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ORIGINAL ARTICLE

The impact of physicians' communication skills on trust building in surgical patients: A cross-sectional descriptive study

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Abstract

Trust-based communication is extremely important in the patient-physician relationship. The patient's trust in the physician is necessary for the success of the treatment. Due to the unknown, anxiety and fear in the field of surgery, patients want to be understood more by their physicians. The objective of the study is to determine the hospitalized surgical patients' opinions about the communication skills of the physicians in building trust and the factors affecting them. 201 patients staying at the surgical unit constituted the sample of this cross-sectional descriptive study. The data collection form consisted of questions measuring demographic data and the Scale of Trust Communication in the Patient-Physician Relationship. Descriptive statistics, Mann-Whitney U, Kruskal-Wallis, Bonferroni correction and Spearman correlation coefficient have been used to analyze the data. The Scale of Trust Communication in the Patient-Physician Relationship total point average was 86.15 ± 10.34. A meaningful relationship was found between the total score and trust in the physician health care attitude, trust in the physician decisions and the patient's behavior regarding the payment status. The trust communication average score of the patients was high, and the total scale point average increased as the sub-scale averages increased.

Keywords: Communication, patient, patient-physician relationship, surgical trust

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Introduction

Patient physician relationship constitutes the main basis of every approach in medical applications and treatment attempts. This dynamic relationship is based on communication and trust and is affected by many cultural, economic, technological, and ethical factors [1].

Patient-physician relationship is a complex interaction of trust and authority in a professional environment [2]. The factors that affect patient-physician relationship can be listed as relationship model between patient and physician, communication, trust [3-5] holistic approach, disease concept of the physician and the era and diagnosis and treatment methods, scientific and technical advancements, medical ethics education and reasons caused by the physician, patient, disease, and the health system [3,4]. Trust is the defining element of the patient-physician relationship, and communication is the primary means of establishing trust [2]. Effective communication includes providing accurate and understandable information to patients [6], patient and physician satisfaction, medical outcome success, and patient loyalty [5,7-11] increases patient compliance with medication and treatment regimens; and reduces medical errors, patient complaints, and medical negligence claims [12,13]. When patients cannot develop trust and connection with the physician, they may avoid treatment and waste time by searching for other physicians. This condition can be considered as a violation of the physicians' ethical responsibilities of not harming the patients and being useful [14]. In providing the most benefit to patients, it is important to analyze the patient values correctly and respect patient autonomy [15,16]. Therefore, it is important that the physicians communicate effectively with their patients.

The importance of trust in the patient-surgeon relationship is much greater due to the nature of the surgery, the complex and stressful environment of the operating room, the potential positive/negative consequences5, the fact that the intervention causes pain and disrupts tissue integrity, causing physical harm to the patient and making the patient more vulnerable [17]. Effective communication between the surgical team and the patient affects patients' trust in the physician and treatment process positively. Craig-Schapiro et al., (2018) stated in their study that the patient-physician relationship and effective communication in the context of patient-centered care, surgical patients who communicate well and trust their physicians go through the treatment process with fewer complications [18]. This is an indication of the positive impact of communication and trust on the treatment process. As seen in the literature, there are studies addressing patient-physician communication and trust between patients and physicians. These studies address the topic from different perspectives and with different sample groups. An attempt was made to determine the views of physicians on establishing trust-building communication and the factors affecting this from the perspective of inpatient surgical patients. The aim of this study is to determine the hospitalized surgical patients' opinions about the communication skills of the physicians in building trust and the factors affecting them.

Materials and Methods

Ethical aspect of research

Approval was obtained from the non-invasive clinical research ethics committee of Karamanoğlu Mehmet Bey University (date 24.05.2022 and number 02-2022/1) and from the institution where the study was conducted. Before data collection a written informed consent was obtained from the participants after the purpose of the research was explained in accordance with the Helsinki Declaration. Also, participants were informed about the fact that their participation is voluntary, and their answers will be kept confidential and evaluated only as scientific data.

The type of the study

This is a cross-sectional descriptive study.

The sample of the study

The population of the study consists of patients hospitalized in the general surgery clinic of Karamanoğlu Mehmet Bey University Faculty of Medicine Hospital in Karaman. The universe consisted of all the patients staying at the general

surgical clinic. According to Akgül (2005) and Yurdugül (2005), when adapting a scale to a group, a sample size of at least 5-10 times the number of items is required [19,20]. The Patient-Physician Relationship Trust Communication Scale used in the study consists of 19 items. Therefore, the plan is to reach at least 190 patients. Therefore, the sample size calculation was calculated using the formula: Sample size = Number of items x Number of observations/ person. Data was collected from 201 participants staying at the general surgical clinic as a patient who accepted to participate in the study between 01.06.2022 and 01.09.2022. Inclusion criteria were being older than 18, being literate and being willing to fill out the data collection form.

