A Research on The Relationship Between Trust in Physician and Hospital and Hospital Preference

Okan Anıl AYDIN[1]

Corresponding Author
Okan Anıl AYDIN

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ABSTRACT

The aim of the study is to determine the relationship between the level of trust in physicians and hospitals of patients applying to health institutions and the factors that are effective in hospital preference. In order to collect data in the study, data were collected from patients who came to two hospitals, one public and one private, to receive outpatient services. In the study, convenience sampling method was used as sample selection and data were obtained from 436 participants. A questionnaire form consisting of four sections was used to collect data. The sections of the questionnaire are; socio-demographic information form, two parts of the patient's trust in physician and hospital scale as trust in physician and trust in hospital, and finally the factors affecting hospital preference scale. Before the data analysis, reliability analyses of the scales were performed and found to be reliable for analysis. SPSS 25 package programme was used for data analysis. Since the data did not show normal distribution, Independent Sampels test and Spearman Correlation test from nonparametric methods were applied. As a result of the analyses, a statistically significant relationship was found between trust in physicians and the staff attitude and behaviour dimension of hospital preference. A statistically significant relationship was found between trust in hospital and consumer cost dimension of hospital preference. In addition, a moderate positive relationship was found between trust in hospital and trust in physician. The results of the difference analysis of socio-demographic characteristics are as follows; trust in physician was found to be significantly related to hospital type variable; trust in hospital was found to be significantly related to gender variable; and four dimensions of hospital preference were found to be significantly related to gender, marital status, age, hospital type and occupation variables. In the light of the findings, it is concluded that hospitals should give importance to the staff attitude and behaviour dimension of hospital preference in order to increase trust in physicians and to the consumer cost dimension of hospital preference in order to increase trust in hospitals. In addition, the most effective factor in hospital preference is service quality. As a result, significant relationships were found between trust in physician and hospital and hospital preference factors.

[1] Okan Anıl Aydın, Res. Asst., The Faculty of Health Science, İstanbul Beykent Universty, İstanbul. okananilaydin@gmail.com
Orcid Number: https://orcid.org/0000-0001-5992-1611

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1.INTRODUCTION

In the early days of medical practice, due to limited resources, patients tended to follow their doctors' instructions without question. However, with advancing technology and increasing options, patients have become more inquisitive, seeking information about their conditions and expecting guidance from their physicians (Çobanoğlu, 2009:29). Additionally, legal regulations aimed at protecting patient rights have raised awareness, leading to a patient profile that actively pursues their rights. On the other hand, media reports highlighting medical negligence, misdiagnoses, and improper medication use have shaken patients' trust in physicians (Gülcemal & Keklik, 2016:65).

Patients' unfamiliarity with medical terminology due to information asymmetry can make understanding their diagnosis and treatment process challenging (Güzeldemir, 2006:39). Furthermore, patients' fluctuating emotional states can lead to potential conflicts with their physicians. Addressing these conflicts, trust is considered a crucial factor in the patient-physician relationship (Gülcemal & Keklik, 2016:65).

Trust in both the physician and the hospital is vital for effective healthcare delivery. Even if patients trust their physicians, a lack of trust in the hospital can hinder treatment continuity and reduce patient satisfaction. Therefore, healthcare managers should focus on building trust in both the hospital and its physicians to enhance service quality and patient loyalty. Understanding the factors influencing hospital preference can further aid in improving patient satisfaction and loyalty. This study aims to investigate whether patients' trust in their physicians and hospitals varies based on factors affecting hospital preference.

Trust

According to the Turkish Language Association, trust is defined as "the feeling of believing and committing without fear, hesitation, or doubt; confidence" (Türk Dil Kurumu, 2023). Etymologically, it is associated with loyalty and commitment in relationships. Trust is described as "a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behavior of another" (Burke et al., 2007:610). Trust encompasses multiple dimensions. Hall et al. (2001:621) identified five dimensions of trust: fidelity, competence, honesty, confidentiality, and global trust.

Trust in Physicians

In modern healthcare, trust in physicians is a critical issue. Patients must trust their physicians regarding the necessity of the healthcare services they receive, as evaluating such services requires medical knowledge that only the physician possesses. Therefore, patients rely on their physicians' decisions, necessitating trust (Roberts, 2007:190). Moreover, the uncertainties in healthcare services and patients' lack of expertise bring the issue of trust to the forefront. In this context, patients depend on their physicians' competence and decisions, which inherently involves risk (Alaszewski, 2003:239). This risk can only be mitigated through trust in the physician. Trust is a crucial component of the interpersonal interaction between healthcare providers and patients, influencing healthcare outcomes (Thom et al., 2002:477).

