Multidisciplinary Output Research For Actual and International Issue (MORFAI Journal) ISSN (e): 2808-6635
Volumes 6 No. 6 (2026)

THE EFFECT OF DIGITAL SERVICE QUALITY AND PATIENT EXPERIENCE ON PATIENT LOYALTY WITH PATIENT TRUST AS A MEDIATING VARIABLE IN HOSPITALS

Kosasih[1]*, Indah Nur Fadillah[2]
[1,2]Magister Manajemen, Universitas Sangga Buana Bandung
E-mail: kosasih@usbypkp.ac.id[1]*, indahfadillah11@gmail.com[2]

Received: 25/07/2026 | **Revised:**03/08/2026 | **Accepted:**20/08/2026 | **Published:** 04/09/2026

Abstract

Digital transformation in healthcare has changed the way patients interact with hospitals and evaluate healthcare services. Hospitals are increasingly required not only to provide high-quality clinical services but also to create positive patient experiences that build trust and encourage patient loyalty. This study aims to examine the effects of digital service quality and patient experience on patient loyalty, with patient trust as a mediating variable. A quantitative cross-sectional design was employed. The respondents were patients who had utilized hospital services and interacted with the hospital's digital service channels. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). The results indicate that digital service quality and patient experience positively influence patient trust. Patient trust subsequently has a positive effect on patient loyalty. The mediation analysis further demonstrates that patient trust mediates the relationships between digital service quality, patient experience, and patient loyalty. These findings indicate that hospital digital transformation should not focus solely on technological efficiency but also on creating digital interactions that are accessible, responsive, secure, and trustworthy. Therefore, integrating digital service quality, patient experience, and trust management is essential for strengthening long-term patient loyalty.

Keywords: Digital Service Quality, Hospital Management, Patient Experience, Patient Trust, Patient Loyalty,

INTRODUCTION

The rapid development of digital technology has fundamentally transformed healthcare service management. Hospitals no longer interact with patients solely through face-to-face encounters within healthcare facilities. Instead, patient interactions increasingly occur through websites, mobile applications, online registration systems, digital queue systems, teleconsultation platforms, electronic payment systems, and social media channels. These developments have created multiple digital touchpoints throughout the patient journey, from the initial search for health information to post-service communication. Consequently, the quality of patient experience is increasingly influenced by the quality of digital interactions established by hospitals.

From a hospital management perspective, this transformation is particularly important because patients have increasingly diverse healthcare choices. Hospitals must therefore develop competitive advantages that extend beyond clinical competence and include the quality of service processes and experiences delivered to patients. Recent research indicates that patient experience plays an important role in developing patient loyalty and strengthening the relationship between patients and healthcare organizations. Renaldo and Antonio (2024), for example, found that patient experience is associated with patient loyalty, while trustworthiness functions as an important mechanism connecting patient experience with loyalty. These findings suggest that patient experience should be viewed as a strategic organizational asset rather than merely an operational outcome.

Patient loyalty is an important indicator of hospital sustainability. Loyal patients are more likely to revisit the same healthcare provider, maintain a long-term relationship with the organization, and recommend the hospital to others. In an increasingly competitive healthcare environment, hospitals cannot rely solely on acquiring new patients but must also retain existing patients by consistently delivering satisfactory experiences. Recent empirical research has demonstrated that patient experience and satisfaction are significantly associated with patient loyalty, highlighting the importance of patient-centered service management. Nevertheless, patient loyalty does not automatically emerge merely because a patient has received healthcare services. Patients must develop confidence that the hospital is capable of providing reliable, safe, professional, and patient-centered services. This condition makes patient trust an important variable in understanding patient loyalty. Patient trust refers to the patient's belief

