

# EXPLORING PATIENT TRUST AS A MEDIATOR IN FACTORS INFLUENCING INPATIENT REVISIT INTENTION

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**Abstract.** This research investigates the impact of healthcare service quality and patient satisfaction on the intention to revisit, with patient trust serving as a mediating factor, among inpatients at Ciawi Regional Hospital. Employing a quantitative approach with a causal-comparative design, primary data were obtained from 108 hospitalized respondents through questionnaires. The analysis utilized Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS version 4.0. Results from the measurement model confirmed that all indicators met the validity and reliability standards, covering convergent and discriminant validity using the Fornell-Larcker criterion, cross-loadings, and the HTMT ratio. Structural model testing revealed strong explanatory capacity, with R-square values of 74.4% for revisit intention and 40.7% for patient trust, alongside predictive relevance indicated by a Q-square value of 0.668. Hypothesis testing showed that both healthcare service quality and patient satisfaction exert significant positive effects on revisit intention and patient trust. Additionally, patient trust itself demonstrated a significant and positive impact on revisit intention. Mediation analysis further established that patient trust significantly mediates the relationship between healthcare service quality, patient satisfaction, and revisit intention. These results reinforce the relevance of the Theory of Planned Behavior within healthcare contexts and emphasize the pivotal role of patient trust in linking service quality and satisfaction to foster revisit intention. Practical implications suggest that Ciawi Regional Hospital should prioritize strengthening service quality and cultivating patient trust as strategies to enhance loyalty and encourage repeat visits.

**Keywords:** patient satisfaction; patient trust; revisit intention; Ciawi Hospital

## I. INTRODUCTION

In the competitive landscape of modern healthcare, maintaining patient loyalty and revisit intention has become a key indicator of hospital performance and service sustainability [1]. As patients increasingly behave like consumers, their willingness to return to a healthcare facility depends not only on clinical outcomes but also on perceived quality, satisfaction, and trust in the institution [2]. In this context, patient trust functions as a pivotal mediating variable that strengthens the relationship between service quality, satisfaction, and behavioral intention, particularly in inpatient care settings [3]. Understanding this dynamic is crucial for hospitals aiming to improve service delivery, brand reputation, and long-term patient relationships [4]. Health service quality encompasses multiple dimensions tangibility, reliability, responsiveness, assurance, and empathy that collectively shape patient perceptions of care effectiveness [5]. Previous studies have demonstrated that service quality directly influences patient satisfaction and loyalty [6]. However, the emotional and psychological dimensions of healthcare interactions, particularly trust, often determine whether satisfied patients decide to revisit a hospital [7]. Patient trust, defined as a belief in the hospital's competence, integrity, and benevolence, plays an essential role in mitigating uncertainty

and enhancing perceived safety in clinical decision-making [8]. Recent empirical findings indicate that trust acts as a bridge between cognitive evaluations (service quality, satisfaction) and affective behavioral intentions (revisit and recommendation) [9]. For example, Rahman et al. [10] found that in developing countries, where healthcare quality standards and accessibility vary widely, patient trust significantly mediates loyalty intentions. Similarly, Kaur and Sharma [11] reported that in hospital contexts, satisfaction alone is insufficient to predict revisit behavior without the presence of a strong trust component. Therefore, incorporating trust into behavioral models offers a more comprehensive understanding of patient decision-making mechanisms in healthcare [12].

The Theory of Planned Behavior (TPB) provides a useful theoretical foundation for explaining revisit intention in healthcare settings. According to TPB, behavioral intentions are shaped by attitudes, subjective norms, and perceived control [13]. In the hospital context, patient satisfaction and perceived service quality represent attitudinal components, while trust functions as a moderating psychological factor that translates these evaluations into behavioral outcomes such as loyalty or repeat visits [14]. This integration of service quality theory and TPB strengthens the

analytical framework for understanding how emotional and relational factors influence patients' healthcare choices [15]. In Indonesia, the importance of patient revisit intention has grown with the expansion of universal health coverage and increased hospital competition, particularly in regional healthcare systems [16]. Public hospitals such as Ciawi Regional Hospital face the dual challenge of maintaining high service standards while fostering patient trust amid rising expectations for transparency and compassion [17]. Despite numerous studies on satisfaction and service quality in Indonesian healthcare, limited empirical research has examined the mediating effect of trust in shaping revisit intention within the inpatient context [18]. Therefore, this study aims to analyze the mediating role of patient trust in the relationship between service quality, patient satisfaction, and revisit intention among inpatients at Ciawi Regional Hospital. By applying Partial Least Squares–Structural Equation Modeling (PLS-SEM), this study empirically tests the extent to which trust influences behavioral intention, thereby extending current literature on hospital service management and patient relationship strategies. The findings are expected to contribute to theoretical development in healthcare loyalty research and offer practical insights for improving trust-based hospital management policies.

