



The Effect of Health Care Service Quality on Client's Trust

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ABSTRACT

Client's trust is an important component of client-health care providers (HCPs) relationships, the most important component for developing and maintaining good relationships between clients - health care users and HCPs. This study aimed to develop and reflect detailed analyses of a new measure to evaluate the effect of health care service quality on client's trust. This study is based on the definition of health care service quality and used the eight dimensions theory of health care quality, the standards for health promotion in hospitals, and make some adjustments in the context of the HCPs. The scale was appropriately designed to be applicable in many health care contexts, with a particular focus on health care in the context of the rapidly growing health sector in Vietnam. The study found that Process of clinical care, Administrative procedures, Personnel quality, Communication strategies, Social responsibility, Trustworthiness of the providers, Clients' expectations, and Information transmission had positive effects on the clients' trust. Variables Health care provider image had a negative effect on the clients' trust. The results of this study are an important foundation to propose policy measures to enhance clients' trust in the quality of health care services at the HCPs in Vietnam.

Keywords: Clients' trust, health care, health care services, health care service quality, quality of health care.

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INTRODUCTION

Health care service is an essential and important area, considered as one of the significant factors to keep people safe, prevent disease, ensure healthy and improve their quality of life. Vietnam's healthcare industry is growing fast, and has high growth potential to meet the need for health care service of the people. In particular with the rising living standards, many Vietnamese spend more time searching their trusted HCPs that are often the national level hospitals, which has led to overcrowd in these hospitals. This reflects that clients' perception of health care quality in small provincial HCPs is still questioned. Due to the need for the quality of health care services not only related to treatment and prevention, but also confidence in the attitudes, knowledge and skills of doctors and nurses in providing services, availability of infrastructure, process of clinical care, administrative procedures, communication strategies, social responsibility, trustworthiness of the providers, clients' expectations, information transmission and that can give clients' trust.

The HCPs has been incrementing interest in the quality of health care services, improving the quality of health care has become a primary concern to provide better health care to clients, and it has become increasingly paramount for HCPs in creating of confidence and retaining clients. However, many HCPs are faced with several challenges concerning the higher quality of life, the more conscious clients, higher levels of compliance, higher human resource quality requirements, upgrading of infrastructure and many other requirements to ensure clients' trust.

The main objective of this study is to examine the effect of health care service quality on client's trust. Up to now, there is limited literature that related to this topic in Vietnam context; there has not been research specifically on the client level of trust toward health care service quality. This study is going to fulfill this gap by contributing in limited literature by applying quantitative research. Through the HCPs' client survey in 2021, the data is collected, analyzed by statistical technique and tools like descriptive statistics, correlation method, and empirical methodology. This study has evaluated and developed an in-depth analysis of the quality of health care services, and the clients' trust and an econometric analysis on the factors affecting the clients' trust. Many HCPs need a significant improvement for decreasing the overloading situation in the national level hospitals, the HCPs make efforts to improve the quality of health care services to ensure clients' trust. So, examination the effect of health care service quality on client's trust should be taken. By this examination, the HCPs can be known to what extent the quality

dimensions of health care services that have been held can meet clients' trust.

MATERIAL AND METHODS

CLIENT'S TRUST IN HEALTH CARE SERVICES

Clients' trust in health care services can be defined as a collection of expectations that the clients have from the HCPs [1]. Clients' trust in health care services can also be defined as a feeling of reassurance or confidence in the HCPs [2].

Health care involve an element of uncertainty and risk for the vulnerable client who is reliant on the competence and intentions of the doctors and nurses as they use the health care services. They trust the doctors and nurses in examination and treatment, resulting in greater client autonomy in the process of using health care services. This shows that clients' trust is important in the health care services. Therefore, clients' trust is a set of expectations that the HCPs will do the best for the clients, create a feeling of reassurance, and with good will in the process of providing health care services.

Clients' trust in health care services refers to a relationship between clients and HCPs that is mutually trusting. Clients' trust in health care services can improve sustainable relationships between clients and HCPs through health care service quality.

HEALTH CARE SERVICE QUALITY CONCEPT AND MEASURES

There were various definitions of health care service quality. Accordingly, health care service quality was the delivery of health care services by HCPs that exceeded client expectations and achieved the highest possible clinical results with the available resources of HCPs[3]. Another definition of health care service quality was that the HCPs always created client satisfaction by providing effective health care services according to the latest clinical standards and guidelines [4].

Recently, WHO showed that quality of health care services should be providing evidence-based health care services to the clients of HCPs, providing health care services that responded to the preferences, needs, and values for the clients of HCPs [5]. For the purpose of this study health care service quality can understand that is the health care services provided by HCPs to keep clients safe, prevent disease, ensure healthy and improve their quality of life, meet clients' needs, expectations and trust.

Three components of health care service quality included technical quality, interpersonal quality, and amenities. Technical quality reflected the effectiveness of health care service. Interpersonal quality indicated the extent of accommodation of the clients' needs and preferences. The amenities presented features such as comfort of physical surroundings and properties of the HCPs. These three components have been further developed into the triad structures, processes and outcomes. In which, structure reflected the resources, staff and equipment. Process included the aspects of health care service that involved to interaction within and between doctors, nurses and clients. Outcome indicated the end result of the health care services [6]. Another research showed seven dimensions for measuring health care service quality that included tangible, admission and discharge procedures, relationships between staff and clients, communications, waiting time, religious needs and visiting procedures [7]. A framework for assessing quality of health care service with three dimensions covered client quality, professional quality and management quality. In which, client quality was the perception of client enjoyment from the health care services. Professional quality was based on professionally assessed that applied correct techniques and procedures. Management quality was ensured that health care services were delivered in a resource-efficient way [3]. There was the study that used security, convenience, performance, economy, aesthetics and reliability for measuring health care service quality [8]. Another framework for assessing quality of health care service with five dimensions included responsiveness, cost, communication, courtesy and cleanliness [9]. In order to measure the health care service quality, some researchers applied ten dimensions included tangibles, reliability, responsiveness, competence, understanding, accessibility, communication, courtesy, security and credibility[10]. The study of Padma, Rajendran and Sai found the eight dimensions of health care service quality, these included infrastructure, personnel quality, process of clinical care, administrative procedures, safety indicators, health care provider image, social responsibility, and trustworthiness of the providers [11]. In order to achieve the benefits for health care services quality, the providers should restrict waiting times for both the clients, and the caregivers. At the same time, the HCPs should enhance management, coordination and continuity across care sites, diversify the health care services, maximize the benefit from using available resources, performance openness and transparency, emphasize on teamwork, associate professional and organizational values, create pride in care, respect compassionate care, effort to institutionalize a culture of quality, invest in the resources and skills required of HCPs [5].

