Iran J Public Health, Vol. 50, No.4, Apr 2021, pp.835-837

Letter to the Editor

Korean Patients' Perception of Trust in the Hospital and Medical Staffs' Social Status

***Sung Man Yoon**

Department of Business Administration, Seoul National University of Science and Technology, Seoul, South Korea

***Correspondence:** Email: ysm6123@seoultech.ac.kr

(Received 10 Sep 2019; accepted 22 Sep 2019)

Dear Editor-in-Chief

The level of people's trust in medical staffs, such as doctors, nurses and pharmacists, and the level of public perception of their social status are very important factors in raising the level of public health. Trust in healthcare-service providers increase patient adherence, maintains treatment continuity, synchronizes preventive testing, maintains physician-patient relationships, and enables efficient use of medical budgets (1). However, medical doctors are able to reduce their interaction time per patient in order to treat as many patients as possible within their limited consulting times. In consequence, patients regularly spend time in the waiting space for just a few minutes of consultation. Moreover, they have to put up with the poor attitude often shown by physicians and receive only minimal or no explanation of their condition and proposed treatment (2).

In this way, the trust in the hospital (TIH) and the perception of the social status of the medical staff (SSMS) can be an important factor in the doctor–patient relationship or the management aspect of hospitals. Therefore, we aimed to analyze the factors affecting the level of perceived TIH and the SSMS.

Table 1 shows the results of analyzing factors affecting TIH. In the first column (All SSMS), the Medical Doctor shows a statistically significant coefficient of 0.225±0.057 (P<0.01), and Pharmacist showed a statistically significant –0.116±0.055 (P<0.05). This result implies that the higher the level of social status of medical doctor and the lower level of social status of pharmacist, the higher the level of TIH. In addition, GENERAL_TRUSTs represent the coefficients of –0.590±0.056 (P<0.01), –0.587±0.056 (P<0.01), –0.579±0.056 (P<0.01) and –0.58±0.056 (P<0.01), respectively, which are statistically significant in the column. This indicated that patients with low general trust level have high levels of TIH. In particular, the TIH is independent of general trust. Moreover, HELFUL represents statistically significant positive coefficients for each column. AGE, log (INCOME), and MARRIED among the socioeconomic variables showed statistically significant negative coefficients. These results indicated that patients with a willingness to help others have a higher level of TIH, but those with higher age and higher income levels are less likely to have a TIH. In the first column of Table 2 analyzing the perception level of medical doctors' social status (SSMD), HOSPITAL_TRUST has a statistically significant coefficient of 0.212± 0.058 (P<0.01), and ALTRUISM had a statistically significant coefficient of 0.106±0.046 (P<0.05).

Table 1: Results of Factors Affecting on the TIH (*N=1,585*)

Variables	*Dependent variable: Trust in Hospital [1~3]*			
	All SSMS (coefficient±STD)	Medical Doctor (coefficient±STD)	Nurse (coefficient±STD)	Pharmacist (coefficient±STD)
Medical Doctor	0.225(±0.057)***	0.180(±0.052)***	–	–
Nurse	0.051(±0.050)	–	0.054(±0.049)	–
Pharmacist	–0.116(±0.055)**	–	–	–0.016(±0.049)**
GENERAL TRUST	–0.590(±0.056)***	–0.587(±0.056)***	–0.579(±0.056)***	–0.582(±0.056)***
ALTRUISM	0.000(±0.045)	0.005(±0.045)	–0.003(±0.045)	–0.006(±0.045)
HELPFUL	0.123(±0.053)**	0.129(±0.053)**	0.122(±0.053)**	0.123(±0.053)**
RELIGION	–0.058(±0.066)	–0.065(±0.065)	–0.065(±0.065)	–0.069(±0.065)
GEDER[Female]	0.001(±0.068)	0.005(±0.068)	0.024(±0.068)	0.015(±0.068)
AGE	–0.008(±0.003)**	–0.008(±0.003)**	–0.008(±0.003)**	–0.008(±0.003)**
EDUC	0.046(±0.030)	0.048(±0.030)*	0.045(±0.030)	0.046(±0.030)
EMPL	0.086(±0.071)	0.088(±0.070)	0.088(±0.070)	0.085(±0.070)
log(INCOME)	–0.074(±0.048)	–0.076(±0.048)*	–0.080(±0.048)*	–0.077(±0.048)*
MARRIED	–0.085(±0.025)***	–0.082(±0.025)***	–0.084(±0.025)***	–0.085(±0.025)***
FAMILY	–0.014(±0.030)	–0.014(±0.030)	–0.014(±0.030)	–0.015(±0.030)
Intercept1	Included	Included	Included	Included
Log Likelihood	-1158.58	-1161.05	-1166.54	-1167.09