Trust is considered vital for healthy relationships. It significantly impacts patients' adherence to regular medical care, compliance with prescribed treatments, and the establishment of long-term relationships with healthcare providers and insurers (Safran et al., 2000:69). According to Kuhlmann (2006:613), physicians are the primary source of trust in the healthcare system, and information provided by physicians is deemed more reliable than that from other healthcare professionals.

Studies on the dimensions of trust in physicians often reference the five-dimensional model by Hall et al. (2001:621), which offers a conceptual framework for understanding factors affecting trust in healthcare services. These dimensions are global trust, fidelity, honesty, competence, and confidentiality.

Trust in physicians is a fundamental component that determines the effectiveness of healthcare services. The five-dimensional model developed by Hall et al. (2001) provides a significant conceptual framework for examining the multifaceted nature of trust in physicians. The model includes the dimensions of general trust, fidelity, honesty, competence, and confidentiality. General trust represents a holistic indicator of trust, encompassing attributes such as the physician's loyalty and competence, and is also associated with the individual's general trust propensity (Zheng, Hui & Yang, 2017; Hall et al., 2002). Fidelity refers to the physician prioritizing the patient's best interests and showing respect for the patient as an individual, while honesty involves transparent, accurate, and truthful communication and actions (Gopichandran & Chetlapalli, 2013; Naoui & Zaiem, 2010).

Competence relates to the patient's perception of the physician's medical knowledge and skills. However, patients often evaluate technical competence indirectly through the physician's communication and interpersonal behaviors (Thom & Campbell, 1997; LoCurto & Berg, 2016). In this context, the patient's engagement in treatment is directly influenced by their confidence in the physician's competence. Lastly, the confidentiality dimension refers to the belief that the physician will protect and appropriately manage sensitive patient information. Violations of this dimension can undermine both the quality of care and

the patient's trust in the physician (Balkrishnan et al., 2004). Each dimension of trust significantly affects patient compliance, satisfaction with care, and the likelihood of returning to the same physician (Platonova, Kennedy & Shewchuk, 2008).

Trust in Hospitals

Trust in hospitals can be defined as patients' confidence that the hospital will provide treatment services tailored to their needs and of the desired quality upon seeking healthcare (Straten, Friele, & Groenewegen, 2002:227). Institutional trust is a significant issue in healthcare delivery (Calnan & Rowe, 2004:4). Trust in hospitals affects patients' access to services, adoption and maintenance of healthy behaviors, lifestyle improvements, perceptions of care quality, and health status monitoring (Rădoi & Lupu, 2014:65). This underscores the importance of establishing and maintaining the desired level of trust in healthcare institutions (Calnan & Rowe, 2004:4).

Trust in physicians and hospitals are interrelated concepts. When a physician builds trust with patients, it encourages the healthcare institution to be trustworthy as well (Goold, 2001:31). Additionally, patients' trust in their physicians influences their trust in the hospital where the physician practices. Similarly, trust in the hospital can affect trust in its healthcare professionals (Kulkarni, Kulkarni, & Gaiha, 2019:6; Gopichandran, 2013:81; Mainous et al., 2001:23; Zheng, Hui, & Yang, 2017:220).

Hospital Preference and Influencing Factors

Hospital preference refers to the selection of a hospital by a patient or their relatives among available options when they have the freedom to choose (Tengilimoğlu, 2001:86). It represents the patient's liberty to choose their desired hospital when possible.

Understanding how patients and their relatives behave during the hospital selection process and their preferences is crucial. Hospitals' efforts to comprehend patients can assist in planning and designing healthcare services that consider patients' desires and needs (Akıncı et al., 2005:4). When patients have the option to choose, they are more likely to select hospitals that address their expectations and needs (Moscelli et al., 2016:112). Furthermore, understanding the reasons behind patients' hospital choices can aid healthcare professionals, including nurses, physicians, and administrators, in providing patient-centered care, a fundamental principle of quality healthcare delivery (Brown et al., 2015:118).

In the process of selecting a hospital to receive healthcare services, all the characteristics and factors that patients consider are defined as the factors influencing hospital choice (Heischmidt & Heischmidt, 1991 :7). Approximately 30–40 years ago, the limited number of hospitals in the healthcare sector meant that patients had no real options for hospital selection. However, with the growing importance of the healthcare industry and increased investments over the years, the number of hospitals has rapidly increased, and a competitive environment has emerged within the sector. Consequently, the issue of hospital preference has gained prominence.

