

Collaborative Governance of Public Health: A Cultural and Ethical Perspective on Predicting Citizens' Trust in Public Health Services During Medical Emergencies

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Abstract: Over the years, citizens' expectations of the healthcare sector have increased, especially after the sudden outbreak of COVID-19. Additionally, citizens are becoming more conscious of having a healthier lifestyle based on several environmental and economic issues prevailing worldwide. Hence, empirically testing the predictors of providing excellent public healthcare services and enhancing the resultant citizens' trust in such services is of utmost significance. Simultaneously, the critical role of healthcare workers' capacity in providing quality services to patients in public health institutions and improving healthcare services to develop citizens' trust needs has been considered in this study. Based on a quantitative survey, the current study collected data from 460 individuals regarding three collaborative governance practices and resultant improved public healthcare services. The results revealed the significance of all three collaborative governance of public health practices. Citizen participation was the most impactful, followed by democratic accountability and procedural legitimacy. The study results are valuable to practitioners, policymakers, healthcare service providers, and governments. Among the recommendations are that collaborative governance practices should be developed, the healthcare system should be decentralized to provide the best services to citizens, and public healthcare workers' capabilities should be improved by providing proper training.

Keywords: Collaborative governance, public health, accountability, procedural legitimacy, citizens, participation, trust.

After the emergence of global competition in the healthcare industry, patients are more curious about healthcare services provision (Bhatia, 2021), and there is a continuous evolution regarding traditional health-seeking behaviors based on increasing demand for healthier lifestyles (Amirudin et al., 2021). Compared to developed countries, developing nations face a scarcity of medical facilities and healthcare challenges related to high-cost medical care (Adeniji et al., 2021). The unbalanced doctors-patient ratio worldwide significantly impacts healthcare systems (Alam et al., 2022).

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Regarding service providers in developing nations, two types of systems are operating: private and public healthcare institutions/hospitals. Private hospitals commonly have more funds to provide patients with standard service quality (Fatima et al., 2018). In contrast, public hospitals follow government rules and regulations, are government funded, and provide free medical facilities to citizens (Bella et al., 2021). Due to the low economic power of the people in developing nations, they mostly rely on public hospitals (Rachas et al., 2022). Even so, people expect quality services from public hospitals based on increasing health consciousness and healthier lifestyle intentions (Suprpto et al., 2021). Hence, the importance of improving public healthcare facilities has increased over time.

The sudden outbreak of COVID-19 brought several health challenges worldwide (Kim, 2022). Governments all over the globe realized that the existing healthcare systems in most countries were not ready to deal with the drastic impacts of COVID-19 (Mansoor, 2021). As a result, millions of people lost their lives. This pandemic raised several questions about the potential of the healthcare sector to handle emergencies and drastic situations immediately (Mbunge et al., 2022).

Public hospitals in different developing nations have undertaken initiatives to cater to citizen needs and provide standard healthcare services to the masses. In this setting, collaborative governance of public health has significantly improved public health services in most parts of the world (Huang, 2020). The collaborative governance of public health reflects the combined working of government, public healthcare institutions, and citizens to achieve the highest-standard healthcare facilities available to the masses (Criado & Guevara-Gómez, 2021).

Previously several studies have asserted the significance of collaborative governance in the joint production of solutions and reserves via consensus-seeking multilateral deliberative orientations toward joint productions (Meier & García, 2021; Mukhlis & Perdana, 2022; Sullivan et al., 2019). However, the integration of collaborative governance in the healthcare system has been given scant attention (Criado & Guevara-Gómez, 2021). Hence, the primary purpose of the current study is to analyze the significance of collaborative governance of the public healthcare system in enhancing and improving the healthcare facilities resulting in a higher trust of the citizens in public healthcare services.

To achieve this purpose, the collaborative governance of public health in the form of democratic accountability, procedural legitimacy, and degree of citizens' participation in healthcare services were considered as potential direct and indirect predictors of citizens' trust via an underlying mechanism of improved public healthcare services. Additionally, considering the significant role of healthcare workers in providing quality healthcare services (Windarwati et al., 2021), the current study examined the contingent role of healthcare workers' capacities in enhancing improved public healthcare services in developing and augmenting citizens' trust in public healthcare services.

The current study was conducted in the developing nation of Indonesia, which has experienced continuously enhanced demands for improving the healthcare sector and increased healthcare expenditures in the last few decades (Handayani et al., 2021). Despite several favorable factors making Indonesia a good place to live, its healthcare system does not meet international standards and has many deficiencies (Octavius & Antonio, 2021).

Indonesia is a highly populated nation with limited economic growth (Yusri, 2022). Hence, most citizens rely on public healthcare services based on their limited capacity to pay for expensive private healthcare services (Lestari et al., 2021). Hence, it is of utmost significance to examine the predictors of citizens' trust in public healthcare services to improve their well-being and satisfaction with life (Correia et al., 2021). Therefore, the current study aims to examine

- The influence of collaborative healthcare governance, i.e., democratic accountability, procedural legitimacy, and degree of citizens' participation in improved public healthcare services and enhance citizens' trust;
- The underlying mechanism of improved public healthcare services between collaborative public healthcare governance and citizens' trust in public healthcare services; and
- The moderating role of healthcare workers' capacity in interacting with the improved public healthcare sector to determine citizens' trust in public healthcare services.

