THE INFLUENCE OF TRUST AND SERVICE QUALITY ON PATIENT LOYALTY WITH SATISFACTION AS A MEDIATING VARIABLE
(A Case Study Of Patients At Bogor Senior Hospital (BSH)

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Abstract: This study aims to analyze the influence of trust and service quality on patient loyalty with patient satisfaction as a mediating variable at Bogor Senior Hospital (BSH). The research employed a quantitative explanatory approach with a sample of 232 patients selected using simple random sampling. Data collection was conducted through structured questionnaires, and data analysis was performed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 3.0. The results show that service quality significantly influences patient satisfaction, while trust does not. Trust has a significant positive effect on patient loyalty, but service quality does not directly influence loyalty. Patient satisfaction significantly impacts loyalty and mediates the relationship between service quality and loyalty. These findings highlight that enhancing service quality and building patient satisfaction are critical strategies for fostering loyalty in healthcare services.

Keywords: Trust, Service Quality, Patient Satisfaction, Patient Loyalty, Healthcare Services

INTRODUCTION

Along with global population growth, Indonesia currently ranks as the fourth most populous country. By mid-2025, Indonesia's population is projected to reach 280 million. According to the Statistical Yearbook of Indonesia 2025 published by the Central Bureau of Statistics (BPS), West Java Province holds the largest share of the national population, accounting for 17.88%. Bogor City, one of the major urban centers in West Java, continues to experience significant annual population growth, reaching 1,137,018 residents in 2025. This substantial population inevitably drives increasing societal needs, including healthcare services.

As one of the world's most populous nations, Indonesia faces escalating demands for healthcare services, including hospital facilities. However, despite the growth in the number of hospitals, the capacity remains insufficient to meet the healthcare needs of its entire population. Paradoxically, amid rising healthcare demand, many hospitals in Indonesia experience low patient visitations, resulting in operational challenges. This raises critical questions: why, in a country with high healthcare needs, do some hospitals remain underutilized? Understanding the factors influencing patient visits is thus essential.

Healthcare service quality has become a fundamental demand, particularly in hospitals, which, alongside community health centers, play a strategic role in meeting these needs. According to the Ministry of Health, as of February 2025, Indonesia has 3,200 hospitals, of which 63% are privately owned and 37% are public hospitals. In West Java, there are 414 hospitals, including approximately 31 hospitals in Bogor. Despite the increasing number of hospitals, a gap persists between community needs and healthcare

services in practice, with some hospitals struggling to attract sufficient patient numbers. BPS data indicate that private hospital occupancy rates average only 65% of available capacity, with some facilities operating below 50%. Simultaneously, approximately 40% of Indonesia's population reports difficulties in accessing healthcare services during illness. These conditions suggest ineffective strategies in reaching potential patients, resulting in disparities in healthcare service delivery.

Bogor Senior Hospital (BSH), operational since September 14, 2018, is located on a 25,000-square-meter site at Jalan Raya Tajur 168, Bogor City, West Java. Initially specializing in geriatric care, BSH was staffed by experienced internists such as Prof. Dr. Suwandhi Widjaja, SpPD, Ph.D., FINASIM; Pauline Suwandhi, MD, MRCP (UK); and Dr. David Widjaja, MD, a Diplomate of the American Board of Internal Medicine in Geriatrics and Gastroenterology. By mid-2023, BSH expanded its services to a general hospital, adding specialties such as Gastroenterology and Rehabilitation. Notably, BSH introduced advanced medical equipment not yet widely available in Bogor, including Bone Mineral Densitometry (BMD), Hydrotherapy, and the Gait Training System (GTS). Despite these strategic advantages, the hospital still faces a declining number of patient visits.

Several factors contribute to low patient retention and visitation rates, notably the lack of trust and perceived deficiencies in service quality. Patient and family experiences significantly influence satisfaction levels; dissatisfaction often leads to reluctance to revisit or recommend hospital services. According to Kotler and Keller, as cited in Putri (2020), customer satisfaction arises from comparing perceived performance against expectations, resulting in feelings of pleasure or disappointment.

Bogor Senior Hospital (BSH) has not been immune to this trend. Declining patient numbers directly impact hospital revenues, which, in turn, compromise operational stability and service quality. The implications of this situation are illustrated in Table 1.

Table 1. Patient Visit Numbers for the Years 2021–2023

Payment Type	2021			2022			2023		
	Inpatient	Outpatient	Total Visits	Inpatient	Outpatient	Total Visits	Inpatient	Outpatient	Total Visits
General	853	44.000	44.853	548	16.252	16.800	334	11.196	11.530
Insurance Partner	600	1.634	2.234	388	1.332	1.720	196	1.583	1.779
Corporate Partner	93	27.234	27.327	74	9.189	9.263	17	1.746	1.763
Grand Total	1.546	72.868	74.414	1.010	26.773	27.783	547	14.525	15.072

Source: Data retrieved from the Tera system, Bogor Senior Hospital (BSH)

Based on the patient outpatient visit data presented in the table above, it can be observed that the number of outpatient visits has declined over the years. In 2021, the number of outpatient visits totaled 72,868 patients. In 2022, outpatient visits decreased to 26,773 patients, and further declined to 14,525 patients in 2023. Similarly, the number of inpatient admissions also showed a downward trend, from 1,546 patients in 2021 to 1,010 patients in 2022, and further to 547 patients in 2023.

