



## THE IMPACT OF SERVICE QUALITY ON HOSPITAL IMAGE: THE MEDIATING ROLES OF PATIENT SATISFACTION AND TRUST

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### Abstract

The way a hospital looks plays a positive part in forming patients' views and affecting their choices to seek medical care. This study seeks to investigate the impact of service quality on hospital image, as mediated by patient satisfaction and trust. This study's population consisted of 351 outpatients from Rumah Sakit Permata Bekasi. Questionnaires were used to data collect, which was then analyzed using SEM-PLS software's Partial Least Squares (PLS) approach. The results indicate that service quality has a substantial effect on patient satisfaction, service quality substantial affects patient trust, good service quality substantial impacts the hospital image, patient satisfaction does not substantial influence hospital image, patient trust substantial affects hospital image, patient satisfaction does not mediate the relationship between service quality and hospital image, and patient trust substantial mediates the Based on these findings, the study suggests that hospitals should boost broader factors such as communication management and hospital image management on social media, which can improve public opinion of the hospital while also optimizing service quality and overall hospital image.

**Keywords:** Hospital Image, Patient Satisfaction, Patient Trust, Service Quality



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## INTRODUCTION

Public health has emerged as a critical pillar in promoting long-term development by providing high-quality healthcare services, effective management systems, and measured service performance. In the healthcare industry, hospitals are expected not only to provide medical treatment but also to build positive relationships with patients as service users. Patients prefer hospitals that can provide comfort, safety, and higher-quality service than rival institutions.

As a result, hospital image has evolved as a strategic factor in shaping patient views and healthcare decisions. Previous research has shown that a positive hospital image has a considerable impact on patient satisfaction and stimulates repeat visits and loyalty (Mandagi et al., 2023; Prakoeswa et al., 2022). Similarly, Putra et al. (2024) noted that patients who have a positive perception of a hospital are more likely to rate the quality of healthcare services favorably and retain long-term ties with the institution. Thus, maintaining a positive hospital image is critical for increasing competitiveness and public trust in healthcare companies.

According to online patient ratings, one of Bekasi's hospitals, Rumah Sakit Permata Bekasi, has a relatively positive public reputation. The hospital received a Google rating of 4.3 out of 5 based on over 2,800 reviews, indicating that the community perceives the institution positively. The presence of several outpatient clinics and related infrastructure demonstrates the hospital's commitment to providing healthcare services. Despite the excellent rating, there are still some complaints about service quality and patient comfort.

Some patients experienced delays in medical treatments, inefficient manual patient-calling methods, late physician presence, and insufficient responsiveness from staff. Complaints were also raised in the emergency department, where patients reported long treatment times and inadequate facilities. Such conditions imply that there are still disparities between patient expectations and the actual healthcare services delivered.

According to Dewi et al. (2022), failing to meet patient expectations can lower satisfaction, erode trust, and eventually harm the hospital's image. Consequently, medical facilities need to keep enhancing the quality of their healthcare services in order to sustain public trust and institutional reputation.

In Indonesia, hospitals are officially classified as healthcare establishments that provide full individual healthcare services, such as inpatient, outpatient, and emergency treatment, according to the Peraturan Menteri Kesehatan Nomor 3 Tahun 2020. Healthcare services have evolved into service goods that must be managed according to current quality management standards (Ambari et al., 2023; Karmadi et al., 2023).

Patients nowadays are increasingly critical in assessing healthcare quality in terms of trustworthiness, responsiveness, assurance, empathy, and tangible proof, all of which have a substantial impact on patient satisfaction (Wahyuni et al., 2024; Yakob et al., 2024). Hospitals must consequently provide patient-centered services that meet national and international accrediting criteria (Alhawajreh et al., 2023; Basarah et al., 2022).

Furthermore, certification serves as a key tool for assuring ongoing quality improvement and improving patient safety and satisfaction (Karmadi et al., 2023). Outpatient services are especially essential in this context since they are the major means by which patients connect with healthcare providers and assess the quality of their healthcare experiences (Runggandini, 2024).

Patient satisfaction and trust are considered two critical factors in improving hospital image and loyalty. According to studies, patients who are satisfied with healthcare quality, healthcare personnel interactions, and hospital facilities have better healthcare experiences and more likely return to the same hospital in the future (Flaviana et al., 2023; M. M. Imran et al., 2021).

Furthermore, patient satisfaction serves as both an indicator of healthcare quality and a mediator between service quality and patient loyalty (Parantri et al., 2023). Along with

pleasure, patient trust is an important factor in developing long-term relationships between patients and healthcare providers. Trust relates to patients' belief in hospitals and healthcare personnel's competency, integrity, transparency, and ethical commitment to providing safe and fair medical care.

Previous research has stressed that trust is established through consistent pleasant experiences, honest communication, and the delivery of service promises (Wijaya et al., 2021). Strong patient trust can foster loyalty even in highly competitive healthcare environments, while also benefiting hospital image and institutional sustainability.

Based on the preceding description, various study gaps can be discovered in the relationship between service quality, patient happiness, patient trust, and hospital image. Previous studies have primarily concentrated on the direct relationship between service quality and patient satisfaction, as well as the connection between patient satisfaction and hospital image. (Fernandes & Nurvita, 2022; Gultom et al., 2021; Wijaya et al., 2021).