In this study, we measure the quality of health care services applied according to the eight dimensions theory of health care quality from study of Padma, Rajendran and Sai [11], communication dimension from study of Thompson [7], Hasin, Seeluangsawat and Shareef [9], Jabnoun and Chaker[10], continuity

and cooperation dimension from publication of WHO [5], and make some adjustments in the context of the HCPs. Communication strategies, continuity and cooperation are important additional aspects as health care services are experience services where customers seek expert information, and timely availability of the health care services is critical. The scale was designed to be applicable in multiple health care contexts, with a particular focus on the health care service quality. A brief explanation of all these dimensions, and the measurement of these variables are presented in the Table 1.

Table1:The dimensions of health care service quality

Dimension	Description	Specific Illustrative Criteria
Infrastructure and physical environment	Infrastructure and physical environment refer to the tangible features, healing environments of a health care service delivery.	Tangibles, facilities,health care physical environment, healing environments.
Personnel quality	Personnel quality includes primary drivers of human resources and skilled personnel in delivering health care service.	Empathy, assurance, primary drivers, responsiveness, courtesy, skilled personnel, reliable, friendly.
Process of clinical care	Process of clinical care is a set of interrelated or interacting healthcare activities, it covers generation, gathering, analysis and interpretation of data, case management, treatment, and review of the progress of the disease.	Set of interrelated or interacting healthcare activities, technical quality, treatment process and its outcome, reliability, technical ability and skills, case management, treatment, and review of the progress of the disease, understanding of illness.
Administrative procedures	Administrative procedures is a set of formal objective rules by the HCPs that refers to the processes of admission, stay and discharge of clients. It helps establish the legitimacy of health care management action, ensure accountability, and ensure management decisions are objective, fair, and consistent in delivering health care service.	The processes of admission, stay and discharge of clients, non-human element of health care service delivery, formal objective rules, visitation rules, punctuality, waiting time, and various other.
Safety indicators	Safety indicators measures the HCPs' ability to provide the clients with quality services and care. They have to keep clients safe in treatment and other issues.	Safety indicators.
Health care provider image	The health care provider image plays a pivotal role of conveying to the clients what the HCPs have to offer in terms of technical and functional qualities.	Image, reputation, brand image.
Social responsibility	It is an inseparable aspect of health care services, an ethical obligation that requires HCPs to do something beneficial in issues such as delivering quality health care to clients.	Social responsibility, stakeholder focus.
Trustworthiness of the providers	The trustworthiness includes the reliability and accountability of HCPs, it measured by the sense of well-being client feels in the health care services.	Security and confidence for the clients, relationship of mutual respect,
Communication strategies	Communication strategies in health care services is one of the activities that can improve communication, ensure information is transferred effectively and efficiently, ensure efficient exchange of information between all members of the care team and communicating more effectively with clients.	Effective communication with clients, modern communication systems to facilitate better communication, passing on essential information;rapidly, accurately, and efficiently transferred for essential information
Continuity and cooperation	Continuity and cooperation are closely related. Continuity enables care cooperation by creating the conditions and relationships to support seamless interactions among HCPs.	Continuity and cooperation in health care and the client experience and outcomes, cooperation among professionals with agreed sharing of responsibility, community connectors, education and support for caregivers

Source: Padma, Rajendran and Sai [11], Thompson [7], Hasin, Seeluangsawat and Shareef [9], Jabnoun and Chaker[10], WHO [5]

RESEARCH METHODOLOGY

The impact of the ten dimensions of health care quality on clients' trust was significant in the HCPs. The HCPs clients indicated high trust with infrastructure and physical environment, personnel quality, process of clinical care, administrative procedures, safety indicators, health care provider image, social responsibility, trustworthiness of the providers, communication strategies, and continuity and cooperation. They are ten independent variables, and dependent variable is the clients' trust. The study was to propose the new scales to measure health care service quality and the effect of health care service quality on client's trust. This aim was to develop a scale that could be applied to health care services as well as the contexts of HCPs as can be seen in Table 2.

Tabel2: Independent and Dependent variables in the research

No.	Code	Item
Infrastructure and physical environment		
1	Ip1	Infrastructure is available at the HCPs to serve clients
2	Ip2	The physical environment meets the standards
3	Ip3	Manyhealth care services are available to meet the needs of clients
4	Ip4	Medical equipment ensures appropriate for the high quality clinical services.
5	Ip5	The necessary drugs ensure to serve clients at the right time
6	Ip6	Environmental advantage is not cross contamination for the clients
Personnel quality		
7	Pq1	The HCPs provide the reliable health care services
8	Pq2	Doctors and nurses serve clients professionally
9	Pq3	Doctors and nurses serve clients enthusiastically, friendly and polite
10	Pq4	The professional skills of doctors and nurses respond well to the needs of clients
11	Pq5	Doctors and nurses create trust and respect for clients
12	Pq6	The HCPs are always ready to effectively solve clients' problems
Process of clinical care		
13	Pc1	Process of clinical care is done clearly
14	Pc2	The process of clinical care enables HCPs to provide health care quickly.
15	Pc3	The HCPs deliver the client's health status in a timely and complete manner
16	Pc4	The HCPs enhance the online health care services to meet all clients' needs
17	Pc5	The HCPs have the procedure to examine the clients' trust of the treatment
18	Pc6	The HCPs have procedures for monitoring the results of a doctor's treatment
19	Pc7	The process of clinical care helps to properly assess the health status of the clients
20	Pc8	The HCPs continually improve the process of clinical care
Administrative procedures		
21	Ap1	Administrative procedures is done clearly
22	Ap2	Administrative procedures is very streamlined and convenient
23	Ap3	The HCPs havethe complete sets of the admission and discharge procedures
24	Ap4	The HCPs set out procedures for paying bills appropriately
25	Ap5	The Health care schedules of HCPs are very transparent and clear
26	Ap6	The HCPs continually improve the administrative procedures
Safety indicators		
27	Si1	The HCPs always ensure the overall security level in the health care area
28	Si2	The HCPs always guarantee the safety of getting diagnostic tests done
29	Si3	The HCPs comply the ethical rules for the safety of clients
30	Si4	The HCPs always maintain the indicators of safety and comfort
31	Si5	The HCPs always monitor the hygiene, and prevention of infection for clients
32	Si6	The HCPs continually improve clinical practice
Health care provider image		
33	Hc1	The image of HCPs affects clients'trust for health care services
34	Hc2	The image of HCPs creates a positive association and a sense of hope fo clients
35	Hc3	The image of HCPs is capable of engaging clients
36	Hc4	The image of HCPs is able to connect emotionally with their respective clients
37	Hc5	The image of HCPs is recognized as a core health care services driver
38	Hc6	The HCPs establish identity, provide differentiation and drive health care value
Social responsibility		
39	Sr1	There is an ethical obligation in delivering quality health care to the clients
40	Sr2	The HCPs protect the interests of all stakeholders
41	Sr3	The HCPs relict environmental damage in the treatment of toxic waste
42	Sr4	The HCP respects human rights
43	Sr5	The HCPs create assistance services for the difficult person
44	Sr6	The HCPs support social security programs