Note: *** < 0.01, ** < 0.05, * < 0.1 (two-tailed)

Table 2: Results of factors affecting on the SSMS (*N=1,585*)

Variables	*Dependent variable: Social Status of Medicare Staffs [1~4]*		
	Medical Doctor (coefficient±STD)	Nurse (coefficient±STD)	Pharmacist (coefficient±STD)
GENERAL TRUST	–0.068(±0.057)	0.085(±0.053)	0.070(±0.053)
HOSPITAL TRUST	0.212(±0.058)***	0.060(±0.054)	–0.016(±0.053)
ALTRSISM	0.106(±0.046)**	0.055(±0.043)	0.127(±0.043)***
HELPFUL	0.070(±0.054)	–0.078(±0.051)	0.085(±0.050)*
RELIGION	0.052(±0.067)	0.131(±0.063)**	–0.039(±0.063)
GENDER[Female]	–0.124(±0.069)*	0.252(±0.065)***	0.112(±0.065)*
AGE	0.006(±0.003)*	–0.005(±0.003)	0.003(±0.003)
EDUC	0.026(±0.031)	–0.047(±0.029)*	0.016(±0.029)
EMPL	0.033(±0.072)	0.084(±0.068)	0.074(±0.067)
log(INCOME)	–0.005(±0.049)	–0.108(±0.046)**	–0.075(±0.046)*
MARRIED	0.022(±0.025)	0.017(±0.024)	0.060(±0.024)**
FAMILY	0.004(±0.031)	0.039(±0.029)	0.026(±0.029)
Intercept	Included	Included	Included
Log Likelihood	–1166.67	–1351.97	–1364.02

Note *** < 0.01, ** < 0.05, * < 0.1 (two-tailed)

Gender and age also showed statistically significant coefficients of –0.124±0.069 (P<0.1) and 0.006±0.003 (P<0.1), respectively. This means that patients with high levels of TIH and high levels of altruism highly evaluate the SSMD, and that male and high age patients highly perceive the SSMD. In the second column showing social status of nurse (SSN), religion was a statistically significant coefficient of 0.131±0.063 (P<0.05).

In addition, gender, education and log (income) were statistically significant coefficients, respectively. This means that patients with a religion, women, low education level, and low-income level, have relatively higher perception of SSN.

In the third column showing the results of the analysis of social status of pharmacist (SSP), altruism

and helpful showed statistically significant coefficients of 0.127±0.043 (P<0.01) and 0.085±0.050 (P<0.1), respectively. GENDER, log (INCOME) and MARRIED showed statistically significant coefficients. This suggested that higher levels of altruism and higher levels of willingness to help others have a higher level of perception of SSP.

Women, low-income and married patients were relatively perceptive of the perceptions of SSP. Based on the results of this study, the below suggestions for enhancing TIH and perception of SSMS can be presented as follows. First, various customer targeting is needed to improve the quality of hospital services. It is necessary to raise the quality level of health care service for low-age, single-person, and low-income patients. Second, in order to raise the SSMD, SSN and SSP, it is necessary to provide relatively high-quality medical services to male patients and low-income patients.

Conflict of interest

The author declares that there is no conflict of interest.

References

1. Thom, D. H., Hall, M. A., and Pawlson, L. G (2004). Measuring patients' trust in physicians when assessing quality of care. *Health Affairs*, 23(4): 124–132.
2. Zou X, Cheng Y, Nie J-B (2018). The social practice of medical guanxi (personal connections) and patient–physician trust in China: an anthropological and ethical study. *Developing World Bioeth,* 18: 45–55.