Literature Review and Theoretical Framework

Collaborative Healthcare Governance, Public Healthcare Services, and Citizens' Trust

Accountability is prominent in good governance practices (Ahmed et al., 2022). Accountability reflects the responsibility of an individual or an institution to perform the specific duties or responsibilities assigned to them (Lozano et al., 2021). Simultaneously, in terms of public health services, when institutions are accountable for providing quality health services to the people, their performance is automatically enhanced (Rana et al., 2022). Ahmed et al. (2022) demonstrated the significance of democratic accountability in dealing with economic complexities and growth by mitigating ecological footprint effects. At the same time, Lozano et al. (2021) explained the way democratic accountability emerged as a protective shield against global crises as a result of COVID-19. In comparison, the current study considered the role of democratic accountability in improving public healthcare services and citizens' trust based on continuous check-in balances and self-responsible assumptions of the public healthcare sector.

Procedural legitimacy reflects the laws and regulations that governments impose to promote the smooth functioning of institutions to serve the public's best interests (Demir et al., 2020). Studies have reflected the significance of procedural legitimacy in establishing a law-and-order situation in a country (Schmidt & Wood, 2019). Likewise, Bolger and Walters (2019) reported procedural legitimacy's significance in stakeholder consultations. The current study extends previous findings in terms of public health services, and it postulates the significance of procedural legitimacy in improving the healthcare system in a developing nation by enhancing citizens' trust and such a system.

Previously scholars have highlighted the importance of citizens' participation in government decision-making processes to develop trust in the government (Mansoor, 2021). While participating in government decisions regarding the general public with continuous interaction with government officials, citizens feel privileged and trust their governments because they are sincere with the public and transparently work in the people's best interests (Dong & Kübler, 2021). In such situations, citizens rely on public institutions for fair decisions and consider public institutions the best optimal solutions to their problems.

The same is the case with healthcare services, where people with limited facilities cannot afford the high cost of private medical institutions (Mbunge et al., 2022). In such situations, when they are confident about the facilities provided by public institutions, based on a continuous flow of information to citizens, citizens feel privileged and believe in enhanced public healthcare services (Tortorella et al., 2020). This information flow further develops a level of trust among them to use those services and selflessly work for the best interest of their countries (Galetsi et al., 2022). Hence, considering good governance practices in the healthcare sector, the following hypotheses are posited:

H1: There is a positive association of (a) democratic accountability, (b) procedural legitimacy, and (c) degree of citizens' participation with citizens' trust in public healthcare services.

H2: There is a positive association of (a) democratic accountability, (b) procedural legitimacy, and (c) degree of citizens' participation with improved public healthcare services.

Improved Public Healthcare Services

Several factors impact healthcare services, especially in the public sector, including healthcare worker competence (Gray et al., 2019), the provision of facilities for patients, the availability of funding specifically for public institutions (Rachas et al., 2022), and the presence of healthcare achievements (Gleiss et al., 2021). The introduction of digital technologies is among the most significant predictors of improved healthcare services (Mbunge et al., 2022).

In terms of public healthcare institutions, governments play a vital role in providing sufficient healthcare services to citizens, which is multifold in the case of developing nations (Pavolini et al., 2018). In most developing nations, people's purchasing power and economic status are inferior, so they heavily rely on public healthcare services. Therefore, in addition to the educational system, the government must focus on the healthcare system to deal with medical emergencies and fulfill the public's needs.

The sudden outbreak of COVID-19 exposed the healthcare system of many nations and increased the need to improve and provide the necessary equipment to the medical centers to provide quality services to citizens (Mbunge et al., 2022). Research shows that the quality of public institutions' services determines the level of trust among the people for those institutions (Van de Walle & Migchelbrink, 2022). Applying this phenomenon of citizens' enhanced trust in public healthcare services based on the functioning of those healthcare centers, the following hypothesis is posited:

H3: Improved public healthcare services positively affect citizens' trust in such services.

Improved Public Healthcare Services as a Mediator

Previously research reports that the services of public institutions are regarded as the bridge between good governance practices and establishing citizens' trust in government/public institutions (Chudhery et al., 2022). In this context, Mansoor (2021) asserted the significance of public institutions, accountability, responsibility, and transparency in establishing trust among the citizens via government responsiveness and improved services while dealing with the COVID-19 crisis. Simultaneously, Hartanto et al. (2021) demonstrated that good governance practices result in the responsiveness of public institutions. As a result, they perform their duties in the people's best interest, resulting in enhanced citizens' trust in those public institutions. The current study was established along the same line of research, considering improved public health services as an underlying mechanism between the collaborative governance in the healthcare sector, in the form of democratic accountability, procedural legitimacy, and degree of citizens participation to enhance the citizen's trust in public healthcare services funded by the governments. Hence, the following hypothesis is posited:

H4: Improved public healthcare services mediate the association of (a) democratic accountability, (b) procedural legitimacy, and (c) degree of citizens' participation with citizens' trust in public healthcare services.

