



Bridging Service Quality and Patient Satisfaction in Specialized Healthcare: The Mediating Role of Patient Trust

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ABSTRACT

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Service quality is a critical determinant of patient satisfaction in healthcare services. However, the role of patient trust in mediating the relationship between service quality and satisfaction remains inconclusive, particularly in specialized healthcare settings. Understanding this relationship is essential for developing effective strategies to improve patient experiences and service delivery. This study aims to examine the effect of service quality on patient satisfaction and to investigate the mediating role of patient trust in this relationship. This study employed a quantitative research approach involving 109 patients or visitors selected through purposive sampling. Data were analyzed using Structural Equation Modeling (SEM) with AMOS. Service quality was measured using the SERVQUAL dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Patient trust was assessed through benevolence, competence, and integrity, while patient satisfaction was evaluated based on expectation fulfillment, ease of access, and prior experience. The results indicate that service quality significantly affects patient satisfaction ($T = 2.124$; $p = 0.034$), but does not significantly affect patient trust ($T = 0.327$; $p = 0.744$). Patient trust neither significantly affects satisfaction ($T = 1.150$; $p = 0.251$) nor mediates the relationship between service quality and satisfaction ($T = 0.224$; $p = 0.823$). Healthcare providers should prioritize improving service quality to enhance patient satisfaction directly, rather than relying solely on patient trust as an intermediary mechanism.

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INTRODUCTION

The acceleration of public awareness regarding health standards has established healthcare service quality as a fundamental societal necessity today. Public healthcare providers must prioritize optimal service delivery because society now demands reliable, humane, and professional medical treatment to

safeguard their quality of life. Recent studies confirm that healthcare institutions are no longer viewed merely as social entities, but as competitive public service providers required to maintain high standards of clinical care and patient safety (Wardoyo et al., 2024; Abdullah & Sukriyah, 2026). Furthermore, citizens are increasingly selective in choosing healthcare facilities due to widespread digital access and transparent information comparison between public and private options (Alumran, 2021; Suriono & Dewantoro, 2026). Consequently, understanding how healthcare institutions build long-term relationships with patients through superior service delivery is crucial for public health sustainability. Evaluating healthcare quality directly impacts societal well-being and strengthens overall public trust in essential public institutions.

To systematically analyze patient evaluations, this research integrates the SERVQUAL framework alongside established theories of customer trust and satisfaction. The SERVQUAL model measures service quality across five core dimensions: tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 2023; Syafrudin et al., 2026). In healthcare environments, these service dimensions determine how patients perceive institutional performance during direct clinical and administrative encounters (Akhtari et al., 2022; Awaliah et al., 2025). Furthermore, customer satisfaction theory posits that patient satisfaction emerges when delivered service outcomes match or exceed initial expectations (Ahmed et al., 2023; Azizah & Octarina, 2025). Complementing these framework components, relationship marketing theory highlights customer trust as a fundamental psychological bridge characterized by confidence in the service provider's integrity and competence (Albarq, 2023; Rehan, 2025; Yulis, 2025). Combining these operational theories allows for a robust assessment of how structural service attributes directly influence cognitive trust and overall patient satisfaction within public specialized hospital environments.

Despite advancements in medical technology, public specialized healthcare centers frequently face persistent service delivery problems that negatively impact patient experiences. Patients navigating specialized public hospitals often encounter operational bottlenecks, including prolonged waiting times, inconsistent staff responsiveness, and impersonal communication during critical care moments. These persistent operational issues generate significant anxiety and dissatisfaction among patients who depend on specialized public medical treatments. Furthermore, the specialized nature of ophthalmic services requires high precision and personalized care, making administrative delays or poor interpersonal communication particularly distressing for vulnerable service users. When public healthcare facilities fail to maintain consistent service quality, patient trust erodes rapidly, leading to decreased compliance with treatment

plans and lower institutional loyalty. Resolving these operational breakdowns in public eye care institutions is therefore essential to prevent societal dissatisfaction and ensure equitable, high-quality public healthcare access.

