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The mediating effect of trust in the physician on the impact of the physician's open communication on patients' adherence to treatment: a cross-sectional study from Turkey

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Purpose: This study aims to determine the mediating role of trust in the physician in the effect of the physician's open communication on patients' adherence to treatment.
Methods: This cross-sectional study included 594 patients who applied to a public hospital in Turkey for healthcare services. Participants completed scales for physicians' open communication, trust in physicians, and treatment adherence. Data were analyzed using descriptive statistics, Pearson correlation, and structural equation modeling. SPSS and AMOS programs were used to analyze the research data.
Results: Open communication of physicians was significantly associated with trust in physicians (r=0.752, p<0.01) and treatment adherence (r=0.612, p<0.01). Trust in physicians and treatment adherence were also significantly associated (r=0.671, p<0.01). Structural Equation Model and bootstrap analysis showed that trust in physicians fully mediated the relationship between open communication and treatment adherence (β=0.529; 95% confidence interval, 0.390–0.712).
Conclusion: This study found that open communication and trust increased patient adherence to treatment and confirmed that trust fully mediated adherence to treatment. Physicians' open communication with patients increases patients' trust in their physicians, thereby improving their treatment adherence. These findings demonstrate the importance of both physicians and medical students gaining competence beyond their technical competence to communicate effectively and build trust. In medical education, students should be given importance in acquiring behavioral skills.

Key Words: Adherence to treatment, Health communication, Patient adherence, Trust

Introduction

Making a correct diagnosis and applying effective treatment are crucial for the success of healthcare services, as they affect the patient's recovery and quality of life. However, the most important limitation to the effectiveness of treatment is the failure of patients to follow the orders of physicians or health care providers. Physicians make various recommendations to treat or control diseases. Patients often do not follow doctors' advice due to misunderstanding and ignoring [1]. The study wrote by Hall and Heath [2] con-

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cluded that patients' adherence to treatment and medication is low due to factors such as lack of belief in the diagnosis made by the physician, distrust of the recommended drug, distrust of the current health system and physician, belief in traditional or alternative medicine, cultural characteristics, and factors such as the price of treatment and lack of access opportunities.

Treatment adherence refers to "the extent to which a patient acts in accordance with medical or health recommendations." Adherence to treatment includes situations such as whether the patient uses their medications regularly, follows a diet, exercises, changes their lifestyle and habits, or regularly visits the clinic [3]. Attitudes and behaviors of physicians towards patients have an important role in patients' adherence to treatment [4]. Therefore, the relationship with the physician emerges as an important factor in the patient's adherence to treatment. The patient-physician relationship is "sacrosanct, where the patient reposes trust and confidence in a physician to cure, protect against, or palliate illness" [5].

Chipidza et al. [6] defined the patient-physician relationship as a kind of proxy relationship in which the physician respects the patient's independence, protects confidentiality, clearly explains treatment options, obtains informed consent, and commits to providing the best standards of care. The patient-physician relationship is based on open communication, mutual agreement, and joint decision-making [7]. However, research shows that physicians are generally emotionally distant, more technique, organ, or tissue-oriented in their treatment methods, and prioritize technology in their communication with patients [8]. Factors such as lack of training in communication skills, over-reliance on testing and imaging, and defensive medicine weaken the patient-physician relationship [9]. Problems in communication between physicians and patients lead to various negative consequences, such as treatment disruption, endangering patient safety, patient dissatisfaction, unnecessary investigations, and inefficient use of resources [10].

Patient adherence to treatment is not only related to the professional knowledge and skills of the physician, but also to the trust relationship between them and the patient [11,12]. In general, trust in a physician refers to the belief and expectation that physicians will protect patients' interests, health, and well-being, be professionally competent, act honestly, and keep patients' personal information confidential" [13]. The study conducted by Braksmajer et al. [14] shows that patients who trust their physician are 3.24 times more likely to adhere to treatment than patients who do not trust their physician.

According to Pellegrini [11], the physician's communication skills and attitude in human relations play an important role in the formation of trust between the physician and the patient. In the study conducted by Greene and Ramos [15], for healthcare personnel to gain the trust of the patient, they need to communicate effectively with them, provide attentive service, and fulfill the requirements of their expertise. Honavar [9] states that good communication will help regain physicians' damaged trust. In addition to their knowledge and expertise, physicians must also be able to communicate correctly with patients, empathize with them, have good communication skills, and establish a trusting relationship [16].