Public Health Workers' Capacity as a Moderator

Employees play a vital role in making an institution successful based on their performance and commitment to their work (Weber et al., 2020). Scholars have conducted several studies in different sectors, including education, regional autonomy, support, welfare services, etc. (Afshari & Hadian Nasab, 2021; Bhardwaj et al., 2021; Golden et al., 2021). At the same time, Golden et al. (2021) explained the significance of healthcare workers' competence in service delivery and sincerity towards their profession in advancing patients' trust in their services.

The capacity of healthcare workers reflects the potential to apply their knowledge and experiences to serve the nation by providing them with the best healthcare (Bella et al., 2021). These capacities can be measured regarding their intellectual capabilities in treating patients with different illnesses (O'Neal et al., 2021).

Healthcare workers' intentions to use the available resources in the best possible manner to resolve the issues of citizens facing mental and physical illnesses also reflect their best utilization of capabilities (O'Neal et al., 2021). The current study extended previous findings linked with utilizing individuals' capabilities in different sectors as essential predictors of citizens' satisfaction and trust in the system. The current study considered the contingent rule of healthcare workers operating in the public sector medical institutions to enhance and multiply the effect of improved public healthcare services in developing and enhancing citizens' trust in such services and good governance practices. Based on these logical arguments from the literature, the following hypothesis is posited:

H5: Public health workers' capacity acts as a moderator between the association of improved public healthcare services and citizens' trust such that the relationship is higher in the case of the higher capacity of public health workers.

Theoretical Framework of the Study

The theoretical framework presented in Figure 1 offers a roadmap toward achieving a world where citizens have unwavering trust in public healthcare services, even during the most challenging medical emergencies. By focusing on collaborative healthcare governance, including democratic accountability, procedural legitimacy, and citizens' participation, public healthcare services can be improved, increasing citizens' trust in the system. The mechanism underlying this relationship is simple yet powerful: citizens' trust in the healthcare system increases when they receive high-quality healthcare services. The framework also acknowledges that healthcare workers' capacity is critical in determining how collaborative healthcare governance can influence citizens' trust in public healthcare services.

Methodology

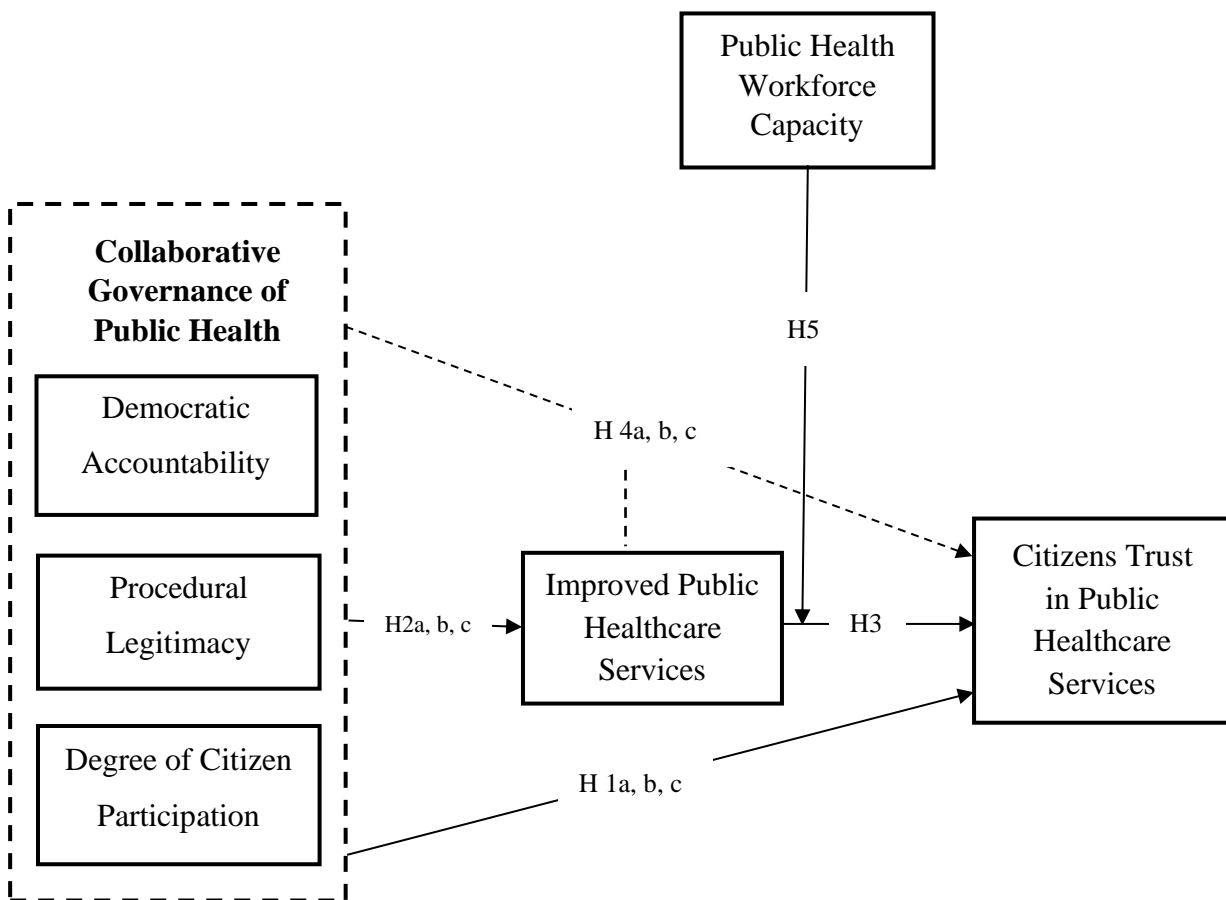
The data for the current study were collected using a cross-sectional research methodology. To fulfill the study's objectives, we narrowed the scope to the public healthcare sectors in West Nusa Tenggara province, Indonesia. Among all the public healthcare centers, the researchers chose ten healthcare centers using a nonprobability random sampling technique. These hospitals were located in Lombok City, Indonesia, or the nearby cities within the