Data collection form

The first part consisted of 11 questions prepared by the researchers after scanning the literature about demographic data [21-23].

The scale of Trust Communication in the Patient-Physician Relationship (STCIPPR)

The scale developed by Koca & Erigüç in 2021 has 19 items and 3 sub-dimensions. These three sub dimensions are patient's trust in the health care behavior of the physician, trust in the decisions of physician and the patient's behavior regarding the payment status. The lowest score that can be obtained from the scale is 19 and the highest score is 95. The total reliability coefficient of the scale was calculated as 0.93 [24]. In our study, the reliability coefficient was calculated as 0.94. The answers given by the participants were determined to be reliable.

Statistical analysis

Statistical analyses were done using Statistical Package for the Social Sciences (IMB SPSS Statistics 24). Descriptive statistics were used to interpret the findings. Depending on the sample size of each subgroup, the Shapiro-Wilk test was applied for samples with fewer than 50 observations (n<50), whereas the Kolmogorov-Smirnov test was employed for samples with more than 50 observations (n>50) to assess the normality of the data. Non-parametric methods were used for measurement values that did not comply with normal distribution. In accordance with non-parametric methods, the "Mann-Whitney U" test (Z-table value) was used to compare the measurement values of two independent groups, and the "Kruskal-Wallis H" test (χ2-table value) method was used to compare the measurement values of three or more independent groups. Bonferroni correction was applied for pairwise comparisons of variables with significant differences in three or more groups. "Spearman" correlation coefficient was used to examine the relationship between measurement values that do not have a normal distribution.

Results

The average age of the participants was 52.20±20.46 years where 34.3% were (n=69) ≥ 65. Half of the participants, 51.7% (n=104) were women, 72.1% (n=145) were married, 36.8% (n=74) were housewives, 54.7% (n=110) were secondary school graduates, income of 70.6% (n=142) was equal to their expenses and 70.2% (n=141) lived in the city center. Also, 54.7% (n=110) of the participants stated they have no chronic illnesses, 72.1% (n=145) have been hospitalized before, 99.5% (n=200) received information from the physician about the illness and 96.0% (n=193) believed that the physician keeps the secret of the patient (Table 1).

The three statements with the highest averages on the Scale of Trust Communication in the Patient-Physician Relationship were 'I trust my physician and always try to follow his advice.,' 'My physician hospitalizes me when it is necessary.,' 'Physician's decisions about which treatment is best are reliable.' (Table 2). The statements with the lowest averages on the Scale of Trust Communication in the Patient-Physician Relationship are 'If there were a mistake about my treatment, I trust my physician would tell me.', 'Physicians are benevolent enough to take care of their patients even if their situation does not allow them to pay money.', 'If a mistake is made in my treatment, my doctor will not hide it from me.' (Table 2).

The Scale of Trust Communication in the Patient-Physician Relationship point average was 86.15±10.34 (min: 33.0, max: 95.0), the patient's trust in the health care behavior of the physician

Tablo1. Descriptive characteristics of participants.

Variables	Category	n	%
Gender	Female	104	51.7
	Male	97	48.3
Marital Status	Married	145	72.1
	Single	56	27.9
Occupation	Housewife	74	36.8
	Unemployed	10	5
	Retired	45	22.4
	Self-employed	41	20.4
	Public sector employee	15	7.5
	Private sector employee	16	8
Education Level	Literate	15	7.5
	Primary/Secondary school	110	54.7
	High school	39	19.4
	Bachelor's degree	31	15.4
	Postgraduate degree	6	3
Income Level	More than expenses	13	6.5
	Equal to expenses	142	70.6
	Less than expenses	46	22.9
Place of Residence	City center	141	70.1
	District	25	12.4
	Village	35	17.4
Chronic Illness	Yes	91	45.3
	No	110	54.7
Hospital Visit Frequency (Monthly)	Less than once	137	68.2
	Once	31	15.4
	More than once	33	16.4
Previous Hospitalization	Yes	145	72.1
	No	56	27.9
Source of Health Information	Doctor	200	99.5
	Nurse	1	0.5
Doctor Maintains Confidentiality	Yes	195	97
	No	6	3

sub-dimension point average was 41.54±4.64 (min: 14.0, max: 45.0), trust in the decisions of physician sub-dimension point average was 26.76±3.63 (min: 11.0; max: 30.0), and the patient's behavior regarding the payment status sub-dimension point average was 17.82±2.78 (min: 5.0, max: 20.0).