However, few studies have thoroughly investigated the function of patient trust in moderating the relationship between service quality and hospital image (AlOmari & Hamid, 2022). Furthermore, previous studies typically explored these variables separately rather than incorporating them into a coherent conceptual framework. As a result, this study provides a unique perspective by examining the intricate interactions between service quality, patient satisfaction, patient trust, and hospital image within a single structural model.

This study is expected to produce research findings regarding how the quality of healthcare services directly or indirectly influences the reputation on hospitals through the roles of patient satisfaction and trust. Furthermore, the findings are expected to contribute theoretically to the literature on healthcare service management as well as practically to hospital management strategies targeted at enhancing service quality and strengthening institutional image in the long run.

## **RESEARCH METHOD**

### ***Research Design***

This study used a quantitative research approach to investigate the impact of service quality on hospital image as mediated by patient satisfaction and trust at Rumah Sakit Permata Bekasi. Quantitative research was chosen because the study focuses on determining correlations between variables through numerical data and statistical analytical tools.

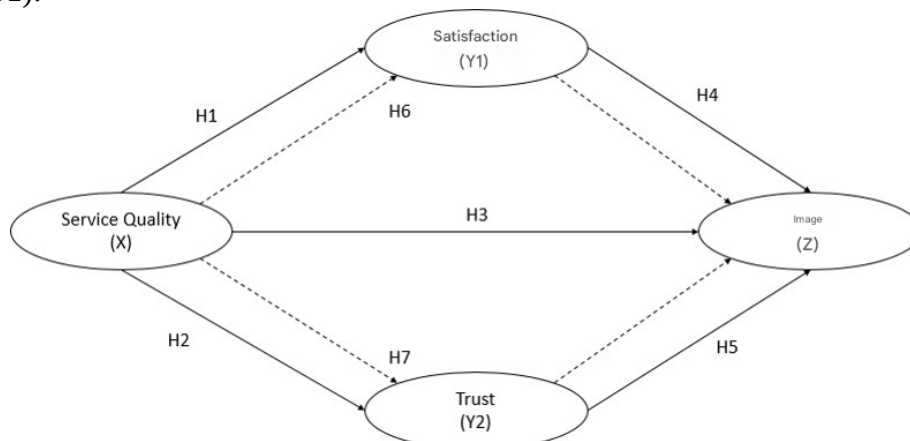
The study was conducted at Rumah Sakit Permata Bekasi's Outpatient Installation (Instalasi Rawat Jalan/IRJ), which is located at Jl. Mustika Jaya No. 9, Mustikajaya Village, Mustika Jaya District, Bekasi City, West Java Province. The location was chosen because Rumah Sakit Permata Bekasi is one of the region's oldest hospitals, and it is currently facing increased competition from newly constructed institutions.

In this competitive market, preserving healthcare service quality and improving hospital image are critical measures for retaining organizational competitiveness and patient loyalty. The study was carried out during the outpatient service period in 2026. Data collection was carried out directly in outpatient clinics after receiving institutional consent from hospital management.

According to Sugiyono (2020), quantitative research focuses on objective measurement using structured tools to evaluate ideas consistently. The current study used a correlational research design because it wanted to examine the relationships between two or more variables, specifically service quality as the independent variable, patient satisfaction and trust as mediating variables, and hospital image as the dependent variable.

Based on its objectives and design, this study can also be classified as survey research, with a structured questionnaire serving as the major data-gathering tool. The survey approach was utilized to get a general picture of healthcare service quality at Rumah Sakit Permata

Bekasi. The obtained data were converted to numerical form and analyzed using Structural Equation Modeling-Partial Least Squares (SEM-PLS). SEM-PLS was chosen for its ability to analyze complex interactions between latent variables while also assessing mediation effects (Ghozali et al., 2021). The conceptual framework and the formulation of research hypotheses are outlined below Parasuraman (1985); Liu et al., (2021); Kalhor et al (2020); Martin & Brown (1991):



**Figure 1.** Conceptual Framework

### **Hypotheses:**

H1: The Relationship between Hospital Service Quality and Patient Satisfaction

H2: The Relationship between Hospital Service Quality and Patient Trust

H3: The Relationship between Hospital Service Quality and Hospital Image

H4: The Relationship between Patient Satisfaction and Hospital Image

H5: The Relationship between Patient Trust and Hospital Image

H6: Patient Satisfaction as a Mediator between Hospital Service Quality and Positive Hospital Image

H7: Patient Trust as a Mediator between Hospital Service Quality and Positive Hospital Image

### **Research Target/Subject**

The research subjects were Rumah Sakit Permata Bekasi outpatients who received general or insurance health services and met the researcher's inclusion criteria. The investigation was carried out at six outpatient clinics with the greatest patient visit rates: Internal Medicine, Pediatrics, Obstetrics and Gynecology, Ophthalmology, Ear-Nose-Throat (ENT), and Dermatology and Venereology.

This study included 375 outpatient patients from the designated clinics. According to Sugiyono (2020), a population is a group of persons or things with certain characteristics selected by researchers for investigation and conclusion drawing. The study used proportionate stratified random sampling to guarantee that each outpatient clinic was fairly represented in the sample. This sample strategy was chosen because it reduces sampling bias while increasing representativeness by ensuring equal participation from each stratum.

