

The Impact of Perceived Physician Communication Skills on Revisit Intention: A Moderated Mediation Model

Laurine Nwosu^{a*}, Figen Yeşilada^a, Iman Aghaei^b, Japheth Ahmed Nuhu^a

^aCyprus International University, Turkey

^bBournemouth University Business School, United Kingdom

Abstract: This study aims to evaluate the impact of perceived physician communication skills on patients' revisit intention, focusing on the mediating role of two dimensions of trust and the moderating role of gender. While several studies on revisit intention examine the effect of service quality as a whole, this is one of the few that not only focuses solely on physician-patient communication but also examines both dimensions of trust and revisit intention with the same physician. A cross-sectional survey was employed via questionnaire distribution. A total of 265 valid responses were used for data analysis. The findings revealed that perceived physician communication skills impact trust and revisit intention. Emotional trust was seen to have a full mediating effect on the relationship. Gender had no moderating effect on the proposed relationship, which suggests that irrespective of gender, patients' expectations and preferences for effective communication are similar. By cultivating a supportive and empathetic attitude, physicians can create a positive emotional environment that enhances patient trust and positive behavioral intentions.

Keywords: cognitive trust, emotional trust, physician communication skills, revisit intention

JEL Classification: I1, M1

Introduction

The physician-patient relationship is acknowledged as fundamental to effective healthcare delivery and positive health outcomes. The healthcare industry relies significantly on the physician-patient relationship to achieve positive health outcomes (Nwosu et al., 2023). Research in health communication primarily focuses on physician-patient interactions due to several compelling factors. The challenge originates from the differences in the roles of patients and physicians. There have historically been variations in circumstances between a physician who has constraints in time or opportunities to enhance their communication abilities and a patient who expects more time for increased interaction with the physician (Lee, 2021b). Bridging the communication gap between physicians and patients is essential for building trust, meeting expectations, and enhancing the quality of care.

The healthcare system is undergoing significant transformation, and there has been a notable increase in patient empowerment. Changes in the healthcare sector have provided consumers with a wider range of choices when selecting a hospital. Patients increasingly seek greater involvement in their healthcare and demand better access to comprehensive health information (Bombard et al., 2018; Amjad et al., 2023). The importance of effective communication cannot be overstated when it comes to meeting changing expectations and delivering patient-centered care. Patient safety is essential in healthcare, as medical errors resulting from miscommunication between patients and healthcare providers can negatively influence patients' well-being (Kwame & Petrucka, 2021). Park et al. (2021) point out that physician-patient communication has a positive association with patients' intention to revisit, which is a major indicator of patient loyalty.

Patient trust has been receiving increased attention for years. The term refers to a patient's confidence in the healthcare system and providers (Li et al., 2022). Trust is commonly categorized into cognitive and emotional dimensions and is widely recognized as a key component in developing interpersonal and transactional relationships. Patient trust is a fundamental element in the healthcare sector, serving as the foundation of the physician-patient interaction. It leads to perceptions of physicians as reliable, acting in the patient's utmost welfare, and offering guidance to address their health concerns (Krot & Rudawska, 2021). When patients receive care that meets their expectations, they likely build trust (Nuhu et al., 2025). Based on the level of trust established, there is an increased likelihood that individuals will actively pursue the services of the same healthcare provider in subsequent instances, hence augmenting the financial gains of the medical institutions (Krot & Rudawska, 2021). Research has shown that gender differences in communication preferences and trust formation significantly influence physician-patient interactions (Surchat et al., 2022).

Numerous academic studies have been undertaken to establish a relationship between patient trust and the intention to revisit healthcare facilities (Yuniarti & Hidayat, 2021; Güçer & Çakmakoglu, 2018); however, only a limited number of studies have explored emotional and cognitive trust, which are the inner components of trust (Rigo et al., 2022; Lee & Kim, 2020). Multiple studies have been conducted to investigate the influence of service quality on revisit intention with a comprehensive approach; however, limited attention has been given to the specific aspect of physician-patient communication in this context (Lai et al., 2020; Woo & Choi, 2021; Kim et al., 2021). The aim of this research is to investigate the mediating effect of cognitive and emotional trust on the relationship

between physician-patient communication and revisit intention as well as the moderating effect of gender between physician-patient communication and the dimensions of trust. The perception of physician communication influences patient revisit intention as it directly impacts trust, with quality interactions and strong communication skills enhancing emotional trust and cognitive trust. Gender further impacts this relationship, as women may prioritize empathetic and supportive communication, while men might focus more on the physician's expertise and clarity, highlighting the need for tailored communication approaches to build trust effectively and enhance revisit intentions. The findings of the study have the potential to benefit multiple stakeholders. Healthcare providers can use these insights to tailor communication strategies, enhancing patient trust and loyalty. Policymakers and healthcare administrators may benefit from the research findings to inform policies and interventions aimed at improving the quality of healthcare delivery. Additionally, researchers and academics can build upon this knowledge to further explore the complexities of patient-physician interactions and their impact on healthcare outcomes.

Literature Review

Physician-patient Communication

Communication is an interaction wherein the roles of the transmitter and the receiver are interchanged. Effective communication involves the clear exchange of information, active listening, empathy, and understanding between parties. In a healthcare setting, effective communication between physicians and patients is essential for building trust, ensuring accurate diagnoses, enhancing patient adherence to treatment plans, and improving health outcomes. It enhances a sense of partnership and empowers patients to actively participate in their care, which is essential for achieving optimal results. Unfavorable judgments and attitudes frequently arise due to a lack of understanding regarding the potential of communication. It is imperative for physicians to carefully consider the usage of medical terminologies during their interactions with patients. This is because patients often attribute different meanings to the information they receive or, in more severe cases, struggle to fully comprehend the intended meaning, particularly when conveyed by the healthcare provider. Consequently, emotional stress increases and hinders effective physician-patient communication (Nwosu et al., 2023). Caring, problem-solving, and counseling have been identified as the basic categories of communication often observed in the physician-patient relationship. While these forms of communication can occur anytime during the interaction, they are most commonly utilized in the following order: caring to set a positive tone, problem-solving to diagnose, and counseling to offer relevant health information (Mohd Salim et al., 2023; Omole et al., 2011). However, if the forms of communication are ineffective, it may create patient misinterpretations. Therefore, it is crucial to examine the extent of effective physician-patient communication.

