Impact Of Service Quality And Patient's Satisfaction On Patient Loyalty

Posted on March 22, 2019

Introduction

Modern healthcare organizations must deliver clinically effective treatment while also creating care experiences that patients regard as reliable, respectful, accessible, and responsive. These expectations make service quality a central concern for hospitals, clinics, and other health providers because patients evaluate far more than the final medical outcome. Communication with professionals, waiting time, staff empathy, administrative efficiency, physical conditions, privacy, safety, and continuity of care all shape how an encounter is understood. Patient satisfaction emerges from this evaluation, but it is not identical to service quality; it reflects how the experience compares with the patient's needs, expectations, and circumstances. Satisfaction may then influence patient loyalty through trust, willingness to return, adherence to follow-up care, and recommendations to others. Examining these relationships is important because loyalty in healthcare should result from competent and ethical care rather than dependence or restricted choice. This essay analyzes service quality as a multidimensional concept, explains the distinctive meaning of patient satisfaction and loyalty, and evaluates satisfaction as a mediating link between experienced quality and future patient behavior.

Literature Review and Conceptual Focus

Healthcare organizations are evaluated not only by whether treatment is clinically effective, but also by how reliably, safely, respectfully, and accessibly care is delivered. The World Health Organization defines quality of care as the extent to which health services increase the likelihood of desired health outcomes and remain consistent with evidence-based professional knowledge. This definition places effectiveness and safety beside people-centredness, timeliness, equity, integration, and efficiency rather than reducing quality to courtesy or physical appearance alone (World Health Organization [WHO], 2025). The present literature review examines a specific chain within this broader quality framework: perceived service quality influences patient satisfaction, and satisfaction can strengthen a patient's willingness to return to, trust, or recommend a healthcare provider. The relationship is important for continuity of care and organizational improvement, but it must be interpreted carefully. Patients are not ordinary consumers, clinical outcomes are not always immediately observable, and healthcare choices may be constrained by insurance, referral systems, geography, cost, and urgency.

Service Quality as a Multidimensional Healthcare Construct

Early service-quality research described quality as the gap between what customers expect and what they perceive they receive. The SERVQUAL model organized this judgment around reliability, responsiveness, assurance, empathy, and tangible features (Parasuraman et al., 1985). Healthcare researchers adopted these dimensions because patients encounter many service processes that they can directly assess: registration, waiting, staff responsiveness, privacy, communication, cleanliness, discharge guidance, and continuity between departments. However, healthcare service quality is more complex than quality in many commercial settings. A patient may appreciate a pleasant environment yet receive inappropriate treatment, or may experience discomfort during necessary and technically excellent care. A systematic review by Fatima et al. (2019) therefore concluded that healthcare quality is multidimensional and commonly includes interpersonal, technical, environmental, administrative, access, and outcome-related components. A credible assessment must combine what patients can report about their experience with measures of clinical effectiveness, safety, and professional performance.

Technical and Clinical Quality

Technical quality concerns the accuracy and appropriateness of diagnosis, treatment, monitoring, infection prevention, medication management, and other clinical activities. These elements are central because a healthcare service cannot be considered high quality merely because staff are polite or facilities are attractive. Patients may have difficulty independently judging technical competence, especially when treatment is complex or outcomes emerge slowly. They often infer competence from explanations, confidence, coordination, visible safety practices, and whether their condition improves. For this reason, satisfaction data should never replace clinical indicators. WHO (2025) emphasizes that quality services must be effective and safe as well as people-centred. When hospitals interpret satisfaction scores without reviewing errors, complications, readmissions, adherence to evidence-based practice, and equity, they risk rewarding superficial comfort while overlooking clinical weaknesses. Technical quality nevertheless affects loyalty because patients who experience successful treatment, consistent follow-up, and confidence in professional judgment are more likely to trust the institution for future care.

Functional and Relational Quality

Functional quality describes how care is delivered during the patient’s journey. It includes responsiveness, empathy, dignity, understandable communication, participation in decisions, privacy, and coordination. These factors are not decorative additions to clinical care; they shape whether patients can understand instructions, disclose relevant information, adhere to treatment, and feel

safe asking questions. The Agency for Healthcare Research and Quality (AHRQ, 2025) identifies timely access, clear information, communication with clinicians, courtesy, cultural appropriateness, shared decision-making, and care coordination as important components of patient experience. The same agency distinguishes experience from satisfaction: experience asks whether particular events occurred, whereas satisfaction reflects whether care met a person's expectations. Relational quality can therefore be improved through observable practices such as introducing staff roles, listening without interruption, explaining risks in accessible language, confirming understanding, and providing coordinated discharge information. Such practices may increase satisfaction because they reduce uncertainty and demonstrate respect, even when treatment itself is difficult or the diagnosis is unfavorable.

