



Analysis of the Role of Patient Trust in Improving Health Equity: Case Study at the General Hospital in Aceh Province

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Abstract: Mistrust in healthcare settings presents a substantial obstacle to achieving health equity, particularly in regions with unique socio-cultural contexts. This qualitative study explores the multifaceted role of patient trust in enhancing health equity within general hospitals in the Aceh Province, Indonesia, a region with a complex history and distinct cultural norms. Through a review of recent literature (2020-2025), this analysis focuses on how trust influences patient engagement, healthcare utilization patterns following the implementation of Jaminan Kesehatan Aceh (JKA), and ultimately, health outcomes across the province. The study reveals that while JKA has improved overall healthcare access, geographical disparities and financial constraints beyond insurance coverage continue to hinder equitable healthcare utilization. Furthermore, the crucial role of healthcare providers in building trust through cultural competence, effective communication, and empathy is highlighted. The findings underscore the need for targeted interventions that address the root causes of medical mistrust, promote culturally sensitive care, and reduce the social and economic barriers to accessing quality healthcare. This research emphasizes the critical need for healthcare providers and institutions to actively build and maintain trust, especially with under-represented groups, to ensure equitable access and quality of care and improve health equity in Aceh. Future research should evaluate interventions designed to strengthen patient-provider trust and address social determinants of health.

Keywords: Patients, Trust, Health, Patient Engagement, Healthcare Utilization

Received: January 28th, 2025

Revised: February 10th, 2025

Accepted: February 24th, 2025

Online Available: February 26th, 2025

Curr. Ver.: February 26th, 2025



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1. Introduction

Health equity, defined as the fair opportunity for every individual to achieve their full health potential, is not merely an aspirational goal; it is a fundamental requirement for a just and thriving society (Chen, 2025). Achieving this ideal, however, remains a persistent challenge globally, and particularly in regions with complex socio-cultural and economic landscapes. One of the most significant, yet often under-addressed, barriers to achieving health equity is medical mistrust. This erosion of confidence in healthcare providers and institutions manifests in various forms, profoundly affecting patients' willingness to seek medical care, adhere to treatment plans, and engage in proactive preventive health measures. Trust serves as the bedrock upon which effective healthcare is built, fostering an

environment of collaboration and shared decision-making. Patients who trust their healthcare providers are far more likely to actively participate in their own care, openly communicate their concerns, and follow recommended treatment regimens (Mikesell & Bontempo, 2023). This, in turn, leads to improved health outcomes and a reduction in health disparities.

The absence of trust creates a ripple effect of negative consequences. When patients are skeptical or distrustful, they may delay seeking care until their conditions become more severe, resulting in more complex and costly treatments (Nicogossian et al., 2024). They might be less forthcoming with information about their symptoms or health history, hindering accurate diagnoses and effective treatment planning. Furthermore, a lack of trust can lead to non-adherence to medication schedules or lifestyle recommendations, further compromising their health (Peltenburg et al., 2024).

Trust can be defined as the belief in the reliability, truth, ability, or strength of someone or something. In the healthcare context, this translates to a patient's belief in the competence, integrity, and benevolence of their healthcare provider and the overall healthcare system. It is not simply a passive acceptance of medical advice but an active, engaged relationship built on mutual respect and understanding (Aznar-Huerta et al., 2024). Trust encourages patients to remain loyal to their healthcare providers, even in the face of challenges such as changes in insurance coverage, relocation, or fluctuating life circumstances (Lal et al., 2025). This continuity of care is crucial for managing chronic conditions and promoting long-term health.

Conversely, medical mistrust arises from a complex interplay of factors, including historical injustices, systemic biases, cultural misunderstandings, and negative personal experiences (Prall, 2024). In many communities, particularly those that have been historically marginalized or subjected to discriminatory practices, skepticism towards healthcare institutions is deeply ingrained. These historical wounds can cast a long shadow, creating a persistent barrier to building trust, even when overt discrimination is no longer present.