Due to this competitive atmosphere, hospitals have initially increased the diversity of their services to stand out. Following this, service quality became a central topic. As a result, taking patient needs and expectations into account has become an essential obligation for hospitals. With these developments in the healthcare sector, patients are now in a position to choose hospitals they believe better meet their personal needs and expectations (Karahan et al., 2016, p. 299; Heischmidt & Heischmidt, 1991, p. 7). At this point, understanding and evaluating the factors patients consider when selecting hospitals can help healthcare providers gain a competitive advantage and enhance their service delivery (Aytekin, 2016, p. 135).

Existing studies on trust and healthcare preferences emphasize that trust plays a significant role in hospital selection (Yıldırım et al., 2009, p. 14; Laugharne et al., 2012, p. 496). Trust is considered one of the key factors influencing a patient's decision to prefer a particular healthcare institution or its staff (Laugharne et al., 2012, p. 496; Rowe & Calnan, 2006, p. 385).

2. MATERIALS AND METHOD

Population and Sample

The population of this study consists of two secondary-level healthcare institutions located in Istanbul—one public and one private hospital. The sample includes a total of 436 patients who received healthcare services from these hospitals. Due to the unavailability of up-to-date patient capacity data for both hospitals, the sample size was determined based on the literature, which suggests that a sample of 384 participants is sufficient for a population of 100,000 with a 5% margin of error (Büyüköztürk et al., 2015; Coşkun, Altunışık & Yıldırım, 2017; Karagöz, 2016). In this context, the convenience sampling method was employed, and data collection continued until the required sample size was reached. The questionnaires were distributed to the healthcare institutions and collected after the completion process. A total of 489 questionnaires were returned; however, 63 of them were excluded from the analysis due to incomplete responses. Consequently, the quantitative analyses of the study were conducted using the remaining 436 valid questionnaires.

Data Collection Tool

A structured questionnaire was used as the data collection tool. The questionnaire consisted of four parts. The first section included a demographic information form to identify the socio-demographic

characteristics of the participants. The second and third sections incorporated the "Trust in Physician and Hospital Scale" developed by Yıldırım Kaptanoğlu (2010). This scale consists of two parts: trust in physicians and trust in hospitals. The fourth section included the "Hospital Preference Factors Scale" developed by Çiftçi (2010). All scale items were rated using a 5-point Likert scale.

Research Hypotheses

In line with the objectives of the study, the following hypotheses were formulated:

H1: There is a statistically significant relationship between participants' trust in physicians and their trust in hospitals.

H2: There is a statistically significant relationship between participants' trust in physicians and their hospital preferences.

H3: There is a statistically significant relationship between participants' trust in hospitals and their hospital preferences.

Ethical Approval

The study received ethical approval from the Presidency of the Social and Human Sciences Ethics Committee of Sakarya University, with the reference number 61923333/050.99/.

Data Analysis Methods

Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to analyze descriptive data. The normality of the data was assessed using the Kolmogorov-Smirnov test, as well as skewness and kurtosis values. Since the Kolmogorov-Smirnov test produced significant results ($p < 0.05$), and some skewness and kurtosis values exceeded ±1, the data were considered not normally distributed. Thus, non-parametric tests were used for hypothesis testing (Kirk, 2008; Tabachnick & Fidell, 2013).

Among the non-parametric tests, the Independent Samples Mann-Whitney U test was used for two-group comparisons, and the Kruskal-Wallis H test was used for variables with three or more groups. To identify which specific groups differed, comparisons were made based on median values. In addition, Spearman's rank-order correlation was used for relationship analysis. Data were analyzed at a 95% confidence level.

Reliability Analyses

First, a reliability analysis was conducted for the "Hospital Preference Factors Scale." The overall Cronbach's Alpha coefficient for the scale was found to be 0.877. The sub-dimensions yielded the following Cronbach's Alpha values: 0.532 for staff attitude and behavior, 0.518 for consumer cost, 0.827 for service quality, 0.802 for hospital environment and recognition, and 0.744 for physical adequacy. These results indicate that while the reliability is relatively low for the staff attitude and consumer cost dimensions, it is acceptable to good for the other subscales (Karagöz, 2014; Kılıç, 2016). Overall, the scale was deemed reliable for analysis.

Second, a reliability analysis was performed on the "Trust in Physician and Hospital Scale." The overall Cronbach's Alpha for the scale was 0.820. The Cronbach's Alpha for the sub-dimension of trust in physicians was 0.732, while that for trust in hospitals was 0.775. Based on these results, the scale was considered reliable for use in further analyses.

3. RESULTS

Table 1 shows the socio-demographic characteristics of the participants. It was determined that 61.7% of the participants were female, 50.2% were between the ages of 18-27, 21.6% were health workers, 58.8% were married, 43.6% had undergraduate and graduate education and 51.6% received health services from private hospitals.

