

## DETERMINANTS OF HOSPITAL PATIENT LOYALTY: THE ROLES OF PATIENT SATISFACTION, SERVICE QUALITY, HOSPITAL IMAGE, AND TRUST

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### ABSTRACT

*Introduction: The shift from volume-based care to value-based healthcare has made patient loyalty a strategic priority for hospitals, as loyal patients are more likely to return, recommend services, and sustain organizational performance. This review maps the most consistent factors associated with patient loyalty in hospital settings, focusing on service quality, patient satisfaction, hospital image, and trust. Methods: A scoping review was conducted following PRISMA-ScR/PRISMA 2020 guidance. Literature searches were performed for peer-reviewed articles published between 2016–2026. Studies were included if they examined hospital contexts and reported patient loyalty. Eligible studies were charted and synthesized narratively. Results: Evidence across included studies indicates that service quality consistently improves patient satisfaction, but its direct effect on loyalty is less stable and often becomes non-significant when satisfaction and/or trust are included, suggesting predominantly indirect pathways. Patient satisfaction is the most consistent predictor of loyalty and frequently mediates the relationship between service quality and loyalty. Trust repeatedly appears as a critical relational mechanism that strengthens loyalty and often mediates the effects of service quality and satisfaction. Hospital image contributes by shaping expectations and perceived credibility, sometimes exerting direct effects depending on context. Conclusion: Hospital patient loyalty is most robustly explained through a relational pathway where service quality → satisfaction → trust → loyalty, with hospital image reinforcing expectation formation and confidence. Managerial efforts should prioritize consistent service processes, clear communication, and patient safety to strengthen satisfaction and trust.*

**Keywords:** Patient Loyalty, Service Quality, Patient Satisfaction, Trust, Hospital Image, Value-Based Healthcare.

### INTRODUCTION

The healthcare service paradigm has progressively shifted from a traditional volume-based model toward a value-based approach. Within the value-based healthcare framework, the primary focus is placed on optimizing patient health outcomes while simultaneously ensuring efficiency and sustainability in healthcare costs. In this context, patient loyalty has emerged as a critical indicator of healthcare service performance and a strategic measure of successful hospital management. Loyal patients not only contribute to service continuity and financial stability but also reflect the effectiveness of value creation within healthcare organizations. Consequently, identifying and understanding the determinants of patient loyalty has become a central concern in contemporary hospital management research.<sup>1,2</sup>

From a relational perspective, patient loyalty represents a long-term commitment that is shaped by cumulative service experiences, perceived value, and emotional attachment to healthcare providers. Prior studies consistently position patient satisfaction as a key antecedent of loyalty, emphasizing its role in translating service encounters into favourable behavioural intentions. However, patient satisfaction in healthcare settings extends beyond clinical effectiveness alone and encompasses patients' holistic evaluations of service delivery, including interpersonal interactions, responsiveness, and organizational

processes.<sup>3</sup>

Service quality is widely recognized as a foundational construct influencing patient satisfaction and perceived value. Drawing from service quality theory, high-quality healthcare services enhance patients' perceptions of reliability, assurance, and empathy, which in turn shape their overall satisfaction. Empirical evidence suggests that superior service quality not only improves patient experiences but also increases the likelihood of repeat utilization and positive word-of-mouth, reinforcing loyalty behaviors.<sup>3</sup>

Beyond service encounters, hospital image has gained increasing relevance in shaping patient perceptions and decision-making processes. In the digital era, hospital image is no longer confined to traditional branding but is increasingly constructed through online platforms, digital reputation, and patient-generated reviews. A positive hospital image functions as a cognitive and affective signal that reduces perceived risk and enhances patients' expectations regarding service quality, thereby strengthening trust toward the healthcare provider.<sup>4</sup>

Trust plays a pivotal role in healthcare relationships, serving as a psychological mechanism that underpins long-term patient–hospital interactions. Grounded in relationship marketing theory, trust facilitates relational stability by reducing uncertainty and fostering confidence in service providers. In healthcare contexts, trust has been conceptualized as both an outcome of satisfaction and a mediator linking service quality, hospital image, and patient loyalty. High service quality enhances satisfaction, satisfaction cultivates trust, and trust ultimately reinforces patient loyalty.<sup>1</sup>