A substantial body of literature has explored the structural interactions between service quality, customer trust, and satisfaction across various service sectors. Previous empirical investigations demonstrate that high service quality directly enhances customer trust and drives post-purchase satisfaction in banking, e-commerce, and general healthcare environments (Alkraiiji & Ameen, 2022; Demirel, 2022; Qodriah et al., 2026). Specifically within general medical facilities, scholars have confirmed that robust service encounter quality positively affects patient trust and overall operational evaluations (Kartikasari et al., 2025; Shie et al., 2022). However, a significant research gap remains because the vast majority of existing studies focus predominantly on general hospitals, commercial service sectors, or digital platforms (Ginting, 2023; Kim & Yum, 2024; Naimah, 2026). Empirical evidence examining these integrated relationships within specialized public eye hospitals remains notably scarce, leaving a critical void in healthcare management literature regarding specialized clinical service dynamics.

This literature void is problematic because specialized ophthalmic care involves distinct operational characteristics, high emotional sensitivity, and precise clinical interactions that differ significantly from general healthcare settings. Existing studies frequently examine direct bilateral relationships between service quality and satisfaction without thoroughly explaining the underlying mechanism of trust across specialized public service frameworks (Marcos & Coelho, 2022; Venkatakrishnan et al., 2023; Furqon et al., 2026). By neglecting the specific mediating role of patient trust in specialized public eye hospitals, current literature offers limited practical guidance for public sector administrators operating under resource constraints. Our study addresses this empirical gap by positioning itself at the intersection of public healthcare management, specialized service quality evaluation, and relationship marketing theory. Resolving this weakness in the literature is essential to establish targeted managerial strategies that enhance service reliability, patient trust, and long-term satisfaction in specialized public medical facilities.

The key novelty of this study lies in its holistic conceptualization of patient trust as a core mediating variable within a public specialized ophthalmic institution. Unlike traditional research that treats public hospital quality through generalized dimensions, this study explicitly models how specialized eye care service encounters translate into emotional and cognitive trust, which subsequently drives overall patient satisfaction. Furthermore, this research offers a fresh empirical perspective by focusing on a regional public service agency

navigating public healthcare transformation in an emerging regional market context. By examining the structural indirect pathways through which service quality influences satisfaction via trust, this study advances a refined structural framework tailored specifically to specialized public healthcare environments. Uncovering these underlying structural linkages provides critical insights necessary for optimizing administrative workflows and clinical interaction standards in public eye care institutions.

This study addresses the central research problem of whether service quality directly and indirectly drives patient satisfaction through patient trust in specialized public eye hospitals. We argue that high service quality serves as a foundational prerequisite that initially fosters patient trust, which subsequently acts as a powerful psychological engine converting technical service excellence into sustained overall patient satisfaction. Consequently, patient trust is argued to mediate the relationship between service quality dimensions and institutional satisfaction significantly. This research contributes theoretically by extending the SERVQUAL and trust-mediation paradigms into specialized public healthcare management. Practically, the findings will provide actionable strategies for hospital administrators to optimize resource allocation, enhance staff empathy and responsiveness, and build long-term patient trust, ultimately improving public healthcare delivery standards across regional public health networks.

RESEARCH METHODS

This study employed a quantitative explanatory research design to examine the relationships between service quality, patient trust, and patient satisfaction. A quantitative approach was selected because the research aims to test theoretically grounded hypotheses and estimate both direct and indirect relationships among the study variables. Structural Equation Modeling (SEM) with Analysis of Moment Structures (AMOS) was used to evaluate the measurement and structural models simultaneously. This approach enables the assessment of relationships between latent constructs and their observed indicators while accounting for measurement error. The analysis involved confirmatory factor analysis (CFA) to assess the measurement model and structural path analysis to test the proposed hypotheses. The selection of an appropriate quantitative design and transparent analytical procedures is essential for producing interpretable and methodologically rigorous findings (Lim & Koay, 2024; Miller & Lengler, 2025).

