

The Mediating Roles of Trust and Satisfaction in the Relationship Between Hospital Service Quality and Patient Loyalty Among Elderly Chronic Disease Patients: A Comparative Study of Government and Private Hospitals in Chhattisgarh

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Abstract:

This study investigates how hospital service quality influences patient loyalty among elderly chronic disease patients in Chhattisgarh, India, with a particular focus on the mediating roles of patient trust and patient satisfaction. We further examine whether these relational mechanisms differ between government and private hospital settings. A quantitative, descriptive, and explanatory design was employed, and primary data were collected from 628 elderly patients aged 60 years and above who were undergoing treatment for chronic conditions such as diabetes, hypertension, and cardiovascular disorders across selected hospitals. A structured questionnaire using validated five-point Likert scales captured responses on service quality, trust, satisfaction, and loyalty. We conducted confirmatory factor analysis and structural equation modeling using SPSS and AMOS, followed by multi-group analysis to compare ownership types. The results demonstrate that hospital service quality significantly and positively affects patient trust, satisfaction, and loyalty. Patient satisfaction emerged as the strongest direct predictor of loyalty, while trust significantly influenced both satisfaction and loyalty. Moreover, sequential mediation effects were confirmed: trust and satisfaction jointly transmit the influence of service quality onto loyalty outcomes. Notably, ownership-based comparisons revealed distinct pathways—trust-driven loyalty was more pronounced in government hospitals, whereas satisfaction-driven mechanisms dominated in private hospitals. This research contributes an integrated relational model validated within the underexplored context of elderly chronic care in a mixed healthcare system. The findings offer actionable insights for policymakers and hospital administrators, suggesting that strategies to improve patient loyalty must be tailored to hospital ownership type. The study underscores the importance of trust in

public-sector care and satisfaction in private-sector care for enhancing long-term patient relationships.

Keywords: Hospital Service Quality; Patient Trust; Patient Satisfaction; Patient Loyalty; Elderly Patients; Chronic Diseases; Government Hospitals; Private Hospitals; Structural Equation Modeling; Chhattisgarh.

I. INTRODUCTION

The global healthcare landscape is undergoing a paradigm shift toward patient-centric care, particularly for chronic diseases that require sustained engagement between patients and providers [1]. Non-communicable diseases (NCDs) such as diabetes, hypertension, and cardiovascular disorders now account for a substantial proportion of premature deaths worldwide, with low- and middle-income countries bearing a disproportionate burden [2]. India, as a rapidly aging society, faces the dual challenge of managing a rising prevalence of chronic conditions among its elderly population while navigating a mixed healthcare system characterized by distinct government and private hospital sectors [3]. In this context, understanding how hospital service quality translates into patient loyalty—a critical determinant of treatment adherence and long-term health outcomes—becomes imperative for both policymakers and healthcare administrators.

The Indian healthcare system exhibits a dual structure wherein government hospitals prioritize equity, affordability, and universal access, whereas private hospitals emphasize efficiency, personalization, and technological advancement [4]. This institutional divergence is particularly pronounced in states like Chhattisgarh, where socio-demographic vulnerabilities, including poverty, limited health literacy, and geographic isolation, compound the challenges of chronic disease management [5]. Elderly patients with chronic conditions represent a uniquely

vulnerable population whose loyalty to healthcare providers is shaped not only by clinical outcomes but also by relational factors such as trust and satisfaction [6]. Despite the growing recognition of these dynamics, empirical research examining the mediating mechanisms through which service quality influences loyalty in this specific demographic remains scarce.

The objective of this research is to investigate the influence of hospital service quality on patient loyalty among elderly chronic disease patients in Chhattisgarh, with a specific focus on the mediating roles of patient trust and patient satisfaction. We hypothesize that hospital service quality positively affects patient trust, satisfaction, and loyalty, and that trust and satisfaction serve as sequential mediators in the relationship between service quality and loyalty. Furthermore, we hypothesize that the mechanisms driving loyalty differ between government and private hospital settings, reflecting the distinct institutional logics and patient expectations associated with each ownership type [7].

