

# Impact of Healthcare Service Quality on Patient Trust and Satisfaction in Selected Private Hospitals of Erode District

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## ABSTRACT

Healthcare service quality is an important determinant of patients' trust and satisfaction, particularly in private healthcare settings where service experiences influence patients' perceptions of institutional performance. This study examines the influence of healthcare service quality on patient trust and satisfaction in selected private hospitals in Erode District, Tamil Nadu, with particular emphasis on the mediating role of patient trust. A quantitative research design was adopted, and data were collected from 250 patients using a structured questionnaire based on five dimensions of healthcare service quality: tangibility, reliability, responsiveness, assurance, and empathy. The collected data were analysed using descriptive statistics, Cronbach's alpha, factorability assessment, Pearson correlation, multiple regression, and mediation analysis. The findings demonstrate satisfactory internal consistency across all study constructs, with Cronbach's alpha coefficients ranging from 0.840 to 0.857. Healthcare service quality significantly predicts patient trust ( $R^2 = 0.164$ ,  $p < 0.001$ ), with responsiveness and tangibility emerging as significant individual predictors. Healthcare service quality also significantly explains patient satisfaction ( $R^2 = 0.229$ ,  $p < 0.001$ ), with tangibility, reliability, and empathy showing significant positive effects. Patient trust has a significant positive influence on patient satisfaction ( $\beta = 0.282$ ,  $p < 0.001$ ). Further, mediation analysis indicates that patient trust partially mediates the relationship between healthcare service quality and patient satisfaction, with a significant indirect effect. The study concludes that improving patients' experiences requires hospitals to strengthen both the physical and interpersonal dimensions of service delivery while developing trust through responsive and dependable care. The findings provide useful implications for hospital administrators seeking to enhance patient satisfaction through systematic improvements in healthcare service quality and trust-building practices.

**Keywords:** Healthcare Service Quality, Patient Trust, Patient Satisfaction, SERVQUAL, Private Hospitals, Erode District, Service Quality Dimensions, Mediation

## 1. INTRODUCTION

The healthcare sector has undergone substantial transformation over the past two decades, driven by increasing patient expectations, technological advancements, intensified competition among healthcare providers, and the growing emphasis on quality-oriented healthcare delivery. In this dynamic environment, service quality has emerged as one of the most significant determinants of healthcare performance, influencing patients' perceptions, healthcare outcomes, and institutional reputation. Unlike tangible products, healthcare services are characterized by their intangible, heterogeneous, and highly interactive nature, making the quality of service delivery a critical factor in evaluating organizational effectiveness (Parasuraman et al., 1988; Donabedian, 1988).

Private hospitals have become increasingly important contributors to India's healthcare system by offering specialized medical services, shorter waiting times, modern infrastructure, and personalized patient care. However, increasing competition among private healthcare providers has shifted managerial attention beyond clinical excellence toward enhancing patients' overall service experience. Patients today evaluate healthcare providers not only based on treatment

outcomes but also on communication, responsiveness, empathy, professional competence, and the reliability of healthcare services received throughout their healthcare journey (Berry & Bendapudi, 2007; Zeithaml et al., 2021).

Healthcare service quality is commonly conceptualized through the SERVQUAL framework, which includes five fundamental dimensions: tangibility, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). These dimensions collectively represent patients' perceptions of healthcare service performance and provide a comprehensive framework for evaluating service excellence. Previous studies have consistently demonstrated that improvements in these dimensions contribute to higher patient satisfaction, stronger trust in healthcare providers, and greater loyalty toward healthcare institutions (Dagger et al., 2007; Fatima et al., 2018; Meesala & Paul, 2018). Consequently, healthcare organizations increasingly recognize service quality as a strategic resource for achieving sustainable competitive advantage.

Among the various outcomes of healthcare service quality, patient trust occupies a particularly important position. Trust reflects patients' confidence in the competence, integrity, honesty, and ethical behaviour of healthcare professionals and institutions. Since healthcare decisions frequently involve uncertainty and information asymmetry, patients depend heavily on healthcare providers to deliver accurate diagnoses, appropriate treatments, and compassionate care. Higher levels of trust encourage treatment adherence, improve patient-provider communication, reduce perceived risk, and strengthen long-term healthcare relationships (Mosadeghrad, 2014; Topuz et al., 2025). Therefore, developing patient trust has become an essential objective for healthcare managers seeking to improve organizational performance.

Patient satisfaction represents another key indicator of healthcare quality and organizational success. It reflects the extent to which patients perceive that healthcare services meet or exceed their expectations regarding medical care, interpersonal interactions, accessibility, and service delivery processes. Satisfied patients are more likely to revisit the same healthcare institution, recommend it to others through positive word-of-mouth, and maintain long-term relationships with healthcare providers (Oliver, 1997; Anderson et al., 1994). Consequently, patient satisfaction has become an important performance measure used by healthcare administrators to evaluate service effectiveness and guide continuous quality improvement initiatives.

Recent healthcare research has further emphasized that patient trust often functions as an important psychological mechanism linking healthcare service quality with patient satisfaction. High-quality healthcare services foster confidence in medical professionals, which subsequently enhances patients' overall evaluation of healthcare experiences. Empirical evidence indicates that trustworthy healthcare environments improve patients' emotional comfort, perceived safety, and willingness to comply with medical recommendations, ultimately leading to greater satisfaction and stronger behavioural intentions (Akdere et al., 2020; Wullan et al., 2025). Understanding this relationship is therefore essential for designing patient-centred healthcare strategies.

Despite the growing body of literature on healthcare service quality, relatively limited empirical evidence is available from district-level private hospitals in Tamil Nadu, particularly within Erode District. Healthcare delivery characteristics, patient expectations, demographic diversity, and institutional practices vary considerably across regions, limiting the generalizability of findings obtained from metropolitan hospitals or international healthcare settings. This contextual variation highlights the need for localized empirical investigations that examine how healthcare service quality influences patient trust and satisfaction within the private healthcare sector of Erode District.

Against this background, the present study investigates the impact of healthcare service quality on patient trust and patient satisfaction among patients receiving treatment in selected private hospitals in Erode District. Specifically, the study evaluates the influence of the five SERVQUAL dimensions tangibility, reliability, responsiveness, assurance, and empathy on patient trust and satisfaction. The findings are expected to provide valuable insights for hospital administrators, healthcare professionals, and policymakers by identifying critical service quality dimensions that strengthen patient confidence and enhance healthcare experiences. Furthermore, the study contributes to the existing healthcare management literature by extending evidence from an emerging regional healthcare context and supporting the development of effective patient-centred quality improvement strategies.