The total research sample was 351 respondents based on the sampling calculation using proportionate stratified random sampling. Inclusion criteria were: (1) Outpatient patients who had visited Rumah Sakit Permata Bekasi more than once; (2) Patients aged 14 years or older who were able to communicate effectively and complete the questionnaire independently or with minimal assistance; and (3) Patients who were willing to participate as respondents. Meanwhile, the exclusion criteria included the critical condition, cognitive or communication impairments, and unavailability of the patients during data collection.

### Research Procedure

The research was carried out in stages, following a systematic approach. First, the researcher identified the research topic and created a conceptual framework based on existing literature on service quality, patient satisfaction, patient trust, and hospital image. Second, research instruments were created in the form of structured questionnaires based on known theoretical indications. Third, the surveys were provided directly to eligible outpatients at Rumah Sakit Permata Bekasi.

After data collection was completed, the replies were reviewed using editing, coding, tabulating, and scoring methods. Editing was done to ensure that the responses provided by respondents were comprehensive and accurate. Coding entailed giving numerical symbols to every questionnaire response. Tabulation was used to group comparable data for simpler analysis, and scoring converted respondents' replies into numerical values using the Likert scale. Finally, the processed data were analyzed with SEM-PLS to determine both direct and indirect associations between variables (Hair et al., 2017).

### Instruments and Data Collection Techniques

This study uses primary data collected directly from respondents using questionnaires. The questionnaire was used as the primary study tool to assess respondents' perceptions of service quality, patient satisfaction, patient trust, and hospital image. The measure used a closed-ended questionnaire format with responses ranging from 1 (strongly disagree) to 5 (strongly agree) (Hair et al., 2017).

**Table 1.** Likert Scale Measurement

| Score Range | Interpretation    |
|-------------|-------------------|
| 1.00-1.80   | Strongly Disagree |
| 1.81-2.60   | Disagree          |
| 2.61-3.40   | Less Agree        |
| 3.41-4.20   | Agree             |
| 4.21-5.00   | Strongly Agree    |

Source: Arikunto (2016)

The main factor studied in this research was service quality (SERVQUAL), which included five parts; physical aspects, dependability, confidence, understanding, and quickness. The factors that acted in between were patient satisfaction and patient trust. Patient satisfaction involved the medical setting, support services, healthcare services, and cost factors. On the other hand, patient trust included honesty, fairness, privacy, and clarity measures. The outcome being measured was the hospital's image, which was assessed through perceived quality, perceived value, overall image, reliability, and levels of commitment.

Before giving out the questionnaire, the tool was tested for its accuracy and dependability to make sure it measures correctly and consistently. Convergent validity was checked with factor loading scores over 0.50, and discriminant validity was looked at with the Average Variance Extracted (AVE) score being higher than 0.50. To test reliability, Cronbach's Alpha coefficient was used, where a score above 0.70 meant that it was reliable enough (Arikunto, 2016).

### Data Analysis Technique

Before the survey was given out, it was tested for accuracy and consistency to make sure it measured correctly. The researchers checked for convergent validity using factor analysis. The methods used to analyze the data in this study included both descriptive and inferential statistics. Descriptive statistics were applied to explain the characteristics of respondents and summarize their answers from the survey by looking at frequency counts, percentages, averages, and variations.

According to Sugiyono (2020), the goal of descriptive statistics is to present what the data shows without making broader conclusions beyond the sample observed. The inferential statistics were carried out with Structural Equation Modeling-Partial Least Squares (SEM-PLS). SEM-PLS was chosen because it effectively analyzes complex relationships with multiple variables, including mediation effects and hidden variables, even when the sample size is not very large (Ghozali et al., 2021).

The analysis included reviewing both the outer model and the inner model. The outer model assessment involved checking convergent validity, discriminant validity, and composite reliability to confirm that the measurement indicators were appropriate. The inner model assessment looked at the coefficient of determination ( $R^2$ ), predictive relevance ( $Q^2$ ), path coefficients, and hypothesis testing through bootstrapping techniques.

By using SEM-PLS, the study sought to determine how service quality directly affects the hospital's image and the indirect effects through patient satisfaction and trust. The results of this analysis were anticipated to offer real evidence regarding the relationships among the variables studied and aid in developing healthcare service management, especially in enhancing the hospital's image by providing quality healthcare services.

Convergent validity was confirmed with values greater than 0.50, while discriminant validity was assessed with the Average Variance Extracted (AVE) above 0.50. To test reliability, Cronbach's Alpha was used, where a value over 0.70 indicated acceptable reliability (Arikunto, 2016).

## RESULTS AND DISCUSSION

### Respondent Characteristics

This section presents the demographic and social profile of respondents involved in the study at the Outpatient Pharmacy Installation of Rumah Sakit Permata Bekasi. The analysis includes gender, age, educational background, and respondent status.

**Table 2.** Respondents Based on Gender

| Gender | Frequency | Percentage |
|--------|-----------|------------|
| Male   | 210       | 60%        |
| Female | 141       | 40%        |
| Total  | 351       | 100%       |

Source: Primary Data Processed, 2026

According to the table shown earlier, among the 351 people surveyed at Rumah sakit Permata Bekasi, it is evident that the number of male respondents exceeded that of female respondents. There were 210 males, making up 60%, while there were 141 females, representing 40% of the overall group. Thus, it can be stated that most of the respondents were male, even through the gap between the numbers of males and females was rather notable.

