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**Proceedings Paper:**

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<https://doi.org/10.1136/bmjopen-2021-qhrn.60>

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engage local leaders and influencers, provide broader health services, and build in gender considerations to establish trust between members of the public and the public health system.

## Theme: What makes good communication: exploring the role of trust and truth in cultivating meaningful health communication

Day 1: Thursday 18<sup>th</sup> March – 13.35-14.55

### 21 INTENSIVE CARE PATIENTS' EXPERIENCES AT POST-ICU DISCHARGE FOLLOW-UP CLINIC. ENSURING COMMUNICATION AND EMPATHY AS THE CORNERSTONES TO DEVELOPING TRUST AND PATIENT-HEALTHCARE WORKER RELATIONSHIPS

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10.1136/bmjopen-2021-QHRN.59

**Introduction** Post Intensive Care Syndrome (PICS) describes the health problems that remain after critical illness. PICS has become an increasingly recognised problem in survivors of severe critical illness. These problems fall into three broad categories: physical, cognitive, and psychiatric impairment.

**Methods** After commencing a post-ICU discharge clinic to enable follow up of ICU patients post-discharge, we conducted a Phenomenological study exploring and illuminating the experiences of the first patients referred to the clinic. The data was analysed using Interpretative Phenomenological Analysis, identifying two superordinate themes.

**Results** The superordinate-theme 'I have a voice: you're just not listening' had three themes; Patience, not predictive text-describing patient's frustrations at people's inability to wait for their prolonged communication to finish; 'Yes, I did just say that'- describing patient's frustrations that people were not accepting they were having have bad days too; 'Talk to the hand'- describing patient's frustration at people not picking up on body language when they couldn't use their mouth.

The superordinate-theme 'Wear my shoes: empathic understanding' had three themes; 'Care not pity'- describing patient's need to have their carers help them to get better rather than feel sorry for them; 'From the minute I wake up'- describing patient's need to have people show empathy at all times, as a single lack of it is devastating; 'Small things are massive'- describing patient's need for people to see what might seem a small issue can be overpowering at that moment.

**Conclusions** Whilst empathy and communication are often discussed as vital aspects of patient care, this study provides context and examples of how they impact everyday practice for all healthcare staff, allowing the formation of trust and a conducive patient-healthcare worker relationship. This contextualised and humanised approach to patients will guide ICU staff in how to improve the management of future ICU patients.

### 22 TRUTH AND TRUST IN TREATMENT ADHERENCE: A QUALITATIVE STUDY OF THE IMPACT OF ELECTRONIC MONITORING OF ADHERENCE TO NEBULISER TREATMENT ON THE PATIENT-HEALTHCARE PROFESSIONAL RELATIONSHIP

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10.1136/bmjopen-2021-QHRN.60

**Background** Healthcare professionals often expect that people with cystic fibrosis should be adhering to complex daily treatments regimens. Until the recent onset of technology such as electronic monitoring of nebuliser treatments, clinical teams had to trust that their patients were truthful in their subjective adherence reports. However, trust in this relationship goes both ways; patients also had to trust that their clinical team believed them.

**Aim** To explore acceptability of an intervention to increase adherence to nebuliser treatment in adults with cystic fibrosis.

**Methods** We interviewed 22 patients and 26 interventionists about their views of the intervention. We used deductive and inductive framework analysis to analyse the results.

**Results** We found that issues of trust and truth regarding subjective treatment adherence had a great impact on the relationships between clinical teams and patients. For some patients the introduction of objective data provided proof of adherence that gave them confidence that their clinical team now had to believe them; however, for others it meant that they could no longer hide the truth about low adherence and had to face up to how this affected their relationship with the clinical team. Healthcare professionals talked about how prior to having objective data, despite wanting to believe patients, judgements had often been made about whether to believe patients' subjective adherence, without evidence. Proof of adherence, or non-adherence was a starting point to facilitate honest discussions that may have been harder to initiate otherwise. However, the key to using adherence data was for clinical teams to build a trusting clinical-patient relationship by maintaining a non-judgemental approach which encouraged patients to be truthful.

**Conclusions** Issues of trust and truth are important in building relationships between people with cystic fibrosis and the clinical teams involved in their care in this new electronic monitoring intervention.

### 23 HOW PHYSICIANS' TRUST IN THEIR PATIENTS IMPACTS THEIR COMMUNICATION AND DECISION-MAKING PROCESSES

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10.1136/bmjopen-2021-QHRN.61

**Background** Patients' trust in physicians has been identified as essential to establishing relationship, receiving reliable information and treatment adherence. Less is known about physicians' trust in their patients. Physicians' trust may play an important role especially during complex, long-term relationships with patients dealing with a chronic illness such as Diabetes.