Despite the growing body of empirical research examining these constructs, existing findings remain fragmented across disciplines and contexts. A comprehensive theoretical integration of service quality, patient satisfaction, hospital image, and trust in explaining patient loyalty is still limited. Therefore, this study aims to synthesize and integrate contemporary empirical evidence on the determinants of patient loyalty in hospital settings. Specifically, this research investigates the interconnected roles of service quality, patient satisfaction, hospital image, and trust in shaping patient loyalty within the value-based healthcare paradigm.

## **RESEARCH METHODS**

A scoping review is a methodological approach used to systematically identify and select relevant studies on a specific topic according to predefined inclusion criteria. This method allows for the comprehensive analysis, synthesis, and presentation of findings to address a clearly stated research question. The present review was conducted in accordance with the PRISMA 2020 guidelines, which are appropriate for evaluating reviews of health-related interventions across different study designs. The PRISMA extension for Scoping Reviews (PRISMA-ScR) checklist was applied to guide the review process, while the review protocol was not registered or published.<sup>5,6</sup>

Mendeley was used as a bibliographic reference management tool to organise studies identified from electronic databases and to eliminate duplicate records. The search strategy was designed to maximise evidence identification by applying the PICO framework, which defines the research question through the patient/problem (P), intervention (I), comparison (C), and outcomes (O).<sup>7</sup> Since no comparative intervention was identified in relation to patient loyalty determinants, the comparison component was omitted, and the framework was adapted to PIO. The details of the PIO model are provided in Table 1.

Table 1. elaboration of the research question using PIO model.

Acronym and Components	Description components
P (Population)	Hospital patients, including inpatients and outpatients
I (Intervention/Determinant)	Patient satisfaction, service quality, hospital image, and trust
O (Outcomes)	Patient loyalty

### Eligibility Criteria

To ensure the identification, selection, and inclusion of relevant literature addressing the research question, and to exclude studies that were not aligned with the research objectives, explicit inclusion and exclusion criteria were established. These criteria were applied during the study selection process.

#### Inclusion Criteria:

1. Studies published within the last ten years (2016–2026).
2. Peer-reviewed research articles published in academic journals with full-text availability.
3. Articles written in English or Indonesian.
4. Studies conducted in hospital settings, including public hospitals, private hospitals, and teaching hospitals.
5. Study populations consisting of hospital service users, including inpatients, outpatients, and emergency department patients.
6. Studies assessing patient loyalty as an outcome, or clearly defined proxy measures of loyalty such as revisit intention, recommendation, word of mouth (WOM), repatronage intention, or willingness to return.
7. Studies evaluating at least one of the following determinants: patient satisfaction, service quality, hospital image, or trust.

#### Exclusion Criteria:

1. Studies published more than ten years prior to the review period.
2. Studies conducted outside the hospital context, such as clinics, primary healthcare centres, pharmacies, telemedicine services, or other non-hospital facilities.
3. Studies in which patient loyalty was not included as an outcome measure.
4. Studies that did not assess any relevant determinants related to patient loyalty.
5. Studies for which the full text was not available.
6. Studies focusing on loyalty toward health insurance schemes or loyalty to healthcare staff or professionals rather than loyalty to the hospital.

### Search strategy

A systematic and comprehensive literature search was undertaken to identify relevant studies examining patient loyalty in hospital settings. Four electronic databases were searched: PubMed, Scopus, ProQuest, and Google Scholar. The search strategy was developed a priori and structured around three core conceptual domains: (1) hospital or healthcare setting, (2) patient loyalty, and (3) determinants of patient loyalty, namely patient satisfaction, service quality, hospital image, and trust.

For the hospital setting, search terms included hospital, healthcare facility, medical center, and related synonyms. Patient loyalty was captured using terms such as patient loyalty, customer loyalty, revisit intention, repatronage intention, recommendation, word of mouth, and related expressions. Determinants were identified using keywords related to patient satisfaction, service quality (including SERVQUAL), hospital image, brand or corporate image, reputation, and trust. Boolean operators (AND/OR) were used to combine the search terms across the three domains. Database-specific search strategies were applied. In PubMed, both Medical Subject Headings (MeSH) and free-text terms were used within title and abstract fields. Searches in Scopus and ProQuest were conducted using title,

abstract, and keyword fields. Due to search string limitations, Google Scholar was queried using concise combinations of key terms.

