



TRUST LEVELS are consistently correlated to a patient's decision to follow a health-care provider's recommendations. The more patients trust their health-care providers, the more likely they will follow recommendations for treatment and continue doing business with them in the future.



AUDIOLOGY AND PATIENT TRUST

BY KRIS ENGLISH AND GYL KASEWURM

Building and establishing relationships of trust with patients and referral sources can be extremely challenging. Audiologists could be pardoned for sometimes wondering if, within the field of health care, we have more than our share of challenges in this area. When we sit down with a new patient for the first time, it is not uncommon to notice one or more resistance indicators—years of waiting, minimal enthusiasm for improving the status quo, and second-hand reports from friends and family about hearing aids that did not help. It is a tough position to be in—we’ve only just met this person, yet already we are playing catch-up in the trust department.

It seems that people are becoming more and more cynical of professional service providers, which is not surprising considering that a reputation can be ruined in a matter of seconds by a disgruntled patient on Twitter. Unfortunately, many inexperienced or impatient audiologists would rather “close a sale” than take the requisite time to build a relationship that will result in patient trust. Even when patients are eager for help and open to suggestions, there still is the matter of us. Why does a patient trust us? What can we say and do to be worthy of that trust, and is it important to try?

These are important questions to consider, especially the last one—is it important to try? The evidence in the “trust literature” strongly indicates

yes. Trust levels are consistently correlated to a patient's decision to follow a health-care provider's recommendations (for example, see FIGURE 1). Simply put, the more patients trust their health-care providers, the more likely they will follow recommendations for treatment and continue doing business with them in the future. Hall et al (2002) contend that of all the variables that affect patient success, trust "may prove to be the most fundamental relationship attribute, one that pervasively affects behaviors, outcomes, and other attitudes."

Intend to Adhere to Rx?

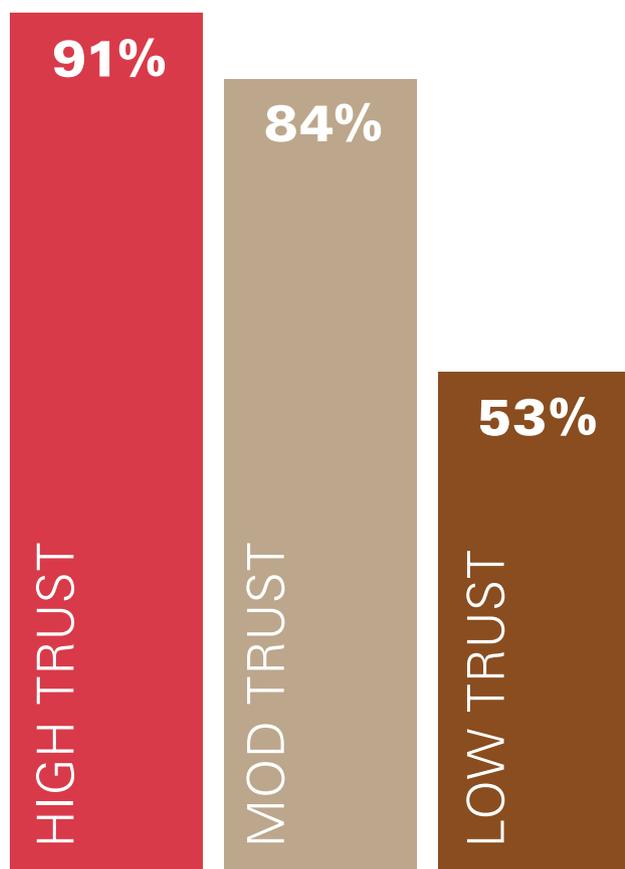


FIGURE 1. Thom et al (2002) categorized 732 patients as having high, moderate, or low trust per scores on the Patient Trust in Physician Scale. The higher the trust level, the more often patients said "yes" to the question, "Do you intend to follow your doctor's advice?"

In many respects, our ability to engender patient trust may be the most important asset of an effective audiologist (Taylor, 2009). And yet, although "we know it when we see it," we may be hard pressed to describe trust. Our working definition is drawn from Thom et al (2004), who describes trust as "the acceptance of a vulnerable situation in which the truster believes that the trustee will act in the truster's best interests." The truster—that is, our patient—will not immediately assume we are trustworthy. This "state of grace" has to be earned. As the "trustee," we bear the professional burden of demonstrating our trustworthiness. How is this done?

To Trust or Not to Trust?

Patients decide to trust us when they perceive that we are technically competent, we put the patient's welfare first, and we possess interpersonal competence (Thom et al, 2004). In addition to providing complete and honest information, interpersonal competence includes the ability to build relationships, listen, understand, and express care. These interpersonal skills are demonstrated by both "word and deed"—what we say, how we say it, what we do, and how we do it. Since audiology especially struggles with patient adherence, we must give particular consideration to words and deeds that engender trust. Following are four field-tested suggestions for consideration; however, we conclude with a call to action for a more scholarly approach to this topic.

One: Effective Communication Builds Trust

Listening

One of the hallmarks of a successful audiologist is the ability to be a skilled listener. The basis of a successful patient consultation is being able to ask probing questions and then patiently wait for the answers. Asking effective questions and taking the time to really listen and evaluate the answers is a skill that develops with time and experience. Gathering information about a patient will enable an audiologist to effectively assess patient needs and develop the most appropriate solutions that address those needs. Being a good listener is not an easy skill to acquire, especially when sitting face to face with a patient explaining his or her hearing loss for what seems to be the 100th time. It is easy to anticipate what you think a patient is going to say and jump to a solution before a patient is ready to accept it. It is important to give patients time to relate their hearing problems in a friendly and relaxed

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environment and not to rush to a conclusion before the patient is ready to accept one.