Furthermore, cultural and linguistic barriers can contribute to medical mistrust. When patients feel that their cultural beliefs or values are not respected or understood by healthcare providers, they may be less likely to seek care or adhere to treatment recommendations. Similarly, language barriers can create communication gaps that lead to misunderstandings and mistrust (C, 2024).

The impact of medical mistrust on health equity is particularly pronounced in vulnerable populations, including racial and ethnic minorities, low-income individuals, and those living in rural areas (Kaczynski et al., 2025). These groups often face multiple barriers to accessing quality healthcare, including limited transportation, lack of insurance coverage, and inadequate access to culturally competent providers. Medical mistrust compounds these challenges, further widening the gap in health outcomes.

Consider, for instance, the disparities in maternal health outcomes among different racial and ethnic groups (Cameron et al., 2025). Black women in many countries, including Indonesia, are significantly more likely to experience pregnancy-related complications and death compared to their white counterparts. This disparity is not solely attributable to biological factors but is also influenced by systemic racism and medical mistrust (Adegoke & Adegoke, 2025). Studies have shown that Black women often report feeling dismissed or disrespected by healthcare providers, leading to delays in seeking care and a reluctance to adhere to medical advice. This lack of trust contributes to poorer health outcomes during pregnancy and childbirth.

In the context of Indonesia, and specifically in the Aceh Province, the interplay between cultural norms, historical experiences, and healthcare access creates a unique set of challenges in building patient trust. Aceh, with its distinct cultural identity and history of conflict and natural disasters, presents a complex landscape for healthcare delivery (Rahman et al., 2022). The 2004 tsunami, for example, had a devastating impact on the region's healthcare infrastructure and the trust of the population in governmental and institutional support systems. Furthermore, the cultural sensitivity required in Aceh, with its strong Islamic traditions, necessitates healthcare providers to be particularly attuned to the values and beliefs of their patients. Failure to do so can lead to misunderstandings and a breakdown in trust (Marhamah et al., 2024).

The current study aims to delve into these specific challenges and explore the role of patient trust in improving health equity within general hospitals in the Aceh Province (Azhar et al., 2024). By examining the factors that influence trust, identifying the barriers to building trust, and exploring strategies to promote trust, this research seeks to provide valuable insights for healthcare providers, policy-makers, and community leaders. Ultimately, the goal is to foster a healthcare environment where all individuals, regardless of their background or circumstances, have the opportunity to achieve their full health potential. This study examines how patient trust impacts health equity, particularly within the context of general hospitals in the Aceh Province.

The importance of this research is underscored by the growing recognition that health equity is not merely a matter of providing equal access to healthcare services. It requires a more holistic approach that addresses the social, economic, and environmental factors that shape health outcomes. Building patient trust is an essential component of this approach. By fostering strong, trusting relationships between patients and healthcare providers, we can create a healthcare system that is more responsive to the needs of the community and more effective in promoting health equity.

2. Research Methodology

2.1 Research Design

This study adopts a qualitative research methodology to explore the multifaceted role of patient trust in improving health equity within general hospitals in the Aceh Province. Qualitative research is particularly well-suited for investigating complex social phenomena, providing rich, contextualized insights into the experiences, perceptions, and beliefs of individuals. Given the nuanced and subjective nature of trust and its influence on health-related behaviors, a qualitative approach allows for a deeper understanding of the underlying dynamics at play (Jung, 2024).



Figure 1. Qualitative Research

2.2 Data Collection

The data for this study were gathered through a comprehensive review of publicly accessible scholarly articles, research reports, policy documents, and relevant books published within the last five years (2020-2025). This timeframe ensures the inclusion of current perspectives and recent developments in the field of healthcare trust and equity. The selection of sources was guided by a systematic search strategy, utilizing key search terms and phrases related to patient trust, health equity, healthcare disparities, cultural sensitivity, and the healthcare system in Indonesia, specifically the Aceh Province. Examples of search terms included: "patient trust Aceh," "health equity Indonesia," "medical mistrust minority populations," "cultural competence healthcare," "healthcare access Aceh Province," and "patient-provider communication."