jurisdiction of West Nusa Tenggara province, Indonesia. For data collection, researchers visited all the selected healthcare institutions. They approached the administrative departments to take formal consent to survey the patients visiting those healthcare centers/hospitals. After taking formal consent from the administrative departments' researchers visited different wards, including cardiology, surgery, gynecology, general medical, and emergency wards.

Regarding sample size, researchers followed (Nunnally, 1978) guidelines, and he asserted to collect data with a multiple of 10 for the total items measuring all the study constructs. Because the total number of items in the current study was 28, 280 responses were considered appropriate for the analysis. However, the researchers opted to oversample and visit all the selected healthcare centers multiple times.

All patients admitted to different wards for more than two days, and outdoor patients facing medical emergencies were approached. They were asked to participate in the survey after explaining its purpose. Those willing to participate in the survey were further handed over the questionnaire consisting of 28 items. Responses were gathered from Month, day, year to Month, day, year. Of the 690 approached patients, the authors collected data from 460 with complete questionnaires, generating a response rate of 66.67%.

Figure 1
Theoretical framework of the study



Note. Visual representation of the theoretical framework created by the authors.

Participants

Demographic characteristics of the respondents indicated that 51.2% of the participants were male and 48.8% were female, reflecting an almost equal distribution of participants in terms of gender. The average age of the participants was 41 years (SD=12). The education matrix of participants reflected that 39.7% were undergraduates, 33.2% were graduates, and 27.1% were postgraduates and above. Besides, respondents were employed in the public and private sectors (43.5%), and the remaining were students (22.4%), businessmen (17.4%), retired personnel (9.2%), or homemakers (8.5%).

Study Measures and Model

To measure the collaborative governance of public health, a scale was adapted from Criado and Guevara-Gómez (2021), with 4 items measuring democratic accountability and 3-items measuring procedural legitimacy and degree of citizen participation. Improved public healthcare services were measured with 10 items adapted from Fatima and colleagues (2018). Citizens' trust in public health services was measured with 5 items adopted from Correia and colleagues (2021). Finally, we adopted the 3-item scale of Wilson et al. (2021) to measure public health workforce capacity. See Table 1 for the items. Besides, a five-point Likert scale (1= strongly disagree to 5= strongly agree) was used.

Table 1
Statements Used in the Survey

Scale	Statement	Source
Democratic Accountability		Criado and Guevara-Gómez (2021)
DA1	Have you ever experienced difficulty accessing healthcare services due to your gender, race, ethnicity, or socioeconomic status?	
DA2	Do you feel that your government is doing enough to provide access to quality healthcare services for all citizens?	
DA3	Have you ever felt pressured or intimidated by healthcare officials not to speak out about issues of concern related to healthcare?	
DA4	Do you feel that healthcare officials in your country are held accountable for their actions and decisions related to healthcare services?	
Procedural Legitimacy		Criado and Guevara-Gómez (2021)
PL1	Did you understand the medical information provided?	
PL2	Were you involved in decisions about your care?	
PL3	Were you treated fairly and without bias?	
Degree of Citizen Participation		
DOCP1	Are you involved in decision-making processes during the treatment?	
DOCP2	Was information about medical decision-making processes easily accessible?	
DOCP3	Were there mechanisms for citizens to provide feedback on public healthcare sector decisions and services?	

