

The Effect of Patient-Centered Care-Based Services on Patient Behavioral Intentions with Trust as A Mediating Variable at Dr Moewardi Hospital, Surakarta City

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ABSTRACT

This study aims to determine the direct influence of patient-centered Care on patient behavioral intentions, the direct influence of patient-centered Care on patient trust, the direct influence of patient trust on patient behavioral intentions, and the role of patient trust as a mediating variable in the relationship between patient-centered Care and patient behavioral intentions at Dr. Moewardi Surakarta Hospital. The research method uses a quantitative correlational approach. Data were collected through questionnaires to outpatients and inpatients of Dr. Moewardi Surakarta Hospital and analyzed using statistical tests to test the direct influence and role of mediation. The results of the study show that Patient-centered Care has a direct positive effect on patient behavioral intentions and patient trust at Dr. Moewardi Surakarta Hospital. Patient trust also has a direct positive influence on the patient's behavioral intentions, which is reflected in the patient's increased tendency to make repeat visits and make recommendations. Patient trust has been proven to mediate the influence of patient-centered Care on patient behavioral intentions, so that patient-oriented services not only have a direct impact on behavioral intentions, but are also strengthened through the formation of trust. These findings show that consistent implementation of patient-centered Care plays a role in building patient trust and encouraging positive behavioral intentions towards hospital services.

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1. INTRODUCTION

Service quality and managerial effectiveness are crucial elements in maintaining the sustainability of hospitals in the midst of a complex health system. Hospitals and staff bear the primary responsibility for providing effective and safe patient care, which triggers the emergence of more humanistic service expectations from patients and families (Ghofar et al., 2022). The current trend growth shows that people in developing countries are increasingly concerned about their right to quality health services

(Sitohang, 2023). This change in perspective forces medical institutions to re-evaluate the care aspect so that it no longer places patients as passive recipients of services.

Patient-centered Care (PCC) exists as a global strategic approach that focuses on the patient's needs, preferences, and values as the center of the entire care process (Purwadhi et al., 2025). The implementation of PCC builds an equal partnership between patients and health workers through open communication and cross-professional collaboration (Istiono & Sutomo, 2024). Interprofessional coordination within this framework ensures that patients receive appropriate care, minimizing the risk of errors, while speeding up the recovery period (Pratiwi & Tambokan, 2024). Hospitals in Indonesia must be able to adapt this approach comprehensively to ensure safe and effective services.

Dr. Moewardi Hospital as a type A hospital faces major challenges as the volume of visits increases, which reached 455,189 outpatients in 2023. The recovery in the number of patients after the pandemic indicates the high need for responsive and quality health access. The implementation of *Patient-centered Care* is very crucial for this complex medical care referral hospital to ensure that each individual still receives personal attention even in crowded operational conditions. The success of these interactions will ultimately determine the patient's level of trust and behavioral intent to return to use the service in the future.

Patient trust is defined as the belief that service providers will act in the best interests of patients in vulnerable situations (Lemma et al., 2023). The element of trust includes the credibility, commitment, and kindness of the hospital which is felt directly through the interaction experience (Wullan et al., 2025). This belief is divided into two levels, namely interpersonal with medical personnel and institutional with the hospital organizational system at large (Sediawan, 2022). Strengthening institutional trust is highly dependent on the organization's ability to carry out the right service strategy to increase satisfaction (Luthfiana et al., 2024).

Good service quality significantly increases people's satisfaction and intention to return to treatment or recommend medical services to other parties (Laila, 2024). The implementation of PCC has been proven to be able to create effective communication and positive interactions that strengthen *behavioral intentions* that are beneficial to the institution (Rahmawati et al., 2024). Trust acts as a mediating variable that bridges the relationship between the patient's positive experience and the decision to remain loyal (Miolda et al., 2023). This study seeks to empirically measure the influence of PCC on trust and behavioral intentions as a basis for improving the quality of sustainable services at Dr. Moewardi Hospital.