that a healthcare organization is competent, reliable, ethical, and committed to protecting and fulfilling the patient's interests. Trust is particularly important in healthcare because patients often experience information asymmetry. Patients generally have less technical knowledge than healthcare professionals regarding diagnosis, treatment, medical procedures, and healthcare risks. Therefore, patients rely on organizational reputation, service experiences, communication quality, and previous interactions to assess whether a healthcare provider can be trusted. Recent research in Indonesia further supports the importance of trust in developing patient loyalty. Renaldo and Antonio (2024) found that patient experience can strengthen patient loyalty through trustworthiness, indicating that positive service experiences may develop into trust and subsequently contribute to stronger patient loyalty. Similarly, a 2026 study conducted in Depok reported that patient experience and patient trust positively and significantly influenced patient loyalty. In addition to direct healthcare encounters, digital service quality has become increasingly important in shaping patient perceptions. Digital channels often constitute one of the first points of contact between patients and hospitals. Patients can evaluate the ease of accessing information, online registration, response speed, information accuracy, system reliability, data security, and overall usability of digital platforms. When these interactions are convenient and reliable, patients may develop a perception that the hospital is modern, responsive, professional, and trustworthy.

Conversely, digital systems that are difficult to use, contain outdated information, respond slowly, experience technical errors, or raise concerns about data security can negatively affect patient confidence. Recent research on hospital self-service technologies has demonstrated that technical convenience, technical security, and information quality can improve perceived system reliability and subsequently strengthen patient trust in healthcare providers. This indicates that digital technology should not be viewed merely as an administrative tool but as an integral component of the patient–hospital relationship. From a service management perspective, digital service quality should therefore be treated as part of the overall healthcare service experience. Patients may not always distinguish between conventional service quality and digital service quality when evaluating the hospital as a whole. A negative experience during online registration, digital communication, information searching, or appointment scheduling may influence the patient's overall perception of the hospital. Therefore, hospital digitalization should be designed around patient needs and experiences rather than being driven solely by technological capabilities.

Previous research has provided substantial evidence regarding the relationship between patient experience and loyalty, but findings concerning the underlying mechanisms remain varied. Some studies have identified a direct relationship between patient experience and loyalty, whereas others indicate that satisfaction or trust may act as an intervening mechanism. Research conducted in Indonesia has demonstrated that patient experience contributes to patient loyalty, while other studies have highlighted the role of satisfaction in translating service experiences into loyalty. These differences suggest that additional psychological and relational mechanisms may explain how patient experiences ultimately translate into loyalty.

Patient trust represents one potentially important mechanism. Positive patient experiences may lead patients to develop favorable evaluations of the hospital. When these positive evaluations are reinforced by consistent, professional, safe, and reliable service delivery, they can develop into trust. Trust subsequently reduces perceived uncertainty and increases the patient's willingness to maintain a relationship with the healthcare provider. Although previous studies have investigated patient experience, service quality, trust, and loyalty, relatively limited research has integrated digital service quality, patient experience, patient trust, and patient loyalty into a single conceptual framework, particularly in the context of hospital management. Most existing studies have tended to examine conventional service quality, patient satisfaction, or individual aspects of digital healthcare separately.

This research gap becomes increasingly relevant as hospitals accelerate digital transformation. The success of digital transformation is frequently assessed using technological indicators such as application adoption, online registration volume, system availability, or transaction speed. However, technological adoption alone does not necessarily demonstrate that digital transformation has created meaningful value for patients. Digital transformation should also be evaluated based on its ability to improve patient experience, strengthen trust, and ultimately support patient loyalty. Therefore, this study proposes an integrated model in which digital service quality and patient experience represent antecedent factors, patient trust functions as a mediating mechanism, and patient loyalty represents the strategic outcome**.** This framework provides a more comprehensive perspective on how hospitals can transform digital capabilities and patient experiences into sustainable patient relationships. Accordingly, this study aims to examine the effects of digital service quality and patient experience on patient loyalty, with patient trust as a mediating variable**.** The study is expected to contribute theoretically by integrating technological, experiential, and relational dimensions of hospital service management. Practically, the findings are expected to provide hospital

OPEN ACCESS

managers with evidence-based insights for designing digital transformation strategies that are patient-centered, trustworthy, and oriented toward long-term patient retention.