Improved Public Healthcare Services		Fatima, Malik, and Shabbir (2018)
IPHS1	Did you experience a decrease in waiting time for appointments?	
IPHS2	Did you have better access to healthcare services?	
IPHS3	Were healthcare facilities and equipment improved?	
IPHS4	Were there more healthcare professionals available to provide care?	
IPHS5	Did you receive better quality healthcare services?	
IPHS6	Were you satisfied with the level of care you received?	
IPHS7	Did you experience any barriers to accessing healthcare services?	
IPHS8	Did you receive timely and accurate information about your medical condition and treatment options?	
IPHS9	Were you able to afford the healthcare services you needed?	
IPHS10	Would you recommend public healthcare services to others based on your recent experience?	
Citizens' Trust in Public Health Services		Correia, Ferrinho, and Andrade (2021)
CTPHS1	Do you trust the public health services to provide accurate and reliable information about health issues?	
CTPHS2	Do you believe the public health services prioritize the health and well-being of citizens?	
CTPHS3	Do you feel that public health services are responsive to citizens' healthcare needs?	
CTPHS4	Do you trust public health services to provide equitable access to healthcare services for all citizens?	
CTPHS5	Do you trust public health services to provide timely and effective healthcare services?	
Public Health Workforce Capacity		Wilson et al. (2021)
PHWC1	Do you feel that there are enough healthcare professionals available to provide quality healthcare services?	
PHWC2	Did you experience delays or difficulties in receiving healthcare services due to a lack of available healthcare professionals?	
PHWC3	Were you satisfied with the level of care you received from the healthcare professionals who provided services to you?	

Note: All answers were based on a 5-point Likert-type scale with 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, and 5= Strongly Agree.

Data Analysis and Results

The next step assessed the influence of participants' demographic characteristics on the dependent variables. The influence of participants' gender had a significant influence on citizens' trust in public health care services. Hence, it was controlled before proceeding with the regression analysis. At the same time to examine the measures' reliability and validity, researchers used Cronbach's α (CA) and composite reliability (CR) (Henseler et al., 2009; Noor et al., 2022). The results showed that all the values of the CR and CA were as per the recommended range, i.e., above 0.70, depicting the well-established validity and reliability of study measures (Table 2). The Average Variance Extracted (AVE) values were above the recommended value of 0.50 based on the factor loadings (See Figure 2) (Mansoor et al., 2022).

Thus, the results also confirmed the "convergent validity" of the research constructs (Hair et al., 2010).

Table 2
Factor Loadings, Reliability, and Validity

Constructs	Factor Loadings						AVE	CR	CA
	1	2	3	4	5	6			
Democratic Accountability							0.632	0.923	0.858
DA1	0.770								
DA2	0.779								
DA3	0.772								
DA4	0.737								
Procedural Legitimacy									
PL1		0.802					0.591	0.897	0.827
PL2		0.827							
PL3		0.734							
Degree of Citizen Participation							0.634	0.896	0.844
DOCP1			0.785						
DOCP2			0.700						
DOCP3			0.733						
Improved Public Healthcare Services							0.555	0.926	0.885
IPHS1				0.752					
IPHS2				0.763					
IPHS3				0.751					
IPHS4				0.779					
IPHS5				0.767					
IPHS6				0.787					
IPHS7				0.758					
IPHS8				0.747					
IPHS9				0.708					
IPHS10				0.806					
Citizens' Trust in Public Healthcare Services							0.543	0.856	0.807
CTPHS1					0.714				
CTPHS2					0.727				
CTPHS3					0.845				
CTPHS4					0.832				
CTPHS5					0.786				
Public Health Workforce Capacity							0.523	0.766	0.749
PHWC1						0.795			
PHWC2						0.739			
PHWC3						0.785			

Note: CR, composite reliability; AVE, average variance extracted; CA= Cronbach's α .

