key to understanding the dynamics of social relations, to the extent that it is often viewed as the glue that holds society together (Schilke et al., 2021). If the behavior of the healthcare professional does not match the patient's expectations, it can strain or even destroy the patient's trust (Johnstone et al., 2018); in which case, it is not possible to build an equal relationship and effectively satisfy the specific needs of the patient (Ozaras & Abaan, 2018). Trust enables the provision of holistic care (Sandu et al., 2013) and person-centered care (Edgman-Levitan & Schoenbaum, 2021). It increases patient satisfaction with health care. Through its influence on a variety of therapeutic processes, it affects the coordination of care and the achievement of desired results, as a result of which it also has a positive impact on the quality of life of patients (Aerts et al., 2020). The concept of trust can be fostered by positive interactions and threatened by negative ones. Therefore, it is perceived as a dynamic and ongoing process, the important attributes of which are the professional competencies of healthcare professionals, including, for example, knowledge, level of involvement, sensitivity, authenticity, and confidentiality (Petrocchi et al., 2019; Rørtveit et al., 2015). Trust is especially important in the context of chronic illness, as a result of which patients are exposed to increased vulnerability, anxiety, uncertainty, loneliness, stigma, loss, powerlessness, more frequent contact with healthcare professionals and, in many situations, increased dependence on their care (Robinson, 2016). Trust has the potential to create hope (Rørtveit et al., 2015).

Corresponding author: Martina Tomagová, Department of Nursing, Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava, Malá Hora 5, Martin, Slovakia; email: martina.tomagova@uniba.sk

Both trust and hope involve the handling of uncertainties (Brown et al., 2015).

Chronic pancreatitis is an irreversible and progressive pancreatic disease and is associated with significant morbidity and mortality (Hart & Conwell, 2020; O'Brien & Omer, 2019). It is a chronic inflammatory disease of the pancreas that leads to irreversible pancreatic damage, resulting in both exocrine and endocrine dysfunction (Campagnola et al., 2023). The lived experience of patients with chronic pancreatitis is significantly influenced by the complexity of clinical manifestations of the disease, increased disability, increased hospitalization, high economic burden, and exacting therapy (Jalal et al., 2019; Müller et al., 2022). The quality of life of the patient is significantly reduced (de Rijk et al., 2023), and considerable difficulties in social and emotional functioning are present (Balliet et al., 2012). Phillips et al. (2020) described the incidence of anxiety and depression in patients with chronic pancreatitis in connection with chronic pain, functional decline, and greater burden of symptoms. Living with a chronic illness presents a threat to well-being. It also requires ongoing adjustment to all aspects of daily life and the use of appropriate coping strategies (Cheng et al., 2020; Kristofferzon et al., 2011). Qualitative research studies describe the wide spectrum of lived experiences of patients with chronic pancreatitis. Cronin and Begley (2013) associated the experience of those with chronic pancreatitis with the physiological, psychological, and social disruption of their lives. Shelton et al. (2020) links the experience of the patient with feelings of worry, helplessness, and adverse consequences of chronic pancreatitis on health-related quality of life, in particular, daily activities, and psychological well-being. Müller et al. (2022) details the experience of those with chronic pancreatitis with an unpredictable clinical course, a terrifying fear of death, and the tendency for others to reduce affected people to no more than their illness.

Due to the character of chronic illness, caring for these patients requires the establishment of a relationship of mutual trust between them and healthcare professionals (Venechuk et al., 2023). A case study can contribute to a better understanding of the trust experience and thus support the provision of person-centered care. This approach is especially apt when it is necessary to gain an in-depth understanding of the problem, event, or phenomenon of interest in its natural real-life context (Crowe et al., 2011).

Aim

The idiographic case study aimed to explore the trust of a person with chronic pancreatitis in healthcare professionals.

The research question was formulated as follows: What is the lived experience of trust in healthcare professionals of a person with chronic pancreatitis?

Methods

Design

An idiographic case study using interpretive phenomenological analysis (IPA) was adopted as the study design. IPA was used because this method offered the possibility of an in-depth exploration and analysis of individual accounts and the complexity of the patient's lived experience of trust in healthcare professionals in a social and personal context (Smith et al., 2022). The phenomenological analysis in IPA is enriched by an interpretative approach that allows us to understand and interpret the sense-making process of the lived experience of a particular participant.