## RESULT AND DISCUSSION

### Results

#### Screening Results

##### 1. Study selection

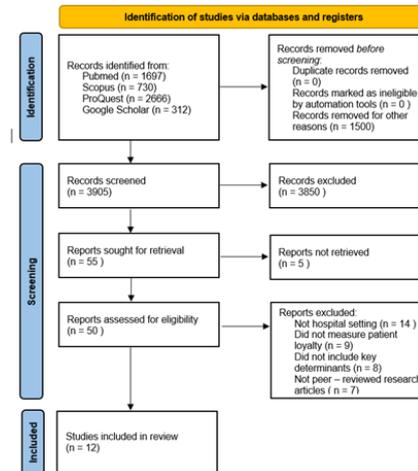


Figure 1. PRISMA Flow

The search was conducted across four databases (PubMed n = 1,697; Scopus n = 730; ProQuest n = 2,666; and Google Scholar n = 312), yielding a total of 5,405 records. After duplicate removal and title–abstract screening based on the predefined inclusion and exclusion criteria, several articles were excluded because they were not conducted in a hospital setting, did not measure patient loyalty, did not include at least one of the key determinants (patient satisfaction, service quality, hospital image, or trust), or were not peer-reviewed research articles. Following full-text assessment, 12 studies met the eligibility criteria and were included in the narrative synthesis. To conduct and report this scoping review, we used the preferred reporting elements for systematic reviews and meta-analysis scoping reviews: PRISMA-ScR. Figure 1 presents the flow diagram, which was based on the PRISMA 2020 declaration, that illustrates the scoping literature review process.<sup>6</sup>

Table 2. Characteristics and main findings of the included studies

AUTHOR	COUNTRY	SETTING & SAMPEL	DETERMINANTS ANALYZED	INSTRUMENT	ANALYSIS METHOD	MAIN FINDINGS
Ahmed et al., 2017 <sup>16</sup>	Bangladesh	Various hospitals in Bangladesh with a sample of 204	SESERVQUAL (five dimensions: tangibles, reliability, responsiveness, assurance, empathy), patient satisfaction, patient loyalty	Patient loyalty scale (perceived loyalty, revisit frequency, recommendation intention)	Reliability analysis, EFA, t-test, ANOVA	The study compared mean differences in service quality, satisfaction, and loyalty across demographic groups and hospital types.

						Younger, unmarried patients and private hospital patients reported higher service quality and loyalty. Higher service quality and satisfaction were associated with higher loyalty scores.
Meesal et al., 2018 <sup>17</sup>	India	40 hospitals in Hyderabad, India with a sample of 180	SERVQUAL (five dimensions), satisfaction, loyalty	Patient loyalty (revisit intention and recommendation intention)	Covariance-based SEM (AMOS)	Reliability and responsiveness were the strongest predictors of patient satisfaction, and satisfaction significantly influenced loyalty. Tangibles and empathy were not significant after controlling for other variables.
Fatima et al., 2018 <sup>9</sup>	Pakistan	Six private hospitals in Islamabad and Rawalpindi with a sample of 611	Healthcare service quality dimensions (physical environment, customer-friendly environment, communication, privacy and	Behavioral loyalty (revisit, recommendation, word-of-mouth, willingness	CFA, SEM	Almost all healthcare service quality dimensions significantly influenced satisfaction