Fully attentive listening means undistracted listening. For instance, while it is a common and effective practice today to use computers to record patient notes, we must keep our eyes on patients as much as possible. Otherwise, no matter what we say, we will not appear to be really listening to everything they have to say.

Our Turn in the Conversation

For our part, we respond to indicate our understanding of a patient’s situation, and advance the conversation with our recommendations. The more effectively we respond to our patients’ concerns, the more opportunities we create to earn a patient’s trust (Taylor, 2009). However, effective communication skills cannot be taken for granted; even the most technically proficient audiologist is doomed to fail if he or she is unable to discuss solutions or the price of those solutions with a patient.

The importance of effective communication skills was supported by a recent meta-analysis (Zolnieriek and DiMatteo, 2009), which reported a strongly positive and significant relationship ($p < .001$) between patients’ decisions to adhere to health recommendations and their health-care providers’ ability to communicate effectively. Specifically, the authors found that the odds of adherence to recommendations are 2.16 higher if we communicate effectively with our patients.

But what exactly is effective communication? According to patients, effective communication occurs when the health-care provider (Fiscella et al, 2004)

- elicits and validates patients’ concerns,
- inquires about patients’ ideas and expectations,
- assesses the impact of symptoms on functioning, and
- responds to patients’ emotional distress with empathic language.

Readers will recognize that effective communication as described here is consistent with counseling skills described in audiology literature (Clark and English, 2004).

Two: Satisfaction Builds Trust

Patients who achieve new and sometimes difficult goals for their hearing health do so in large part because they are actively involved in the process of learning to hear better, and realize that satisfaction is directly related to their effort and involvement in that process. Audiologists who

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work in true partnership with their patients are not satisfied until their patients are satisfied, and never assume that “all is well” but are continually checking in with their patients and having honest dialogues about whether their expectations are being met. However, it is critical to remember that patient satisfaction is often transient.

A patient may be satisfied today but become dissatisfied tomorrow if an expectation isn't met or if they feel that we are rushing through an appointment or exhibiting an uncaring attitude. We can't expect a patient to reveal every fear, bias, or concern they have regarding better hearing the first time we meet with them. This intimacy should evolve over time as the level of patient trust increases.

Three: Good Business Builds Trust

We cannot expect to earn our patients' trust if we provide faulty products or low-quality services. People want value for their hard-earned dollars. We should strive to add value to the relationship by only offering the best. When we give our word that we will deliver a product or service, make sure it can be done as promised and in

a timely manner. Nothing destroys a relationship faster than broken promises. It's rare for many customers to get service that goes above and beyond what's expected. If we exceed client expectations, we will gain a competitive advantage while building patient trust. Once in a while, however, a product or service just doesn't work out for a patient, and when this happens, the best and sometimes only way to remedy dissatisfaction is to give the patient their money back.

Four: Truth in Advertising Builds Trust

Through the decades, audiologists have typically marketed directly to consumers, using traditional advertising media as the primary method for acquiring new patients. Consider the number of messages that an average patient receives each day. It is not surprising that a patient would doubt an audiologist's motivation when our typical marketing messages are filled with ads that promote “two for one” or read, “Wanted: 30 hearing-impaired persons for a special study.” Many of the messages communicated by audiologists to consumers throughout the years have



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been related to products and technology, and really don't promote the benefits of better hearing or the advantages of working with a qualified audiologist. Many patients don't seek the help of an audiologist until they have seen multiple ads promoting low-cost and easy solutions to their complicated hearing problems. Unfortunately, it may take a great deal of time and multiple patient visits to dispel the notion that successful outcomes are inevitable and can be accomplished easily with little effort from the hearing impaired consumer.

To help patients focus on us and our desire to earn their trust, marketing efforts of an audiologist should promote the benefits of better hearing and the need to work with a qualified and patient-centered professional rather than promoting specific products and/or price specials. Too often, audiologists take the easy way out and rely on ads developed by manufacturers that focus on products instead of developing their own marketing campaigns that promote the personal brand of their business.

Product-focused marketing can mislead patients into believing the more that they spend, the better the solution will be, and this can create unrealistic expectations. Our goal should be to educate consumers on the benefits of better hearing while also reminding them of the integral role that the audiologist will play in that process. Patients who are misled into believing that a product alone will solve their problem are almost always dissatisfied, and that dissatisfaction will not lead to a trusting relationship with the person who sold them that product, namely us.

A Call for Action

Since trust levels are correlated to patient adherence, we've offered four suggestions to help engender patient trust in audiology practice. However, the profession must move beyond suggestions and address the topic of patient trust with our own evidence. Unlike medicine, audiology currently has no way to measure patient trust, except informally through patient retention and word-of-mouth referrals. We would be naïve to assume that a systematic understanding and evaluation of patient trust is not necessary. Should we adapt one or more of the existing trust scales designed for medicine? Or should we develop a scale that specifically addresses audiology concerns? Trust is a key consideration, as patients decide whether to pursue hearing help. As an issue so closely related to patient success, our attention to patient trust is overdue. 

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