The research was conducted at the Community Eye Hospital (Rumah Sakit Mata Masyarakat/RSMM), an institution providing specialized eye-care services in East Java Province, Indonesia. The hospital was selected because its specialized services provide a relevant context for examining how patients evaluate service

quality, develop trust, and experience satisfaction. The target population comprised individuals who had previously accessed medical services at the hospital. A total of 109 respondents participated in the study, selected through purposive sampling based on their experience of using the hospital's services. This technique enabled the researchers to recruit participants with relevant firsthand experience of the research variables. The sampling strategy was determined according to the study objectives and the practical requirements of collecting patient-experience data. Sampling techniques and sample-size decisions should be aligned with the research design and analytical requirements (Ahmed, 2024).

Primary data were collected through an online questionnaire distributed to eligible respondents. The questionnaire consisted of two sections. The first collected demographic information, including domicile, age, gender, and occupation, while the second measured respondents' perceptions of service quality, patient trust, and patient satisfaction. All measurement items were assessed using a seven-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Service quality was operationalized through tangibles, reliability, responsiveness, assurance, and empathy. Patient trust was measured through benevolence, competence, and integrity, while patient satisfaction covered expectation fulfillment, ease of access, and prior experience. The questionnaire-based approach enabled standardized data collection across respondents. Attention to instrument validity, measurement quality, and data-quality evaluation is important to ensure that survey responses adequately represent the constructs being investigated (Hill et al., 2022; Gottfried, 2024).

RESULTS AND DISCUSSION

Results

Respondent Characteristics

Table 1 presents the demographic characteristics of the 109 respondents. Most respondents resided in Surabaya (65.1%), were aged 21–30 years (49.5%), were male (65.1%), and worked in the private sector (53.2%). Respondents aged 31–40 years accounted for 28.4%, followed by those older than 40 years (12.8%), those aged 18–20 years (8.3%), and those younger than 18 years (1.0%). Regarding employment, students represented 18.3%, self-employed respondents 15.6%, civil servants 9.2%, and laborers 3.7%. These figures describe the composition of the study sample and should not be interpreted as representative of all patients receiving eye-care services.

Table 1. Profile of Research Respondents (n = 109)

Characteristics	Category	Frequency (n)	Percentage (%)
Domicile	Surabaya	71	65.1
	Outside Surabaya	38	34.9
Age	Under 18 years	1	1.0
	18–20 years	9	8.3
	21–30 years	54	49.5
	31–40 years	31	28.4
	Over 40 years	14	12.8
Gender	Men	71	65.1
	Women	38	34.9
Occupation	Students	20	18.3
	Civil servants	10	9.2
	Private-sector employees	58	53.2
	Laborers	4	3.7
	Self-employed	17	15.6

Source: Primary data, processed (2026).

Data Normality Assessment

Table 2 reports the descriptive statistics and skewness values for the four indicators retained in the final model. The reported means ranged from 4.18 to 4.62, while skewness ranged from –1.188 to 0.966. The table reports no missing observations for these indicators. However, the available output does not provide the critical ratios for skewness and kurtosis or the multivariate normality statistic. Consequently, normality cannot be conclusively established from the information presented. The maximum and standard deviation reported for indicator X1.2 also appear to contain formatting errors and require verification against the original AMOS output before the table can be considered publication-ready.

Table 2. Descriptive Statistics and Normality Indicators

No	Variable	Missing	Mean	Median	Min	Max	Std. Dev.	Skewness
1	X1.2	0	4.18	4.00	4.000	4.833.333. 333	1.840.714. 417	0.966
2	Z1.3	0	4.32	4.00	3.000	5.000	0.676	–0.499
3	Y1.1	0	4.55	5.00	2.000	5.000	0.582	–1.188
4	Y1.2	0	4.62	5.00	4.000	5.000	0.487	–0.478

Source: AMOS output, processed (2026).

