Trust factors and their impact on patients satisfaction of private clinics in city of Ramadi - Iraq

Mohammed Abed Salih[1], Marwan Thakir Abed[2], Raad Mahdi Salih[3]

[1] College of Engineering, University of Anbar
[2] Registration and Student Affairs Department, University of Anbar
[3] College of Medicine, University of Anbar

ABSTRACT

The target of the research to identify the trust factors represented by (communication, competence, Service Quality) and its impact on the satisfaction of patients private medical clinics in the city of Ramadi, and for the purpose of achieving research objectives and reaching answers to questions (study problem), the Researchersadopted the analytical descriptive approach, a questionnaire was designed as a key tool for collecting preliminary data, and using the method (method) random sample, distributed (384) questionnaire forms to patients reviewing private medical clinics in the city, Of these, 368 were recovered, of which 11 were not eligible (invalid), bringing the number of questionnaires valid for statistical analysis (357) to 357, i.e. a response rate (93%) of recovered questionnaires, and the data analysis and statistically processed by the program (SPSS.V.26) as well as the statistical program (AMOS.V.26) , the most prominent findings of the research   were the existence of a correlation and a positive effect with statistical significance between the factors Trust and patient satisfaction In addition, the results showed that the level of Trust of patients through their factors in the private medical clinics researched was at a (medium) level, as the contact came first and then solved the Competence second and the Service Quality iii, as well as the level of patient satisfaction with the medical services provided by the clinics in general was (average), and in the light of those results the Researchersmade a set of recommendations that could help medical clinic staff to enhance and increase the level of Trust of patients with them and strengthen them which reflects positively on the satisfaction of the patients and the permanence and prosperity of their relationship.

Keywords: Trust   Patient Satisfaction, Communication, Competence, Service Quality, Private Clinics.

Corresponding Author:

Mohammed Abed Salih
College of Engineering
University of Anbar, Iraq
E-mail: mohammed.abed84@uoanbar.edu.iq

1. Introduction

Trust represents the beating heart of the relationship between the medical provider and the patients and the basis and key to its overall success [1]. Related studies have shown that trust has many positive benefits among them, it helps to improve the adherence process and follow-up medical treatment and enhances the process of communication between them and continuity of care with the same doctor or medical provider [2]. It reduces transaction costs, improves the competence and effectiveness of medical care, helps achieve better health outcomes, and promotes maintaining healthy lifestyles and high quality of life for patients [3, 4]. It reduces uncertainty, perceived risks, uncertainties, and associated anxiety while dealing with a doctor, increasing the patient's sense of security and familiarity, facilitating the process of commitment, and continuing the long-term relationship between them [5, 6]. The more trust the medical provider is, the more this is reflected in the positive spoken word of mouth and the recommendation of others to deal with and achieve their satisfaction and loyalty to the service provider [7, 8], and the strategic imperative to enhance the service provider's ability to manage and retain the relationship with their patients (customers) [9]. In contrast, the lack or decline of trust will negatively affect the relationship and lead to poor adherence to the doctor's recommendations and the withholding of patients' information about their health and increase the probability of replacing the doctor [10,

11]. The lower the confidence, the higher the depression in patients, especially those with chronic diseases [12]. as well Issues of patient safety and medical errors in dealing with the patient are key causes of loss of Trust and their health and psychological effects, as well as legal issues and accountability in this regard, and negative publicity towards the medical service provider [13]. Thus, there is a growing awareness of the importance of Trust in the medical aspect in general and significantly high research attention, so our study came to detect and identify the level of trust through its factors and its impact on the satisfaction of patient's private medical clinics in Ramadi city.

1.1. Research methodology
1.1.1. Study problem
The doctor-patient relationship is experiencing a decline in the level of Trust, as indicated by many results of researchers and medical scientific reports that addressed the relationship between the two parties in different developed and developing countries of the world [14]. This is not far from Iraq, where the health system suffers from many problems and constraints, including negligence, administrative corruption, and funding problems, as indicated by the reports of some specialized government regulatory services as well as relevant United Nations reports, international agencies and some classifications, for example (CEO World magazine classification), which placed Iraq's health system in 2021 in 87 places (89) countries worldwide, which contributed to these reasons from the necrosis of the body of This vital sector is important. Whether in specialized hospitals and government medical centers, which in turn reflected the weakness of health services provided to patients. This has led to a marked gap in patient's Trust in these health institutions, which has caused patients to be resentful of these health services in general, which has led them to go to private medical clinics to access satisfactory medical services for them while incurring not little cost in this regard. From the above, the problem of the study can be more accurately clarified by asking the following main question: (What is the effect of Trust factors on patient satisfaction in private medical clinics in the city of Ramadi). Several sub-questions are derived from this question:

First: - What is the level of trust of patients in private medical clinics in the city of Ramadi?

Second: - What is the level of patient satisfaction with the medical services provided in private medical clinics in the city of Ramadi?

Third: - What is the level of correlation and impact between trust and its factors and the satisfaction of patients at private medical clinics in the city of Ramadi?

1.2. The importance of the study

1- The importance of the study comes from the importance of the topic it is discussing, which is represented in trust, which is a central concept for building social relations in its various fields and its sustainability, especially in the medical aspect, as it is the basis for ensuring good interaction to reach positive medical results through it.

2. The study addressed a vital, important, and central part of the health sector, represented by private clinics, and their role in achieving economic and community development in general.

3- The steady growth of the population and the spread of diseases of all kinds and the onerous psychological and economic consequences for patients in general.

4- Many patients are reluctant to review government hospitals and specialized medical centers and go to private medical clinics to obtain a better medical service.

5- Within the limits of the knowledge of Research   ers, this study is one of the first studies in Iraq that dealt with the subject of trust and its impact on patient satisfaction in private medical clinics in Ramadi, as a field study.

1.3. Research objectives

1- Providing an integrated theoretical framework that addresses the contents and key axes of Trust factors and patient satisfaction and their implications for the provision of medical services in general.

2- Learn about the reality of patients' Trust in the private medical clinics Research   ed in the city of Ramadi.

3- To identify the level of satisfaction of the level of patient satisfaction with the Research   ed medical clinics operating in the city of Ramadi.

4- Assessing the impact relationship and the correlation between Trust factors and patient satisfaction in private medical clinics in the city of Ramadi.

5- Make several recommendations and proposals to employees of private medical clinics in Ramadi to take advantage of the results of the applied (practical) reality of the study.
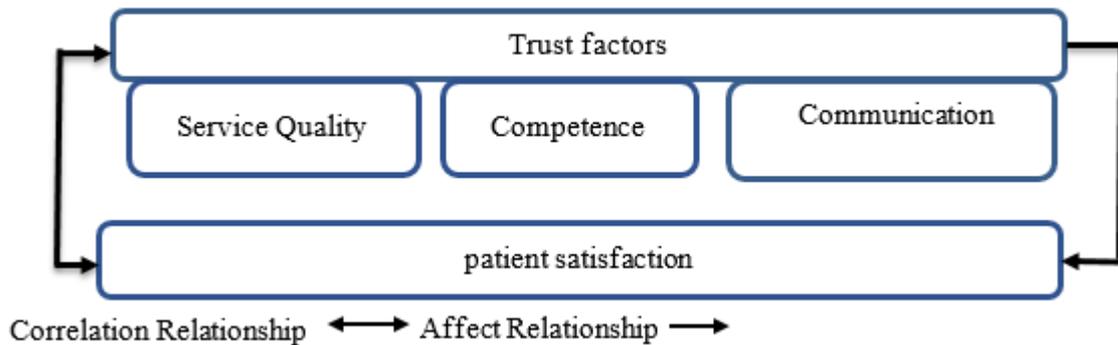

Figure 1. Research form

1.4. Research hypotheses

H1: there is a statistically significant correlation between trust factors (communication, competence, Service Quality) and patient satisfaction in private clinics in Ramadi City and the following sub-hypotheses emanate from it:

1- There is a statistically significant correlation between communication and patient satisfaction in private clinics in the city of Ramadi.