Trust

Developing trust is essential to maintaining long-term sustainable relationships between service providers and consumers. It is a psychological and emotional reliance on the integrity and character of an individual, group, or system (Cardoso et al., 2022; Ansori & Nugroho, 2024). The presence of trust between the customer and a provider is associated with favorable behavioral outcomes, such as an increased intention to revisit,

irrespective of the strength of their connection (Maduretno & Junaedi, 2022). Patient trust is defined as the belief that doctors have the required skills for diagnosis and treatment and that they can prioritize patients' interests so that patients confidently accept medical services (Croker et al., 2013; Liu et al., 2021). Trust is essential in healthcare as it reinforces the provider-patient relationship and fosters a greater sense of commitment towards the medical institution (Shaughnessy et al., 2023). Hence, trust facilitates better communication, increases patient satisfaction, and drives patients to follow their treatment plans, all of which contribute to better health outcomes. Regarding this study, trust is conceptualized based on two dimensions (emotional and cognitive).

Emotional Trust

Emotional trust, also called affective trust, pertains to the subjective assessment of trust. It involves the reliance on an individual based on impressions developed through the degree of care and concern they display (Legood et al., 2022; Waskito et al., 2023). It encompasses the range of emotions associated with feelings of security and the perceived level of strength in interpersonal interactions. Additionally, it pertains to the degree to which individuals believe in the trustworthiness of someone's intentions, the soundness of their values, and the genuineness of their integrity (Šimić et al., 2021). Emotional trust is based on the conviction that the other party will do its best regardless of policy restrictions. The basic concept of emotional trust is a reliance based on emotions and is closely linked to the idea that one's behaviors are naturally driven. It is therefore argued that emotional interactions are a vital and continuous component of consumer-level service relationships and serve as the foundation for trusting partnerships. It is formed by interactions with a partner and changes over time, depending in part on the frequency of contact (Liu et al., 2021).

The establishment of emotional trust between doctors and patients is widely recognized as an important element in the patient-doctor relationship within healthcare settings, as it has an impact on the patient's tendency to adhere to the physician's advice and comply with their prescribed treatment plan. It can also impact the patient's overall satisfaction with their healthcare experience and intention to revisit (Ai et al., 2022). The findings of Alnawas and Hemsley-Brown (2018) indicate that emotional trust has a considerably greater impact on customers' value perceptions compared to cognitive trust, which suggests that a patient-physician interaction that shows benevolence is expected to result in improved perceptions of treatment and greater satisfaction, ultimately enhancing a long-term relationship. Furthermore, establishing emotional trust in doctors holds significant importance, particularly for individuals suffering from chronic or severe medical conditions, as it is essential in fostering a sense of security and support throughout challenging periods. Developing emotional trust can also benefit healthcare providers by improving patient outcomes and fostering positive working relationships (Arakelyan et al., 2021).

Cognitive Trust

Cognitive trust, associated with technical competence, revolves around an individual's confidence in another person's abilities, competencies, and reliability (Shamim et al., 2023). It is built on the patient's perception of the physician's knowledge, skill, and judgment. It can affect the patient's level of satisfaction with care and the possibility of re-

turning for future medical needs (Stalnikowicz & Brezis, 2020; Zhao & Mao, 2021). Cognitive trust is commonly associated with decision-making as it impacts how individuals analyze and choose from various alternatives. To foster cognitive trust, physicians must stay current on recent developments in medical research and best practices, communicate openly and honestly with their patients, and actively involve them in decision-making. Given that the patient-physician relationship can be considered a contractual agreement involving the exchange of financial resources and medical services, cognitive trust is essential in such corporate interactions, as one party trusts the other based on rational reasons (Shamim et al., 2023).

In the doctor-patient interaction, both dimensions of trust (emotional and cognitive) are essential. The former contributes to the development of a strong rapport, while the latter ensures that patients have confidence in the physician's ability to make informed decisions regarding their health. These dimensions of trust must be built and maintained for shared decision-making and positive health outcomes.

Revisit Intention

Revisit intention refers to the possibility that a customer will return to a service in the future (Manyangara et al., 2023). It refers to the voluntary intention of the patient to continue visits to their healthcare provider for future needs. It differs from actual usage in that it refers to the patient's willingness to use the service again in the future. It also reflects their cognitive decision-making process and commitment to maintaining the relationship with the provider (Pighin et al., 2022). Patients are either satisfied or dissatisfied with the physician's services based on their comparative assessment of the perceived performance and the pre-experience expectations. This implies that the benefits expected by the consumer are crucial for influencing the revisit intention. The intention to reuse or revisit is a fundamental aspect of marketing and is fundamental in maintaining customer relationships and generating long-term earnings for the institution. Assessing patient revisit intention is essential for healthcare professionals as it identifies and resolves any hurdles that might impede a patient's inclination to seek future medical treatment. Moreover, it can provide valuable insights into the overall treatment quality and facilitate determining improvement (Pighin et al., 2022). When it comes to cost analysis, it is evident that the cost associated with acquiring new consumers surpasses that of retaining current ones.

Consequently, hospitals and healthcare providers must prioritize building patient loyalty by fostering revisit intentions to ensure continued patronage. The findings of Soare et al. (2022) revealed that word of mouth (WOM) is essential in enhancing sustainable doctor-patient relationships. Rahman et al. (2023) found that service quality is positively associated with intention to revisit the healthcare facility through WOM.

Theoretical Framework and Hypothesis Development

The theoretical framework for this study is based on two theories: the pathway model (Street et al., 2009) and the social role theory (Eagly & Wood, 2016).