Statistically significant differences were determined in the total STCIPPR scores and the trust in the decisions of the physician (χ2=11.667; P=0.009) and the patient's behavior regarding the payment status (x2=12.300; *p*=0.006) according to age. As a result of pairwise comparisons with Bonferroni correction, a significant difference

Table 2. The three statements with the highest and lowest scores on the trust communication scale in the patient-physician relationship.

Scales (n=201)	n	Average	SD
Trust communication in patient- physician relationship			
The 3 highest rated statements			
I trust my physician and always try to fulfil his/her advice.	157	4.71	0.69
My physician hospitalizes me when it is necessary	156	4.70	0.65
The decisions of the physicians about which treatment is best are reliable	149	4.69	0.60
The 3 highest rated statements			
I trust my physician about whether he would tell me if there were a mistake about my treatment.	126	4.36	0.99
The positions are kind enough to look after the patients even if they do not have enough money to pay.	117	4.33	0.97
If there is a mistake in my treatment. my physician does not hide from me	119	4.29	1.04

was determined between participants ages < 35-49 and ≥65. (Table 3).

A significant difference was found in the trust in the physician's health care attitudes (χ2=20.403; p=0.000), the trust in physician decisions (χ2=18.797; p=0.001), the patient's behavior regarding the payment status (χ2=14.747; p=0.005), and total STCIPPR (χ2=14.747; p=0.005) scores according to education levels. As a result of pairwise comparisons with Bonferroni correction, a meaningful difference was determined between middle school graduates and high school graduates (Table 3).

There was a statistically meaningful difference in the trust in the physician decisions (χ2=11.672; p=0.003), the patient's behavior regarding the payment status (χ2=8.468; p=0.014) and total STCIPPR (χ2=9.322; p=0.009) scores according to the place lived for the longest. As a result of pairwise comparisons with Bonferroni correction, a meaningful difference was determined between the participants living in the city center the longest and the ones living in the village (Table 3).

A meaningful difference was determined in terms of the trust in the physician's health

Table 3. Comparison of the Scale of Trust Communication in the patient-physician relationship scores according to the findings.

Variance (n=201)	n	The scale of trust communication in patient - physician relationship							
		The trust of the physician to the healthcare attitude		Trust in the decisions of the physician		The patient's behavior regarding the payment status		**Total- STCIPPR**	
		$\bar{X} \pm SD$	**Median**	**$\bar{X} \pm SD$**	**Median**	**$\bar{X} \pm SD$**	**Median**	**$\bar{X} \pm SD$**	**Median**
Age									
<35 (1)	50	40.00±6.37	43.0	26.36±4.20	26.5	17.10±3.58	18.0	83.46±13.78	88.5
35-49 (2)	45	40.73±5.06	43.0	25.87±3.80	25.0	17.16±2.90	18.0	83.76±10.66	87.0
50-64 (3)	37	42.27±3.11	43.0	26.38±3.57	28.0	18.19±2.01	19.0	86.84±7.95	90.0
≥65 (4)	69	42.80±2.94	44.0	27.93±2.80	29.0	18.58±2.14	20.0	89.30±7.18	92.0
Statistical analysis*		x^2=7.115		x^2=11.667		x^2=12.300		x^2=10.687	
Possibility/Difference		p=0.068		***p*=0.009 [1.2-4]**		***p*=0.006 [1.2-4]**		***p*=0.014 [1.2-4]**	
Education level									
Literate [1]	15	40.68±4.34	43.0	26.20±3.38	28.0	17.73±1.98	18.0	84.60±9.23	85.0
Middle school [2]	110	42.77±3.40	44.0	27.87±2.78	29.0	18.45±2.16	20.0	89.01±7.44	92.0
Highschool [3]	39	39.46±5.26	41.0	25.08±4.64	27.0	16.49±3.75	17.0	81.03±12.87	84.0
Bachelor's [4]	31	40.55±6.41	43.0	26.23±3.91	28.0	17.42±3.11	18.0	84.19±13.05	88.0
Postgraduate [5]	6	40.83±4.67	42.0	24.17±3.71	24.0	17.17±2.79	17.5	82.17±10.47	84.5
Statistical analysis		x^2=20.403		x^2=18.797		x^2=14.747		x^2=21.121	
Possibility/Difference		***p*=0.00 [2-3]**		***p*=0.001 [2-3]**		***p*=0.005 [2-3]**		***p*=0.000 [2-3]**	
The place lived the longest									
City center [1]	141	41.12±4.93	43.0	26.26±3.80	27.0	17.53±2.84	18.0	84.91±10.84	89.0
District [2]	25	42.00±4.74	44.0	27.64±3.33	29.0	18.12±3.33	19.0	87.76±10.73	91.0
Village [3]	35	42.91±2.84	44.0	28.31±2.46	30.0	18.77±1.70	20.0	90.00±6.40	93.0
Statistical analysis		x^2=4.873		x^2=11.672		x^2=8.468		x^2=9.322	
Possibility/Difference		p=0.087		***p*=0.003 [1-3]**		***p*=0.014 [1-3]**		***p*=0.009 [1-3]**	
Presence of chronic illness									
Yes	91	42.73±2.97	44.0	27.76±2.93	29.0	18.62±1.81	20.0	89.11±7.07	92.0
No	110	40.56±5.48	43.0	25.99±3.96	27.0	17.15±3.24	18.0	83.71±11.91	88.0
Statistical analysis		Z=-2.557		Z=-3.363		Z=-3.732		Z=-3.436	
Possibility		***p*=0.011**		***p*=0.001**		***p*=0.000**		***p*=0.001**	

