

Zübeyde AĞALDAY¹



¹Mardin Artuklu University, Institute For Graduate Educational Studies, Department of Health Management, Mardin, Türkiye

Hülya KESKİN²



²Mardin Artuklu University, Faculty of Health Sciences, Department of Audiology, Mardin, Türkiye



Examining the Effect of Health Communication Problems on Healthcare System Distrust: A Cross-Sectional Study

ABSTRACT

Objective: This study investigates the impact of communication problems between patients and healthcare professionals on distrust in the healthcare system, as inpatients perceive.

Methods: The research was conducted as a cross-sectional study, and criterion sampling was used to select participants. The study sample comprised individuals aged 18-65 who had received treatment and care services in the inpatient units of a Training and Research Hospital in Türkiye at least once in the past year. Data were collected using the "Individual Identification Information Form," the "Health Communication Problems Scale," and the "Healthcare System Distrust Scale."

Results: Patients' perceptions of health communication problems were measured at an average level of $\bar{X}=2.59\pm0.71$, while their perceptions of distrust towards the healthcare system averaged $\bar{X}=2.75\pm0.74$. Additionally, health communication problems accounted for 19% of the variance in explaining distrust in the healthcare system ($R=0.43$; $R^2=0.19$).

Conclusion: The findings indicate that inpatients experienced relatively low communication problems with healthcare professionals and held moderate levels of distrust towards the healthcare system. The research concluded that health communication problems positively impact distrust in the healthcare system.

Keywords: Communication, health communication, health communication problems, health system distrust, trust

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Corresponding author:

Zübeyde AĞALDAY

E-mail: zubeydeagalday@gmail.com

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Introduction

Communication challenges represent a significant issue within contemporary healthcare systems. Numerous studies have demonstrated that communication barriers between patients and healthcare professionals can result in adverse outcomes. Such challenges may hinder patients' adherence to their treatment plans. For instance, Beck et al. (2002) highlighted that patients might struggle to follow treatment recommendations when they do not receive adequate information from healthcare providers or possess insufficient knowledge about available treatment options. Similarly, Saha et al. (2008) found that patient satisfaction diminishes without effective communication. Moreover, research indicates that miscommunication or informational gaps between patients and healthcare professionals can lead to inaccurate diagnoses or inappropriate treatment decisions (Brennan et al., 2004). Chant et al. (2002) suggested that patients who encounter communication difficulties with healthcare providers may turn to alternative medical approaches. Hironaka & Paasche-Orlow (2008) also reported that communication issues can contribute to burnout and demoralization among healthcare professionals.

Recent research highlights that distrust in healthcare institutions has increased, especially during global health crises such as the COVID-19 pandemic (Skirbekk et al., 2023; Yang & Huang, 2021). Patients' trust in healthcare systems has been significantly influenced by communication effectiveness (Gu et al., 2022; Hong & Oh, 2020). Trust in healthcare institutions is fundamental to ensuring that patients seek care, adhere to treatment plans, and actively engage in their healthcare. However, ineffective communication can weaken trust, leading to skepticism and disengagement from healthcare services. This aligns with theoretical perspectives suggesting that interpersonal trust is built upon effective communication, transparency, and perceived competence (Hall et al., 2001; Cook et al., 2005).

The concept of distrust in the healthcare system extends beyond a general lack of confidence in medical institutions. Researchers have identified several dimensions of distrust, including skepticism toward healthcare providers' competence, concerns about transparency in medical decision-making, and fears of being treated unfairly (Armstrong et al., 2006; LaVeist et al., 2009). One of the primary drivers of this distrust is ineffective health communication, which can result in misinformation, lack of patient engagement, and reduced confidence in healthcare professionals (Hall et al., 2001; Park & Giap, 2020).

Health communication problems refer to barriers that

hinder effective information exchange between healthcare providers and patients. These barriers may include unclear or inconsistent medical explanations, lack of patient involvement in decision-making, and emotional insensitivity from healthcare professionals (Kreps, 2015; Street et al., 2009). When patients feel excluded from discussions about their care or struggle to obtain clear medical information, they may become more skeptical of healthcare providers' intentions, ultimately diminishing their trust in the system (Souvatzi et al., 2021). Theoretical models in social science suggest that such experiences contribute to long-term distrust, affecting both individual health behaviors and public health engagement (Blau, 2017; Rosenstock, 1974).