## 2. LITERATURE REVIEW

Healthcare service quality has become a central concern for healthcare organizations because it directly influences patient perceptions, healthcare outcomes, and organizational sustainability. As healthcare systems continue to evolve toward patient-centred care, researchers have increasingly emphasized the importance of delivering high-quality services that combine clinical effectiveness with positive patient experiences. Service quality in healthcare extends beyond medical treatment and includes patients' evaluations of hospital infrastructure, staff behaviour, communication, responsiveness, reliability, and emotional support throughout the care process (Donabedian, 1988; Berry & Bendapudi, 2007).

### 2.1 Healthcare Service Quality

Healthcare service quality refers to patients' overall assessment of the excellence and effectiveness of healthcare services delivered by a hospital or healthcare provider. The SERVQUAL model proposed by Parasuraman et al. (1988) remains one of the most widely accepted frameworks for evaluating service quality. It identifies five dimensions tangibility, reliability, responsiveness, assurance, and empathy that collectively explain how patients evaluate healthcare services.

Tangibility represents the physical facilities, medical equipment, cleanliness, and professional appearance of healthcare personnel. Reliability reflects the hospital's ability to deliver promised healthcare services accurately and consistently. Responsiveness refers to the willingness of healthcare professionals to provide timely assistance and prompt medical attention. Assurance encompasses employees' knowledge, competence, courtesy, and ability to inspire confidence among patients. Empathy reflects individualized attention, compassion, and understanding of patients' personal healthcare needs (Parasuraman et al., 1988).

Several empirical investigations have confirmed that these service quality dimensions significantly influence patients' perceptions of healthcare excellence. Dagger et al. (2007) proposed a hierarchical healthcare service quality model demonstrating that both technical and interpersonal aspects of healthcare contribute to overall service evaluations. Similarly, Teeroovengadum et al. (2016) concluded that patient-centred communication, staff professionalism, and organizational responsiveness are essential determinants of perceived healthcare quality. More recent evidence also indicates that improvements in service quality strengthen organizational reputation and improve patients' healthcare experiences (Chocknakawaro & Pusaksrikit, 2025).

### 2.2 Healthcare Service Quality and Patient Trust

Patient trust represents the confidence that individuals place in healthcare professionals and institutions regarding their competence, integrity, ethical standards, and commitment to patient welfare. Trust is particularly important in healthcare because patients often rely on physicians and hospitals when making complex medical decisions under conditions of uncertainty.

Previous studies have consistently demonstrated that superior healthcare service quality strengthens patient trust by reducing perceived risk and improving confidence in healthcare providers. Reliability and assurance are frequently identified as the strongest predictors of trust because patients value accurate diagnosis, professional competence, confidentiality, and consistent treatment outcomes (Mosadeghrad, 2014). Likewise, empathy and effective communication foster emotional security and reinforce patients' confidence in healthcare professionals.

Akdere et al. (2020) reported that patients who perceived higher levels of service quality expressed significantly greater trust in hospitals and medical personnel. Similarly, Topuz et al. (2025) found that trust serves as an essential determinant of positive patient experiences and long-term relationships with healthcare institutions. These findings suggest that hospitals seeking to strengthen patient confidence should invest not only in advanced medical technologies but also in interpersonal service quality and patient-centred communication.

### 2.3 Healthcare Service Quality and Patient Satisfaction

Patient satisfaction reflects the degree to which healthcare services meet or exceed patients' expectations regarding treatment quality, accessibility, communication, and overall healthcare experience. It has become one of the most widely used indicators for evaluating healthcare performance because satisfied patients are more likely to return for future treatment, recommend healthcare providers to others, and comply with prescribed medical advice (Oliver, 1997).

Numerous studies have established a strong positive relationship between healthcare service quality and patient satisfaction. Fatima et al. (2018) observed that improvements in responsiveness, assurance, and empathy significantly enhanced patients' satisfaction with hospital services. Meesala and Paul (2018) similarly concluded that healthcare organizations emphasizing patient-centred service delivery consistently achieve higher satisfaction levels and stronger patient loyalty. Research conducted in the Indian healthcare context has also shown that effective communication, prompt medical attention, and compassionate care positively influence patients' evaluations of healthcare services (Sahoo & Ghosh, 2016; Singh & Prasher, 2019).

Recent investigations further demonstrate that healthcare quality improvements contribute to favourable patient experiences regardless of hospital size or specialization. Studies published during 2025 continue to support the positive association between perceived healthcare quality and patient satisfaction, emphasizing the importance of maintaining high standards of service delivery in contemporary healthcare organizations (Perceived Healthcare Quality as the Predictor of Patient Satisfaction, 2025; Zehra et al., 2025).

### 2.4 Patient Trust and Patient Satisfaction

Patient trust has been recognized as an important psychological outcome that enhances patient satisfaction by strengthening confidence in healthcare providers and reducing uncertainty during medical treatment. Patients who trust physicians and healthcare institutions are generally more satisfied because they perceive healthcare decisions as transparent, reliable, and focused on their well-being.

Empirical research indicates that trust improves communication between healthcare professionals and patients, increases treatment adherence, and promotes positive healthcare experiences. Wullan et al. (2025) demonstrated that patient trust significantly enhances satisfaction and indirectly contributes to patient loyalty through improved healthcare experiences. Similarly, Topuz et al. (2025) reported that trust is a strong predictor of satisfaction within primary healthcare settings. These findings highlight that trust functions as a valuable relational asset capable of strengthening long-term patient-provider relationships.

## 3. RESEARCH GAP

Although healthcare service quality has been extensively examined in the fields of healthcare management and service marketing, several important research gaps remain. Existing studies have predominantly focused on measuring the direct relationship between service quality and patient satisfaction, with comparatively less attention given to the role of patient trust as a distinct outcome of healthcare service quality within private healthcare settings (Fatima et al., 2018; Meesala & Paul, 2018).