Sample

Peter (participant's pseudonym), a 29-year-old male patient was diagnosed with chronic pancreatitis three years prior to the study, while he had experienced gastrointestinal complaints for about ten years. In line with the aim of the idiographic case study, the purposive sampling of the participant was based on the criteria of adult age, diagnosed chronic pancreatitis, without currently diagnosed depression, willingness to participate in qualitative research and informed consent. The participant was contacted through the University Hospital in Central Slovakia.

The participant was hospitalized for the purpose of re-evaluating the effectiveness of his current treatment and for the planning of new treatment procedures. Due to the progression of chronic pancreatitis and several health complications (e.g., chronic abdominal pain, malnutrition, weight loss, diabetes mellitus, exocrine pancreatic insufficiency), the participant was unable to work for a long period of time. The participant had a university degree.

Data collection

The first author, a trained researcher in IPA, conducted an in-depth semi-structured face-to-face interview based on the interview guide as a data collection method. At the beginning of the interview, an initial relationship was established, followed by questions about trust in healthcare professionals,

and supplemented with "going deeper" questions (Smith et al., 2022). The main questions focused on the meaning of trust in healthcare professionals, what supported and undermined trust, and how trust in healthcare professionals changed throughout the course of the illness. The interview took place during the participant's hospitalization in a quiet and private environment on the hospital ward in May 2022 following the end of the Covid-19 pandemic. The interview lasted 60 minutes and was recorded and transcribed verbatim. There was no previous relationship between the participant and the interviewer. Field notes focused on reflexivity were also used. Field notes are widely recommended in qualitative research as a means of documenting the necessary contextual information (Phillippi & Lauderdale, 2018).

Data analysis

The interpretative phenomenological analysis of Smith et al. (2022) was used with the assistance of Atlas.ti 9 for data analysis. Five steps of interpretative phenomenological analysis were applied in the analytical process: reading and rereading, exploratory noting, formulating experiential statements, searching for connections across experiential statements, and naming the personal experiential themes and organizing them. The first author made descriptive, linguistic, and conceptual comments on the interview transcript. In discussion with the second author, experiential statements were identified and grouped into personal experiential themes based on similarities and differences. To support the rigor and trustworthiness of the study, the authors proceeded according to Journal Article Reporting Standards for Qualitative Research (JARS-Qual) by Levitt et al. (2018) as recommended by Smith et al. (2022). In addition, an independent audit (Smith et al. 2022) of each step of analysis and interpretation of the findings by the third author was used to support methodological integrity. All comments and suggestions of the third author were discussed with the other authors until consensus was achieved.

Results

Five personal experiential themes were identified: Trust in healthcare professionals as an inner feeling; Active and partnership approach of healthcare professionals; Paternalistic approach and lack of interest of healthcare professionals in the patient; Expertise of healthcare professionals; and Linking trust in health professional with the hospital ward environment, with 22 experiential statements (Figure 1).

Trust in healthcare professionals as an inner feeling

Peter was aware of his helplessness with regard to the course and severity of chronic pancreatitis and was resigned to the decisions of his doctors: *"I am dependent on others... I try to trust the doctors; there is nothing else left for me."* Peter described trust in healthcare professionals as an *"inner feeling built on some inner principle"*, and at the same time, Peter also experienced it as a relational phenomenon based on *"the influence that a healthcare professional has."* Peter's emotional relationship with the healthcare professional played an important role in trust: *"antipathy and sympathy always play a role; it's difficult to say if it is prettier or uglier, but it definitely plays a role."* The building of his trust in healthcare professionals was a long-term process: *"trust was not built in one day; it developed over time"*. Peter considered the time interval in this process crucial, referring to it as *"factor number one"*, because it allowed the healthcare professional and the patient to get to know one another; time allowed *"the doctor to become familiar with my health status... and I [to] know this doctor."*

Active and partnership approach of healthcare professionals

Peter's trust was stirred by the personal approach of healthcare professionals, including the pleasant behavior of *"a smiling nurse"*, the willingness to help of *"the nurse [who] offered to buy probiotics for me"*, empathy: *"the doctor knew how to empathize"*, and the effort made to reassure him when he was experiencing uncertainty: *"that encouragement; the hospital is the hardest mentally."* At the same time, Peter's trust was strengthened by the interest of healthcare professionals in him as a person with various life experiences and common worries unrelated to his chronic pancreatitis.

