



Trust Relationship of Patients with The Dentist and The Hospital

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ABSTRACT

Introduction and Purpose: In this study, it was aimed to determine the level of trust in the physician of the patients who applied to the dental clinic and to reveal whether this level shows a statistically significant difference according to socio-demographic and other characteristics.

Materials and Methods: This research consists of patients who applied to the dentistry clinic in Antalya province between May 25 and June 10, 2022. No sampling selection was made in the study, and data were collected from 311 patients in this context.

Results: According to the results of the analysis, it was found that the trust level of the patients to the physician was high (3,78 / 5,00). The level of trust in the physician and the ownership status of the health board were statistically significant but there was no statistically significant difference according to other characteristics (age, gender, income, and employment status) except income status ($p < 0.05$).

Conclusion: Patients have a high level of trust in the physician. A high level of trust in the physician is thought to be important in the context of patients' active participation in the treatment process.

Keywords: Dentist, patient, clinic, trust, health, communication

INTRODUCTION

The trust factor of the parties to each other plays an important role in doctor-patient relations. The existence of this relationship has always been discussed from the past to the present. Maintaining healthy relationships is important for both the patient, the physician and the external environment. The element of trust, as an abstract concept and content, plays an important role in decisions and preferences.

The negativities arising from the damage of the trust factor cannot be handled in a one-dimensional way. The element of trust is a reality that we live as a sociological concept far beyond the relations between the patient and the physician, and it

contains many uncertainties (5).

It is very difficult, even impossible, to satisfy, direct and achieve success in a subject whose reliability is discussed, and it contains many risk factors (4).

Ease of access to information and technological developments have not only differentiated the treatment options and expectations of patients, but also increased the level of treatment and expectation, while offering a wide choice in the field of dentistry along with other sectors (3). It is a fact that the element of trust lies at the basis of the needs of seeking dentists and clinics that can fulfill the expectations of patients for oral and dental

health at the highest level.

In this respect, trust plays an important role in dentist-patient communication and forms the basis of the relationship. Basically, the element of trust is a feature that includes sincerity and honesty, but also includes the knowledge and experience of the dentist's skills.

In addition to these features, the protection of privacy is also an important question of trust. For the success of the treatment process and for the expectations to be realized at the highest level, this level of trust at the beginning must be at the highest level and not be damaged in the following processes. Many factors are effective in trusting the physician (2).

An erroneous approach and negativities in the treatment process cause patients to lose their respect and trust in the dentist and the clinic they work in.

In this study, the variability of the patients' trust in dentists in Antalya province was evaluated statistically and it was tried to determine whether the variables in the trust factor were statistically significant.

TRUST IN THE PHYSICIAN

MATERIALS AND METHOD

The population of this cross-sectional study consists of patients who applied to public and private dental clinics in Antalya. No sampling selection was made in the study, and data were collected from 311 patients in this context. The data of the study were obtained from the patients who applied to the dentistry clinic in Antalya between May 25 and June 10, 2022. The data were collected by face-to-face interview method and the informed consent of the participants was obtained.

Data collection tool

A questionnaire consisting of two parts was used as a data collection tool. In the first part, the "Confidence in the Physician Scale", which was developed by Anderson and Dedrick and adapted to the Turkish culture by Deniz and Çimen (3), was used in order to determine the level of trust in the physicians of the patients. The scale consists of 11

items. Items in the scale; It was evaluated on a 5-point Likert scale as (1) strongly disagree, (2) disagree, (3) undecided, (4) agree, (5) strongly agree. The Cronbach's Alpha coefficient of the scale was determined to be 0.90 Deniz and Çimen, (3). The second part consists of 10 questions in total to describe the socio-demographic and other characteristics of the patients (gender, age, marital status, educational status, employment status, average monthly income of the family, income status, health status generally applied to and the number of applications to a health institution in the last year). It is a personal information form.

In this study, the scale of trust in the physician was calculated as Cronbach's Alpha 0.79. In social science research, values of 0.70 and above indicate that the scales are reliable.

(1) Analysis of data

Analyzes were performed using the Jamovi 2.2.5 solid package program. Before starting the data analysis, data editing was done. In this context, items 1, 5, 7 and 11 in the trust in physician scale were recoded. Since the skewness and kurtosis values are in the range of (+1-1), the data set shows a normal distribution. Therefore, parametric tests were used in the analyses. During the analysis of the data, descriptive statistical methods (such as percentage, mean) and difference analyzes (dependent sample, t-test and one-way ANOVA) were performed.