Patients' non-adherence to the advice of the physician continues to be a problem in the treatment of diseases from the past to the present. Non-adherence to treatment constitutes a significant obstacle that negatively affects patients' health. Many interventions to increase patient compliance fail, and a solid theoretical infrastructure is lacking. Therefore, high-quality research is needed to find ways to increase patient adherence to treatment [17]. This study aimed to analyze the factors affecting patients' adherence to treatment and to determine the effect of open communication and trust variables. The specific research questions were: (1) What is the relationship between open communication, trust in the physician, and treatment adherence? (2) Does trust in the physician mediate the relationship between the physician's open communication and patients' adherence to treatment?

Methods

1. Research design

This cross-sectional study aimed to determine the mediating effect of trust in the physician on the relationship between physician open communication and treatment compliance among patients applying to a public hospital in Türkiye.

2. Setting

The research data were collected from patients who applied to a public hospital in Uşak province, located in the West of Türkiye. The study included adults aged 18 and over who volunteered to participate, completed the survey completely and consistently, and had experience in physician-patient communication. Illiterate individuals, those with cognitive disabilities, completed the survey incompletely or dropped out, and hospital staff were excluded from the study. The research data were collected in three months between July and September 2024. All data were collected through a survey form created in Google Forms (Google LLC, Mountain View, USA). According to the Health Statistics Yearbook 2023 data of the Ministry of Health of the Republic of Türkiye, 378,190 patients applied to hospitals in Uşak in 2023 [18]. The study popula-

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tion consists of 378,190 patients who applied to the hospital in the Uşak province of Turkey. The study used the convenience sampling method, which refers to collecting data from members of the population who are conveniently accessible to obtain information, who voluntarily agree to participate in the research, and who are included in the universe. The study's sample size was calculated as 384 with the Raosoft program (Raosoft Inc., Seattle, USA) at a 95% confidence level by the sampling method with a known population. A total of 594 patients participated in this study, and the sample size was adequate.

3. Measurements

The research data were collected through a questionnaire. The questionnaire consists of descriptive information on demographic data, the "Physician's Open Communication Scale," the "Physician Trust Scale," and the "Treatment Adherence Scale." The scales used in the study were prepared using a 5-point Likert-type scale (1 = not at all agree, 5 = fully agree).

1) Physician's Open Communication Scale

The scale includes statements regarding the physician's ability to clearly, understandably, and empathetically convey all information about the patient's health status and to answer the patient's questions. The scale measures the patient's perception of whether the physician they receive care from provides clear and understandable communication (Example item: "My physician is willing to share all relevant information with me"). Hausman [19] developed a unidimensional scale consisting of five items. The 5th item is a negative expression reverse-coded. The scale's Cronbach's alpha (Cronbach α) coefficient is 0.80.

2) Physician Trust Scale

The scale assesses the patient's trust in the physician's knowledge, decisions, priorities, honesty, and goodwill (Example item: "I trust my doctor's judgments about my medical care"). The 11-item scale was used, which was developed by Anderson and Dedrick [20] and adapted into Turkish by Deniz and Çimen [21]. Items 1, 5, 7, and 11 in the scale are negative and are reverse-coded. In the study in which the scale was developed, the Cronbach α coefficient was 0.90 in the first sample and 0.85 in the second sample. In the study in which the scale was adapted into Turkish, the Cronbach α coefficient was found to be 0.90.

3) Treatment Adherence Scale

The scale measures the patient's level of compliance with physician recommendations, continued medication use, and follow-up visits (Example item: "I follow the treatment recommended by my doctor"). The statements in the "adherence" dimension of the Physician Ownership scale developed by Özyıldız and Alkan [22], which consists of four items, were used to measure patients' adherence to treatment. There are no reverse-coded items in the scale. The Cronbach α coefficient of the "adherence" dimension of the scale is 0.864.