Trustworthiness of the providers		
45	Tp1	The HCPs provide reliable health care services
46	Tp2	The HCPs accurately assess the health status of clients
47	Tp3	The HCPs provide optimal health care services
48	Tp4	The HCPs create the sense of well-being felt for clients
49	Tp5	The HCPs bring confidence to clients
50	Tp6	The HCPs promote clients' expectations for the quality of healthcare
Communication strategies		
51	Cs1	The HCPs execute communication strategies that adhere to ethical standards
52	Cs2	The HCPs secure the health informations of clients
53	Cs3	The HCPs give understandable information and instructions for the clients
54	Cs4	The HCPs have a good information technology platform
55	Cs5	HCPs' communication help to ensure the best level of care is provided to clients
Continuity and cooperation		
56	Cc1	The HCPs implement continuity of care to create core values of primary care
57	Cc2	The HCPs connect with social organizations in healthcare services
58	Cc3	The HCPs cooperate with other providers to improve the quality of health care
59	Cc4	The HCPs are always linked with the community and society
60	Cc5	The HCPs implement codes of conduct and mutual respect in cooperation
Clients' trust		
61	Ct1	Clients' trust towards health care services provided by HCPs
62	Ct2	The clients will continue to use the health care services provided by the HCPs
63	Ct3	The clients will recommend the healthcare services to friends and relatives
64	Ct4	The clients appreciate the health care services provided by the HCPs

Source: Own study.

The case study is conducted in 2021, and the data which collected from the clients of HCPs in Vietnam. This is the meta-analysis that provides an empirical estimate of the association between trust in the health care services and health care service quality. This study employed a quantitative approach to data collection with the aid of close ended questionnaires. The population of the study constituted clients in the HCPs, and the method of random sampling was used. Primary data collected were analyzed using a scientifically tested tool such as Stata 15.0. The analyses included 1125 participants from the HCPs (out of 1500 sampled) clients. Those 1125 responses that collected 112 clients from younger than 18 years, 226 clients from 18-30 years old, clients 216 from 30-45 years old, 212 clients from 45-60 years old, 359 clients from older than 60 years old. An appropriate determination of the sample size is very important part in the design of a study. An alternative method of sample size calculation for multiple regression as: $N > 50 + 8p$ where p was the number of predictors. Accordingly, a sample of $> 50 + 8 \times 60 = 530$ participants, therefore a sample of 1125 should be sufficient in this study. The sample size needed to test the hypothesis that the population multiple correlation was zero with a Power of 0.80 (Alpha = 0.05) [12]. Another alternative method of sample size calculation supposed that the least sample's size is 50, better if being more than 100 as well as the ratio of a number of observations on a number of items is 5, that means each item requiring at least 5 observations, the best ratio is more than 10. In order to implement the exploratory factor analysis, it is necessary to scrutinize the matrix of correlation indexes, and if the correlations are less than 0.3, using the exploratory factor analysis will be probably inconsequential [13]. The questionnaire was in two parts; the first part included age range, gender, income range, education level, and residency of clients; the second section included information on the independent variable, health care service quality, and questions regarding clients' trust. Sample answered questions uses 5 points Likert scale to measure the variables in which there are 5 levels of clients' trust, 1 is lowest (strongly disagree) and 5 is highest (strongly agree). A research model was designed to measure health care service quality with dimensions were measured using 60 items. These dimensions and the range of items include: Infrastructure and physical environment: 6 items; personnel quality: 6 items; process of clinical care: 8 items; administrative procedures: 6 items; safety indicators: 6 items; health care provider image: 6 items; social responsibility: 6 items; trustworthiness of the providers: 6 items; communication strategies: 5 items; Continuity and cooperation: 5 items. Stata 15.0 software will be used for evaluate the quality of scale, reliability analysis with Cronbach's Alpha, analyze the exploratory factors, matrix rotation, test the appropriateness of the model. The correlation coefficients refer to the association between the two variables. The values range between -1.0 and 1.0. A strong positive correlation with value of 1 showed a perfect positive correlation, while a strong negative correlation with value of -1 indicated a perfect negative correlation. Correlation coefficients were between 0.9 and 1.0 considered very highly correlated. Correlation coefficients were between 0.7 and 0.9 indicated highly correlated.

Correlation coefficients were between 0.5 and 0.7 showed moderately correlated. Correlation coefficients were between 0.3 and 0.5 indicated a low correlation. Correlation coefficients were less than 0.3 showed a little correlation, and a result of zero indicated no linear relationship between the two variables. The reliability measure of a multi-item scale was a tool to improve those scales, and was called total correlation coefficient[14]. Cronbach's alpha coefficient was a tool to measure an underlying construct for every item. Cronbach's alpha coefficient was 0.8 or higher was very good, an acceptable level of confidence indicated a Cronbach's alpha coefficient of 0.6 - 0.7, and it was more than 0.60 indicated statistically reliable [15].The regression equation for this study is as follows.

$$y_i = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + \beta_3 x_3 + \beta_4 x_4 + \beta_5 x_5 + \beta_6 x_6 + \beta_7 x_7 + \beta_8 x_8 + \beta_9 x_9 + \beta_{10} x_{10}$$

Where,

y is the dependent variable, clients' trust. x₁, x₂, x₃, x₄, x₅, x₆, x₇, x₈, x₉, and x₁₀ are the independent variables. β₀ is the intercept term, it gives the mean or variables excluded average effect on y of all the form the equation and its mechanical interpretation is the average value of y when variables β₁, β₂, β₃, β₄, β₅, β₆, β₇, β₈, β₉, and β₁₀ are set equal to zero. Variables β₁, β₂, β₃, β₄, β₅, β₆, β₇, β₈, β₉, and β₁₀ refer to the coefficient of respective independent variable which measures the change in the mean value of y, per unit change in their respective independent variables.