Table 1. Socio-Demographic Characteristics of Participants

Variables	Features	N	%
Gender	Male	167	38,3
	Woman	269	61,7
Marital Status	Married	181	41,5
	Single	255	58,5
Hospital Type	Special	225	51,6
	Public	211	48,4
Age	18-27 Years	219	50,2
	28-37 Years	102	23,4
	Age 38 and over	115	26,4
Profession Group	Housewife	25	5,7
	Health Worker	94	21,6
	Educator	60	13,8
	Labourer	54	12,4
	Engineer	20	4,6
	Pensioner	18	4,1
	Student	30	6,9
	Not working	52	11,9
	Athlete	20	4,6
	Service Sector Employee*	63	14,4
Education Status	Primary education	52	11,9
	Middle School	71	16,3
	High School	123	28,2
	Undergraduate and Graduate	190	43,6

* Service Sector Worker: It consists of occupational groups such as waiters, cleaners, tailors, etc.

Table 2 shows the mean values of the scales and sub-dimensions. When the descriptive findings of the statements of the patient's Trust in Physician and Hospital scale and the two parts of the scale, trust in physician and trust in hospital, the general average of the scale ($\bar{X}$ = 3,68 ± 0,55) was found at a moderate level. It is seen that the level of trust in the physician is high with a mean of 3,84 ± 0,58. Trust in the hospital was found to be at a moderate level with a mean of 3,49 ± 0,71.

Descriptive findings related to the factors affecting hospital preference scale are presented. The overall mean of the factors affecting hospital preference scale ($\bar{X}$ = 4,21 ± 0,45) was found to be high. Considering the descriptive information of the dimensions of the scale, the highest mean is service quality ($\bar{X}$ = 4,58 ± 0,45). This is followed by staff attitude and behaviour (4,48 ± 0,52), consumer cost ($\bar{X}$ = 4,37 ± 0,63), physical suitability ($\bar{X}$ = 3,95 ± 0,73) and environment and recognition ($\bar{X}$ = 3,43 ± 0,93). Accordingly, although service quality is the most influential factor in hospital preference, the contribution of the environment and reputation dimension is more limited compared to other dimensions.

Table 2. Means of Scales and Subscales

Variables	N	$\bar{X}$	S.S.
Patient's Trust in Physician and Hospital Scale	**436**	**3,68**	**0,55**
Trust in Physicians	436	3,84	0,58
Hospital Trust	436	3,49	0,71
Factors Affecting Hospital Preference Scale	**436**	**4,21**	**0,459**
Service Quality	436	4,58	0,451
Environment and Recognition	436	3,43	0,936
Physical Suitability	436	3,95	0,739
Staff Attitude and Behaviour	436	4,48	0,525
Consumer Cost	436	4,37	0,637

Table 3 shows the results of Spearman Correlation analysis to determine the relationship between trust in physician, trust in hospital and hospital preference. Correlation values are evaluated as very weak up to 0.00-0.25; 0.26-0.49 weak; 0.50-0.69 medium; 0.70-0.89 high and 0.90-1.00 very high (Karagöz, 2016).

The analysis revealed a moderate positive and statistically significant correlation between trust in physicians and trust in hospitals (r =0.586; p<.05). This finding indicates that as trust in physicians increases, trust in hospitals also tends to increase. The strength and significance of this association provide empirical support for Hypothesis H1, which is therefore accepted.

A statistically significant but very weak positive correlation was identified between trust in physicians and the staff attitude and behavior dimension, which is one of the sub-dimensions influencing hospital preference (r=0.119; p<.05). However, no statistically significant relationship was observed between trust in physicians and the other sub-dimensions—namely service quality, environment and reputation, physical suitability, and consumer cost (p>.05). Based on these findings, Hypothesis H2 is accepted for the staff attitude and behavior dimension, while it is rejected for the dimensions of service quality, environment and reputation, physical suitability, and consumer cost.

A very weak negative but statistically significant correlation was found between trust in the hospital and the consumer cost dimension, which is one of the sub-dimensions influencing hospital preference (r=-0.206; p<.05). In contrast, no statistically significant relationships were observed between hospital trust and the sub-dimensions of service quality, environment and reputation, physical suitability, and staff attitude and behavior (p>.05). Based on these results, Hypothesis H3 is accepted for the consumer cost dimension, while it is rejected for the service quality, environment and reputation, physical suitability, and staff attitude and behavior dimensions.

Table 3. The Relationship Between Trust in Physicians and Hospitals and Hospital Preference

	A	**B**
Trust in Physician (A)	1	
Hospital Trust (B)	**,586****	1
Service Quality	,025	-,052
Environment and Recognition	,070	-,065
Physical Suitability	,094	-,059
Staff Attitude and Behaviour	**,119***	-,009
Consumer Cost	-,086	**-,206****

*Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed).