METHOD

This study employed a quantitative research approach with a cross-sectional design to examine the effects of digital service quality and patient experience on patient loyalty, with patient trust serving as a mediating variable. The research was conducted in a hospital setting, with the unit of analysis being individual patients who had utilized hospital services and had experienced interaction with at least one digital service channel provided by the hospital. The digital service channels included online registration, hospital websites, social media, digital appointment systems, online information services, and other technology-mediated interactions. The research framework was developed based on the assumption that digital service quality and patient experience influence patient trust, which subsequently contributes to patient loyalty.

The study population consisted of patients who had received hospital services during the research period and met the predetermined inclusion criteria. Respondents were required to be at least 18 years old, have used hospital services at least once, and have interacted with or accessed one of the hospital's digital service channels. Patients who were unable to complete the questionnaire independently or whose responses were incomplete were excluded from the analysis. A total of 250 respondents were included in the analysis. The sample size was considered adequate for Partial Least Squares Structural Equation Modeling (PLS-SEM), particularly considering the complexity of the proposed structural model and the number of relationships tested.

Data were collected using a structured questionnaire administered directly and/or electronically to eligible respondents. The questionnaire employed a five-point Likert scale, ranging from 1 = strongly disagree to 5 = strongly agree. The questionnaire was developed by adapting measurement dimensions from relevant literature concerning digital service quality, patient experience, patient trust, and patient loyalty. Prior to the main analysis, the questionnaire was reviewed to ensure clarity, relevance, and suitability for the hospital context. The measurement indicators were subsequently evaluated through the measurement model assessment to establish their validity and reliability.

Digital service quality was operationalized as the patient's perception of the quality of services delivered through hospital digital platforms. The construct included dimensions related to ease of use, system reliability, information quality, responsiveness, accessibility, security, and convenience**.** These dimensions reflect the extent to which digital channels enable patients to obtain information and access hospital services efficiently, accurately, safely, and conveniently. Recent studies have emphasized that usability, information quality, technical reliability, and security are important components in evaluating digital healthcare services and may contribute to the development of patient confidence in healthcare providers.

Patient experience was defined as the patient's overall perception and evaluation of interactions with the hospital throughout the healthcare journey. The construct covered dimensions including communication, accessibility, staff responsiveness, emotional support, continuity of care, involvement in decision-making, physical environment, and overall treatment experience**.** Patient experience differs from simple satisfaction because it encompasses the patient's broader perceptions of interactions and processes occurring throughout the healthcare journey. Recent literature indicates that patient experience is increasingly recognized as an important strategic dimension of healthcare quality and patient relationship management. Patient trust was defined as the patient's confidence that the hospital is competent, reliable, honest, professional, and committed to protecting the patient's interests. The measurement focused on aspects of reliability, competence, integrity, benevolence, transparency, and confidence in the hospital's ability to provide safe and appropriate services. Trust was positioned as a mediating variable because patients' evaluations of digital interactions and service experiences may first influence their confidence in the healthcare provider before developing into a long-term relationship.

Patient loyalty was defined as the patient's behavioral and attitudinal intention to maintain a relationship with the hospital. The construct was measured through indicators including intention to revisit, preference for the hospital, willingness to recommend the hospital to others, intention to continue using its services, and resistance to switching to competing healthcare providers. Patient loyalty was selected as the dependent variable because it represents an important strategic outcome for hospital sustainability, particularly in increasingly competitive healthcare markets.

The data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM)**.** PLS-SEM was selected because the research model contains multiple latent constructs and includes a mediation relationship involving patient trust. The analysis was conducted in two stages, namely evaluation of the measurement model and

OPEN ACCESS

evaluation of the structural model. The measurement model was evaluated through indicator reliability, convergent validity, discriminant validity, and internal consistency reliability. Indicator reliability was assessed using outer loading values, with values of approximately 0.70 or higher generally considered acceptable. Convergent validity was evaluated using Average Variance Extracted (AVE), while internal consistency was assessed using Cronbach's Alpha and Composite Reliability.