2- There is a statistically significant correlation between competence and patient satisfaction in private clinics in the city of Ramadi.

3- There is a statistically significant correlation between Service Quality and patient satisfaction in private clinics in the city of Ramadi.

H2: there is a statistically significant impact relationship to trust factors (communication, competence, Service Quality) in patient satisfaction with private clinics in the city of Ramadi emanate from it :

1- There is a statistically significant effect of communication on patient satisfaction in private clinics in the city of Ramadi.

2- There is a statistically significant effect of efficiency in patient satisfaction in private clinics in the city of Ramadi.

3- There is a statistically significant effect of service quality on patient satisfaction in private clinics in the city of Ramadi.

1.5. Research tools

To obtain the information and data needed to complete this research to reach the results (objectives of the study) the following tools were relied upon:

1. Theoretical side tools: To enrich the theoretical aspect, available contributions from researchers and interested people, collected from their Research published in international journals, and thesis and sober books closely related to the subject of the Research, have been relied upon.

2. Practical side tools (field): Researchers in this research relied on the resolution as the main source of data and information collected during the period from the fourth month of 2021 to the eighth month of 2021, as the questionnaire included three axes:

    ● the first of which was for general information on patients of private clinics (gender, age, scientific qualification (certificate),

    ● the second axis included Trust factors (independent variable) through paragraphs of (17) paragraphs allocated to measure each factor of the Factors or dimensions with some modifications to suit the contents of the Research represented by 1- communication (4) paragraphs based on the study [15] to measure it, 2-Competence (5) paragraphs based on the study [16, 17] to measure it, 3- the quality of service (8) paragraphs based on a study [18] to measure it.

- the third axis included patient satisfaction (dependent variable) which included (5) paragraphs to measure based on the study [19].

Five-point Likert Scale, which describes the level of expected answers for each of the paragraphs included in the research variables, which ranges from (5) strongly approved and strongly disagree (1), has been relied upon. Based on this measure, the calculation averages of the independent and dependent variables were divided into five categories, representing the length of the category and the level of availability, as the benchmark for the level of Trust availability and patient satisfaction of (1-1.80 very weak agencies), (1.81-2.60 weak), (2.61-3.40 average), (3.41-4.20 high), (4.21-5.00 very high).

2. Community and sample research

A community of patients attending medical clinics for various specialties and due to the lack of statistics on the number of patients and the large size of the community and the inability to count it accurately, a random sample was used, as (384) forms were distributed to patients in various clinics within the special medical complexes research ed, recovered from them (368) Questionnaires, of which 11 were non-eligible, bringing the number of internal questionnaires suitable for statistical analysis (357) i.e. a response rate (93%) of recovered questionnaires.

2.1. The theoretical framework for research
2.1.1. The concept of trust

Trust is still widely regarded by researchers in various disciplines as one of the main determinants of understanding any personal relationship. Especially in the health aspect, as trust is an essential part of the doctor-patient relationship [20]. It is noted that there is no specific definition and a clear uniform picture of the various kinds of literature that have addressed trust. The concept of trust was considered vague and difficult to identify and investigate scientifically accurately [8]. This does not diminish its central role, as trust has been defined as a set of patient expectations that the service provider (the doctor) will perform an accurate examination and diagnosis, and appropriate tests and treatments, to achieve positive health results for him [21]. The patient believes that the doctor's words and actions are reliable and can be relied upon [22]. and a voluntary course of action taken in a situation without integrated information, based on his optimistic view that the counterparty in the relationship will not harm him [23]. It has been described as the glue that makes collaboration possible without costly and intrusive regulation [24]. A psychological situation involves the intention to accept vulnerability and take risks in hope of positive behavior by the counterparty in this case, so the risk is an important part of the confidence that the individual assesses vulnerability and uncertainty as to whether the other party is in confidence and will act appropriately or not [25]. So, trust-related vulnerability is particularly important in medical services in general, Due to different balances of power, the doctor represents the strong party by knowing the exact details of the patient's body and the diseases he suffers, which puts the (vulnerable) patient at risk in a situation that does not always allow him to make judgments of protective measures. This disparity of power can cause the patient to be employed by the physician, yet patients seek care and expect that the physician will act professionally and for them rather than exploit or harm them [26].

2.2. Factors of trust
2.2.1. Communication

Communication, is a central concept in the relationship between doctors and patients, taking up a great deal of attention and research for various studies that dealt with medical care and care in general, because of the challenge and complexity it poses is not easy to reveal its exact contents and comprehensive effects. He was known as a highly-skilled science and art between the parties in the stages or steps that It was introduced to going through [27], or all the steps it goes through conveying knowledge between parties, expressing feelings, and changing consent or directing work [28]. He was described as the process by which two or more people interact through language and behavior [29]. and that he is aware of the duration, timing, and adequate interpretation provided to them by medical care providers in general [30]. He communicates verbally and non-verbally with the doctor by showing sympathy and acting politely, listening well, and with patients [1]. In the

same direction, it was also defined as the extent to which the medical service provider actively listened to patients' concerns, and explained things in ways that could be understood and treated with kindness, appreciation, and respect [31]. Communication provides positive results or benefits to different parties, as effective communication between the doctor (medical provider) and patients improves diagnosis in general, increases patients' commitment to the doctor's recommendations and medications provided, enhances a better understanding between them, helps to call or evoke medical information and understand it well, improves the handling of the disease and affects and increases patient satisfaction with the medical provider [15, 32]. Reduces uncertainty, relieves stress and anxiety and enhances the patient's psychological comfort [33]. It gives value to patients, enhances their recovery, alleviates their suffering, enables them to make informed decisions, and gives them greater competence and self-management to review and disease that they generally suffer from [28]. Improves the prevention and overall health of patients, reduces the likelihood of doctors being prosecuted and misconduct claims, helps successful treatment, and thus improves and strengthens the quality of the relationship between doctors and patients and helps to perpetuate [34].

