Centre for health Systems Research & Development

Development and validation of a socioculturally competent trust in physician scale for a developing country setting

CITATION

ABSTRACT

Abstract: Trust in physicians is the unwritten covenant between the patient and the physician; that the physician will do what is in the best interest of the patient. This forms the undercurrent of all healthcare relationships. Several scales exist for assessment of trust in physicians in developed healthcare settings, but to our knowledge none of these have been developed in a developing country context.

Objectives: To develop and validate a new trust in physician scale for a developing country setting.

Methods: Dimensions of trust in physicians, which were identified in a previous qualitative study in the same setting, were used to develop a scale. This scale was administered among 616 adults selected from urban and rural areas of Tamil Nadu, south India, using a multistage sampling cross-sectional survey method. The individual items were analysed using a classical test approach as well as item response theory. Cronbach's α was calculated and the item to total correlation of each item was assessed. After testing for unidimensionality and absence of local dependence, a 2 parameter logistic Semajima's graded response model was fit and item characteristics assessed.

Results: Competence, assurance of treatment, respect for the physician, and loyalty to the physician were important dimensions of trust. A total of 31 items were developed using these dimensions. Of these, 22 were selected for final analysis. The Cronbach's α was 0.928. The item to total correlations was acceptable for all the 22 items. The item response analysis revealed good item characteristic curves and item information for all the items. Based on the item parameters and item information, a final 12-item scale was developed. The scale performs optimally in the low-to-moderate trust range.

Conclusions: The final 12-item trust in physician scale has a good construct validity and internal consistency.