The "Mann-Whitney U" test (Z-table value) was used when comparing the measurement values of two independent groups in data that does not have a normal distribution. "Kruskal-Wallis H" test (χ2-table value) was used to compare three or more independent groups.

Table 4. Examining the relationships between trust communication scale scores in the patient-physician relationship.

Correlation* (n=201)		Trust communication in patient- physician relationship			
		The trust of the physician to the healthcare attitude	Trust in the decisions of the physician	The trust of the physician to the payment status of the patients	**Total- STCIPPR**
The trust of the physician to the healthcare attitude	*r*	1.000	0.785	0.758	0.918
	p	-	**0.000**	**0.000**	**0.000**
Trust in the decisions of the physician	*r*	0.758	1.000	0.787	0.930
	p	0.000	-	**0.000**	**0.000**
The patient's behavior regarding the payment status	*r*	0.758	0.787	1.000	0.895
	p	0.000	0.000	-	**0.000**
Total- STCIPPR	*r*	0.918	0.930	0.895	1.000
	p	0.000	0.000	0.000	-

"Spearman" correlation coefficient was used to examine the relationship between measurement values that do not have a normal distribution.

care attitudes (Z=-2.557; p=0.011), trust in the physician decisions (Z=-3.363; p=0.001), the patient's behavior regarding the payment status (Z=-3.732; p=0.000) and total STCIPPR (Z=-3.436; p=0.001) scores according to chronic illnesses condition (Table 3).

A meaningful difference was not determined between gender, marital status, frequency of going to the hospital, status of hospitalization before, ability to ask questions to the physician about themselves and the ability of physicians keeping the patient secrets, sub-dimension and total STCIPPR scores (p>0.05).

A high degree of positive relationship was determined between trust in the physician's health care attitude, trust in physician decisions, the patient's behavior regarding the payment status and total STCIPPR scores (p<0.05). Also, a meaningful high degree of positive relationship was determined between trust in the physician's health care attitude scores and trust in the physician decision scores and the patient's behavior regarding the payment status scores (p<0.05). A high degree positive relationship was determined between trust in the physician decision scores and trust in the physician's health care attitude scores (r=0.785; p=0.000). As the trust in the physician decisions scores increase, the trust of physician's health care attitude scores increase (Table 4).

Discussion

Physician-patient communication is the main component of clinical practice. Communication is of great importance to establish therapeutic physician - patient relationship [11,13] and is a main factor in establishing treatment relationships affecting trust, satisfaction, communication, competency, privacy, and autonomy [11,16]. In our study, the participants rated 'I trust my physician and always try to listen his advice.,' 'My physician hospitalizes me if it is necessary.,' and 'The ideas of the physicians about which treatment is suitable are reliable.' statements the highest. The fact that these statements in the physician's trust in health care attitude sub dimension having high point average shows that the patients trust their physician, physician's treatment of hospitalization if necessary and the physician's decision about the correct treatment.

