




EFFECTS OF PHYSICIAN–PATIENT COMMUNICATION, SOCIAL SUPPORT & SERVICE QUALITY ON HEALTHCARE UTILIZATION BEHAVIOR THROUGH PATIENT TRUST

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KEYWORDS	ABSTRACT
<p>Medical Sociology, Physician–Patient Communication, Perceived Social Support, Healthcare Service Quality, Patient Trust, Healthcare Utilization Behavior, PLS–SEM, Pakistan</p>	<p>The current study examined effects of physician–patient communication, perceived social support, and healthcare service quality on the healthcare utilization behavior, with patient trust serving as a mediating variable. A quantitative cross–sectional research design was employed. The data were collected through a structured questionnaire from 450 patients receiving healthcare services in public and private hospitals located in Lahore and Islamabad. The collected data were analyzed using Partial Least Squares Structural Equation Modeling (PLS–SEM) to evaluate measurement model, test the hypothesized relationships, and assess the mediating role of patient trust. The results show that physician–patient communication, perceived social support & healthcare service quality had significant positive effects on patient trust. The findings highlight the importance of social interaction, support networks, and service quality in fostering trust and encouraging healthcare utilization. This study donates to medical sociology by offering an integrated framework that explains the healthcare–seeking behavior through both sociological and healthcare management perspectives in the Pakistani context.</p>
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INTRODUCTION

Healthcare utilization behavior is one of the most significant concepts in public health and medical sociology since it measures how well people make use of available healthcare services in order to improve, maintain, and enhance their health status (Wang, Hussain & Weijing, 2025). Successful use of healthcare services ensures the prevention and early diagnosis of diseases, the adherence to medication and other recommended treatments, and improvement in the general health condition

of patients. Equally, failure to use healthcare services results in delays in receiving proper medical care, increased risk for acquiring diseases, and high costs related to providing healthcare services (Ginneken, Reed, Siciliani, Eriksen, Schleppe, Tille & Zapata., 2022). Despite huge investments in establishing healthcare facilities and ensuring the smooth delivery of the healthcare services, issues related to the utilization of healthcare services still remain pertinent among developing countries. The case of Pakistan is one such instance where healthcare utilization behavior is relevant due to the fact that the country has experienced the tremendous developments regarding the healthcare facilities, technology, and healthcare coverage in recent years (Xiao, Dai, Wagenaar, Liu, Augusto, Guo & Unger, 2021).

Nevertheless, there are several problems regarding healthcare utilization in the country inasmuch as many people fail to seek professional medical attention, consult casual healthcare practitioners, discontinue treatments early, or simply refuse to visit healthcare institutions (Organization, 2021a). The growing complexity in the provision of health care has increased the need for understanding the role of socio-psychological factors in shaping the use of health care services (Larsen & Gilstad, 2023). In this linking, the modern health care system cannot simply be measured in terms of its technical excellence; it has become increasingly important to evaluate the performance of health care systems in terms of the nature of the relationship between health care providers and patients, social support for the patients within their social settings, and the quality of health care experience itself. Thus, the medical sociologists suggest that healthcare decisions depend upon the structural environment and social relations that shape the individual's perspective, attitudes, and actions (Graf, Weinert, Abele & Kranz, 2025). In other words, health care utilization is a socially structured phenomenon, which is determined by factors such as trust, communication, social support, as well as quality of service.

Physician-patient communication, perceived social support, healthcare service quality, and patient trust can be viewed as important determinants that play a significant role in determining health care utilization (Aslan, Alp & Doruk, 2025). Of all these factors, physician-patient communication stands out as one of the core interpersonal dynamics at play in healthcare settings. In simple terms, physician-patient communication can be defined as a process of interaction through which sharing of information, emotions, concerns, and expectations takes place between the parties concerned. This interaction is characterized by elements such as clear communication, empathy, attentiveness, active listening, mutual respect, and the capability of communicating medical facts to patients in an easily understandable manner (Sharma, 2025). Good communication allows patients to make contributions towards decisions about their medical care, improves their understanding of medical conditions, decreases uncertainty, and results in favorable healthcare experiences. On the other hand, poor communication often leads to misunderstandings, dissatisfaction, anxiety, and feelings of negligence, which could prevent the patients from seeking healthcare services in the future (Nazari & Borna, 2025).