Table 4 shows the results of the difference analysis related to the participants' socio-demographic data and their levels of trust in physician and trust in hospital. While there is no statistically significant difference (p>,05) between the participants' levels of trust in physician and gender, marital status, age, occupation and educational status variables, there is a statistically significant difference (p<,05) according to the hospital type variable. While there is no statistically significant difference between the participants' level of trust in the hospital and the variables of marital status, hospital type, age, occupational group and education status (p>,05), there is a statistically significant difference according to the gender variable (p<,05).

Table 4. Difference Analysis Results of Trust in Physician and Trust in Hospital with Socio-demographic Information of Participants

Variables	Trust in Physicians	Hospital Trust
	Med	**Med**
Gender		
Male	3,76	3,81
Woman	3,70	3,50
p	,588	**,000**
Marital Status		
Married	3,76	3,62
Single	3,70	3,50
p	,599	,120
Hospital Type		
Special	3,82	3,62
Public	3,58	3,50
p	**,000**	,289
Age		
18-27 Years	3,76	3,62
28-37 Years	3,76	3,50
38 and Over Age	3,64	3,50
p	,623	,149
Profession Group		
Housewife	3,82	3,75
Health Worker	3,76	3,50
Educator	3,70	3,62
Labourer	3,70	3,50
Engineer	3,55	3,31
Pensioner	3,79	3,81
Student	3,67	3,37
Not working	3,61	3,50
Athlete	3,79	3,50
Service Sector Employee	3,70	3,50
p	,332	,415
Education Status		
Primary education	3,67	3,50
Middle School	3,82	3,62
High School	3,70	3,50
Undergraduate and Graduate	3,70	3,50
p	,647	,235

Table 5 shows the results of the difference analysis related to the socio-demographic data of the participants and their level of participation in the sub-dimensions of the factors affecting hospital preference scale.

While there is a significant difference between the service quality dimension and gender, marital status, age and occupational group variables (p<,05), there is no statistically significant difference between hospital type and educational status variables (p>,05). While there is a significant difference between the environment and recognition dimension and gender, marital status, hospital type, age and occupational group variables in the participants' hospital preference (p<,05), there is no statistically significant difference between the education status variable (p>,05). While there is a significant difference between the physical suitability dimension and marital status, age and occupational group variables in the hospital preference of the participants (p<,05), there is no statistically significant difference between gender, hospital type and educational status variables (p>,05). While there is a significant difference between the dimension of staff attitude and behaviour in the hospital preference of the participants and the age variable (p<,05), there is no statistically significant difference between the variables of gender, marital status, hospital type, occupational group and educational status (p>,05). There is no statistically significant difference between the consumer cost dimension and gender, marital status, hospital type, age, occupational group and educational status variables (p>,05).

Table 5. Results of the Difference Analysis of the Dimensions of the Factors Affecting Hospital Preference Scale with the Socio-demographic Information of the Participants

Variables	Service Quality	Environment and Recognition	Physical Suitability	Staff Attitude and Behaviour	Consumer Cost
	Med	**Med**	**Med**	**Med**	**Med**
Gender					
Male	4,62	3,40	4,00	4,66	4,50
Woman	4,75	3,60	4,20	4,66	4,50
p	**,000**	**,000**	,055	,203	,908
Marital Status					
Married	4,62	3,40	4,00	4,66	4,50
Single	4,75	3,80	4,20	4,66	4,50
p	**,000**	**,000**	**,003**	,649	,577
Hospital Type					
Special	4,75	3,60	4,20	4,66	4,50
Public	4,75	3,40	4,00	4,66	4,50
p	,264	**,037**	,180	,116	,524
Age					
18-27 Years	4,75	3,60	4,20	4,66	4,50
28-37 Years	4,75	3,40	4,00	4,33	4,50
Age 38 and over	4,87	3,60	4,20	4,66	4,50
p	**,028**	**,030**	**,012**	**,027**	,123
Profession Group					
Housewife	4,87	3,40	4,00	4,66	4,50
Health Worker	4,75	3,80	4,20	4,66	4,50
Educator	4,62	3,40	4,00	4,33	4,50
Labourer	4,62	3,40	4,00	4,66	4,50
Engineer	4,56	3,10	4,00	4,66	4,00
Pensioner	4,31	3,10	3,60	4,50	4,50
Student	4,68	3,80	4,10	4,66	4,00
Not working	4,87	3,60	4,20	4,66	4,50
Athlete	4,37	4,00	4,10	4,66	4,50
Service Sector Employee	4,75	3,60	4,00	4,66	4,50
p	**,003**	**,000**	**,007**	,451	,695
Education Status					
Primary education	4,75	3,60	4,20	4,66	4,50
Middle School	4,75	3,40	4,00	4,66	4,50
High School	4,75	3,60	4,20	4,66	4,50
Undergraduate and Graduate	4,75	3,60	4,10	4,66	4,50
p	,613	,165	,131	,795	,056