2.2.2. Competence

Health systems in different countries of the world face many obstacles and challenges in light of the rapid change in the health care environment, which made them look, scrutinize, and care about the competence of the doctor and medical provider in general with its various joints and what educational programs and appropriate procedures to promote this vital aspect and work to improve it continuously because of its importance and implications for the safety of patients as a measure of the success or failure of the health system in general. Therefore, the subject of competence has received great attention from academic researchers who are interested in the medical care aspect in terms of researching its contents and how to measure them properly. Competence has been defined as how patients view the professional experience of the medical service In addition to their ability to make the right decisions and avoid medical errors when treating patients [35]. The individual can do a good job according to specific professional standards that contribute to effective functionality [36]. They are individual resources that include motivations, attributes, skills, self-image aspects, or the range of knowledge they enjoy and are applied at work [37]. It is the extent to which the doctor or medical provider generally has full know-how and on it and the ability to accurately diagnose and provide effective treatment to patients [38]. As a comprehensive rule-based not only on specialized medical knowledge but also on other elements of professional practices such as problem-solving ability and effective management and leadership skills in his work, relationships with colleagues in the profession, and ethical behavior [39]. Competence has many benefits, as the better doctors are, the more it affects patient care and well-being [40]. The positive spoken word of mouth is reflected by the patient towards the doctor and contributes to building his reputation in the place or area where he works [21]. It thus increases patients' intention to establish a long-term relationship and deal with the same doctor or service provider when needed for future medical care [38].

2.2.3. Service quality

The service quality factor is a factor of trust that has received increasing attention from research ers and those interested in the health and medical care sector in various countries, for more than a decade and continues to represent the compass and the central issue of concern to medical service providers in general. with the growing medical awareness among patients and their constant pursuit of high-quality medical services continuously, the similar nature of the provision of medical services in all its forms has become the standard through which you can distinguish and differentiate between the service provider is the quality in a highly competitive marketing environment in this vital sector to ensure survival and success [41]. Service quality has been defined as the degree to which a medical provider can meet patient expectations [42]. It is the general impression of patients about the relative superiority or vice versa of a medical provider [43]. It was also defined as providing medical service in the right way to the right person in the right place, time, and price by the right person to achieve the best results [44] It compares the actual or perceived performance of medical service by patients with their expectations [45]. To measure the quality of service, it has received many well-regarded models that have been tried for more than one service sector worldwide, the most prominent of which was [46]. Known as

(SERVQUAL) in its ten dimensions, it was reduced to 5 dimensions in 1988 [47]. They are highly well known. They are mentioned in Every single research , that deals with service quality from that date until now, in addition to the model (SERVPERF) prepared by [48], and other models of various research ers that are distinctive contributions to enriching the quality of service. Several relevant studies have shown the general implications or benefits of medical providers in general when they are interested in the quality of service, showing that there is a positive impact relationship between quality of service and patient satisfaction based on the results of the Study [49, 50]. The higher the quality of service, the higher the service provider's performance index [51]. As a key factor in creating value for patients and a source and strategic necessity to achieve a sustainable competitive advantage [52].

2.2.4. Patients satisfaction

Patient satisfaction is well-established and principal in the marketing of medical services of medical or health services, receiving wide attention from researchers and service providers alike, to identify its contents, exact details, and effects on various medical care joints in general [41]. By looking at the literature on the concept of patient satisfaction, it was noted that there is no common definition agreed upon, as it was defined as a state of pleasure or happiness that the patient realizes or feels during the provision of medical service, a practical guide to its effectiveness [53]. It is the patient's response to the service provider based on their realization of the emotional, behavioral and cognitive elements issued by the service provider [54]. It is a complex phenomenon associated with personal expectations, experiences, preferences, and the health status of patients [55]. This makes it not an easy process to measure because it is related to the psychological state of patients through positive and negative thinking in the minds of patients but extends to their families and general assessment of aspects of service [50]. In the relevant literature, two or two types of patient satisfaction have emerged, the first is known as the satisfaction of the transactions that occur or is expressed through the patient's assessment of his experience of visiting for the first time (immediate realization) of the service provided, while the second is called cumulative satisfaction (general satisfaction) and expressed through the patient's assessment of an experience over time and the visit of the service provider more than once [56]. Patient satisfaction has been linked to many positive results, providing insight and insight into the structure, processes, and results of service delivery, which qualifies it as an indispensable factor when evaluating the service in general [57]. This helps service providers identify in-service factors that need to be improved and modified (feedback) and develop an effective action plan to better understand the needs and requirements of patients [58]. Therefore, patient satisfaction is a key to organizational success and an invaluable asset [52]. As well as a greater likelihood of remaining with the same service provider and recommending to their relatives to deal with it [59], contributing to profitability visits and reducing malpractice complaints [49].

2.2.5. Description of study clinics

Table 1 results indicate that the age category was centered around (30- under 40 years of age) to indicate that most patients and patients reviewed in the research ed medical clinics are young, with a frequency of (140) and a ratio of (39%), while the lowest percentage of patients and those visiting the medical clinics studied were the group (under 30 years of age) repeating its capabilities (33) and by (9%) and this is a fairly small percentage because most of the owners of this group have strong immunity Kind of about the diseases around us. The results also showed that the gender category was male and repeat (192) and a percentage (54 percent), while the female group was almost identical to the frequency (165) and (46 percent), indicating a convergence of the need for both sexes to review these clinics to obtain appropriate treatment for medical conditions suffering from occupations, as well as the nature of life work and daily activities carried out by males in this city that make them more likely to receive diseases, especially in light of the Corona pandemic. While the certificate category indicates that the largest percentage of the study sample members are holders of a bachelor's degree repeatedly (140), a percentage of (39%) and then holders of higher degrees repeatedly (100) and by (28%), followed by graduates of preparatory.

Finally, graduates of the diploma are reduced by repetition (39) and by (11%) which indicates that the clients of private clinic patients are graduates from universities and institutes, which indicates that this group is aware and higher awareness and knowledge and high level of education and culture, able to apply and understand the management of their condition Pathological as well as giving the results of this study more objectivity and accuracy.

Table 1. Characteristics of study clinics

order of importance	Percentage	Total Repetitions	Target group	transponder characteristics	
4	4	33	30 >	age	1
1	1	140	30 ≥ 40 >		
2	2	120	40 ≥ 50 >		
3	3	64	50 ≥		
***	***	357	total		
1	1	192	male	Gender	2
2	2	165	female		
***	***	357	total		
3	3	78	middle school or less	Academic qualification	3
4	4	39	diploma		
1	1	140	Bachelor's		
2	2	100	Postgraduate		
***	***	357	Total		

3. The Practical (practical) aspect of the study

This paragraph deals with two variables (trust, patient satisfaction), by expressing them in a set of symbols aimed at providing the exact meaning of interpreting data and building a clear reader perception of the symbols used in the analysis, and Table 2 may show the coding and characterization of the study variables more clearly.

Table 2. Encoding and characterizing variables under study

code	paragraphs	dimensional	variable
COMM	4	Communication	(TRUST)
COPE	5	Competence	
SERV	8	Service Quality	
PASA	5	one dimensional	patient satisfaction

The main purpose and objective of the natural distribution test are to examine the data on the study variables to indicate the extent to which they follow the natural distribution test. Samples for special administrative research and scientific research, in general, require more than 30 to see the use of Kolmogorov-Smirnov, Shapiro-Wilk, to examine the data of the medical clinics studied and to indicate their normal distribution, which must have a higher level of morale (5%) i.e. a level of confidence (0.95). Table 3 shows the data included in the measurement of the variables under study, as well as since the moral value is higher than (0.05), the findings of the research can be generalized to the studied community.