Peter considered the introduction of the doctor to the patient a *"basic"* expression of polite behavior that showed respect for the patient. In his view, a partnership approach effected through the precise and detailed informing of the patient by healthcare professionals *"to explain objectively, comprehensibly... openly and to the point... professional information"* supported trust by respecting his individuality *("for me as a young person, who studies his own illness")* and autonomy *("I would make different decisions if I were 65 years old, I would decide differently if I were not even 30 years old; these are factors that I like, when doctors include them in my treatment")*.

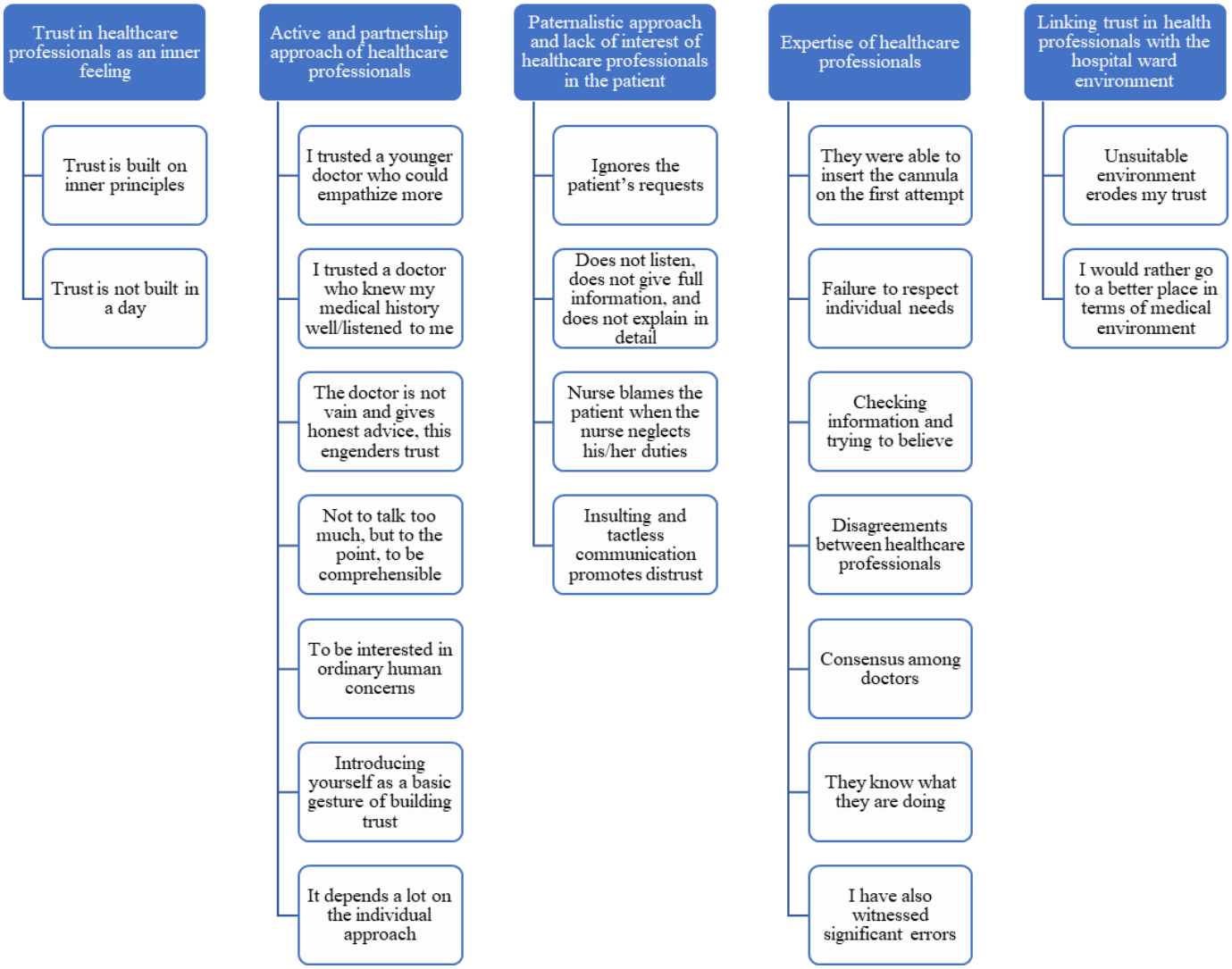

Figure 1 Overview of personal experiential themes and experiential statements expressing the participant's life experience with trust in healthcare professionals