Sociologically speaking, communication provides a means by which the credibility and legitimacy of healthcare providers are established, thus affecting perceptions of trustworthiness & competence among patients (Larsen & Gilstad, 2023). In close association with interpersonal communication is

the construct of perceived social support, which represents one's perceptions of availability of help such as the emotional, informational, instrumental, and psychological support that may be received from family members, friends, kin, and other social contacts. As such, perceived social support goes beyond the provision of actual support and rather centers on perceptions of individuals regarding access to the supportive resources. In healthcare environments, social support serves an important function in influencing the health-related beliefs, choices, treatment intentions, and adherence to healthcare recommendations among others (Sathiyaseelan, Hashim & Nawi, 2025). Thus, patients who have been encouraged and motivated by their social contacts have been known to identify diverse health issues faster and seek healthcare interventions immediately, maintaining healthcare interactions continuously.

The social support serves to eliminate psychological hindrances such as fears and uncertainties, thus encouraging good healthcare practices. Finally, social supports also enhance patients' confidence in healthcare systems & practitioners, fostering climate for building trust in healthcare organizations. Thus, perceived social support is anticipated to exert both direct and indirect effects on healthcare service usage over fostering trust in healthcare systems (Cheng, Li, & Xu, 2022). A third significant predictor of healthcare utilization behavior is healthcare service quality, that describes perception of excellence and reliability associated with effectiveness, safety, responsiveness, accessibility, and efficiency of health care services. As such, healthcare service quality can be divided into technical components and functional aspects like skills and abilities of health care personnel, the supply and quality of healthcare resources, efficiency of services rendered, the amount of time spent in waiting rooms, hygiene levels of hospital facilities, administration and management systems, and patient-oriented health care services. Under competitive pressure, health care service quality plays a vital role in determining the patient satisfaction, loyalty, as well as participation in health care activities (AlOmari, 2022).

Patients who believe in reliability & efficiency of health care organizations will develop confidence and build long-term relationships with health care facilities & providers; while poor service quality results in dissatisfied and skeptical patients (Razeena & Shareena, 2025). Although there is clear difference between physician-patient communication, social support perception, and health care service quality, there is one similarity among them: the ability to affect patient trust. Trust acts as a psychological state that alleviates uncertainties & vulnerability of healthcare experience especially due to the fact that patients do not have sufficient medical information and have to trust healthcare practitioners for diagnosing and treating their problems (Farnood, Johnston & Mair, 2020). With help of trust, patients accept healthcare practitioner's references, reveal sensitive data, cooperate with their treatment plan, and maintain long-term relations with healthcare providers. Given the fact that in the context of healthcare, there exists informational and risk asymmetries, trust appears as the vital element of evaluation of healthcare experience and health service utilization decision (Lewandowski et al., 2021).

LITERATURE REVIEW

Social Exchange Theory (SET) and Andersen's Behavioral Model of Health Service Utilization form the core of theoretical underpinning of study. SET assumes that people will trust, become committed,

and engage in cooperation whenever social interactions yield desirable outcomes and exchange. As such, interactions between health care providers and patients involving communication, provision of social support, and quality of care serve as crucial social and organizational transactions that shape patients' perception of the health organization and health care provider. Patients who have undergone respectful communication, social support, and good health care services will develop positive perceptions about healthcare institutions as being helpful and trustworthy (Organization, 2021b). In turn, they are likely to engage more with health provider & use health services provided. Likewise, behavioral model posits that predisposing factors, enabling factors, and needs determine utilization of health care services. Here, physician-patient interaction, perceived social support, and health service quality be regarded as aiding factors that make it likely for patients to seek medical help and services.