Furthermore, much of the available empirical evidence has been generated from developed countries or large metropolitan hospitals, where healthcare infrastructure, patient expectations, and service delivery systems differ considerably from those of district-level private hospitals in India (Mosadeghrad, 2014; Akdere et al., 2020). Consequently, the findings of previous studies cannot be readily generalized to regional healthcare environments characterized by diverse socio-economic conditions and varying levels of healthcare accessibility.

Another limitation of prior research is that the five SERVQUAL dimensions tangibility, reliability, responsiveness, assurance, and empathy—have often been evaluated independently or in relation to a single outcome variable. Few studies have simultaneously investigated their collective influence on both patient trust and patient satisfaction within a

unified research framework, particularly in the context of private hospitals (Parasuraman et al., 1988; Teeroovengadum et al., 2016).

In the Indian healthcare context, empirical studies focusing on district-specific private hospitals remain relatively limited. Erode District has experienced considerable growth in private healthcare services; however, there is insufficient empirical evidence regarding how patients perceive healthcare service quality and how these perceptions influence their trust in healthcare providers and their overall satisfaction. Understanding these relationships is essential for developing patient-centred quality improvement strategies and strengthening long-term patient–hospital relationships.

To address these gaps, the present study examines the impact of healthcare service quality on patient trust and patient satisfaction among patients receiving treatment in selected private hospitals of Erode District. By integrating the five SERVQUAL dimensions into a single conceptual framework, the study provides context-specific empirical evidence that contributes to the healthcare service quality literature and offers practical insights for hospital administrators seeking to enhance patient experiences and service excellence.

#### 4. RESEARCH OBJECTIVES

The present study aims to examine the influence of healthcare service quality on patient trust and patient satisfaction in selected private hospitals of Erode District. The specific objectives of the study are as follows:

1. To evaluate patients' perceptions of healthcare service quality based on the dimensions of tangibility, reliability, responsiveness, assurance, and empathy in selected private hospitals of Erode District.
2. To examine the effect of healthcare service quality on patient trust in selected private hospitals of Erode District.
3. To assess the influence of healthcare service quality on patient satisfaction among patients receiving treatment in selected private hospitals of Erode District.
4. To determine the relationship between patient trust and patient satisfaction in the selected private hospitals.
5. To identify the healthcare service quality dimensions that have the greatest influence on patient trust and patient satisfaction.
6. To provide recommendations for improving healthcare service quality in order to strengthen patient trust and enhance overall patient satisfaction in private hospitals of Erode District.

#### 5. HYPOTHESES DEVELOPMENT

Drawing upon the SERVQUAL framework and prior empirical evidence, this study proposes that healthcare service quality positively influences patient trust and patient satisfaction. The conceptual model assumes that the five dimensions of healthcare service quality—tangibility, reliability, responsiveness, assurance, and empathy—collectively shape patients' perceptions of healthcare services, which subsequently affect their trust in healthcare providers and their overall satisfaction.

Accordingly, the following hypotheses are formulated:

**H1:** Healthcare service quality has a significant positive effect on patient trust in selected private hospitals of Erode District.

**H2:** Healthcare service quality has a significant positive effect on patient satisfaction in selected private hospitals of Erode District.

**H3:** Patient trust has a significant positive effect on patient satisfaction in selected private hospitals of Erode District.

**H4:** Patient trust significantly mediates the relationship between healthcare service quality and patient satisfaction in selected private hospitals of Erode District.

To examine the individual contribution of each healthcare service quality dimension, the following sub-hypotheses are proposed:

**H1a:** Tangibility has a significant positive effect on patient trust.

**H1b:** Reliability has a significant positive effect on patient trust.

**H1c:** Responsiveness has a significant positive effect on patient trust.

**H1d:** Assurance has a significant positive effect on patient trust.

**H1e:** Empathy has a significant positive effect on patient trust.

**H2a:** Tangibility has a significant positive effect on patient satisfaction.

**H2b:** Reliability has a significant positive effect on patient satisfaction.

**H2c:** Responsiveness has a significant positive effect on patient satisfaction.

**H2d:** Assurance has a significant positive effect on patient satisfaction.

**H2e:** Empathy has a significant positive effect on patient satisfaction.

The proposed hypotheses provide the foundation for empirically examining the relationships among healthcare service quality, patient trust, and patient satisfaction. Testing these hypotheses will facilitate the identification of the service quality dimensions that most strongly influence patients' trust and satisfaction, thereby providing evidence-based recommendations for enhancing service delivery in private hospitals.

## 6. CONCEPTUAL FRAMEWORK

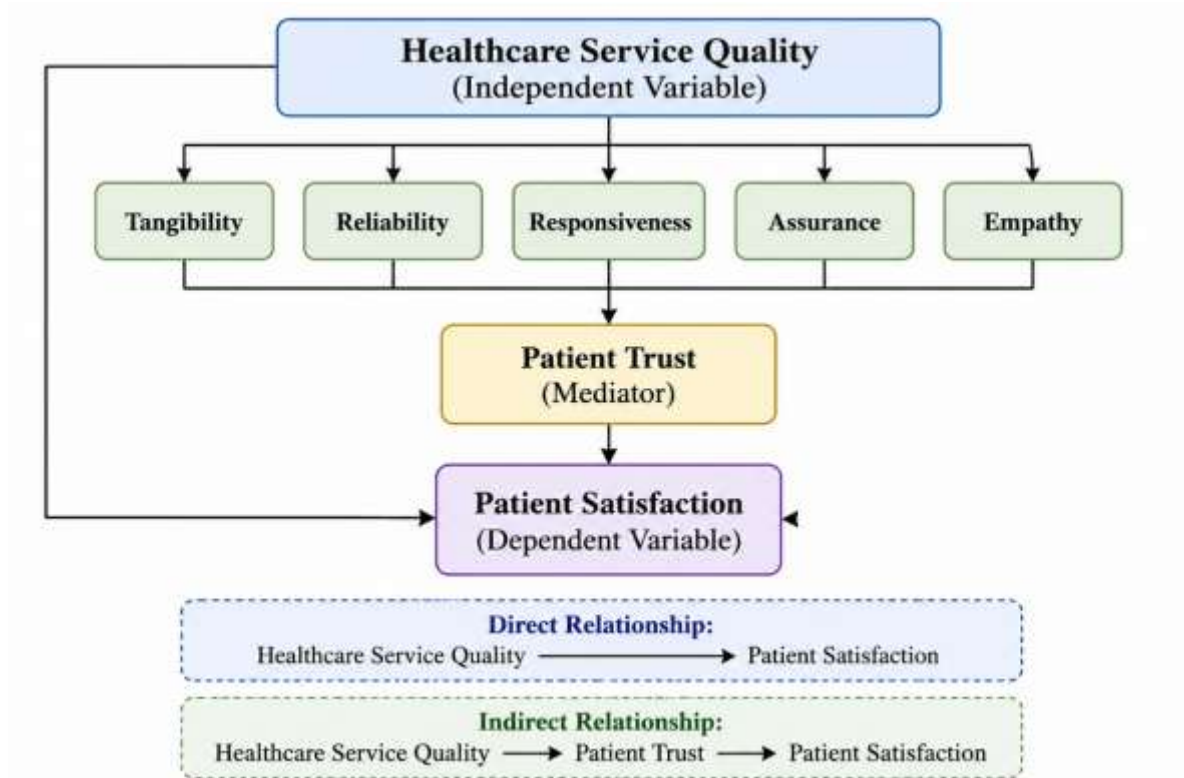
The conceptual framework of this study is developed based on the SERVQUAL model proposed by Parasuraman et al. (1988), which has been widely adopted for assessing service quality across healthcare settings. The framework assumes that patients evaluate healthcare services through five fundamental dimensions: tangibility, reliability, responsiveness, assurance, and empathy. These dimensions collectively represent patients' perceptions of the quality of healthcare services delivered by private hospitals.