RESULTS

DEMOGRAPHIC PROFILE OF THE CLIENTS AND ITEM RELIABILITY TEST

The clients of HCPs have quite diverse characteristics. There are 1125 respondents that the majority of them was female gender with 63.28%, married with 72.17%, age ranges from 16 to 65. The respondents' education in showed that 9.95% are in a high school, 66.31% of them graduated from college, and the rest have intermediate degrees. The respondents' income having a moderate income with 64.53%, and the respondent's residence were in many provinces and cities nationwide.

Cronbach's alpha considered to be a measure of scale reliability, and it was used to determine internal consistency of the scale. The result estimated the variables with alpha coefficients were greater than 0.3 and total correlation coefficients were greater than 0.6. The scales of this study were qualified to perform exploratory factor analysis as can be seen in Table 3.

Table 3: Item reliability test

Item	Obs	Sign	Item-test correlation	Item-rest correlation	Average interitem covariance	Alpha
Infrastructure and physical environment						
Ip1	1125	+	0.6285	0.4680	.14561	0.7414
Ip2	1125	+	0.5773	0.3548	.1496104	0.7738
Ip3	1125	+	0.7037	0.5262	.1285676	0.7264
Ip4	1125	+	0.7656	0.6250	.1203564	0.6990
Ip5	1125	+	0.6978	0.5436	.1333688	0.7224
Ip6	1125	+	0.7096	0.5566	.131048	0.7188
Test scale					.1347602	0.7655
Personnel quality						
Pq1	1125	+	0.7313	0.5992	.1260798	0.7643
Pq2	1125	+	0.6814	0.5237	.1309552	0.7806
Pq3	1125	+	0.7202	0.5559	.1225709	0.7743
Pq4	1125	+	0.7134	0.5694	.1272434	0.7705
Pq5	1125	+	0.6907	0.5330	.129251	0.7786
Pq6	1125	+	0.7268	0.5816	.1243485	0.7675
Test scale					.1267415	0.8031
Process of clinical care						
Pc1	1125	+	0.7587	0.6617	.515246	0.8607
Pc2	1125	+	0.7344	0.6212	.5152097	0.8662
Pc3	1125	+	0.7296	0.6451	.5480423	0.8629
Pc4	1125	+	0.6832	0.5878	.5607312	0.8682
Pc5	1125	+	0.7359	0.6471	.5392552	0.8623
Pc6	1125	+	0.7572	0.6627	.5189784	0.8605
Pc7	1125	+	0.7748	0.6857	.5131946	0.8579
Pc8	1125	+	0.7152	0.6281	.5530634	0.8645
Test scale					.5329651	0.8780
Administrative procedures						
Ap1	1125	+	0.8010	0.6807	.2633251	0.7708
Ap2	1125	+	0.6387	0.4929	.3243617	0.8108
Ap3	1125	+	0.7899	0.6689	.2693436	0.7739

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Ap4	1125	+	0.6918	0.5380	.3012357	0.8027
Ap5	1125	+	0.7542	0.6133	.2780743	0.7866
Ap6	1125	+	0.6698	0.5244	.3131633	0.8050
Test scale					.291584	0.8209
Safety indicators						
Si1	1125	+	0.5695	0.3195	.1050541	0.6693
Si2	1125	+	0.6758	0.4645	.0889948	0.6159
Si3	1125	+	0.7465	0.5772	.0795635	0.5745
Si4	1125	+	0.6967	0.5188	.0879742	0.5990
Si5	1125	+	0.7095	0.5373	.0862923	0.5926
Si6	1125	-	0.2808	0.0516	.1413216	0.7335
Test scale					.0982001	0.6779
Health care provider image						
Hc1	1125	+	0.6441	0.4918	.1536437	0.7525
Hc2	1125	+	0.6037	0.3928	.1549632	0.7795
Hc3	1125	+	0.7164	0.5491	.1360275	0.7378
Hc4	1125	+	0.7682	0.6297	.1287023	0.7163
Hc5	1125	+	0.6888	0.5376	.144969	0.7414
Hc6	1125	+	0.7156	0.5625	.1386892	0.7345
Test scale					.1428325	0.7774
Social responsibility						
Sr1	1125	+	0.6376	0.4714	.1286418	0.7187
Sr2	1125	+	0.5613	0.3344	.1370745	0.7578
Sr3	1125	+	0.6886	0.5019	.1170752	0.7101
Sr4	1125	+	0.7439	0.5918	.1102856	0.6841
Sr5	1125	+	0.6766	0.5081	.1214769	0.7085
Sr6	1125	+	0.7013	0.5423	.1180913	0.6993
Test scale					.1221076	0.7496
Trustworthiness of the providers						
Tp1	1125	+	0.5285	0.3583	.1854278	0.6255
Tp2	1125	+	0.5746	0.4338	.1808019	0.6113
Tp3	1125	+	0.5156	0.3589	.1896263	0.6277
Tp4	1125	+	0.5945	0.4531	.1765412	0.6053
Tp5	1125	+	0.7308	0.4544	.12521	0.5948
Tp6	1125	+	0.7463	0.4551	.1207654	0.6030
Test scale					.1630621	0.6550
Communication strategies						
Cs1	1125	+	0.7279	0.5407	.1441851	0.6935
Cs2	1125	+	0.6439	0.4685	.1691791	0.7208
Cs3	1125	+	0.7142	0.5305	.1488375	0.6977
Cs4	1125	+	0.6627	0.4295	.158694	0.7375
Cs5	1125	+	0.7827	0.6103	.1284745	0.6651
Test scale					.149874	0.7484
Continuity and cooperation						
Cc1	1125	+	0.6952	0.4657	.1033818	0.5944
Cc2	1125	+	0.8061	0.6068	.0751396	0.5142
Cc3	1125	+	0.7915	0.6500	.0888951	0.5214
Cc4	1125	+	0.6432	0.4433	.1172601	0.6096
Cc5	1125	+	0.3553	0.0454	.1783258	0.7726
Test scale					.1126005	0.6674
Clients' trust						
Ct1	1125	+	0.8125	0.6363	.2292819	0.7654
Ct2	1125	+	0.7708	0.6032	.261182	0.7802
Ct3	1125	+	0.8051	0.6264	.2339083	0.7700
Ct4	1125	+	0.8190	0.6729	.2363422	0.7485
Test scale					.2401786	0.8138