Peter considered a doctor's willingness *"to admit that there is is something better"* as an expression of a partnership and a sincere relationship, increasing his trust: *"I truly appreciate that the most."* Peter trusted a doctor who knew his health status in detail *"I trust a doctor who knows my medical history well... listens to me."* The doctor's detailed knowledge of Peter's health status supported Peter's trust: *"the doctor knows me... the doctor will help me."* To build Peter's trust, it was also important for there to be mutual respect: *"the only good way is to go politely... yelling never does any good from any side, not from the patient's side or from the nurse's side."*

On the other hand, Peter considered the reporting of incomplete and inaccurate information by healthcare professionals to be *"misleading"*; this caused frustration and disappointment *"the patient will lose trust in the healthcare system, nurses, doctors, and the entire hospital."* Peter had had experience of misleading information from healthcare professionals: *"I had a long-term elevated C-reactive protein, and the doctor told me that it had fallen to 50, and at the visit I found out that it was not true."*

Paternalistic approach and lack of interest of healthcare professionals in the patient

Peter had had experience of a superior attitude from healthcare professionals, which *"worsens trust... psychological well-being."* He spoke of experiencing a lack of respect for the principles of decent behavior from doctors: *"I rarely saw a doctor who introduced himself"* and the irritable and even insulting behavior of nurses, *"when an angry nurse came into the patient's room and screamed."* Peter considered it tactless when nurses mocked him for being in hospital: *"I have come across nurses who will say 'you are a young boy and you're lying here.'"* Peter also had the experience of being accused by nurses of neglecting duties they themselves were responsible for: *"nurses spill urine, and they often blame it on the patient and shout at him... they say the patient did it."* Peter perceived the ignoring of his requests for help as a sign of disrespect towards him: *"often the nurses did not come when I called and needed something"*; nurses left patients to wait for help for an unreasonable time: *"for several hours no one came in the room"* and paid no attention to him: *"the doctor does not listen to me."* Peter tried, in this context, to understand the behavior of such healthcare professionals: *"I get it... I don't blame anyone"* and to do what he could to reduce his dependence on healthcare professionals. Meanwhile, the lack of respect for Peter's autonomy and his right to be informed – *"the doctor did not want to tell me the information only to my parents"* – undermined Peter's identity, reducing his dignity and autonomy.

Expertise of healthcare professionals

For Peter, the expertise of healthcare professionals was essential to experiencing trust since it *"elevates that trust."* Expertise is shown by demonstrating knowledge in patient care and deftness and skill in performing professional activities: *"I have good experience with nurses who were able to insert the cannula at the first attempt."* In relation to the application of knowledge, he said: *"the nurse knows what she is doing... calmly... professionally."* He noted the management of work by healthcare professionals oriented to the provision of care in a logical and systematic sequence: *"it is about how the nurse can handle it... She is not scared."* In his opinion, this pointed to the efforts of healthcare professionals to provide quality patient-oriented care: *"it affects the work of the clinic for the benefit of patients."* For Peter, correct management of health care also built trust, and this made it possible to rely on healthcare professionals: *"when they take my blood and send it to the laboratory, I have no doubt that it will definitely be my blood."* On the other hand, Peter had had experience of care that led him to doubt the expertise of healthcare professionals. Specifically, errors were made in the diagnosis of his gastrointestinal illness: *"they looked at the pancreas for a long time and did not take my blood for analysis... they scared me with talk of a tumor."* Peter had also had experience of mistakes in prescribed treatment, for example, a prescribed fast even when he was able to take food, wrongly prescribed medications, and confusion about drugs. Peter specified the errors of healthcare professionals regarding his nutrition: *"I am lactose intolerant and I have been given yoghurts that were not lactose free."* Peter considered the lack of respect for nutritional specifics of patients with gastrointestinal illness to be a sign of incompetence, the absence of an individual approach, and felt it to be *"absolutely unthinkable"* since it led to a deterioration in his health status *("I lost weight permanently in the hospital")* and to his experiencing disappointment, helplessness, and a quandary *("I was dependent on others... I refused food many times. I didn't want to starve... I don't know")*. Peter also considered incorrectly timed and organized care as manifestations of an unprofessional approach in healthcare professionals, and of poor interpersonal relationships between healthcare professionals: *"the head doctor and the head manager did not get along very well."* Peter's doubts about the expertise