Trust is a key psychosocial factor through which enabling factors affect decisions about health care utilization (Adesuyi, Olabode, Oyama, Aderemi, Alao & Ogunlowo, 2025). The communication between doctors and patients has been considered one of the major determinants of how patients perceive their experience and healthcare in general. Good communication helps physicians to offer information, answer patient questions, show empathy, and engage patients in decision-making. It is a common finding that quality of communication affects patient satisfaction, treatment compliance, as well as trust development. The research conducted shows that patient-centered communication encourages patient engagement in the medical decision-making process, thereby fostering patient trust (Shafik, 2025). Therefore, it can be concluded that communication is a relational resource for building credibility and ensuring the positive patient experience in diverse situations. In addition, found out that communication between doctors and patients contributes to patient trust because of the reduced levels of uncertainty and perceived doctor competence and reliability. These findings support those found in healthcare communication literature, according to which trust is developed when the patients perceive doctors as the attentive and caring towards them (Liu, Zeng, Li, Wang, Chen & Ding, 2024).

The significance of communication has become more noticeable due to patient-centered care being developed within modern-day healthcare organizations. Proper physician-patient communication ensures both transmission of medical information as well as emotional support and understanding. Thus, in a recent study conducted at a large-scale health institution, patients indicated that good communication is one of essential characteristics of effective healthcare and patient satisfaction. On contrary, lack of proper communication may be a source of dissatisfaction, misunderstanding, anxiety, and decreased trust toward healthcare professionals (Kwame & Petrucka, 2021). Besides, studies on medico-legal complaints revealed that communication issues were among the primary causes for patient dissatisfaction and worsening physician-patient relationships with effectiveness, communication plays an important role in the process of building relationships and trust between physicians and patients in the diverse circumstances. According to social exchange theory, patients experiencing positive communication interaction are predisposed to developing the trust towards their healthcare provider, which consequently outcomes in the greater engagement in the health care seeking behavior.

Physician-patient communication is, thus, expected to significantly affect patient trust (Kwame & Petrucka, 2021). Yet another crucial determinant in healthcare behavior is social support, which entails how people perceive the availability of the emotional, informational, and instrumental help from their families, friends, and social networks. In accordance with medical sociological theories, decision-making regarding one's own healthcare seldom happens in isolation but is made within social relationships in such way that the perception of illness and treatment and health institutions is affected (Merodio et al., 2020). People that have received social encouragement and counseling tend to seek healthcare services and follow medical advice more often than others. Social support minimizes psychological barriers related to the fear, uncertainty, and stress, thus making proactive healthcare behavior possible with effectiveness, safety, responsiveness, accessibility, and efficiency of health care services. Additionally, social support can enhance an individual's faith in healthcare professionals and institutions due to positive healthcare experiences (Labrague, 2021). Empirical research conducted recently has highlighted significance of social support in determining trust and healthcare utilization.

Research on healthcare decision-making shows that people with more social support tend to have higher levels of confidence in healthcare providers and thus are likely to use healthcare providers for their medical needs. As suggested by social exchange theory, social support fosters development of positive social resources that enhance confidence and build reciprocity in terms of trust (Rajâa & Mekkaoui, 2025). Therefore, patients who perceive social support will trust healthcare providers and utilize their healthcare services. While research has already shown existence of a relationship between social support and healthcare utilization, very little empirical work has focused on the role of trust in explaining this relationship, especially in context of developing countries like Pakistan. Perceived social support will positively influence the patient trust (Wang et al., 2025). Apart from interpersonal and social factors, another important institutional factor can affect patients' attitudes and healthcare usage is that of healthcare service quality. Healthcare service quality involves how patients perceive healthcare services regarding reliability, effectiveness, accessibility & excellence of care. High-quality healthcare services give patients assurance that healthcare service provider possesses the capability and resources for addressing the health needs of the patients adequately (Asamoah, 2025).