Table 3. Results of the natural distribution test for internal variables

variable	Shapiro-Wilk			Kolmogorov-Smirnov[a]		
	Statistic	df	Sig.	Statistic	df	Sig.
COMM	0.164	357	***	0.927	357	***
COPE	0.164	357	***	0.932	357	***
SERV	0.079	357	***	0.984	357	***
TRUST	0.078	357	***	0.973	357	***
PASA	0.167	357	***	0.938	357	***

Table 3 results indicate that data on variables under study (trust, patient satisfaction) follow the natural distribution, indicating a rejection of the alternative hypothesis that (the data do not follow normal distribution at a moral level below (0.05) and acceptance of the zero hypotheses that the data follow the natural distribution at a higher moral level than (0.05).

The Cronbach's Alpha coefficient represents a statistical analysis of the reliability of the data obtained by the research er as a result of its distribution of identification to private clinics studied, as well as the possibility of reaching stable results and by employing it to test stability in a way (Cronbach's Alpha), as it takes it upon itself to provide stability requirements in the identification data when it is worth more than (70%) according to [60], and Table 4 shows the results of the resolution stability test.

Table 4. Cronbach's alpha transactions for inbound variables

Cronbach Alpha Cronbach Alpha Study	Cronbach Alpha Dimensions	paragraphs	dimensional	Cronbach Alpha Variables	variable
0.868	0.858	4	Communication	0.788	(TRUST)
	0.833	5	Competence		
	0.882	8	Service Quality		
	0.836	5	one dimensional	0.836	patient satisfaction

The results indicate that the (Trust) variable represented in three Factors and (16) paragraphs obtained stability (Cronbach's Alpha = 0.788), which is a good result, while the stability of the confidence dimensions ranged between the lowest value (0.833) for the competence dimension and the highest value (0.882) for the quality dimension. The service, as it is noted from the results that the dependent variable (patients' satisfaction) represented by (5) items obtained stability (Cronbach's Alpha = 0.836), while the stability of the study as a whole was (0.868), and this result is excellent based on what was indicated by [60], which indicates the existence of the consistency of the questionnaire paragraphs and the achievement of indicators for the imposed conditions of stability mentioned as in the above.
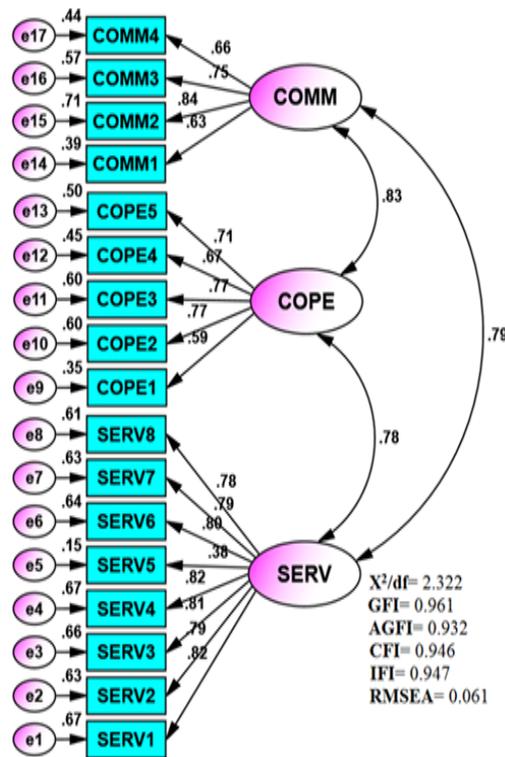
Figure 2. structural model of Trust variable

For trust, the results shown in Figure 2 indicate that the quality indicators were identical, with a value (X2/df=2.322, GFI=0.961, AGFI=0.932), as well as the high value and value of the comparative matching index (CFI) (0.946), while representing the standard matching index (IFI) and its amount (0.947), Thus, the RMSEA index (0.061) indicated that the structural model of the confidence change was accepted and that the measurement tool was compatible with the medical clinics studied and compatible with their responses.

The results of table 5 show that indicated the highest paragraph interpreted after the quality of service, the first paragraph (SERV1) as the highest interpretive value (0.818), and the lowest paragraph was the Fifth paragraph (SERV5) with an explanatory value of (0.818) 382) To show the convergence and agreement of patients' opinions about the availability of study variables in the medical clinics studied, and urged these clinics to develop their capabilities in a way that contributes to ensuring confidence in all aspects of communication, competence and quality of service to gain more patient satisfaction.... etc.

For patient satisfaction, The results shown in Figure 3 indicate that the quality indicators were identical, with a value (X2/df=2.657, GFI=0.986, AGFI=0.958), as well as the high value and value of the comparative matching index CFI value of 0.988 was improved, whereas the Interpretive Value of the Standard Conformity Index (IFI) was (0.988), and the RMSEA index conformed to standards. Its value is (0.068).

Table 5. Estimates to Trust variable

Value	path		
Communication			
0.628	COMM1	<---	COMM
0.844	COMM2	<---	COMM
0.752	COMM3	<---	COMM
0.662	COMM4	<---	COMM
Competence			
0.588	COPE1	<---	COPE
0.772	COPE2	<---	COPE

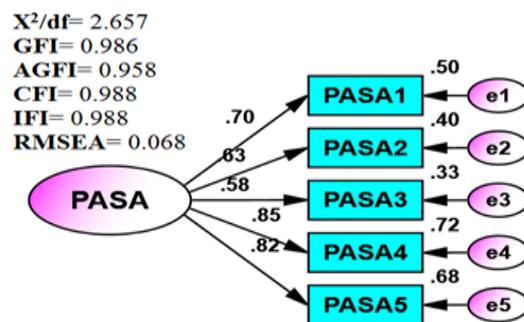| Value	path		
0.775	COPE3	<---	COPE
0.674	COPE4	<---	COPE
0.709	COPE5	<---	COPE
Service Quality			
0.818	SERV1	<---	SERV
0.792	SERV2	<---	SERV
0.811	SERV3	<---	SERV
0.816	SERV4	<---	SERV
0.382	SERV5	<---	SERV
0.798	SERV6	<---	SERV
0.791	SERV7	<---	SERV
0.784	SERV8	<---	SERV

Figure 3. Structural model of patient satisfaction variable

Table 6 results explain the highest explanatory value of the patient satisfaction variable in the fourth paragraph (PASA4) of 0.846, while the third paragraph's lowest explanatory value (PASA3) included an explanatory value of (0.578) to show the interest in the medical clinics studied to achieve patient satisfaction by developing the clinics' potential to serve patients and meet their requirements of needs and desires.

Table 6. Estimates of patient satisfaction variable

Value	path		
0.704	PASA1	<---	PASA
0.634	PASA2	<---	PASA
0.578	PASA3	<---	PASA
0.846	PASA4	<---	PASA
0.822	PASA5	<---	PASA

This paragraph is concerned with describing the results of the study by reviewing the opinions and preferences of patients when visiting study clinics and determining the level of agreement and acceptance of services provided by the medical clinics studied by focusing on the statistical descriptive analyses of (arithmetic average, standard deviation, relative importance, level and direction of answer and order of importance for each paragraph of variables under study by determining their affiliation to any category as described in the last research tool paragraph (field practical aspect).