Several theoretical models explain the link between health communication and trust. Social Exchange Theory (SET) (Blau, 2017) posits that interpersonal interactions, including those between patients and healthcare providers, are based on perceived benefits and costs. When patients encounter ineffective communication—such as unclear medical explanations, lack of empathy, or inadequate information—they may perceive healthcare providers as unreliable, which diminishes their overall trust in the system (Cook et al., 2005). Trust Theory (Hall et al., 2001) further explains that trust in healthcare institutions is built upon competence, transparency, and fairness. When these factors are compromised due to communication barriers, distrust emerges as a natural consequence (Gille et al., 2022). Moreover, the Health Belief Model (Rosenstock, 1974) suggests that individuals assess perceived threats when deciding whether to trust healthcare professionals and adhere to medical recommendations. Poor communication can heighten perceptions of uncertainty and risk, leading to increased skepticism toward the healthcare system (Wei et al., 2020).

These theoretical frameworks highlight the importance of trust in fostering positive health behaviors and ensuring effective patient-provider relationships. As a result, trust in the healthcare system plays a critical role in individuals' confidence in accessing healthcare services, receiving treatment, and assessing health outcomes. A firm trust in the healthcare system enhances the likelihood that individuals will provide honest and accurate information regarding their health status, thereby facilitating accurate diagnoses and the development of effective treatment plans by healthcare professionals (Thompson et al., 2011). When individuals trust the healthcare system, they are more inclined to adhere to healthcare providers' recommendations, leading to increased treatment compliance and improved health outcomes. Gilson (2006) found that patients' trust in healthcare services positively

influences treatment adherence and recovery. The healthcare system is also vital in maintaining social stability and enhancing societal resilience in health crises. Perceptions of distrust towards the healthcare system can contribute to social unrest and resistance to healthcare policies (Blendon & Benson, 2001).

Given the detrimental effects of distrust in the healthcare system, addressing and mitigating these perceptions is crucial. Thompson et al. (2011) emphasize that open and empathetic communication between healthcare professionals and patients is essential for building trust. Conversely, lacking communication or mutual understanding may undermine patients' trust in the healthcare system (Beck et al., 2002). Therefore, investigating the relationship between health communication challenges and distrust in the healthcare system is essential. A literature review reveals a notable scarcity of studies examining the relationship between communication and trust between patients and healthcare professionals (Chandra et al., 2018; Kulińska et al., 2022; Street et al., 2009; Wei et al., 2020). This observation highlights the originality of the current research in several respects. While existing studies have explored the connection between health communication and trust, at the time of this study, no research specifically addressed the relationship between health communication challenges and distrust in the healthcare system—two critical variables examined in this study. Furthermore, the available studies primarily focus on outpatient populations. Given the differing conditions and experiences of outpatients versus inpatients, it is plausible that their perceptions may vary significantly. Additionally, these studies were conducted in countries with healthcare systems distinct from those in Türkiye. Considering the unique dynamics of Türkiye's healthcare system, investigating the relationship between communication problems and distrust within this specific context adds another layer of originality to the research. Therefore, considering various perspectives, a comprehensive examination of how health communication issues influence distrust in the healthcare system may yield more reliable insights and a broader understanding. This research, which explores the impact of communication challenges between patients and healthcare professionals on perceptions of distrust toward the healthcare system among clinic patients, significantly contributes to improving the quality of healthcare services and enhancing patient experiences.

This study investigates the impact of communication problems between patients and healthcare professionals on distrust in the healthcare system, as inpatients perceive. In this context, we focused on the following research

questions:

- What are the levels of inpatients' health communication problems and perceptions of distrust towards the health system?
- Is there a significant relationship between health communication problems and distrust in the health system?
- Are health communication problems a significant predictor of distrust in the health system?

Methods

Type of Research

The research was designed as a cross-sectional study. Since cross-sectional studies capture data at a single point in time, they are useful for identifying associations but do not establish causality (Setia, 2016).

Population and Sample of the Research

The population of this research comprises patients who were admitted to the inpatient units of a Training and Research Hospital located in the southeastern Anatolia Region of Türkiye between June 1, 2023, and October 1, 2023. The study sample was selected using the criterion sampling method, a type of purposive sampling. Accordingly, 322 patients were included in the study based on the predefined criteria of this sampling method. These criteria required participants to be aged between 18 and 65, have received inpatient treatment and care services at least once in the past year, be literate, be able to communicate verbally, and voluntarily agree to participate in the study. However, individuals who did not meet the inclusion criteria—including those receiving care in intensive care units, palliative care units, or emergency departments, those unable to communicate verbally, and those who declined participation—were excluded from the study. Consequently, a total of 51 patients were not included due to communication barriers (n=24), being over the age of 65 (n=12), or experiencing severe pain that hindered participation (n=15).