Discriminant validity was assessed using the Heterotrait-Monotrait Ratio (HTMT) to ensure that the constructs were empirically distinct from one another. This assessment was particularly important because digital service quality, patient experience, and patient trust are conceptually related constructs. Establishing discriminant validity ensures that the observed relationships between the constructs are not merely the result of excessive conceptual overlap. Following the measurement model assessment, the structural model was evaluated to test the proposed hypotheses. The evaluation included the coefficient of determination (R^2), effect size (f^2), predictive relevance (Q^2), variance inflation factor (VIF), path coefficients, and hypothesis significance testing. R^2 was used to determine the explanatory power of the independent and mediating variables toward the endogenous constructs. The f^2 value was used to assess the substantive contribution of each exogenous construct to the endogenous construct, while Q^2 was used to evaluate the predictive relevance of the model.

Hypothesis testing was conducted using the bootstrapping procedure with resampling to determine the significance of the path coefficients. The relationships were considered statistically significant when the *t-statistic* exceeded the critical value and the *p-value* was below 0.05. The direct effects of digital service quality and patient experience on patient loyalty were tested alongside their effects on patient trust. The mediating role of patient trust was examined by evaluating the indirect effects of digital service quality and patient experience on patient loyalty through patient trust. The mediation analysis also considered the significance and direction of the indirect effects to determine whether patient trust functioned as a complementary, partial, or full mediator. The research was conducted in accordance with basic principles of research ethics. Respondents were informed about the purpose of the study and that their participation was voluntary. The questionnaire did not require respondents to disclose personally identifiable information, and the collected data were used exclusively for research purposes. Respondents were given the opportunity to discontinue participation at any time. The confidentiality of individual responses was maintained throughout the data collection and analysis processes.

RESULTS AND DISCUSSION

Respondent Characteristics

A total of 250 respondents participated in this study. The respondents were patients who had utilized hospital services and had interacted with at least one digital service channel provided by the hospital. The demographic characteristics included gender, age, education, occupation, frequency of hospital visits, and experience using digital hospital services. The majority of respondents were female, accounting for 58.0% of the sample, while male respondents represented 42.0%. In terms of age, most respondents were between 26 and 35 years old (34.0%), followed by those aged 36–45 years (27.2%). Respondents aged 18–25 years represented 18.4%, while those aged 46–55 years and above 55 years represented 14.0% and 6.4%, respectively. Regarding hospital utilization, 64.8% of respondents had visited the hospital more than once, indicating that most respondents had sufficient experience to evaluate the hospital's service processes. Furthermore, 72.0% of respondents had used online registration or other digital hospital services more than once. This characteristic strengthens the relevance of respondents' assessments regarding digital service quality.

Measurement Model Assessment

The measurement model was evaluated to establish indicator reliability, convergent validity, internal consistency, and discriminant validity. The results indicated that all measurement indicators achieved acceptable outer loading values, with most indicators exceeding 0.70**.** The Average Variance Extracted (AVE) values for all constructs exceeded the recommended minimum value of 0.50**,** demonstrating adequate convergent validity. Similarly, Cronbach's Alpha and Composite Reliability values for all constructs were above 0.70, indicating satisfactory internal consistency.

OPEN ACCESS

Construct	Cronbach's Alpha	Composite Reliability	AVE
Digital Service Quality	0.912	0.929	0.652
Patient Experience	0.925	0.941	0.667
Patient Trust	0.906	0.927	0.678
Patient Loyalty	0.918	0.936	0.705

The results demonstrate that all constructs fulfilled the recommended reliability and validity criteria. Therefore, the measurement instruments were considered adequate for further structural model analysis.

Discriminant Validity

Discriminant validity was assessed using the Heterotrait-Monotrait Ratio (HTMT)**.** The results showed that all HTMT values were below the recommended threshold of 0.90, indicating that digital service quality, patient experience, patient trust, and patient loyalty represented empirically distinct constructs.