of healthcare professionals were also fueled by differing opinions of healthcare professionals about his health problem: *"in the description from the CT that I have necrosis in my pancreas... the surgeon said that he did not see any necrosis."* With regard to Peter's perception of the future, he stated: *"the possibilities for the future, that's important, just having a vision of the future."* Peter's trust was also *"broken"* by the *"inconsistency of doctor opinions."*

Due to doubts about the professionalism of healthcare professionals, Peter checked the work of healthcare professionals and healthcare professionals' information: *"I asked what the nurse had given me and when and how."* He expressed doubts about the veracity of the information obtained from healthcare professionals: *"I waited for confirmation from other sources, so the information was taken with a pinch of salt."*

Linking trust in health professionals with the hospital ward environment

Peter's trust in healthcare professionals, the hospital, and the healthcare system was influenced by the environment of the hospital ward: *"a factor like the hospital ward environment certainly contributes to trust in the healthcare system and the hospital."*

Peter knew that healthcare professionals were not responsible for the quality of the hospital ward environment, yet despite this it affected his trust in healthcare professionals. Trust was reduced by the old and unrenovated hospital ward environment as it did not provide comfort: *"honestly my trust in the hospital and healthcare professionals is undermined by an environment in the hospital ward where I don't feel very comfortable... the toilet in the corridoron the hospital ward... all patients use one toilet, I don't have privacy in the toilet."* In contrast, respect for his privacy and intimacy and the provision of comfort in the hospital ward environment boosted his trust: *"sometimes the place is more important to me… a newer hospital, with a toilet as part of the patient room, where it is clean, nice... furnished rooms."* For Peter, this was a factor that affected his choice of hospital in the event of a deterioration in his health status. Despite the fact that this decision might risk the worsening of clinical symptoms of the illness, *"[he] would rather be hospitalized in a reconstructed hospital ward... even at the cost of a worse state of health."*

Discussion

Patient trust is considered a complex multidimensional phenomenon and an essential element of the interpersonal relationship with healthcare professionals (Pearson & Raeke, 2000; Rasiah et al., 2020). The participant in the qualitative study perceived trust primarily as an interpersonal relationship with the positive expectation that others would contribute to his well-being without causing harm (Zhang, 2021). The participant was aware of his own vulnerability, the uncertainty of the course of chronic pancreatitis, the difficulty of treatment, and his dependence on healthcare professionals. In this context, the participant expected that healthcare professionals would act in his best interests. The participant believed that healthcare professionals would seek solutions to correct his health status. Trust enabled the participant to have a positive perspective for the future. Trust has the potential to create opportunities for human beings to gain faith, hope, and meaning in life (Robinson, 2016; Rørtveit et al., 2015). Schiavon et al. (2017) report that hope is an important feature of the trusting relationship between healthcare professionals and patients with chronic illness. Hope and trust have especially important roles to play in coping with change, loss, and significant uncertainty (Ratcliffe, 2023).

The participant experienced trust as a dynamic and developing long-term psychological phenomenon resulting from mutual interaction with healthcare professionals (Robinson, 2016). Pearson and Raeke (2000) also noted that interpersonal trust is built up by repeated interactions through which expectations about a person's trustworthiness can be tested over time. For the participant, it was key that the doctor knew his health status in detail. Communication with healthcare professionals is considered an essential factor in the building of patient trust (Dang et al., 2017; Shaya et al., 2019). Peter perceived this in a similar way. For him, communication with healthcare professionals represented an interest in his person rather than just an interest in his chronic pancreatitis. This involved respecting him as an adult and as an autonomous university-educated individual who needed clear, accurate, and detailed information about his health, treatment, and care. The experience of an active approach, pleasant and polite behavior, empathy, and efforts to reassure him – characteristics of a humane manner (Carvajal & Sánchez-Herrera, 2018) and person-centered communication (Asan et al., 2021) – were important to him in creating trust.