Table 7 shows that the trust's overall computational average is worth (3.11) and its standard deviation is equal to (0.432) To indicate the consistency and consistency of the answers of the members of the research sample

with a coefficient of variation of (14%), a moderate level of response and which shows that (62 percent) showed that the level of interest of medical clinics studied in building positive relationships with patients and gaining patient Trust was moderate, but concerning Trust factors, they are:For communication, the interest of medical clinics evaluated after contacting is shown in Table 7 with a modest arithmetic average of (3.34) and a standard deviation of (0.523) to show the consistency of the opinions of study clinic patients and with a different factor of (16%) and relative importance equal to (67%), The first paragraph (COMM1) came in the middle of my account rather high value (3.76), standard deviation (0.564) and the Coefficient of variation is equal to (15%) and relative importance of (75%), This indicates that the medical clinics studied, especially doctors, treat patients politely and respectfully on the other hand, the medical clinics studied suffer from a fairly moderate relative weakness, especially with regard to the second paragraph (COMM2) with an average calculation of (2.96) and a standard deviation of (0.873) to show fairly low relative importance (59%) With a high coefficient of variation (29%), indicating that doctors in the medical clinics studied do not devote enough time to listening to patients carefully and accurately enough, based on the opinions of patients in this It , It is also indicated that there are a number of doctors in some studied clinics who do not communicate with patients individually, which is a major embarrassment in patients in revealing satisfactory details and symptoms. For competence, Table 7 data demonstrate a (66%) relative interest in well-studied medical clinics in after-competence, a mathematical average of (3.28) and a standard deviation of (0.534) so that the medical clinics studied can ensure competence and objectivity in the services provided to them and with the coefficient of variation (16%). The paragraph that contributed to this may be due to the fourth paragraph in the middle of my calculation of (3.47) to show that doctors in the clinic research ed to interpret the list of medicines for treatment in a way that is easy to understand by patients, and this reduces the standard deviation to the minimum (0.762) and with the coefficient of variation (22%) and towards a rather high answer and availability rate equal to (69%). The results also show that medical clinics are weak in their ability to explain the side effects that drugs provided for treatment can cause, indicating that there is a lack of skills and ability in this aspect, indicating a mathematical average of (3.11), as explained by paragraph 5 (COPE3), a standard deviation of (0.79), and a rather modest relative significance (62%).

For service quality, Table 7 results show moderate interest from medical clinics studied after the quality of service with an average calculation of (2.70) and a standard deviation equal to (0.607), indicating a high variation factor of (23%) and relative importance (54%), indicating the medical clinic's studier's weakness in the quality of service provided. Perhaps the fifth paragraph (SERV5) in the center of my account contributed to this, with a value of (3.42), a standard deviation of (0.791), a coefficient of variation of (23%), and relative importance of (68%) to indicate that medical clinics pay some kind of attention to the provision of medical service in proportion to the patient's time but not at the sufficient level, On the other hand, the medical clinics studied suffer from a weakness in their capabilities, especially about paragraph 6 (SERV6), which shows that the medical clinics studied do not have a database of their auditors enabling them to refer to them to see the exact details of the patient at any time when needed in addition to the slow provision of medical service as specified, which generated some weakness in the internal possibilities of those clinics.

Table 7. Descriptive Analysis of Factors Trust Paragraphs

Order of importance	Relative importance	answer level	Coefficient of variation%	standard deviation	sma	Paragraph	s
1	75%	High	15%	0.564	3.76	The doctor treats me with kindness and respect	COMM1
4	59%	Moderate	29%	0.873	2.96	The doctor spends enough time with me	COMM2
3	63%	Moderate	27%	0.85	3.13	The doctor listens carefully to everything I say individually	COMM3
2	71%	High	19%	0.677	3.53	The doctor speaks in clear and easy-to-understand language	COMM4

Order of importance	Relative importance	answer level	Coefficient of variation%	standard deviation	sma	Paragraph	s
the first	**67%**	Moderate	**16%**	**0.523**	**3.34**	**Communication**	COMM
3	66%	Moderate	22%	0.726	3.28	The doctor has the ability to correctly diagnose my disease	COPE1
2	66%	Moderate	24%	0.786	3.31	The doctor has the necessary experience to raise my spirits to face the disease	COPE2
5	62%	Moderate	25%	0.79	3.11	The doctor has the skill to explain the causes of the disease and its side effects accurately	COPE3
1	69%	High	22%	0.762	3.47	The doctor explains how to use the medicine easily.	COPE4
4	65%	Moderate	26%	0.828	3.24	The doctor explains the results of the examinations (laboratory, ultrasound, x-ray, MRI, MRI) clearly	COPE5
The second	**66%**	Moderate	**16%**	**0.534**	**3.28**	**Competence**	COPE
3	54%	Moderate	35%	0.945	2.68	The clinic has modern examination equipment	SERV1
4	52%	Moderate	37%	0.975	2.62	The clinic has a clean and attractive location (waiting room, examination room, toilets, air conditioning, sign boards)	SERV2
8	48%	low	37%	0.895	2.42	I receive prompt service from the clinic staff	SERV3
5	52%	low	39%	1.018	2.58	Regular and easy patient registration process	SERV4
1	68%	High	23%	0.791	3.42	Clinic working hours are suitable for me	SERV5
7	50%	low	40%	0.996	2.52	The clinic keeps accurate records of my medical condition	SERV6
6	51%	low	32%	0.808	2.55	The clinic is committed to providing health services on time	SERV7
2	56%	Moderate	30%	0.835	2.78	The services provided by (the doctor, testing laboratories, pharmacy, and nurse) meet my expectations	SERV8
the third	**54%**	Moderate	**23%**	**0.607**	**2.7**	**Service quality**	SERV
***	62%	Moderate	14%	0.432	3.11	**Trust**	TRUST

Table 8 shows the medical clinic's studier's focus on achieving patient satisfaction, as well as the moderate and relative relevance of (62%) and with the Coefficient of variation (20%) to indicate an average calculation of its value (3.1) and a standard deviation of (0.604), indicating that it is a clinic It is acceptable to patients by deciding to continue their dealings with these clinics when they need medical service, as explained by the first paragraph (PASA1) Given a calculated average (3.36) and a standard deviation (0.708) and with the Coefficient of variation (21%) and equal relative importance For (67%). The results of this dimension also indicated that the mutual relationships between the medical provider (private clinics) and patients require more important attention from clinics towards their patients to obtain positive results, including the recommendation to deal with and general satisfaction with the service, as explained by paragraph 5 (PASA5) with an average calculation of (2.95), a standard deviation of (0.855), and with the Coefficient of variation (29%) and poor relative importance (59%).