Service quality is a multidimensional construct that reflects patients' evaluation of healthcare service delivery based on tangibility, reliability, responsiveness, assurance, and empathy [5]. In hospital settings, service quality has been consistently linked to patient satisfaction and behavioral intentions [19]. High-quality services create positive patient experiences, enhance perceptions of professional competence, and increase the likelihood of loyalty and repeat visits [6]. Parasuraman's SERVQUAL model remains a foundational framework in healthcare quality measurement, emphasizing the gap between patient expectations and perceived performance [5]. Recent empirical evidence shows that the reliability and empathy dimensions are particularly influential in shaping patients' trust in healthcare providers [20]. In developing countries, where disparities in service delivery persist, consistent quality assurance and transparent communication are key drivers of trust formation [10]. Moreover, digitalization and hospital information systems have introduced new service quality dimensions such as accessibility, information transparency, and responsiveness that affect overall patient perceptions and revisit intentions [9], [21].

Patient satisfaction is commonly defined as the degree to which healthcare outcomes and service experiences meet or exceed patient expectations [6]. It functions as both a cognitive and affective evaluation of healthcare encounters, integrating perceptions of clinical care, interpersonal interaction, and environmental conditions [22]. Satisfied patients are more likely to exhibit favorable behavioral intentions, such as loyalty, positive word-of-mouth, and revisit behavior [2], [23]. However, several studies have shown that satisfaction alone does not guarantee patient loyalty or repeat visits unless mediated by emotional factors such as trust and commitment [11]. According to Bakar and

Mohd [7], the relationship between satisfaction and loyalty is contingent on perceived fairness, empathy, and reliability. Furthermore, satisfaction can vary across service stages admission, treatment, and discharge where each touchpoint influences the cumulative intention to revisit [14]. Hence, satisfaction should be viewed as an antecedent variable in a more complex behavioral model involving trust and psychological mechanisms.

Trust has emerged as a central construct in the healthcare service relationship, mediating the effects of service quality and satisfaction on loyalty and behavioral outcomes [3], [7]. Defined as a patient's belief in the competence, integrity, and benevolence of a healthcare provider, trust reduces perceived uncertainty and promotes long-term relational engagement [8]. The mediating role of trust is well-supported in literature, as it translates cognitive evaluations (quality, satisfaction) into affective behavioral intentions (revisit, advocacy) [24]. Thomas and Rahman [3] demonstrated that trust mediates the relationship between service quality and loyalty in hospitals across Asia, while Kaur and Sharma [11] found that trust enhances the predictive power of satisfaction toward revisit intention. In addition, trust is influenced by both interpersonal factors (e.g., physician–patient communication, empathy) and institutional factors (e.g., hospital reputation, service consistency) [25]. Building and maintaining trust require transparent information flow, perceived safety, and continuity of care [8]. Therefore, in this study, patient trust is positioned as a partial mediator that links service quality and satisfaction to revisit intention in inpatient contexts.

Revisit intention represents a patient's behavioral tendency to return to the same healthcare facility for future treatment or follow-up [1]. It reflects both attitudinal and behavioral loyalty components, where satisfaction and trust collectively influence the decision-making process [26]. A high revisit rate is a key performance indicator (KPI) for hospitals, as it indicates perceived reliability and positive service experiences [16]. According to the Theory of Planned Behavior (TPB), revisit intention is shaped by attitudes (satisfaction), subjective norms (peer recommendations), and perceived behavioral control (trust and convenience) [13]. Bitner et al. [14] emphasized that emotional experiences such as feeling respected, safe, and confident enhance the likelihood of revisits more strongly than rational evaluations of service quality alone. Therefore, trust not only strengthens the satisfaction–intention link but also moderates how patients perceive institutional competence and empathy [27]. Recent studies also highlight the mediating influence of digital touchpoints and online reputation management in building revisit intention [9], [21]. As healthcare services become increasingly patient-centered, hospitals must balance technological efficiency with personalized care to foster sustained loyalty [28].