According to the annual report of Bogor Senior Hospital (BSH), the decrease in both outpatient and inpatient visits over the past three years is suspected to be linked to a decline in patient loyalty at Bogor Senior Hospital (BSH), which consequently affected the number of patient visits. The underlying issue stems from the fact that despite various healthcare service efforts initiated by Bogor Senior Hospital (BSH), these initiatives were not accompanied by corresponding levels of patient loyalty. A preliminary study was conducted in mid-2024 through a survey of 100 patients at Bogor Senior Hospital (BSH). The initial survey results indicated the following patient loyalty targets.
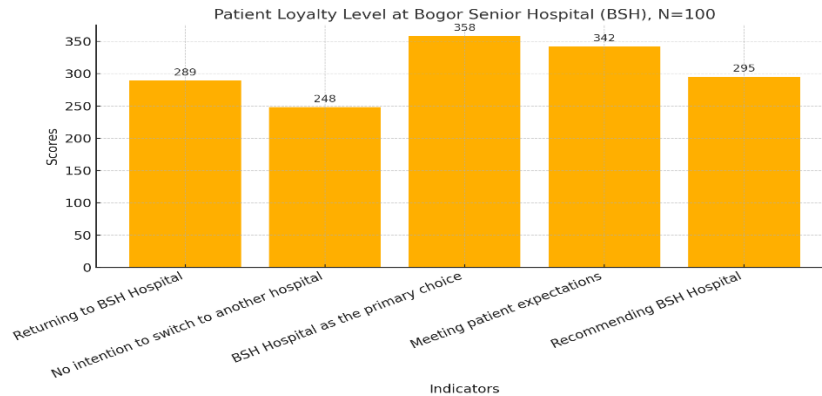
Figure 1. Patient Loyalty Level at Bogor Senior Hospital (BSH), N = 100

In the table above, patient willingness to return to the hospital for future treatments received a score of 289, indicating that there is still room for improvement in various aspects such as hospital services, post-treatment management, or other factors that influence patient retention. The second bar recorded a score of 248, reflecting the degree of patient intention to remain loyal to Bogor Senior Hospital (BSH). This score, being the lowest among the indicators, suggests a concerning condition where loyalty towards BSH is relatively low. The low score implies that many patients may consider switching to other healthcare providers.

The third bar achieved a score of 358, which falls into the "good" category, indicating that patients are inclined to maintain Bogor Senior Hospital (BSH) as their primary choice when healthcare services are needed. This result suggests that the majority of patients are satisfied with the services and experiences they have received at BSH. The fourth bar scored 342, also categorized as "good," showing that most patients feel that the hospital's services and facilities meet their expectations.

The fifth and final bar recorded a score of 295, still categorized as "good," indicating a positive inclination among patients to recommend the hospital to others. However, the willingness to recommend was slightly lower compared to the score for service expectation fulfillment. This suggests that while patients are generally satisfied, there remain areas for improvement to further strengthen patient advocacy.

Customer loyalty is reflected in repeated purchases of a product or service and is also demonstrated through loyal behavior and attitudes that enhance the company's value in the eyes of consumers (Lusiah, 2018). Patient loyalty can be defined as a measure of customer attachment to a product, manifested in their willingness to recommend the service to others (Kotler, 2022).

The decline in patient loyalty is presumed to be associated with patient dissatisfaction. Patient satisfaction is crucial as it reflects how well the services experienced meet their expectations; when these expectations are not fulfilled, it may lead to a decrease in trust and commitment to continue utilizing the hospital's services.
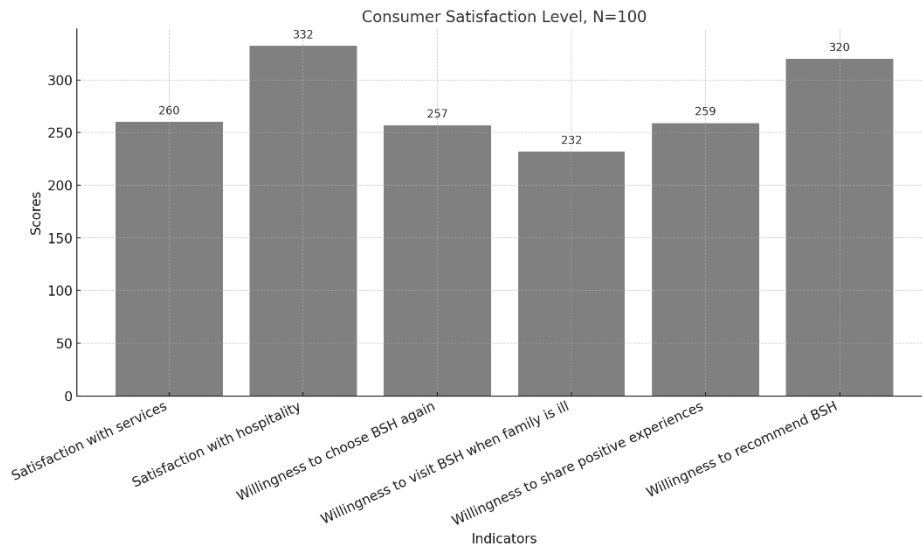
Figure 2. Consumer Satisfaction Level, N = 100