FINDINGS

In the second part, there are questions to determine the demographic characteristics of the participants. When Table 1 is examined, 52% (159) of the patients answering the questionnaire are female, 48% (147) male; 26.8% (82 people) 25 years and younger, 26.1% (80 people) 26-35 years old, 24.2% (74 people) 36 - 45 years old, 14.7% of them (45 people) are in the age range of 46 - 55, 8.2% (25 people) are in the age range of 56 and over. 60.7% (182 people) of the patients are married, 39.3% (118 people) are single, 12.6% (38 people) are literate, 9.6% (29 people) are primary school graduates, 12.3% (37 people) are secondary school graduates, 18.9% (57 people) are high school graduates, 15.6% (47 people) are

Table 1. Descriptive Findings Regarding Patients

Variables	Feature	N	Valid Percentage %
Gender	Woman	159	52
	Male	147	48
Age	25 and below	82	26.8
	26 - 35	80	26.1
	36 - 45	74	24.2
	46 - 55	45	14.7
	56 and above	25	8.2
Marital status	Married	182	60.7
	Single	118	39.3
Education Status	Literate	38	12.6
	Primary education	29	9.6
	Middle School	37	12.3
	High school	57	18.9
	Associate Degree	47	15.6
	Licence	82	27.2
	Master-PhD	12	4.0
Working Status	Working	165	55.7
	Retired	41	13.9
	Not working	90	30.4
Average Monthly Family Income	4.253.00 TL and below	123	40.7
	4.254,00TL- 8,500,00TL	129	42.7
	8,501,00TL – 12,750,00TL	38	12.6
	12,750.00TL and above	12	4.0
Income Status	Income less than expenses	145	47.9
	Income equals expense	129	42.6
	Income more than expenses	29	9.6
Usually Applied Health Institution	Public-state	203	66.3
	Private	103	33.7
Number of application to the health institution in the last year	1	49	16.0
	2	75	24.5
	3	72	23.5
	4	55	18
	5	55	18

associate degree graduates, 27.2% (82 people)) are those who have a bachelor's degree, and 4.0% (12 people) have completed their master's / doctorate. While 55.7% (165 people) of the surveyed patients are working in a job, 13.9% (41 people) are retired and 30.4% (90 people) are not working in any job. In terms

of monthly income, 40.7% (123 people) of the patients have 4253 TL and below, 42.7% (129 people) between 4254 TL - 8500 TL, 12.6% (38 people) between 8501 TL - 12.750 TL, 4.0% (12 people) 12.750 TL or more. According to the income status of the patients, 47.9% (145 people) have less income, 42.6% (129 people)

have income equal to expenditure, 9.6% (29 people) have income more than expenditure. In terms of the health institution applied for, 66.3% (203 persons) of the patients prefer public/state and 33.7% (103 persons) prefer private health institutions. 16.0% (49 people) applied to a health institution (hospital/clinic) once in the last year, 24.5% (75 people) twice, 23.5% (72 people) 3 times, 18.0% (55 people) 4 times, 18.0% (55 people) 5 or more times.

The answers of the patients who answered the questionnaire to the questions of the physician confidence scale are shown in Table 2. Accordingly, the average score of the answers given to Question 1 was $\bar{X}=4.05/5.00$; the mean score of their answers to question 2 $\bar{X}=4.05/5.00$; the mean score of their answers to question 3 $\bar{X}=4.14/5.00$; the mean score of their answers to question 4 $\bar{X}=3.95/5.00$; The mean score of their answers to question 5

$\bar{X}=2.97/5.00$; The average score of their answers to question 6 $\bar{X}=4.12/5.00$; the mean score of their answers to question 7 $\bar{X}=3.15/5.00$; the mean score of their answers to question 8 $\bar{X}=3.95/5.00$; the mean score of their answers to question 9 $\bar{X}=3.96/5.00$; mean score of answers to question 10 $\bar{X}=3.81/5.00$; The mean score of the answers given to question 11 was calculated as $\bar{X}=3.49/5.00$, and the mean score of the answers given by the patients to the total scale of trust in the physician (3.78 / 5.00).

