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Determinants of Patient Satisfaction: The Effect of Service Quality and Hospital Image with Patient Trust as a Mediator

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Abstract

Patient satisfaction is an important indicator of healthcare quality, yet improvements in service performance do not always translate into consistently favorable patient evaluations. This study aimed to examine the effects of service quality and hospital image on patient satisfaction and patient trust, as well as the mediating role of patient trust. A quantitative survey with a causal design was conducted among 342 respondents consisting of inpatients and family members or companions. Data were collected using a structured questionnaire with a five-point Likert scale and analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS. The findings show that service quality and hospital image have positive and significant effects on patient satisfaction and patient trust. Patient trust also has a positive and significant effect on patient satisfaction and significantly mediates the effects of service quality and hospital image on patient satisfaction. These findings indicate that improving service quality and strengthening hospital image should be accompanied by efforts to build patient trust. The study concludes that patient trust is an important mechanism for translating service experiences and institutional perceptions into greater patient satisfaction.

Keywords

Hospital Image, Patient Satisfaction, Patient Trust, Service Quality, Trust Mediation.

1. Introduction

Inpatient patient satisfaction is a fundamental indicator of healthcare quality and hospital management success amid increasing competition in Indonesia's healthcare sector. Patient satisfaction reflects the extent to which healthcare providers meet patients' needs and expectations and is closely associated with service quality, hospital image, and patient loyalty (Oliver, 1980; Parmana et al., 2024). However, challenges in healthcare services remain evident, particularly in service accessibility, facilities, waiting times, and patient perceptions (Widiarti et al., 2025). These challenges may create gaps between expected and experienced services, potentially weakening patient trust and satisfaction. Therefore, strengthening service quality, hospital reputation, and patient trust is essential to improve inpatient satisfaction and ensure service sustainability.

These conditions are reflected at RS Bhina Bhakti Husada Rembang. Patient Satisfaction Survey Report in 2023–2025 shows that service quality consistently increased from 77.0% to 84.7%, while public satisfaction did not increase proportionally, as indicated by the decline in the gap from +5.45 in 2023 to −0.42 in 2025. The condition suggests that improvements in technical service quality have not fully kept pace with patients' evolving expectations (RS Bhina Bhakti Husada, 2023). Six major complaints were identified, with service waiting time as the most frequent complaint (14.0%), followed by limited facilities (11.2%). Nevertheless, improvement was observed through January 2026, particularly in responsiveness, which increased by 19.5%. Thus, although operational improvements have occurred, several service aspects remain insufficient to meet patient expectations consistently.

The gap between ideal conditions (*das sollen*) under national accreditation standards and actual conditions (*das sein*) constitutes the central research problem. Improved responsiveness has not yet resulted in optimal and stable patient satisfaction because physical and time-related barriers persist. Service quality can be assessed through five SERVQUAL dimensions: tangibility, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). These dimensions have been widely associated with patient satisfaction, with empirical evidence showing that service quality positively affects satisfaction and that tangibles and reliability are significant predictors (Porong et al., 2025). In addition, structured service management and appropriate hospital infrastructure contribute to better patient experiences and evaluations (Prakoeswa et al., 2022).

Beyond service quality, hospital image represents an important determinant of patients' perceptions and evaluations. Hospital image encompasses the overall impression and reputation formed in the public's mind regarding a healthcare institution. A positive image can reduce perceived risk and strengthen patients' evaluations of healthcare services. Empirically, hospital image has been associated with patient satisfaction and loyalty, while its interaction with service quality can strengthen patients' overall perceptions of healthcare providers (Nguyen & LeBlanc, 1998; Wu, 2011). In Indonesia, hospital image, infrastructure, and staff interactions have also been identified as important factors influencing patient satisfaction and loyalty (Prakoeswa et al., 2022).