**Table 3.** Respondents Based on Age

| Age Group   | Frequency | Percentage |
|-------------|-----------|------------|
| < 25 Years  | 130       | 37%        |
| 26-40 Years | 54        | 15%        |
| 41-50 Years | 25        | 7%         |
| 46-55 Years | 126       | 36%        |
| 56-65 Years | 16        | 5%         |
| Total       | 351       | 100%       |

Source: Primary Data Processed, 2026

Considering the age characteristics of the respondents at Rumah Sakit Permata Bekasi, the majority of respondents were in the age range <25 years old (130 people) and 126 people aged 46–55 years old (36%). Furthermore, respondents aged 26–40 years numbered 54 people

(15%), those aged 41–45 years old (25), and those aged 56–65 years old (16%). These results indicate that the study respondents were dominated by the productive age group, especially those of active working age and approaching retirement.

**Table 4.** Respondents Based on Educational Background

| <b>Educational Level</b>                            | <b>Frequency</b> | <b>Percentage</b> |
|-----------------------------------------------------|------------------|-------------------|
| Junior High School (SMP)                            | 21               | 6%                |
| Senior High School/Vocational High School (SMA/SMK) | 17               | 5%                |
| Diploma 3 (D3)                                      | 49               | 14%               |
| Bachelor's Degree (S1)                              | 164              | 47%               |
| Master's Degree (S2)                                | 83               | 24%               |
| Doctoral Degree (S3)                                | 17               | 5%                |
| <b>Total</b>                                        | <b>351</b>       | <b>100%</b>       |

Source: Primary Data Processed, 2026

According to the educational background chart stated, out of the 351 participants surveyed at Rumah Sakit Permata Bekasi, most of them held a bachelor's degree (164 participants, which is 47%). Additionally, 83 participants (24%) owned a master's degree, and 49 participants (14%) had a diploma (D3). In terms of those with junior high school (SMP) and senior high school (SMA/SMK) education, there were 21 (6%) and 17 (5%) respectively. Lastly, 17 participants (5%) possessed a doctoral degree. This information shows that most respondents have a higher education level, especially at the bachelor's degree stage, suggesting that the respondents in this research predominantly come from educated backgrounds.

**Table 5.** Respondents Based on Work

| <b>Work</b>         | <b>Frequency</b> | <b>Percentage</b> |
|---------------------|------------------|-------------------|
| Unemployed          | 9                | 3%                |
| Student             | 10               | 3%                |
| College Student     | 17               | 5%                |
| Employee            | 154              | 44%               |
| Entrepreneur        | 57               | 16%               |
| Civil Servant (PNS) | 104              | 30%               |
| <b>Total</b>        | <b>351</b>       | <b>100%</b>       |

Source: Primary Data Processed, 2026

Based on the job characteristics table above, of the 351 respondents studied at Rumah Sakit Permata Bekasi, the majority were employees, representing 154, or 44% of the total. Furthermore, 104 respondents, or 30%, were civil servants, followed by 57 respondents, or 16%, who were entrepreneurs. Seventeen respondents, or 5%, were students, while 10 (3%) and 9 (3%) were unemployed. From this data, it can be concluded that the majority of respondents in this study were employed, particularly employees and civil servants, with a significant number of entrepreneurs.

### **Validity and Reliability Test of Research Instruments**

#### **Convergent Validity Test**

Convergent validity is determined by the correlation between indicator scores and construct scores. The factor loadings for latent variables and their indicators are expected to be greater than 0.7, and the average variance extracted (AVE) is expected to be greater than 0.5, as shown in the table below:

**Table 6.** Convergent Validity Test

| <b>Construct</b> | <b>Indicator</b> | <b>Item</b> | <b>Outer Loading</b> | <b>Information</b> |
|------------------|------------------|-------------|----------------------|--------------------|
| 1. Tangible      |                  | X1.1.1      | 0,892                | Valid              |
|                  |                  | X1.1.2      | 0,953                | Valid              |