4. Data analysis

When the research data were analyzed, six questionnaire forms with missing data were excluded from the analysis. The analyses included frequency analysis of demographic characteristics, Cronbach α coefficients for reliability, correlation analysis of the relationship between variables, and structural equation modeling (SEM) to test the hypotheses. SEM is a statistical method that allows researchers to simultaneously test complex relationships between observed and latent variables. SEM is used to model multivariate relationships and examine direct and indirect effects within the same model. Another advantage of SEM over traditional methods (regression, and so forth) is its ability to assess measurement errors. Measurement errors are avoided when using the relevant SEM analyses [23]. Therefore, SEM, which is widely used in studies investigating mediation effects, was chosen for this study. Skewness and kurtosis values (±1.500) were considered in the normality assumption of the data [24]. In evaluating the findings, <0.05 significance level and 95% confidence interval (CI) were accepted.

5. Ethics statement

This research was approved by the decision of Uşak University Social and Human Sciences Scientific Research and Publication Ethics Committee (dated March 16, 2023; approval no., 2023-62). Informed consent was obtained from all participants.

Results

1. Participants

Demographic characteristics of the patients who participated in the study are given in Table 1. Of the participants, 52.4% were female, 56.1% were married, 36.4% were in the 18–29 age group, 33.8% had an associate degree, 65.2% received health education, and 73.4% had consulted a physician 10 times or less per year. The participants' ages ranged from 18 to 82, with an average age of 35.61 ± 11.68.

2. Descriptive statistics of scales and correlation analysis

Table 2 shows the number of items, mean, standard deviation, skewness, kurtosis, and correlation values for the scales used in the study. The mean of the scales is physician's open communication, which is 4.02 ± 0.94; physician trust, which is 4.29 ± 0.79; and treatment adherence, which is 3.97 ± 0.85. The reliability of the scales was assessed using the Cronbach's α coefficient. Cronbach's α values for the scales were 0.89 for open communication, 0.92 for trust in the physician, and 0.91 for treatment adherence. The skewness and kurtosis values of the scales ranged between –0.939 and 0.497 and were accepted to have a normal distribution since they were in the range of ± 1.500 [24]. A positive and significant relationship was found between physician's open communication and physician trust (r = 0.752, p < 0.001) and treatment adherence (r = 0.612, p < 0.001). As physicians' open communication scores increase, patients' physician trust and adherence to treatment also increase. A positive relationship exists between physician trust and treatment adherence (r = 0.671, p < 0.001). As patients' physician trust increases, their treatment adherence also increases. In the model examining the effects of open communication and trust in physician variables on treatment adherence, the tolerance value was calculated as 0.435 and the variance inflation factor (VIF) as 2.301. A tolerance value above 0.10 and a VIF value below 10 indicate that the model does not suffer from multicollinearity.

Table 1. Demographic Characteristics of the Participants (n=594)

Characteristic	Category	Value
Gender	Female	311 (52.4)
	Male	283 (47.6)
Marital status	Married	333 (56.1)
	Single	261 (43.9)
Age (yr)		35.61 ± 11.68 (18–82)
	18–29	216 (36.4)
	30–39	170 (28.6)
	40–49	131 (22.1)
	≥ 50	77 (13.0)
Education status	Primary education	77 (13.0)
	High school	139 (23.4)
	Associate degree	201 (33.8)
	Bachelor's degree	138 (23.2)
	Postgraduate degree	39 (6.6)
Health education	Yes	387 (65.2)
	No	207 (34.8)
No. of applications to physicians	≤ 10	436 (73.4)
	> 10	158 (26.6)

Data are presented as number (%) or mean ± standard deviation (min–max).

3. Structural equation model results

The hypotheses of the study were tested with SEM. In the analysis conducted for the goodness of fit of SEM, since χ^2/degrees of freedom (df) was 5.029, covariance was assigned between e11–e12 and e13–e15, respectively, in line with the modification suggestions. According to the results obtained in the structural model after the covariance assignments, chi-square statistics (χ^2 = 433.656) and goodness of fit index (df = 99, χ^2/df = 4.380, goodness of fit [GFI] = 0.915, adjusted GFI = 0.884, normed fit index = 0.948, incremental fit index = 0.960, Tucker-Lewis index = 0.951, comparative fit index = 0.960, root mean square error of approximation = 0.076, standardized root mean residual = 0.445) are within acceptable limits [25].

Fig. 1 and Table 3 give the standardized path coefficients of the relationships between the variables and the SEM established by the research's purpose.