Source: Authors' calculation from Stata 15.0

EXPLORATORY FACTOR ANALYSIS

The results of exploratory factor analysis for independent variables showed that number of observations = 1125; Rotation: (unrotated); Method: principal-component factors; Retained factors = 15; Number of params = 795. The results of exploratory factor analysis for independent variables showed there were fifteen factors (Retained factors = 15). The factor that its eigenvalue was smallest and greater than 1 is

factor15 (Eigenvalue = 1.06341), and there were fifteen factors that were define in the mode. The results of exploratory factor analysis for dependent variable showed that number of observations = 1125; Method: principal-component factors; Rotation: (unrotated); Retained factors = 1; Number of params = 4. The results of exploratory factor analysis for dependent variables show there is one factor (Retained factors = 1). The factor that its eigenvalue was smallest and greater than 1 was factor1 (Eigenvalue = 2.57481), and there was one factor that is define in the model as can be seen in Table 4.

Table4: Exploratory Factor Analysis

Factor	Eigenvalue	Difference	Proportion	Cumulative
Exploratory Factor Analysis for independent variables				
Factor1	6.39446	2.77219	0.1066	0.1066
Factor2	3.62226	0.22131	0.0604	0.1669
Factor3	3.40095	0.17880	0.0567	0.2236
Factor4	3.22215	0.18206	0.0537	0.2773
Factor5	3.04009	0.29013	0.0507	0.3280
Factor6	2.74997	0.37666	0.0458	0.3738
Factor7	2.37330	0.10625	0.0396	0.4134
Factor8	2.26706	0.08773	0.0378	0.4512
Factor9	2.17933	0.37774	0.0363	0.4875
Factor10	1.80159	0.51577	0.0300	0.5175
Factor11	1.28582	0.06355	0.0214	0.5389
Factor12	1.22227	0.04904	0.0204	0.5593
Factor13	1.17323	0.05422	0.0196	0.5789
Factor14	1.11901	0.05559	0.0187	0.5975
Factor15	1.06341	0.07492	0.0177	0.6152
Factor16	0.98850	0.02830	0.0165	0.6317
Factor17	0.96020	0.03759	0.0160	0.6477
Factor18	0.92260	0.03527	0.0154	0.6631
Factor19	0.88733	0.01384	0.0148	0.6779
Factor20	0.87349	0.01877	0.0146	0.6925
Factor21	0.85472	0.02038	0.0142	0.7067
Factor22	0.83434	0.04015	0.0139	0.7206
Factor23	0.79419	0.01912	0.0132	0.7338
Factor24	0.77507	0.03346	0.0129	0.7468
Factor25	0.74161	0.03153	0.0124	0.7591
Factor26	0.71008	0.02084	0.0118	0.7710
Factor27	0.68924	0.03450	0.0115	0.7824
Factor28	0.65475	0.01134	0.0109	0.7934
Factor29	0.64340	0.01754	0.0107	0.8041
Factor30	0.62586	0.02808	0.0104	0.8145
Factor31	0.59778	0.02680	0.0100	0.8245
Factor32	0.57097	0.00781	0.0095	0.8340
Factor33	0.56316	0.02025	0.0094	0.8434
Factor34	0.54291	0.00743	0.0090	0.8524
Factor35	0.53548	0.00883	0.0089	0.8613
Factor36	0.52666	0.02707	0.0088	0.8701
Factor37	0.49958	0.01887	0.0083	0.8784
Factor38	0.48071	0.02168	0.0080	0.8865
Factor39	0.45903	0.02238	0.0077	0.8941
Factor40	0.43665	0.00792	0.0073	0.9014
Factor41	0.42873	0.00305	0.0071	0.9085
Factor42	0.42568	0.01996	0.0071	0.9156
Factor43	0.40572	0.00922	0.0068	0.9224
Factor44	0.39650	0.02006	0.0066	0.9290
Factor45	0.37643	0.00336	0.0063	0.9353
Factor46	0.37308	0.01710	0.0062	0.9415
Factor47	0.35598	0.02459	0.0059	0.9474
Factor48	0.33139	0.01098	0.0055	0.9529
Factor49	0.32041	0.00705	0.0053	0.9583
Factor50	0.31337	0.00676	0.0052	0.9635
Factor51	0.30660	0.01026	0.0051	0.9686
Factor52	0.29634	0.01030	0.0049	0.9736
Factor53	0.28604	0.01797	0.0048	0.9783

Factor54	0.26807	0.00882	0.0045	0.9828
Factor55	0.25925	0.02044	0.0043	0.9871
Factor56	0.23881	0.03365	0.0040	0.9911
Factor57	0.20516	0.02674	0.0034	0.9945
Factor58	0.17843	0.02763	0.0030	0.9975
Factor59	0.15080	0.15080	0.0025	1.0000
Factor60	0.00000	.	0.0000	1.0000
LR test: independent vs. saturated: chi2(1770)= 1.804 Prob>chi2 = 0.0000				
Exploratory Factor Analysis for dependent variables				
Factor1	2.57481	2.04650	0.6437	0.6437
Factor2	0.52831	0.05602	0.1321	0.7758
Factor3	0.47229	0.04771	0.1181	0.8939
Factor4	0.42458	.	0.1061	1.0000
LR test: independent vs. saturated: chi2(6) = 1458.67 Prob>chi2 = 0.0000				

Source: Authors' calculation from Stata 15.0

The study conducted to rotate the matrix to determine the factors in the model. After rotate, varimax blanks for independent variables showed that fifteen factors and cumulative coefficient reach 0.6152, that was greater than 0.05. There were the five new factors to be explored in addition to ten original factors. At the same time, rotate, varimax blanks for dependent variable showed that one factor and cumulative coefficient reach 0.6437, that was greater than 0.05 and there were no new factors to be explored in addition to one factor clients' satisfaction as shown in Table 5.

