**Assessing Patients’ Trust in their Specialist Physicians: A Descriptive Study in Iran**

**Abstract**

Building trust is the most fundamental element in doctor-patient relationship to the extent that it directly influences the treatment outcome. However despite the importance of this matter the study of patients’ trust seems to be taken for granted. The purpose of this study is to evaluate the patients’ trust in specialists. This was a descriptive-cross sectional study. Participants included 375 patients who were admitted in educational hospitals of Jahrom University of Medical Sciences that were selected by non-random sampling method. The data collection tool was a researcher-made questionnaire whose reliability was confirmed. For data analysis descriptive statics were used by SPss16 software. The patients’ confidence rating for specialists was 69.1± 1.48 which was at a very good level of confidence. Also patients in the internal medicine ward with a mean confidence score of 70.2 ± 1.5 had the highest mean of confidence score in the investigated medical departments. According to the findings of this study the level of patients’ confidence in specialist physician seems to be rather favorable.

**Keywords:** Trust, Patients, Specialized Physicians

**Introduction:**

The physician-patient relationship is of great importance in medical interventions. Bearing a central role in clinical measurements, some 60-80% of medical diagnosis and the same percentage of treatment decisions are made based on data collected from interviews with patients (1).

On the other hand, it can be said that patient’s trust in physician is the most fundamental element in physician-patient relationship; effective on the outcome of treatment (2).

Conceptually speaking, trust in someone, refers to a person’s intension or decision to hand over himself to another (here the physician), knowing that he is vulnerable to his or her performance, and that he does not have any authority to monitor or control his function; only he expects that the trustee acts in favor of him and not to do any harm (3).

For these reasons, ’trust’ not only bears intrinsic value, but also carries practical and functional significance in the sphere of medical sciences. Consequently, trust can affect many important behavioral and attitudinal patterns in patients. Furthermore, the patient, who seeks health and medical assistance, has to provide his physician with private and personal information; accept the procedure of treatment and follow his therapeutic recommendations.

There is also increasing evidence that trust affects the therapies through an unknown mechanism (such as a placebo) and elevates almost all the therapies through interaction between the body and mind. In addition, several researches show that patients with confident in their therapist are more satisfied with care received and are more willing to ignore medical errors, if any (4). Trust also has an incredible effect on the autonomy of patient, and in fact, on his informed consent which emerges as a result of autonomy, and is actualized when the patient puts trust in physician (5). In religious sources, the importance of trust in physician-patient relationship has been repeatedly acknowledged. Similarly, such an importance has been reflected in the perspectives of spiritual leaders of religion (6). Given that we accept the importance of trust in doctor-patient relationship, then how to measure this parameter? However, currently there is the concern that such a mentioned trust is being declined due to a variety of threats. (7). Gray believes that "over the past few decades, the cost of health services has increased dramatically, which is not only a serious threat to the patient’s confidence in doctor and the continuation of his treatment, but also has reduced the ethics of trust, and increased the number of wrong prescriptions and medical misuses (8). In this regard, Jones et al. (2011) carried on a study to measure the confidence of patients with hypertension and its correlation with adopted moderating behaviors of lifestyle and follow up a medication regimen. The results indicated that 70% of patients who had confidence in their doctors, and those with full confidence in their physicians had a higher chance of reporting weight loss efforts than those with lower confidence. Although there were no statistically significant differences, patients with complete confidence had a higher chance of reducing salt intake and doing regular exercises. At the end of the study, the researcher concluded that the empowerment of patients with high blood pressure to communicate effectively and trust in their physicians could be a promising strategy to increase their involvement in adopting a healthy lifestyle (9). Another study by Tom et al. (2002) on 732 patients referring to physicians with different specializations at two healthcare centers revealed that patients with lower confidence in their physicians demonstrated less satisfaction to the care they received and were less willing to follow doctors’ recommendations. The study recorded less reports of improvement on symptoms either (10). However, the results of a study by Lord et al. (2012) in health care centers of UK which aimed at measuring the trust of patients affected to cancer to care providers indicated that 94.4% of the population had full-fledged trust in their doctors (11).