Patient trust is subsequently positioned as an important internal mechanism connecting service experiences and hospital perceptions with satisfaction. Trust is particularly relevant in healthcare because patients face uncertainty and depend on hospitals and healthcare professionals in making decisions concerning their health. Relationship marketing theory emphasizes trust as a central mechanism in developing positive relationships and behavioral outcomes (Morgan & Hunt, 1994). Empirical studies by Shie et al. (2022) and Widodo et al. (2023) have further shown that service quality and hospital image are related to trust, while trust may contribute to patient satisfaction and loyalty. However, evidence regarding the

mediating role of trust remains inconsistent, indicating that its position within the relationship between service quality, hospital image, and patient satisfaction requires further examination.

The present study positions patient trust as an intervening variable linking service quality and hospital image to inpatient satisfaction at RS Bhina Bhakti Husada Rembang. This integrated mediation model addresses the need to clarify how patients translate their service experiences and perceptions of hospital image into satisfaction. The relevance of this approach is supported by the hospital's 2026 patient satisfaction survey, which reported higher trust among inpatients (3.89) than outpatients (3.60), suggesting that trust may play a particularly important role when patient-hospital interactions are longer and more intensive. Therefore, this study aims to examine the effects of service quality and hospital image on patient satisfaction and determine whether patient trust mediates these relationships at RS Bhina Bhakti Husada Rembang.

2. Literature Review and Hypothesis Development

2.1. The Effect on Patient Satisfaction

Service quality and hospital image are important factors shaping patient satisfaction because patients evaluate healthcare experiences based on the services received and their expectations. Service quality can be conceptualized through the SERVQUAL dimensions of tangibles, reliability, responsiveness, assurance, and empathy, which reflect both technical and interpersonal aspects of healthcare delivery (Parasuraman et al., 1988). In inpatient settings, patients have repeated interactions with healthcare professionals and hospital facilities, allowing them to assess service performance more comprehensively. Previous studies have demonstrated that service quality is positively associated with patient satisfaction. Rahmatia et al. (2025) confirmed the relevance of the SERVQUAL dimensions in evaluating inpatient care, while Porong et al. (2025) found that service quality contributes significantly to patient satisfaction in inpatient rooms. Tirtakusuma and Nuvriasari (2025) similarly found that service quality has a positive and significant effect on customer satisfaction. Similar evidence is reported by Hartanti and Antonio (2022), who identified significant relationships between service quality dimensions and patient satisfaction in healthcare services.

Hospital image also contributes to patient satisfaction by shaping perceptions of institutional reputation, credibility, and service capability. A favorable image may establish positive expectations about the hospital before and during the treatment process, which can influence subsequent evaluations of healthcare experiences. Wu (2011) demonstrated that hospital brand image is associated with patient satisfaction, while Yanuarista et al. (2025) identified a relationship between hospital image, patient satisfaction, and loyalty. Aziz et al. (2025) further showed that hospital image and trust are relevant to inpatient satisfaction. Therefore, when patients perceive healthcare services as reliable, responsive, professional, and supported by a favorable institutional image, they are more likely to experience satisfaction.

H1: Service quality has a positive and significant effect on patient satisfaction.

H2: Hospital image has a positive and significant effect on patient satisfaction.

2.2. The Effect on Patient Trust

Service quality can influence patient trust because patients use their experiences during healthcare encounters to assess the competence, reliability, and commitment of healthcare providers. The consistent delivery of accurate, responsive, safe, and empathetic services provides patients with observable signals that the hospital is

capable of meeting their healthcare needs. Zarei et al. (2015) demonstrated that hospital service quality contributes to patient trust, indicating that positive service experiences can strengthen patients' confidence in healthcare institutions. Shie et al. (2022) similarly emphasized the relationship between hospital service quality and patient trust from a service encounter perspective. In inpatient care, repeated interactions with physicians, nurses, and other healthcare personnel provide continuous opportunities for patients to evaluate professionalism, communication, responsiveness, and safety. These experiences can gradually strengthen confidence in the hospital and its ability to provide appropriate care.