Pathway Model

The pathway model originates from the field of health communication. It is specifically grounded in the discipline of communication studies with a focus on its application in healthcare settings. The pathway model includes both direct and indirect consequenc-

es of patient-provider communication, implying that communication affects health outcomes through an indirect or mediated route through proximal outcomes of the interaction, such as trust in the clinician, which may affect health (Nwosu et al., 2023). According to the model, patient-provider communication facilitates information exchange, reduces uncertainty, strengthens relationships, and supports decision-making. These functions may affect proximal outcomes, such as comprehension, clinician-patient agreement, physician trust, and care participation (Asan et al., 2021). Communication centered on the patient is about balancing two crucial requirements of healthcare providers: diagnostic and patient treatment, and understanding patient needs and enhancing participation. These needs can then be used to meet two categories of patient needs: informational and emotional. Informational needs can be met by using simple terms, evaluating patients' degree of comprehension, and offering ample time and space for questions, while satisfying emotional needs, which involves demonstrating empathy and other forms of emotional support (Kwame & Petrucka, 2021). When these needs are satisfactorily met, patients' emotional and cognitive trust in their physicians increases, raising the possibility that they will revisit them.

Social Role Theory

The social role theory is a sociological viewpoint that describes how cultural norms and social structures impact behavior and beliefs regarding gender and other social groups. It originates from the field of social psychology and is closely related to gender studies and sociocultural theories. The theory holds that social roles are determined by society and depend on characteristics such as gender. These roles are accompanied by expectations and norms that govern human behavior and social relationships (Eagly & Wood, 2012). Social roles can also impact the cognitive processes and psychological development of the patient. In healthcare, this theory suggests that men and women may develop different expectations regarding physician-patient communication due to culturally ingrained gender roles. Traditionally, women are socialized to value relational and emotional communication, while men are conditioned to prioritize competence, problem-solving, and efficiency in interactions. These differences are particularly relevant in trust formation, as female patients may rely more on emotional bonds, whereas male patients may prioritize cognitive trust competence and expertise.

Perceived Physician Communication and Emotional Trust

Physician communication and trust are essential components of patient-doctor interaction and influence patient outcomes (Gu et al., 2022). Clinicians must actively listen to and address patient concerns as well as demonstrate empathy and emotional sensitivity to establish a strong foundation of emotional trust (Drossman et al., 2021). Nonverbal cues such as eye contact, facial expressions, and touch (when appropriate) can contribute to establishing this emotional connection (Thakur & Sharma, 2021). Findings from the study by Tan et al. (2023) revealed a positive association between the level of perceived emotional support provided by physicians and the level of hope reported by patients. Mohd Salim et al. (2023) found that physicians who display warmth, compassion, and emotional sensitivity create a sense of security for patients, which leads to increased trust. Additionally, the ability of physicians to validate patient concerns and express understanding contributes to patients' willingness to adhere to medical recommendations

and maintain long-term relationships with healthcare providers (Wu et al., 2022). Hence, to create and sustain emotional trust and positive communication with patients, physicians must be aware of and prioritize these factors.

The above discussion provides an argument for the first hypothesis:

H1: Perceived physician communication has a positive relationship with emotional trust.

Perceived Physician Communication and Cognitive Trust

Cognitive trust, in contrast to affective trust, is built on rational assessments of a physician's competence, reliability, and expertise. While affective trust relies on emotional connections, cognitive trust emerges from a physician's ability to communicate medical knowledge effectively and address patient concerns with logical reasoning (He et al., 2022). Research indicates that physicians who provide clear explanations, evidence-based recommendations, and well-structured responses to patient inquiries tend to be perceived as competent and trustworthy professionals (Feng et al., 2022; Lee, 2021a). Effective physician communication, which includes the use of medical knowledge and patient education, strengthens cognitive trust by reducing uncertainty and enhancing patients' understanding of their health conditions (Du et al., 2020; Wang et al., 2022). Similarly, He et al. (2022) found that when physicians are transparent about treatment options and involve patients in shared decision-making, cognitive trust increases. Moreover, specialized communication skills, such as the ability to simplify complex medical terminology and provide structured guidance, contribute to a patient's confidence in the physician's expertise (Berman & Chutka, 2016). Demonstrating strong communication abilities helps patients process information effectively, reinforcing trust in their medical judgment and decision-making (Du et al., 2020; Wang et al., 2022). Based on the existing literature, the second hypothesis is proposed:

H2: Perceived physician communication has a positive relationship with cognitive trust.

Cognitive Trust and Revisit Intention

Patients with a high degree of cognitive trust in their healthcare providers do so because they believe in their expertise, which fosters confidence in the quality of care, increases patient satisfaction, and, ultimately, the increased intention to revisit the same provider (Lee, 2021b). Revisit intention ensures continued engagement and efficient resource utilization within the healthcare system (Pighin et al., 2022). Research conducted by Rigo et al. (2022) examined the association of patients' affective and cognitive trust on revisit intention and patient satisfaction with life and revealed a positive relationship between cognitive trust and revisit intention to the dentist. Similar findings by Bilisbekov et al. (2021) on the effect of trust on service relationships revealed a positive relationship between cognitive trust and the anticipation of future interactions. Based on the literature, the following hypothesis is proposed:

H3: Cognitive trust has a positive relationship with revisit intention.

Emotional Trust and Revisit Intention

Consumers hope to obtain emotional satisfaction when purchasing products or services. Thus, consumers are more likely to repurchase when they use a product or service and encounter a positive emotional experience (Liu et al., 2021). The results from Lin and Chao (2023) also revealed that the consumer's positive emotional connection increases trust and further influences revisit intention. In healthcare, patients who emotionally trust their physicians have a better overall care experience and are more likely to return for future medical needs. The findings from a study by Karami et al. (2023) revealed that relationship marketing, a component of emotional trust, increases revisit intention. Similarly, a cross-sectional study by Liu et al. (2021) revealed that emotional attachment towards the doctor predicts patients' intention to revisit. Hence, the following hypothesis is proposed:

H4: Emotional trust has a relationship with revisit intention.