Table 8. Descriptive analysis of patient satisfaction paragraphs

order of importance	Relative importance	answer level	Coefficient of variation%	standard deviation	sma	Paragraph	s
1	67%	Moderate	21%	0.708	3.36	My decision to see this doctor was correct.	PASA1
4	59%	Moderate	25%	0.743	2.97	I am satisfied with the level of medical services provided to me by the clinic.	PASA2
2	63%	Moderate	23%	0.719	3.14	My experience with this doctor is good.	PASA3
3	61%	Moderate	27%	0.825	3.07	If I need a medical service, it will be my choice to see this doctor.	PASA4
5	59%	Moderate	29%	0.855	2.95	I recommend others to see this doctor.	PASA5
***	62%	Moderate	20%	0.604	3.1	patient satisfaction	PASA

The results of Table 9 show that there is a correlation between trust and patient satisfaction, and the strength of this relationship was (0.710) to show the interest of the medical clinics studied to strengthen the trust and credibility of patients to ensure their satisfaction re-dealing with these clinics. Three sub-hypotheses are derived from this hypothesis:

1. (There is a statistically significant correlation between communication and patient satisfaction) with the results indicating an average relationship of (0.512).
2. (There is a statistically significant correlation between competence and patient satisfaction), as the results of the study showed a correlation force of (0.649).
3. (There is a statistically significant correlation between the quality of service and patient satisfaction), with the results indicating an average relationship of (0.503).

From the above, it can be said that accepting the right hypothesis imposed (there is a correlation between trust and patient satisfaction), is consistent with the findings of the study[56] and study [61].

Table 9. The correlation matrix between the variables included in the analysis

	COMM	COPE	SERV	TRUST	PASA
COMM	1				
COPE	.580**	1			
SERV	.287**	.381**	1		
TRUST	.777**	.824**	.741**	1	
PASA	.512**	.649**	.503**	.710**	1

The results of Table 10, shown in Figure 4, show an incorporeal impact of trust factors on patient satisfaction, and this finding is consistent with studies [62] and study [63] and study [64] as indicated by the calculated value (F) of (126.727) which is greater than the scheduling value (1.64), to show the explanation of the confidence factors related to (communication, Competence, and quality of service, which lead to patient satisfaction with the service provided by the researched medical clinics and reality (0.519), the remaining value is not included in the current study model. Sub hypotheses can be interpreted as follows:

H2: It states (There is a statistically significant effect of efficiency on patient satisfaction), as a one-unit increase in patient contact, increases patient satisfaction by (0.204), S.E (0.053), and C.R (3,874), This validates the first sub-hypothesis, and it is congruent with the findings of another research [31], a study [15] and a study [65].

Sub-hypothesis II: This states (There is a statistically significant effect of efficiency in patient satisfaction), as increased competence by one unit, leads to increased patient satisfaction by (0.496), S.E (0.053), and C.R (9.294), This verifies the validity of the second sub-hypothesis and is compatible with the study's findings [62]. and study [63] and study [38].

Sub-hypothesis III: This states (There is a statistically significant effect of service quality on patient satisfaction), as increasing the quality of service by one unit leads to an increase in patient satisfaction by (0.284), an S.E (0.040) and a C.R (7.124), This verifies the third sub-validity, hypotheses and the findings of this hypothesis are congruent with the results of [66] and study [50].
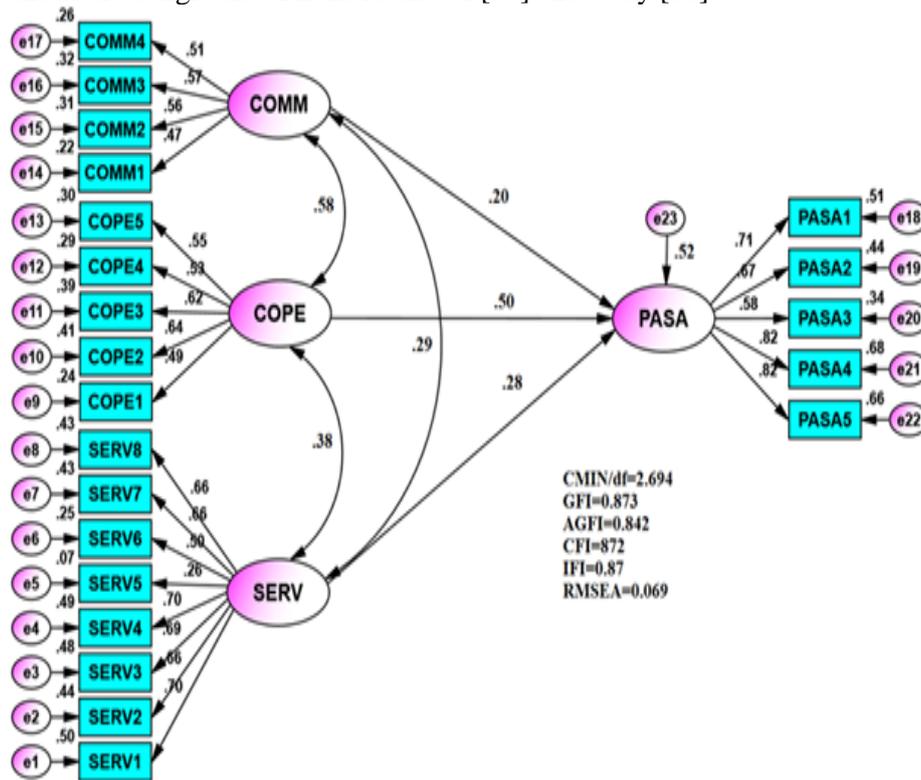

Figure 4. Model Impact of Factors Trust in Patient Satisfaction based on (AMOS. V.26)

Table 10. Results of the Impact of Confidence Dimensions Test on Patient Satisfaction

probability P	R^2	F	C.R.	S.E.	S.E.	Value	path		
0.001			3.874	0.053	0.053	0.204	PASA	<---	COMM
0.001	0.519	126.727	9.294	0.053	0.053	0.496	PASA	<---	COPE
0.001			7.124	0.040	0.040	0.284	PASA	<---	SERV

4. Conclusions

1. The results of the statistical analysis showed that the overall arithmetic average of the study of Trust levels through Its dimensions in private medical clinics amounted to (3.11) at an average level from the point of view of patients, as it came after Communication first and then competence second and Service quality third.

2. The results of the study analysis revealed that the level of patient satisfaction with private medical clinics in Ramadi City was average.

3. The results of the statistical analysis have shown a statistically significant correlation between trust factors (communication, competence, Service quality) and patient satisfaction, which explains the role

these factors play in building high confidence in the service provided by the studied clinics and their positive implications for achieving patient satisfaction with general doubt.

4. The results of the analysis showed that there is a positive impact of the factors trust of (communication, competence, Service quality) in patient satisfaction in private clinics in Ramadi city.

5. The results of the study indicated that there is a greater need to do more and pay more attention to staff in medical clinics for the needs and desires of patients and to respond to them.

6. The results of the study showed that the process of providing medical service in clinics in terms of speed and time is not at the required level.

7. The study's findings revealed that the process of recording, recording, and retaining detailed information about patients is not at the level generally required.

5. Recommendations

1. The need to raise the level of personal care of patients through increased interaction and time allocated for medical examination and a descent to the psychological and intellectual level of patients together reflects positively on the health condition of patients as well as on strengthening the relationship based on trust between the two parties and its continuity.

2. The need for private clinics Research   ed to pay attention to the quality of the service provided through continuous work to know the needs, desires, and requests of patients and meet fast, satisfying, and integrated.

3. The Research   ed medical clinics should keep pace with developments and changes in the level of service by bringing and modernizing medical equipment and supplies, which have a significant impact on improving the competence and effectiveness of the service provided.