Data Collection Tools

In the research, the “Individual Identification Form”, “Health Communication Problems Scale (HCPS)” and “Distrust in Health Systems Scale (DHSS)” were used as data collection tools.

Individual Identification Information Form: This form, prepared by the researchers, includes sociodemographic information, chronic disease presence, and information about the clinics where they are followed to determine the individuals' introductory characteristics.

Health Communication Problems Scale (HCPS): HCPS, developed by Yeşildal et al. (2021), consists of three dimensions and a total of 13 statements: effective communication (6 statements), social communication (3 statements), and communication barriers (4 statements). According to the results of exploratory (EFA) and confirmatory factor analysis (CFA) performed for construct validity, it was determined that the three-factor structure of the scale explained 61.94% of the total variance. CFA results show that the data are validated, and the fit indices obtained are as follows: $\chi^2=121.541$, $df=62$, $\chi^2/df=1.96$, $GFI=0.94$, $CFI=0.96$, $RMSEA=0.05$. The obtained indices show that the scale's construct validity was ensured (Schermmelleh-Engel et al., 2003). The study calculated Cronbach's Alpha reliability coefficients to evaluate the scale's reliability. It was determined as 0.83 for the effective communication dimension, 0.83 for the social communication dimension, 0.71 for the communication barriers dimension, and 0.82 for the overall scale. The coefficients indicate that the data are reliable.

Distrust in Health Systems Scale (DHSS): Developed by Rose et al. (2004) and adapted to Turkish by Yeşildal et al. (2020), DHSS is a one-dimensional scale comprising ten items. The fit indices obtained from the CFA conducted for construct validity confirmed the scale's construct validity. Cronbach's Alpha reliability coefficient ($\alpha=0.78$) calculated for the scale's reliability shows that the data are reliable. In this study, the fit indices obtained as a result of the first-level CFA conducted for the construct validity of the scale ($\chi^2=111.895$, $df=38$, $\chi^2/df=2.94$, $GFI=0.93$, $CFI=0.90$, $RMSEA=0.08$) confirmed the construct validity of the scale. Additionally, Cronbach's Alpha coefficient ($\alpha=0.78$) reflects that the data are reliable.

Analysis of Data

We used IBM SPSS Version 23.0 software to analyze the data obtained in the research. We first described and interpreted the data using descriptive statistics. In interpreting the means of the items in the scales, the criteria of "strongly disagree" for the range of 1.00-1.79, "disagree" for 1.80-2.59, "undecided" for 2.60-3.39, "agree" for 3.40-4.19 and "strongly agree" for 4.20-5.00 were taken as basis. In the analyses performed to test the normality of the data, the skewness coefficients of HCPS ranged between -0.01 and 0.88, the kurtosis coefficients ranged between -1.41 and -0.22, the skewness coefficients of DHSS ranged between -0.18 and 1.05, and the kurtosis coefficients ranged between -1.22 and 0.32. These values indicate that the data have a distribution close to normal (Kim, 2013). In this study, we evaluated the construct validity of the scales using CFA. In

this context, we examined the chi-square fit test, CFI (Comparative Fit Index), GFI (Goodness of Fit Index), and RMSEA (Root Mean Square Error of Approximation) fit indices (Schermmelleh-Engel et al., 2003). Pearson correlation and multiple linear regression analyses assessed the relationship between health communication problems and health system distrust. The adequacy of the sample size for regression analysis was confirmed through power analysis using G*Power 3.1 software. The analysis demonstrated that the required sample size for multiple regression was met, ensuring sufficient statistical power (Faul et al., 2009).

Ethical Approval

Ethics committee approval was received for this study from the ethics committee of Mardin Artuklu University (Date: May 3, 2023, Number: 2023/5-12). Institutional permission was secured from the hospital where the study was conducted, and permission for the use of the scales was obtained from the authors via e-mail. Participants were informed about the purpose of the study, and written informed consent was obtained from all participants. The Declaration of Helsinki carried out all the research steps.