Perceived Physician Communication and Revisit Intention

Patients' intention to revisit their doctors can be influenced by how well they perceive their doctor's communication skills. Patients who perceive their healthcare providers as polite and responsive to their needs are inclined to seek care in the future. Effective communicators can help patients understand their treatment plans, build rapport, and provide emotional support when required. Focusing on these aspects of communication can help physicians enhance patient outcomes, increasing revisit intention. The findings by Park et al. (2021) indicate that doctors' communication style substantially impacts patients' revisit intention. Similarly, Woo and Choi (2021) point out that the communication style between physicians and patients directly influences the willingness of the patient to revisit. Based on the above literature, the following hypothesis is proposed:

H5: Perceived physician communication has a positive relationship with revisit intention.

The Moderating Role of Gender

Gender differences in communication styles and preferences have been widely examined in both psychological and healthcare communication literature (Street, 2002; Leaper & Robnett, 2011). There have been conflicting results from studies examining the role of patient gender in the link between perceived physician communication and trust. According to some findings, perceived physician communication comparably influences cognitive and emotional trust for both male and female patients, showing that gender may not significantly modify the relationship as other factors, such as physician competence, communication skills, or cultural competence, are prioritized (Wang et al., 2022). However, studies suggest that men and women differ in how they communicate, process information, and establish trust in interpersonal interactions (Natalie, 1991). These differences extend to the healthcare setting, influencing how patients perceive and respond to physician communication, which affects the development of emotional trust and cognitive trust (Haile, 2018; Surchat et al., 2022). Women are generally found to value emotional support, empathy, and relational communication more than men (Burlison, 2003). In healthcare, female patients may respond more positively to physician behaviors that demonstrate warmth, compassion, and active listening, which reinforce emotional trust

(Hojat et al., 2002). In contrast, men may prioritize task-oriented communication and decisiveness over emotional connection when assessing physician trustworthiness (Pang et al., 2023). This aligns with the social role theory, which explains that gendered expectations shape interpersonal interactions, leading women to seek more relational assurance while men prioritize expertise and direct solutions. Moreover, female patients often expect longer consultations and more verbal engagement from physicians, which strengthens their emotional trust, while male patients may not require the same level of affective communication for trust to develop (Hall & Roter, 2002). Moreover, studies indicate that men and women interpret medical advice differently (Cabral & Dillender, 2021). Men tend to take a physician's explanation at face value and form cognitive trust based on the clarity and authority of the communication. Women may critically evaluate the physician's ability to personalize information and consider their individual concerns, leading to gendered variations in the strength of cognitive trust formation.

H6: The effect of perceived physician communication on emotional trust is stronger for female patients than for male patients.

H7: The effect of perceived physician communication on cognitive trust is stronger for male patients than for female patients.

Mediating Role of Emotional Trust

Perceived physician communication is essential in developing emotional trust. Patients tend to confide in their physician's ability to care for them and their emotional well-being when they believe their physician can communicate effectively. This can result in increased emotional trust and a higher possibility of returning to the same care provider (Sharkiya, 2023). A lack of concern for the patient's emotional needs might lead to a breakdown in trust and a reduced intention to return. Patients who believe their doctor is uncaring are more inclined to seek care elsewhere. Therefore, the following hypothesis proposes a mediating relationship between these variables. That is, emotional trust will mediate the influence of perceived physician communication on revisit intention.

H8: Emotional trust mediates the relationship between perceived physician communication and revisit intention.

Mediating Role of Cognitive Trust

Evidence suggests that cognitive trust can mediate the relationship between perceived doctor communication and patient revisit intention (Lee, 2021b). In other words, if a patient perceives their doctor as having good communication skills and being knowledgeable and competent, this can lead to increased cognitive trust, which may increase the likelihood of the patient intending to revisit. A study conducted by Lee (2021a) revealed that informational justice positively impacts patients' cognitive trust and satisfaction in the physician-patient relationship, which could lead to the patient's intention to revisit. Rigo et al. (2022) also highlight that the cognitive aspect of trust during physician-patient communication positively influences the intention to revisit the care provider. Given the above discussion, the fourth hypothesis is proposed:

H9: Cognitive trust mediates the relationship between perceived physician communication and revisit intention.