2. METHOD

The quantitative approach was chosen as a research method to emphasize the collection and analysis of numerical data to test hypotheses based on existing theories (Sugiyono, 2021). This type of correlational research is used to identify and analyze the relationship patterns and the strength of the influence of independent variables on bound variables, either directly or through mediation variables without data manipulation. The main focus of this procedure was to determine the direct influence of *patient-centered Care* on patient behavioral intentions, the influence of *patient-centered Care* on trust, the effect of trust on behavioral intentions, and the role of trust mediation at Dr. Moewardi Hospital through the involvement of 96 respondents as a research sample.

The data collection technique was carried out using a questionnaire as the main instrument containing a list of systematic written questions for respondents to fill out (Sugiyono, 2021). The use of questionnaires allows researchers to obtain quantitative data related to *patient-centered Care variables*, trust, and behavioral intentions of patients quickly and efficiently. This method supports the collection of information from a large number of individuals in a short period of time while facilitating statistical

analysis to objectively measure the relationships between variables. The collected data then becomes the main basis for answering research problems accurately and systematically.

Data analysis was carried out through several statistical stages starting with descriptive analysis to provide an overview of respondent characteristics and answer distribution. The next stage includes a classical assumption test consisting of a normality test, a multicollinearity test, and a heteroscedasticity test to ensure the regression model meets scientific requirements. Hypothesis testing is carried out through t-tests to see the partial influence and analysis of the determination coefficient to measure the extent to which independent variables explain the variation of dependent variables. *The Sobel test* was applied specifically to test the significance of the strength of indirect relationships through the trust mediation variables in the research model.

3. FINDINGS AND DISCUSSION

Result

Descriptive Analysis

Table 1. Descriptive Analysis Results

Statistics		Patient Centered Care	Kepercayaan	Niat Perilaku
N	Valid	96	96	96
	Missing	0	0	0
Mean		30.36	41.59	23.97
Std. Error of Mean		.547	.520	.391
Median		31.00	42.00	24.00
Std. Deviation		5.362	5.098	3.836
Variance		28.760	25.991	14.715
Minimum		14	30	15
Maximum		39	52	32

Based on the table above, the mean value of Patient Centered Care is 30.36, the standard deviation is 5.362, the smallest Patient Centered Care value is 14 and the largest is 39. The mean value of Trust is 41.59, standard deviation is 5.098, the smallest Trust value is 30 and the largest is 52. The mean value of Behavioral Intent is 23.97, the standard deviation is 3.836, the smallest Behavioral Intent value is 15 and the largest is 32.

Classic Assumption Test

Normality Test

Table 2. Normality Test Results

One-Sample Kolmogorov-Smirnov Test		Unstandardized Residual
N		96
Normal Parameters ^{a,b}	Mean	.0000000
	Std. Deviation	3.34784871
Most Extreme Differences	Absolute	.073
	Positive	.073
	Negative	-.067
Test Statistic		.073
Asymp. Sig. (2-tailed)		.200 ^{c,d}

- Test distribution is Normal.
- Calculated from data.
- Lilliefors Significance Correction.
- This is a lower bound of the true significance.

Based on the table above, the results of the Kolmogorov-Smirnov normality test show that the value of Asymp. Sig. (2-tailed) of 0.200 which is greater than 0.05. This shows that the residual data in this study is normally distributed.

Multicollinearity Test

Table 3. Multicollinearity Test Results

Coefficients ^a								
Model		Unstandardized Coefficients		Unstandardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	10.987	2.993		3.671	.000		
	PCC	.307	.071	.429	4.342	.000	.839	1.192
	Kepercayaan	.088	.074	.117	1.187	.238	.839	1.192

a. Dependent Variable: TOTAL_Niat Perilaku

Based on the table above, the results of the multicollinearity test showed that the Tolerance value for the PCC and Confidence variables was 0.839, greater than 0.10, and the VIF value was 1.192 which was smaller than 10. This shows that there are no symptoms of multicollinearity.