Within the proposed framework, healthcare service quality is treated as the independent construct comprising the five SERVQUAL dimensions. Patient trust is positioned as an intermediate outcome that reflects patients' confidence in the competence, integrity, and dependability of healthcare providers. Patient satisfaction is considered the ultimate dependent construct, representing patients' overall evaluation of the healthcare services received.

The framework proposes that superior healthcare service quality positively influences patient trust by enhancing patients' confidence in healthcare professionals and hospital services. It further assumes that high-quality healthcare services directly improve patient satisfaction through better service experiences. In addition, patient trust is expected to positively influence patient satisfaction, as patients who have greater confidence in healthcare providers are more likely to evaluate their healthcare experiences favourably. Accordingly, patient trust is expected to strengthen the relationship between healthcare service quality and patient satisfaction.

The proposed conceptual framework provides a systematic basis for examining the relationships among healthcare service quality, patient trust, and patient satisfaction in selected private hospitals of Erode District. It also serves as the foundation for empirical testing of the study hypotheses using appropriate statistical techniques.

**Figure 1. Conceptual Framework of the Study**



## Construct Classification

| Construct            | Variables                                                                                 |
|----------------------|-------------------------------------------------------------------------------------------|
| Independent Variable | Healthcare Service Quality (Tangibility, Reliability, Responsiveness, Assurance, Empathy) |
| Mediating Variable   | Patient Trust                                                                             |
| Dependent Variable   | Patient Satisfaction                                                                      |

The framework illustrates both the direct influence of healthcare service quality on patient satisfaction and the indirect influence operating through patient trust. This integrated model enables a comprehensive assessment of how different dimensions of healthcare service quality contribute to building patient confidence and enhancing overall satisfaction in private healthcare institutions.

## 7. RESEARCH METHODOLOGY

### 7.1 Research Design

The present study adopted a quantitative research design to examine the influence of healthcare service quality on patient trust and patient satisfaction in selected private hospitals of Erode District, Tamil Nadu. A descriptive and explanatory research approach was employed to investigate the relationships among the study variables and to evaluate the extent to which healthcare service quality contributes to building patient trust and enhancing patient satisfaction. The quantitative

approach was considered appropriate because it facilitates objective measurement of respondents' perceptions and enables statistical testing of the proposed hypotheses.

## 7.2 Study Area

The research was conducted in selected private hospitals located in Erode District, Tamil Nadu. The district has experienced considerable growth in private healthcare institutions that provide a wide range of medical and diagnostic services to both urban and rural populations. These hospitals were selected because they represent an important segment of the regional healthcare system and serve patients with diverse demographic and socio-economic backgrounds.

## 7.3 Target Population

The target population comprised patients who had received outpatient or inpatient treatment in selected private hospitals during the study period. Only respondents who had completed their consultation or treatment and were willing to provide informed responses regarding their healthcare experiences were included in the survey.

## 7.4 Sampling Technique and Sample Size

A convenience sampling technique was employed to select respondents from the participating hospitals. Patients meeting the inclusion criteria were approached after receiving healthcare services and invited to participate voluntarily in the survey.

A total of 250 valid questionnaires were collected and included in the final analysis. The sample size was considered adequate for conducting reliability analysis, correlation analysis, multiple regression analysis, and other statistical procedures required to test the proposed research hypotheses.

## 7.5 Data Collection

The study was based primarily on primary data collected through a structured questionnaire administered directly to patients. The questionnaire was designed after reviewing established healthcare service quality literature and validated measurement scales. Secondary information was obtained from books, peer-reviewed journals, research articles, government reports, and healthcare publications to support the theoretical foundation of the study.

Data collection was carried out over a period of approximately three months. Prior to participation, respondents were informed about the academic purpose of the research, and confidentiality of the information provided was assured. Participation was entirely voluntary, and respondents were free to withdraw from the survey at any stage.

## 7.6 Research Instrument

The questionnaire consisted of two sections.

**Section A** gathered respondents' demographic information, including gender, age, educational qualification, occupation, monthly income, frequency of hospital visits, and type of healthcare service utilized.

**Section B** measured the study constructs using multiple statements adapted from established healthcare service quality literature. The constructs included:

- Healthcare Service Quality
  - Tangibility
  - Reliability
  - Responsiveness
  - Assurance

- Empathy
- Patient Trust
- Patient Satisfaction

Responses were measured using a five-point Likert scale, where:

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

Higher scores indicated more favourable perceptions of healthcare service quality, greater patient trust, and higher levels of patient satisfaction.

### 7.7 Measurement of Variables

The conceptual model comprised three categories of variables.

| Variable Type        | Construct                                                                                     |
|----------------------|-----------------------------------------------------------------------------------------------|
| Independent Variable | Healthcare Service Quality (Tangibility, Reliability, Responsiveness, Assurance, and Empathy) |
| Mediating Variable   | Patient Trust                                                                                 |
| Dependent Variable   | Patient Satisfaction                                                                          |

Healthcare service quality was operationalized through the five SERVQUAL dimensions, while patient trust and patient satisfaction were measured using validated multi-item scales adapted from previous healthcare management studies.