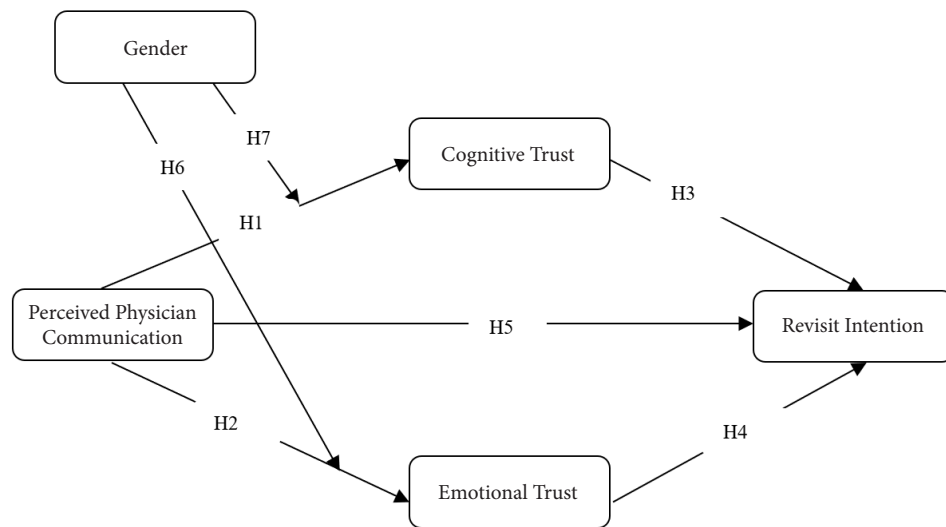


Figure 1. Research Model

Methodology and Research Framework

In this quantitative study, data was collected via purposive sampling from outpatients who have visited public hospitals in Lagos State, Nigeria. Patients seeking services represent all 36 states since Lagos is Nigeria's most culturally diverse state. To be eligible as a participant, one must be currently living in Nigeria and have consulted a physician at least twice within the last year. (Aghaei & Poorkhaje Namaghi, 2022) suggested that for each item, a minimum of five respondents and a maximum of ten are sufficient distributions. Therefore, employing 265 participants with the exclusion of 46 invalid responses after the data collection period (March 28-May 20, 2023) had elapsed was sufficient. Based on the demographic information, most of the respondents were male (60.4%). Over half of the respondents were 18-25 years old (58.1%). Regarding education, 71.7% were undergraduates, and virtually all participants (90.9%) were single. The demographic profile can be seen in Table 1.

Table 1. Demographic Information of Respondents

		Frequency	Percentage
Gender	Male	160	60.4
	Female	105	39.6
Age	18-25	154	58.1
	26-35	40	15.1
	36-45	53	20.0
	46 and above	18	6.8
Level of Education	Primary	25	9.4
	Secondary	35	13.2
	Undergraduate	190	71.7
	Graduate	15	5.7

Marital Status	Single	241	90.9
	Married	16	6.0
	Separated/Divorced	8	3.0

Measures

The measurement items were adopted from prior studies to ensure content validity. A five-point Likert scale was used to operationalize the measurement items, ranging from "strongly agree" (1) to "strongly disagree" (5). The questionnaire had two sections. The first section focused on the demographic information of the respondents. The second section measured the variables in the model. Perceived physician communication was measured using six items adopted from Mehra & Mishra (2021). The construct includes items such as "Doctor rarely interrupted me when I was describing the symptoms." Cognitive trust was measured using five items, which include "My doctor is totally honest in telling me about all of the different treatment options available for my condition." Emotional trust was measured using five items which include "I completely trust my doctor's decisions about which medical treatments are best for me." Both dimensions of trust were adopted by Feng et al. (2022) and Chen et al. (2020). Revisit intention had five items adopted from Che et al. (2015), which were then modified. The variable included items such as "I always look forward to visiting my doctor again."

Structural Model Assessment

The validity and reliability of the variables must be established before assessing the structural model, as they guarantee precise measuring instruments, minimize measurement inaccuracy, and preserve connections among variables (Zeng et al., 2021). By addressing validity up front, researchers may feel more confident in the significance and interpretability of their findings, which leads to stronger conclusions. Enhancing the overall quality and dependability of study findings are valid and reliable factors that also increase the structural model's fit to the data. After the reliability and validity have been established, the path coefficients are used to assess the significance of the model's relationships (Waqar et al., 2023). The hypotheses were tested using structural equation modeling (SEM) via Smart PLS 4.0.9.2, a tried-and-true management research technique for forecasting intricate cause-and-effect relationships (Cheah et al., 2023). This method generally offers the following benefits: predicting the primary statistical objective of the study, applying it with small samples and non-normal distribution data, as is typical of social science and survey data, analysing many latent variables, the ability to assess complex models with many constructs and many indicators, the capacity to apply formative composite measures, suitability for exploratory research predicting endogenous constructs, and fitting with the latent variable measurement models measured formatively (Hair et al., 2020).

Researchers evaluate the congruence between measures of a construct and their conceptualization of its essence. The process entails defining a model, gathering data, estimating parameters with software, and assessing fit through indices such as Chi-square and RMSEA (Knekta et al., 2019). In this study, partial least squares (PLS) evaluates if the items intended to measure cognitive trust, emotional trust, perceived physician communication, and intention to revisit accurately reflect these factors (as captured in Figure 1). SEM would enhance this by analyzing the interrelationships among these variables. This study examines whether perceived physician communication favorably affects both emo-

tional and cognitive trust and whether these trust dimensions subsequently impact the intention to revisit.

Results

Measurement Model Assessment

Convergent Validity

Convergent validity is determined by the degree to which one measure correlates favorably with other measures of the same variable. Average variance extracted (AVE) values greater than 0.50 have convergent validity. The criteria used to evaluate the measurement model's convergent validity include the AV, the reliability of the items, which is the Cronbach's alpha (α), and the composite reliability (CR). Values above .70 confirm the internal and construct consistency (dos Santos & Cirillo, 2023). As shown in Table 2, the constructs are reliable.

Table 2. Reliability and Validity Analysis

	Factor Loading	A	CR	AVE	VIF
PPC1	0.810				2.362
PPC2	0.830	0.886	0.888	0.637	2.405
PPC3	0.818				2.133
PPC4	0.714				1.635
PPC5	0.809				2.051
PPC6	0.804				1.979
CT1	0.883				2.982
CT2	0.818	0.907	0.911	0.729	2.140
CT3	0.864				2.683
CT4	0.828				2.241
CT5	0.874				2.812
ET1	0.802				1.701
ET3	0.810	0.822	0.822	0.652	1.771
ET4	0.821				1.802
ET5	0.796				1.715
RI1	0.807				2.201
RI2	0.898				3.703
RI3	0.868	0.918	0.919	0.753	3.293
RI4	0.893				3.742
RI5	0.870				3.245

PPC-Perceived Physician Communication, CT-Cognitive Trust, ET-Emotional Trust, RI-Revisit Intention; α -Cronbach's Alpha; CR-Composite Reliability; AVE-Average Variance Extracted

Discriminant Validity

The ability of a variable to differentiate itself from other variables is critical for

demonstrating discriminant validity. As seen in Table 3, discriminant validity is achieved when the AVE is larger than the inter-construct correlations.