Table 5: Rotate, varimax blanks

Factor	Variance	Difference	Proportion	Cumulative
Rotate, varimax blanks for independent variables				
Factor1	4.53048	1.20944	0.0755	0.0755
Factor2	3.32104	0.18711	0.0554	0.1309
Factor3	3.13393	0.11961	0.0522	0.1831
Factor4	3.01432	0.04291	0.0502	0.2333
Factor5	2.97141	0.02868	0.0495	0.2829
Factor6	2.94273	0.17796	0.0490	0.3319
Factor7	2.76478	0.18600	0.0461	0.3780
Factor8	2.57877	0.06578	0.0430	0.4210
Factor9	2.51300	0.20491	0.0419	0.4628
Factor10	2.30809	0.63727	0.0385	0.5013
Factor11	1.67082	0.09428	0.0278	0.5292
Factor12	1.57654	0.31546	0.0263	0.5554
Factor13	1.26108	0.03764	0.0210	0.5764
Factor14	1.22344	0.11896	0.0204	0.5968
Factor15	1.10447	.	0.0184	0.6152
LR test: independent vs. saturated: chi2(1170)= 1.804 Prob>chi2 = 0.0000				
Rotate, varimax blanks for dependent variables				
Factor1	2.57481	.	0.6437	0.6437
LR test: independent vs. saturated: chi2(6) = 1458.67 Prob>chi2 = 0.0000				

Source: Authors' calculation from Stata 15.0

Table 6: Rotated factor loadings and unique variances

Variable	Factor1	Factor2	Factor3	Factor4	Factor5	Factor6	Factor7	Factor8	Factor9	Factor10	Factor11	Factor12	Factor13	Factor14	Factor15	Uniqueness
Rotated factor loadings (pattern matrix) and unique variances for independent variables																
Ip 1					0.58 17											0.45 81
Ip 2					0.39 64											0.38 59
Ip 3					0.74 16											0.39 79
Ip 4					0.72 36											0.33 23
Ip 5					0.73 14											0.41 73
Ip 6					0.72 20											0.43 39
Pq 1			0.70 36													0.41 61
Pq 2			0.69 33													0.41 01
Pq 3			0.69 93													0.40 36
Pq 4			0.63 14													0.45 38
Pq 5			0.68 67													0.36 09
Pq 6			0.67 77													0.35 86
Pc 1	0.72 74															0.36 52
Pc 2	0.64 25															0.41 45
Pc 3	0.76 58															0.35 88
Pc 4	0.64 14															0.43 45
Pc 5	0.72 25															0.30 45
Pc 6	0.71 91															0.38 50
Pc 7	0.76 56															0.34 59
Pc 8	0.72 52															0.33 03
Ap 1		0.76 53														0.31 44
Ap 2		0.63 26														0.42 90
Ap 3		0.75 87														0.32 98
Ap 4		0.64 64														0.42 74
Ap 5		0.75 61														0.37 09
Ap 6		0.60 02														0.45 29
Si 1													0.50 09			0.48 14
Si 2								0.67 05								0.42 93
Si 3								0.75 11								0.32 13
Si 4								0.73 86								0.38 59
Si 5								0.76 39								0.36 06

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Si 6															0.82 06		0.38 63
Hc 1						0.62 20											0.46 64
Hc 2						0.56 24											0.57 25
Hc 3						0.71 57											0.45 66
Hc 4						0.77 14											0.37 03
Hc 5						0.70 52											0.40 89
Hc 6						0.72 84											0.40 94
Sr 1							0.61 83										0.54 00
Sr 2															0.42 62		0.40 41
Sr 3							0.70 58										0.40 25
Sr 4							0.73 80										0.37 39
Sr 5							0.70 70										0.42 68
Sr 6							0.71 65										0.44 49
Tp 1										0.60 74							0.46 81
Tp 2										0.75 78							0.35 36
Tp 3										0.75 18							0.38 56
Tp 4										0.72 44							0.41 64
Tp 5										0.76 14							0.25 40
Tp 6										0.81 11							0.39 88
Cs 1				0.93 75													0.44 18
Cs 2				0.51 23													0.42 59
Cs 3				0.44 26													0.41 94
Cs 4											0.60 15						0.34 33
Cs 5				0.61 75													0.43 13
Cc 1									0.71 67								0.30 17
Cc 2									0.81 30								0.35 84
Cc 3									0.83 48								0.47 27
Cc 4									0.66 15								0.69 88
Cc 5				0.93 75													0.48 98
Rotated factor loadings (pattern matrix) and unique variances for dependent variables																	
Ct 1	0.80 35																0.35 44
Ct 2	0.77 91																0.39 31
Ct 3	0.79 59																0.36 66
Ct 4	0.83 00																0.31 11
(blanks represent abs(loading)<.3)																	

Source: Authors' calculation from Stata 15.0

Rotated factor loadings (pattern matrix) and unique variances for independent variables find out Process of clinical care (x₁) is Factor1, Administrative procedures (x₂) is Factor2, Personnel quality (x₃) is Factor3, Communication strategies (x₄) is Factor4, Infrastructure and physical environment (x₅) is Factor5, Health care provider image (x₆) is Factor6, Social responsibility (x₇) is Factor7, Safety indicators (x₈) is Factor8, Continuity and cooperation (x₉) is Factor9, Trustworthiness of the providers (x₁₀) is Factor10, Clients' expectations (x₁₁) (The HCPs promote clients' expectations for the quality of healthcare) is Factor11, Information technology platform(x₁₂) (The HCPs have a good information technology platform)is Factor12, The overall security level (x₁₃) (The HCPs always ensure the overall security level in the health care area) is Factor13, The improvement in clinical practice (x₁₄) (The HCPs continually improve clinical practice) is Factor14, Protection of stakeholders' interests (x₁₅) (The HCPs protect the interests of all stakeholders) is Factor15. Rotated factor loadings (pattern matrix) and unique variances for dependent variables show that Factor1 is clients' trust (y) as shown in Table 6.

TESTING THE APPROPRIATENESS OF THE MODEL AND REGRESSION ANALYSIS

Kaiser-Meyer-Olkin Measure of Sampling Adequacy with KMO = 0.625. The result of testing the appropriateness of the model by Kaiser-Meyer-Olkin Measure of Sampling Adequacy find out coefficient KMO reach 0.625 that is greater 0,05. Therefore, the model was suitable for this study. The analysis results of the correlation between variables in the model indicate a very low degree of correlation among the variables, the presence of any multicollinearity was neglected. According to the results of regression analysis, P-values was less than the significance level of 5% (P-value = 0.000), so the regression model was statistically significant at the significance level of 5 %. Variables x₁, x₂, x₃, x₄, x₉, x₁₁, and x₁₂have positive effects on the variable y are all significant at the 1% level. Variables x₆, x₇, and x₁₅have negative effects on the variable y at significance levels of 10%, 5%, and 10%, respectively. Variables x₅, x₈, x₁₀x₁₃ and x₁₄have positive effects on the variable y, but these variableswere not statistically significant as shown in Table 7.