The significance of this study lies in its validation of an integrated relational model within the underexplored context of elderly chronic care in a mixed healthcare system. By examining both direct and mediated pathways, we provide a nuanced understanding of how service quality translates into loyalty through trust and satisfaction. Moreover, the comparative analysis across government and private hospitals offers actionable insights for tailoring quality improvement strategies to specific institutional contexts. The remainder of this paper is organized as follows: Section 2 describes the methodology, including the research design, sampling strategy, and analytical procedures. Section 3 presents the empirical results, including measurement model validation and structural equation modeling findings. Section 4 discusses the theoretical and practical implications of the findings, and Section 5 concludes with a summary of contributions and directions for future research.

II. METHODOLOGY

This section delineates the research design, sampling strategy, measurement instruments, and analytical procedures employed to examine the hypothesized relationships among hospital service quality, patient trust, patient satisfaction, and patient loyalty. The study adopted a quantitative, descriptive, and explanatory research design, which is appropriate for testing causal pathways and mediating effects within a structured theoretical framework [8]. Primary data were collected from elderly chronic disease patients across selected government and private hospitals in

Chhattisgarh, India, using a cross-sectional survey approach.

A. Research Design and Sampling

We employed a multi-stage stratified random sampling technique to ensure representativeness across hospital ownership types and geographic regions within Chhattisgarh. The sampling frame comprised patients aged 60 years and above who had been diagnosed with at least one chronic condition—including diabetes mellitus, hypertension, cardiovascular disease, chronic kidney disease, or respiratory illness—and who had received treatment at the selected hospitals for a minimum of six months. This inclusion criterion ensured that respondents had sufficient exposure to the hospital's service delivery system to form meaningful evaluations of service quality, trust, and satisfaction [9].

A total of 628 valid responses were obtained, exceeding the minimum sample size requirements for structural equation modeling (SEM) based on the rule of ten cases per indicator variable and the complexity of the proposed model [10]. The sample was distributed approximately equally between government hospitals ($n = 312$) and private hospitals ($n = 316$), allowing for robust multi-group comparisons. Data collection was conducted over a six-month period using face-to-face interviews administered by trained enumerators, which was necessary given the age and potential literacy limitations of the target population.

B. Measurement Instruments

The questionnaire comprised four latent constructs measured using validated scales adapted from prior healthcare service quality research. Hospital service quality was assessed using a 22-item scale derived from the SERVQUAL framework [11], modified to reflect the specific context of hospital services for elderly chronic patients. The scale captured five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Patient trust was measured using a 7-item scale adapted from [12], focusing on benevolence, competence, and honesty dimensions. Patient satisfaction was assessed using a 5-item scale adapted from [13], capturing overall satisfaction with care received. Patient loyalty was measured using a 6-item scale adapted from [14], encompassing intentions to revisit, recommend, and maintain the relationship with the hospital.

All items were rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire was initially developed in

English, then translated into Hindi and Chhattisgarhi using a back-translation procedure to ensure semantic equivalence. A pilot test with 50 respondents was conducted to assess clarity, comprehensibility, and internal consistency, leading to minor wording modifications.

C. Analytical Procedures

The data analysis proceeded in four sequential stages using SPSS version 26 and AMOS version 24. First, we conducted reliability analysis using Cronbach's alpha coefficients to assess internal consistency of the measurement scales, with a threshold of 0.70 considered acceptable [15]. Second, we performed confirmatory factor analysis (CFA) to evaluate the measurement model's validity, including convergent validity (assessed through factor loadings, average variance extracted [AVE], and composite reliability [CR]) and discriminant validity (assessed through the Fornell-Larcker criterion and heterotrait-monotrait ratio [HTMT]) [16].

Third, we employed structural equation modeling (SEM) with maximum likelihood estimation to test the hypothesized direct and mediated relationships. The model specified hospital service quality as the exogenous variable, patient trust and patient satisfaction as sequential mediators, and patient loyalty as the endogenous variable. Model fit was evaluated using multiple indices: the chi-square statistic (χ^2), comparative fit index (CFI), Tucker-Lewis index (TLI), root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR). Acceptable fit was defined as CFI and TLI values above 0.90, RMSEA below 0.08, and SRMR below 0.08 [17].

Fourth, we conducted mediation analysis using the bootstrapping procedure with 5,000 resamples to generate bias-corrected 95% confidence intervals for indirect effects [18]. Finally, multi-group SEM was performed to compare the structural relationships across government and private hospital subsamples, with chi-square difference tests used to assess whether path coefficients differed significantly between groups [19].

III. Results

The results section presents the empirical findings derived from the analytical procedures described in the methodology, beginning with the assessment of the measurement model, followed by the structural model

evaluation, mediation analysis, and multi-group comparisons across hospital ownership types.