An independent sample t-test was performed to determine whether patients' levels of trust in physicians differed statistically according to gender (Table 3). As a result of the analysis, it was found that patients' levels of trust in physicians did not differ statistically significantly according to gender ($p>0.05$).

Table 2 Mean and Standard Deviation of Physician Confidence Level Scale Items

Expressions		Cover	SS
HG1	I doubt my doctor really cares about me as a person.	4.05	1.31
HG2	My doctor usually cares about my needs and puts them first.	4.05	1.07
HG3	I trust my doctor very much and I always try to follow her advice.	4.14	1.02
HG4	If my doctor tells me that something is so, what she says is true.	3.95	0.95
HG5	Sometimes I don't trust my doctor's opinions and would like to get a second opinion.	2.97	1.27
HG6	I trust my doctor's decisions regarding medical treatment.	4.12	0.97
HG7	I feel that my doctor is not doing everything he or she should be doing regarding my medical treatment.	3.15	1.48
HG8	When treating my medical problems, I believe my doctor puts my medical needs above everything else.	3.95	0.91
HG9	My doctor is a true expert in the treatment of the medical problem or problems I have now	3.96	1.01
HG10	I'm sure my doctor will tell me if a mistake has been made in my treatment.	3.81	1.06
HG11	I sometimes worry that my doctor won't keep the private information we talk about confidential.	3.49	1.48
Physician Confidence Level Total Score		3.78	0.65

Table 3: Physician Confidence Level by Gender

Independent Samples T-Test			
Trust in the physician	Statistics	df	P
	-0.664	304	0.507

Note: df= Degrees of Freedom

When Table 4 is examined, although the level of trust in physicians of women is lower than that of men, it does not show a statistically significant difference.

An independent sample t-test was conducted to determine whether the patients' levels of trust in the physician differed statistically according to their marital status. (Table 5) As a result of the analysis, it is seen that the trust levels of the patients in the physician are no statistically significant according to the marital status ($p>0.05$).

When Table 6 is examined, the level of trust in physicians of singles is lower than those of married

people, but it does not show a statistically significant difference.

An independent sample t-test was conducted to determine whether the trust levels of the patients differed statistically significantly according to the ownership/quality of the hospitals. (Table 7) As a result of the analysis, it was determined that the trust levels of the patients in the physician differed statistically significantly according to the ownership of the hospital ($p>0.05$).

When Table 8 is examined, it is found that the level of trust in physicians is higher in private hospitals// clinics compared to public hospitals.

Table 4: Physician Confidence Level Average Values by Gender

Group Definitions					
Group	N	Average	Median	SS	SH
Woman	159	3.77	3.73	0.657	0.0521
Male	147	3.82	3.82	0.64	0.0527

Note: SD= Standard Deviation; SH= Standard Error

Table 5: Physician Confidence Level by Marital Status

Independent Samples T-Test			
	Statistics	df	P
Trust in the physician	0.614	298	0.540

Note: df= Degrees of Freedom

Table 6: Physician Confidence Level Average Values by Marital Status

Group Definitions					
Group	N	Average	Median	SS	SH
Married	182	3.80	3.76	0.62	0.046
Single	118	3.76	3.77	0.684	0.063

Note: SD= Standard Deviation; SH= Standard Error

Table 7: Physician Confidence Level According to the Ownership of the Health Institution

Independent Samples T-Test			
	Statistics	df	P
Trust in the physician	-4.14 ^a	304	<.001

Table 8: Physician Trust Level Average Values According to the Ownership Status of the Hospital

Group Definitions					
Group	N	Average	Median	SS	SH
Public	203	3.69	3.70	0.611	0.0429
Private	103	4.00	4.00	0.67	0.066

Note: SD= Standard Deviation; SH= Standard Error

A one-way ANOVA test was performed to determine whether the trust levels of the patients differed statistically according to age groups (Table 9). As a result of the analysis, it was found that the trust levels of the patients in the physician were not statistically significant according to age groups ($p>0.05$).

When (Table 10) is examined, it is seen that the level of trust in the physician does not show a statistically significant difference according to age groups.

A one-way ANOVA test was performed to determine whether the patients' levels of trust in physicians differed statistically according to their education levels (Table 11). As a result of the analysis, it was

found that the level of trust in the physician did not differ statistically significantly according to the education level of the patients ($p>0.05$).

When Table 12 is examined, it is found that the level of trust in the physician does not show a statistically significant difference according to the education level.