Administrative Access and the Care Environment

Patients also judge quality through administrative and environmental encounters that surround clinical treatment. Appointment availability, waiting time, billing clarity, referral procedures, wayfinding, cleanliness, noise, privacy, and digital communication can influence the overall evaluation of a hospital. These features are sometimes described as "hard" attributes, while empathy, assurance, and interpersonal interaction are described as "soft" attributes. Chen et al. (2024) found that both categories contribute to satisfaction and loyalty, although their relative importance may differ between inpatients and outpatients. An outpatient may place greater emphasis on access, punctuality, and efficient movement through the clinic, whereas an inpatient may have prolonged contact with nursing care, room conditions, communication, and continuity across shifts. The implication is that service quality cannot be improved through a single universal intervention. Managers must examine the complete patient journey and identify where delays, confusing procedures, poor handovers, financial uncertainty, or environmental discomfort damage confidence in otherwise competent clinical services.

Patient Satisfaction as an Interpretive Judgment

Patient satisfaction is an evaluative response formed when individuals compare their experience with their needs, values, prior encounters, and expectations. Two patients may receive similar care yet report different satisfaction because their expectations and circumstances differ. A person accustomed to long waiting times may rate a modest improvement highly, while another may remain dissatisfied despite receiving clinically appropriate care because communication was unclear. Satisfaction is also multidimensional rather than a single emotional reaction. A systematic review of healthcare satisfaction instruments found substantial variation in what surveys measure and confirmed that satisfaction commonly includes several domains (Almeida et al., 2015). Consequently, one overall question such as "Were you satisfied?" provides limited guidance for improvement. More useful measurement separates communication, access, nursing care, physician interaction, pain management, discharge preparation, facilities, cost transparency, and overall confidence. It should

also allow narrative feedback, because fixed-response scores may not reveal why a patient selected a particular rating.

What Patient Loyalty Means in Healthcare

Patient loyalty usually refers to intentions or behaviors such as returning to the same provider, maintaining an ongoing relationship, complying with follow-up arrangements, or recommending the organization to others. In healthcare, loyalty should not be treated as unquestioning attachment or as a justification for discouraging second opinions. Ethical care supports informed choice, referral when another provider is more suitable, and transparent disclosure of limitations. Loyalty is most valuable when it reflects earned trust, continuity, and confidence rather than dependency or restricted access. It may also have clinical value for chronic conditions because stable relationships can improve familiarity with a patient's history and support coordinated management. Nevertheless, behavioral measures require caution. A patient may return because the hospital is the only accessible facility, while a highly satisfied patient may be forced to change providers because of insurance or relocation. Researchers should therefore distinguish attitudinal loyalty—trust, preference, and recommendation—from repeated use that may arise from practical constraints.

How Satisfaction Connects Service Quality to Loyalty

The proposed relationship can be understood as a mediated process. Patients first encounter specific aspects of service quality, including clinical competence, communication, responsiveness, administration, and environment. They interpret these encounters in light of expectations and perceived needs, producing a level of satisfaction or dissatisfaction. Satisfaction then contributes to broader judgments of trust, value, and willingness to maintain the relationship. Evidence generally supports this pathway. Arab et al. (2012), studying patients in private hospitals in Tehran, found that process quality, interaction quality, environmental quality, and cost-related perceptions predicted loyalty-related outcomes. More broadly, Olesen and Bathula's (2022) meta-analysis synthesized research on determinants of patient satisfaction and loyalty and confirmed that service quality, satisfaction, trust, and commitment are closely connected. Satisfaction should therefore be treated as a mediator rather than as a synonym for quality: patients respond to experienced quality, and their evaluative response helps explain future intentions.

The pathway is neither automatic nor identical across settings. A clean facility and courteous staff may raise satisfaction, but loyalty may remain weak if patients doubt clinical competence, face unaffordable charges, or encounter fragmented follow-up. Conversely, a patient may remain loyal to a trusted specialist despite dissatisfaction with parking or appointment delays because treatment effectiveness carries greater weight. The importance of each quality dimension depends on the type of service, severity of illness, duration of the relationship, and availability of alternatives. Satisfaction

can also be unstable after an emotionally difficult diagnosis, even when care is appropriate. For these reasons, healthcare organizations should not assume that every service improvement produces the same increase in loyalty. They should identify which experiences matter most in their particular context and examine whether trust, perceived value, treatment effectiveness, or relationship continuity explains the movement from satisfaction to future behavior.

A Research Model for Studying the Relationship

A suitable conceptual model retains service quality as the independent variable, patient loyalty as the dependent variable, and patient satisfaction as a mediator. Service quality should be represented by several dimensions rather than a single undifferentiated score. Depending on the research setting, these may include technical quality, interpersonal communication, responsiveness, administrative efficiency, access, physical environment, cost transparency, and continuity of care. Satisfaction can be measured both globally and by service domain, while loyalty can include intention to revisit, preference for the provider, willingness to recommend, and confidence in continuing care. The central propositions are that perceived service quality positively influences satisfaction; satisfaction positively influences loyalty; service quality may directly influence loyalty; and satisfaction partially or fully mediates that relationship. Trust and treatment effectiveness may be incorporated as additional variables when the sample and assignment permit, but their inclusion should be theoretically justified rather than added merely to increase model complexity.