Based on the literature, the conceptual model (Figure 1) positions service quality and patient satisfaction as independent variables influencing revisit intention, with patient trust acting as a mediating variable. Prior empirical studies suggest that: Service quality positively influences both

patient satisfaction and trust [19], [24]. Patient satisfaction directly affects revisit intention [22], [23]. Patient trust enhances the relationship between satisfaction and revisit behavior [3], [11]. This framework aligns with the cognitive–affective–behavioral model, where service quality and satisfaction represent cognitive evaluations, trust reflects the affective state, and revisit intention embodies behavioral outcomes

## II. RESEARCH METHODOLOGY

This study adopted a quantitative, causal–comparative research design to empirically examine the mediating role of patient trust in the relationship between health service quality, patient satisfaction, and revisit intention. The study was conducted at Ciawi Regional Hospital, a public healthcare institution in West Java, Indonesia, representing a typical case of patient-centered hospital service transformation. The population comprised inpatients who had received hospital care during the previous six months. Using the Slovin formula with a 5% margin of error, a total of 108 respondents were selected through purposive sampling, ensuring that participants had prior hospitalization experience. Data were collected via a structured questionnaire consisting of 20 indicators adapted from validated scales in previous studies [19], [24], [27]. All items were measured on a five-point Likert scale, ranging from 1 (“strongly disagree”) to 5 (“strongly agree”). The questionnaire covered four latent constructs: service quality (SQ), patient satisfaction (PS), patient trust (PT), and revisit intention (RI).

Prior to full analysis, the instrument underwent validity and reliability testing using outer model evaluation in Partial Least Squares–Structural Equation Modeling (PLS-SEM) with SmartPLS version 4.0. Convergent validity was assessed through factor loadings ( $>0.70$ ), Average Variance Extracted (AVE  $> 0.50$ ), and Composite Reliability (CR  $> 0.70$ ). Discriminant validity was verified using the Fornell–Larcker and Heterotrait–Monotrait (HTMT) ratio criteria ( $<0.85$ ). The inner model was then tested to evaluate the direct, indirect, and mediating effects among variables, with bootstrapping (5,000 resamples) used to determine the significance of path coefficients ( $p < 0.05$ ). The  $R^2$  and  $Q^2$  values were calculated to assess model explanatory power and predictive relevance, respectively [29]. Data analysis also included multicollinearity testing ( $VIF < 5$ ) and assessment of model fit (SRMR  $< 0.08$ ) to ensure robustness [30]. All procedures complied with ethical guidelines for research involving human participants and were conducted under institutional review board approval. The methodology follows recent best practices in healthcare behavioral modeling using SEM-based approaches [31].

## III. RESULTS AND CONCLUSIONS

### *Measurement Model Evaluation*

The measurement model (outer model) was evaluated to confirm the reliability and validity of the constructs. All indicator loadings exceeded 0.70, indicating satisfactory

convergent validity. The Average Variance Extracted (AVE) values ranged from 0.532 to 0.689, confirming adequate variance explained by the latent constructs. The Composite Reliability (CR) and Cronbach’s Alpha values exceeded 0.80, ensuring internal consistency. The Fornell–Larcker criterion and HTMT ratio ( $< 0.85$ ) established discriminant validity, indicating that each construct measured distinct concepts. These results align with the standards recommended by Hair et al. [29] and are consistent with prior healthcare SEM studies [30].

### *Structural Model Evaluation*

The structural model (inner model) tested the direct, indirect, and mediating effects among the variables. The  $R^2$  value for Revisit Intention (RI) was 0.744, suggesting that 74.4% of the variance in revisit intention was explained by service quality, patient satisfaction, and trust. Meanwhile, the  $R^2$  for Patient Trust (PT) was 0.407, indicating moderate predictive power. The  $Q^2$  values were positive (0.668), confirming predictive relevance and model validity. The SRMR value (0.067) indicated a good model fit.

### *Hypothesis Testing Results*

The PLS-SEM bootstrapping results (5,000 resamples) revealed significant path coefficients for all hypothesized relationships. Service quality had a strong positive effect on patient satisfaction ( $\beta = 0.613$ ,  $t = 10.374$ ,  $p < 0.001$ ) and patient trust ( $\beta = 0.545$ ,  $t = 8.119$ ,  $p < 0.001$ ). Patient satisfaction significantly influenced revisit intention ( $\beta = 0.377$ ,  $t = 6.302$ ,  $p < 0.001$ ), while patient trust also showed a positive effect on revisit intention ( $\beta = 0.421$ ,  $t = 7.024$ ,  $p < 0.001$ )\*\*. The mediation analysis indicated that patient trust partially mediated the relationship between both service quality and revisit intention ( $\beta = 0.165$ ,  $t = 4.083$ ,  $p < 0.001$ ), and patient satisfaction and revisit intention ( $\beta = 0.142$ ,  $t = 3.765$ ,  $p < 0.001$ ). These findings confirm the hypothesized partial mediation model, consistent with previous research by Thomas and Rahman [24] and Kaur and Sharma [11], who found that trust functions as a relational bridge between patients’ cognitive evaluations and behavioral intentions.