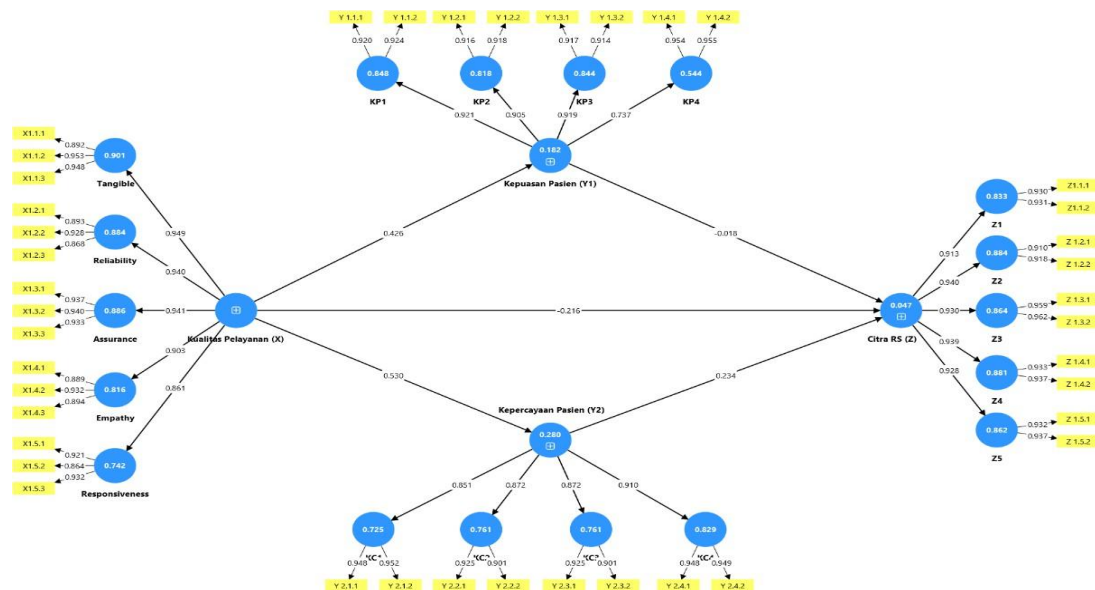
| Construct                 | Indicator              | Item    | Outer Loading | Information |
|---------------------------|------------------------|---------|---------------|-------------|
| Service Quality (X)       | 2. Reliability         | X1.1.3  | 0,948         | Valid       |
|                           |                        | X1.2.1  | 0,893         | Valid       |
|                           |                        | X1.2.2  | 0,928         | Valid       |
|                           | 3. Assurance           | X1.2.3  | 0,868         | Valid       |
|                           |                        | X1.3.1  | 0,937         | Valid       |
|                           |                        | X1.3.2  | 0,940         | Valid       |
|                           | 4. Empath              | X1.3.3  | 0,933         | Valid       |
|                           |                        | X1.4.1  | 0,889         | Valid       |
|                           |                        | X1.4.2  | 0,932         | Valid       |
|                           | 5. Responsiveness      | X1.4.3  | 0,894         | Valid       |
|                           |                        | X1.5.1  | 0,921         | Valid       |
|                           |                        | X1.5.2  | 0,864         | Valid       |
| Patient Satisfaction (Y1) | 1. Medical environment | X1.5.3  | 0,932         | Valid       |
|                           |                        | Y 1.1.1 | 0,920         | Valid       |
|                           | 2. Ancillary service   | Y 1.1.2 | 0,924         | Valid       |
|                           |                        | Y 1.2.1 | 0,916         | Valid       |
|                           | 3. Medical service     | Y 1.2.2 | 0,918         | Valid       |
|                           |                        | Y 1.3.1 | 0,917         | Valid       |
|                           | 4. Price               | Y 1.3.2 | 0,914         | Valid       |
|                           |                        | Y 1.4.1 | 0,954         | Valid       |
|                           |                        | Y 1.4.2 | 0,955         | Valid       |
|                           |                        | Y 2.1.1 | 0,948         | Valid       |
| Patient Trust (Y2)        | 1. Honest              | Y 2.1.2 | 0,952         | Valid       |
|                           |                        | Y 2.2.1 | 0,925         | Valid       |
|                           | 2. Fairness            | Y 2.2.2 | 0,901         | Valid       |
|                           |                        | Y 2.3.1 | 0,925         | Valid       |
|                           | 3. Confidentiality     | Y 2.3.2 | 0,901         | Valid       |
|                           |                        | Y 2.4.1 | 0,948         | Valid       |
|                           | 4. Transparency        | Y 2.4.2 | 0,949         | Valid       |
|                           |                        | Z 1.1.1 | 0,930         | Valid       |
| Hospital Image (Z)        | 1. Perceived Quality   | Z 1.1.2 | 0,931         | Valid       |
|                           |                        | Z 1.2.1 | 0,910         | Valid       |
|                           | 2. Perceived Value     | Z 1.2.2 | 0,918         | Valid       |
|                           |                        | Z 1.3.1 | 0,959         | Valid       |
|                           | 3. Image               | Z 1.3.2 | 0,962         | Valid       |
|                           |                        | Z 1.4.1 | 0,933         | Valid       |
|                           | 4. Trustworthiness     | Z 1.4.2 | 0,891         | Valid       |
|                           |                        | Z 1.5.1 | 0,932         | Valid       |
|                           | 5. Commitment          | Z 1.5.2 | 0,937         | Valid       |
|                           |                        |         |               |             |

Source: Primary Data Processed, 2026

The results of the outer loading evaluation for the reflective indicators show that many of the indicators in this study have met the required criteria, as evidenced by outer loading values exceeding 0.7. Consequently, all indicators have been validated and deemed appropriate for use in future research studies.

The findings indicate that each indicator is closely connected to the concept being measured, suggesting that it effectively represents the research variables. The robust validity of

the indicators not only boosts confidence in the analysis results but also reinforces the methodological foundation of the research. The results of the calculations regarding the outer loading value above can be seen in the following image.



Source: Primary Data Processed, 2026

**Figure 2.** Outer Model

All indicators in this study are valid, as shown in the table above, because each indicator produced a factor loading value  $> 0.7$ . The AVE (Average Variance Extracted) is an additional measure used to assess validity. The AVE value must be greater than 0.5, as shown in the table below. The Drug Availability variable obtained the highest AVE value of 0.874, while the Patient Trust variable obtained the lowest AVE value of 0.606.