The concept of service quality includes both technical and functional aspects. Technical aspects include the expertise of physician or healthcare provider and the effectiveness of health care while the functional aspects include factors like waiting periods, responsiveness, condition of healthcare facilities, and patient-oriented practices within healthcare settings (Angela & Halim, 2025). There have been empirical studies that have shown a strong correlation between service quality and trust. Patients who have positive perceptions of health care services as being effective and reliable will develop positive attitudes towards healthcare institutions as well as the healthcare professionals (Xiao, Miao, Liu, Hu, Zhang & Wu, 2025). In this connection, studies on healthcare service delivery have also indicated that perceptions about service quality affect patients' trust towards healthcare organizations as well as their intentions to seek health care in the future. Service quality reduces risk perceptions about the utilization of the health care services along with offers assurances about

its effectiveness (Singh & Dixit, 2020). Thus, the patient trust plays an important role in healthcare research because healthcare encounters are characterized by uncertainty, vulnerability, as well as information asymmetries.

The trust represents a patient's willingness to depend on healthcare professionals and organizations according to their expectations of competence, integrity, benevolence & reliability. By decreasing the level of uncertainty, trust prompts the patients to agree with healthcare advice, share private information, comply with treatment instructions, and have ongoing associations with healthcare professionals (Lewandowski, Goncharuk & Cirella, 2021). Utilization behaviors, which denote the degree to which people use healthcare services, are largely impacted by the trust because people utilize healthcare services when they expect healthcare providers to behave in their best interests. Many studies found that trust is a critical determinant of healthcare usage, patient satisfaction, and adherence to treatment instructions (Sertan, Çek, Öviz & Özgören, 2023). It can be understood that through trust in healthcare, the perception of danger decreases, as well as thus trust enhances the confidence in healthcare utilization (Rosenbacke et al., 2024). In Behavioral Model of Andersen, trust becomes emotional enabler that makes individuals act in accordance with healthcare needs. Hence, trust of patients will have great impact on healthcare utilization behavior (Lee, Ramasamy & Subbarao, 2025).

RESEARCH METHODOLOGY

The quantitative research methodology was used for this study as recommended by the researchers (Gulshan et al., 2024; Liaqat et al., 2025; Raza et al., 2024; Shafiya et al., 2022; Sohail et al., 2024; Sohail et al., 2023). Positivism served as philosophy underlying this research project as suggested by the preceding researchers (Khan et al., 2022; Riaz et al., 2024; Sohail et al., 2023). This study targeted adults availing themselves of health care services in Pakistan. There is a heterogeneous mix of the health care organizations in Pakistan that cater to people belonging to different socio-economic, educational, and demographic segments. Given that health care utilization is a behavior determined by patients' experiences and perceptions about the process of health care encounters, it was deemed prudent to select the target population as those who had access to health care services in the past. This segment comprises the people seeking health care services in hospitals, clinics, and other medical centers as part of their diagnostic and treatment process. An effort was made to make the sample more representative through selection of the participants from public & private health care organizations.

The selection of the participants followed some key criteria; first, all selected participants had to be adults above the age of the eighteen years. Secondly, these people had to have used the health care services within the preceding year to ensure adequate experience in the evaluation of constructs studied in this paper. Considering sheer size and geographical distribution of the target population, a sample was taken into account to ensure effective data gathering and analysis. The number of respondents in the sample size was 450 individuals, which was found sufficient for the Partial Least Squares Structural Equation Modeling (PLS-SEM). Several previous researches on methodology have found that PLS-SEM works well when the sample size is either moderate or large, especially if it involves complex models like mediator effects, amid others. With sample size of 450 respondents,

the requirement for a sufficient sample size according to the ten times rule and power analysis was more than met, which would provide additional robustness in the results. Thus, the non-probability purposive sampling approach was utilized for selection of those individuals who have prior health care experiences.