Hospital image can also become an important basis for developing patient trust because patients may not be able to assess all technical aspects of medical services directly. Reputation, credibility, institutional identity, and perceptions of organizational capability can therefore serve as signals of whether a hospital is trustworthy. Eftitah et al. (2023) found that hospital image is associated with patient trust, while Wulandari and Paramarta (2025) demonstrated the relevance of hospital image and patient trust in healthcare decision-making. A favorable institutional image may create initial confidence, which can subsequently be reinforced through positive service experiences. Thus, both actual service performance and broader perceptions of the hospital can contribute to the development of patient trust.

H3: Service quality has a positive and significant effect on patient trust.

H4: Hospital image has a positive and significant effect on patient trust.

2.3. The Effect of Patient Trust on Patient Satisfaction

Patient trust represents an important psychological component of healthcare experiences because patients must rely on healthcare professionals and institutions to provide appropriate, safe, and competent treatment. Trust reduces uncertainty and allows patients to feel more confident about the quality and intentions of the care they receive. Conradsen et al. (2024) explain that trust in healthcare is closely related to patients' knowledge, perceptions, and relationships with healthcare personnel. Similarly, Babanataj et al. (2025) emphasize that organizational trust involves confidence in the competence, integrity, and reliability of healthcare organizations and professionals. In inpatient settings, where patients depend substantially on healthcare providers throughout the treatment process, trust becomes particularly important in shaping their overall evaluation of care.

Empirical research supports the role of trust in producing favorable patient evaluations. Wang et al. (2024) found that trust in physicians is related to inpatient satisfaction with medical services, demonstrating that confidence in healthcare providers contributes to patients' evaluation of their treatment experiences. Asiyie and Wahyudi (2025) likewise identified trust as an important factor in explaining patient satisfaction. When patients believe that healthcare providers are competent, honest, responsive, and concerned about their well-being, they are more likely to interpret their experiences positively. Trust can therefore strengthen patients' sense of security and confidence during hospitalization, making them more likely to perceive that the services received meet their needs and expectations.

H5: Patient trust has a positive and significant effect on patient satisfaction.

2.4. The Effect of Patient Trust as a Mediator

Patient trust can function as a mediating mechanism through which service quality influences patient satisfaction. Positive service experiences provide patients with information about the hospital's competence, reliability, responsiveness, and commitment, which can strengthen trust. Trust then transforms these experiences

into more favorable evaluations of healthcare services. Shie et al. (2022) emphasized the importance of trust in connecting service encounters with patient outcomes, while Al-Hilou and Suifan (2023) specifically demonstrated the mediating role of patient trust in the relationship between service quality and patient satisfaction. This mechanism is particularly relevant in inpatient care because repeated interactions provide patients with greater opportunities to observe service consistency and develop confidence in healthcare providers. Thus, service quality may influence satisfaction both directly and indirectly through the trust developed during the treatment process.

A similar mediation mechanism can be applied to the relationship between hospital image and patient satisfaction. A positive hospital image may initially create confidence in the hospital's reputation, competence, and institutional capability, which can develop into patient trust through actual healthcare experiences. Trust subsequently strengthens patients' evaluations of the services received. Duran et al. (2026) demonstrated the mediating role of patient trust in the relationship between healthcare service factors and patient satisfaction, supporting the importance of trust as an explanatory mechanism. Therefore, patient trust is expected to transmit the influence of both service quality and hospital image to patient satisfaction.

H6: Patient trust mediates the positive and significant effect of service quality on patient satisfaction.

H7: Patient trust mediates the positive and significant effect of hospital image on patient satisfaction.