A one-way ANOVA test was conducted to determine whether the patients' levels of trust in the physician differed statistically according to their working status (Table 13). As a result of the analysis, it was found that the trust levels of the patients in the physician did not differ statistically significantly according to their working status ($p>0.05$).

Table 9: Confidence level of the physician according to the age of the patients

One Way ANOVA				
	F	df ₁	df ₂	P
Trust in the physician	0.4014		112	0.807

Table 10: Physician Confidence Level Average Values by Age

	Group	N	Mean	Median	SS
Trust in the physician	25 years and under	82	3.77	0.703	0.0776
	26-35	80	3.85	0.608	0.0680
	36-45	74	3.76	0.615	0.0715
	46-55	45	3.83	0.739	0.1101
	55 and above	25	3.73	0.528	0.1056

Note: SD= Standard Deviation; SH= Standard Error

Table 11: The Level of Confidence in the Physician According to the Educational Levels of the Patients

One Way ANOVA				
	F	df ₁	df ₂	P
Trust in the physician	0.723	6	85,6	0.632

Table 12: Physician Confidence Level Average Values According to Education Levels

Group definitions					
	Group	N	Mean	Median	SS
Trust in the physician	Literate	38	3.86	0.606	0.0983
	Primary education	29	4.00	0.669	0.1243
	Middle School	37	3.80	0.536	0.0882
	High school	57	3.76	0.697	0.0924
	Associate Degree	47	3.78	0.529	0.0771
	Licence	82	3.72	0.729	0.0805
	graduate	12	3.71	0.614	0.1772

When Table 14 is examined, it is found that the level of trust in the physician does not show a statistically significant difference according to their working status.

A one-way ANOVA test was performed to determine whether the patients' levels of trust in the physician differed statistically significantly according to the average monthly income level of the family (Table 15). As a result of the analysis, it was found that the trust levels of the patients in the physician did not differ statistically significantly according to the average monthly income level ($p>0,05$).

When Table 16 is examined, it is found that the level of trust in the physician does not show a statistically significant difference compared to the average monthly income level of the family.

A one-way ANOVA test was performed to determine whether the patients' levels of trust in the physician differed statistically significantly according to the average monthly income level of the family. (Table 17) As a result of the analysis, it was determined that the trust levels of the patients in the physician differed statistically significantly according to their income level (expense greater than income, expense equal to income, etc.) ($p<0,05$).

Table 13: Level of Confidence in the Physician According to the Working Status of the Patients

One Way ANOVA				
	F	df1	df2	P
Trust in the physician	0.728	2	108	0.485

Table 14: Physician Confidence Level Average Values by Employment Status

Group Definitions					
Group	Group	N	Mean	Median	SS
Trust in the physician	Working	165	3.76	0.629	0.048
	Retired	41	3.72	0.578	0.0902
	Not working	90	3.85	0.695	0.0733

Table 15: Confidence Level of the Patients According to the Average Monthly Income Level of the Family

One Way ANOVA				
	F	df ₁	df ₂	P
Trust in the physician	1,14	3	43.2	0.344

Table 16: Average Values of Trust Level of Physician by Family's Average Monthly Income Level

Group Definitions					
Trust in the physician	Group	N	Mean	Median	SS
	1 (4253,00TL and below)	123	3.80	0.625	0.0563
	2 (4254,00TL- 8500,00TL)	129	3.86	0.589	0.0519
	3 (8501,00TL- 12750,00TL)	38	3.65	0.723	0.1173
	4 (12750,00TL and above)	12	3.55	1.115	0.3218

Table:17 The level of trust in the physician according to the income status of the patients

One Way ANOVA				
	F	df 1	df2	P
Trust in the physician	5,64	2	76.6	0.005

The level of trust in the physician from the largest to the smallest, respectively; income is less than expenses, income is more than expenses, and income is equal to expenses.

Tukey test, one of the Post Hoc tests, was used to determine the source of the difference between income groups. As a result of the analysis, a significant difference was found between the group whose income was less than its expenditure and the group whose income was equal to its expenditure (Table 19).

According to Table 19, patients with higher incomes were found to trust their physicians more, according to their income status.

DISCUSSION

The feeling of trust is a concept that should be the basis of mutual relations and is also perceived and interpreted differently according to people. In scientific studies, researchers have evaluated many factors that emphasize the element of trust, from the formation of trust to the loss of trust, and have produced some results.