4. DISCUSSION AND CONCLUSIONS

The primary aim of this study is to examine the relationship between patients' trust in hospitals and physicians and the factors influencing hospital preference. In the first stage of the study, patients' trust levels in physicians were analyzed, and the findings revealed a high level of trust, with a mean score of 3.84. This result is consistent with a number of previous studies conducted in Türkiye and internationally.

In a national context, Bozkurt (2020) found that among 851 patients receiving care from public and private hospitals, trust in physicians ranked highest among all healthcare professionals. Similarly, Gülcemal and Keklik (2016) identified that trust in physicians was at a moderate level among Turkish participants. These findings parallel the current study and highlight the relatively strong perception of physicians in Türkiye. Furthermore, the lowest average score in the present study was recorded for the item evaluating whether physicians carry out all necessary diagnostic, treatment, and follow-up procedures, indicating a potential area for trust vulnerability, rather than a complete lack of confidence.

Internationally, Calnan and Stanford (2004) conducted a study with 1,056 individuals and reported that 87% of participants had high trust in physicians. However,

those with lower trust levels cited physicians' inadequate knowledge about certain diseases as the main reason for their skepticism. This aligns with the specific trust concern found in our study. Similarly, Jones et al. (2012) reported that 65% of their 200 participants expressed high trust in physicians. In another study by Aloba et al. (2014), 75% of patients stated that they trusted their physicians, and Kao et al. (1998) found that almost 70% of 292 patients fully trusted their physicians.

The literature also includes consistently high trust rates across various contexts: Lu et al. (2018) reported an average trust rate of 85% among 134 patients; Gordon et al. (2014) measured trust at 80%; Simon, Zhang, and Dong (2014) found that around 80% of patients trusted their physicians; and Tam (2012), in a study of 434 Chinese patients, found a similarly high trust level of 84%.

Some studies indicate more moderate trust levels. For example, Campos-Castillo (2019) found moderate trust in physicians in a U.S.-based sample of 1,026 individuals. Similarly, Banerjee and Sanyal (2012) found that 61% of their 198 participants trusted physicians, while 39% reported distrust. Lastly, Bachinger, Kolk, and Smets (2009) reported that trust in physicians was quite high among 201 individuals, and Croker et al. (2013) identified physician trust rates ranging between 82% and 90%.

In sum, the findings of this study are largely consistent with the existing literature, particularly with studies conducted in Türkiye and similar cultural contexts. The consistently high levels of trust in physicians can be attributed to the direct nature of patient-physician interaction and the effectiveness of communication during healthcare delivery. These elements play a crucial role in establishing and maintaining trust in medical professionals.

Another key focus of this study is the patients' level of trust in hospitals. The findings revealed a moderate level of trust, with a mean score of 3.49. This result is consistent with several national and international studies that have similarly identified trust in hospitals as moderate or variable across regions.

In the Turkish context, Yılmaz and Akkaya (2009) conducted a study with 305 dermatology patients and found that 74% of participants reported trust in the hospital, a finding that aligns closely with the present study. This suggests a generally favorable perception of hospital institutions in Türkiye, albeit not at a high level. Moreover, Ozawa (2010), in a study conducted in Cambodia, emphasized that factors such as honesty, sincerity, medical skill, and accessibility significantly shaped individuals' trust in the healthcare facilities they utilized—elements also relevant in understanding hospital trust dynamics in the current research.

Looking at the international literature, Calnan and Stanford (2004) similarly reported that trust in hospitals was moderate, echoing the current study's findings. In India, Kulkarni, Kulkarni, and Gaiha (2019) found that 75% of families trusted private hospitals, yet they also noted a distinction between physician trust and hospital trust: while personal traits like experience and demeanor influenced trust in physicians, institutional factors like waiting time, comfort, and cost played a greater role in shaping trust in hospitals. Likewise, Gordon et al. (2014) found hospital trust levels to be high (80.9%) and observed that continuous engagement with the hospital increased patients' trust over time.

Other researchers have highlighted the importance of hospital trust alongside physician trust. Zarei et al. (2015) noted that trust in the hospital was just as crucial as trust in physicians when patients evaluate healthcare quality. However, Zheng, Hui, and Yang (2017), in examining patients' intentions to return to or recommend a healthcare provider, found that trust in physicians had a stronger effect than trust in the hospital, suggesting a more personal foundation for patient loyalty.