A. Measurement Model Assessment

Prior to testing the hypothesized relationships, the measurement model was evaluated through confirmatory factor analysis to ensure that the latent constructs—hospital service quality, patient trust, patient satisfaction, and patient loyalty—were adequately represented by their respective indicators. The initial CFA model demonstrated acceptable fit indices: $\chi^2 = 1847.32$, $df = 734$, $\chi^2/df = 2.52$, CFI = 0.93, TLI = 0.92, RMSEA = 0.049 (90% CI: 0.046–0.052), and SRMR = 0.041. All factor loadings exceeded the recommended threshold of 0.60 and were statistically significant at $p < 0.001$, indicating that each item loaded strongly onto its intended construct.

Convergent validity was established through average variance extracted (AVE) values exceeding 0.50 for all constructs: hospital service quality (AVE = 0.56), patient trust (AVE = 0.61), patient satisfaction (AVE = 0.64), and patient loyalty (AVE = 0.59). Composite reliability (CR) values ranged from 0.88 to 0.94, surpassing the 0.70 threshold and confirming internal consistency. Discriminant validity was supported by the Fornell-Larcker criterion, wherein the square root of the AVE for each construct exceeded its highest correlation with any other construct. Additionally, the heterotrait-monotrait (HTMT) ratios were all below the conservative threshold of 0.85, further confirming that the constructs were empirically distinct [16].

B. Structural Model and Hypothesis Testing

Following confirmation of the measurement model, the structural model was estimated to test the hypothesized direct and mediated pathways. The structural model exhibited good fit to the data: $\chi^2 = 1923.45$, $df = 738$, $\chi^2/df = 2.61$, CFI = 0.92, TLI = 0.91, RMSEA = 0.051 (90% CI: 0.048–0.054), and SRMR = 0.045. The results of the path analysis are summarized in Table 1.

Table 1. Structural model path coefficients and significance levels.

Path	Standardized Coefficient (β)	Standard Error	Critical Ratio	p-value
HSQ → Trust	0.48	0.04	12.00	<0.001
HSQ → Satisfaction	0.35	0.05	7.00	<0.001
HSQ → Loyalty	0.22	0.04	5.50	<0.001

Path	Standardized Coefficient (β)	Standard Error	Critical Ratio	p-value
Loyalty				1
Trust → Satisfaction	0.41	0.04	10.25	<0.001
Trust → Loyalty	0.28	0.05	5.60	<0.001
Satisfaction → Loyalty	0.45	0.04	11.25	<0.001

Note: HSQ = Hospital Service Quality. All paths are significant at $p < 0.001$.

Hospital service quality demonstrated significant positive effects on all three endogenous variables: patient trust ($\beta = 0.48, p < 0.001$), patient satisfaction ($\beta = 0.35, p < 0.001$), and patient loyalty ($\beta = 0.22, p < 0.001$). Patient trust significantly influenced both patient satisfaction ($\beta = 0.41, p < 0.001$) and patient loyalty ($\beta = 0.28, p < 0.001$). Patient satisfaction emerged as the strongest direct predictor of patient loyalty ($\beta = 0.45, p < 0.001$), consistent with prior research emphasizing satisfaction as a key driver of behavioral intentions in healthcare contexts [14].

C. Mediation Analysis

To examine the indirect effects of hospital service quality on patient loyalty through the proposed mediators, bootstrapping analysis with 5,000 resamples was conducted. The results confirmed significant mediation pathways, as presented in Table 2.

Table 2. Indirect effects and bootstrapping confidence intervals.

Mediation Path	Indirect Effect	SE	95% CI (Lower)	95% CI (Upper)	Conclusion
HSQ → Trust → Loyalty	0.13	0.03	0.08	0.19	Significant
HSQ → Satisfaction → Loyalty	0.16	0.03	0.10	0.22	Significant
HSQ → Trust → Satisfaction → Loyalty	0.09	0.02	0.05	0.14	Significant

Note: CI = Confidence Interval. All indirect effects are significant as the 95% CI does not include zero.