Relationship	HTMT
Digital Service Quality – Patient Experience	0.782
Digital Service Quality – Patient Trust	0.746
Digital Service Quality – Patient Loyalty	0.719
Patient Experience – Patient Trust	0.801
Patient Experience – Patient Loyalty	0.774
Patient Trust – Patient Loyalty	0.836

These findings confirm that although the constructs are theoretically related, each construct captures a distinct aspect of the patient–hospital relationship.

Structural Model Assessment

Before hypothesis testing, the structural model was evaluated through collinearity, coefficient of determination, effect size, and predictive relevance. The VIF values were below the critical threshold of 5.00, indicating that the structural model did not suffer from problematic multicollinearity. The R^2 value for patient trust was 0.621**,** indicating that digital service quality and patient experience jointly explained 62.1% of the variance in patient trust. Meanwhile, the R^2 value for patient loyalty was 0.684, indicating that digital service quality, patient experience, and patient trust collectively explained 68.4% of the variance in patient loyalty. These results indicate that the proposed model has substantial explanatory capability in explaining patient trust and loyalty.

Hypothesis Testing

The hypothesis testing results are presented below.

Hypothesis	Relationship	Path Coefficient	t-statistic	p-value	Decision
H1	Digital Service Quality → Patient Trust	0.347	5.826	<0.001	Supported
H2	Patient Experience → Patient Trust	0.512	8.741	<0.001	Supported
H3	Patient Trust → Patient Loyalty	0.421	6.935	<0.001	Supported
H4	Digital Service Quality → Patient Loyalty	0.186	3.214	0.001	Supported
H5	Patient Experience → Patient Loyalty	0.293	4.762	<0.001	Supported
H6	Digital Service Quality → Patient Trust → Patient Loyalty	0.146	4.481	<0.001	Supported
H7	Patient Experience → Patient Trust → Patient Loyalty	0.216	5.924	<0.001	Supported

The results demonstrate that all seven hypotheses were statistically supported.

3.6 Mediation Analysis

The mediation analysis demonstrated that patient trust significantly mediated the relationship between digital service quality and patient loyalty. The indirect effect was 0.146**,** with a *t-statistic* of 4.481 and *p-value* <0.001. Similarly, patient trust significantly mediated the relationship between patient experience and patient loyalty, with an indirect effect of 0.216**,** a *t-statistic* of 5.924, and a *p-value* <0.001. Because both the direct and indirect effects were statistically significant, patient trust can be interpreted as a partial mediator in both relationships. The stronger indirect effect of patient experience through patient trust indicates that patient experience has a relatively greater contribution to the formation of patient loyalty through trust compared with digital service quality.

OPEN ACCESS

The Effect of Digital Service Quality on Patient Trust

The results demonstrate that digital service quality has a positive and significant effect on patient trust. The path coefficient of 0.347 indicates that improvements in digital service quality are associated with increased patient confidence in the hospital. This finding suggests that digital interactions have become an important component of the overall patient–hospital relationship. Patients evaluate not only the clinical services they receive but also how easily they can access information, register for services, communicate with the hospital, and complete administrative processes through digital platforms.

A reliable digital system can create perceptions of organizational competence and professionalism. When patients experience a system that is easy to use, responsive, accurate, and secure, they are more likely to perceive the hospital as capable of managing its services effectively. Conversely, technical failures, outdated information, slow responses, or complicated procedures may undermine patient confidence. These findings are consistent with recent research showing that the quality of digital healthcare systems, including information quality, technical reliability, usability, and security, can contribute to patient trust. Digital service quality should therefore be considered not merely a technological issue but a strategic component of hospital relationship management.

The Effect of Patient Experience on Patient Trust

Patient experience demonstrated the strongest direct effect on patient trust, with a path coefficient of 0.512. This finding indicates that patients' overall experiences during healthcare interactions play a particularly important role in establishing trust. Positive experiences involving communication, staff responsiveness, accessibility, emotional support, continuity of care, and involvement in decision-making can strengthen patients' perception that the hospital genuinely cares about their needs.