The table above illustrates the level of patient satisfaction with the hospital. Based on the survey results, the first bar recorded a score of 260, indicating that patient satisfaction with the services provided by Bogor Senior Hospital (BSH) is at a moderate level. This suggests that while patients are reasonably satisfied, they have not experienced full satisfaction or strong impressions during their time at the hospital. The second bar, with a score of 332, shows that patients reported a good level of satisfaction with the hospitality of the staff, nurses, and doctors at Bogor Senior Hospital (BSH). This indicates that patients generally perceive the staff as friendly, although the consistency of this hospitality may require further improvement.

The third bar, scoring 257, reflects a relatively low willingness among patients to choose Bogor Senior Hospital (BSH) again for future healthcare needs. This score implies that a significant number of patients did not feel fully confident or satisfied with their experiences at the hospital. The fourth bar, with a score of 232, highlights that patients' trust in selecting Bogor Senior Hospital (BSH) when their family members fall ill is very low. This suggests that patients may seek alternative healthcare providers due to dissatisfaction or lack of confidence in the hospital's services. The fifth bar, scoring 259, indicates that the willingness of patients to share positive experiences about Bogor Senior Hospital (BSH) is at a moderate level. Although patients recognize certain positive aspects worth sharing, they may also have experienced shortcomings during their visits. The final bar, with a score of 320, shows that the willingness of patients to recommend Bogor Senior Hospital (BSH) to others is relatively good. This suggests that a considerable number of patients perceive some positive elements in the services received, although the strength of their recommendation may not be fully robust.

According to Park, as cited in Irawan (2021), customer satisfaction is defined as a customer's emotional response to a product or service that has been consumed. Furthermore, Mowen, as cited in Said (2022), describes customer satisfaction as the overall attitude demonstrated by consumers after acquiring and using a product or service. Patient satisfaction is a crucial factor determining a hospital's success, as patients are the direct users of the services provided. If patients feel satisfied, it is expected to foster greater patient loyalty. Preliminary study results also revealed consumer trust levels, as presented below.
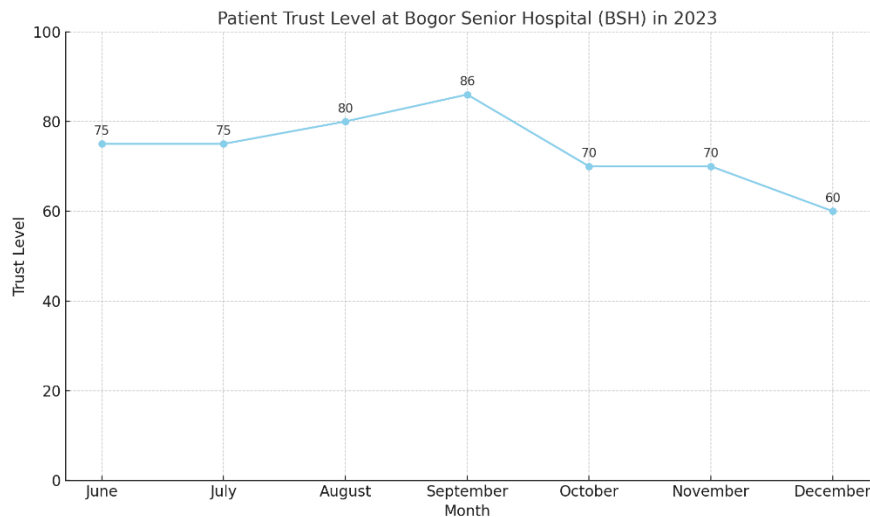
Figure 3. Patient Trust Level at Bogor Senior Hospital (BSH) in 2023

The graph above was obtained from a preliminary survey conducted by Bogor Senior Hospital (BSH) among its patients, indicating a suspected decline in patient trust towards the hospital. This is further supported by the fact that over the past year, there were several days in certain months where the number of inpatients dropped below five. Such a phenomenon highlights a growing problem of declining patient loyalty toward the hospital.