Table 3. Discriminant Validity

	CT	ET	PPC	RI
CT	0.854			
ET	0.477	0.807		
PPC	0.724	0.648	0.798	
RI	0.437	0.72	0.532	0.868

PPC-Perceived Physician Communication, CT-Cognitive Trust, ET-Emotional Trust, RI-Revisit Intention

Structural Model Assessment

Structural model assessment is a process used in SEM to evaluate the relationships between variables in a theoretical framework. It helps determine whether the hypothesized relationships between latent constructs (unobserved variables) and their indicators (measured variables) are statistically valid (Hair et al., 2021).

Hypotheses Test

The path coefficient results are presented in Table 4. The results show that perceived physician communication positively affects cognitive and emotional trust ($\beta = 0.724$, $t = 16.647$, $p < 0.01$, and $\beta = 0.648$, $t = 12.809$, $p < 0.01$) respectively. Therefore, H1 and H2 are supported. Cognitive trust had no association with revisit intention ($\beta = 0.098$, $t = 1.388$, $p > 0.05$). Thus, H3 is not supported. Emotional trust was positively related to revisit intention ($\beta = 0.645$, $t = 10.092$, $p < 0.01$). Hence, H4 is supported. Lastly, the results revealed that perceived physician communication has no association with revisit intention ($\beta = 0.044$, $t = 0.541$, $p > 0.05$). Hence, H5 was not supported.

Table 4. Hypotheses Testing

	Path	β	Mean	Standard deviation	T statistics	P values	Decision
H1	PPC \rightarrow ET	0.648	0.65	0.051	12.809	0.000	Supported
H2	PPC \rightarrow CT	0.724	0.723	0.043	16.647	0.000	Supported
H3	CT \rightarrow RI	0.098	0.098	0.071	1.388	0.165	Not supported
H4	ET \rightarrow RI	0.645	0.645	0.064	10.092	0.000	Supported
H5	PPC \rightarrow RI	0.043	0.044	0.079	0.541	0.588	Not supported

PPC-Perceived Physician Communication, CT-Cognitive Trust, ET-Emotional Trust, RI-Revisit Intention

Mediation Analysis

Table 5 displays the results of the mediation analysis. Although the direct relationship between perceived physician communication and revisit intention was not supported ($\beta = 0.043$, $t = 0.531$, $p > 0.05$), the indirect effect through emotional trust was found to be supported ($\beta = 0.418$, $t = 7.966$, $p < 0.01$). Hence, the findings indicate full mediation. This demonstrates that perceived physician communication influences revisit intention through emotional trust. H8 is therefore supported. However, the indirect effect through cognitive trust was not supported ($\beta = 0.072$, $t = 1.349$, $p > 0.05$). H9 is therefore not supported.

Table 5. Indirect Effects

		β	Mean	Standard deviation	T statistics	P values	Decision
H8	PPC \rightarrow ET \rightarrow RI	0.418	0.418	0.052	7.966	0.000	Supported
H9	PPC \rightarrow CT \rightarrow RI	0.072	0.069	0.053	1.349	0.178	Not supported
Direct Effect							
	PPC \rightarrow RI	0.043	0.047	0.081	0.531	0.596	
Total Effect							
	PPC \rightarrow RI	0.533	0.534	0.059	9.034	0.000	

PPC-Perceived Physician Communication, CT-Cognitive Trust, ET-Emotional Trust, RI-Revisit Intention

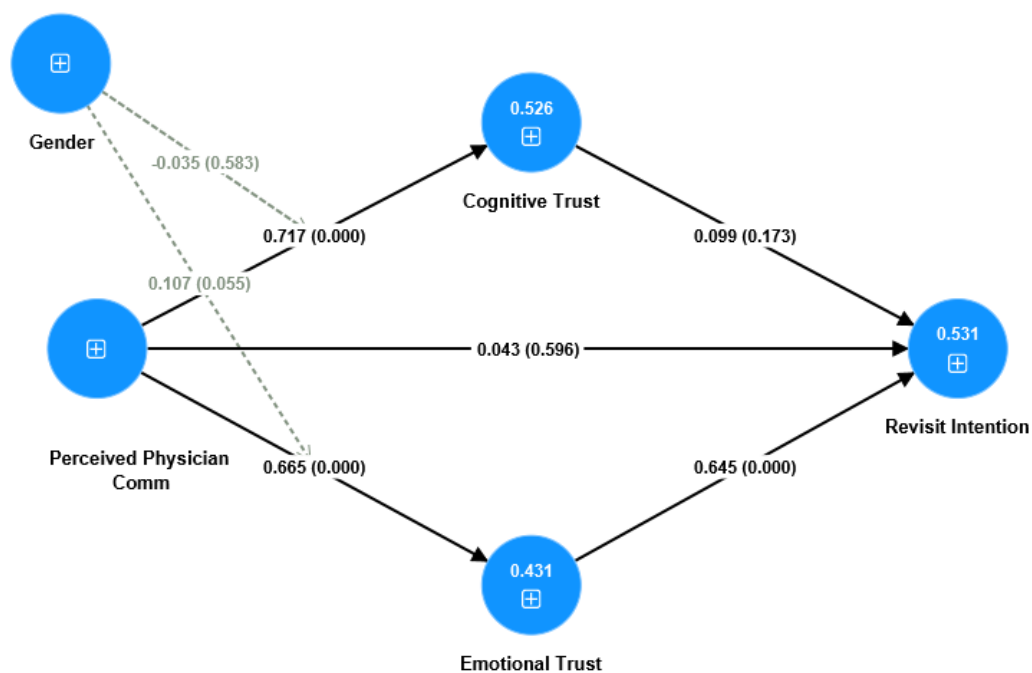
Moderation Analysis

The study also examines the moderating effect of gender on the relationship between perceived physician communication and the two dimensions of trust as revealed in Table 6. The result indicates that there is no moderating effect of gender on the relationship between perceived physician communication and emotional trust ($\beta = 0.069$, $t = 1.853$, $p > 0.05$) and cognitive trust ($\beta = -0.003$, $t = 0.436$, $p > 0.05$).