### 7.8 Reliability and Validity

The internal consistency of the measurement instrument was assessed using Cronbach's Alpha coefficient. A Cronbach's Alpha value of 0.70 or above was considered indicative of acceptable reliability. Construct validity was established through an extensive review of previous literature and expert evaluation to ensure that the questionnaire items adequately represented the intended constructs.

### 7.9 Data Analysis Techniques

The collected data were coded and analysed using the Statistical Package for the Social Sciences (SPSS). The following statistical techniques were employed:

- Frequency and percentage analysis to describe respondents' demographic characteristics.
- Descriptive statistics (mean and standard deviation) to examine respondents' perceptions of each construct.
- Cronbach's Alpha to assess the reliability of the measurement instrument.
- Pearson correlation analysis to examine relationships among healthcare service quality, patient trust, and patient satisfaction.
- Multiple regression analysis to determine the influence of healthcare service quality on patient trust and patient satisfaction.

- Mediation analysis was conducted to examine whether patient trust mediates the relationship between overall healthcare service quality and patient satisfaction. Overall healthcare service quality was represented by a composite score derived from the five SERVQUAL dimensions: tangibility, reliability, responsiveness, assurance, and empathy. The indirect effect through patient trust was assessed using bootstrapping, with the mediation effect considered significant when the 95% confidence interval for the indirect effect did not include zero.
- Hypothesis testing at the 5% level of significance ( $p < 0.05$ ) to evaluate the proposed relationships.

## 7.10 Ethical Considerations

The study adhered to accepted ethical standards throughout the research process. Participation was voluntary, and informed consent was obtained from all respondents before administering the questionnaire. Participants were assured that the information collected would be used exclusively for academic purposes and that individual responses would remain confidential and anonymous. No personal identifiers were recorded, and the collected data were analysed only in aggregate form to protect respondents' privacy.

## 8. RESULTS AND DISCUSSION

### 8.1 Respondent Profile

A total of 250 patients from the selected private hospitals in Erode District participated in the study. After screening for completeness, all 250 questionnaires were found suitable for statistical analysis. The demographic characteristics of the respondents are presented in Table 1.

**Table 1: Demographic Profile of Respondents (N = 250)**

| Variable                         | Category            | Frequency (n) | Percentage (%) |
|----------------------------------|---------------------|---------------|----------------|
| <b>Gender</b>                    | Male                | 126           | 50.4           |
|                                  | Female              | 124           | 49.6           |
| <b>Age (Years)</b>               | 18–30               | 67            | 26.8           |
|                                  | 31–45               | 72            | 28.8           |
|                                  | 46–60               | 57            | 22.8           |
|                                  | Above 60            | 54            | 21.6           |
| <b>Educational Qualification</b> | Undergraduate       | 60            | 24.0           |
|                                  | Postgraduate        | 69            | 27.6           |
|                                  | Professional        | 56            | 22.4           |
|                                  | Other               | 65            | 26.0           |
| <b>Occupation</b>                | Private Employee    | 60            | 24.0           |
|                                  | Government Employee | 69            | 27.6           |
|                                  | Business            | 60            | 24.0           |
|                                  | Student             | 61            | 24.4           |
| <b>Monthly Income</b>            | Below ₹25,000       | 64            | 25.6           |
|                                  | ₹25,001–₹50,000     | 64            | 25.6           |
|                                  | ₹50,001–₹75,000     | 53            | 21.2           |
|                                  | Above ₹75,000       | 69            | 27.6           |
| <b>Hospital Visit Frequency</b>  | First Visit         | 69            | 27.6           |
|                                  | Occasional          | 65            | 26.0           |
|                                  | Regular             | 61            | 24.4           |

|  |          |    |      |
|--|----------|----|------|
|  | Frequent | 55 | 22.0 |
|--|----------|----|------|

The demographic profile indicates a well-balanced sample of 250 respondents. Male (50.4%) and female (49.6%) participants were almost equally represented. The largest age group was 31–45 years (28.8%), followed by 18–30 years (26.8%). Most respondents were postgraduates (27.6%) and government employees (27.6%). Regarding monthly income, the highest proportion of respondents earned above ₹75,000 (27.6%), while the remaining income groups were also adequately represented. In terms of hospital utilization, 27.6% were first-time visitors, followed by occasional (26.0%), regular (24.4%), and frequent visitors (22.0%). Overall, the respondents were reasonably distributed across the reported demographic categories, providing adequate variation for subsequent statistical analysis.

## 8.2 Descriptive Statistics of Study Constructs

Descriptive statistics were computed to examine the central tendency and variability of the major study constructs. The mean scores indicate that respondents generally expressed favourable perceptions of healthcare service quality, patient trust, and patient satisfaction, as the mean values of all constructs were above the midpoint of the five-point Likert scale.

**Table 2. Descriptive Statistics of Study Constructs (N = 250)**

| Construct            | Mean  | Standard Deviation |
|----------------------|-------|--------------------|
| Tangibility          | 3.949 | 0.793              |
| Reliability          | 3.925 | 0.821              |
| Responsiveness       | 3.890 | 0.805              |
| Assurance            | 3.922 | 0.804              |
| Empathy              | 3.955 | 0.831              |
| Patient Trust        | 3.874 | 0.809              |
| Patient Satisfaction | 3.854 | 0.832              |

The results show that **Empathy recorded the highest mean score (M = 3.955, SD = 0.831)**, followed by Tangibility (M = 3.949, SD = 0.793). Responsiveness recorded the lowest mean among the five service-quality dimensions (M = 3.890, SD = 0.805). Patient Trust recorded a mean of 3.874 (SD = 0.809), while Patient Satisfaction had a mean of 3.854 (SD = 0.832). Overall, the findings indicate moderately high and favourable perceptions of healthcare service quality, trust, and satisfaction among the respondents.

## 8.3 Reliability Analysis

The internal consistency of the measurement scales was assessed using Cronbach's alpha. A coefficient of 0.70 or above was considered acceptable for establishing the reliability of the constructs. The results demonstrate that all seven constructs achieved Cronbach's alpha values above the recommended threshold.