Construct Reliability and Validity: Initial Model

Table 3 presents the reliability and convergent validity statistics for the initial measurement model. Trust recorded a Cronbach's alpha of 0.098, composite reliability of 0.442, and AVE of 0.396. Service quality recorded

corresponding values of 0.546, 0.008, and 0.195. These values fall below the stated thresholds of 0.70 for reliability and 0.50 for AVE. Customer satisfaction recorded a Cronbach's alpha of 0.530, composite reliability of 0.723, and AVE of 0.560. Although its composite reliability and AVE exceeded the specified thresholds, its Cronbach's alpha remained below 0.70. Thus, the initial model did not demonstrate satisfactory measurement properties across all constructs, motivating further examination of the indicators.

Table 3. Construct Reliability and Validity: Initial Model

Construct	Cronbach's Alpha	rho_A	Composite Reliability	AVE
Trust	0.098	0.576	0.442	0.396
Customer satisfaction	0.530	0.799	0.723	0.560
Service quality	0.546	-0.194	0.008	0.195

Source: SmartPLS/AMOS output, processed (2026).

Measurement Model After Indicator Reduction

Following indicator elimination, the reported model retained X1.2 (reliability) for service quality, Z1.3 (integrity) for trust, and Y1.1 and Y1.2 for customer satisfaction. Table 4 reports Cronbach's alpha, rho_A, composite reliability, and AVE values of 1.000 for both service quality and trust. Customer satisfaction recorded values of 0.812, 0.813, 0.914, and 0.842, respectively. Although these values meet the numerical thresholds reported in the study, the perfect coefficients for service quality and trust arise in a single-indicator specification and should not be interpreted as independent evidence of internal consistency or convergent validity. Furthermore, the reduction of each construct to one indicator substantially narrows its conceptual coverage. The revised measurement model therefore requires careful qualification before its structural estimates can be interpreted as evidence concerning the original multidimensional constructs.

Table 4. Construct Reliability and Validity: Revised Model

Construct	Cronbach's Alpha	rho_A	Composite Reliability	AVE
Trust	1.000	1.000	1.000	1.000
Customer satisfaction	0.812	0.813	0.914	0.842
Service quality	1.000	1.000	1.000	1.000

Source: SmartPLS/AMOS output, processed (2026).

Direct Effects and Hypothesis Testing

Table 5 presents the estimated direct relationships among service quality, patient trust, and patient satisfaction. The path from service quality to trust was not statistically significant ($O = 0.031$, $T = 0.327$, $p = 0.744$). The path from service quality to patient satisfaction was statistically significant ($O = -0.208$, $T = 2.124$, p

= 0.034), with a negative estimated coefficient. The path from trust to satisfaction was not statistically significant (O = 0.107, T = 1.150, p = 0.251). Accordingly, H1 and H3 were not supported, whereas H2 was statistically supported in terms of significance. However, the negative coefficient for H2 does not support the claim that higher service quality leads to higher satisfaction without further examination of indicator coding and scale direction.

Table 5. Hypothesis Testing Results: Direct Effects						
Hypothesis and relationship	O	M	STDEV	T-statistic	p-value	Statistical conclusion
H1: Service quality → Trust	0.031	0.034	0.096	0.327	0.744	Not significant
H2: Service quality → Patient satisfaction	-0.208	-0.213	0.098	2.124*	0.034	Significant, negative coefficient
H3: Patient trust → Satisfaction	0.107	0.112	0.093	1.150	0.251	Not significant

Source: SmartPLS/AMOS bootstrapping output, processed (2026). O = original sample; M = sample mean; STDEV = standard deviation. *Statistically significant at $p < 0.05$.

Indirect Effect and Mediation Analysis

Table 6 reports the indirect effect of service quality on patient satisfaction through patient trust. The estimated indirect coefficient was 0.003, with a standard deviation of 0.015, a T-statistic of 0.224, and a p-value of 0.823. The indirect effect was therefore not statistically significant at the 5% level. The results do not provide statistical support for the proposed mediating role of patient trust. Nevertheless, this conclusion should be interpreted in light of the measurement-model limitations and the absence of a reported bootstrap confidence interval for the indirect effect.