Table 6. Moderation Analysis

		β	Mean	Standard deviation	T statistics	P values	Decision
H6	Gender x PPC \rightarrow ET \rightarrow RI	0.069	0.071	0.037	1.853	0.065	Unsupported
H7	Gender x PPC \rightarrow CT \rightarrow RI	-0.003	-0.004	0.008	0.436	0.663	Unsupported

PPC-Perceived Physician Communication, CT-Cognitive Trust, ET-Emotional Trust, RI-Revisit Intention

**Figure 2.** Structural Model-Path Coefficient

Discussion

This present study is grounded in the pathway model, which suggests that patient-provider communication impacts health outcomes through direct and indirect effects and the social role theory, which provides a framework for understanding how societal norms and roles influence behavior and relationships. These theories provide a comprehensive framework for understanding the interaction between physician-patient communication, trust, and revisit intention.

The patients' perceptions of physician communication skills have been identified as a factor influencing healthcare outcomes (Gu et al., 2022). This paper is among the few that examine the mediating effect of two dimensions of trust in this relationship. The findings revealed that perceived physician communication affects both emotional and cognitive trust. This finding aligns with the existing research on the significance of these factors in physician-patient interaction (Du et al., 2020; Wang et al., 2022). Patients develop confidence in their physicians' skills to deliver adequate treatment and make informed choices when they perceive them to be competent and knowledgeable. This sense of competence strengthens cognitive trust. The establishment of trust is contingent upon competence, as patients require assurance that their healthcare provider possesses the necessary skills and abilities to address their medical requirements effectively. Patients feel secure and confident and in safe hands when they believe the healthcare providers are competent (Westerling et al., 2022). Patients also tend to develop emotional trust in physicians if they perceive they are empathetic, caring, and attentive to their emotional needs. Establishing an emotional connection and interaction between the patient and physician fosters a sense of ease and safety in the relationship (Lansing et al., 2023).

Contrary to expectations, the study found that gender had no moderation effect on the relationship between perceived physician communication and trust dimensions. This finding aligns with the notion that evolving gender norms and increasing healthcare literacy are diminishing traditional differences in communication preferences. In modern healthcare settings, both male and female patients increasingly expect clear, empathetic, and patient-centered communication from physicians, which may explain the lack of a significant gender effect (Peimani et al., 2023; Prasad et al., 2021). Furthermore, increased workforce diversity and gender inclusivity in medicine have minimized gender-based preferences, as both male and female providers are now trained to adopt a balanced communication approach, reducing the likelihood of gender-based trust formation patterns (Masibo et al., 2024). While the social role theory traditionally explains gender differences in communication preferences, the study's findings suggest that these differences may be less pronounced in contemporary healthcare interactions. As societal gender roles become more fluid, factors such as physician competence, clarity, and empathy may override gender-based expectations in shaping trust. This finding suggests that patient-centered communication approaches are universally valued regardless of gender.

A positive effect was observed between emotional trust and the intention to revisit, which highlights the interconnected nature of these factors. This is in line with the findings of Lee (2021b) which highlight that patients who trust their physicians based on emotional connection rather than competence alone have a greater tendency to revisit.

The non-significant indirect relationship between perceived physician communication and revisit intention through cognitive trust suggests that patients' cognitive evaluations of communication, such as perceptions of competence, may not directly influence

their intention to revisit. This finding aligns with previous studies indicating that patients do not necessarily return to a physician simply because they communicate well, but because they develop an emotional bond and feel genuinely cared for (Mohd Isa et al., 2019). It indicates that cognitive trust alone may not be the primary driver behind patients' decision to seek future care with a specific physician. In healthcare interactions, patients seek emotional security and reassurance, which are reinforced through trust (Heyn et al., 2023). The significant mediating role of emotional trust suggests that the emotional bond and sense of comfort established through physician communication are crucial drivers of revisit intention. This highlights the role of physicians in building trust through patient-centered communication strategies that go beyond technical explanations and address emotional needs and concerns. The finding is in line with previous research emphasizing the importance of the affective component in healthcare interactions. Heyn et al. (2023) highlight the importance of benevolence in healthcare communication. Similarly, Chen et al. (2022) point out in their study that expertise alone is directly linked with physician-patient conflict, but affectionate communication is positively associated with patient satisfaction and loyalty. This finding highlights the significance of fostering positive emotional experiences and building trust in the patient-provider relationship. Moslehpour et al. (2022) found a significant difference between 'interpersonal' communication and 'content' communication regarding patient satisfaction in physician-patient interaction. Healthcare providers should prioritize the development of empathetic communication skills and create a supportive and compassionate environment. By demonstrating genuine care and understanding, healthcare providers can enhance emotional trust, ultimately influencing patients' intention to revisit (Ai et al., 2022). Trusting that the physician possesses the necessary knowledge, skills, and expertise to provide appropriate care creates a sense of reliability and confidence in the patient. This belief in the physician's competence leads patients to prefer continuing their care with the same physician, as they trust that their healthcare needs will be effectively addressed (Sharkiya, 2023). The emotion-based trust also plays a significant role. Trustworthy doctors exhibit empathy, actively listen to patients' concerns, and demonstrate genuine care and compassion. This emotional connection creates a sense of attachment to the physician, increasing the intention to revisit (Arakelyan et al., 2021).

Our finding that perceived physician communication skills had no direct association with revisit intention is contrary to the findings of Park et al. (2021). However, the total effect was supported when analyzed with cognitive and emotional trust as mediators. This result is noteworthy as it suggests that the effect of physician communication on revisit intention is not straightforward and may be impacted by other factors. While effective communication is often recognized as a relevant aspect of patient care, it may not be the only factor influencing patients' intention to return to the same physician. Other factors, such as trust level, may influence revisit intention (Park et al., 2021). Despite the results obtained for the proposed hypothesis, they do not diminish the significance of effective communication in healthcare. Thus, healthcare practitioners should prioritize improving their communication skills to offer patient-centered care.