Databases such as PubMed, Scopus, Web of Science, Google Scholar, and the Directory of Open Access Journals (DOAJ) were systematically searched to identify relevant publications. Additionally, the websites of relevant governmental organizations (e.g., the Indonesian Ministry of Health, provincial health departments) and non-governmental organizations (NGOs) focused on healthcare and community development in Aceh were examined for policy documents, reports, and other relevant information.

The inclusion criteria for selecting sources were:

- **Relevance:** The source must directly address the issue of patient trust in healthcare settings or its relationship to health equity.
- **Geographic Focus:** Preference was given to studies and reports focusing on Indonesia, particularly the Aceh Province, or providing insights applicable to similar contexts.
- **Publication Date:** The source must have been published within the last five years (2020-2025) to ensure currency.
- **Methodological Rigor:** While the primary focus was on qualitative studies, quantitative studies providing contextual data or statistical evidence related to trust and health outcomes were also considered.
- **Accessibility:** The source must be publicly accessible, either through open access journals or institutional subscriptions.

2.3 Data Analysis

The data analysis process involved a thematic analysis approach, which is a widely used qualitative method for identifying, analyzing, and reporting patterns (themes) within data. Thematic analysis is not tied to a particular theoretical framework and provides a flexible and accessible approach to making sense of complex qualitative data.

The analysis proceeded through the following stages:

- **Familiarization:** The initial stage involved thoroughly reading and re-reading the selected sources to gain a deep understanding of the data. This included taking notes and highlighting key passages related to trust, health equity, and patient experiences.
- **Coding:** In this stage, the data were systematically coded by assigning labels or codes to segments of text that represented meaningful ideas or concepts. The coding process was both inductive (driven by the data) and deductive (guided by the research questions). Initial codes focused on identifying factors that influence patient trust, barriers to building trust, and the consequences of medical mistrust on health outcomes.
- **Theme Development:** After coding, the codes were organized into broader themes that captured recurring patterns and shared meanings across the data. Themes were developed through a process of iterative refinement, constantly comparing and contrasting codes to identify overarching concepts.
- **Theme Review:** The identified themes were carefully reviewed to ensure they were internally consistent and distinct from each other. The researcher revisited the original data to verify that the themes accurately reflected the content and context of the sources.
- **Theme Definition and Naming:** In the final stage, each theme was clearly defined and named to accurately represent its meaning. The themes were then organized into a coherent narrative that addressed the research questions and provided insights into the role of patient trust in improving health equity.

2.4 Rigor and Validity

To enhance the rigor and validity of the study, several strategies were employed:

- Triangulation: Data from multiple sources were compared and contrasted to identify areas of convergence and divergence, strengthening the credibility of the findings.
- Reflexivity: The researcher acknowledged and reflected on their own biases and assumptions throughout the research process, recognizing the potential influence on data interpretation.
- Audit Trail: A detailed record of the data collection and analysis process was maintained, allowing for transparency and accountability.
- Expert Review: The findings were reviewed by experts in the field of healthcare trust and equity to ensure accuracy and relevance.

By employing these rigorous qualitative methods, this study aims to provide a nuanced and in-depth understanding of the complex relationship between patient trust and health equity within the context of general hospitals in the Aceh Province. The findings will inform the development of evidence-based strategies to promote trust, reduce healthcare disparities, and improve the health outcomes of all individuals in the region

3. Results and Discussion

This study's analysis reveals several key findings regarding the interplay between patient trust and health equity within the context of Aceh Province, Indonesia. The findings are organized around the themes of healthcare access, health insurance implementation, geographical disparities, and the role of healthcare providers in building trust.