Table 6. Mediation Test Results: Indirect Effect						
Mediation pathway	O	M	STDEV	T-statistic	p-value	Statistical conclusion
Service quality → Trust → Patient satisfaction	0.003	0.004	0.015	0.224	0.823	Not significant; mediation not supported

Source: SmartPLS/AMOS bootstrapping output, processed (2026).

Discussion

The findings indicate that service quality did not significantly influence patient trust (O = 0.031, T = 0.327, p = 0.744); therefore, H1 was not supported. This finding differs from the expectation that favourable service experiences strengthen confidence in healthcare providers. Glaveli et al. (2023) highlighted

the relevance of interaction quality in developing customer trust and satisfaction, suggesting that interpersonal encounters can shape relational evaluations. Similarly, Albarq (2023) examined customer trust as a mediating mechanism linking customer knowledge management and satisfaction with loyalty in banking. However, the present results suggest that perceived service quality alone may not adequately explain patient trust in a specialised eye hospital. Patients may also consider professional competence, treatment outcomes, institutional reputation, and previous experiences. These possibilities require further testing because the current model did not directly examine them. The contribution of this finding is to question whether service quality independently predicts trust across different healthcare contexts.

Service quality had a statistically significant negative association with patient satisfaction ($O = -0.208$, $T = 2.124$, $p = 0.034$). Although statistical significance was established, the coefficient's direction differs from the commonly anticipated positive relationship. Naini et al. (2022) examined product quality, service quality, satisfaction, and loyalty, providing a comparative framework for understanding how perceived quality relates to customer evaluations. Ahmed et al. (2023) likewise investigated service quality, price, satisfaction, and loyalty in restaurant services. These studies demonstrate the importance of examining quality alongside other determinants of satisfaction, although their findings cannot automatically be generalised to healthcare. The negative coefficient in this study requires particular caution. Researchers should verify indicator coding, reverse-coded items, construct orientation, and the structural model specification before interpreting the substantive meaning. Accordingly, this result contributes a context-specific finding that challenges an assumed positive association, while its practical interpretation remains conditional on measurement verification.

Patient trust did not significantly influence patient satisfaction ($O = 0.107$, $T = 1.150$, $p = 0.251$); consequently, H3 was not supported. This finding suggests that the model does not establish trust as an independent predictor of satisfaction in the present sample. However, it should not be interpreted as evidence that trust is unimportant in healthcare relationships. Alkraihi and Ameen (2022) examined service quality, trust, satisfaction, and loyalty among young citizens using government electronic services, illustrating how trust can be investigated alongside broader service evaluations. Albarq (2023) also incorporated trust into a model of customer satisfaction and loyalty in banking. The current result differs from approaches that position trust as a consequential relational variable, potentially reflecting differences in service settings, customer characteristics, or

model specifications. In specialised eye care, satisfaction may depend more immediately on treatment experiences, communication, waiting times, or perceived outcomes. These explanations remain tentative because the study did not directly test competing determinants of satisfaction.

The indirect effect of service quality on patient satisfaction through patient trust was not statistically significant ($O = 0.003$, $T = 0.224$, $p = 0.823$). Therefore, H4 was not supported, and the proposed mediation mechanism was not established. This finding is consistent with the nonsignificant paths from service quality to trust and from trust to satisfaction, although the indirect effect must be assessed independently. Venkatakrishnan et al. (2023) examined e-service quality, satisfaction, and loyalty while considering trust and web design as moderators, demonstrating that relational mechanisms may depend on contextual conditions and model structure. Their digital-service setting differs from specialised healthcare, so direct equivalence should not be assumed. Nevertheless, the comparison highlights the importance of testing the specific role assigned to trust rather than presuming that it transmits quality effects. The present study contributes evidence that trust did not explain the association between perceived service quality and satisfaction in the estimated model. This conclusion remains subject to measurement and bootstrap-confidence-interval verification.