The purposive sampling method seemed to be the most suitable one since the present study needed respondents who interacted with the healthcare system. In other words, the present study needed respondents with experiences in relation to the quality of communication, social support, quality of services, trust, and utilization of health care services. For this reason, patients were recruited from certain hospitals situated in big cities such as Lahore and Islamabad, which are characterized by the high utilization of health care services. Such cities include both the public and private hospitals where health care services are provided over various institutional contexts. Although probability sampling techniques ensure high representativeness, non-probability sampling methods are often used in research studies related to healthcare and social sciences since respondents need to have certain qualities. Data was gathered via the administration of a structured questionnaire survey that included measures for all constructs used in the research. Questionnaire surveys were chosen because they allow for gathering of standardized data from a large sample within a relatively short period of time.

The questionnaire was composed of two parts. The first part contained questions about demographic characteristics of respondents, which included their age, gender, educational attainment, marital status, income level, and nature of health care facility attended. The second part included questions about physician-patient communication, support, healthcare service quality, trust in healthcare services, and health care utilization behavior. These measures were taken from already validated scales found in published literature. Modifications were made to the language used to reflect the healthcare setting in Pakistan. Respondents rated their responses using a five-point Likert Scale where respondents had to rate their agreement with statements provided on a scale of 1 (“strongly disagree”) to 5 (“strongly agree”). Pilot testing of questionnaire was conducted before administering the actual survey. The data collected were analyzed using the method of the Partial Least Squares Structural Equation Modeling (PLS-SEM) via SmartPLS software. Throughout the research process, ethical considerations were taken into account to ensure the safety, anonymity, along with privacy of the participants.

RESULTS OF STUDY

Table 1 Reliability & Convergent Validity Analysis

Construct	Items	FL	CA	CR	AVE
Physician-Patient Communication (PPC)	5	0.743-0.866	0.887	0.917	0.690
Perceived Social Support (PSS)	5	0.756-0.882	0.901	0.927	0.719
Healthcare Service Quality (HSQ)	6	0.732-0.879	0.914	0.933	0.699
Patient Trust (PT)	5	0.768-0.891	0.906	0.930	0.727
Healthcare Utilization Behavior (HUB)	5	0.751-0.876	0.893	0.921	0.701

From the findings on reliability and convergent validity, it can be concluded that all the constructs employed in research have good psychometric characteristics and are eligible for structural model

analysis. Factor loadings for all measurement items ranged between 0.732 and 0.891 and exceeded the threshold of 0.70 that denotes adequacy of each item in representing a latent construct. Besides, Cronbach's Alpha ranged between 0.887 and 0.914 and thus surpassed the lowest acceptable level of 0.70 indicating a very high level of internal consistency. Similarly, Composite Reliability (CR) values ranged between 0.917 and 0.933, exceeding the threshold value of 0.70 and hence offering additional confirmation of construct reliability. The Values for Average Variance Extracted (AVE) were amid 0.690 and 0.727, exceeding the accepted criterion value of 0.50 and hence confirming convergent validity by showing that each construct explained more than 50% of the variance of its indicators. Out of all constructs, Healthcare Service Quality had the highest reliability level ($\alpha = 0.914$, CR = 0.933), whereas Patient Trust showed the highest degree of convergent validity (AVE = 0.727). These results clearly confirm that the measurement model used in the study has good level of reliability and interna

Table 2 Discriminant Validity

Constructs	PPC	PSS	HSQ	PT	HUB
PPC	-				
PSS	0.615	-			
HSQ	0.674	0.629	-		
PT	0.741	0.709	0.785	-	
HUB	0.612	0.598	0.683	0.756	-