			safety, responsiveness), satisfaction, loyalty	s to pay more)		and loyalty. Service quality generated satisfaction, which subsequently fostered loyalty. Physical environment and responsiveness were the strongest factors influencing loyalty through satisfaction.
Ullah, et al. 2019 <sup>18</sup>	Bangladesh	The study was conducted in three hospitals in Bangladesh and included a total sample of 221 participants.	Service quality, satisfaction, loyalty	Loyalty (revisit intention, recommendation intention)	Multiple regression / SEM	Service quality significantly influenced satisfaction and loyalty, and satisfaction mediated the relationship between service quality and loyalty. Reliability and assurance showed the strongest association with loyalty.
Alodhi alah, et al., 2024 <sup>19</sup>	Saudi Arabia	Ten hospitals in Riyadh (five private and five public) with a	Service quality (communication, empathy, tangibles, responsiveness), access, cost,	Loyalty (revisit intention, recommendation, hospital	PLS-SEM	Patient satisfaction was the strongest predictor of loyalty. Service

		sample of 350	satisfaction, loyalty	preference)		quality, particularly communication and responsiveness, had significant positive effects on satisfaction and loyalty, both directly and indirectly. Hospital image also contributed to satisfaction.
Shie et al., 2022 <sup>10</sup>	China	Six tertiary hospitals in Jiangsu, China involving 483 elderly patients with chronic diseases	Modified SERVQUAL, service encounter, trust, loyalty	Modified SERVQUAL, service encounter, trust, loyalty Doctor-patient loyalty (revisit intention, hospital preference, willingness to recommend)	CFA and SEM	Service quality influenced service encounter, trust, and loyalty directly. Service encounter and trust significantly influenced loyalty. Trust mediated the relationship between service quality and loyalty, while service encounter linked service quality with trust and loyalty.

Hassan et al., 2018 <sup>8</sup>	Indonesia	Mayapada Hospital, South Jakarta, Indonesia with a sample of 190	SERVQUAL, satisfaction, loyalty	Loyalty (repeat patronage, switching behavior, word-of-mouth based on Lin & Ding scale)	SEM	All hypotheses were supported. Service quality significantly influenced satisfaction and loyalty. Satisfaction significantly influenced loyalty and mediated the relationship between service quality and loyalty.
Lestari ningsih, et al., 2018 <sup>11</sup>	Indonesia	A hospital in Batu, East Java, with a sample size of 100	Service quality, satisfaction, trust, loyalty	Loyalty (revisit intention, recommendation intention)	PLS – SEM (SmartPLS 3)	Service quality significantly influenced satisfaction, trust, and loyalty. Satisfaction and trust significantly influenced loyalty and partially mediated the relationship between service quality and loyalty.
Utami, et al. 2020 <sup>15</sup>	Indonesia	An-Nisa Hospital, Tangerang with a sample of 253	Hospital image, service quality, satisfaction, trust, loyalty	Loyalty (repurchase intention, switching resistance, recommen	PLS-SEM	Hospital image and service quality significantly influenced satisfaction

				ation intention)		. Satisfaction increased trust, and trust significantly influenced loyalty. Indirect effects were stronger than direct effects, with satisfaction and trust acting as mediators.
Arman, et al., 2023 <sup>12</sup>	Indonesia	Three hospitals in South Sulawesi involving 269 outpatients who had visited at least twice	Service quality, satisfaction, loyalty	Loyalty (revisit and recommendation intentions measured using a Likert scale)	SEM / Path analysis	Service quality significantly influenced satisfaction but did not directly influence loyalty. Satisfaction significantly influenced loyalty and fully mediated the relationship between service quality and loyalty.
Andrea no, et al. 2023 <sup>14</sup>	Indonesia	Hospital in Bogor with a sample of 120	Service quality, trust, satisfaction, loyalty	Loyalty (revisit intention, recommendation intention))	PLS - SEM (SmartPLS 3)	There were direct relationships between service quality and satisfaction, trust and satisfaction, trust and

						loyalty, and satisfaction and loyalty. Service quality did not directly influence loyalty. Satisfaction indirectly mediated the effects of service quality and trust on loyalty.
Tuhatel u, et al. 2025 <sup>13</sup>	Indonesia	Hospital in North Minahasa involving 308 long-term haemodialysis patients	SERVQUAL, satisfaction, trust, loyalty	Loyalty (intention to remain a regular patient, revisit intention, recommendation intention)	PLS - SEM	Service quality and satisfaction significantly influenced trust, and trust significantly influenced loyalty. Direct relationships between service quality or satisfaction and loyalty were weak, indicating that trust acted as an important mediator.