According to the SEM analysis, physicians' open communication has a statistically significant and positive effect on patients' adherence to treatment (β = 0.636, p < 0.001). Physicians' open communication explains 40.4% of patients' adherence to treatment changes (R^2 = 0.404, p < 0.001). Physicians' open communication has a statistically significant and positive effect on patients' physician trust (β = 0.829, p < 0.001). Physicians' open communication explains 68.7% of the changes in patients' physician trust (R^2 = 0.687, p < 0.001). Patient's physician trust has a statistically significant and positive effect on adherence to treatment (β = 0.727, p < 0.001). Patient's physician trust explains 52.8% of the changes in the adherence to treatment variable (R^2 = 0.528, p < 0.001). While the effect of

Table 2. Descriptive Statistics of Scales and Correlation Analysis Results

Variable	No. of items	Mean ± SD	Cronbach's α	Skewness	Kurtosis	1	2	3
1. Open communication	5	4.02 ± 0.94	0.89	–0.939	0.383	1		
2. Physician trust	7	4.29 ± 0.79	0.92	–0.414	0.497	0.752**	1	
3. Treatment adherence	4	3.97 ± 0.85	0.91	–0.814	0.480	0.612**	0.671**	1

SD: Standard deviation.
**p < 0.001.

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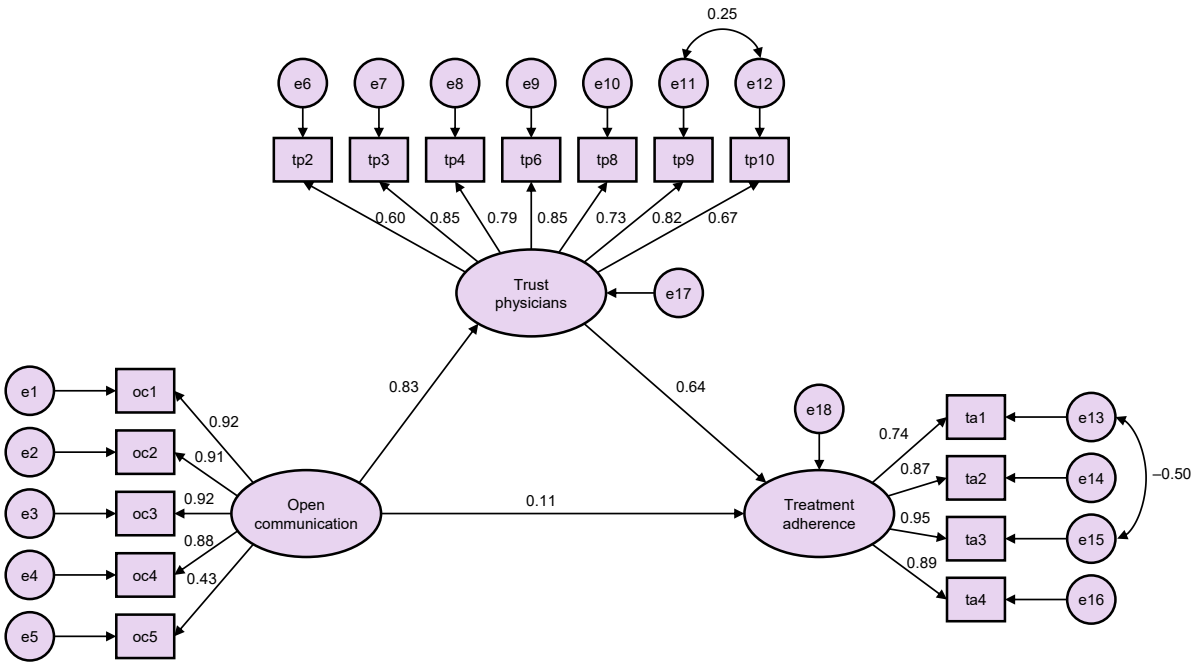


Fig. 1. Structural equation model and path analysis. CMIN=433.656; df=99; CMIN/df=4.380; GFI=0.915; AGFI=0.884; NFI=0.948; IFI=0.960; TLI=0.951; CFI=0.960; RMSEA=0.076. CMIN: Chi-square, df: Degrees of freedom, GFI: Goodness of fit, AGFI: Adjusted GFI, NFI: Normed fit index, IFI: Incremental fit index, TLI: Tucker-Lewis index, CFI: Comparative fit index, RMSEA: Root mean square error of approximation, SRMR: Standardized root mean residual.