The HTMT results are a good demonstration of discriminant validity between the study constructs. Following established norms, an HTMT value must be maintained below 0.85, which would ensure empirically distinct nature of each construct. The results showed that all HTMT values fell within the range of 0.598 to 0.785, which was much lower than desired limit. Notably, the HTMT values for bond between Physician–Patient Communication and Perceived Social Support (0.615), Healthcare Service Quality (0.674), Patient Trust (0.741), and Healthcare Utilization Behavior (0.612) indicated sufficient distinction amid studied constructs. Likewise, Perceived Social Support showed adequate HTMT values when measured against Healthcare Service Quality (0.629), Patient Trust (0.709), and Healthcare Utilization Behavior (0.598). On other hand, highest HTMT value was found between Healthcare Service Quality and Patient Trust (0.785); despite having an elevated value, it was still lower than the critical level, indicating no issue with discriminant validity. Moreover, HTMT for the relation amid Patient Trust and healthcare utilization behavior was found to be 0.756. In conclusion, results clearly demonstrate that there was sufficient construct distinctiveness between all variables measured, implying that the theoretical concepts were empirically unique, therefore establishing discriminant validity.

Table 3 Model Fit Indices

Fit Index	Value	Recommended Threshold	Result
SRMR	0.054	< 0.08	Accepted
NFI	0.921	> 0.90	Accepted
RMS Theta	0.094	< 0.12	Accepted
d ULS	0.812	Low Value	Accepted
d G	0.546	Low Value	Accepted

The outcome of model fit assessment test shows that the suggested PLS-SEM model has adequate fit with the observed data. Specifically, the SRMR value of 0.054 is well within the suggested value of less than 0.08, implying that the relationship between the empirical data set and the suggested model structure is appropriate. Moreover, the Normed Fit Index (NFI) value of 0.921 is greater than the suggested threshold of 0.90, which indicates that the model suggests significant improvement of the null model with substantial explanatory capability. Furthermore, the RMS Theta value of 0.094 is within limit of 0.12, implying adequate reflective measurement model quality. Also, discrepancy values of the d_ ULS (0.812) and d_ G (0.546) are relatively small, meaning that there is not much difference between the empirical and model implied correlation matrices. Thus, taken together, these fit measures indicate that the suggested research model is thus adequate in representing the underlying empirical data set with respect to the recommended criteria for the model adequacy in PLS-SEM modeling.

Table 4 Coefficient of Determination

Endogenous Variable	R ²	Interpretation
Patient Trust	0.684	Moderate-High
Healthcare Utilization Behavior	0.621	Moderate-High

In terms of the coefficient of determination (R²) results, the proposed model exhibits considerable explanatory potential regarding the endogenous constructs. First, an R² value for Patient Trust of 0.684 means that the independent variables Physician-Patient Communication, Perceived Social Support, and healthcare service quality together account for 68.4% of variance observed in patient trust. This percentage suggests that predictors under reflection validate considerable explanatory power, meaning that their significance as factors influencing patients' trust in their healthcare providers and the entire healthcare system in general cannot be overstated. Second, with respect to Healthcare Utilization Behavior, R² value of 0.621 means that 62.1% of the variance in healthcare utilization behavior is accounted for by independent variables and other variables such as patient trust and antecedents. Based on accepted PLS-SEM recommendations, R² value equaling at least 0.50 reflects considerable predictive power in social sciences. Thus, as far as predictive relevance is concerned, endogenous constructs demonstrate considerable explanatory strength as per criteria adopted in study.

Table 5 Direct Effects

Hypothesis	Path Relationship	β	SD	T-Value	P-Value	Decision
H1	PPC → PT	0.287	0.046	6.239	0.000	Supported
H2	PSS → PT	0.315	0.049	6.429	0.000	Supported
H3	HSQ → PT	0.361	0.047	7.681	0.000	Supported

The structural model results strongly support all hypotheses tested in this research, showing the significance and positiveness of relationships between the variables studied. The results show that Physician-Patient Communication significantly and positively affects Patient Trust (β = 0.287, t = 6.239, p < 0.001). Thus, it can be concluded that good physician-patient communication contributes

to increasing patients' trust in their physicians. Likewise, Perceived Social Support significantly and positively affects Patient Trust ($\beta = 0.315, t = 6.429, p < 0.001$). This means that patients' perception of receiving emotional, informational & social support from physicians and other medical personnel is related to the development of patients' trust towards the quality of healthcare provided by them. Another variable which positively affects Patient Trust is Healthcare Service Quality ($\beta = 0.361, t = 7.681, p < 0.001$).