Measurement and Methodological Considerations

Testing this model requires instruments that are valid for the specific healthcare context. Researchers may adapt established service-quality scales, but items should be reviewed with clinicians and patients to ensure that they reflect the service being studied. Inpatient, outpatient, emergency, primary-care, and telehealth encounters involve different expectations. AHRQ (2025) recommends measuring concrete patient experiences alongside broader satisfaction, because questions about what actually occurred are more actionable than ratings alone. Surveys should protect confidentiality and, where possible, be administered after patients have had enough time to reflect without creating excessive recall bias. Analysis may use regression or structural equation modeling to examine direct and indirect effects. Researchers should also control for factors such as age, health status, prior use, insurance, education, and type of treatment. Cross-sectional designs can identify associations but cannot establish that satisfaction causes loyalty over time; longitudinal data and actual return behavior provide stronger evidence.

Implications for Healthcare Quality Improvement

The literature suggests that organizations seeking durable patient relationships should improve the

entire care process rather than pursue satisfaction scores as a marketing objective. Clinical governance must protect safety and effectiveness, while operational redesign addresses waiting, handovers, access, and administrative confusion. Staff development should strengthen communication, cultural responsiveness, empathy, and shared decision-making. Complaint systems should identify patterns and demonstrate that feedback produces change. Patient-reported experience measures can be combined with clinical outcomes, safety indicators, and qualitative comments to create a balanced performance picture. AHRQ (2025) notes that positive patient experience is associated with several important care processes and outcomes, but it also cautions that many other factors affect results. Accordingly, loyalty should emerge from trustworthy, competent, coordinated, and respectful care. When patient satisfaction mediates the relationship between service quality and loyalty, it provides managers with a diagnostic signal: dissatisfaction points to aspects of the journey that may weaken trust and continuity, while satisfaction grounded in genuine quality supports a stronger long-term relationship.

Conclusion

Service quality, patient satisfaction, and patient loyalty are related but distinct concepts. Service quality concerns the clinical, interpersonal, administrative, and environmental features of care; satisfaction represents the patient's interpretation of those experiences in relation to expectations and needs; and loyalty reflects trust, preference, recommendation, or continued use. The evidence supports a model in which high-quality care increases satisfaction and satisfaction, in turn, strengthens loyalty. Yet the relationship is conditional because patients differ, healthcare choices are constrained, and technical quality may not be fully visible to service users. The strongest approach therefore combines patient perspectives with objective measures of safety and effectiveness. Healthcare organizations can earn loyalty by delivering competent treatment, clear communication, responsive processes, coordinated follow-up, equitable access, and respectful care. In this form, loyalty is not a commercial end in itself; it is an outcome of trustworthy service and a potential foundation for continuity, engagement, and improved health-system performance.

References

Agency for Healthcare Research and Quality. (2025). *What is patient experience?* U.S. Department of Health and Human Services. https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html

Almeida, R. S., Bourliataux-Lajoinie, S., & Martins, M. (2015). Satisfaction measurement instruments for healthcare service users: A systematic review. *Cadernos de Saúde Pública, 31*(1), 11–25. https://doi.org/10.1590/0102-311X00027014

Arab, M., Tabatabaei, S. M. G., Rashidian, A., Forushani, A. R., & Zarei, E. (2012). The effect of service quality on patient loyalty: A study of private hospitals in Tehran, Iran. *Iranian Journal of Public Health, 41*(9), 71–77.

Chen, L.-H., Chen, C.-H., Loverio, J. P., Wang, M.-J. S., Lee, L.-H., & Hou, Y.-P. (2024). Examining soft and hard attributes of health care service quality and their impacts on patient satisfaction and loyalty. *Quality Management in Health Care, 33*(3), 176–191. https://doi.org/10.1097/QMH.0000000000000420

Fatima, I., Humayun, A., Iqbal, U., & Shafiq, M. (2019). Dimensions of service quality in healthcare: A systematic review of literature. *International Journal for Quality in Health Care, 31*(1), 11–29. https://doi.org/10.1093/intqhc/mzy125

Olesen, K., & Bathula, H. (2022). A meta-analysis of the determinants of patient satisfaction and loyalty. *Health Marketing Quarterly, 39*(2), 191–210. https://doi.org/10.1080/07359683.2022.2050000

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. *Journal of Marketing, 49*(4), 41–50. https://doi.org/10.1177/002224298504900403

World Health Organization. (2025). *Quality health services*. https://www.who.int/news-room/fact-sheets/detail/quality-health-services