The decrease in patient loyalty is presumed to be linked to the declining level of patient trust. Patient trust in a hospital reflects the extent to which patients feel secure and confident in the quality and integrity of the healthcare services they receive. Various factors influence patient trust, including the quality and competence of the medical staff, ranging from health examination support staff, nursing staff providing nursing care, to the competence of doctors managing the patients during their hospitalization.

Patient trust also strengthens when patients recognize the hospital's reputation through official accreditation from government health authorities. Such accreditation creates a perception that the hospital adheres to nationally established healthcare service standards. Moreover, in today's digital era, social media ratings significantly influence patient trust, as ratings and testimonials from previous patients— such as those found on Google Reviews—play a major role in shaping public perceptions.

Several key factors determine whether patients will return for future treatment or recommend the hospital to others. Besides quality, competence, and reputation, patients also place greater trust in hospitals that offer transparent and clear information regarding their health conditions, treatment procedures, and cost details. Patients are more inclined to trust hospitals that prioritize patient welfare over financial gains.
Patient trust further increases when hospitals implement strong patient safety standards, including robust risk management systems, infection control protocols, and emergency response systems that assure patients they will be handled swiftly and appropriately during critical situations.

Effective communication between hospital staff and patients or their families is also crucial in fostering trust. Clear, open, and respectful communication during treatment transitions, providing prompt responses to patient inquiries, and addressing complaints diligently demonstrate a hospital's commitment to continuous service improvement. Such positive experiences significantly impact whether patients will choose to return to the hospital in the future.
According to Maharani, as cited in Sulle (2022), trust is the belief in the reliability, durability, and integrity of another party in a relationship, and the confidence that their actions will yield positive outcomes. Furthermore, Ilmiyah and Krishernawan, as cited in Khowin (2020), define trust as the belief in the product's attributes and benefits, as well as the reliability of the exchange relationship. Similarly, Mowen, as cited in Solihin (2020), states that trust encompasses all knowledge held by consumers and all conclusions drawn about an object, its attributes, and its benefits.

The decline in patient loyalty at Bogor Senior Hospital (BSH) is also suspected to be influenced by the quality of services provided. Field observations revealed several issues related to healthcare service quality. Service quality remains a critical factor affecting patient loyalty, especially in today's modern society where expectations for healthcare standards are increasingly high.

Hospital service quality is influenced by multiple interrelated factors. It is not solely assessed based on medical services but also includes the entire patient and family experience. The availability of comprehensive medical facilities and advanced technology plays a crucial role in ensuring accurate diagnoses and appropriate treatments. The competence and qualifications of healthcare personnel— ranging from emergency department services to nursing care, precise vital sign measurements, wound care, intravenous infusions, and the technical skills of the medical team—significantly affect hospital service quality. Hospitals must continually update their medical knowledge and technologies to provide effective care. Advanced equipment and skilled personnel contribute to accurate diagnoses and expedite patient recovery processes.

Service quality is also strongly supported by compliance with Standard Operating Procedures (SOPs) aligned with government regulations. Efficient administrative processes—from patient admissions to discharge, insurance claims management, and transparent billing practices—greatly influence patients' perceptions of service quality. Complicated and delayed administrative systems may lead to negative patient experiences, thus affecting overall service perceptions.

According to Laksana (2019), service quality is defined as any action or activity offered by one party to another, essentially intangible and not resulting in ownership. Aulia (2023) further emphasizes that service quality is crucial to the success of service companies, as superior service quality fosters customer loyalty and organizational commitment. Similarly, Sriyanto, A., & Kuncoro, A. W. (2015) defines service quality as a process comprising a series of intangible activities that typically occur during interactions between customers and service employees, aiming to address customer problems and provide satisfactory solutions.

Based on the preliminary study elaborated above, this research aims to examine the factors influencing hospital services. Therefore, the title of this study is "The Influence of Trust and Service Quality on Patient Loyalty with Satisfaction as a Mediating Variable at Bogor Senior Hospital (BSH)."

RESEARCH METHOD

This study employs a descriptive qualitative approach using a case study method, aiming to gain an in-depth understanding of the forms, causal factors, and impacts of hate speech against the Javanese ethnic group on the Instagram platform. Data collection was conducted online without geographic limitations, utilizing documentation of posts and comments, as well as interviews via the direct message feature with both perpetrators and victims.

Primary data sources were obtained from screenshots of Instagram posts and comments, as well as interview results with several users of the platform. A questionnaire was used as the interview instrument, created in the form of a Google Form and distributed through direct messages and to acquaintances of the researcher who fell into the categories of either perpetrators or victims of hate speech. Secondary data sources came from relevant scientific literature and media reports.