Table 3. Research Hypothesis Test Results

Variable	Physician trust				Treatment adherence			
	β	SE	CR	p-value	β	SE	CR	p-value
Open communication					0.636	0.088	9.062	0.000
R^2					0.404**			
Open communication	0.829	0.123	10.090	0.000				
R^2	0.687**							
Physician trust					0.727	0.041	15.139	0.000
R^2					0.528**			
Open communication					0.108	0.081	1.687	0.092
Physician trust					0.638	0.060	8.990	0.006
R^2					0.532**			
Standardized indirect effect					0.529** (95% CI, 0.390–0.712)			

SE: Standard error, CR: Critical ratio, CI: Confidence interval.
**p > 0.001.

a physician's open communication alone on patients' adherence to treatment is β = 0.636, when the physician's trust variable is included in the model, the effect decreases significantly and becomes statistically insignificant (β = 0.108, p < 0.092). This result shows that physician trust plays a full mediating role in the impact of physicians' open communication on patients' adherence to treatment. This mediating effect shows that physicians' open communication increases patients' physician trust; therefore, patients with increased physician trust comply with treatment. The bootstrap (resampling) analysis results also supported this indirect effect (β = 0.529; 95% CI, 0.390–0.712).

Discussion

This study aimed to examine the effects of physicians' open communication on patients' adherence to treatment and physician

trust. In addition, the role of physician trust in the effect of the physician's open communication on patients' adherence to treatment was also evaluated. The research findings show that physicians' open communication has a statistically significant and positive effect on patients' adherence to treatment. Research shows that communication between a physician and a patient can affect patient satisfaction, treatment outcomes, adherence to treatment, and even the likelihood of complaints about medical errors [7]. According to the meta-analysis results conducted by Haskard Zolnierek and Dimatteo [26], when a physician communicates effectively, the probability of patients' adherence to treatment increases by 2.16 times. However, when communication is poor, patients' risk of not adhering to treatment increases by 19%. When the patient-physician relationship is positive, the patient's health outcomes improve, and the costs of non-adherence to treatment decrease [1]. Patient failure to comply with physicians' instructions is a significant problem, costing billions of dollars annually. A physician's one-sided approach to the patient and a paternalistic attitude cannot solve adherence to treatment problems alone. Therefore, for patients to comply with treatment, physicians must establish open communication, exchange information, make decisions, and obtain informed consent [19].

This study also found that open communication between physicians significantly impacts patients' feelings of trust in their physicians. Trust plays a vital role in the patient-physician relationship, and open communication can increase this trust. Pellegrini [11] states that a physician's communication skills and interpersonal relationships are decisive in forming trust. Research conducted by Greene and Ramos [15] concluded that physicians gain trust by establishing effective communication and showing empathy and care to their patients. To build trust with patients, it is recommended that physicians listen to them carefully, provide detailed explanations, present their information, include them in the treatment process, and show interest in them.

Another study finding is that patients' trust in their physicians significantly affects treatment adherence. This finding reinforces that patient trust is an essential factor affecting treatment adherence. The study conducted by Hall et al. [13] concluded that patients' trust in their physicians increased their motivation for the treatment process and strengthened their treatment adherence. In addition, it was revealed that trust in their physicians reduced disagreements with patients and the need to get a second opinion or change physicians. Orom et al. [27] found a positive relationship between patients' trust in their physicians and their acceptance, compliance, and satisfaction with treatment. The study conducted during the COVID-19 (coronavirus disease 2019) pandemic concluded that physician trust increased the likelihood of vaccination [28]. All these findings show that trust in the patient-physician relationship plays a critical role in increasing the effectiveness of the treatment process and ensuring patients' adherence to treatment.