### Discriminant Validity

The validity of the measurement model that uses reflective indicators is evaluated by looking at the Heterotrait-monotrait ratio (HTMT) of the measurement related to the construct. When the connection of the construct with the measurement item is stronger than the measurement of another construct, it suggests that the hidden construct predicts the measure in its own group more effectively than the measure in the other group.

**Table 7.** Discriminant Validity Test

| Variable             | Hospital Image | Patient Trust | Patient Satisfaction | Service Quality |
|----------------------|----------------|---------------|----------------------|-----------------|
| Hospital Image       |                |               |                      |                 |
| Patient Trust        | 0.117          |               |                      |                 |
| Patient Satisfaction | 0.035          | 0.552         |                      |                 |
| Service Quality      | 0.105          | 0.558         | 0.455                |                 |

Source: Primary Data Processed, 2026

In the preceding table, it is evident that the Heterotrait-monotrait ratio (HTMT) for each highlighted indicator exceeds the correlation of that indicator with various latent variables, confirming that the latent variables possess sufficient discriminant validity. Another method to evaluate discriminant validity involves analyzing the square root of the Average Variance Extracted (AVE), with a suggested value greater than 0.5 (Ghozali et al., 2021). The AVE findings obtained in this study are presented in the following table:

**Table 8.** Average Variance Extracted (AVE) Value

| Variable             | AVE   |
|----------------------|-------|
| Hospital Image       | 0.756 |
| Patient Trust        | 0.662 |
| Patient Satisfaction | 0.653 |
| Service Quality      | 0.709 |

Source: Primary Data Processed, 2026

The table stated clearly shows that all research factors have achieved a minimum Average Variance Extracted (AVE) score of over 0.5. (AVE > 0.5). The service quality factor (X) has an AVE score of 0.709, the patient satisfaction factor (Z1) has an AVE score of 0.653, the patient trust factor (Z2) has an AVE score of 0.662, and the hospital image factor (Z) has an AVE score of 0.756.

By reviewing the AVE scores for each factor, we can determine that all factors satisfy the requirements for discriminant validity since their AVE scores are higher than 0.5. Thus, each factor demonstrates solid discriminant validity.

### Goodness Of Fit Model Test

Testing the structural model (Inner model) can be understood by looking at the R-Square value for every dependent variable, which reflects how well the structural model predicts results. Variations in the R-square value help illustrate how specific external latent variables affect the internal latent variables. The resulting R-square values are as follows:

**Table 9.** Cronbach's Alpha and Composite Reliability Value

| Variable             | Cronbach's Alpha | Composite Reliability |
|----------------------|------------------|-----------------------|
| Hospital Image       | 0.964            | 0.964                 |
| Patient Trust        | 0.927            | 0.929                 |
| Patient Satisfaction | 0.923            | 0.927                 |
| Service Quality      | 0.970            | 0.971                 |

Source: Primary Data Processed, 2026

Based on the table above, all indicators for each variable met the reliability test criteria, with Cronbach's Alpha values exceeding the minimum requirement (>0.6), and all variables also met the reliability criterion of >0.7. Thus, it can be said that all the factors in this research are trustworthy, which means the examination can move on to the inner model phase.

**Table 10.** R-Square Value

| Variable             | R-square | R-squared adjusted |
|----------------------|----------|--------------------|
| Hospital Image       | 0.047    | 0.039              |
| Patient Trust        | 0.280    | 0.278              |
| Patient Satisfaction | 0.182    | 0.179              |

Source: Primary Data Processed, 2026

Based on the statistics in the table above, the R-square (R<sup>2</sup>) for hospital image variable is at 0.047. This means that factors like service quality, patient satisfaction, and patient trust account for just 0.4% of the changes in the hospital image variable. On the other hand, the R-square (R<sup>2</sup>) for the patient satisfaction variable stands at 0.182, suggesting that in this study, service quality accounts for 18,2% of the variations in patient satisfaction.

As for the patient trust variable, the R-square values is 0.280, indicating that service quality can explain variations in patient trust by 28% in this research. The goodness of fit can be assessed using the Q-Square value. Q-Square can be understood in a way similar to the R-Square in regression analysis, where a higher Q-Square value signifies a better fit of the model to the data.

$$Q^2 = 1 - \{(1 - R^2)x(1 - R^2)x(1 - R^2)\}$$

$$Q^2 = 1 - \{(1 - 0,047^2)x(1 - 0,280^2)x(1 - 0,182^2)\}$$

$$Q^2 = 1 - \{(1 - 0,002)x(1 - 0,078)x(1 - 0,033)\}$$

$$Q^2 = 1 - \{(0,998)x(0,922)x(0,967)\}$$

$$Q^2 = 1 - 0,889$$

$$Q^2 = 0,111$$

According to the calculations shown earlier, the Q-Squared ( $Q^2$ ) value is 0.111. This means that 11.1% of the differences in the research data can be explained by the research model, while the other 88.9% is due to outside influences that are not part of this model. Based on the results of data analysis using SmartPLS software, the same model was obtained as shown in Figure 3.



Source: Primary Data Processed on SmartPLS, 2026

**Figure 3.** Conceptual Framework

The framework model, commonly known as the internal model, shows how hidden variables are connected in this research. As seen in Figure 3, the coefficients listed on the relationship paths between variables, indicators, and items reflect the R-square ( $R^2$ ) value.