Theoretical Contributions

This study reinforces the distinction between emotional trust and cognitive trust,

as proposed by McAllister 1995). The results indicate that emotional trust has a more significant effect in influencing patient revisit intention than cognitive trust. This aligns with research suggesting that in healthcare settings, patients prioritize relational and emotional bonds over purely competence-based assessments (Chen et al., 2022). Thus, this study expands the understanding of trust formation in healthcare by emphasizing that patients' revisit behavior is driven by emotional trust rather than just cognitive evaluations of physician competence. The findings support the pathway model of patient-provider communication (Street et al., 2009), which suggests that communication impacts health outcomes indirectly through intermediate factors like trust. The full mediation of emotional trust in the physician communication–revisit intention link confirms that effective communication alone is not sufficient; it must build emotional trust for behavioral outcomes like patient loyalty. This study also demonstrates that patients' behavioral intentions are not merely transactional but relational. Our findings suggest that patient behavior is significantly influenced by emotional connections formed during physician interactions.

Practical Contributions

Healthcare providers should establish feedback mechanisms to actively solicit patient feedback on their communication experiences to create room for improvement. This can be achieved through patient satisfaction surveys or online platforms for patient reviews. The hospital management contributes to building a culture that values effective communication (Ellis et al., 2023). Organizations can facilitate positive patient-physician communication by prioritizing patient-centered care, promoting open and transparent communication practices, and providing resources and training opportunities for physicians (Fukami, 2024). The training should incorporate emotional intelligence training as part of professional development programs for healthcare providers. It should focus on recognizing patient emotions, responding empathetically, and managing sensitive conversations that contribute to emotional trust formation. Hospitals can implement simulation-based training, where physicians practice communication in emotionally charged scenarios (e.g., delivering difficult diagnoses) (Elendu et al., 2024). Managers should acknowledge and reward healthcare professionals who demonstrate exemplary communication skills and consistently receive positive patient feedback. Other strategies include encouraging continuity of care, where patients see the same physician over multiple visits, as this can enhance emotional bonds. Implementing patient follow-up systems (e.g. post-visit calls or messages) to check on patient well-being can reinforce trust (Haggerty et al., 2013).

Limitations and Future Research

This study is not without limitations. The data collected relied on self-report measures, subject to potential biases such as social desirability or recall bias. Despite efforts to ensure confidentiality and anonymity, respondents may have provided responses they felt were anticipated or socially desirable. Future studies could incorporate multiple data collection methods to provide a more comprehensive understanding of patient perceptions. The study found that gender had no moderating effect on the relationship between perceived physician communication and two dimensions of trust, which does not rule out

the possibility of gender variations in communication preferences or trust formation (Id et al., 2022; Peimani et al., 2023). These findings emphasize the need for further investigation to clarify the role of gender in trust formation and its interaction with perceived physician communication. Due to the complexity of gender as a construct, it is also necessary to account for overlapping elements, including race, socioeconomic status, and cultural background, to understand how gender affects communication and trust comprehensively.

Conclusion

The present study revealed the influence of perceived physician communication skills in shaping patients' revisit intentions. According to the findings, effective physician communication is vital in building both cognitive and emotional dimensions of trust and ultimately increasing patients' intention of returning for future medical consultations. This emphasizes the need for healthcare providers to focus not only on enhancing cognitive trust through clinical knowledge and technical skills but also on developing strong interpersonal skills by cultivating a supportive and empathetic demeanor which can create a positive emotional environment that enhances patient trust and positive behavioral intentions. This research highlights the need to provide all patients with equitable care experiences, emphasizing the need to use clear and empathetic communication strategies that promote awareness and trust across genders. By giving priority to fundamental communication skills that benefit all genders equally, healthcare professionals can optimize training programs and more effectively allocate resources, eventually leading to improved patient experiences and outcomes across a range of demographics.

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Appendix

Table A1. Construct Definition, Operationalization, and Measurement Items

Construct/ Dimensions	Operational Definition	Items	Source
Perceived physician communication	Patients' evaluation of their physician's ability to convey information, show empathy, and address concerns during medical consultations.	1. When I visited the hospital, my doctor gave me enough time. 2. When I visited the hospital, my doctor helped me decide the course of action. 3. When I visited the hospital, my doctor rarely interrupted me when I am describing the symptoms. 4. When I visited the hospital, my doctor asked probing questions. 5. When I visited the hospital, my doctor clarified my doubts.	(Mehra and Mishra, 2021)

		6. When I visited the hospital, my doctor advised me on future course of action.	
Emotional trust	Emotional trust is the confidence in someone's care and support enhancing feelings of safety and emotional connection.	1. My doctor's medical skills are not as good as they should be. 2. I completely trust my doctor's decisions about which medical treatments are best for me. 3. Sometimes my doctor does not pay full attention to what I am trying to tell him/her. 4. I have no worries about putting my life in my doctor's hands. 5. All in all, I have complete trust in my doctor.	(Feng et al., 2022; Chen et al., 2020)
Cognitive trust	Cognitive trust is the confidence in someone's reliability and competence based on rational evaluation and evidence.	1. My doctor will do whatever it takes to provide me all the care I need. 2. Sometimes my doctor cares more about what is convenient for him/her than about my medical needs. 3. My doctor is extremely thorough and careful. 4. My doctor is totally honest in telling me about all of the different treatment options available for my condition. 5. My doctor only thinks about what is best for me.	(Feng et al., 2022; Chen et al., 2020)
Revisit intention	Revisit intention is the likelihood or willingness of a customer to return to a service based on past experiences.	1. I am likely to revisit my doctor in the near future. 2. I am encouraged to revisit my doctor in the near future. 3. I look forward to revisiting my doctor in the near future. 4. I intended to revisit my doctor in the near future. 5. I always look forward to visiting my doctor again.	(Che et al., 2015)