Results

According to the data obtained from Table 1 regarding the sociodemographic characteristics of the patients participating in the study, we collected data from 322 patients hospitalized in 13 different units.

In Table 1, 30.7% are between the ages of 18-30, 36.3% are between the ages of 31-45, and 32.9% are between the ages of 46-65. The proportion of female patients is 47.8%, and 63.4% are married. 26.7% of the patients are classified as primary school graduates, 16.1% as secondary school graduates, 36% as high school graduates, and 21.1% as university graduates. In terms of occupational distribution, 50.6% are determined to be employed. Approximately half of the patients (49.4%) stated that their income is lower than their expenses, while 10.6% stated that their income is higher. 87.6% of the patients reside in the province and districts, while 12.4% reside in villages. We observed that 78% of the patients have social security, 31.1% have any chronic disease, and 61.2% have been hospitalized before.

The results of the analysis conducted to determine the perception levels of patients regarding health communication problems and distrust in the health system are presented in Table 2.

In Table 2, the perception levels of patients regarding health communication problems are generally at the "disagree" level ($\bar{X}=2.59\pm 0.71$). When examining the sub-dimensions, we observed that patients hold perceptions aligned with the

Variable	Sub Variable	n	%
Unit	1. Cardiology	44	13.7
	2. Urology	25	7.8
	3. Nephrology	23	7.1
	4. Brain Surgery	12	3.7
	5. Internal Medicine	63	19.6
	6. Physical Therapy	24	7.5
	7. Orthopedics	20	6.2
	8. Otorhinolaryngology	17	5.3
	9. General Surgery	26	8.1
	10. Chest Diseases	26	8.1
	11. Eye Diseases	11	3.4
	12. Oncology	15	4.7
	13. Gynecology	16	5.0
Age	1. 18-30	99	30.7
	2. 31-45	117	36.3
	3. 46-65	106	32.9
Gender	1. Female	154	47.8
	2. Male	168	52.2
Marital Status	1. Married	204	63.4
	2. Single	118	36.6
Educational Status	1. Primary	86	26.7
	2. Secondary	52	16.1
	3. High	116	36.0
	4. University	68	21.1
Profession	1. Unemployed	44	13.7
	2. Housewife	65	20.2
	3. Official	74	23.0
	4. Employee	32	9.9
	5. Freelance	57	17.7
	6. Retired	17	5.3
	7. Student	33	10.2
Income Status	1. Income>Expenses	34	10.6
	2. Income=Expenses	129	40.1
	3. Income<Expenses	159	49.4
Living Space	1. Province	139	43.2
	2. District	143	44.4
	3. Village	40	12.4
Social Security	1. Available	251	78.0
	2. Not Available	71	22.0
Presence of Chronic Disease	1. Available	100	31.1
	2. Not Available	222	68.9
Previous Hospitalization Status	1. Yes	197	61.2
	2. No	125	38.8
Total		322	100

n: Frequency; %: Percentage

"I disagree" level in the dimensions of *effective communication* ($\bar{X}=2.54\pm 0.89$) and *social communication* ($\bar{X}=2.37\pm 1.04$). In the dimension of communication barriers,

perceptions are generally at the level of "I am undecided" ($\bar{X}=2.83\pm 0.98$). The perception level of patients regarding the distrust of the health system is at the level of undecided" ($\bar{X}=2.75\pm 0.74$) (Table 2).

The findings of the Pearson correlation analysis to determine whether there is a significant relationship between health communication problems and distrust in the health system are presented in Table 3.

Scale/Dimension	SD	\bar{X}	Level
Effective communication	0.89	2.54	Disagree
Social communication	1.04	2.37	Disagree
Communication barriers	0.98	2.83	Undecided
Health communication problems	0.71	2.59	Disagree
Healthcare system distrust	0.74	2.75	Undecided

SD: Standard Deviation; \bar{X} : Mean

According to the Pearson correlation analysis results, a significant, positive, and moderate relationship was found between distrust in the health system and effective communication, one of the dimensions of health communication problems ($r=0.38$; $p<.01$). Similarly, a similarly significant, positive, and moderate relationship was found with the social communication dimension ($r=0.30$; $p<.01$). A significant, positive, low-level relationship was observed between the communication barriers dimension and distrust in the health system ($r=0.25$; $p<.01$). In addition, a significant, positive, and moderate relationship was found between health communication problems and general distrust in the health system. ($r=0.43$; $p<.01$).