The role of healthcare professionals in the care of patients with chronic illnesses is no longer strictly one of healing; it also involves accompaniment, solicitude, and guidance as patients undertake self-care. Pokhilenko et al. (2021) similarly emphasize that a patient's trust in health care is affected by patient involvement in medical decision-making. However, the paternalistic approach of healthcare professionals significantly reduced the trust of the participant. Healthcare professionals contributed to reducing the participant's trust mainly by refusing to provide information about his health status and therapeutic plan. The building of the participant's trust was also affected by the expertise of healthcare professionals. This expertise was shown through their knowledge of his illness, treatment, nursing care, and through the application of professional skills. The expertise of healthcare professionals is an essential factor associated with trust in the partnership between a patient and a healthcare professional (Shaya et al., 2019). The participant also considered the management of healthcare in a systematic and logical order to be part of the professionalism demonstrated by healthcare professionals and it supported his trust in them. Uncoordinated care and lack of cooperation between healthcare professionals are considered a source of frustration and are among the most frequently mentioned barriers in the trust building process (Schwarz et al., 2022).

The trust of the participant in healthcare professionals was influenced by his experience of the environment of the hospital wards where he was hospitalized. The absence of comfort and privacy in the hospital ward environment reduced the trust of the participant in the hospital, the healthcare system and healthcare professionals. Patient trust in healthcare services is considered as institutional trust (Smith, 2017). Hospitals build trust in patients through a multidimensional set of actions, including provision of a clean and comfortable environment (Greene & Samuel-Jakubos, 2021). The perceptions of the participant of the environment of the hospital wards strongly influenced the relationship between his interpersonal and intistutional trust. The link between interpersonal and institutional trust of patients is also described by Mohseni and Lindstrom (2007), Greene & Samuel-Jakubos (2021). In particular, Greene & Samuel-jakubos (2021) stated that the combination of the behavior of healtcare professionals and hospital related factors, such as hygiene and safety of the healthcare facility, are associated with patient trust.

Limitation of study

The presented analysis and interpretation of the data were influenced by the background of the authors. The first and second authors are nurses, and the third is a philosopher and qualitative researcher. However, this is consistent with IPA, since double hermeneutics is an integrated part of this method, which acknowledges the active role of the researcher in the interpretation process. In addition, the participant's experience of trust may have been influenced by the fact that the interview was conducted during the Covid-19 pandemic. Finally, qualitative research and the results of an idiographic case study in particular cannot be generalized; however, they can, nevertheless, contribute to an understanding of the individual specifics of the participant's lived experience.

Conclusion

The idiographic case study allowed us to explore the trust in healthcare professionals of a patient with chronic pancreatitis. The results of the qualitative study reveal the unique lived experience of the participant with chronic illness of the trust between the patient and healthcare professionals. The participant experienced vulnerability and insecurity. The results indicated that trust was a vital element for the participant's relationship with healthcare professionals. The participant considered trust to be an internal feeling of expectation that healthcare professionals would help him actively solve health problems. At the same time, it was important for the participant that his autonomy and identity were respected. The findings promote the implementation of patient-centered care and the partnership approach in the treatment of patients with chronic pancreatitis in order to build trust in healthcare professionals. The personal experience themes identified provide information for further qualitative research aimed at a deeper understanding of the lived experience of trust in patients with chronic pancreatitis.

Ethical aspects and conflict of interest

Before the interview, the participant was informed of the objectives of the study and assured of anonymity and confidentiality and that his participation was voluntary with the possibility of withdrawal from the study at any time without prejudicing his further care. A pseudonym was used to maintain anonymity. The study was approved by the Ethics Committee of the Jessenius Faculty of Medicine, Comenius University (No. EK 21/2020). The authors declare no conflict of interest.

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Author contributions

Design and methodology (JČ), selection of research sample (MT), data collection (MT), data analysis (MT, LP), interpretation (MT, LP), peer debriefing (JČ), drafting the article (MT, JČ, LP), revising it critically for important intellectual content (JČ).

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