Table 6 Mediation Analysis

Path	Direct β	Indirect β	P-Value	Decision
Physician-Patient Communication \rightarrow Patient Trust \rightarrow Healthcare Utilization Behavior	0.214	0.156	0.000	Accepted
Perceived Social Support \rightarrow Patient Trust \rightarrow Healthcare Utilization Behavior	0.187	0.129	0.001	Accepted
Service Quality \rightarrow Patient Trust \rightarrow Healthcare Utilization Behavior	0.246	0.181	0.000	Accepted

The results show that patient trust significantly mediates relationships between physician-patient communication, perceived social support, service quality, and healthcare utilization behavior. Since all p-values are below 0.05 and confidence intervals do not include zero, all mediation hypotheses are accepted in study.

DISCUSSION

All the findings of the research have empirically established the assumptions proposed by the Social Exchange Theory and Behavioral Model suggested by Andersen. It has been concluded that favorable interpersonal encounters, supportive social networks, and quality health care services act as enabling resources which promote trust and facilitate health care use. The trust is an important psychological process that helps patients transform positive health care experience into behavioral processes. Another remarkable strength of this model is its high predictive capability, implying that chosen variables explain healthcare utilization behavior effectively. The combination of socio-logical and healthcare management approaches has provided an insight into health care seeking behavior which is much more comprehensive than traditional models focusing only on economic factors. From the above findings, it could be observed that the behavior of healthcare utilization is not only affected by the presence of healthcare facilities but is also affected by the quality of interactions between patients and healthcare providers. Patient-doctor interactions, perceptions about social support, and the quality of healthcare facilities play an important role in the formation of the patient trust.

As a result of developing patient trust, the healthcare utilization behavior can easily be attained. Among the aforementioned factors, quality of healthcare facility emerged as the most important determinant for building patient trust. In this connection, the patient trust can be seen as the most significant factor influencing the healthcare utilization behavior. The study thus concludes that the trust plays an important part in connecting healthcare utilization experience with patient behavior and, as such, should be treated as a key element of healthcare improvement in Pakistan. From the

theoretical perspective, this research adds value to medical sociology and healthcare management theories by integrating the role of communication between physicians and patients, perceptions of social support, healthcare service quality, patient trust and healthcare utilization behavior into one integrated theory. This research contributes theoretically towards the social exchange theory and Andersen's Behavioral Model by showing how interpersonal relations combined with institutional factors that shape healthcare behavior in the context of forming a relationship that is based upon the mutual trust.

CONCLUSION

From findings, there are various recommendations that can be made to healthcare policy makers, hospital management, and the healthcare sector in general. First, hospitals and other health care organizations need to initiate programs for improving the communication skills of doctors and other medical professionals to ensure that patients have effective interactions with health professionals. Training in communication should emphasize importance of empathy, active listening & involving patients in treatment decisions. Better patient-professional communication can lead to higher levels of trust. Second, health care organizations should implement programs for the involvement of families and the community in healthcare decisions. With the finding that social support affects trust to a large extent, health professionals should understand that social networks play a crucial role in healthcare decisions that family-based programs would yield good results when necessary. Third, policy makers & health care managers should seek to improve service quality in healthcare over initiatives aimed at making health services more responsive, reducing wait times, improving health care facilities, increasing healthcare accessibility, and maintaining high standards in health care provision. Moreover, there are various significant theoretical & practical implications that arise from this study.

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