	EC	SC	CB	HCP	HSD
EC	1				
SC	0.45*	1			
CB	0.26*	0.20*	1		
HCP	0.84*	0.69*	0.64*	1	
HSD	0.38*	0.30*	0.25*	0.43*	1

*: $p<.01$
EC: Effective Communication; SC: Social Communication; CB: Communication Barriers; HCP: Health Communication Problems; HSD: Healthcare System Distrust

In the multiple linear regression analysis conducted to determine whether health communication problems predict distrust in the health system, the dimensions of effective communication, social communication, and communication barriers of health communication problems were

considered independent variables, and distrust in the health system was considered the dependent variable. The analysis findings are presented in Table 4.

According to the analysis results in Table 4, health communication problems exhibited a significant relationship with distrust in the health system ($F=25.04$; $p<.01$). All dimensions of health communication problems represent 19% of the variance in explaining distrust in the health system ($R=0.43$; $R^2=0.19$). The standardized beta coefficients obtained in this context express the order of importance of effective communication ($\beta=0.28$), communication barriers ($\beta=0.15$), and social communication ($\beta=0.13$) on distrust in the health system, respectively.

Table 4.					
Multiple Linear Regression Analysis Findings					
<i>(Dependent variable = Healthcare system distrust)</i>					
Variable	B	Std. Error	β	t	p*
Constant	1.59	0.14		11.11	.00
Effective communication	0.23	0.04	0.28	4.88	.00
Social communication	0.09	0.04	0.13	2.43	.01
Communication barriers	0.11	0.04	0.15	2.93	.004
<i>R=0.043; R²=0.19; F=25.04; *: p<.01</i>					

Discussion

The findings related to the first research question indicated that inpatients perceive health communication problems to be at a low level. This result is consistent with some previous research. For instance, a qualitative study found that patients perceived communication issues as minimal, with many reporting positive interactions with nurses (Gökçe et al., 2021). Similarly, another study reported that 85% of patients experienced no communication problems with hospital staff (Gül & Dömbekci, 2023). Conversely, inpatients' perception of distrust towards the healthcare system was found to be moderate. An examination of research focused on patients' perceptions of distrust revealed that individuals receiving healthcare services exhibited moderate distrust, which aligns with the current study's findings (Ağır, 2022; Uslu, 2023). This moderate level of distrust should be interpreted in several ways. It does not necessarily indicate a fundamentally pessimistic view of the healthcare system. Instead, it may reflect skepticism that could drive patients to seek improvements or request more information and effective communication. Thus, this finding presents an opportunity for healthcare systems to enhance

transparency and address patient concerns, potentially leading to increased patient satisfaction and trust.

The findings from the second research question reveal a significant relationship between the health communication problems perceived by inpatients and their level of distrust in the healthcare system. Pearson correlation analysis indicated a significant, positive, and moderate correlation between healthcare system distrust and the effective and social communication dimensions of health communication problems. Conversely, a significant, positive, low-level correlation was observed with communication barriers. Additionally, a significant, positive, and moderate relationship was found between overall health communication problems and general distrust in the healthcare system. These results suggest that as patients encounter communication problems within the healthcare setting, their perception of distrust in the healthcare system will likely increase.

The findings from the third research question indicate that health communication problems positively impact distrust in the healthcare system. Specifically, as health communication problems increase, patients' perceptions of distrust in the healthcare system also rise. In other words, patients experiencing more communication issues tend to have lower trust in the healthcare system. Consistent with these findings, a study has shown that effective communication makes patients feel safer (Kulińska et al., 2022). Ehsan & Ashill (2014) demonstrated that communication significantly predicted patients' trust in doctors. Additionally, another study identified a significant positive relationship between doctor-patient communication and trust in healthcare professionals (Wei et al., 2020). Health communication problems can erode patients' trust, as effective communication is crucial for ensuring patient compliance with treatment and facilitating a clear understanding of the recovery process. Communication issues may lead to insufficient information or misunderstandings, potentially resulting in feelings of insecurity. Arslanoğlu & Özargun (2023) also highlight that patients who perceive communication barriers in their treatment process experience greater emotional distress and uncertainty regarding their medical condition. This reinforces the argument that trust in healthcare professionals is closely linked to the clarity and accessibility of health-related information provided to patients.