Although different estimates of trust obtained in different situations could be related to parameters such as legal, ethical and other general public concerns, the fact was that without evaluating the level of trust we could not understand whether the measures taken had been effective or harmful to the patient’s promotion of confidence (8). Knowing that in recent years despite the significant increase of costs of medical services, the trust in doctor-patient relationship has been seriously reduced, and despite the increase of medical costs imposed on patients, fewer talks on doctor-patient trust and ways to promote it have been suggested. As a matter of fact, the present study has provided an opportunity to measure the effects of trust in doctor-patient relationship which had been, at least partially, neglected (12).

**Method:**

This research project, typically descriptive-cross sectional was conducted in Jahrom city in 2016. The environment of the research included hospitals of Shahid Motahari, Peymaniyeh and other facilities affiliated to Jahrom University of Medical Sciences. For the research population, some 375 patients were selected as samples from all health care centers based on non-random sampling method and in direct proportion to the total number of beds in each wards. The wards comprised of internal, surgery, women, orthopedics, urology, cardiac care unit (ccu) and post coronary care unit (Post ccu).

The criteria to include participants in the study required that the patients to be 18–65 years old and that had spent a minimum of two days (namely, a duration of six working shifts), except the holidays, in the ward. Meanwhile, they had to be visited at least 3 times by a specialist in any of the following fields including gynecology, urology, neurosurgery, general surgery, cardiology and orthopedics. Furthermore, the patient had not to be suffering from psychological diseases, and be alert enough to answer questions.

To collect data for the research project, a questionnaire was designed by the researchers arranged in two sections. The first section included demographic questions (such as, age, sex, place of residence, etc.) and hospital records of the patient (such as, the history of admission, the duration of the current hospitalization, the hospitalized area, etc.); the second part contained 17 specific questions aimed at evaluating the trust of admitted patients to their specialist physicians and therapists.

The scoring scale of the questionnaire, based on Likert spectrum, indicated Max. 5 marks for the completely agree answers, and Min. 1 mark for completely disagree. The process of designing the questionnaire also required the researchers to scrutinize relevant texts written by national and international scholars. Furthermore, the questionnaire was considered for specific socio-cultural and medical characteristics of national health facilities. Next the face and content validity of the questionnaire were assessed by some 8 professors and scholars from the fields of medicine, social medicine, nursing, ethics and medical ethics. Based on the suggestions provided by these scholars the questionnaire was edited.

To check the reliability of the questionnaire, it was given to 20 patients qualified for participation in the study. Then, the Coefficient Correlation Interclass of the questions were calculated and confirmed as being 88% using Alpha–Cronbach coefficient correlation. Based on the statistical calculations, the total scores of the questionnaire namely, 85 and scores obtained from the patients indicating their trust in their expert physicians, the results were classified into 4 categories including weak (17-34), moderate (35-51), good (52-68), and very good (69 and higher).

To conduct the research project, Jahrom University of Medical Sciences provided the researchers with authorization letters to be presented to the officials of hospitals in Jahrom to allow the researcher attend various wards freely. The researcher distributed the questionnaires among the participants following they had gotten letters of informed consent from the patients and observed all ethical aspects of the research. The questionnaires were distributed among the patients at the right time. They were completed by the patients freely; data collected from the questionnaires were analyzed using SPSS software (version 16) and by means of indexes of central statistical indicators, and also by indexes of distinction and abundance of relative and absolute.

**Findings:**

In this study, the response rate to the questionnaire was 100%. There were 170 male patients (45%/3) and 205 female (54%/7). The average age of the patients was 42.9±15.6 and 81.9% of them were married. Most of the patients (60/4%) were living in Jahrom. Other demographic information were presented in Table 1.