Table7: Regression analysis

y	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
x ₁	.4958184	.0194647	25.47	0.000	.4576267	.5340102
x ₂	.3397076	.0194647	17.45	0.000	.3015158	.3778994
x ₃	.2946036	.0194647	15.14	0.000	.2564118	.3327954
x ₄	.2848382	.0194647	14.63	0.000	.2466464	.32303
x ₅	.0333978	.0194647	1.72	0.086	-.004794	.0715896
x ₆	-.0475435	.0194647	-2.44	0.015	-.0857352	-.0093517
x ₇	-.0568213	.0194647	-2.92	0.004	-.0950131	-.0186295
x ₈	.024879	.0194647	1.28	0.201	-.0133128	.0630708
x ₉	.1248393	.0194647	6.41	0.000	.0866475	.163031
x ₁₀	.0045021	.0194647	0.23	0.817	-.0336896	.0426939
x ₁₁	.0822743	.0194647	4.23	0.000	.0440825	.1204661
x ₁₂	.1355326	.0194647	6.96	0.000	.0973409	.1737244
x ₁₃	.022073	.0194647	1.13	0.257	-.0161188	.0602647
x ₁₄	.0274536	.0194647	1.41	0.159	-.0107382	.0656454
x ₁₅	-.0382036	.0194647	-1.96	0.048	-.0763954	-.0000118
_cons	-3.6609	.019456	0.00	1.000	-.0381748	.0381748

Source: Authors' calculation from Stata 15.0

The multicollinearity test of the model with Mean VIF 1.00, this result shows no serious multicollinearity in this model. Test for variance change of the model, P-value = 0.0002 was smaller than 0.05, therefore, this model had variance change phenomenon. So that, the study must be overcome the variance change phenomenon.

After overcoming the variance change phenomenon, the results show that variables x₁, x₂, x₃, x₄, x₉, x₁₁, and x₁₂ have positive effects on the variable y are all significant at the 1% level. Variables x₆, x₇, and x₁₅have negative effects on the variable y at significance levels of 10%, 5%, and 10%, respectively. Variables x₅, x₈, x₁₀ x₁₃ and x₁₄have positive effects on the variable y, but these variables were not statistically significant as shown in Table 8.

Table8: The estimation results for factors affecting clients' trust

Independent variables	Dependent variable (y)
X1	0.496***(25.47)
X2	0.340***(17.45)
X3	0.295***(15.14)
X4	0.285***(14.63)
X5	0.0334(1.72)
X6	-0.0475*(-2.44)
X7	-0.0568**(-2.92)
X8	0.0249(1.28)
X9	0.125***(6.41)
X10	0.00450(0.23)
X11	0.0823***(4.23)
X12	0.136***(6.96)
X13	0.0221(1.13)
X14	0.0275(1.41)
X15	-0.0382*(-1.96)
_cons	-3.6609
P-value	0.0000
N	1125

Source: Authors' calculation from Stata 15.0

The research found out the regression equation of this study was as follows.

$$y = -3.6609 + 0.496x_1 + 0.340x_2 + 0.295x_3 + 0.285x_4 - 0.0475x_6 - 0.0568x_7 + 0.125x_9 + 0.0823x_{11} + 0.136x_{12} - 0.0382x_{15}$$

DISCUSSION

As shown in table 8, correlations and multiple regression techniques proved that process of clinical care had a strong impact on clients' trust with coefficient 0.496, and the significance level of 1%. This showed that the great concern of clients for this factor. The HCPs applied a uniform process of clinical care, and the consistently implemented procedures contributed to improve quality and accountability, and created clients' trust.

Based on the multiple regression model, administrative procedures were found to be significant in explaining clients' trust with coefficient 0.340, and statistically significant at 1% level. The HCPs could streamline administrative procedures, administrative procedures were very transparent, clear, and convenient. They create major innovations in the management of the health care services to facilitate the clients used easier health care services. Thereby, this met the needs of clients and contributed to increase the clients' trust.

The outcome of the regression analysis proved personnel quality had a coefficient 0.295 with the significance level of 1%. To pursue the clients' good, the clients must trust the doctors and nurses with private information and with their body. Clients' trust in the healer was essential, and a balance of knowledge, professional skills and professional qualifications of health workers in HCPs, at least to some minimal extent, was undoubtedly a prerequisite to seeking Clients' trust. Therefore, many HCPs have concentrated to advance professional skills and professional qualifications of health workers, in result they understood the specific needs of the clients, concerned the beliefs and emotions of the clients, and achieved clients' trust.

Indeed, communication strategies changes may be the most fruitful ways to enhance clients' trust when the result study showed that communication strategies had a positive impact on clients' trust with coefficient 0.285, and the significance level of 1%. Many HCPs had the good communication strategies, performed efficient exchange of information, relevant information was rapidly, accurately, and efficiently transferred, and ensured the best level of care that increased the potential for health care service success, created a positive workings environment which would have a positive effect on clinical outcomes, improved the client experience, and gave clients' trust.

Coefficient of health care provider image had a negative impact on clients' trust with the significance level of 10%, and with coefficient 0.0475. The brand image was not absolute, the clients often form the HCPs' image from a professional client care practice. Therefore, the HCPs were too focused on their image, and they are less concerned with process of clinical care, administrative procedures, personnel quality, effective communication strategies, continuity and cooperation, clients' expectations, effective information transmission, in result restricting clients' trust.

The analysis result found that social responsibility had a negative relationship with clients' trust with coefficient 0.0568, and the significance level of 10%. This result shows that many HCPs focus too much on

social responsibility, leading to the scattering of resources, taking care of customers not in time, making them feel uncomfortable, and reducing clients' trust. Hence, the HCPs should do more to provide better health care services on process of clinical care, administrative procedures, personnel quality, effective communication strategies, continuity and cooperation, clients' expectations, effective information transmission which can meet the expectations and trust of the clients.

The findings also revealed that continuity and cooperation had a strong impact on clients' trust with coefficient 0.125, and the significance level of 1%. Increasing in continuity and cooperation has become an important and critical issue, many HCPs managers are working to improve their continuity and cooperation. Because, the competition among the health care services was more intense now than ever as continuity and cooperation has reached its optimal level, and there are many opportunities to improve their health care service quality. Accordingly, they ensured the aspects of continuity and cooperation required to provide a positive experience of health care, well-coordinated health care from several providers, advanced the experience of providers, improved health outcomes and enhanced health care quality, and contributed to increase the clients' trust.