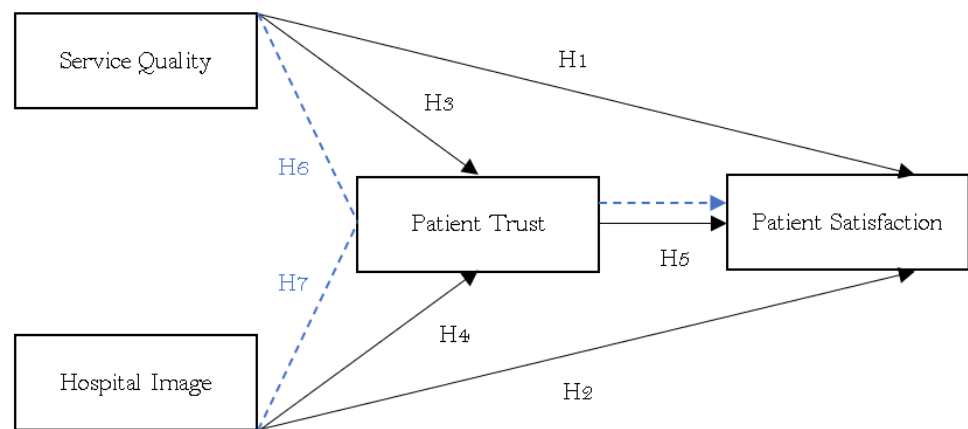


Figure 1. Research Framework

Figure 1 illustrates the proposed relationships among service quality, hospital image, patient trust, and patient satisfaction. Service quality and hospital image are hypothesized to affect patient satisfaction directly (H1–H2) and patient trust (H3–H4), while patient trust is hypothesized to affect patient satisfaction (H5). In addition, patient trust is proposed as a mediating variable in the relationships between service quality and patient satisfaction (H6) and between hospital image and patient satisfaction (H7).

3. Methods

This study employed a quantitative approach using a survey method and a causal research design. A causal study is intended to test hypotheses and explain specific cause-and-effect relationships among research variables (Sekaran & Bougie, 2016). This study examined the effects of service quality and hospital image on patient

satisfaction, with patient trust positioned as a mediating variable. The research was conducted at RS Bhina Bhakti Husada Rembang, with the population comprising inpatient patients who received treatment at the hospital. Inpatients were selected because their relatively prolonged interaction with hospital services enabled them to provide comprehensive evaluations of service quality, hospital image, and trust.

The study applied census or total sampling (saturated sampling), in which all members of the target population meeting the established criteria were included as research respondents. Based on hospital operational data, the inpatient population during the specified evaluation period was 1,408.5 patients annually, equivalent to an average of approximately 117.375 patients per month. The study involved 342 inpatient respondents. Respondents included patients or family members/caregivers responsible for the patient during hospitalization who had interacted with inpatient services for at least 2×24 hours, were fully conscious and cognitively capable of completing the questionnaire, were at least 18 years old or married, and represented both Health Social Security Agency (*Badan Penyelenggara Jaminan Sosial/BPJS Kesehatan*) and non-BPJS payment schemes. Participation was voluntary and required informed consent after participants received an explanation of the study objectives and data confidentiality.

The study used primary and secondary data. Primary data were collected through a structured closed-ended questionnaire administered to eligible inpatient respondents, while secondary data comprised the hospital profile, inpatient visit and patient records, and service quality reports. All questionnaire items were measured using a five-point Likert scale. The independent variables were service quality (X_1) and hospital image (X_2); patient trust (Z) was the mediating variable, and patient satisfaction (Y) was the dependent variable. Service quality was measured using the SERVQUAL dimensions of tangibles, reliability, responsiveness, assurance, and empathy developed by Parasuraman et al. (1988). Hospital image was assessed through corporate image, institutional reputation, physical environment, and service personnel, consistent with Wu (2011). Patient trust was measured through medical competence, organizational integrity, benevolence, and patient information security, following Zarei et al. (2015). Patient satisfaction reflected patients' evaluations of received services and their fulfillment of expectations (Oliver, 1980).

Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS. The outer model was assessed for convergent validity, discriminant validity, and construct reliability using loading factors, Average Variance Extracted (AVE), cross-loadings, the Fornell–Larcker criterion, the Heterotrait–Monotrait ratio (HTMT), Cronbach's Alpha, and Composite Reliability. These procedures are consistent with established guidelines for evaluating measurement models using PLS-SEM (Henseler et al., 2015; Hair et al., 2022). The inner model was evaluated using R^2 , Q^2 , and Goodness of Fit (GoF), while the hypothesized relationships were tested using bootstrapping based on t-statistics and p-values.