4. The Research   ed clinics should keep accurate records of patients, provide electronic computers to the secretariat and doctors of those clinics and provide them with programs and systems specialized in managing the medical and health condition of patients, which makes it easier for them to refer to them at any time when they need them.

5. Doctors and employees should be keen to develop their scientific expertise, skills, and abilities continuously by participating in training courses, specialized meetings, and conferences that will raise the levels of competence in service delivery in general.

6. The researched clinics should maintain the cleanliness and attractiveness of the workplace (waiting room, screening room, toilets, air conditioning, signs) to ensure that patients are confident and satisfied with the services provided.

7. Commitment to the working times of the researched medical clinics to ensure better medical service for patients.

Declaration of competing interest

The authors declare that they have no any known financial or non-financial competing interests in any material discussed in this paper.

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Beneficiaries

Private Clinics in the city of Ramadi – Iraq
Iraq Medical Association – Anbar Branch
Anbar Health Organization
NGO

References

[1] S. Chandra, P. Ward, and M. J. I. Q. o. C. H. E. Mohammadnezhad, "Investigating Patient Trust in Doctors: A Cross-Sectional Survey of Out-Patient Departments in Fiji," vol. 41, no. 4, pp. 369-377, 2021.

[2] J. Greene, C. J. P. E. Ramos, and Counseling, "A mixed methods examination of health care provider behaviors that build patients' trust," vol. 104, no. 5, pp. 1222-1228, 2021.

[3] D. Dwyer, H. Liu, and J. A. J. A. E. Rizzo, "Does patient trust promote better care?," vol. 44, no. 18, pp. 2283-2295, 2012.

[4] E. C.-H. Huang, C. Pu, Y.-J. Chou, N. J. I. T. J. o. H. C. O. Huang, Provision,, and Financing, "Public trust in physicians—health care commodification as a possible deteriorating factor: cross-sectional analysis of 23 countries," vol. 55, p. 0046958018759174, 2018.

[5] T. N. Crutchfield and R. M. J. H. M. Q. Morgan, "Building long-term patient–physician relationships," vol. 27, no. 3, pp. 215-243, 2010.

[6] U. Ehsan and N. J. I. J. o. H. M. Ashill, "Drivers of Patients' Trusts in Doctors: A Study of Private Healthcare in Pakistan," vol. 7, no. 4, pp. 237-246, 2014.

[7] M. da Silva Terres, C. P. dos Santos, and K. J. J. o. S. M. Basso, "Antecedents of the client's trust in low-versus high-consequence decisions," 2015.

[8] S. Ozawa, P. J. S. s. Sripad, and medicine, "How do you measure trust in the health system? A systematic review of the literature," vol. 91, pp. 10-14, 2013.

[9] K. Q. Dadzie, C. A. Dadzie, A. J. J. J. o. B. Williams, and I. Marketing, "Trust and duration of buyer-seller relationship in emerging markets," 2018.

[10] J. LoCurto and G. M. J. S. o. m. Berg, "Trust in healthcare settings: scale development, methods, and preliminary determinants," vol. 4, p. 2050312116664224, 2016.

[11] M. E. Gregory, K. P. Nyein, S. Scarborough, T. R. Huerta, and A. S. J. J. o. G. I. M. McAlearney, "Examining the Dimensionality of Trust in the Inpatient Setting: Exploratory and Confirmatory Factor Analysis," pp. 1-7, 2021.

[12] C. Bova *et al.*, "Measuring patient–provider trust in a primary care population: Refinement of the health care relationship trust scale," vol. 35, no. 4, pp. 397-408, 2012.

[13] V. A. Entwistle, O. J. J. o. h. o. Quick, and management, "Trust in the context of patient safety problems," 2006.

[14] P. L. Liu and S. J. H. C. Jiang, "Patient-centered communication mediates the relationship between health information acquisition and patient trust in physicians: a five-year comparison in China," vol. 36, no. 2, pp. 207-216, 2021.

[15] E. A. Platonova, H. Qu, and J. J. I. J. o. H. C. Q. A. Warren-Findlow, "Patient-centered communication: dissecting provider communication," 2019.

[16] O. Ivy, *Measuring Patient Trust in Their Physician and Its Impact on Telemedicine*. Mississippi State University, 2018.

[17] V. Kamra, H. Singh, K. J. T. Q. M. Kumar De, and B. Excellence, "Factors affecting patient satisfaction: an exploratory study for quality management in the health-care sector," vol. 27, no. 9-10, pp. 1013-1027, 2016.

[18] A. Agyapong, J. D. Afi, and K. O. J. I. J. o. H. M. Kwateng, "Examining the effect of perceived service quality of health care delivery in Ghana on behavioural intentions of patients: the mediating role of customer satisfaction," vol. 11, no. 4, pp. 276-288, 2018.

[19] T. L. H. Nguyen and K. J. I. j. o. h. m. Nagase, "The influence of total quality management on customer satisfaction," vol. 12, no. 4, pp. 277-285, 2019.

[20] P. J. A. M. Ward, "Trust and communication in a doctor-patient relationship: a literature review," vol. 3, no. 3, p. 36, 2018.

[21] V. Gopichandran, *Dynamics of trust in doctor-patient relationship in India: a clinical, social and ethical analysis*. Springer Nature, 2019.

[22] S. M. Isa, G. S. S. Lim, P. N. J. I. J. o. P. Chin, and H. Marketing, "Patients' intent to revisit with trust as the mediating role: lessons from Penang Malaysia," 2019.

[23] L. R. J. G. P. H. Østergaard, "Trust matters: a narrative literature review of the role of trust in health care systems in sub-Saharan Africa," vol. 10, no. 9, pp. 1046-1059, 2015.

[24] J. P. Ferry-Danini, "The Handbook of the Philosophy of Medicine Edited by Thomas Schramme and Steven Edwards 2017-Review," pp. 1087-1089, 2017.

[25] Y. Kim, "Trust in health information websites: A systematic literature review on the antecedents of online trust," 2014.

[26] V. Gopichandran and S. K. J. P. o. Chetlapalli, "Dimensions and determinants of trust in health care in resource poor settings–a qualitative exploration," vol. 8, no. 7, p. e69170, 2013.

[27] C. J. B. o. t. A. C. o. S. Pellegrini, "Trust: the keystone of the physician-patient relationship," vol. 102, no. 1, pp. 58-61, 2017.

[28] C. B. Rippé and A. J. J. H. M. Q. Dubinsky, "Trust me, I'ma physician using sales skills: Enhancing physician–patient communication through the personal selling process," vol. 35, no. 4, pp. 245-265, 2018.

[29] C. J. I. J. o. H. M. Lee, "Patient loyalty to health services: The role of communication skills and cognitive trust," vol. 14, no. 4, pp. 1254-1264, 2021.

[30] R. Hemadeh, R. Hammoud, O. Kdouh, T. Jaber, L. J. T. i. j. o. h. p. Ammar, and management, "Patient satisfaction with primary healthcare services in Lebanon," vol. 34, no. 1, pp. e423-e435, 2019.

[31] S. Islam, N. Muhamad, and V. S. J. J. o. I. M. Leong, "Healthcare quality for Muslims: TCCM and TSR frameworks analyses," 2021.

[32] E. Bellio and L. J. T. T. J. Buccoliero, "Main factors affecting perceived quality in healthcare: a patient perspective approach," 2021.