Similar to our results, a study concluded that the patients trust physicians' medical ideas and the physician gives importance to the patient's needs [23]. Some of the patient-physician approaches rated high by patients in a study conducted in our country are (1) Patients are suspicious about trusting their physician and consult to another physician, (2) They always follow the physician's advice, (3) They think that physicians do whatever is necessary for their treatment, (4) They believe that the physician makes the best

decision for them, (5) They always follow the physician's advice, (6) They completely trust the physician [25].

In studies conducted with surgical patients it was stated that improved/effective communication increases patients' trust in the surgical team and comfort of care [18,26], the quality of surgeon-patient interaction and communication is an indicator of the quality of care and the basis of surgical care [5] and surgeons have strong beliefs that they will act in the interests of themselves and the medical institution [11]. In another study, some surgical patients stated that lack of honesty and paternalistic approach negatively affected trust in the surgeon [26]. One study found that respecting patients, providing adequate information about treatment, and encouraging compliance can increase trust in doctors [27]. Paternalism, which is an approach for the benefit of the patient, also damages patient autonomy. In recent years, it has been observed that the principle of respect for autonomy, which gives importance to the patient's information and participation in the treatment decision, has been prioritized instead of paternalism in the field of health.

In current study, the three statements with the lowest point averages belong to the trust in the physician decisions and the patient's behavior regarding the payment status sub-dimensions. These statements are related to the physician's giving information to the patient in case of wrong treatment, not hiding it from the patient, and the physician being benevolent enough to provide care to the patient who does not have financial means. In one study, the majority of the patients thought that physicians were honest with them about treatment, that physicians' medical decisions are related to the money they will earn, and that physicians consider their own financial interests before the needs of their patients [25]. In a study, patients stated that they were not satisfied with the information given to them about the treatment and care process and more than one third were worried about clinical care [28]. According to Kee et al., (2018), physicians refrained from informing their patients and did not include the patient in the treatment decision-making process [13]. Studies conducted with surgical patients emphasized that informing and respecting the patient facilitates trust [26], and that patient-centered communication helps the patient in deciding on the treatment option [10]. On the contrary, in a study surgical patients stated that surgeons cannot communicate effectively with their patients, which negatively affects the trust in surgeons [16]. However, it is stated that patients who have high trust in their doctors are more cooperative during the treatment process, show fewer symptoms and are more satisfied with the treatment [8,18]. As a requirement of patient autonomy, information is extremely important. One approach that supports patient autonomy is respect for the patient. The patient-physician relationship, carried out with respect for the patient, will contribute to the continuation of the process for the benefit of the patient and will facilitate the patient's compliance with the treatment.

In this study, the scale subdimension and total scores of surgical patients in the 65-year-old group were found to be significantly higher than those in the other age group (Table 2). In the study conducted by Temel and Şantaş with patients applying to the hospital polyclinic, it was found that patients over the age of 60 had more trust in the doctor [29]. In a study conducted in Türkiye, it was found that patients between the ages of 36-55 trust their doctors more [30]. In the literature, as the age increases the trust in the physician increases [25,31]. In different studies, no significant statistical relationship was found between the patient's age and the level of trust in the physician [23,32]. It can be said that personal experiences with age may have an impact on trust in the physician.

When examining the educational status and mean scale scores, the scale subdimension and total scores of surgical patients who were primary school graduates were found to be significantly higher than those who were high school graduates. Similarly, studies conducted with patients have found that people with higher education levels have less trust in physicians [3,25,29]. In a study by Deniz & Çimen (2021), participants who had bachelor's and postgraduate degrees had lower levels of trust in the physicians [23]. In another study,

the education level was not a factor affecting the trust in the physician [22].

According to the study findings, those living in rural areas had significantly higher total scale scores, confidence in physician decisions, and patient behavior regarding the payment status subscale scores. In Banerjee & Sanyal (2012) study's, participants living in urban areas had higher trust in the physician (%63.8) than ones living in rural areas (%53.70) [33]. Moreover, it was observed that in patient-physician interviews, people from rural areas with low social economic levels were more passive while communicating than the participants with higher education levels living in urban areas. The differences in study findings can be explained by the differences in social status given to physicians and cultural characteristics between countries.

In the study, it was found that the total score and sub-dimension score averages of the trust communication scale were high in participants with chronic diseases. Similar to our study, Temel and Şantaş›s study with patients who applied to the hospital polyclinic found that individuals with chronic diseases had more trust in the physician [29]. In a different study, people who do not have chronic illness trust their physician more [34]. Chandra et al. (2018) emphasized that trust in the physician is as important as health care satisfaction for patients with chronic illnesses [8].