In this context, the aim of this study is to reveal whether the trust levels of patients in their

physicians are statistically different according to different demographic variables and perceptions with the results of face-to-face surveys.

In the relationship between the patient and the physician, the feeling of trust is of great importance. In this relationship between two people who are not equal, the professional knowledge of the physician is important and used predominantly. (2)

Trust in the physician enables the patient to accept the treatment, to show adherence to the treatment, to comply with the treatment recommendations, to be satisfied with the physician, to have a long-term patient-physician relationship, and to be willing to recommend their physician. (3) When similar studies in the literature were examined, findings showing parallelism with this study were revealed.

Kidak and Aksaraylı (7), who investigated the trust levels of patients in their physicians, also revealed that inpatients' trust levels in physicians are high.

However, Gülcemal and Keklik (5), Kim et al. (8) revealed in their research that the level of trust in physicians is moderate.

As a result of this study, it was determined that the

Table 18: Physician Confidence Level Average Values by Income Level

Group Definitions					
	Group	N	Mean	Median	SS
Trust in the physician	Income less than expenses	145	3.70	0.637	0.0529
	Income equal to expenses	129	3.94	0.622	0.0547
	Income more than expenses	29	3.63	0.719	0.1335

Table 19: Results of Post - Hoc Analysis

Post Hoc Test				
Tukey Post-Hoc Test				
		Income less than expenses	Income equal to expenses	Income more than expenses
1	Average Difference		-0.236	0.0716
	p-value		0.007	0.846
2	Average Difference		—	0.3074
	p-value		—	0.052
3	Average Difference			—
	p-value			—

level of trust in the physician according to the age of the patients did not differ statistically. While this result is supported by the research results of Gülcemal and Keklik (5), it is not supported by the research result of Gezergun et al. (4) Considering the marital status of the patients, it was determined that the level of trust in the physician did not differ statistically in this study, it differed according to the studies of Serkan Deniz and Mesut Çimen (3), and it did not differ in the studies of Gülcemal and Keklik (5) and Gezergün (4).

When the education levels of the patients were examined, it was determined that the level of trust in the physician differed statistically according to the education level. Findings of some researchers Gülcemal, E, Keklik, B, (5), Gezergün, A, Şahin, et al. (4), (Kim, A, et al. (8) do not support this conclusion.

CONCLUSION

As a result of this study, it was aimed to determine whether the trust level of patients towards dentists and clinics differed statistically according to demographic characteristics.

As a result of this study, the trust levels of the participants to the physician and the clinic were found to be high. Making this relationship and trust sustainable is important for both the physician and the patient. In this context, dentists should take a good anamnesis from their patients, analyze their expectations correctly and plan their treatment processes accordingly.

In addition, spending more time with patients, listening carefully to patients, and accurate information about procedures are among the factors that increase the level of trust in the physician.

When patients question the service they receive from health institutions; they make their decisions within the framework of the information, sensations and environmental guidance they have obtained by evaluating all units of the health system to the finest detail, and they make their choices with the element of trust in the continuation of the treatment.

While patients prefer public or private health institutions, they also want a human profile where the physician can easily share their problems, ask for and receive help, along with their knowledge, skills and experience in addition to their medical and physical competencies.

The element of trust, as an abstract concept and content, plays an important role in decisions and preferences.

The negativities arising from the damage of the trust factor cannot be handled in a one-dimensional way. The element of trust is a reality that we live as a sociological concept far beyond the relations between the patient and the physician, and it also contains many uncertainties.

It is very difficult, even impossible, to satisfy, direct and achieve success in a subject whose reliability is discussed, and it contains many risk factors.

A number of methods such as a paternalistic approach, an informative and explanatory approach model, and what kind of practices are to be preferred by mutual consultation can be used in the formation of the element of trust between the patient and the physician.

It is important for the patients to comply with the recommendations of the physicians, compliance with the treatment processes and the presence of trust in the positive level of trust in the physician.

It should be kept in mind that establishing a healthy communication with patients' relatives as well as patients is a factor that increases the level of trust of patients.

It should not be forgotten that the erosion of trust between the physician and the patient will cause an increase in health expenditures and unnecessary costs as well as uncertainty and confusion.

We believe that this and similar studies will be useful in revealing what is more effective in patient and physician preferences.

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