4. Results

Prior to discussing the research findings, the characteristics of the respondents were first identified based on their status, gender, age, and type of health insurance, as presented in Table 1.

Table 1. Characteristics Respondent

Category	Characteristics	Frequency	Percent (%)
Questionnaire Respondent Status	Patient	121	35.4
	Family Member/Companion	221	64.6
Gender	Male	178	52.0
	Female	164	48.0
Age	18–30 years	104	30.4
	31–40 years	115	33.6
	41–50 years	84	24.6
	>50 years	39	11.4
Insurance Type	BPJS Health Insurance	333	97.4
	Non-BPJS	9	2.6
Total		342	100.0

Table 1 shows that the majority of respondents were family members/companions, accounting for 221 respondents (64.6%), while 121 respondents (35.4%) were patients. In terms of gender, male respondents were slightly more dominant, with 178 respondents (52.0%), compared with 164 females (48.0%). Regarding age, the largest proportion was respondents aged 31–40 years, totaling 115 respondents (33.6%), followed by those aged 18–30 years (30.4%), 41–50 years (24.6%), and over 50 years (11.4%). In terms of insurance type, the vast majority of respondents were BPJS Health Insurance participants, comprising 333 respondents (97.4%), while only 9 respondents (2.6%) used non-BPJS insurance. The study involved 342 respondents.

Table 2. Convergent Validity

Variable	Item	Outer Loading	AVE	Cronbach's Alpha	Composite Reliability (rho_a)	Composite Reliability (rho_c)
Service Quality	X1.1	0.767	0.670	0.92	0.921	0.940
	X1.2	0.758				
	X1.3	0.742				
	X1.4	0.739				
	X1.5	0.795				
	X1.6	0.750				
Hospital Image	X2.1	0.753	0.599	0.895	0.897	0.923
	X2.2	0.784				
	X2.3	0.807				
	X2.4	0.793				
	X2.5	0.751				
	X2.6	0.753				
Patient Trust	Z.1	0.809	0.630	0.868	0.900	0.902
	Z.2	0.760				
	Z.3	0.820				
	Z.4	0.768				
	Z.5	0.816				
	Z.6	0.790				
Patient Satisfaction	Y.1	0.834	0.576	0.809	0.814	0.888
	Y.2	0.803				
	Y.3	0.839				
	Y.4	0.797				

Table 2 presents the results of the convergent validity and reliability assessment. The outer loading values for all indicators ranged from 0.739 to 0.839, exceeding the recommended threshold of 0.70, indicating that all indicators adequately represented their respective constructs. The AVE values ranged from 0.576 to 0.670, exceeding

the minimum criterion of 0.50 and confirming adequate convergent validity. Furthermore, Cronbach's Alpha values ranged from 0.809 to 0.920, while Composite Reliability (rho_a) ranged from 0.814 to 0.921 and Composite Reliability (rho_c) ranged from 0.888 to 0.940. All reliability coefficients exceeded the recommended threshold of 0.70, indicating that the constructs demonstrated satisfactory internal consistency and reliability. Therefore, all indicators and constructs met the requirements for convergent validity and reliability and were retained for further analysis.

Table 3. Heterotrait-Monotrait Ratio (HTMT)

Variable	HTMT
Patient Trust ↔ Hospital Image	0.406
Patient Satisfaction ↔ Hospital Image	0.456
Patient Satisfaction ↔ Patient Trust	0.602
Service Quality ↔ Hospital Image	0.367
Service Quality ↔ Patient Trust	0.423
Service Quality ↔ Patient Satisfaction	0.468

Table 3 presents the results of the HTMT assessment used to evaluate discriminant validity among the constructs. The HTMT values ranged from 0.367 to 0.602, with the highest value observed between patient satisfaction and patient trust (0.602). All HTMT values were below the recommended threshold of 0.90, indicating that each construct was empirically distinct from the others. Therefore, the results confirm that the measurement model achieved adequate discriminant validity, and no substantial overlap was identified among service quality, hospital image, patient trust, and patient satisfaction.