The findings demonstrate that service quality plays a foundational role in shaping both patient satisfaction and trust, which ultimately drive revisit intention. Hospitals that deliver consistent, empathetic, and reliable care are more likely to foster trust, which enhances patient loyalty a finding aligned with Nguyen and Le [20] and Bakar and Mohd [27]. Furthermore, the strong impact of satisfaction on revisit intention corroborates the Theory of Planned Behavior (TPB), suggesting that positive attitudes derived from satisfying experiences translate into behavioral intentions [13]. The partial mediating effect of trust emphasizes its psychological and emotional importance in patient decision-making. While satisfaction reflects the cognitive evaluation of service performance, trust encapsulates the emotional assurance and perceived safety of engaging repeatedly with the same healthcare provider [8]. This dual relationship mirrors Rahman et al. [31] and Dagger and O’Brien [25], who concluded that trust transforms satisfaction into commitment and long-term loyalty.

From a managerial standpoint, the results highlight that improving technical competence alone is insufficient to secure patient revisits. Emotional engagement through transparent communication, respect, and ethical treatment significantly enhances trust, which sustains revisit behavior even when service quality fluctuates [32]. Moreover, consistent communication across multiple touchpoints admission, consultation, and discharge reinforces continuity of care, thereby strengthening the trust–loyalty linkage [33].

Theoretically, this study enriches the healthcare service management literature by validating the mediating role of patient trust within the framework of service quality, satisfaction, and behavioral intention. It bridges cognitive–affective models of patient behavior with the Theory of Planned Behavior (TPB), confirming that trust operates as an affective mechanism that transforms positive evaluations into actionable loyalty [14], [15]. The integration of service quality and trust further supports a multidimensional understanding of patient loyalty formation, consistent with findings from Kaur and Sharma [11] and Boateng [23]. Practically, hospital administrators should adopt trust-based service management strategies. Establishing effective communication, maintaining transparency in treatment, and ensuring consistent service reliability are vital for building patient confidence. Implementing trust enhancement programs, such as patient education sessions, transparent billing systems, and empathetic staff interactions, can significantly strengthen revisit intention [34]. Additionally, digital healthcare platforms should be optimized to provide reliable information, follow-up reminders, and real-time support, as these technological tools enhance both trust and satisfaction in modern healthcare delivery [9], [21], [35].

This study's results are consistent with global empirical findings that position trust as a core determinant of revisit intention. Similar patterns were observed in Rahman et al. [10] and Tsai et al. [21], where patient trust mediated digital service satisfaction and loyalty. However, unlike those studies that focused on outpatient or digital contexts, this research contributes novel insights by focusing on inpatient hospital care, which involves deeper emotional engagement and higher perceived risk. The observed partial mediation indicates that while service quality and satisfaction directly influence revisit intention, the inclusion of trust enhances the explanatory power of the model. This supports the argument of Dagger and O'Brien [25] that in healthcare an experience-based service trust is a prerequisite for sustained loyalty. Therefore, cultivating trust through compassionate communication, clinical excellence, and institutional transparency remains essential for hospitals seeking to strengthen long-term patient relationships [36]–[39].

From a managerial perspective, hospital administrators should prioritize trust-centered service strategies as part of their patient relationship management frameworks. Enhancing trust requires transparent communication, reliable clinical performance, empathetic care, and ethical integrity throughout the treatment process [40]. Hospitals should also implement patient engagement initiatives such as follow-up consultations, satisfaction monitoring, and personalized

digital services to reinforce trust and emotional attachment [41]. Building a trustworthy healthcare environment not only increases revisit intention but also strengthens institutional reputation and patient advocacy. Policymakers and hospital leaders are encouraged to integrate trust metrics into hospital quality assessment systems and accreditation frameworks, ensuring that patient-centered care becomes a measurable and sustainable priority [42].

#### IV. CONCLUSIONS

This study provides empirical evidence that patient trust plays a critical mediating role in the relationship between health service quality, patient satisfaction, and inpatient revisit intention. The findings confirm that service quality directly and positively affects both satisfaction and trust, while satisfaction and trust each contribute significantly to revisit intention. Moreover, trust partially mediates the influence of service quality and satisfaction on revisit behavior, indicating that both cognitive (satisfaction) and affective (trust) dimensions jointly shape patients' loyalty intentions. The model explained 74.4% of the variance in revisit intention, demonstrating the robustness of the relationships. These results validate the applicability of the Theory of Planned Behavior (TPB) and support the integration of trust-based behavioral models in healthcare service management.

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