The regression result indicated a significant effect of clients' expectations on clients' trust with the coefficient was positive and statistically significant at the 1% level. The HCPs were seen that clients' expectations were the basic determiner of quality and clients' trust, and clients' expectations were the factors that must firstly be concerned and known to be able to become a client-focused health care provider. Thus, they concentrated to meet the needs of clients such as the need to be listened to, and the need to receive clear explanation and instructions about clients' condition. At the same time, the clients were treated by staff who show concern, compassion, and treated by the staffs who are professional in the health care services. By these ways, the HCPs increased clients' expectations from the lowest level to the highest level.

Information technology platforms was one of the new factors that had a positive relationship with clients' trust with coefficient 0.136, and statistically significant at 1% level. This showed that Information technology platforms were used as a base upon which applications, processes, and technologies were developed the health care service quality, and improved clients' trust. The provision of health care services was increasingly taking place supported through the use of information technology platforms. Information technology platforms enabled the health care services to better engage with clients in many HCPs. At the same time, information technology platforms provided clients, doctors, nurses immediate access to health care service information for efficient decision-making as well as better treatment. Therefore, information technology platforms contributed to improve clients' trust.

Protection of stakeholders' interests also was one of the new factors that had a negative impact on clients' trust with coefficient 0.0382, and statistically significant at 10% level. Many clients suggested that HCPs should only concern protection of stakeholders' interests in some cases, HCPs should have focused on their expertise and primary responsibility in providing health care. Many HCPs concentrated on the protection of stakeholders' interests would not fulfill their responsibilities, because they did not provide quality, and acceptable health care services, result in restricted clients' trust, and from the clients' perspective, the higher the health care quality, the clients' trust to the HCPs stronger.

CONCLUSIONS

This study purpose was to test the effect of health care service quality on client's trust at The HCPs. The study proved there was an impact of health care service quality on client's trust. Process of clinical care, administrative procedures, personnel quality, communication strategies, continuity and cooperation, clients' expectations, and information technology platforms that dimensions had positive and the greatest influence on clients' trust. Health care provider image, social responsibility, protection of stakeholders' interests that dimensions had negative influence on clients' trust. This study has some important managerial implications, it provides recommendations and feasible solutions for maintaining and improving the clients' trust. At the same time, the study results help the HCPs' managers to develop their skills and expertise, and may determine the importance of attributes in the quality of the selected health care services. The below suggestions and recommendations are expected to be applied in order to gain the better trust from the clients who use the health care services.

Firstly, from a clinical perspective, clients had higher trust in the health care services when the HCPs provide them with more beneficial health care and higher quality of life, and this comes from the health care service quality of HCPs. Thus, the HCPs should understand the positive interplay between clients' trust and health care service quality is an indispensable requirement in the healthcare service delivery of HCPs.

Secondly, process of clinical care should be considered as a top priority for HCPs leaders. Process of clinical care is done clearly, the health care services are provided quickly and promptly, respond to

clients' health status immediately. The HCPs should focus on collecting subjective and objective information, assess the collected data, create a care plan, implement the care plan, monitoring the clients, and Interprofessional teamwork to facilitate the effective delivery of health care services. These contributed to ensure the process of clinical care, improve the health care quality, and created clients' trust.

Thirdly, the HCPs and practitioners should focus on client centeredness, safety, and quality improvement. The clients' trust can only be achieved with significant changes in administrative procedures. Since people are giving increasing emphasis to the quality of living, and the needs of health care services is growing, health care system of HCPs should continue to improve administrative procedures, this has resulted in major innovations in the internal management and external contingencies of HCPs. Thereby, this contributed to increase the clients' trust.

Fourthly, increasing clients' trust with personnel quality will create the largest rise in the overall trust. Thus, manager of HCPs should control personnel quality, and take the doctors and nurses' experience, medical skills and ethics as important criteria when recruiting the doctors and nurses. At the same time, the recruitment, training, assignment, empowerment, making timely rotation of staff, making effective distribution and utilization, providing sufficient education and training, recognition and reward systems must be incorporated into the effective management process.

Fifthly, in response to the rapid change in the needs of clients, HCPs need invariably involved in institutional reform and organizational re-engineering by actively strengthening internal quality enhancement, external marketing, communication strategies expanding to boost their own competitiveness. The HCPs should provide modern communication systems to facilitate better communication that allow people to communicate quickly, effectively, and safely. Accordingly, the HCPs maintain and improve the level of health care service quality, and contribute to advance their clients' trust.

Sixthly, clients' expectations in their health care services is central to the HCPs' clinical practice. A maintaining expectation is one core requirement for doctors and nurses with the lives and health of clients. So, doctors and nurses work in the best interest and outcome for clients. At the same time, creating expectations in the health care services has been believed to be the foundation for effective treatments and core for health care service quality. Clients' trust is only possible by keeping a high quality of medical service; understanding clients' needs and providing clients with the services they expected and needed. From a marketing view, HCPs' administrators may focus on different client segments and meet to their needs, in order to increase clients' expectations, and health care service quality, and hence the clients' trust.

Seventhly, with information technology platforms, the HCPs may consider their strengths, and weaknesses and try to upgrade health care service quality by really effective use of their resources from information technology platforms. Because, HCPs with better information technology platforms are usually the first choice of clients, and the top important factor for clients' trust.

Eighthly, the HCPs are recommended to continue their commitment to improve the quality of health care services. They need to regularly assess clients' trust through surveys, which could then be used to improve the quality of health care services and overalls clients' trust. Because, understanding the factors that influence a clients' trust in the HCPs will assist in drawing up suitable operational policies in the delivery of health care services, as well as influence the health care practices of HCPs. Transferring this knowledge to medical education will create an emerging practitioner who will be more aligned to the needs of clients.

Ninthly, trust between the clients and the HCPs is important in HCPs–client interaction and rapport. It influences health care management outcomes, especially in the treatment, as well as influences outcomes of health promotion, and prevention initiatives. Clients' trust can be interpersonal trust which is that trust between the individual client and the individual clinician. At the same time, clients' trust also includes trust between clients, the public and the HCPs. So, the HCPs need to set up synchronous and appropriate solutions to restrict the impact of factors that reduce clients' trust such as health care provider image, social responsibility, protection of stakeholders' interests.

CONFLICT OF INTEREST

All the authors hereby declare that there is no conflict of interest regarding the publication of this article.

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