Table 1: Frequency of distribution and percentage of demographic information of patients participating in the research

|  |  |  |  |
| --- | --- | --- | --- |
| Statistics  Variable | | Number | Percent |
| Education | illiterate | 98 | 26.3 |
| High school Graduate | 167 | 44.9 |
| High school Graduate Certificate | 67 | 18 |
| Associate Degree | 17 | 4.6 |
| Bachelor | 22 | 5.9 |
| Masters and higher | 1 | 0.3 |
| Occupation | Farmer | 24 | 6.5 |
| Worker | 43 | 11.7 |
| Employee | 35 | 9.5 |
| Self-employed | 90 | 24.5 |
| housewife | 175 | 47.7 |
| Place of Admission | Internal | 165 | 44.1 |
| General surgery | 69 | 18.4 |
| Gynecology and Obstetrics | 69 | 18.4 |
| Orthopedic | 20 | 5.3 |
| Kidney and urinary tract Surgery | 2 | 0.5 |
| CCU | 28 | 7.5 |
| POST-CCU | 21 | 5.6 |
| Duration of Admission | 2 days | 51 | 14.1 |
| 3 days | 140 | 38.7 |
| 4-6 days | 124 | 34.3 |
| A week and more | 47 | 12.5 |

The results showed that the average score of patients’ trust (patients admitted to Jahrom educational hospitals) in their specialists was equal to 69.1±1.48 out of 85 the total score of the questionnaire; hence, indicating a very good level of trust. (Table 2)

Based on the results of the research, the highest average score of confidence in specialists belonged to the age group of (71-80) with an average of 77±5.7% and the lowest scores of that to the age group of (10-20) with an average score of 60±2.16%. Also, the results of the study indicated that the average confidence score of male patients was 71.2 ± 1.44 and that of female patients showed 66.4 ± 1.51(Table 3).

Table (2).Cumulative distribution and percentage of confidence levels of patients admitted to Hospitals of Jahrom University of Medical Sciences to their specialists

|  |  |  |
| --- | --- | --- |
| Abundance  Levels of patients’ confidence | Number | Percent |
| Weak (34-17) | 8 | 2.1 |
| Medium (51-35) | 35 | 9.3 |
| Good (68-52) | 82 | 21.9 |
| Very good (69 and above) | 173 | 46.1 |

Determining the average scores of confidence of patients admitted to specialists, according to the level of education of patients, also indicates that the highest mean of confidence scores belonged to patients with associate Degrees (Table 3).

Determining the average confidence scores of patients under the supervision of specialized physicians in hospital wards including internal, surgery, and women revealed that the internal therapy group with a mean score of 70.2 and a standard deviation of 1.5 combined the highest average score for patients’ confidence in their physicians (Table 3).

Table (3): Mean confidence score (standard deviation) of patients admitted to specialist

physicians based on clinical and demographic data of patients

|  |  |  |  |
| --- | --- | --- | --- |
| Statistics  Variable | | Average | Standard deviation |
| ÷  Level of Education | illiterate | 68.8 | 1.48 |
| Under 12 standards (high school) | 68.8 | 1.59 |
| High school graduation certificate | 68.8 | 1.37 |
| Associate degree | 72.2 | 1.37 |
| Bachelor | 68.8 | 1.42 |
| Length of hospitalization | 2 days | 70.2 | 1.46 |
| 3 days | 69.5 | 1.49 |
| 4-6 days | 68.4 | 1.42 |
| A week and more | 65.9 | 1.7 |
| Treatment group | Internal | 70.2 | 1.5 |
| Surgery | 68.7 | 1.4 |
| Gynecology | 64.7 | 1.37 |