**Table 3. Reliability Analysis of the Study Constructs**

| Construct            | Number of Items | Cronbach's Alpha |
|----------------------|-----------------|------------------|
| Tangibility          | 4               | 0.840            |
| Reliability          | 4               | 0.857            |
| Responsiveness       | 4               | 0.842            |
| Assurance            | 4               | 0.846            |
| Empathy              | 4               | 0.857            |
| Patient Trust        | 4               | 0.845            |
| Patient Satisfaction | 4               | 0.857            |

The Cronbach's alpha coefficients ranged from 0.840 to 0.857, indicating good internal consistency across all measurement scales. The highest Cronbach's alpha value of 0.857 was observed for Reliability, Empathy, and Patient Satisfaction. Therefore, the measurement items demonstrate satisfactory internal consistency and are appropriate for subsequent statistical analysis.

#### 8.4 Factorability Assessment

The factorability of the measurement items was examined using the Kaiser–Meyer–Olkin (KMO) measure and Bartlett's Test of Sphericity. The analysis was conducted on the 28 measurement items representing Tangibility, Reliability, Responsiveness, Assurance, Empathy, Patient Trust, and Patient Satisfaction.

**Table 4. KMO and Bartlett's Test**

| Test                                             | Value    |
|--------------------------------------------------|----------|
| Kaiser–Meyer–Olkin Measure                       | 0.867    |
| Bartlett's Test of Sphericity – Approx. $\chi^2$ | 3388.606 |
| Degrees of Freedom                               | 378      |
| Significance                                     | < 0.001  |

The KMO value of **0.867** indicates a good level of sampling adequacy. Bartlett's Test of Sphericity was statistically significant ( $\chi^2 = 3388.606$ ,  $df = 378$ ,  $p < 0.001$ ), demonstrating that the correlation matrix is not an identity matrix and that meaningful relationships exist among the measurement items. These findings indicate that the dataset is suitable for factor-based examination of the underlying constructs. Together with the satisfactory Cronbach's alpha coefficients, the results provide evidence supporting the adequacy of the measurement instrument for the present study.

#### 8.5 Correlation Analysis

Pearson's correlation analysis was performed to examine the relationships among the five healthcare service-quality dimensions, patient trust, and patient satisfaction. The results are presented in Table 5.

**Table 5. Pearson Correlation Matrix**

| Variable                | 1       | 2       | 3       | 4       | 5       | 6       | 7     |
|-------------------------|---------|---------|---------|---------|---------|---------|-------|
| 1. Tangibility          | 1.000   |         |         |         |         |         |       |
| 2. Reliability          | 0.274** | 1.000   |         |         |         |         |       |
| 3. Responsiveness       | 0.369** | 0.245** | 1.000   |         |         |         |       |
| 4. Assurance            | 0.327** | 0.265** | 0.352** | 1.000   |         |         |       |
| 5. Empathy              | 0.278** | 0.252** | 0.291** | 0.327** | 1.000   |         |       |
| 6. Patient Trust        | 0.295** | 0.141*  | 0.333** | 0.282** | 0.212** | 1.000   |       |
| 7. Patient Satisfaction | 0.396** | 0.278** | 0.281** | 0.298** | 0.295** | 0.282** | 1.000 |

**Note.** \* $p < 0.05$ ; \*\* $p < 0.01$ .

The correlation results indicate positive associations among the major study variables. Tangibility demonstrated the strongest correlation with Patient Satisfaction ( $r = 0.396$ ,  $p < 0.01$ ), while Responsiveness showed the strongest correlation with Patient Trust ( $r = 0.333$ ,  $p < 0.01$ ). Patient Trust was positively correlated with Patient Satisfaction ( $r = 0.282$ ,  $p < 0.01$ ). The findings indicate that favourable perceptions of healthcare service quality are associated with higher levels of patient trust and satisfaction. The correlations also provide preliminary support for the relationships proposed in the conceptual framework.

## 8.6 Multiple Regression Analysis: Healthcare Service Quality and Patient Trust

Multiple regression analysis was conducted to determine the individual effects of Tangibility, Reliability, Responsiveness, Assurance, and Empathy on Patient Trust.

**Table 6. Multiple Regression Results for Patient Trust**

| Predictor      | Standardized $\beta$ | p-value | Decision        |
|----------------|----------------------|---------|-----------------|
| Tangibility    | 0.163                | 0.014   | Significant     |
| Reliability    | -0.015               | 0.815   | Not Significant |
| Responsiveness | 0.208                | 0.002   | Significant     |
| Assurance      | 0.132                | 0.053   | Not Significant |
| Empathy        | 0.057                | 0.381   | Not Significant |

**Model statistics:**  $R^2 = 0.164$ ;  $F = 9.604$ ;  $p < 0.001$ .

The regression model is statistically significant ( $F = 9.604$ ,  $p < 0.001$ ) and explains **16.4% of the variance in Patient Trust**. Among the five service-quality dimensions, Responsiveness has the strongest significant positive effect on Patient Trust ( $\beta = 0.208$ ,  $p = 0.002$ ), followed by Tangibility ( $\beta = 0.163$ ,  $p = 0.014$ ). Assurance does not reach the 5% significance level ( $\beta = 0.132$ ,  $p = 0.053$ ), while Reliability ( $\beta = -0.015$ ,  $p = 0.815$ ) and Empathy ( $\beta = 0.057$ ,  $p = 0.381$ ) do not have significant independent effects.

The findings suggest that patients' trust is particularly associated with the hospital's ability to provide prompt assistance and responsive services, together with favourable physical and infrastructural conditions. Therefore, the results provide partial support for the proposed relationship between healthcare service quality and patient trust.

## 8.7 Multiple Regression Analysis: Healthcare Service Quality and Patient Satisfaction

A second multiple regression model was estimated to examine the influence of the five healthcare service-quality dimensions on Patient Satisfaction.