## 2. Study characteristic

Table 2 summarises the key characteristics and main findings of the studies included in this scoping review. The table presents information on the authors, country of origin, study setting and sample characteristics, determinants analysed, measurement instruments, analytical methods, and principal findings related to patient loyalty in hospital settings. The included studies were predominantly conducted in Asian countries, with most originating from Indonesia (n = 8), followed by China, India, Bangladesh, and Pakistan, as well as one study conducted in a comparable Asian context. All studies were undertaken in hospital settings, including public general hospitals, specialized or regional referral hospitals, private hospitals, and one study conducted in a haemodialysis unit. All included studies employed cross-sectional survey designs. The majority applied structural equation modelling (SEM),

partial least squares (PLS), or multivariate regression analyses to examine the relationships among the study variables.

Sample sizes across the studies ranged from 100 respondents in a hospital in Batu, Indonesia to 483 respondents involving elderly patients with chronic diseases across several tertiary hospitals in China. Regarding measurement instruments, service quality was most commonly assessed using the SERVQUAL framework, encompassing the dimensions of tangibles, reliability, responsiveness, assurance, and empathy, or modified versions of these dimensions. Patient loyalty was typically measured using indicators such as intention to revisit, willingness to recommend the hospital, and intention to choose the same hospital for future care.

Four main model structures were identified across the included studies. The first model examined the relationship between service quality, patient satisfaction, and patient loyalty, with trust included as a mediating variable in some studies. The second model focused on the influence of service quality and service encounters on trust, which subsequently affected patient loyalty. The third model assessed the effects of hospital image and service quality on patient satisfaction, leading to patient loyalty. The fourth model conceptualized trust as the primary mediating variable, examining the pathway from service quality to trust and subsequently to patient loyalty.

## **Results and Analysis**

### **1. The Role of Service Quality**

All included studies examined service quality as a central explanatory variable. Across the evidence base, service quality consistently demonstrated a positive and significant association with patient satisfaction. However, the direct relationship between service quality and patient loyalty showed greater variability across studies.

A significant positive direct effect of service quality on patient loyalty was reported in several studies conducted in Indonesia, as well as in multi-hospital studies from China and Pakistan. These findings indicate that higher perceived service quality was associated with stronger intentions to revisit, greater willingness to recommend the hospital, and a higher likelihood of choosing the same hospital for future care.<sup>8–10</sup>

In contrast, several studies reported that the direct effect of service quality on loyalty became non-significant or attenuated when patient satisfaction and/or trust were included in the analytical models. Studies conducted in public hospitals in Indonesia found that service quality exerted a strong influence on patient satisfaction and trust but did not directly affect loyalty; instead, its effect on loyalty was fully mediated by satisfaction and trust. Similarly, a study conducted in three specialized regional hospitals in South Sulawesi demonstrated that service quality significantly improved patient satisfaction but did not have a significant direct effect on loyalty once satisfaction was incorporated into the model, with satisfaction emerging as the primary predictor of loyalty.<sup>11,12</sup>

Comparable patterns were observed in studies conducted at a hospital in Bogor and among haemodialysis patients in a private hospital. In these studies, service quality showed a positive association with patient satisfaction and trust but did not exert a direct effect on loyalty; in some cases, the direct association was weak or negative.<sup>13,14</sup> The relationship between service quality and loyalty became significant only when mediated by satisfaction and/or trust. Overall, these findings suggest that service quality functions as an upstream determinant of patient loyalty, exerting its influence primarily through the enhancement of patient satisfaction and trust rather than acting as an independent or direct driver of loyalty.