Table 4. Fornell-Larcker Criterion

Variable	HI	PT	PS	SQ
Hospital Image (HI)	0.774			
Patient Trust (PT)	0.362	0.794		
Patient Satisfaction (PS)	0.394	0.523	0.818	
Service Quality (SQ)	0.314	0.370	0.399	0.759

Based on Table 4, the square root of the AVE for each construct, shown on the diagonal, was higher than its correlations with the other constructs. Specifically, the values were 0.774 for hospital image, 0.794 for patient trust, 0.818 for patient satisfaction, and 0.759 for service quality. These values exceeded all corresponding inter-construct correlations, which ranged from 0.314 to 0.523. Therefore, the Fornell-Larcker criterion was satisfied, confirming that hospital image, patient trust, patient satisfaction, and service quality demonstrated adequate discriminant validity and were empirically distinct constructs.

Table 5 shows the cross-loadings used to assess discriminant validity further. The results show that each indicator has a higher loading on its respective construct than on the other constructs. The outer loading values for service quality indicators ranged from 0.739 to 0.795, hospital image from 0.751 to 0.807, patient satisfaction from 0.797 to 0.839, and patient trust from 0.760 to 0.820. In comparison, the cross-loading values on the other constructs were consistently lower than the corresponding primary loadings. Therefore, all indicators demonstrated adequate discriminant validity, confirming that each indicator appropriately represents its intended construct and that the constructs are empirically distinct.

Table 5. Cross Loading

Variable	Item	HI	PT	PS	SQ
Service Quality (SQ)	X1.1	0.256	0.301	0.323	0.767
	X1.2	0.214	0.263	0.282	0.758
	X1.3	0.270	0.262	0.267	0.742
	X1.4	0.192	0.282	0.270	0.739
	X1.5	0.247	0.307	0.336	0.795
	X1.6	0.249	0.265	0.327	0.750
Hospital Image (HI)	X2.1	0.753	0.242	0.242	0.269
	X2.2	0.784	0.291	0.331	0.209
	X2.3	0.807	0.295	0.295	0.274
	X2.4	0.793	0.319	0.317	0.213
	X2.5	0.751	0.240	0.305	0.233
	X2.6	0.753	0.282	0.326	0.269
Patient Satisfaction (PS)	Y.1	0.321	0.434	0.834	0.360
	Y.2	0.267	0.420	0.803	0.287
	Y.3	0.299	0.426	0.839	0.328
	Y.4	0.393	0.432	0.797	0.325
Patient Trust (PT)	Z.1	0.328	0.809	0.458	0.255
	Z.2	0.211	0.760	0.317	0.273
	Z.3	0.304	0.820	0.444	0.293
	Z.4	0.266	0.768	0.365	0.258
	Z.5	0.298	0.816	0.456	0.367
	Z.6	0.298	0.790	0.425	0.308

Table 6. Multicollinearity Test

Relationship Between Variables	VIF
Hospital Image → Patient Trust	1.109
Hospital Image → Patient Satisfaction	1.203
Patient Trust → Patient Satisfaction	1.256
Service Quality → Patient Trust	1.109
Service Quality → Patient Satisfaction	1.211

Table 6 presents the results of the multicollinearity test based on the Variance Inflation Factor (VIF). The VIF values ranged from 1.109 to 1.256, which are well below the commonly accepted threshold of 5.00. This indicates that no substantial multicollinearity exists among the predictor constructs in the structural model. Therefore, hospital image, service quality, and patient trust can be considered sufficiently independent predictors, allowing the structural model to proceed to hypothesis testing.