Heteroscedasticity Test

Table 4. Heteroscedasticity Test Results

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.950	1.542		4.507	.000
	PCC	-.003	.036	-.009	-.079	.937
	Kepercayaan	-.097	.038	-.276	-2.543	.313

a. Dependent Variable: Abs_RES

Based on the table above, the results of the heteroscedasticity test show that the significance value for the PCC variable is 0.937 and for the Confidence variable is 0.313, both greater than 0.05. This indicates that the regression model does not experience symptoms of heteroscedasticity.

Hypothesis Test

T test

Table 5. Test Results t

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.987	2.993		3.671	.000
	PCC	.307	.071	.429	4.342	.000
	Kepercayaan	.088	.074	.117	1.187	.238

a. Dependent Variable: Niat Perilaku

Based on the table above, the results of the t-test showed that the *Patient-centered Care* (PCC) variable had a significance value of 0.000 (< 0.05), which means that PCC had a significant effect on the patient's behavioral intentions, while the Trust variable had a significance value of 0.238 (> 0.05), so it did not have a significant effect on the patient's behavioral intentions.

Coefficient of Determination

Table 6. Determination Coefficient Test Results

Model Summary ^b									
Model	R	Change Statistics							
		R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.488a	.238	.222	3.38366	.238	14.551	2	93	.000

a. Predictors: (Constant), Kepercayaan, PCC
 b. Dependent Variable: Niat Perilaku

Based on the table above, the R Square value of 0.238 means that the 23.8% variation in the Behavioral Intent variable can be explained together by PCC and Confidence in this regression model.

Sobel Test

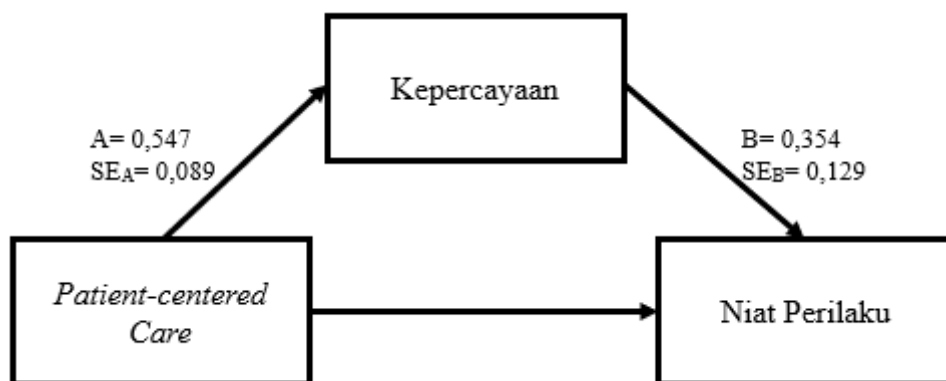


Figure 1. Mediation Test Results

Based on the results of the Sobel Test calculation, a two-tailed probability (p-value) value of 0.0155 was obtained. Because this value is smaller than the significance level of $\alpha = 0.05$, it can be concluded that the Trust variable (Z) significantly mediates the relationship between *patient-centered Care* (X) and Patient Behavioral Intention (Y) at Dr. Moewardi Surakarta Hospital.

Discussion

The Effect of *Patient-centered Care* on Patient Behavioral Intentions at Dr. Moewardi Surakarta Hospital

Patient-centered Care (PCC) is a healthcare approach that puts patients at the center of attention in every medical decision-making process. This concept emphasizes the importance of effective communication, respect for patient preferences, and clear information so that patients feel valued and actively involved in their self-care. When hospitals implement PCC consistently, patients tend to have a positive perception of the services they receive, fostering a sense of satisfaction, comfort, and a desire to return to using the same services in the future. The patient's behavioral intentions include a tendency to recommend services, make repeat visits, and show loyalty to the healthcare facility.

The results of the statistical test showed that PCC had a significant effect on the behavioral intentions of patients at Dr. Moewardi Hospital Surakarta, as evidenced by a significance value of 0.000 (<0.05) and a positive regression coefficient value of 0.307. This means that the higher the level of PCC implementation, the stronger the patient's intention to continue to choose the hospital as a place of treatment. The t-value of 4.342 reinforces that the contribution of PCC to the patient's behavioral intentions is relatively strong and statistically convincing. This condition confirms that service practices that focus on patient needs are able to encourage increased loyalty and positive intentions towards hospital services.