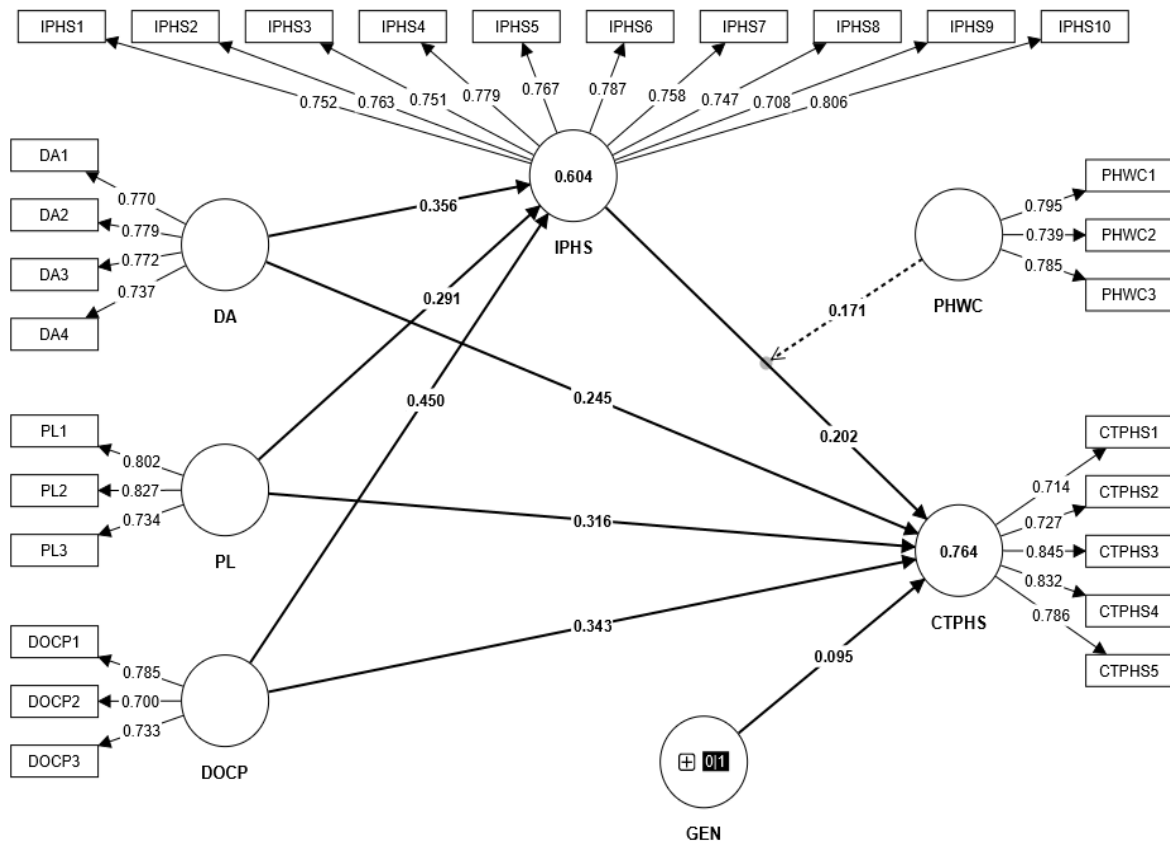
Additionally, scholars recommended assessing the Heterotrait-Monotrait (HTMT) ratio to measure constructs' discriminant validity (Henseler et al., 2015). The findings suggested that the HTMT ratio values were below 0.85 (Table 3). Hence, revealing no issues of multicollinearity among the study variables (Mansoor et al., 2021; Sarstedt et al., 2017).

Table 3
Heterotrait-Monotrait Ratio

Constructs	Mean	STD	1	2	3	4	5	6
Democratic Accountability	3.94	1.01	0.794					
Procedural Legitimacy	4.03	0.97	0.502	0.768				
Degree of Citizen Participation	4.11	0.91	0.440	0.487	0.796			
Improved Public Healthcare Services	4.08	0.96	0.489	0.545	0.430	0.744		
Citizens' Trust in Public Healthcare Services	3.81	1.15	0.541	0.630	0.522	0.566	0.736	
Public Health Workforce Capacity	3.90	1.10	0.522	0.611	0.502	0.513	0.598	0.723

Note: The square roots of AVEs of the constructs are shown in bold in diagonal.

Figure 2
Full Measurement Model



Hypothesis Testing

The Coefficient of Determination (R^2) was determined for hypothesis testing. The value of R^2 for improved public health care services was 0.604, and the R^2 for citizens' trust in public health care services was 0.764. These demonstrated a variance of about 60.4% and 76.4%, respectively, in the mediatory and dependent construct based on collaborative governance practices, including democratic accountability, procedural legitimacy, and degree of citizen participation.

Direct hypotheses

Results show that the collaborative governance practices, including democratic accountability ($\beta = .245^{**}$, $t = 4.157$), procedural legitimacy ($\beta = .316^{***}$, $t = 5.129$), and degree of citizen participation ($\beta = .343^{***}$, $t = 5.901$) significantly impacted citizens' trust in public health care services. Likewise, democratic accountability ($\beta = .356^{***}$, $t = 6.200$), procedural legitimacy ($\beta = .291^{**}$, $t = 4.979$), and degree of citizen participation ($\beta = .450^{***}$, $t = 7.893$) significantly impacted improved public health care services. Also, improved public healthcare services positively influenced citizens' trust ($\beta = .202^{**}$, $t = 3.067$). These results supported all direct hypotheses, i.e., H1a, b, c; H2a, b, c, and H3.