This result is theoretically important because trust is developed through repeated experiences and interactions. A hospital may communicate that it is patient-centered through advertisements and digital platforms, but patients ultimately evaluate the authenticity of those claims based on their actual experiences. Recent studies have emphasized that patient experience is closely associated with trustworthiness and loyalty. Positive experiences provide patients with behavioral evidence regarding the hospital's competence, reliability, and commitment. Consequently, improving patient experience should become a strategic priority rather than being treated solely as an indicator of patient satisfaction.

The Effect of Patient Trust on Patient Loyalty

The analysis demonstrates that patient trust significantly influences patient loyalty, with a path coefficient of 0.421**.** This finding confirms that trust represents an important foundation for maintaining long-term patient relationships. Patients who trust a hospital are more likely to return when healthcare needs arise, recommend the hospital to family members or colleagues, and maintain a preference for the hospital over alternative providers.

Healthcare involves relatively high levels of uncertainty and information asymmetry. Patients may not always be able to independently assess the technical quality of diagnosis or treatment. Consequently, trust functions as a mechanism for reducing uncertainty and enabling patients to maintain relationships with healthcare providers. This finding is consistent with recent research demonstrating that patient trust contributes significantly to patient loyalty. In the context of hospital management, trust should therefore be considered a strategic asset that can contribute to patient retention and long-term organizational sustainability.

The Effect of Digital Service Quality on Patient Loyalty

Digital service quality also had a significant direct effect on patient loyalty, although its coefficient was lower than that of patient experience and patient trust. This finding indicates that digital convenience and reliability can directly influence patients' willingness to continue using hospital services. Patients increasingly expect healthcare providers to offer convenient digital interactions. Online registration, appointment scheduling, digital information access, and responsive communication can reduce administrative burdens and improve convenience.

However, the relatively smaller coefficient suggests that digital technology alone is insufficient to create strong patient loyalty. Digital systems can facilitate the patient journey, but loyalty ultimately depends on the broader service experience and relationship with the healthcare organization. This finding has important managerial implications. Hospitals should avoid viewing digital transformation as simply the implementation of applications or online platforms. Technology must be integrated with clinical and non-clinical service processes so that digital convenience is translated into meaningful patient value.

The Effect of Patient Experience on Patient Loyalty

Patient experience had a positive and significant effect on patient loyalty, with a path coefficient of 0.293. This finding confirms that the quality of patients' interactions throughout their healthcare journey contributes directly to their willingness to maintain a relationship with the hospital. Patients are likely to develop loyalty when they consistently experience respectful communication, responsive staff, convenient processes, adequate facilities, and coordinated care. The finding reinforces the shift from a traditional healthcare management perspective toward a patient-centered management approach. Hospitals should not evaluate service performance solely through clinical outcomes or operational indicators but should also systematically measure how patients experience every stage of the service journey.

The Mediating Role of Patient Trust

The mediation results provide an important contribution to understanding the mechanism underlying patient loyalty. Patient trust partially mediates the relationship between digital service quality and patient loyalty. This means that high-quality digital services can increase loyalty both directly and indirectly through increased trust.

The same pattern occurs in the relationship between patient experience and patient loyalty. Positive experiences strengthen patient trust, which subsequently contributes to stronger loyalty. The partial mediation finding is particularly important from a managerial perspective because it demonstrates that hospitals should manage both service delivery and relationship formation simultaneously. Improving digital systems or patient experience can generate direct benefits, but these effects become stronger when they create confidence and trust in the organization. The results therefore support an integrated management approach in which digital service quality → patient experience → patient trust → patient loyalty is viewed as a continuous strategic process rather than a collection of independent hospital functions.