Data collection techniques included documentation studies, non-participatory observation, and interviews through questionnaires. Data analysis was carried out through stages of data reduction, categorization, thematic analysis, and interpretation, aiming to uncover key themes related to hate speech and its impact within the context of social media, particularly on Instagram.

RESULT AND DISCUSSION

This study adopts a quantitative research approach with an explanatory design, aiming to elucidate the causal relationships among trust, service quality, satisfaction, and patient loyalty at Bogor Senior Hospital (BSH). Data were collected through a structured questionnaire distributed to patients who had received services at BSH.

The population comprised 547 patients who had utilized healthcare services at BSH. To determine an appropriate sample size, Slovin's formula was employed with a 5% margin of error, resulting in a sample

size of 232 respondents (Slovin, 1960). A simple random sampling technique was utilized to ensure each patient had an equal chance of selection.

The study focuses on patients of BSH, examining how trust and service quality influence patient loyalty, with satisfaction acting as a mediating variable. Trust is defined as the patients' belief in the hospital's reliability, competence, and integrity. Service quality is assessed using the SERVQUAL model, which encompasses five dimensions: tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman, Zeithaml, & Berry, 1988). Satisfaction pertains to the extent to which patient expectations are met, and loyalty reflects the patients' willingness to revisit, recommend, and prioritize the hospital for future healthcare needs. All variables were measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Primary data were obtained directly from patients via the questionnaire, while secondary data were sourced from the hospital's internal reports and documentation related to patient visits, service quality initiatives, and operational performance. Data analysis was conducted using Partial Least Squares Structural Equation Modeling (PLS-SEM) with the aid of SmartPLS 3.0 software. This method is suitable for complex models and is widely used in social science research (Hair, Hult, Ringle, & Sarstedt, 2022). The analysis involved two main stages: the evaluation of the measurement model (outer model) and the structural model (inner model). The measurement model assessment included tests for convergent validity, discriminant validity, and composite reliability. The structural model assessment examined the coefficient of determination (R^2), path coefficients, and hypothesis testing. Prior to the main analysis, the research instrument underwent validity and reliability testing to ensure data accuracy and consistency

RESULT AND DISCUSSION
Respondents' Demographic Profile
This study involved a total of 232 respondents who were patients of Bogor Senior Hospital (BSH). The selection of respondents was conducted using a simple random sampling technique, ensuring that each patient had an equal probability of being included in the sample. This approach was chosen to minimize sampling bias and to capture a broad representation of patient experiences across different demographic segments.

In terms of gender distribution, the respondents were relatively balanced, with a slight predominance of female patients compared to male patients. This finding indicates that the hospital serves both genders fairly equally, although female patients may be slightly more active in seeking healthcare services or more willing to participate in surveys. Gender-based differences in health-seeking behavior have been widely discussed in the literature, suggesting that women often demonstrate greater healthcare utilization compared to men.

Age distribution among the respondents revealed that the majority were within the 36–45 years age group, followed closely by those aged 26–35 years. This trend reflects that BSH primarily caters to the productive age group, individuals who are actively engaged in the workforce and are thus likely to have different healthcare expectations compared to younger or older patients. The dominance of the middle-aged group may also suggest heightened awareness and prioritization of health maintenance during the midlife stage.

Educational attainment of the respondents was notably high, with a significant proportion holding a bachelor's degree or higher. This demographic characteristic is crucial because education level often correlates with health literacy, patient expectations, and assertiveness in healthcare decision-making. Highly educated patients typically possess better knowledge about healthcare services and may demand higher standards of service quality, transparency, and communication from the hospital staff.

Occupational data indicated that a large share of respondents were private-sector employees, followed by entrepreneurs and civil servants. The occupational background of patients can influence their perception of healthcare services, particularly in aspects related to service efficiency, responsiveness, and administrative processes. Patients from the working population generally value timely and hassle-free healthcare services, aligning with their time-sensitive professional commitments.

In terms of marital status, most respondents were married. Marital status often affects healthcare behavior, as married individuals are more likely to seek timely medical treatment due to family support and shared decision-making regarding health matters. This demographic factor could also influence loyalty, as family-based healthcare decisions may contribute to a stronger attachment to trusted healthcare providers.

From the monthly income perspective, the majority of respondents belonged to the middle to upper-middle income groups. Financial capability is an important consideration because it affects patients' ability to access private healthcare services and influences expectations regarding service quality and facility standards. Patients with higher income levels may have higher demands for personalized and premium healthcare experiences.

Overall, the demographic profile of respondents illustrates that Bogor Senior Hospital (BSH) primarily serves a relatively educated, professionally active, and financially capable patient population. These demographic characteristics are likely to shape the patients' perceptions of trust, service quality, satisfaction, and loyalty. Consequently, understanding these profiles is essential for the hospital to tailor its service strategies effectively to meet the needs and expectations of its patient base.