**Table 7. Multiple Regression Results for Patient Satisfaction**

| Predictor      | Standardized $\beta$ | p-value   | Decision        |
|----------------|----------------------|-----------|-----------------|
| Tangibility    | 0.267                | $< 0.001$ | Significant     |
| Reliability    | 0.126                | 0.039     | Significant     |
| Responsiveness | 0.065                | 0.319     | Not Significant |
| Assurance      | 0.097                | 0.138     | Not Significant |
| Empathy        | 0.138                | 0.027     | Significant     |

**Model statistics:**  $R^2 = 0.229$ ;  $F = 14.483$ ;  $p < 0.001$ .

The regression model is statistically significant ( $F = 14.483$ ,  $p < 0.001$ ) and explains **22.9% of the variance in Patient Satisfaction**. Tangibility has the strongest positive effect on Patient Satisfaction ( $\beta = 0.267$ ,  $p < 0.001$ ). Empathy also has a significant positive effect ( $\beta = 0.138$ ,  $p = 0.027$ ), followed by Reliability ( $\beta = 0.126$ ,  $p = 0.039$ ). However, Responsiveness ( $\beta = 0.065$ ,  $p = 0.319$ ) and Assurance ( $\beta = 0.097$ ,  $p = 0.138$ ) do not have statistically significant independent effects.

The findings indicate that patients' satisfaction is particularly influenced by the physical aspects of healthcare delivery, reliable service provision, and empathetic attention. Thus, the results demonstrate that different dimensions of healthcare service quality contribute differently to patient satisfaction.

## 8.8 Regression Analysis: Patient Trust and Patient Satisfaction

Simple linear regression was conducted to examine whether Patient Trust significantly influences Patient Satisfaction.

**Table 8. Regression Results for Patient Trust → Patient Satisfaction**

| Predictor     | Standardized $\beta$ | R <sup>2</sup> | p-value | Decision    |
|---------------|----------------------|----------------|---------|-------------|
| Patient Trust | 0.282                | 0.080          | < 0.001 | Significant |

The regression results demonstrate that Patient Trust has a significant positive effect on Patient Satisfaction ( $\beta = 0.282$ ,  $p < 0.001$ ). The model explains **8.0% of the variance in Patient Satisfaction**. This finding indicates that patients who have greater confidence in the competence, reliability, and integrity of healthcare providers tend to report higher levels of satisfaction with the healthcare services received. Therefore, the findings provide empirical support for the proposed relationship between patient trust and satisfaction.

## 8.9 Mediation Analysis of Patient Trust

A mediation analysis was conducted to examine whether Patient Trust mediates the relationship between overall Healthcare Service Quality and Patient Satisfaction. Overall Healthcare Service Quality was calculated for each respondent as the mean of the five SERVQUAL dimensions: Tangibility, Reliability, Responsiveness, Assurance, and Empathy.

**Table 9. Mediation Analysis of Patient Trust**

| Path                                                                             | Coefficient (B) | p-value | 95% Bootstrap CI   | Result             |
|----------------------------------------------------------------------------------|-----------------|---------|--------------------|--------------------|
| Healthcare Service Quality → Patient Trust                                       | 0.560           | < 0.001 | —                  | Significant        |
| Healthcare Service Quality → Patient Satisfaction                                | 0.706           | < 0.001 | —                  | Significant        |
| Healthcare Service Quality → Patient Satisfaction, controlling for Trust         | 0.633           | < 0.001 | —                  | Significant        |
| Patient Trust → Patient Satisfaction, controlling for Healthcare Service Quality | 0.131           | 0.036   | —                  | Significant        |
| Indirect Effect (HCSQ → Trust → Satisfaction)                                    | <b>0.073</b>    | —       | <b>0.001–0.155</b> | <b>Significant</b> |

The results indicate that Healthcare Service Quality has a significant positive effect on Patient Trust ( $B = 0.560$ ,  $p < 0.001$ ) and Patient Satisfaction ( $B = 0.706$ ,  $p < 0.001$ ). When Patient Trust was included in the model, the direct effect of Healthcare Service Quality on Patient Satisfaction remained significant ( $B = 0.633$ ,  $p < 0.001$ ), while Patient Trust also had a significant positive effect on Patient Satisfaction after controlling for Healthcare Service Quality ( $B = 0.131$ ,  $p = 0.036$ ).

The indirect effect of Healthcare Service Quality on Patient Satisfaction through Patient Trust was 0.073. A bootstrap analysis based on 5,000 resamples produced a 95% confidence interval of 0.001 to 0.155. Because the confidence interval does not include zero, the indirect effect is statistically significant. Since the direct effect of Healthcare Service Quality on Patient Satisfaction remains significant after Patient Trust is included in the model, the findings indicate partial mediation. Thus, Healthcare Service Quality influences Patient Satisfaction both directly and indirectly through Patient Trust.

## 8.10 Hypothesis Testing

The proposed hypotheses were evaluated using the correlation, regression, and mediation results obtained from the dataset. The results are summarized in Table 10.

**Table 10. Summary of Hypothesis Testing**

| Hypothesis | Relationship                                                      | Effect / Estimate        | p-value / 95% Bootstrap CI     | Decision      |
|------------|-------------------------------------------------------------------|--------------------------|--------------------------------|---------------|
| H1         | Healthcare Service Quality → Patient Trust                        | 0.560                    | < 0.001                        | Supported     |
| H1a        | Tangibility → Patient Trust                                       | 0.163                    | 0.014                          | Supported     |
| H1b        | Reliability → Patient Trust                                       | -0.015                   | 0.815                          | Not Supported |
| H1c        | Responsiveness → Patient Trust                                    | 0.208                    | 0.002                          | Supported     |
| H1d        | Assurance → Patient Trust                                         | 0.132                    | 0.053                          | Not Supported |
| H1e        | Empathy → Patient Trust                                           | 0.057                    | 0.381                          | Not Supported |
| H2         | Healthcare Service Quality → Patient Satisfaction                 | 0.706                    | < 0.001                        | Supported     |
| H2a        | Tangibility → Patient Satisfaction                                | 0.267                    | < 0.001                        | Supported     |
| H2b        | Reliability → Patient Satisfaction                                | 0.126                    | 0.039                          | Supported     |
| H2c        | Responsiveness → Patient Satisfaction                             | 0.065                    | 0.319                          | Not Supported |
| H2d        | Assurance → Patient Satisfaction                                  | 0.097                    | 0.138                          | Not Supported |
| H2e        | Empathy → Patient Satisfaction                                    | 0.138                    | 0.027                          | Supported     |
| H3         | Patient Trust → Patient Satisfaction                              | 0.282                    | < 0.001                        | Supported     |
| H4         | Healthcare Service Quality → Patient Trust → Patient Satisfaction | Indirect effect = 0.073; | 95% Bootstrap CI = 0.001–0.155 | Supported     |

The hypothesis-testing results reveal that overall Healthcare Service Quality significantly predicts both Patient Trust and Patient Satisfaction. However, the individual SERVQUAL dimensions show different levels of predictive influence. Tangibility and Responsiveness significantly contribute to Patient Trust, whereas Tangibility, Reliability, and Empathy significantly contribute to Patient Satisfaction. Patient Trust also has a significant positive relationship with Patient Satisfaction. The mediation analysis further demonstrates a significant indirect effect of Healthcare Service Quality on Patient Satisfaction through Patient Trust ( $B = 0.073$ , 95% bootstrap CI = 0.001–0.155). Since the direct effect remains significant after Patient Trust is included, H4 is supported, indicating partial mediation.