The study's final finding is that physician trust fully mediates the effect of open communication between physicians on patients' adherence to treatment. This finding shows that open communication increases patients' trust and indirectly strengthens their treatment adherence. A similar result was reached in the study conducted by Akbolat et al. [29], which concluded that establishing trust-based physician-patient communication is essential for patient satisfaction and treatment adherence. Open and transparent communication by the physician increases mutual trust and helps the patient have a satisfactory treatment experience [30]. The study conducted by Deniz et al. [31] revealed that a healthy patient-physician relationship and patients' participation in treatment decisions increase patients' adherence to treatment. These findings show that open communication between physicians increases patients' adherence to treatment through trust.

This study examined the effects of physicians' open communication on patients' adherence to treatment and physician trust. The results show that the relationship between these two factors is strong and that physician trust, the mediating role between open communication and adherence to treatment. Open communication supports not only the transfer of information but also the establishment of a trusting relationship with the patient. This trust enables patients to participate more actively in treatment and improves health outcomes.

In this study, treatment adherence was assessed through the variables of open communication with the physician and trust in the physician. However, treatment adherence is a multidimensional phenomenon and cannot be explained solely by physician-related factors. In daily practice, patients may delay their treatment due to reasons such as forgetfulness, the complexity of treatments, concerns about side effects, and financial difficulties. Therefore, individual and socioeconomic barriers to treatment should also be taken into account in interventions aimed at improving adherence.

According to the findings of the study, more emphasis should be placed on open communication and trust-based relationships to improve healthcare services and increase patient adherence to treatment. Training should be organized to develop communication skills such as patient-centered communication, empathy, careful listening, and providing understandable information for physicians and future medical students [32,33]. Methods such as role-playing, simulation, patient narratives, and reflective writing should be implemented in medical school courses to improve students' communication skills [34]. Furthermore, educational programs should include patient socioeconomic and cultural diversity

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to ensure physicians are more sensitive to diverse patient groups. In addition, patients should be included in the treatment process so that physicians can establish closer and more trust-based relationships with their patients [35]. Considering the intense workload of physicians, these skills should be imparted to students during their medical education [36].

This study examined the effects of open communication on adherence to treatment and physician trust, but it has some limitations. The study was conducted in Uşak, Türkiye. The socioeconomic and cultural characteristics of Uşak should be taken into account when interpreting the research findings. Turkey consists of 81 provinces. Uşak is a medium-sized province located in western Turkey. The majority of patients in Uşak are of medium socioeconomic status. Culturally, there is a general sense of respect for healthcare authorities. This may contribute to high trust in physicians and treatment adherence. Therefore, the findings may have been influenced by the socioeconomic and cultural characteristics of Uşak. Future studies with patients from different geographic regions are recommended.

The sample for this study was selected using a convenience sampling method based on voluntary participation. The majority of participants were young, educated, had received health training, and had fewer than 10 physician visits per year. The study sample included a small number of individuals with chronic diseases, the elderly, and those with low health literacy. Therefore, caution should be exercised in generalizing the study findings. The findings should be considered valid for samples with similar demographic and sociocultural characteristics. It is recommended that future studies include older individuals, those with low education levels, those with chronic health literacy, and those with chronic illnesses. Study data were collected using self-report questionnaires. Self-report questionnaires can lead to social desirability bias. It is possible that participants overreported their communication, trust, and treatment compliance levels due to social desirability bias. In addition, since this study is cross-sectional, it only includes measurements taken at a specific period. Therefore, the study results ignore the fact that adherence to treatment and trust can change over time. In future long-term studies, changes in factors such as adherence to treatment and trust can be examined over time.

The research is limited to the views of patients only. However, the effects of a physician's open communication skills and patients' ability to communicate actively on adherence to treatment and trust should also be investigated. Considering the communication skills of both physicians and patients together can help develop more effective treatment processes. Because the study was conducted based on patient responses, it does not reflect physicians' perspectives. Future research is recommended to examine this issue based on physicians' perspectives. Furthermore, comparative studies could be conducted across different patient groups and healthcare service types. Additionally, testing similar models in different cultural settings would expand the validity and scope of the findings. Finally, future research can also examine the effects of telemedicine applications on physician-patient communication. Considering the increasing use of these tools in the post-pandemic period, the impact of telemedicine applications on patient adherence to treatment and physician trust can be investigated in more detail.

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Conflicts of interest

No potential conflict of interest relevant to this article was reported.