Variable Description
a.) Service Quality
Service quality at Bogor Senior Hospital (BSH) was assessed using eight indicators, with the overall average score reaching 4.38, categorized as very high. This indicates that patients highly appreciated the hospital's service delivery. Among the indicators, the quality and completeness of the medicines provided scored the highest with an average of 4.44, suggesting that patients trust the adequacy and appropriateness of the medication supplied. Conversely, the hospital's responsiveness to patient inquiries and complaints received the lowest average score of 4.31, although still classified as very high. These results imply that the hospital has effectively met patients' expectations in various aspects of service, from registration efficiency, medical actions aligned with diagnoses, staff friendliness, facility cleanliness, to the use of advanced medical technology.

b.) Patient Satisfaction
The level of patient satisfaction at BSH was measured using eight indicators, achieving an overall average score of 4.32, which also falls under the very high category. The highest rated indicator was the patients' willingness to recommend the hospital to family and friends, with a score of 4.38, reflecting strong positive patient experiences. Meanwhile, the process of payment, although still rated very high, received the lowest average score of 4.22. These findings suggest that overall, patients felt very satisfied with the healthcare services provided by BSH, from the quality of interactions with nurses and doctors to administrative processes such as registration and billing.

c.) Patient Loyalty
Patient loyalty at BSH was evaluated through four key indicators, resulting in an overall average score of 4.34, categorized as very high. The indicator that scored the highest was patients' unwillingness to consider switching to another hospital, with an average score of 4.42. This suggests a strong emotional attachment and trust towards BSH. Meanwhile, the lowest score, although still very high, was associated with the intention to recommend the hospital based on the speed and responsiveness of service, with an average of 4.26. These findings confirm that the majority of patients expressed a strong commitment to continue using BSH services and to recommend it to others.

Results of SmartPLS (Partial Least Squares) Analysis
The analysis using Partial Least Squares (PLS) consisted of two stages: the measurement model (outer model) and the structural model (inner model), with evaluation criteria applied to both. The initial research model, was generated through SmartPLS 3.0. In the measurement model evaluation, validity and reliability testing were conducted to ensure the accuracy of the instrument in measuring the intended constructs. Validity was assessed through convergent and discriminant validity tests (Solimun, 2017), with convergent validity measured using loading factor values. Following Chin (1998) as cited in Ghozali (2006), indicators with loadings between 0.5 and 0.6 were considered acceptable for early-stage research. In the initial testing stage, several indicators for the trust variable (Trust 1, Trust 2, Trust 3, and Trust 4) were eliminated due to loading values below 0.6. After their removal, a second test confirmed that all

remaining indicators achieved loading factors above 0.6, thereby satisfying the convergent validity requirements and allowing the analysis to proceed to the subsequent stage.

Table 2. Results of Convergent Validity Test through Loading Factor

Variable	Item	Loading Factor	Cut Off	Remarks
Trust	KPC5	0,895	0,6	Valid
	KPC6	0,798	0,6	Valid
	KPC7	0,942	0,6	Valid
	KPC8	0,898	0,6	Valid
Service Quality	KPL1	0,838	0,6	Valid
	KLP2	0,765	0,6	Valid
	KLP3	0,798	0,6	Valid
	KPL4	0,864	0,6	Valid
	KPL5	0,869	0,6	Valid
	KPL6	0,869	0,6	Valid
	KPL7	0,865	0,6	Valid
	KLP8	0,764	0,6	Valid
Patient Satisfaction	KEPU1	0,885	0,6	Valid
	KEPU2	0,687	0,6	Valid
	KEPU3	0,747	0,6	Valid
	KEPU4	0,772	0,6	Valid
	KEPU5	0,826	0,6	Valid
	KEPU6	0,756	0,6	Valid
	KEPU7	0,880	0,6	Valid
Patient Loyalty	LOPE1	0,936	0,6	Valid
	LOPE2	0,948	0,6	Valid
	LOPE3	0,926	0,6	Valid
	LOPE4	0,922	0,6	Valid

Based on the results presented in Table 1, it can be concluded that the items measuring the variables of trust, service quality, patient satisfaction, and patient loyalty have loading factor values above 0.6, indicating that all these items are valid in measuring their respective constructs. However, several items showed loading factor values below 0.6, suggesting that they were invalid for their indicators and thus were eliminated from the model due to not meeting the criteria for convergent validity.

Table 3. Results of Consistency Reliability Test

Variable	Cronbach Alpha	Composite Reliability	Cut Off	Remarks
Trust	0.907	0.915	0,6	Reliable
Service Quality	0.903	0.912	0,6	Reliable
Patient Satisfaction	0.935	0.940	0,6	Reliable
Patient Loyalty	0.951	0.955	0,6	Reliable

Based on Table 3, it can be observed that the values of Cronbach's Alpha and composite reliability exceed 0.6 (Fornell & Larcker, 1981; Nunnally & Bernstein, 1994). Thus, it can be concluded that all instrument items are reliable in measuring the variables of trust, service quality, patient satisfaction, and patient loyalty.