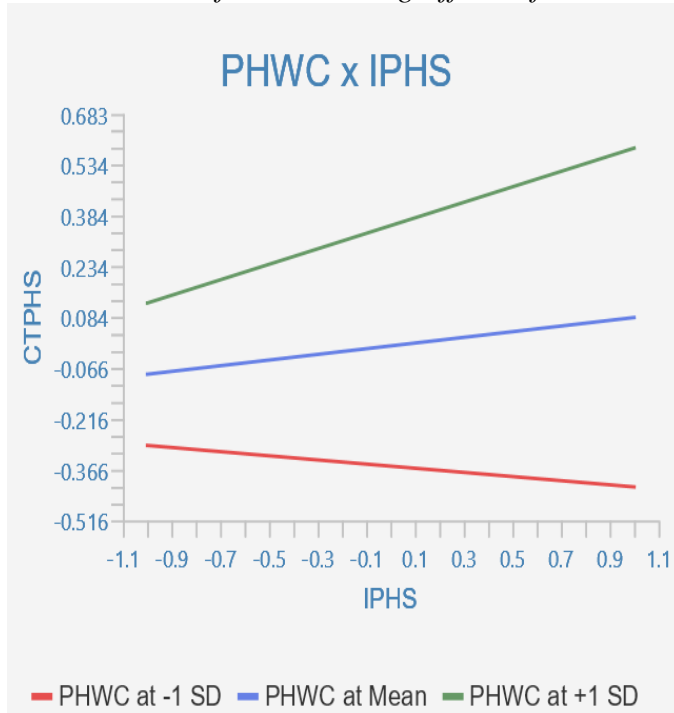
Mediating Hypotheses

In addition to the direct hypothesis, collaborative governance practices, including democratic accountability ($\beta = .249^{**}$, $t = 4.246$), procedural legitimacy ($\beta = .313^{**}$, $t = 5.007$), and degree of citizen participation ($\beta = .341^{**}$, $t = 5.854$) significantly impacted citizens' trust in public health care services via the mediatory role of improved public health care services. These results supported the mediation hypotheses H4a, b, and c.

Moderating Hypotheses

For calculating the moderating effect of the public health workforce capacity on the relationship of improved public health care services with citizens' trust, an interaction term was developed using a product indicator approach in SmartPLS v. 4.0 (Mansoor, 2021). Results supported the moderating effect of the public health workforce capacity. The results further showed that PHWC and IPHS significantly interact with each other to augment the CTPHS ($\beta = .171^{**}$, $t\text{-value} = 2.532$, $p < .01$). The R^2 for the main influence of improved public health care services on citizens' trust was 0.612. Comparatively, the interaction term PHWC*IPHS increased the R^2 value to 0.764. This change in R^2 value reflected an enhanced explanatory power of citizens' trust in public health care services of 15.2%.

The results in Figure 3 show that the line labeled for the higher capacity of the public health workforce for the association of improved public health care services with citizens' trust had a steeper gradient than the capacity of the public health workforce. This further reveals that citizens' trust in these healthcare institutions increases when healthcare workers in the public healthcare sector use their medical knowledge and experience with full capacity to treat patients. These results also supported hypothesis 5. Table 4 presents the hypothesis testing results.

Figure 3*Interaction Plot for Moderating Effects of Technical Support***Table 4***Hypothesis Testing Results*

Hypothesized relationships	Std. Beta	t-value	p-value	Supported
H1a DA→CTPHS	0.245	4.157	0.005	Yes
H1b PL→CTPHS	0.316	5.129	0.001	Yes
H1c DOCP→CTPHS	0.343	5.901	0.000	Yes
H2a DA→IPHS	0.356	6.200	0.000	Yes
H2b PL→IPHS	0.291	4.979	0.003	Yes
H2c DOCP→IPHS	0.450	7.893	0.000	Yes
H3 IPHS →CTPHS	0.202	3.067	0.009	Yes
H4a DA→IPHS→CTPHS	0.249	4.246	0.005	Yes
H4b PL→IPHS→CTPHS	0.313	5.007	0.001	Yes
H4c DOCP→IPHS→CTPHS	0.341	5.854	0.000	Yes
H5 PHWC*IPHS→CTPHS	0.171	2.532	0.011	Yes

Note. DA = Democratic Accountability; PL= Procedural Legitimacy; DOCP= Degree of Citizen Participation; IPHS=Improved Public Health Care Services; CTPHS Citizens' Trust in Public Health Care Services; PHWC= Public Health Workforce Capacity.

Discussion and Conclusion

Intending to present good public administration practices by the governments of developing nations, the current study focused on the predictors of providing the best healthcare services to citizens during medical emergencies. To achieve their purpose, the authors primarily relied on collaborative governance in the form of democratic accountability, procedural estimation, and the degree of citizens' participation in determining the level of healthcare services as a predictor of their well-being. Further, to fulfill the purpose of the study, the data collected via quantitative survey were analyzed. The result revealed that democratic

accountability significantly improves public healthcare services and enhances citizens' trust in public medical institutions and services. These results further reflect that when healthcare institutions are accountable for the funding they receive to provide the public healthcare services and equipment they are provided with to entertain the maximum number of citizens in the country, their performance is enhanced (Lozano et al., 2021). These findings can be related to the previous studies that asserted the significance of good governance practices in enhancing the public sector services, enhancing the citizens' trust in government institutions, functioning, and producing the best services (Mansoor, 2021; Samaratunge & Alam, 2021).

Simultaneously, results revealed that procedural legitimacy is also a significant conductor of citizens' trust in public healthcare services and improved healthcare services. Also, results show that governments with sound law and order situations and defined regulations linked with every sector are better positioned to satisfy their citizens by providing high-quality services. This satisfaction is further reflected in their trust in the government regarding different matters.