Author contributions

Conceptualization: all authors. Data curation: all authors. Formal analysis: all authors. Methodology: all authors. Validation: all authors. Visualization: all authors. Project administration: all authors. Writing–original draft: all authors. Writing–review & editing: all authors. Final approval of the manuscript: all authors.

References

1. Martin LR, Williams SL, Haskard KB, Dimatteo MR. The challenge of patient adherence. Ther Clin Risk Manag. 2005;1(3):189-199.
2. Hall GL, Heath M. Poor medication adherence in African Americans is a matter of trust. J Racial Ethn Health Disparities. 2021;8(4):927-942. https://doi.org/10.1007/s40615-020-00850-3
3. Haynes RB, McDonald H, Garg AX, Montague P. Interventions for helping patients to follow prescriptions for medications. Cochrane Database Syst Rev. 2002;(2):CD000011. https://doi.org/10.1002/14651858.CD000011

4. DiMatteo MR, Haskard-Zolnierek KB, Martin LR. Improving patient adherence: a three-factor model to guide practice. Health Psychol Rev. 2012;6(1):74-91. https://doi.org/10.1080/17437199.2010.537592
5. Rajasoorya C. Credat emptor: the sacrosanct doctor-patient relationship. Ann Acad Med Singap. 2018;47(8):275-277.
6. Chipidza FE, Wallwork RS, Stern TA. Impact of the doctor-patient relationship. Prim Care Companion CNS Disord. 2015;17(5):10.4088/PCC.15f01840. https://doi.org/10.4088/PCC.15f01840
7. Hatta M, Khairunnisa C, Wahyuni S. Communication in health care services: an overview of the legal position of informed consent. Int J Law Soc Sci Humanit. 2024;1(1):1-8. https://doi.org/10.70193/ijlsh.v1i1.139
8. Levinson W, Gorawara-Bhat R, Lamb J. A study of patient clues and physician responses in primary care and surgical settings. JAMA. 2000;284(8):1021-1027. https://doi.org/10.1001/jama.284.8.1021
9. Honavar SG. Patient-physician relationship: communication is the key. Indian J Ophthalmol. 2018;66(11):1527-1528. https://doi.org/10.4103/ijo.IJO_1760_18
10. Vermeir P, Vandijck D, Degroote S, et al. Communication in healthcare: a narrative review of the literature and practical recommendations. Int J Clin Pract. 2015;69(11):1257-1267. https://doi.org/10.1111/ijcp.12686
11. Pellegrini CA. Trust: the keystone of the patient-physician relationship. J Am Coll Surg. 2017;224(2):95-102. https://doi.org/10.1016/j.jamcollsurg.2016.10.032
12. Berman AC, Chutka DS. Assessing effective physician-patient communication skills: "Are you listening to me, doc?" Korean J Med Educ. 2016;28(2):243-249. https://doi.org/10.3946/kjme.2016.21
13. Hall MA, Camacho F, Dugan E, Balkrishnan R. Trust in the medical profession: conceptual and measurement issues. Health Serv Res. 2002;37(5):1419-1439. https://doi.org/10.1111/1475-6773.01070
14. Braksmajer A, Fedor TM, Chen SR, et al. Willingness to take PrEP for HIV prevention: the combined effects of race/ethnicity and provider trust. AIDS Educ Prev. 2018;30(1):1-12. https://doi.org/10.1521/aeap.2018.30.1.1
15. Greene J, Ramos C. A mixed methods examination of health care provider behaviors that build patients' trust. Patient Educ Couns. 2021;104(5):1222-1228. https://doi.org/10.1016/j.pec.2020.09.003
16. Aremu TO, Oluwole OE, Adeyinka KO, Schommer JC. Medication adherence and compliance: recipe for improving patient outcomes. Pharmacy (Basel). 2022;10(5):106. https://doi.org/10.3390/pharmacy10050106
17. Vermeire E, Hearnshaw H, Van Royen P, Denekens J. Patient adherence to treatment: three decades of research: a comprehensive review. J Clin Pharm Ther. 2001;26(5):331-342. https://doi.org/10.1046/j.1365-2710.2001.00363.x
18. The Ministry of Health of Turkiye. Health statistics yearbook 2003. https://dosyasb.saglik.gov.tr/Eklenti/50208/0/siy2023ingilizce31012025pdf.pdf. Published 2025. Accessed February 17, 2025
19. Hausman A. Taking your medicine: relational steps to improving patient compliance. Health Mark Q. 2001;19(2):49-71. https://doi.org/10.1300/J026v19n02_05
20. Anderson LA, Dedrick RF. Development of the Trust in Physician scale: a measure to assess interpersonal trust in patient-physician relationships. Psychol Rep. 1990;67(3 Pt 2):1091-1100. https://doi.org/10.2466/pr0.1990.67.3f.1091
21. Deniz S, Çimen M. A research on determining the level of trust in physicians. Manisa Celal Bayar Univ J Inst Health Sci. 2021;8(1):10-16. https://doi.org/10.34087/cbusbed.656592
22. Özyıldız KH, Alkan A. Physician ownership: a scale development study. Hacettepe J Health Adm. 2022;25(1):209-232. https://dergipark.org.tr/tr/download/article-file/1924023
23. Byrne BM. Structural equation modeling with AMOS: basic concepts, applications, and programming. 2nd ed. New York, USA: Routledge; 2010.
24. Tabachnick BG, Fidell L. Using multivariate statistics. 6th ed. Boston, USA: Pearson; 2013.
25. Schermelleh-Engel K, Moosbrugger H, Müller H. Evaluating the fit of structural equation models: tests of significance and descriptive goodness-of-fit measures. Methods Psychol Res Online. 2003;8(2):23-74. https://doi.org/10.23668/psycharchives.12784
26. Haskard Zolnierek KB, Dimatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. Med Care. 2009;47(8):826-834. https://doi.org/10.1097/MLR.0b013e31819a5acc
27. Orom H, Underwood W, Cheng Z, Homish DL, Scott I. Relationships as medicine: quality of the physician-patient relationship determines physician influence on treatment recommendation adherence. Health Serv Res. 2018;53(1):580-596. https://doi.org/10.1111/1475-6773.12629
28. Viskupič F, Wiltse DL, Meyer BA. Trust in physicians and trust in government predict COVID-19 vaccine uptake. Soc Sci Q. 2022;103(3):509-520. https://doi.org/10.1111/ssqu.13147
29. Akbolat M, Karakaya F, Uğan Ç, Durmuş A. The effect of trust communication in patient-physician relationship on satisfaction and compliance with treatment. Int J Health Med Curr Res. 2017;2(4):610-619. https://doi.org/10.22301/IJHMCR.2528-3189.610
30. Blödt S, Müller-Nordhorn J, Seifert G, Holmberg C. Trust, medical expertise and humaneness: a qualitative study on people with cancer' satisfaction with medical care. Health Expect. 2021;24(2):317-326. https://doi.org/10.1111/hex.13171
31. Deniz S, Akbolat M, Çimen M, Ünal Ö. The mediating role of shared decision-making in the effect of the patient-physician rela-