### Outcomes of Testing Research Hypotheses

**Table 11.** Hypothesis Test

| Hypothesis | Variable                                                | T statistics<br>( O/STDEV ) | P<br>values | Result          |
|------------|---------------------------------------------------------|-----------------------------|-------------|-----------------|
| H1         | Service Quality → Patient Satisfaction                  | 7,698                       | 0,000       | Significant     |
| H2         | Service Quality → Patient Trust                         | 12,287                      | 0,000       | Significant     |
| H3         | Service Quality → Hospital Image                        | 3,650                       | 0,000       | Significant     |
| H4         | Patient Satisfaction → Hospital Image                   | 0,308                       | 0,758       | Not Significant |
| H5         | Patient Trust → Hospital Image                          | 3,043                       | 0,002       | Significant     |
| H6         | Service Quality → Patient Satisfaction → Hospital Image | 0,302                       | 0,762       | Not Significant |
| H7         | Service Quality → Patient Trust → Hospital Image        | 3,026                       | 0,002       | Significant     |

Source: Primary Data Processed, 2026

## DISCUSSION

### Impact of Service Quality on Patient Satisfaction

A study conducted at Rumah Sakit Permata Bekasi indicates that the quality of services has a major effect on how satisfied patients feel. The results showed that the majority of patients were satisfied with the hospital's medical services, facilities, healthcare provider communication, service reliability, assurance, physical evidence, responsiveness, and empathy. Field observations indicate that most respondents were of productive age (<25 years and 46–55 years) with undergraduate and postgraduate education levels, thus having high expectations for service quality.

Highly educated patients tended to place greater emphasis on the reliability of service and medical provider communication, while younger patients placed greater emphasis on the comfort of physical facilities and the completeness of medical equipment. Although patients generally gave positive assessments, several issues were still identified in the physical evidence and responsiveness aspects, particularly related to the speed of service and the comfort of hospital facilities, which were deemed suboptimal.

This condition indicates the need for continuous evaluation to improve the consistency of service quality to strengthen patient satisfaction and loyalty. These findings align with research by Aprilianisari et al., (2024); Bentum-Micah et al., (2020); Harini et al., (2023); Suhermin & Hermawati (2021), who stated that service quality, especially reliability and responsiveness, has a positive effect on patient satisfaction.

### Impact of Service Quality on Patient Trust

Research at Permata Hospital Bekasi shows that service quality significantly influences patient trust. The dimensions of reliability, assurance, tangibles, responsiveness, and empathy are key factors in building patient trust in hospitals. Field observations show that patients view the professionalism of healthcare staff, the easy understanding of medical details, and the openness regarding prices and service procedures in a positive light.

The majority of respondents were of productive age with undergraduate and postgraduate education levels, thus having high expectations for service quality, particularly in terms of reliability and assurance of medical services. However, patients still expressed expectations for increased speed and responsiveness of service.

These research findings align with those of Kalhor et al., (2020), Nurdin et al. (2023) and Suhermin & Hermawati (2021), which state that service quality, particularly reliability and assurance, strongly influences patient trust. Furthermore, research by Chou et al. (2019) and Naing & Ratasuk (2025) also demonstrated that transparency in communication and information about medical services can increase patient trust, satisfaction, and loyalty to hospitals.

### Impact of Service Quality on Hospital Image

This study shows that service quality significantly influences the image of Rumah Sakit Permata Bekasi. Service dimensions such as reliability, assurance, tangibles, responsiveness, and empathy have been shown to shape positive patient perceptions of the hospital. Field observations indicate that the majority of respondents were productive-age patients with undergraduate and postgraduate degrees who had high expectations for the professionalism of medical personnel, clarity of medical information, cost transparency, and comfort of facilities.

Patients with higher education levels tended to provide positive assessments of reliability and assurance of service, but still highlighted delays in service response and the need to improve the hospital's physical facilities. Nevertheless, consistent professional service successfully increased the hospital's trust, loyalty, and reputation in the eyes of the public. The results of this study align with those of Wijaya et al. (2021), Naing & Ratasuk (2025), Febrianti et al., (2021), Chou et al., (2019), which stated that high-quality service can strengthen a hospital's image and increase positive patient perceptions of healthcare services.

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### **Impact of Patient Satisfaction on Hospital Image**

Research at Permata Hospital in Bekasi shows that patient satisfaction does not significantly impact the hospital's image. Although patients express satisfaction with the quality of service, particularly in terms of its reliability, assurance, and empathy of medical staff, this satisfaction is not enough to shape a positive perception of the hospital's overall image. Field observations indicate that the majority of respondents with bachelor's and master's degrees have high expectations for service, so their assessments are based not only on medical services but also on the comfort of the facility, cleanliness, waiting room, price appropriateness, the quality of interactions among all staff, and hospital management.

Furthermore, the hospital's reputation on social media, previous patient reviews, and wider public perception are also dominant factors influencing hospital image. These findings indicate that satisfactory service does not necessarily immediately improve a hospital's image if the overall patient experience is not optimal. These results align with those of Asnawi et al. (2019), Imran and Ramli (2019), Wijaya et al. (2021), Febrianti et al. (2021), and Setiawan et al. (2024) stated that hospital image is more influenced by reputation, public perception, and overall patient experience than just satisfaction with medical services.