More importantly, along with devising different goals in regulation, their implementation is critical, which is procedural legitimacy. These findings can further be associated with the work of Bolger and Walters (2019) and Demir et al. (2020), who depicted that in developing nations, for the smooth functioning of various executions, the presence of transparent laws and regulations resolves many potential issues. Hence, in the case of Indonesia, where the government is already spending many funds in the healthcare sector, it is imperative to devise and monitor laws and regulations linked with the public healthcare institutions, to treat the citizens on an equivalent priority basis. It can develop and enhance trust in such a system, followed by the government's role in implementing regulations to maintain the law-and-order situation in the country.

The current study has also portrayed the significance of citizens' participation and governments' sensitive decision-making processes, which are mandatory for the citizens to follow. The results revealed the most substantial influence of citizens' participation and enhancing public healthcare services and also citizens' trust in public healthcare services. These results further articulate that when public health institutions are open to accepting the public's suggestions regarding improvements in healthcare services providing the best medical facilities, they are more satisfied with such services and trust such institutions for themselves and their families (Chudhery et al., 2022).

In addition to these direct associations, the current study also sets the underlying mechanism of improved healthcare services in transmitting the significance of good collaborative governance practices in enhancing citizens' trust in public healthcare services. Previously, these associations were not empirically tested by the researchers. Hence, it could be stated with the logical arguments that public healthcare institutions, with a higher element of democratic accountability, in the presence of defined laws and regulations and encouraging the participation of the citizens in the form of feedback and suggestions, can transmit improved public services to develop and enhance the citizen's trust.

Finally, the current study has uniquely assessed the contingent impact of healthcare workers' capacity in enhancing the significance of improved medical services in developing trust among citizens. These results can further be demonstrated by the fact that when healthcare workers apply that knowledge, skills, and experiences in the public's best interest, they win the public's trust regarding debt sincerity towards them. These results can further be related to the previous studies, which asserted the importance of employees' performance by utilizing their best capacities to enhance overall organizational productivity (Phuong & Vinh, 2021; Yadav & Dhar, 2021).

Theoretical Implications

Establishing good governance practices and collaborative governance, the current study is unique in presenting good public administration practices in devising the best healthcare facilities in developing nations. Simultaneously the current study considered three collaborative governance pillars in the form of democratic governance, procedural legitimacy, and degree of citizen participation, presenting the internal and external determinants of improved healthcare services.

Previous researchers asserted the significance of democratic accountability in reflecting the citizen's trust in good governance practices and political institutions (Hartanto et al., 2021; Mansoor, 2021). The current study extends the previous findings regarding the public health sector and postulates the significance of democratic accountability in improving public healthcare services and enhancing citizens' trust in such services.

Moreover, previously, researchers have asserted the significance of the collaboration of communities with government bodies to improve the functioning of certain public institutions (Mukhlis & Perdana, 2022). In contrast, the main focus of the current study was the degree of citizens' participation in terms of medical facilities available to them to not only provide their feedback and suggestions to improve those services but also continuously remain in contact with the government bodies via digital technologies to obtain their desired standards of the health system.

Finally, the current study modified the predictive rule of healthcare workers' capacity in a contingent role to enhance the already existing relationship of improved healthcare services quality in bringing trust among the citizens. These results further show that the healthcare workers' capacity has a catalyst power to improve certain relationships in the medical field.

Practical Implications

The current study's findings can be utilized by medical institutions, governments, and policymakers to devise practices prioritizing the public interest. For that purpose, they should decentralize the public healthcare system to different regions to enhance their significance and provide customized services according to the need of the area. This decentralization can also help provide equivalent medical facilities to the people living in different areas. For that purpose, the government can provide funds to the local governments and arrange different seminars and training programs for the individuals working at local administrative unit levels to improve their working capabilities so that the medical facilitators can fulfill the needs of the citizens. Considering the utmost significance of the capacities of the medical healthcare workers' different workshops and training programs for the healthcare workers continuously can be organized by the governments and regulatory bodies to differentially and fairly treat the patients regardless of their economic status to make them feel privileged of being served by the best medical workers in public hospitals. This process will regain the trust of the people in such medical institutions. Instead of taking the stress of affording private healthcare services, they will heavily rely on public healthcare services, ultimately resulting in the country's prosperity.

Limitations and Future Research Directions

In addition to the unique application of the public healthcare sector as a potential reflection of public healthcare policies, the current study has limitations that future researchers should consider. The current study relied on collaborative governance practices to improve the quality of healthcare systems in a developing nation. In contrast, good governance practices in

transparency, responsibility, and accountability can also be empirically tested to analyze to what extent they influence the public healthcare system in a country.

Second, only the contingent role of public healthcare workers' capacity was considered to develop trust among the citizens based on improved services. Future researchers can consider other factors like facilitating conditions, cultural values, and healthcare workers' personality characteristics as moderators to examine the impact of improved healthcare services in developing trust among the citizens.

Third, along with trust, the citizens' satisfaction level towards public healthcare services must also be analyzed for a better understanding of the success of the public healthcare services provided to the masses.

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