Table 7. Coefficient of Determination, Predictive Relevance, and Goodness of Fit

Variable	R	R-square Adjusted	Q ² predict	RMSE	MAE	Goodness of Fit
Patient Trust	0.204	0.199	0.192	0.905	0.735	0.415
Patient Satisfaction	0.354	0.348	0.227	0.884	0.733	-

Table 7 presents the results of the structural model assessment based on the coefficient of determination, predictive relevance, prediction error, and Goodness of Fit. The R-square values indicate that service quality and hospital image explain 20.4% of the variance in patient trust and 35.4% of the variance in patient satisfaction, with adjusted R-square values of 19.9% and 34.8%, respectively. The Q²predict values of 0.192 for patient trust and 0.227 for patient satisfaction are positive, indicating that the model has predictive relevance. The RMSE and MAE values were 0.905 and 0.735 for patient trust and 0.884 and 0.733 for patient satisfaction, indicating acceptable prediction errors. Meanwhile, the GoF value of

0.415 indicates an adequate overall fit of the model. Thus, the structural model demonstrates sufficient explanatory power, predictive relevance, and overall model fit for further hypothesis testing.

Table 8. Effect Size

Variable	Patient Trust	Patient Satisfaction
Hospital Image	0.084	0.049
Patient Trust	-	0.178
Service Quality	0.092	0.049

Table 8 shows that hospital image and service quality have small effects on patient trust and patient satisfaction, with effect sizes ranging from 0.049 to 0.092. Patient trust has a medium effect on patient satisfaction ($f^2 = 0.178$), indicating a stronger contribution to patient satisfaction than the other predictors.

Table 9. Hypothesis Testing

Relationship	Original Sample	Sample Mean	Standard Deviation	t-statistics	p-values
Hospital Image → Patient Trust	0.272	0.274	0.050	5.488	0.000
Hospital Image → Patient Satisfaction	0.194	0.195	0.048	4.015	0.000
Patient Trust → Patient Satisfaction	0.380	0.380	0.046	8.208	0.000
Service Quality → Patient Trust	0.285	0.287	0.050	5.727	0.000
Service Quality → Patient Satisfaction	0.197	0.198	0.043	4.618	0.000
Hospital Image → Patient Trust → Patient Satisfaction	0.104	0.104	0.024	4.339	0.000
Service Quality → Patient Trust → Patient Satisfaction	0.108	0.109	0.023	4.786	0.000

Table 9 presents the hypothesis testing results. All direct relationships are positive and significant, as indicated by t-statistics ranging from 4.015 to 8.208 and p-values of 0.000. Hospital image significantly affects patient trust ($\beta = 0.272$) and patient satisfaction ($\beta = 0.194$), while service quality significantly affects patient trust ($\beta = 0.285$) and patient satisfaction ($\beta = 0.197$). Patient trust also has a significant positive effect on patient satisfaction ($\beta = 0.380$). The mediation results show that patient trust significantly mediates the effects of hospital image and service quality on patient satisfaction. The indirect effects are 0.104 for hospital image and 0.108 for service quality, with t-statistics of 4.339 and 4.786, respectively, and p-values of 0.000. Thus, all proposed direct and indirect relationships are statistically significant.

5. Discussion

The findings indicate that service quality has a positive and significant effect on patient satisfaction. This finding confirms that patients' experiences with healthcare services remain an important basis for evaluating their satisfaction. The result is consistent with the SERVQUAL framework by Parasuraman et al. (1988), which emphasizes reliability, responsiveness, assurance, empathy, and tangibles as important dimensions of service evaluation. Previous studies by Rahmatia et al. (2025) and Trisutrisno (2025) have also demonstrated that service quality is closely associated with patient satisfaction, particularly in inpatient settings. Alfarizi and Ngatindriatun (2022) further emphasized that service processes and hospital

logistics contribute to patients' perceptions of service quality. Therefore, improving responsiveness, reliability, staff competence, personal attention, and physical facilities is important for strengthening patient satisfaction.