### **Impact of Patient Trust on Hospital Image**

Research at Permata Hospital in Bekasi shows that patient trust significantly influences the hospital's image. This trust is built through reliable service quality, clear communication, transparency of medical information and costs, and the professionalism of medical personnel. Field observations indicate that the majority of respondents had bachelor's and master's degrees, making them more critical in assessing service quality, information transparency, and consistency of hospital services.

Patients are likely to develop a positive impression when they feel they are receiving safe, professional care along with clear and understandable information throughout the treatment process. However, several aspects still need improvement, such as the speed of service and the comfort of physical facilities. The results of this study confirm that open communication, transparency, and reliable service are important factors in strengthening a hospital's image in the eyes of the public.

These findings align with research by Imran and Ramli (2019), Hermawati & Purbaningsih (2022), Kalhor et al. (2020), Wijaya et al. (2021), and Emmanuella and Arianto (2024), which states that patient trust significantly influences hospital image, patient loyalty, and healthcare reputation.

### **Impact of Patient Satisfaction Mediates the Effect of Service Quality on Hospital Image**

Investigation conducted at Permata Hospital in Bekasi indicates that patient satisfaction is unable to mediate the relationship between service quality and a positive hospital image. While quality service certainly enhances patient satisfaction, evidence suggests that a hospital's image is more significantly shaped by external factors. These include the institution's reputation within the community, the impact of social media, the effectiveness of management communication, the comfort of its facilities, and patients' experiences beyond medical services.

The majority of respondents were patients with bachelor's and master's degrees who tend to be more critical and objective in assessing a hospital's image. Therefore, satisfaction with service does not automatically shape a positive perception of the institution as a whole. This finding aligns with research by Febrianti et al. (2021), Ariana et al. (2026), Wijaya et al. (2021), Asnawi et al. (2019), and Ayubi et al. (2026), which states that hospital image is more dominantly influenced by reputation, public perception, social media, and communication management than by patient satisfaction alone.

### **Impact Patient Trust Mediates the Effect of Service Quality on Hospital Image**

The study's results indicate that patient trust plays a substantial role in mediating the relationship between service quality and the hospital's image at Permata Hospital Bekasi. High-quality service, especially in areas such as reliability, assurance, empathy, transparency, and

medical communication, has been demonstrated to enhance patient trust, ultimately reinforcing the hospital's positive reputation.

Field observations indicate that the majority of respondents with bachelor's and master's degrees tend to be more critical in assessing the professionalism of medical personnel, service consistency, and openness of medical information. Patients who feel served professionally and are trustworthy are more willing to recommend the hospital to others, thus directly improving the hospital's image.

These findings confirm that managing patient trust through consistent service, open communication, and respect for patients is an important factor in strengthening the hospital's image. These results align with those of Kalhor et al. (2020), Naing & Ratasuk (2025), Muhajir et al. (2026) and Wijaya et al. (2021), who state that patient trust plays a significant role in strengthening the influence of service quality on hospital image.

## CONCLUSION

The results of the study indicate that service quality has a significant impact on patient satisfaction, patient trust, and hospital image. Reliable, transparent service, supported by assurance and empathy, can increase positive patient evaluations of the service experience at Rumah Sakit Permata Bekasi. Furthermore, patient trust has been shown to significantly contribute to strengthening the hospital's image, such that the higher the level of patient trust, the more positive the perception of the institution's image.

This study also found that patient trust mediates the relationship between service quality and hospital image, indicating that optimal service quality will be more effective in building a hospital's image through the formation of patient trust. Conversely, patient satisfaction was not shown to have a direct impact on hospital image or act as a mediating variable in the relationship between service quality and hospital image.

These findings indicate that the formation of hospital image is more influenced by external factors and the overall patient experience, such as institutional reputation, public communication, and public perception. Therefore, Rumah Sakit Permata Bekasi is advised to continue improving its service quality, particularly in the aspects of reliability, transparency, and assurance of medical services, as well as strengthening its communication management strategy and image management through social media.

Further research is also recommended to explore other variables related to hospital image, such as holistic patient experience, patient loyalty, psychological aspects, and the influence of digital media reviews on public perception.

## DECLARATION OF AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The author declares that artificial intelligence (AI) and AI-assisted technologies were used only to support the writing process of this research manuscript. The use of AI was limited to language improvement, grammar checking, paraphrasing assistance, and formatting support to enhance the clarity and readability of the manuscript. All ideas, data analysis, interpretations, research findings, and conclusions presented in this study are entirely the responsibility of the author.

The author carefully reviewed and edited all AI-generated content to ensure its accuracy, originality, and compliance with academic integrity standards. AI technologies were not used to generate research data, manipulate results, or replace critical scientific judgment in conducting this study.

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## AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Methodology; Project administration; Supervision; Writing - review and editing.

Author 2: Data curation; Investigation; Formal Analysis; Writing – Original draft.

Author 3: Data curation; Investigation; Validation.

Author 4: Methodology; Formal analysis; Visualization; Writing - original draft.

Author 5: Supervision; Validation; Resources; Writing – review and editing.

## DECLARATION OF COMPETING INTEREST

The author declares that there are no competing interests regarding the publication of this research. The author affirms that there are no financial, personal, professional, or institutional relationships that could affect or bias the research process, data analysis, interpretation of findings, or the presentation of results in this study.

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