[33] R. Roongruansee, P. Patterson, and L. V. J. J. o. S. M. Ngo, "Professionals' interpersonal communications style: does it matter in building client psychological comfort?," 2021.

[34] H. Hong and H. J. J. H. C. Oh, "The effects of patient-centered communication: exploring the mediating role of trust in healthcare providers," vol. 35, no. 4, pp. 502-511, 2020.

[35] F. Drevs, D. K. Tscheulin, J. J. N. Lindenmeier, and V. S. Quarterly, "Do patient perceptions vary with ownership status? A study of nonprofit, for-profit, and public hospital patients," vol. 43, no. 1, pp. 164-184, 2014.

[36] G. L. Garcia and L. J. A. J. o. E. Stevahn, "Situational awareness and interpersonal competence as evaluator competencies," vol. 41, no. 1, pp. 107-124, 2020.

[37] O. Lindberg and O. J. H. r. Rantatalo, "Competence in professional practice: A practice theory analysis of police and doctors," vol. 68, no. 4, pp. 561-582, 2015.

[38] A. Adomah-Afari, D. D. D. Mantey, K. J. I. J. o. P. Awuah-Werekoh, and H. Marketing, "Factors influencing a long-term relationship between healthcare providers and patients–perspectives of patients at a public regional hospital, Ghana," 2019.

[39] T. J. U. M. E. E. Swanwick, Theory, and Practice, "Understanding medical education," pp. 1-6, 2018.

[40] J. Clark and K. J. L. i. H. S. Armit, "Leadership competency for doctors: a framework," 2010.

[41] A. Mallat, D. Vrontis, and A. J. I. J. o. O. A. Thrassou, "Patient satisfaction in the context of public–private partnerships," 2020.

[42] Y. Wu, J. Mu, S. J. H. H. E. R. Zhang, and D. Journal, "Evaluating patient satisfaction in township hospitals in the cold regions of China," vol. 14, no. 2, pp. 145-160, 2021.

[43] E. M. Ampaw, J. Chai, B. Liang, S.-B. Tsai, and J. J. K. Frempong, "Assessment on health care service quality and patients' satisfaction in Ghana," 2020.

[44] S. Swain and R. K. J. M. B. E. Singh, "Measuring the impact of perceived service quality on insured and uninsured patients' satisfaction," 2021.

[45] V. J. I. J. o. H. M. Kamra, "Improving patients loyalty: A guide for healthcare service providers and policy makers," vol. 14, no. 4, pp. 1152-1160, 2021.

[46] A. Parasuraman, V. A. Zeithaml, and L. L. J. J. o. m. Berry, "A conceptual model of service quality and its implications for future Research   ," vol. 49, no. 4, pp. 41-50, 1985.

[47] A. Parasuraman, V. A. Zeithaml, and L. J. Berry, "SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality," vol. 64, no. 1, pp. 12-40, 1988.

[48] J. J. Cronin Jr and S. A. J. J. o. m. Taylor, "Measuring service quality: a reexamination and extension," vol. 56, no. 3, pp. 55-68, 1992.

[49] M. Umoke et al., "Patients' satisfaction with quality of care in general hospitals in Ebonyi State, Nigeria, using SERVQUAL theory," vol. 8, p. 2050312120945129, 2020.

[50] M. S. Mahmud, R. P. Lima, M. M. Rahman, S. J. I. J. o. P. Rahman, and H. Marketing, "Does healthcare service quality affect outbound medical tourists' satisfaction and loyalty? Experience from a developing country," 2021.

[51] A. Giovanis, G. Pierrakos, I. Rizomyliotis, S. J. I. J. o. Q. Binioris, and S. Sciences, "Assessing service quality and customer behavioral responses in hospital outpatient services: A formative measurement approach," 2018.

[52] P. Anabila, J. Anome, D. J. T. Q. M. Kwadjo Kumi, and B. Excellence, "Assessing service quality in Ghana's public hospitals: evidence from Greater Accra and Ashanti Regions," vol. 31, no. 9-10, pp. 1009-1021, 2020.

[53] F. Manzoor, L. Wei, A. Hussain, M. Asif, S. I. A. J. I. j. o. e. r. Shah, and p. health, "Patient satisfaction with health care services; an application of physician's behavior as a moderator," vol. 16, no. 18, p. 3318, 2019.

[54] P. Adu Gyamfi, L. Lippert, J. R. Baldwin, and J. F. J. J. o. A. C. H. Hooker, "Predictors of patient satisfaction and perceived quality of healthcare: College healthcare providers and students' communication," pp. 1-8, 2021.

[55] A. Baummer-Carr and D. P. J. E. r. o. a.-i. t. Nicolau, "The challenges of patient satisfaction: influencing factors and the patient–provider relationship in the United States," vol. 15, no. 10, pp. 955-962, 2017.

[56] A. Durmuş and M. J. J. o. P. E. Akbolat, "The impact of patient satisfaction on patient commitment and the mediating role of patient trust," vol. 7, no. 6, pp. 1642-1647, 2020.

[57] K. G. Boakye, H. Qin, C. Blankson, M. D. Hanna, V. R. J. I. J. o. Q. Prybutok, and S. Sciences, "Operations-oriented strategies and patient satisfaction: the mediating effect of service experience," 2021.

[58] E. Batbaatar, J. Dorjdagva, A. Luvsannyam, M. M. Savino, and P. J. P. i. p. h. Amenta, "Determinants of patient satisfaction: a systematic review," vol. 137, no. 2, pp. 89-101, 2017.

[59] K. Otani, Y. Deng, P. A. Herrmann, and R. S. J. J. o. P. E. Kurz, "Patient satisfaction, quality attributes, and organizational characteristics: a hierarchical linear model approach," vol. 7, no. 5, pp. 801-806, 2020.

[60] J. F. Hair, M. Page, and N. Brunsveld, *Essentials of business Research methods*. Routledge, 2019.

[61] B. Van Den Assem and V. J. I. j. o. h. c. q. a. Dulewicz, "Doctors' trustworthiness, practice orientation, performance and patient satisfaction," 2015.

[62] W. Chen *et al.*, "Effect of trust in primary care physicians on patient satisfaction: a cross-sectional study among patients with hypertension in rural China," vol. 21, no. 1, pp. 1-13, 2020.

[63] K. Krot, I. J. E. Rudawska, and Sociology, "PATIENTS'TRUST IN PHYSICIANS AS AN ANTECEDENT OF SATISFACTION WITH MEDICAL SERVCIES," vol. 10, no. 2, p. 207, 2017.

[64] C.-S. Chang, S.-Y. Chen, and Y.-T. J. B. h. s. r. Lan, "Service quality, trust, and patient satisfaction in interpersonal-based medical service encounters," vol. 13, no. 1, pp. 1-11, 2013.

[65] A. Kabatooro, F. Ndoboli, and J. J. S. A. F. P. Namatovu, "Patient satisfaction with medical consultations among adults attending Mulago hospital assessment centre," vol. 58, no. 3, pp. 87-93, 2016.

[66] T. L. H. Nguyen, K. J. I. J. o. P. Nagase, and H. Marketing, "Patient satisfaction and loyalty to the healthcare organization," 2021.