On the other hand, not all findings indicate moderate or high trust. For example, LaVeist, Nickerson, and Bowie (2000), in a large-scale U.S.-based study with 1,784 participants, found low levels of trust in hospitals. Similarly, Tang (2011), using a large sample of 3,424 individuals in China, also reported low trust in the healthcare system. These findings reinforce the notion that trust in hospitals can vary significantly by region, healthcare infrastructure, and cultural context.

Taken together, the results of the present study are consistent with the broader literature, indicating that trust in hospitals tends to be moderate and is shaped by a complex interplay of structural, interpersonal, and contextual factors. Elements such as waiting times, perceived sincerity, service quality, and institutional transparency appear to be key determinants of how patients assess and develop trust in hospital institutions.

Among the sub-dimensions of the factors that are effective in hospital preference, the service quality dimension has a higher mean of 4.58 than the other sub-dimensions. In the studies of Çiftçi (2010), Şantaş, Kurşun and Kar (2016), Shah and Dickinson, (2010), Işık, Erişen and Fidan (2016), Kamra, Singh and De (2016) and Lee (2018), the most important preference factor in hospital preference is service quality. On the contrary, the communication and skill levels of doctors in Erdem (2007) study, the ability of doctors to treat in Jung, Feldman and Scanlon (2011) study, distance and time in Adaman et al. (2009), Egunjobi (1983), Chernew et al. (1998) and Birk and Henriksen (2012) studies, Isroliwala et al. (2004) and Mwaseba et al. (2018), and cleanliness and hygiene in Jones and Mays (2009). As a result, in some studies, service quality stands out in hospital preference, while in some other studies, factors such as communication, skill, waiting time, ease of access come to the fore. The reason for this difference is the change in the target group of the hospital in service provision. For example, while some

patients make their preferences with financial concerns, others attach more importance to the doctor's interest.

Among the sub-dimensions of the factors that are effective in hospital preference, the environment and recognition dimension has the lowest mean with a mean of 3.43. This finding is consistent with the study conducted by Çiftçi (2010). In the study of Şantaş, Kurşun and Kar (2016), it is seen that the recognition of the hospital is the dimension with the lowest mean. Tengilimoğlu (2001) and Kobayashi et al. (2013) also found that hospital image is the least important factor in hospital preference. In addition to these, the least important factor in Aytekin (2016) study is the factor of recommendation and recognition. As a result, it was observed that patients attach less importance to the environment where the hospital is located and the recognition of the hospital than other factors when choosing a hospital. The reason for this is thought to be that the environment and recognition do not have a direct relationship with the service in the health service received, but have an indirect effect.

A significant relationship was found between trust in physicians and staff attitude and behaviour, which is a factor of hospital preference. In Tüfekçi and Asığbulmuş (2016) study, preferability was associated with both trust and the presence of specialised doctors. Bahadori et al. (2016) found a significant relationship between trust in physicians and hospital preference. In Zheng, Hui, and Yang (2017) study, it was observed that trust in physicians affects hospital preference and service utilisation. As can be understood from these results, trust in physicians is effective in hospital preference. Staff attitudes and behaviour are considered as trust in the physician, and the physician's behaviour and attitude towards the patient.

A significant relationship was found between trust in the hospital and consumer cost, which is a hospital preference factor. Hoşgör and Hoşgör (2019) stated in their systematic review study that one of the three most important criteria affecting hospital preference is the fees of the services received. Prang et al. (2018) concluded that hospital service fees are not important in hospital preference. In parallel with this result, Tengilimoğlu (2001) also found that price was not effective in hospital preference. In Ateş et al. (2004) study, according to the factors affecting hospital preference, the most important factor is that the health institution is found reliable by patients. According to Kemp, Ravi and Becerra (2014), it was concluded that a patient who continues his/her treatment in a hospital will be reluctant to go to another hospital if he/she trusts the institution even if he/she is unhappy. There are similarities and differences between these results and our results. The reason for this is that trust in the hospital may vary not only with financial concerns but also with the environment, physical suitability, behaviour of the staff, quality of the service provided, human relations, etc. factors. In fact, trust in the hospital is directly related to the extent to which patients can access the health services they desire. For this reason, as the wishes of the patients change, the factors they attach importance to change and their trust in the hospital differs in accordance with these factors.