A meaningful difference was not found between gender, marital status, income level, frequency of hospital visits, previous hospitalization status, ability to ask questions to the doctor about oneself, doctor's ability to keep patient secrets, and sub-dimension and total STCIPPR scores. In different studies, marital status was not a factor that affected the level of trust in the physician [22,23,25,32]. These results are similar to the findings of our study. In a study, the majority of patients stated that they preferred their medical records to be inaccessible to unrelated people [25]. In a study conducted with surgical patients, the proportion of patients who thought that the physician encouraged the patient to ask questions was found to be more than three quarters [10]. In a study, only about half of the patients did not hesitate to ask questions to the physician, and those who hesitated stated their reasons as personal characteristics of the patient and/or physician (embarrassment, harsh temperament, anxiety of not getting an answer, etc.) [21]. The frequency of interaction of patients with their doctors affects their expectations and is effective in including the patient in the decision-making process [7]. Studies have found that the increased frequency of hospital admissions [3] and previous hospitalization experiences [26] positively affect the level of trust. In a study by Croker (2013), older patients had a stronger sense of confidence than younger patients regarding their participation in decisions regarding their care [31]. Similar to our study, in a study conducted with surgical patients, the expectations of the patients were different and their awareness about the issues they want to be informed was low [26].

Relationship between scale sub-dimension and total point

Continuity of care is extremely important for the establishment and maintenance of trust in the patient-physician relationship [9]. In our study, as the trust score in the physician's health care behavior, physician's decisions, and the patient's behavior regarding the payment status increased, the communication of trust in the physician was stronger. As the confidence scores in physician decisions increased, the confidence scores in the physician's health care behavior also increased.

Allowing the patients to make decisions for themselves in an informed, trusting environment is an approach that increases the patients' cooperation in the treatment process and also supports their autonomy [9,16]. In the study conducted with patients in the surgical clinic, participants stated that physicians had authority due to their specialized knowledge and experience, that physicians treated many patients similar to themselves, and that they believed that the prescribed treatment plan was right for them [11]. Reducing pain and ensuring symptom control during the treatment process are factors that increase trust in the physician. In studies conducted with elective surgery patients, Craig-Schapiro et al. (2018), stated that the most

important factor affecting the patient-physician relationship and trust is miscommunication [18].

In current study the trust communication scores of the patients were high. Patients did not think their physicians see lack of health insurance as a problem in planning the best treatment for them. In addition, patients stated they trust the information given and health care provided by the physician and the decisions made by the physician being the best decision. In a study, surgical patients stated that they were not informed adequately during preop for postop period which affected the trust in the surgeon adversely [16]. Surgical patients stated that the physician's counseling of the patient from the preoperative period onwards and providing adequate information in understandable language are factors facilitating trust [26]. In the study conducted by Temel and Şantaş with patients who applied to the hospital polyclinic, it was found that the patients trusted the doctor [29]. In a study with surgical patients, it was stated that it is very important for patients to be informed openly and honestly about their diseases. [35]. Asan et al. (2021) stated in their study that patients have more confidence in the information they receive from physicians when they perceive that the communication between them and physicians is high [36]. Accurate and effective communication will provide trust and allow the patient to manage the process more accurately in the light of the information provided. Therefore, informed patients will participate more and will more easily assume responsibility for their own care.

The limitations of the study

Being conducted in the general surgical clinic of one university hospital is the limitation of the study and the results cannot be generalized.

Conclusion

Adhering to professional and occupational ethical values increases patients' trust in the physicians. In the patient-physician relationship, trust and communication in creating trust are extremely important. Surgical medical practices carried out in the presence of trust and communication affect the patients' satisfaction, adherence to the treatment and success of the procedure. In our study, patients' confidence scores in the physician's care, treatment, and attitude towards requesting tests according to the patient's needs were high. It was determined that patients gave the highest scores to the statements, "I trust my doctor and try to follow her advice," "The doctor hospitalizes me when necessary," and "The doctor's decisions about the best treatment are reliable." A significant relationship was found between age, education level, place of residence, chronic disease status and the scale total and sub-dimension score averages. In conclusion, strengthening the communication between the doctor and the patient will contribute to maintaining the safe environment created, supporting patient autonomy, and helping the doctor treat the patient honestly throughout the process. In line with these results, in service trainings on the necessity of strengthening doctor-patient communication, increasing doctor-patient trust, observing ethical values and the fact that it is a legal right is recommended.

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Conflict of interest

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