The results of the study that show a significant influence of PCC on the patient's behavioral intentions are in line with the view of Purwadhi et al. (2025) who stated that PCC places the patient's needs and preferences as the center of the service, thereby creating personal relationships that increase patient engagement motivation. In addition, Ernawati & Lusiani (2019) explained that positive experiences from PCC-based services, such as open communication and emotional support, play an important role in strengthening patients' behavioral intentions to carry out medical recommendations and be loyal to health facilities.

This is in line with the findings of Ernawati and Lusiani (2019) who explained the theme of lack of health information and under-care treatment as the main problem in the implementation of PCC from the perspective of patients and nurses. Their study emphasizes that when these aspects are improved through an effective PCC approach, the patient experience improves, giving rise to positive behavioral intentions such as loyalty and recommendations. This corroborates the results of current research that the implementation of good PCC increases the behavioral intention of patients, as also supported by Fauzan & Widodo (2019) who report that a good patient experience is directly proportional to the optimal implementation of PCC.

The Effect of *Patient-centered Care* on Patient Trust at Dr. Moewardi Surakarta Hospital

Patient trust is an important element in the relationship between patients and medical personnel. Trust is formed when patients feel safe, confident in the competence of health workers, and believe that the medical information and decisions taken are in the interests of their health. *Patient-centered care* plays a big role in building that trust because it emphasizes open communication, empathy, and appreciation for patients' values. When health workers are able to give enough attention and time, patients tend to feel appreciated so that there is a sense of trust in the hospital service system.

The results showed that PCC had a positive influence on patient confidence although it was statistically insignificant, with a significance value of 0.238 (>0.05). This indicates that the implementation of PCC at Dr. Moewardi Surakarta Hospital has not been fully able to build patient trust consistently. Factors such as patient personal experience, uneven communication in each service unit, and perception of the quality of medical personnel can affect these outcomes. Although the direction of influence is positive, an increase in the overall application of the PCC principle is still needed so that patient trust can be formed stronger and have a real impact on the long-term relationship between patients and hospitals.

The positive but insignificant influence of PCCs on patient trust found in this study reflects the complexity of trust formation as described by Puspitasari et al. (2025), who stated that trust is formed from consistent interactions and positive experiences. Although PCC prioritizes open communication and empathy (Kusumawardani et al., 2025), the perception of patient trust is also influenced by the variability of experiences in various service units and perceptions of the quality of medical personnel. This shows that the consistent and equitable implementation of PCC needs to be improved so that the theory of the positive relationship between PCC and trust can be optimally realized within Dr. Moewardi Hospital.

The positive but insignificant influence of PCC on patient trust is similar to the findings of Sudarmini et al. (2022) who found that the quality of service affects patient trust, although caring behavior does not always have a significant effect. This suggests that although PCC theoretically supports the creation of trust, other factors such as consistency of implementation and quality of information delivery have a greater role in shaping patient trust. Research by Widjaya et al. (2024) also illustrates that patient experience and service have an effect on trust, but caring is not a significant direct factor in service quality, similar to this condition.

The Effect of Patient Trust on Patient Behavioral Intentions at Dr. Moewardi Surakarta Hospital

Patient trust has a fundamental role in shaping positive behavior towards health services. When patients believe in the integrity and competence of medical personnel, they are more likely to show good behavioral intentions such as adherence to treatment, desire to make repeat visits, and recommend the facility to others. Trust creates an emotional connection that strengthens the patient's loyalty to the healthcare institution. In the context of hospital services, trust is not only determined by clinical outcomes, but also by the interpersonal experiences experienced by patients during the treatment process.

The results of the t-test showed that patient confidence had no significant effect on the patient's behavioral intentions at Dr. Moewardi Surakarta Hospital, with a significance value of 0.238 (>0.05) and a regression coefficient value of 0.088. This condition suggests that even if patients have a certain level of trust in the hospital, that trust is not yet strong enough to directly influence their behavioral intentions. Most likely, patients are more affected by service aspects that are directly felt, such as the empathy of health workers, speed of service, and the comfort of facilities. These results show that strengthening trust needs to be accompanied by improving the quality of patient experience so that positive behavior intentions can be formed consistently.