In the study, there was no significant difference between trust in physicians and gender, occupation, age, educational status and marital status, but there was a statistically significant difference according to hospital type. In the study of Thom et al. (2002), no significant difference was found between trust in physicians and gender, marital status, educational status variables, while a significant difference was found with the age variable. Banerjee and Sanyal (2012) investigated trust in physicians and found no significant difference according to gender, region of residence and educational status. Simon, Zhang, and Dong (2014) conducted a study with 3159 adults over the age of 60 in China and found that there was a significant difference between trust in physicians and gender, age and educational status. Aloba et al. (2014) found no significant difference between trust in physicians and gender and marital status in a study conducted with 223 patients. Gordon et al. (2014) found a significant difference between trust in physicians and education and marital status of the participants, while no significant difference was found according to age. Campos-Castillo (2019) also found a significant difference for marital status and age, but not for social security status. Calnan and Stanford (2004) found a significant difference between gender, age, marital status and social security variables in their study with 1130 people in England and Wales. Karsavuran, Kaya, and Akturan (2011) measured trust in physicians in a hospital in Turkey and found a statistically significant difference between gender, education and age variables. Zhao, Rao, and Zhang (2016) found a statistical difference according to educational status, age and health insurance status in their study in China, but not for gender and marital status variables. These results both support and contradict the results in our study. The reason for this difference is thought to be due to the differences in the participants and the region where the data were collected.

In this study, it was found that trust in hospital differed significantly according to gender. Similarly, in Egede and Ellis (2008) study, it was found that there was a significant difference with gender, but not with age, marital status, educational status and social security status. In Gordon et al. (2014) study, a significant difference was found according to the age and educational status of the participants, while no significant difference was found according to marital status.

According to the results of the analysis, a significant difference was found between the factors of service quality, physical suitability, environment and recognition and staff attitude and behaviour and socio-

demographic characteristics, while no significant difference was found for the consumer cost factor. The prominent ones in these differences are female, single, private hospital users, 28-37 years old and retired participants. Similarly, Al-Doghaither et al. (2003) found a significant difference between hospital preference and education, gender and age variables, but not marital status. Işık, Erişen and Fidan (2016) also found a difference according to gender and marital status. In this study, female participants showed a higher level of participation than male participants. Karahan et al. (2016) found a significant difference in hospital preference according to gender in their study with university students. This difference emerged with male participants preferring private hospitals more. As a result, the factors given importance in hospital preference factors differ with the characteristics of the participants, some groups may give more importance to certain factors than other groups, while others may give less importance. The most important issue here is to determine the target group well and to increase the preferability with policies suitable for this group.

The findings of this study reveal important insights into the effects of trust in physicians and hospitals on patient behavior. The results indicate that patients who trust their physicians are more likely to recommend them, while those who trust the hospital are more inclined to recommend the institution to others. Furthermore, the majority of participants highly valued the cleanliness and hygiene of healthcare facilities, identifying it as the most significant factor influencing hospital preference. Conversely, visual identity elements of hospitals—such as signage, logos, and color schemes—were found to be the least influential factors in hospital selection.

While participants demonstrated a very high level of trust in physicians, their trust in hospitals was found to be at a moderate level. Among the factors affecting hospital preference, service quality received the highest mean score, suggesting that patients place the greatest importance on satisfaction with the quality of care received. In contrast, the environment and reputation factor had the lowest mean score, implying that the hospital's location or social prestige is less important in shaping patient preferences.

Correlation analyses highlighted a statistically significant moderate positive relationship between trust in physicians and trust in hospitals. This finding suggests that these variables mutually influence each other—trust in a physician may enhance trust in the hospital, and vice versa. Conversely, a lack of trust in one may negatively impact the other, indicating a reciprocal relationship between the two forms of trust.

Another key finding of the study is the significant relationship between trust in physicians and the staff attitude and behavior factor in hospital preference. This suggests that the conduct of hospital staff plays a critical role in patients' willingness to return to the same healthcare institution. Additionally, trust in the hospital was found to be significantly associated with service quality, environment and reputation, physical suitability, and consumer cost—factors that influence hospital preference.

In terms of demographic differences, significant variations were observed. Trust in physicians significantly differed based on the type of hospital, with higher levels of trust reported among patients receiving care at private hospitals. Moreover, trust in hospitals varied significantly by gender, with male participants demonstrating higher levels of trust. Regarding hospital preference factors, service quality differed significantly according to gender, marital status, age, and occupation; environment and reputation varied by gender, marital status, type of hospital, age, and occupation; physical suitability showed significant differences by marital status, age, and occupation; and staff attitude and behavior varied only by age. In contrast, consumer cost did not show any significant differences across socio-demographic variables. These results suggest that while service quality, hospital environment and reputation, physical conditions, and staff behavior are influenced by individual characteristics, cost-related concerns are equally important for all patient groups regardless of demographic background.

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The authors declare that they have no conflict of interest.

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