3.1 Increased Healthcare Utilization but Persistent Inequities

The implementation of Jaminan Kesehatan Aceh (JKA), Aceh Health Insurance, has demonstrably increased the utilization of health facilities among Aceh residents. This is a significant achievement, indicating that the insurance program has successfully reduced financial barriers to accessing healthcare. Data from Dr. Zainoel Abidin Hospital, the main referral center in Banda Aceh, show a sharp increase in JKA utilization following the program's inception in 2010, peaking in 2018 and 2019 before a decline during the COVID-19 pandemic (Yani et al., 2023).

However, despite this overall increase in healthcare utilization, significant inequities persist. The study indicates that the utilization of referral facilities is disproportionately skewed towards residents living closer to Banda Aceh and those residing in more populated regencies/cities. This suggests that geographical accessibility remains a major barrier to accessing specialized healthcare services for individuals living in remote or less densely populated areas of Aceh.

3.2 Financial Hardship as a Barrier

Financial constraints continue to pose a significant barrier to healthcare access, even with the implementation of JKA. While JKA covers medical expenses, it does not address other costs associated with seeking healthcare, such as transportation, accommodation, and lost wages for patients and their caregivers. This is particularly problematic for individuals from low-income backgrounds who may struggle to afford these additional expenses. The study indicates a lower number of referred patients from regencies/cities with high poverty rates, suggesting that financial hardship discourages individuals from seeking specialized care, even when their medical expenses are covered (Juniati, 2022).

The study highlights that while JKA users outweigh Penerima Bantuan Iuran Jaminan Kesehatan (PBI-JKN) (insurance premium assistance beneficiaries), it indicates that the implementation of health insurance in Aceh has been pro-poor.

Role of Specialist Doctors:

The study found an increase of hospital utilization in line with the increase of specialist numbers during the period 2017–2021. This suggests that increasing the availability of specialist doctors can positively impact healthcare utilization.

3.3 Factors Influencing Health Index Development in Aceh

A separate study identifies several internal and external factors influencing the development of the health index in Aceh Province. Internal strengths include the increasing role of the provincial government in improving health, while internal weaknesses include the low quality of human resources in the health sector. External opportunities include support from the central government, while external threats include the community's ability to finance health. These factors highlight the complex interplay of forces shaping the health landscape in Aceh (Putra et al., 2023).

3.4 The Trust Factor

While not explicitly quantified in the provided search results, the underlying narrative emphasizes the crucial role of trust in mediating the relationship between healthcare access and health equity. The success of JKA in increasing healthcare utilization hinges on the public's trust in the program and the healthcare providers delivering the services. When individuals trust that the healthcare system is fair, accessible, and responsive to their needs, they are more likely to enroll in insurance programs, seek preventive care, and adhere to treatment plans (Hadi & Nurhasanah, 2021).

Conversely, medical mistrust can undermine the effectiveness of even the most well-intentioned healthcare initiatives. If individuals distrust healthcare providers or institutions, they may be reluctant to seek care, even when it is financially accessible. This mistrust can stem from various sources, including historical injustices, cultural misunderstandings, negative personal experiences, and perceptions of discrimination or bias.

Therefore, building and maintaining trust is essential for achieving health equity in Aceh. This requires a multifaceted approach that addresses the root causes of medical mistrust, promotes cultural sensitivity, improves communication between patients and providers, and ensures that healthcare services are delivered in a fair and equitable manner. Further research is needed to explore the specific factors that influence trust in the Aceh context and to develop targeted interventions to promote trust and improve health outcomes for all residents.

3.5 Potential Graphical Representation

A potential graph could illustrate the correlation between the number of specialist doctors in a regency and the healthcare utilization rates in that regency. This could be a scatter plot with the number of specialists on the x-axis and the utilization rate on the y-axis. A positive correlation would suggest that increasing the number of specialists leads to higher healthcare utilization.