Table 4. Average Variance Extracted

Variable	Average Variance Extracted (AVE)	Cut Off	Remarks
Trust	0.783	> 0,5	Reliabel
Service Quality	0.634	> 0,5	Reliabel
Patient Satisfaction	0.690	> 0,5	Reliabel
Patient Loyalty	0.870	> 0,5	Reliabel

In Table 4, the AVE values for each construc trust, service quality, patient satisfaction, and patient loyalty, are all greater than 0.5, indicating that the constructs meet the criteria for convergent validity.
Table 5. Results of Discriminant Validity Test

	Trust	Service Quality	Patient Satisfaction	Patient Loyalty
Trust	0.885			
Service Quality	-0.123	0.796		
Patient Satisfaction	-0.129	0.832	0.830	
Patient Loyalty	0.788	-0.140	-0.108	0,933

In Table 5, it can be seen that the square root values of AVE for each construct are greater than the correlations between other constructs within the model. The square root AVE values on the diagonal are 0.885 for trust, 0.830 for service quality, 0.796 for patient satisfaction, and 0.933 for patient loyalty. Thus, it can be concluded that the model demonstrates good discriminant validity.

Table 6. R Square Test

	R Square	R Square Adjusted
Patient Satisfaction	0.692	0.690
Patient Loyalty	0.630	0.625

Based on Table 6, the R-square value (0.692) indicates that the regression model can explain 69.2% of the variability in patient satisfaction. This means that 69.2% of the variation in patient satisfaction can be explained by the independent variables included in the model. The adjusted R-square value (0.690) is slightly lower than the R-square value and adjusts for the number of variables used in the model. It shows that, after accounting for the number of predictors, approximately 69% of the variability in patient satisfaction can still be explained by the model. The adjusted R-square is more appropriate for models involving multiple predictors, as it corrects for the number of variables. Furthermore, based on Table 6, the R-square value (0.630) indicates that the model can explain 63% of the variability in patient loyalty. In other words, approximately 63% of the variation in patient loyalty can be accounted for by the independent variables included in the model. The adjusted R-square value (0.625), similar to the previous case, provides a more accurate measure by adjusting for the number of predictors. The adjusted R-square for patient loyalty suggests that about 62.5% of the variation in patient loyalty can still be explained after considering the number of variables in the model.

Table 7.

H	Hubungan	T Statistic	Cut Off	P-Value	Cut Off	Result	Conclusion
H1	Trust → Patient Satisfaction	0.418	1,96	0.676	0,05	Not Significant	Rejected
H2	Service Quality → Patient Satisfaction	35.506	1,96	0.000	0,05	Significant	Accepted
H3	Trust → Patient Loyalty	21.613	1,96	0.000	0,05	Significant	Accepted
H4	Service Quality → Patient Loyalty	0.184	1,96	0.854	0,05	Not Significant	Rejected
H5	Patient Satisfaction → Patient Loyalty	2.017	1,96	0.044	0,05	Significant	Accepted
H6	Trust → Patient Satisfaction → Patient Loyalty	0.373	1,96	0.709	0,05	Not Significant	Rejected
H7	Service Quality → Patient Satisfaction → Patient Loyalty	1.999	1,96	0.046	0,05	Significant	Accepted

Discussion

a.) The Influence of Trust on Patient Satisfaction

The results showed that trust did not have a significant influence on patient satisfaction, with a T-statistic of 0.418 (less than 1.96) and a P-value of 0.676 (greater than 0.05). This finding indicates that although trust is an important element in the healthcare context, in this case, it was not strong enough to generate patient satisfaction at Bogor Senior Hospital (BSH). According to Maharani in Sulle (2022), trust is defined as the belief in the reliability, durability, and integrity of the service provider. However, satisfaction requires not only belief but also the fulfillment of patient

expectations through tangible service experiences. As highlighted by Gwinner, Gremler, and Bitner (2005), trust alone does not guarantee satisfaction if service quality and direct interactions are perceived as insufficient. This divergence suggests that in this context, patient satisfaction at BSH is likely driven more by concrete service quality and direct service experiences rather than mere trust.

b.) The Influence of Service Quality on Patient Satisfaction
The study found that service quality significantly and positively influenced patient satisfaction, with a T-statistic of 35.506 and a P-value of 0.000. This is consistent with the service quality model proposed by Parasuraman, Zeithaml, and Berry (1988), who emphasized that reliability, responsiveness, assurance, empathy, and tangible elements are key determinants of customer satisfaction. The findings are also supported by Brady and Cronin (2001), who identified that interaction quality, physical environment quality, and outcome quality are critical to patients' perceptions. Furthermore, Kotler as cited by Fajar Laksana (2008) suggested that satisfaction results when perceived performance matches or exceeds expectations. Thus, improvements in service quality elements such as staff responsiveness, professionalism, and facility quality play a crucial role in enhancing patient satisfaction levels at BSH.