The insignificance of the influence of trust on the patient's behavioral intentions indicates that although the patient has a certain level of trust, other factors such as the quality of the perceived direct experience are also very dominant. This can be observed in the theory of Gabay (2020) which emphasizes that trust can encourage obedience and loyalty, but its realization is greatly influenced by various aspects of service that are concrete and experienced by patients. In addition, Kusumawardani et al. (2025) revealed that empathic communication and openness are the keys to building behavioral intentions, so strengthening trust must be accompanied by improving patient experience in order to create consistent positive behavioral intentions at Dr. Moewardi Hospital.

The results of this study are in line with the research of Widjaya et al. (2024) which indicates that the quality of service and patient experience are factors that determine behavioral intentions more than trust alone. Talahatu & Tasijawa (2021) research adds that the implementation of PCC plays a role in motivating health workers so that it has implications for a better quality of interaction with patients, a factor that ultimately influences patient behavior more. This situation confirms the need to reinforce the positive experience of patients as the main supporters of behavioral intentions in addition to building trust levels.

The Role of Patient Trust Mediation between *Patient-centered Care* and Patient Behavioral Intentions at Dr. Moewardi Surakarta Hospital

Patient trust has a strategic position as a psychological variable that bridges the relationship between the quality of patient-based services and the tendency of patients' behavior towards health services. *Patient-centered care* fosters open communication, empathy, and respect for patients' rights, which in turn fosters trust in medical personnel and healthcare institutions. When this trust is built strong, patients tend to have positive behavioral intentions such as a desire to return to treatment, comply with medical recommendations, and recommend the hospital to others. This mediation process

reflects that trust serves as an emotional bridge that connects the experience of service with the behavioral intentions shown by the patient.

The results of the mediation test using the Sobel Test showed that the trust variable played a significant role in mediating the relationship between *patient-centered Care* and the patient's behavioral intentions, as evidenced by a p-value of 0.0155 (<0.05). The results of this study confirm that the implementation of patient-oriented services is able to increase behavioral intentions indirectly through increasing patient trust in hospitals. Although the direct influence of trust on behavioral intentions is insignificant, its indirect effects have been shown to make a significant contribution. This condition shows that when hospitals manage to foster trust through an empathetic, communicative, and transparent approach, the tendency of patients to show positive behavior towards services will increase noticeably.

The success of mediation by trust confirms a theoretical model that places a sense of security and confidence as prerequisites for patient commitment to service. This model is consistent with the explanation of Puspitasari et al. (2025) who stated that trust is formed from consistent interactions and positive experiences, creating a sense of security and reducing patients' worries about risks. The application of *Patient-centered Care* that ensures honest and empathetic communication is the basis of these consistent interactions, so that PCC indirectly succeeds in triggering behavioral intentions through strengthening the foundation of institutional trust in patients.

4. CONCLUSION

The implementation of *patient-centered Care* (PCC) at Dr. Moewardi Surakarta Hospital has been proven to have a significant positive influence on patients' behavioral intentions. Effective communication, empathy, and respect for patient preferences encourage people to return to treatment, recommend services, and show loyalty to hospitals. In contrast, PCC was found to have a positive but not significant effect on patient confidence directly. This phenomenon shows that the implementation of PCC has not fully built strong trust in all patients, so the consistency of service and the quality of interaction must still be improved to strengthen trust in health workers and institutions.

Patient trust factors were found to have no significant influence independently on behavioral intentions in this study. Direct service experience such as comfort, speed, and caring behavior of health workers are more dominant elements in influencing patient decisions than just the level of trust felt. Patient trust actually plays a significant role as a mediator that bridges the relationship between PCC and behavioral intentions. The creation of a sense of security, appreciation, and open communication through the PCC framework will build trust that then encourages patients to exhibit positive behavior towards all aspects of hospital services.

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