tionship on compliance with treatment. J Patient Exp. 2021;8:23743735211018066. https://doi.org/10.1177/23743735211018066

32. Deveugele M, Derese A, De Maesschalck S, Willems S, Van Driel M, De Maeseneer J. Teaching communication skills to medical students, a challenge in the curriculum? Patient Educ Couns. 2005;58(3):265-270. https://doi.org/10.1016/j.pec.2005.06.004
33. Kim S, Lee SJ, Choi CJ, Hur Y. The effectiveness of communication skills of pre-medical students. Korean J Med Educ. 2006;18(2):171-182. https://doi.org/10.3946/kjme.2006.18.2.171
34. Rees C, Sheard C, McPherson A. Medical students' views and experiences of methods of teaching and learning communication skills. Patient Educ Couns. 2004;54(1):119-121. https://doi.org/10.1016/S0738-3991(03)00196-4
35. Prince AD, Green AR, Brown DJ, Brenner MJ. Readiness of medical students to care for diverse patients: a validated assessment of cross-cultural preparedness, skills, and curriculum. Health Equity. 2023;7(1):612-620. https://doi.org/10.1089/heq.2023.0142
36. Modi JN, Chhatwal J, Gupta P, Singh T. Teaching and assessing communication skills in medical undergraduate training. Indian Pediatr. 2016;53(6):497-504. https://doi.org/10.1007/s13312-016-0879-z