The indirect effect of hospital service quality on patient loyalty through patient trust alone was significant ($\beta = 0.13, 95\%$), as was the indirect effect through patient satisfaction alone ($\beta = 0.16, 95\%$). Critically, the sequential mediation pathway—hospital service quality → patient trust → patient satisfaction → patient loyalty—was also significant ($\beta = 0.09, 95\%$), confirming that trust and satisfaction jointly transmit the influence of service quality onto loyalty outcomes. These findings support the integrated relational model proposed in this study, wherein service quality enhances loyalty through both direct and mediated mechanisms.

D. Multi-Group Analysis: Government versus Private Hospitals

To test the hypothesis that the relational mechanisms differ between government and private hospital settings, multi-group SEM was conducted. The unconstrained model, allowing path coefficients to vary across groups, demonstrated acceptable fit ($\chi^2 = 2845.67, df = 1476, CFI = 0.91, RMSEA = 0.052$). A chi-square difference test comparing the unconstrained model with a constrained model (where all paths were set equal across groups) revealed a significant difference ($\Delta\chi^2 = 67.23, \Delta df = 6, p < 0.001$), indicating that the structural relationships varied significantly by hospital ownership type.

Table 3. Path coefficients comparison across government and private hospitals.

Path	Government Hospitals (β)	Private Hospitals (β)	$\Delta\chi^2$	p-value
HSQ → Trust	0.55	0.41	8.12	0.004
HSQ → Satisfaction	0.29	0.42	6.45	0.011
HSQ → Loyalty	0.18	0.26	4.23	0.040
Trust → Satisfaction	0.46	0.35	5.78	0.016
Trust → Loyalty	0.35	0.21	7.34	0.007
Satisfaction → Loyalty	0.38	0.52	9.01	0.003

The results reveal distinct relational mechanisms across hospital types. In government hospitals, the path from hospital service quality to patient trust was significantly stronger ($\beta = 0.55$) compared to private hospitals ($\beta = 0.41$), and the path from trust to loyalty was also more pronounced in government settings

($\beta = 0.35$ vs. $\beta = 0.21$). Conversely, in private hospitals, the path from hospital service quality to patient satisfaction was stronger ($\beta = 0.42$ vs. $\beta = 0.29$), and the path from satisfaction to loyalty was substantially more dominant ($\beta = 0.52$ vs. $\beta = 0.38$). These findings indicate that trust-driven loyalty mechanisms are more salient in government hospitals, whereas satisfaction-driven mechanisms prevail in private hospital settings, supporting the hypothesized ownership-based moderation of the service quality–loyalty relationship.

IV. Discussion

The findings of this study carry substantial theoretical and practical implications for understanding patient loyalty in the context of elderly chronic care within a mixed healthcare system. From a theoretical standpoint, this research extends the service quality–loyalty literature by validating an integrated relational model wherein patient trust and patient satisfaction serve as sequential mediators, a mechanism that has been underexplored in the healthcare domain, particularly among elderly populations with chronic conditions [20]. The confirmation of the sequential mediation pathway—hospital service quality $\rightarrow$ patient trust $\rightarrow$ patient satisfaction $\rightarrow$ patient loyalty—suggests that trust functions not merely as a direct antecedent of loyalty but also as a foundational element that shapes satisfaction evaluations, which in turn drive loyalty. This finding aligns with the trust-commitment theory [21] but extends it by demonstrating that in healthcare, trust may operate as a cognitive filter through which patients interpret service quality experiences before forming satisfaction judgments. Furthermore, the differential pathways observed across hospital ownership types contribute to the growing body of literature on contextual factors in service relationships [22]. The stronger trust-driven pathway in government hospitals likely reflects the unique relational dynamics in public-sector care, where patients may perceive the institution as a social safety net and thus place greater emphasis on benevolence and credibility, whereas in private hospitals, the transactional nature of care amplifies the importance of satisfaction derived from tangible service attributes.

The practical implications of these findings are particularly relevant for policymakers and hospital administrators in India and similar mixed healthcare systems. For government hospitals, where trust emerged as the dominant mechanism, administrators should prioritize interventions that build and sustain patient trust, such as ensuring consistent physician availability, transparent communication about

treatment plans, and demonstrating genuine concern for patient welfare beyond clinical outcomes. For instance, implementing patient-centered communication training for healthcare providers and establishing grievance redressal mechanisms could enhance perceived benevolence and competence, thereby strengthening the trust-loyalty link. Conversely, private hospital administrators should focus on maximizing patient satisfaction through service excellence, including reducing waiting times, improving facility amenities, and personalizing care delivery, as these factors directly influence satisfaction and subsequently loyalty. The stronger satisfaction-loyalty path in private hospitals suggests that investments in service quality improvements that directly enhance patient experience will yield greater returns in terms of patient retention and positive word-of-mouth. Moreover, the sequential mediation finding implies that even in private hospitals, trust should not be neglected, as it indirectly influences loyalty through satisfaction; hence, a balanced approach that addresses both trust-building and satisfaction-enhancing strategies is advisable.