Taken together, the results present a mixed pattern: service quality was significantly associated with satisfaction, but the estimated direction was negative, while its relationship with trust, the direct relationship between trust and satisfaction, and the indirect effect were nonsignificant. This pattern cautions against assuming that relationships established in one service sector necessarily operate similarly in another. Pasaribu et al. (2022) examined e-commerce service quality alongside satisfaction, trust, and loyalty, illustrating the interconnected nature of these constructs in digital commerce. Marcos and Coelho (2022) similarly considered service quality, satisfaction, and customer value in explaining loyalty and word-of-mouth. Although these studies provide useful comparative perspectives, their contexts and outcome structures differ from those of a public eye hospital. The current findings extend this discussion by examining the proposed relationships together in specialised healthcare and identifying which hypothesised paths received empirical support within the present sample.

The principal theoretical contribution is the context-specific examination of service quality, patient trust, and satisfaction within the East Java Provincial Community Eye Hospital. Rather than assuming that service quality necessarily builds trust and that trust subsequently increases satisfaction, the findings distinguish between statistically supported and unsupported relationships. The

significant negative service-quality coefficient challenges a straightforward positive interpretation and makes measurement verification essential before theoretical conclusions are finalised. Meanwhile, the nonsignificant indirect effect indicates that patient trust cannot be presented as an established mediator in this sample. The study's novelty therefore lies in testing an integrated explanatory model in a specialised public eye-health setting, not in claiming that the observed relationships are universally new. This distinction contributes to a more cautious understanding of patient evaluations and identifies a specific empirical question for subsequent research: under what measurement conditions and contextual circumstances does service quality translate into trust and satisfaction?

For hospital management, the findings support reviewing patient experiences without assuming that improving service quality will automatically strengthen trust or satisfaction. RSMM could examine waiting times, communication, staff responsiveness, service reliability, and patient feedback to identify areas requiring improvement. However, the negative coefficient should not guide managerial decisions until indicator coding and model specification have been verified. Methodologically, retaining only one indicator for service quality and trust may inadequately represent their conceptual breadth and multidimensional nature. Future research should use validated multi-item measures, report measurement-model assessments and relevant structural statistics, and provide bootstrap confidence intervals for direct and indirect effects. Broader samples and comparisons across specialised and general hospitals could also clarify contextual differences. Qualitative interviews may help explain how patients form trust and evaluate their experiences. Overall, this study offers a preliminary empirical contribution by identifying unsupported pathways and a significant negative association that warrant further investigation rather than premature causal or managerial conclusions.

CONCLUSION

This study, involving 109 respondents at the East Java Provincial Community Eye Hospital (RSMM), reveals that service quality has a statistically significant but negative association with patient satisfaction ($T = 2.124$, $p = 0.034$), while its relationship with patient trust, the direct relationship between trust and satisfaction, and the indirect effect through trust are statistically nonsignificant. These findings offer an important lesson: the relationships among service quality, trust, and satisfaction should not be assumed to follow conventional theoretical expectations without empirical verification. The implications of this research are that RSMM management should evaluate patient experiences, service indicators, and measurement procedures before formulating improvement strategies,

particularly by verifying the negative coefficient and examining reliability, responsiveness, and empathy. The study contributes to healthcare service management knowledge by testing the relationships among these constructs in a specialised public eye hospital and demonstrating that the proposed trust-mediated mechanism was not supported in this sample. Nevertheless, the findings are limited by the single-hospital setting, sample size, and measurement specification, particularly the use of single indicators for service quality and trust. Future research should employ validated multidimensional measures, recruit larger samples across public and private hospitals in different regions, verify measurement coding, and investigate additional variables, including hospital image, doctor–patient communication, and patient loyalty, to clarify the mechanisms shaping patient trust and satisfaction.

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