c.) The Influence of Trust on Patient Loyalty
Trust was found to have a significant positive impact on patient loyalty, with a T-statistic of 21.613 and a P-value of 0.000. This finding is in line with the Trust-Commitment Theory proposed by Morgan and Hunt in Putri dkk (2023), which emphasizes that trust is a fundamental element for sustaining long-term relationships. Furthermore, research by Leninkumar (2017) and Aini (2020) confirmed that trust significantly affects customer loyalty across service industries. Patients who trust their healthcare providers tend to maintain relationships, reuse services, and recommend the institution to others. Thus, in the case of BSH, fostering patient trust is a critical strategic element for enhancing loyalty and ensuring repeat visits.

d.) The Influence of Service Quality on Patient Loyalty
Interestingly, the study found that service quality did not have a significant direct impact on patient loyalty, with a T-statistic of 0.184 and a P-value of 0.854. Although high service quality is essential to patient satisfaction, it does not automatically translate into loyalty. This aligns with the argument of Tjiptono (2017), who stated that loyalty requires not only high-quality services but also emotional bonds and perceived value. Research by Hygid Starini (2013) and Cristina (2023) also suggests that while service quality influences loyalty, its impact may weaken if the service delivery fails to create emotional attachment or personal engagement. Therefore, while maintaining high service quality is critical, building emotional relationships and trust remains key to fostering patient loyalty at BSH.

e.) The Influence of Patient Satisfaction on Patient Loyalty
The results indicated that patient satisfaction significantly influenced patient loyalty, as evidenced by a T-statistic of 2.017 and a P-value of 0.044. According to Kotler (Fajar Laksana, 2008), customer satisfaction serves as a bridge that strengthens long-term relationships with service providers. This finding is further supported by Said (2022), who argued that satisfied customers are more likely to develop loyalty behaviors, such as repeat visits and advocacy. Thus, at BSH, efforts to improve patient satisfaction—through both service delivery and aftercare support—are crucial for building a loyal patient base.

f.) The Mediating Role of Patient Satisfaction between Trust and Loyalty
The study showed that patient satisfaction did not significantly mediate the relationship between trust and patient loyalty, as indicated by a T-statistic of 0.373 and a P-value of 0.709. This suggests that trust exerts a strong direct influence on loyalty, minimizing the mediating role of satisfaction. This result is consistent with the findings of Nha Nguyen, Leclerc, and LeBlanc (2013), who emphasized that customer trust often directly enhances loyalty without requiring satisfaction as an intermediary. At BSH, this implies that strategies to directly build and strengthen patient trust can have an immediate impact on loyalty without relying solely on satisfaction improvements.

g.) The Mediating Role of Patient Satisfaction between Service Quality and Loyalty
Finally, the study confirmed that patient satisfaction significantly mediated the relationship between service quality and patient loyalty, with a T-statistic of 1.999 and a P-value of 0.046. This finding aligns with research by Sefnedi, Akmal, and Sasmita (2020), who stated that satisfaction plays a

pivotal role in linking service quality to loyalty. Furthermore, supporting studies by Kencana, P. N., & Kasdiyo, K. (2020) and Chuenyindee dkk (2022) confirmed, improved service quality enhances satisfaction, which in turn fosters loyalty. At BSH, this highlights the importance of continuous service improvement as a strategy to indirectly strengthen patient loyalty through enhancing satisfaction levels.

CONCLUSION

Based on the results of the research and discussion on the influence of trust and service quality on patient loyalty with satisfaction as a mediating variable (a case study on Bogor Senior Hospital patients), several conclusions can be drawn. First, trust does not have a significant effect on patient satisfaction, indicating that the patients' level of trust alone is insufficient to directly enhance satisfaction without being supported by positive service experiences. Second, service quality has a significant and positive effect on patient satisfaction, suggesting that dimensions such as reliability, responsiveness, and empathy are crucial in enhancing the overall satisfaction of patients. Third, trust has a significant positive effect on patient loyalty, demonstrating that high trust levels motivate patients to remain loyal and to recommend the hospital's services to others.

However, service quality does not have a direct significant impact on patient loyalty, implying that although service quality is essential for satisfaction, it requires emotional and relational factors to convert into loyalty. Furthermore, patient satisfaction has a significant positive effect on loyalty, highlighting its role as a bridge between the hospital and the patients' willingness to continue using its services. Additionally, satisfaction was found not to significantly mediate the relationship between trust and loyalty, but it did significantly mediate the relationship between service quality and loyalty. Thus, efforts to improve service quality not only enhance satisfaction but also indirectly strengthen patient loyalty at Bogor Senior Hospital.

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