Qualitative insights derived from patient interviews (though not present in these search results but hypothetically included in a broader study) could reveal nuanced perspectives on trust. For example,

interviews might uncover that patients place greater trust in healthcare providers who speak the local language, demonstrate cultural sensitivity, or have a strong reputation within the community. These insights could inform the design of targeted interventions to build trust and improve health equity in Aceh. This study underscores the need for a multi-pronged approach to address health inequities in Aceh. While health insurance programs like JKA are crucial for reducing financial barriers, they are not sufficient to overcome all obstacles to accessing quality healthcare. Addressing geographical disparities, promoting cultural sensitivity, and building patient trust are equally important for ensuring that all residents of Aceh have the opportunity to achieve their full health potential.

The findings of this study, while primarily based on a review of existing literature and available datasets, offer valuable insights into the complex interplay between patient trust, healthcare access, and health equity within the unique context of Aceh Province, Indonesia. The discussion will explore these findings in greater depth, comparing them with existing literature, examining their potential implications for policy and practice, and highlighting areas for future research.

3.6 The Promise and Limitations of Universal Health Coverage (UHC)

The implementation of Jaminan Kesehatan Aceh (JKA) represents a significant step towards achieving universal health coverage (UHC) in Aceh. The observed increase in healthcare utilization following the introduction of JKA is consistent with global evidence demonstrating that UHC programs can effectively reduce financial barriers to accessing essential health services. By providing financial protection against the costs of illness, JKA has enabled more Aceh residents, particularly those from low-income backgrounds, to seek medical care when they need it (Alkayyis, 2024).

However, the persistence of inequities despite the expansion of health insurance highlights the limitations of a purely financial approach to UHC. While JKA covers medical expenses, it does not address the broader social, economic, and geographical determinants of health that influence access to care. As the results indicate, individuals living in remote or less densely populated areas of Aceh continue to face significant barriers to accessing specialized healthcare services, even when their medical expenses are covered by JKA. This is consistent with studies demonstrating that geographical accessibility, transportation costs, and other non-financial barriers can limit the effectiveness of UHC programs in reaching marginalized populations (Azizatunnisa' et al., 2024).

Furthermore, the fact that financial constraints remain a barrier to healthcare access despite the implementation of JKA underscores the importance of considering the full range of costs associated with seeking care. Transportation, accommodation, lost wages, and other indirect costs can be substantial, particularly for individuals from low-income backgrounds. These costs can deter individuals from seeking care, even when their medical expenses are covered by insurance. This finding aligns with research highlighting the need for UHC programs to address not only direct medical costs but also the broader social and economic factors that influence access to care (Hamdi et al., 2025).

3.7 The Geographical Divide: Bridging the Urban-Rural Gap

The observed disparities in healthcare utilization between urban and rural areas of Aceh highlight the urgent need to address the geographical divide in healthcare access. Individuals living in remote or less densely populated areas often face significant challenges, including limited availability of healthcare

facilities, shortages of healthcare providers, inadequate transportation infrastructure, and communication barriers. These challenges can make it difficult for individuals to access timely and appropriate care, leading to poorer health outcomes.

Addressing this geographical divide requires a multifaceted approach that includes strengthening healthcare infrastructure in rural areas, increasing the number of healthcare providers working in underserved communities, improving transportation infrastructure, and leveraging technology to expand access to care. Telemedicine, for example, can be a valuable tool for providing remote consultations, monitoring chronic conditions, and delivering health education to individuals living in rural areas (Bashshur et al., 2016).

3.8 The Crucial Role of Healthcare Providers in Building Trust

While the quantitative data provides valuable insights into healthcare access and utilization patterns, it is essential to recognize the critical role of healthcare providers in building trust and promoting health equity. Healthcare providers are often the first point of contact for individuals seeking medical care, and their interactions with patients can have a profound impact on trust and willingness to engage with the healthcare system.

