ORIGINAL RESEARCH SUMMARY

Physicians' trust in Medical Science Liaisons

AK BEHAVIORAL SCIENCES

Advancing trust in scientific exchange

How perceived trustworthiness relates to physicians' willingness to act on scientific information

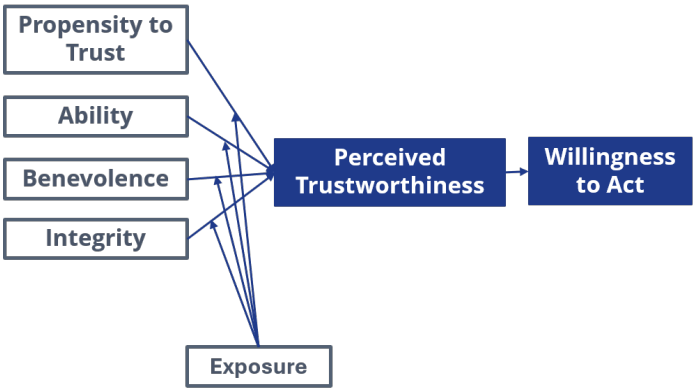
64.8%

β = .81 p < .001

Perceived MSL trustworthiness explains **64.8% of the variance** in physicians' stated willingness to act on MSL-provided scientific information. But wait, there's more...

RESEARCH MODEL

What drives trust early in a relationship *should* differ from what drives it later.



METHODOLOGY

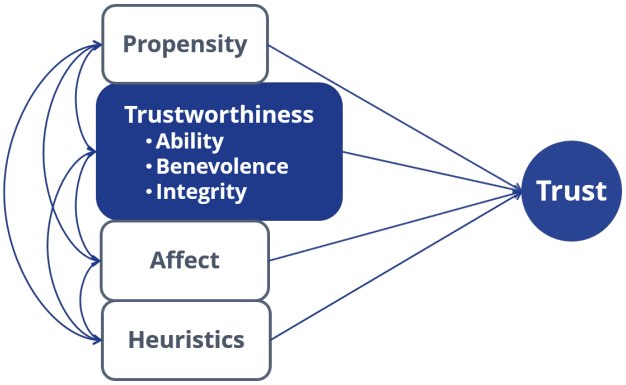
- **Design and sample.** Cross-sectional survey of 135 U.S. physicians treating rare/orphan diseases who had MSL contact in the prior 12 months and rated the last MSL contacted.
- **Trust measures.** 27 items measuring propensity to trust, perceived trustworthiness (ability/benevolence/integrity), and willingness-to-act items on seven-point scales, plus five numeric items measuring amount of contact between the two parties.
- **Contact (Exposure).** Estimated total relationship minutes: RD × [(SCF × SCD) + (ACF × ACD)]. RD is relationship duration (years); other terms are synchronous/asynchronous contact frequency and duration.
- **Analysis.** Simple and hierarchical regressions; log-exposure moderation. N = 135 exceeded the a priori target of 114.

KEY TRUST FINDINGS

- **Physicians who trust act.** Nearly 65% of the differences across physicians' willingness to act on an MSL's scientific information was explained by trustworthiness.
- **Contact had no influence.** Contact frequency, contact duration, relationship duration, and mode of communication (synchronous/asynchronous) did not influence propensity to trust, ABI trustworthiness dimensions or willingness to act.
- **Mode had no influence.** The amount of contact that was synchronous vs. asynchronous (i.e., in-person, video call, phone vs. email) had no effect on trustworthiness.
- **Ability and benevolence matter most.** Integrity did not add anything unique to the model when predicting willingness to act.

A MORE COMPLETE UNDERSTANDING OF TRUST

Trust is the willingness to be vulnerable.



Scope of this study: Affect and heuristics were not directly measured.

WHAT THE FINDINGS SUGGEST

Trust turns scientific exchange into informed action by reducing unnecessary hesitation and accelerating informed action that benefits patients. The results support selecting, developing, and assessing field medical personnel to make scientific competence and genuine concern observable. Meanwhile, integrity remains essential but is not necessary to signal. The findings also suggest that, although interaction volume can lead to other positive outcomes, it should not alone be used to infer trust, nor should it be used as a strategy to strengthen trust. Perhaps more than anything, the findings make clear that trust in MSLs matters. It must be treated deliberately and not as a matter of personal style.

Source: O'Rourke, J. P. (2026). *Physicians' trust in medical science liaisons and willingness to act on scientific information* [Doctoral dissertation, The Chicago School].
Models: Mayer et al. (1995); Baer & Colquitt (2018).

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