### **2. The Role of Patients Satisfaction**

Patient satisfaction emerged as the most consistently reported variable associated with patient loyalty across the included studies. All studies that incorporated patient satisfaction

in their analytical models reported a positive and statistically significant association with loyalty outcomes, including intention to revisit, willingness to recommend the hospital, and intention to return to the same healthcare provider. Several studies, including those conducted at Mayapada Hospital, public hospitals in Indonesia, a hospital in Bogor, and tertiary hospitals in China, demonstrated that patient satisfaction mediated the relationship between service quality and patient loyalty. In these studies, the inclusion of patient satisfaction in the model attenuated or rendered non-significant the direct effect of service quality on loyalty, indicating that satisfaction functioned as a key explanatory mechanism linking service quality to loyalty behaviours.<sup>10,11,13,14</sup>

However, evidence of mediation was not uniform across all settings. A study conducted at An-Nisa Hospital in Tangerang reported that both service quality and hospital image exerted direct effects on patient loyalty and patient satisfaction, while the indirect pathways through satisfaction were not statistically significant. As a result, the mediating role of patient satisfaction was not supported in that context.<sup>15</sup>

### 3. The Role of Trust

Trust emerged as a central determinant of patient loyalty across several models. Evidence from public hospitals in Indonesia indicates that both trust and satisfaction significantly influence loyalty, while service quality does not exert a direct effect but instead operates through trust and satisfaction. Similarly, a study conducted at a Hospital in Bogor found that trust directly affects loyalty and also enhances satisfaction, whereas service quality influences loyalty primarily through satisfaction.<sup>14</sup>

Among long-term haemodialysis patients, service quality and satisfaction were found to strengthen trust, which subsequently increased loyalty, trust also mediated the effects of service quality and satisfaction on loyalty. In a multi-hospital study in China, service quality and service encounter experiences were positively associated with trust, which acted as a strong predictor of loyalty and formed part of the mediating pathway between service quality and loyalty.<sup>10,13</sup> Collectively, these findings highlight trust as a key psychological mechanism linking service quality and satisfaction to long-term patient loyalty.

### 4. The Role of Hospital Image

Only one study explicitly modelled hospital image alongside service quality, satisfaction, and loyalty (An-Nisa Hospital, Tangerang). The findings indicated that both hospital image and service quality had positive and significant effects on satisfaction. In addition, both variables directly and significantly influenced patient loyalty. However, the indirect pathways from hospital image and service quality to loyalty through satisfaction were not statistically significant. These results suggest that hospital brand image may function as a distal determinant of loyalty, influencing patients' commitment and revisit intentions independently of satisfaction derived from their most recent service encounter.<sup>15</sup>

## Discussion

### Loyalty as a Relational Outcome in Hospital Care

Across the reviewed evidence, patient loyalty is better understood as a relational outcome that consolidates over repeated encounters rather than a simple repetition of visits. In the Pakistan private-hospital context, loyalty is framed through behaviours such as revisiting, recommending, and positive word-of-mouth, which are shaped by prior experiences and the patient's decision to stay with or leave a provider.<sup>10</sup> This view aligns with the Indonesian evidence showing that loyalty may not be expressed primarily through visit frequency in specialized settings, but rather through advocacy and recommendations, suggesting that "loyalty signals" can shift depending on the care context and patient journey.<sup>17</sup> Taken together, these findings imply that hospitals accumulate loyalty when they reduce uncertainty for patients across multiple touchpoints, making the experience reliably

safe, understandable, and emotionally reassuring, which is especially relevant in services characterized by vulnerability and information asymmetry.

### **Service Quality as The Operational Base**

Service quality consistently appears as the operational base of loyalty formation, yet its influence is not always direct. In Pakistan study, quality is conceptualized through concrete service dimensions such as physical environment, communication, privacy and safety, responsiveness, and customer-friendly processes, with patient satisfaction positioned as the mediator linking these dimensions to loyalty.<sup>10</sup> This logic is echoed in Indonesian studies where service quality strongly predicts satisfaction, but does not necessarily predict loyalty unless satisfaction and other relational constructs are accounted for. For example, in South Sulawesi outpatient care, service quality significantly relates to patient satisfaction, but the direct path to loyalty is reported as non-significant, and the authors interpret this as a context where loyalty is more evident in recommendations than in repeat-visit patterns.<sup>17</sup>

Similar patterns are visible in other Indonesian samples where service quality's direct effect on loyalty is weak or rejected, implying that patients may recognize good service attributes but still hesitate to commit future choices without a stronger internalized evaluation.<sup>18</sup> This evidence converges with recent international findings that emphasize the pathway from quality to loyalty through relational mechanisms. In elderly chronic-care settings, hospital service quality shapes loyalty through trust and the quality of the service encounter, highlighting that operational excellence becomes "sticky" when it consistently generates confidence during interactions.<sup>20</sup>