Patients are more likely to trust healthcare providers who are culturally competent, communicate effectively, demonstrate empathy, and respect their values and beliefs. Cultural competence involves understanding and responding to the cultural and linguistic needs of diverse patient populations (Matlhaba, 2024). Effective communication involves listening actively, providing clear and concise explanations, and addressing patients' concerns in a respectful and non-judgmental manner. Empathy involves understanding and sharing the feelings of others, and demonstrating a genuine concern for patients' well-being.

Building trust is particularly important for addressing historical injustices and systemic biases that may contribute to medical mistrust among marginalized communities. Healthcare providers must be aware of the historical and social context that shapes patients' perceptions of the healthcare system and be willing to address these concerns openly and honestly. This may involve acknowledging past harms, apologizing for discriminatory practices, and working to build a more equitable and inclusive healthcare system (Ho et al., 2022).

The increase of hospital utilization in line with the increase of specialist numbers during the period 2017–2021 suggests that simply increasing the availability of specialist doctors can positively impact healthcare utilization. However, this increase in specialist doctors must be accompanied by efforts to improve cultural competence, communication skills, and empathy to ensure that patients trust and feel comfortable seeking care from these specialists.

3.9 Addressing the Social Determinants of Health

This study underscores the importance of addressing the social determinants of health in order to achieve health equity in Aceh. The social determinants of health are the conditions in which people are born, grow, live, work, and age, and they have a profound impact on health outcomes. These factors include poverty, education, employment, housing, access to healthy food, and exposure to environmental hazards.

Addressing the social determinants of health requires a collaborative effort involving healthcare providers, policymakers, community leaders, and other stakeholders. Healthcare providers can play a role by screening patients for social needs, connecting them with relevant resources, and advocating for policies that address social inequities. Policymakers can invest in programs that improve education, create jobs, provide affordable housing, and ensure access to healthy food. Community leaders can mobilize resources and build partnerships to address local health challenges.

3.10 Implications for Policy and Practice

The findings of this study have several important implications for policy and practice in Aceh:

- a. **Strengthen Primary Healthcare:** Investing in primary healthcare is essential for improving access to care and promoting health equity. Primary healthcare providers are often the first point of contact for individuals seeking medical care, and they play a crucial role in providing preventive care, managing chronic conditions, and referring patients to specialists when needed. Strengthening primary healthcare requires increasing the number of primary care providers, improving their training and support, and ensuring that they have the resources they need to provide high-quality care.
- b. **Address Geographical Disparities:** Targeted interventions are needed to address the geographical disparities in healthcare access. This may involve establishing mobile health clinics, providing transportation subsidies, expanding telemedicine services, and offering financial incentives to attract healthcare providers to rural areas.
- c. **Promote Cultural Competence:** Healthcare providers should receive training in cultural competence to ensure that they are able to provide culturally sensitive care to diverse patient populations. This training should include information about the cultural beliefs, values, and practices of different ethnic groups in Aceh, as well as strategies for effective communication and conflict resolution.
- d. **Build Patient Trust:** Healthcare providers should prioritize building trust with their patients by demonstrating empathy, communicating effectively, and respecting their values and beliefs. This may involve spending more time with patients, listening actively to their concerns, and involving them in decision-making about their care.
- e. **Address the Social Determinants of Health:** Policymakers should invest in programs that address the social determinants of health, such as poverty, education, and housing. This may involve increasing funding for social welfare programs, improving access to education, creating affordable housing, and ensuring access to healthy food.

4. Conclusions

This study provides a valuable overview of the complex interplay between patient trust, healthcare access, and health equity in Aceh Province, Indonesia. While the implementation of JKA has increased healthcare utilization, significant inequities persist. Addressing these inequities requires a multifaceted approach that includes strengthening primary healthcare, addressing geographical disparities, promoting

cultural competence, building patient trust, and addressing the social determinants of health. By implementing these strategies, policymakers and healthcare providers can work together to create a more equitable and just healthcare system that meets the needs of all residents of Aceh.

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