Hospital image also has a positive and significant effect on patient satisfaction. This finding indicates that patients evaluate hospitals not only based on their direct service experiences but also on perceptions of reputation, credibility, institutional identity, and organizational capability. A positive hospital image can shape patients' expectations and influence how they interpret the services received. This finding is consistent with Asnawi et al. (2019), who found that hospital image and service quality influence patient satisfaction and loyalty. Similar evidence was reported by Aziz et al. (2025), who demonstrated the importance of hospital image and trust in shaping patient satisfaction, while Saint and Cokki (2025) identified hospital image as an important factor associated with patient satisfaction. Thus, maintaining a positive institutional image through consistent service quality, professional conduct, adequate facilities, and credible communication is essential for enhancing patient satisfaction.

The findings show that service quality and hospital image have positive and significant effects on patient trust. Patients use their service experiences to assess the hospital's ability to provide reliable and professional healthcare. Reliability, responsiveness, assurance, empathy, and tangible facilities provide important signals of provider competence and consistency. This finding is supported by Zarei et al. (2015), Shie et al. (2022), and Adawiyah and Yunus (2025), who demonstrated that service quality contributes to patient trust and public confidence in healthcare services. Hospital image also influences trust because patients form perceptions based on the hospital's reputation, credibility, and institutional identity. A positive image can signal competence, reliability, and commitment, particularly when technical service quality cannot be directly assessed. This finding is consistent with Eftitah et al. (2023) and Wulandari and Paramarta (2025). Therefore, strengthening service quality and hospital image through professional conduct, effective communication, consistency, and patient safety is essential for building patient trust.

Patient trust has a positive and significant effect on patient satisfaction and represents a more proximal mechanism in shaping satisfaction than service quality or hospital image alone. Patients who trust healthcare providers are more likely to feel secure and confident in the services they receive. This is particularly important because healthcare involves uncertainty, personal information, and decisions that patients may not be able to evaluate independently. Wang et al. (2024) found that trust in physicians contributes to patient satisfaction, while Haenssger et al. (2024) emphasized trust as an important component of healthcare relationships. Strengthening healthcare competence, transparency, communication, and patient safety can therefore enhance both trust and satisfaction.

Patient trust significantly mediates the effects of service quality and hospital image on patient satisfaction. The mediation results indicate that both variables influence patient satisfaction not only directly but also indirectly through the development of patient trust. Because the direct effects remain significant, patient trust functions as a partial mediator. This finding is consistent with Al-Hilou and Suifan (2023) and Duran et al. (2026), who demonstrated the mediating role of patient trust in the relationship between service quality and patient satisfaction. The findings indicate that improving service quality and hospital image can strengthen patient satisfaction through both direct service experiences and the development of patient trust.

6. Conclusion

The study found that service quality and hospital image positively and significantly influence patient satisfaction and patient trust, while patient trust also

positively and significantly affects patient satisfaction. Patient trust further mediates the relationships between service quality and hospital image and patient satisfaction, indicating that trust functions as an important mechanism through which patients translate service experiences and institutional perceptions into satisfaction. These findings imply that hospital management should improve service reliability, responsiveness, assurance, empathy, facilities, professional communication, and institutional credibility as an integrated strategy. Strengthening patient trust should be treated as a strategic priority because it can reinforce the effects of service quality and hospital image on satisfaction and support sustainable healthcare relationships.

This study has several limitations. The research was conducted at a single hospital, which may limit generalizability to other healthcare institutions and patient populations. The cross-sectional survey design also captures perceptions at one point in time and cannot fully explain how these factors develop throughout hospitalization. In addition, the study relied primarily on self-reported questionnaire data, which respondents' subjective perceptions may influence. Future research should involve multiple hospitals and broader patient populations to improve generalizability. Longitudinal or mixed-method approaches are also recommended to examine changes in trust and satisfaction over time and provide deeper explanations of patients' experiences. Future studies may additionally consider other variables, such as perceived value, patient experience, hospital reputation, communication quality, or patient engagement, to develop a more comprehensive model of patient satisfaction.

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Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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