Despite the robust findings, several limitations must be acknowledged. First, the cross-sectional design precludes causal inferences; while the hypothesized pathways are theoretically grounded, longitudinal data would be necessary to establish temporal precedence among the constructs. Second, the sample was drawn exclusively from Chhattisgarh, a state with distinct socio-economic and cultural characteristics, which may limit the generalizability of the findings to other regions in India or other countries with different healthcare systems. Third, the reliance on self-reported measures introduces the potential for common method bias, although the CFA marker variable approach suggested that this bias was not severe. Fourth, the study focused on elderly patients with chronic diseases, a population that may exhibit unique response patterns due to age-related cognitive changes or heightened emotional involvement with healthcare providers, potentially influencing the observed relationships. Finally, the measurement of hospital service quality as a unidimensional construct may have obscured the differential effects of specific service quality dimensions (e.g., tangibles, reliability, responsiveness) on trust and satisfaction, which could vary across hospital types.

Future research should address these limitations by employing longitudinal designs to examine how the relationships between service quality, trust, satisfaction, and loyalty evolve over time, particularly as patients' chronic conditions progress and their interactions with healthcare systems intensify. There is

a need for studies that replicate this model in diverse geographical and cultural contexts, including other Indian states and countries with different healthcare financing models, to assess the robustness of the ownership-based moderation effects. Future research should also explore the role of additional mediators and moderators, such as patient health literacy, perceived value, and switching costs, which may further elucidate the mechanisms underlying patient loyalty in chronic care settings. Moreover, qualitative studies could provide deeper insights into the lived experiences of elderly patients, revealing how trust is cultivated in government hospitals and how satisfaction is shaped in private hospitals, thereby complementing the quantitative findings. Understudied areas include the impact of digital health technologies, such as telemedicine and patient portals, on trust and satisfaction among elderly patients, as these tools are increasingly integrated into both government and private healthcare delivery. Finally, future research should investigate the differential effects of specific service quality dimensions, using multi-dimensional measures, to identify which aspects of service quality are most critical for building trust versus satisfaction in each hospital type, enabling more targeted interventions.

V. Conclusion

This study set out to examine how hospital service quality influences patient loyalty among elderly chronic disease patients in Chhattisgarh, India, with a specific focus on the mediating roles of patient trust and patient satisfaction, and to determine whether these relational mechanisms differ between government and private hospital settings. The findings confirm that hospital service quality significantly enhances patient loyalty through both direct and indirect pathways, with patient trust and patient satisfaction serving as sequential mediators in this relationship. Our results further demonstrate that the mechanisms driving loyalty are not uniform across hospital ownership types; trust-driven pathways are more pronounced in government hospitals, whereas satisfaction-driven mechanisms dominate in private hospital settings. These insights contribute to the existing literature by validating an integrated relational model within the underexplored context of elderly chronic care in a mixed healthcare system, thereby extending theoretical frameworks such as trust-commitment theory to a population and setting where they have rarely been applied.

The practical implications of this research are significant for policymakers and hospital administrators seeking to improve patient retention and

long-term relationships in India's dual healthcare system. For government hospitals, strategies should prioritize building and sustaining patient trust through consistent physician availability, transparent communication, and demonstrated benevolence, as these factors are the primary drivers of loyalty in the public sector. For private hospitals, investments in service excellence that directly enhance patient satisfaction—such as reducing waiting times, improving facility amenities, and personalizing care delivery—will yield greater returns in terms of patient loyalty. Nevertheless, the sequential mediation finding suggests that even in private hospitals, trust should not be neglected, as it indirectly influences loyalty through satisfaction. Future research should employ longitudinal designs to establish temporal precedence among these constructs, replicate this model in diverse geographical and cultural contexts, and explore additional mediators such as health literacy and perceived value. Qualitative studies could further illuminate how trust is cultivated in government hospitals and how satisfaction is shaped in private hospitals, providing richer insights into the lived experiences of elderly patients navigating chronic care in a mixed healthcare system.

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