This study identified communication problems as triggers for distrust; however, we can also interpret the findings differently. Effective communication between healthcare professionals and patients can significantly enhance

patients' trust in the healthcare system. Several mechanisms may explain this relationship. First, effective communication enables healthcare providers to better understand and empathize with patients' needs, leading patients to feel more understood and secure. Second, clear and understandable communication ensures that patients are well-informed about their treatment processes, fostering security. Third, an upbeat communication style may encourage patients to approach their treatment with optimism, strengthening their trust in healthcare personnel and contributing to their overall sense of safety. Finally, this positive relationship between communication and trust can facilitate patient adherence to treatment plans, further reinforcing their confidence in the healthcare system.

Conclusion and Recommendations

The study concluded that inpatients experience relatively low communication problems with healthcare professionals. This finding suggests that patients can communicate effectively and satisfactorily with healthcare providers and that communication barriers are minimal. Conversely, the study found that patients' perception of distrust towards the healthcare system is moderate. This moderate distrust may indicate a need for more comprehensive information about health services. Moreover, this moderate perception of distrust should be viewed as an opportunity for healthcare providers. It highlights that healthcare systems have the potential to implement various measures to enhance service delivery and build greater trust with patients.

One of the key findings of this study is that communication problems with healthcare professionals significantly impact patients' perception of distrust towards the healthcare system. This result underscores the importance of addressing health communication issues to enhance trust. Identifying the underlying causes of patients' distrust and implementing targeted interventions can improve the quality of healthcare services. In this regard, pinpointing specific communication problems contributing to patients' negative perceptions of the healthcare system is crucial. Effective communication between healthcare professionals and patients fosters a sense of security, potentially leading to more effective and satisfactory health services. The positive correlation between perceived health communication problems and distrust in the healthcare system highlights the need for healthcare providers to develop more robust communication strategies. Enhancing these strategies can lead to better-informed patients, improved treatment adherence, and increased trust in the healthcare system.

This study has some limitations. First, as a cross-sectional study, it identifies associations but does not establish

causality between variables (Setia, 2016). Future studies should employ longitudinal or experimental designs to better understand the causal relationships between health communication problems and distrust in healthcare systems. Second, the study relies on self-reported data, which may be subject to response bias (Podsakoff et al., 2003). To mitigate this issue, future research could use triangulation methods, such as combining self-reports with observational data or qualitative interviews to obtain more comprehensive insights. Third, this study was conducted in a single hospital in Türkiye, limiting the generalizability of the findings. Future studies should include multiple healthcare institutions across different regions to increase external validity and provide a broader understanding of the issue.

Additionally, while this study focused on inpatients, future research could explore how outpatients or individuals in different healthcare settings (e.g., private hospitals, primary care centers) experience communication challenges and healthcare system distrust. Lastly, this study primarily examined patients' perspectives. Future research could incorporate healthcare professionals' views on communication challenges and their potential impact on patient trust. A mixed-methods approach that integrates both patient and provider perspectives would offer a more holistic understanding of the issue. Another important direction for future research is to examine the moderating role of previous hospitalization experience in the relationship between health communication problems and distrust in the healthcare system. Patients with prior hospital stays may have different expectations, perceptions, or adaptive behaviors regarding communication with healthcare professionals, which could shape their levels of distrust. Exploring this moderating effect could help identify whether previous hospital experiences serve as a protective factor or a risk factor for distrust in the healthcare system.

We propose the following recommendations to help inpatients rebuild their confidence in the healthcare system by addressing and reducing communication problems experienced with healthcare professionals:

- Providing training for healthcare professionals in patient communication can enhance their empathy skills.
- Healthcare professionals should offer patients clear and understandable information regarding their illness, treatment options, and procedures.
- Healthcare professionals should consider and address patients' perspectives and requests with seriousness.
- Patients should be provided with detailed information about their treatment plans.

- When communication barriers such as language differences, hearing impairments, or vision problems are present, patients should be provided with suitable methods and resources to address and overcome these barriers.
- Healthcare professionals should exhibit understanding and sensitivity toward patients' complex situations.
- Health systems should take patients' perception of insecurity seriously and continuously work to reduce this perception. In this regard, patient feedback should be listened to and improvement measures should be taken.
- Hospitals should implement structured patient-doctor communication programs, such as "Shared Decision-Making" (SDM) training, where doctors are trained to actively involve patients in treatment decisions.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Mardin Artuklu University (Date: May 3, 2023, Number: 2023/5-12).

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