CONCLUSION

This study concludes that digital service quality and patient experience have significant positive effects on patient loyalty, both directly and indirectly through patient trust. Among the examined variables, patient experience demonstrated the strongest direct contribution to patient trust, while patient trust played an important role in strengthening patient loyalty. The findings indicate that digital transformation in hospitals should not focus solely on technological implementation and operational efficiency. Digital services need to be designed to provide accessible, reliable, responsive, secure, and patient-oriented interactions. At the same time, hospitals must ensure that the patient's overall service experience remains consistent across digital and face-to-face encounters.

Patient trust functions as an important mechanism through which digital service quality and patient experience are translated into loyalty. Therefore, hospital management should integrate digital service management, patient experience management, trust building, and service quality improvement as interconnected strategic functions. Overall, the study emphasizes that sustainable patient loyalty is not created merely through technology or promotional activities. Rather, it develops through a combination of high-quality digital interactions, positive patient experiences, and sustained trust in the hospital**.**

REFERENCES

Hair, J. F., Howard, M. C., & Nitzl, C. (2020). Assessing measurement model quality in PLS-SEM using confirmatory composite analysis. *Journal of Business Research, 109*, 101–110. https://doi.org/10.1016/j.jbusres.2019.11.069

Hair, J. F., Hult, G. T. M., Ringle, C. M., Sarstedt, M., Danks, N. P., & Ray, S. (2021). *Partial Least Squares Structural Equation Modeling (PLS-SEM) Using R: A Workbook*. Cham: Springer.

Hair, J. F., Alamer, A. (2022). Partial Least Squares Structural Equation Modeling (PLS-SEM) in second language and education research: Guidelines using an applied example. *Research Methods in Applied Linguistics, 1*(3), 100027. https://doi.org/10.1016/j.rmal.2022.100027

Renaldo, R., & Antonio, F. (2024). Patient experience and patient loyalty: The role of trustworthiness and patient satisfaction. *Jurnal Manajemen Kesehatan Indonesia*.

Rosally, R., et al. (2024). The influence of patient experience and patient satisfaction on patient loyalty in hospital services. *International Journal of Nursing and Medical Sciences*.

Sehgal, N. K. R., Agarwal, A. K., Southwick, L., Pelullo, A. P., Ungar, L., Merchant, R. M., & Guntuku, S. C. (2024). Disparities by race and urbanicity in online health care facility reviews. *JAMA Network Open, 7*(11), e2446890. https://doi.org/10.1001/jamanetworkopen.2024.46890

OPEN ACCESS

Shan, W., Wang, J., Shi, X., & Evans, R. D. (2024). The impact of electronic word-of-mouth on patients' choices in online health communities: A cross-media perspective. *Journal of Business Research, 173*, 114404.

Lu, X., Lin, M., Zhang, Y., & Wang, H. (2025). "What can I trust": Exploring impact of dual-channel service review quality on patients' online healthcare choices. *Patient Education and Counseling, 134*, 108699. https://doi.org/10.1016/j.pec.2025.108699

Madanay, F., Bundorf, M. K., & Ubel, P. A. (2025). Physician gender and patient perceptions of interpersonal and technical skills in online reviews. *JAMA Network Open, 8*(2), e2460018. https://doi.org/10.1001/jamanetworkopen.2024.60018

Richter, N. F., Schubring, S., Hauff, S., Ringle, C. M., & Sarstedt, M. (2020). When predictors of outcomes are necessary: Guidelines for the combined use of PLS-SEM and NCA. *Industrial Management & Data Systems, 120*(12), 2243–2267.

Sarstedt, M., Ringle, C. M., Cheah, J. H., Ting, H., Moisescu, O. I., & Radomir, L. (2020). Structural model robustness checks in PLS-SEM. *Tourism Economics, 26*(4), 531–554.

Sehgal, N. K. R., Guntuku, S. C., Southwick, L., Merchant, R. M., & Agarwal, A. K. (2025). Online reviews of health care facilities. *JAMA Network Open, 8*(8), e2524505. https://doi.org/10.1001/jamanetworkopen.2025.24505

OPEN ACCESS