**Discussion:**

As indicated by the results of the research, the majority of patients (68%) trusted in their physicians at good and very good levels. Being a strong element in physician-patient relationships, those patients with more trust and confidence in their physician revealed more satisfaction with their treatment and care and were more inclined to visit their doctors and follow their prescriptions and less willing to change their doctors. When the patient visits the doctor, he is brimmed with a spirit of trust and confidence; he thinks of his doctor as a caring, honest, precise and trustworthy person to whom he can speak of his secrets. Therefore, the physician should be attentive to the importance of his profession and never disappoint his patients (13). The results of Platonova’s study in 2008 which entitled "Understanding patient satisfaction, trust, and loyalty to primary care physicians" indicated that patient’s trust and satisfaction were appropriate to the initial medical care, and that it could be used significantly to predict patient's interactions with his doctor and receive primary medical care. This was consistent with the findings of the above study. Furthermore, the authors of the above study stated that positive initial doctor-patient relationships are essential to patient's satisfaction with medical care (14). In this regard, Mechanic conducted a study investigating to concept of trust in the three groups of patients, those with breast cancer, affected to lymphatic disease and suffering from mental illness by using Open Interviews Response method. They wanted to discover how patients check trust in their physicians and in health care programs. The findings indicated that patients looked at 'trust' as an interactive and verbal process when compared with their physician’s practice generally with their own knowledge and expectations. Moreover, participants in the study of Interpersonal Competence reported conflicts of care and the act of listening of the patient to his doctor as central points and the most common aspects of trust. Most patients predicted that doctors would be honest to them and respect their dignity. In this study, five dimensions of trusting including competence (technical and interpersonal), accountability, control, exposure, and self-esteem were investigated (15). Also, a cross-sectional study on the trust of public in UK health care system was conducted by Calnan and Sanford on individuals with at least 18 years old. According to the findings, the average level of trust in the health care system was 6 out of 10. At least some 30% of the participants reflected their low confidence in healthcare system through 28 items out of the 32 specific aspects of the trust. In this patient-centered study, occupational skill levels and insurance coverage were key determinants to the public confidence levels in health care systems. (16) As it indicated, the results of the above mentioned study contradicts the results of ours. It could be due to the fact that in the present study, levels of trust in the health care system were examined, whereas our research dealt with patients' levels of trust in their specialist doctors; and that research samples were different in the two studies. Another study was conducted by Rahimpour et al. to investigate the impact of patient's confidence in physician and his satisfaction with the treatment process. The research population was composed of 400 diabetic patients in Kerman. The results showed that the patient’s trust in the physician was at average level. The findings pointed to a significant relationship between trust in the physician and satisfaction with the treatment process (17). Also the results of another study by Feyzi et al. on the patients’ view of parameters effective in developing patient-nurse relationship (which was done by using a qualitative study and grounded theory approach) proved that the two categories of “nurse professional particulars” and “ethics fundamental” were important and the nurses needed to create and strengthen their professional qualifications and observe ethical principles (18). Therefore, it necessitates for nurses to observe ethical issues if they expect the process of treatment to become effective. Similarly, findings of Friedman's study on doctor-patient relationship indicated that the adherence of patients with glaucoma to treatment procedures would be promoted in case of patient's trust in doctor-patient communication (19). On the other hand, knowing that hope is an important step in patient's treatment, and that sometimes patients feel better even before doing doctor’s orders, a significant part of treatment would be related to doctor's ability to gain patient confidence and providing him with hope (20). As a matter of fact, paying attention to create positive relationship between doctor and patient would be critical in the promotion of the treatment procedure and should be prioritized by the authorities of health institutions and healthcare researchers. Finally, it is necessary to note that the findings of this study were, for the most part, limited to the viewpoints of patients admitted to educational hospitals of Jahrom University of Medical Sciences; hence cannot be simply applied to other communities and patients.

**Conclusion:**

According to the findings of this research, the level of patient's trust in specialist doctors seems to be satisfactory. However, since such positive relationship facilitates recovery process and patient's adherence to the treatment procedure, it is recommended that health care personnel, especially the doctors attempt to enhance the level of patient's trust in them. In doing so, one more step would be monitoring the level of patient’s trust in doctors and healthcare team is suggested.

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