## 8.11 Discussion of Findings

The empirical findings provide substantial evidence that perceived healthcare service quality is an important determinant of patient outcomes in selected private hospitals of Erode District. The descriptive results show relatively favourable evaluations across all five SERVQUAL dimensions, with Empathy receiving the highest mean score. This indicates that

patients generally perceive the selected hospitals positively in terms of individualized attention, physical facilities, reliability, responsiveness, assurance, and interpersonal care.

The reliability analysis demonstrates strong internal consistency across all seven constructs, with Cronbach's alpha coefficients exceeding the recommended threshold. The KMO and Bartlett's results further indicate that the measurement items possess adequate factorability. These findings provide a satisfactory measurement foundation for examining the proposed relationships.

The regression results demonstrate that Responsiveness and Tangibility are significant predictors of Patient Trust. This suggests that prompt assistance, timely service delivery, and favourable physical facilities are particularly important in developing patients' confidence in healthcare providers. In contrast, Reliability, Assurance, and Empathy do not show significant independent effects on trust when the five dimensions are considered simultaneously.

Patient Satisfaction is significantly influenced by Tangibility, Reliability, and Empathy. Tangibility emerges as the strongest predictor, suggesting that physical facilities, cleanliness, equipment, and the visible service environment play an important role in patients' overall evaluations. Reliability and Empathy also contribute significantly, indicating that dependable service delivery and individualized attention enhance satisfaction.

Patient Trust has a significant positive influence on Patient Satisfaction. This finding supports the view that confidence in healthcare providers is an important component of patients' overall evaluation of healthcare experiences. Furthermore, the mediation analysis demonstrates that Healthcare Service Quality affects Patient Satisfaction both directly and indirectly through Patient Trust. The indirect effect was statistically significant ( $B = 0.073$ ), with a 95% bootstrap confidence interval of 0.001 to 0.155, which excludes zero. Because the direct effect of Healthcare Service Quality on Patient Satisfaction remained significant after Patient Trust was included, the findings confirm partial mediation. This indicates that Patient Trust represents an important mechanism through which perceived healthcare service quality contributes to patient satisfaction.

Overall, the findings emphasize that improving patient satisfaction requires more than strengthening general service quality. Hospitals should pay particular attention to the specific service dimensions that have demonstrated significant effects in the present study, especially responsiveness and tangibility for building trust and tangibility, reliability, and empathy for enhancing satisfaction.

## 9. THEORETICAL IMPLICATIONS

This study contributes to healthcare service-quality research by demonstrating that the SERVQUAL dimensions do not influence patient outcomes uniformly. The findings show that responsiveness and tangibility are important determinants of patient trust, whereas tangibility, reliability, and empathy significantly contribute to patient satisfaction. The significant relationship between patient trust and satisfaction further positions trust as an important explanatory mechanism in the service quality–satisfaction relationship. The partial mediation finding extends the application of service-quality theory by showing that improvements in perceived service quality can enhance satisfaction both directly and through the development of patient trust.

## 10. MANAGERIAL IMPLICATIONS

The findings provide practical guidance for administrators of private hospitals. Since responsiveness significantly influences patient trust, hospitals should improve timely assistance, communication, and response to patient needs. The significant effect of tangibility on both trust and satisfaction highlights the importance of clean facilities, appropriate equipment, and a professional service environment. Reliability and empathy should also receive managerial attention because they significantly contribute to patient satisfaction. Hospital managers should therefore adopt an integrated service-quality strategy that combines operational efficiency, physical infrastructure, dependable care, and patient-centred interaction.

## 11. LIMITATIONS

The study has several limitations. The sample was restricted to 250 respondents from selected private hospitals in Erode District, which limits the generalizability of the findings to other geographical and healthcare settings. Convenience sampling may also introduce respondent-selection bias. The cross-sectional design captures perceptions at one point in time and therefore does not establish long-term causal relationships. In addition, the study relies on self-reported responses, which may be influenced by individual perceptions and response tendencies.

## 12. FUTURE RESEARCH

Future studies could employ larger and probability-based samples covering multiple districts or states to improve generalizability. Comparative research involving public and private hospitals could provide deeper insights into differences in service-quality perceptions. Longitudinal studies may further clarify changes in patient trust and satisfaction over time. Future research could also extend the present framework by incorporating variables such as patient loyalty, perceived value, healthcare experience, digital healthcare services, and perceived risk. Structural equation modelling may additionally be used to examine more complex relationships among service quality, trust, satisfaction, and behavioural outcomes.

## 13. CONCLUSION

This study establishes that healthcare service quality significantly influences patient trust and satisfaction in selected private hospitals in Erode District. Responsiveness and tangibility emerged as significant contributors to patient trust, while tangibility, reliability, and empathy significantly influenced patient satisfaction. Patient trust also demonstrated a significant positive relationship with patient satisfaction. The mediation analysis confirmed that patient trust partially mediates the relationship between overall healthcare service quality and patient satisfaction, with a significant indirect effect ( $B = 0.073$ , 95% bootstrap CI = 0.001–0.155). These findings indicate that different dimensions of healthcare service quality contribute differently to patient outcomes and that trust provides an important pathway through which service quality enhances patient satisfaction.

The findings suggest that private hospitals should strengthen responsive service delivery, maintain appropriate physical facilities, ensure reliable care, and promote empathetic patient interactions. Integrating these service-quality dimensions with deliberate trust-building practices can enhance patients' overall healthcare experience and satisfaction. Thus, continuous improvement in service quality, together with the development of patient trust, provides an important basis for strengthening patient-centred healthcare delivery.

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