### **Satisfaction and Trust as The Conversion Pathway that Stabilizes Loyalty**

The strongest cross-study regularity is that satisfaction functions as the conversion mechanism that translates operational performance into loyalty intent, while trust stabilizes loyalty over time. This study reports multiple Indonesian studies where satisfaction mediates the relationship between service quality and loyalty, including evidence of full mediation in South Sulawesi and indirect-only effects in Bogor. The South Sulawesi study shows that satisfaction has a significant direct effect on loyalty, and that improving service quality is framed as a route to satisfaction which then develops loyalty.<sup>17</sup>

In the inpatient context, additional evidence emphasizes that service quality can fail to influence loyalty directly but becomes influential once satisfaction is introduced as a mediating variable, underscoring satisfaction's role as the critical interpretive layer through which patients "decide" whether a good service episode deserves commitment.<sup>18</sup>

Trust then functions as the relational assurance that reduces perceived risk in future care, particularly for patients who anticipate continuity needs. In the North Minahasa haemodialysis study, the synthesis explicitly notes that service quality and satisfaction significantly influence trust, and trust significantly influences loyalty, while direct relationships to loyalty are weak, implying that trust carries much of the explanatory power for sustained allegiance. The broader Indonesian evidence also shows trust as a significant predictor of loyalty and as part of mediated pathways linking service evaluations to future behavioral commitment.<sup>15</sup> This mechanism is consistent with large-sample public-hospital evidence from China, where patient trust mediates the satisfaction-loyalty relationship, indicating that satisfaction becomes more durable when it crystallizes into confidence in the provider's reliability and integrity.<sup>21</sup>

### **Hospital Image as an Expectation-Setter that Amplifies Satisfaction and Trust**

Hospital image operates as an expectation-setter that shapes how patients interpret service performance and decide whether an experience is credible enough to repeat and recommend. In this study hospital image and service quality are both reported to significantly influence satisfaction, satisfaction increases trust, and trust significantly

influences loyalty, with indirect effects stronger than direct effects.<sup>16</sup> This structure suggests that image does not work as a standalone reputational label. Instead, it frames the patient's baseline expectations and the meaning they attach to service cues. When image is credible, operational improvements are more likely to be read as consistent capability rather than a one-off incident, thereby supporting satisfaction and trust accumulation. This interaction becomes particularly salient in competitive healthcare markets, where patients use reputational signals to reduce uncertainty before they have full information about clinical and service outcomes. Another evidence supports the idea that satisfaction is shaped by system-level signals and the perceived credibility of protective and service processes, especially under heightened risk contexts. For instance, research in Atención Primaria shows that confidence in safety protocols has positive effects on perceived quality and user satisfaction, reinforcing the point that institutional cues can strengthen satisfaction by reducing uncertainty and perceived risk.<sup>22</sup>

## CONCLUSION

This review concludes that hospital patient loyalty depends not only on service quality, but on the hospital's ability to deliver consistently satisfying experiences that develop into trust over time, while hospital image shapes expectations and reinforces confidence. Across the included evidence, service quality consistently predicts satisfaction, yet its direct effect on loyalty is often weak unless satisfaction and trust function as the main pathways that translate experience into intentions to return and recommend. Trust is particularly important because it reduces uncertainty about future care and makes satisfaction more durable

For hospital management, loyalty should be governed as an end-to-end patient journey outcome built on process consistency, clear clinical and administrative communication, and visible safety and privacy protections. Hospitals should also measure loyalty in ways that capture real commitment, because in some settings it is expressed more strongly through recommendations and word-of-mouth than through repeat visits alone. In a Marketing 4.0 environment, loyalty is reinforced when patients are engaged through connected touchpoints, where feedback is easy to provide, responses are timely, and improvements are communicated back to patients. In practice, the most credible promotion is visible responsiveness that aligns the hospital's public image with what patients experience in everyday care.

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