
Service Quality, Sharia Compliance, and Patient Loyalty: The Mediating Role of Patient Satisfaction in Islamic Hospitals

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Abstract:

This study aims to determine Patient Satisfaction Mediating the Effect of Service Quality and Hospital Sharia Compliance on Patient Loyalty at Sharia Hospitals in Riau Province in an Islamic Perspective. The type of research used in this research is quantitative research. The sample used uses random sampling techniques where sample withdrawal occurs randomly, namely making samples when meeting with anyone when conducting research with a sample size of 400 respondents. The data analysis technique used in this study is to use the Partial Least Square (PLS) approach with SmartPLS 4 software tools to test the relationship between variables. The results obtained in this study show that service quality has a positive and significant effect on patient satisfaction at Islamic hospitals in Pekanbaru city, hospital Sharia compliance has a positive and significant effect on loyalty at Islamic hospitals in Pekanbaru City, Service Quality has no significant effect on Sharia Hospital Patient Loyalty in Pekanbaru city, Sharia Compliance has a positive and significant effect on patient satisfaction at Islamic hospitals in Pekanbaru city, Significant Effect Satisfaction can mediate service quality on patient loyalty at Islamic hospitals in Pekanbaru city, significant effect Satisfaction can mediate sharia compliance on patient loyalty at Islamic hospitals, Satisfaction has a positive and significant effect on loyalty at Islamic hospitals in pekanbaru city.

Keywords: Patient Satisfaction, Service Quality, Sharia Compliance, Loyalty

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1. Introduction

Population growth is one of the key drivers that stimulates the development of the healthcare market and hospital industry in Indonesia. Hospital classification and licensing are regulated under Regulation of the Minister of Health of the Republic of Indonesia Number 56 of 2014. Articles 4 and 5 stipulate that a Hospital Establishment Permit, hereinafter referred to as an Establishment Permit, is a permit granted by an

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authorized official to a government institution, local government, or private entity to construct a new hospital building or to change the function of an existing building into a hospital after fulfilling the requirements set forth in this regulation. Furthermore, a Hospital Operational Permit, hereinafter referred to as an Operational Permit, is a permit granted by an authorized official according to the hospital's classification to enable the hospital organizer or manager to provide healthcare services after meeting the required standards.

Hospitals serve as centers for medical professionals and physicians who deliver continuous healthcare services to patients (Azwar, 1996). According to the National Health System, hospitals have the primary function of delivering health services and patient care. Hospitals are not limited to inpatient treatment but also provide outpatient services. Over time, hospital growth in Indonesia has increased rapidly, largely due to the imbalance between population growth and the availability of hospital facilities.

The development of hospitals has recently expanded with the emergence of sharia-based hospitals. These hospitals provide healthcare services in accordance with Islamic principles and are equipped with medical facilities that are legally certified by authorized institutions. Of the 2,858 hospitals operating in Indonesia in 2021, only 90 hospitals (3.15%) are Islamic hospitals. This indicates that the number of hospitals implementing Islamic principles in both management and facilities remains limited.

Hospitals, whether Islamic or non-Islamic, are obligated to deliver high-quality healthcare services that support patient recovery and healing. Patients expect to be respected, well served, and treated equally within society. However, a dichotomy in healthcare delivery still exists in Indonesia. Increasing competition among hospitals to capture market share has intensified the need for continuous improvement in service quality. According to Tjiptono and Chandra (2011), service quality refers to the ability of a service to meet or exceed customer expectations.

Riau Province has several hospitals that serve the healthcare needs of its population. In Pekanbaru City, there are 31 hospitals, consisting of nine private hospitals, five government hospitals, three hospitals operated by social organizations, one hospital managed by an Islamic organization, nine company-owned hospitals, two military hospitals, one police hospital, and one state-owned hospital. In contrast, only three sharia-based hospitals operate in Riau Province, namely Ibnu Sina Hospital, Zaenab Hospital, and Prof. Tabrani Hospital. Each of these hospitals applies distinct service models and organizational cultures. Given that the majority of Pekanbaru's population is Muslim, the proportion of sharia-based hospitals remains relatively small at 9.7%. Moreover, these hospitals have not yet obtained sharia certification from the Indonesian Ulema Council (MUI).

Despite the availability of healthcare facilities in Indonesia, many Indonesians continue to seek medical treatment abroad, particularly in Malaysia and Singapore. This phenomenon is driven by several factors. First, there is perceived inadequate supervision and variability in service quality in some Indonesian hospitals. Second,

overseas hospitals are viewed as having more advanced medical technology and higher-quality pharmaceuticals. Third, patients often express dissatisfaction with communication between doctors and hospital staff, particularly regarding friendliness and responsiveness. Fourth, diagnostic accuracy is considered superior in foreign hospitals. Fifth, the quality of facilities, food services, and recreational amenities in overseas hospitals creates a more comfortable and secure treatment environment. Sixth, international hospitals benefit from strong global reputations. Finally, extensive patient testimonials further motivate Indonesians to seek healthcare services abroad.

Based on interviews with officials from the Riau Provincial Health Office, including H. Zainal Arifin, public trust in hospitals in Pekanbaru City remains relatively low. Consequently, many residents prefer to seek medical treatment in Malaysia, which is geographically close to Riau Province. This tendency is largely attributed to limited confidence in the quality of medical care and infrastructure provided by local hospitals.

Therefore, professional healthcare services combined with strong adherence to sharia principles are expected to enhance patient loyalty toward hospitals. According to Kotler and Keller (2012), loyalty reflects a strong commitment to repurchase preferred products or services in the future and is often expressed through the willingness to recommend service providers to others. As research on consumer behavior continues to develop, loyalty has become an increasingly important construct. A study by Kovač et al. (2018) on factors influencing participation in customer loyalty programs in Croatia found that relationships with staff are the most critical determinants of customer loyalty. Preferential treatment, personalized services, and a sense of belonging significantly influence customers' loyalty behaviors.

2. Theoretical Background

The Effect of Service Quality on Hospital Patient Loyalty

Service quality reflects the ability of healthcare providers to deliver services accurately, consistently, and in accordance with established standards. In the hospital context, service quality encompasses both technical aspects (such as medical competence and treatment accuracy) and functional aspects (such as responsiveness, empathy, and communication). High-quality services create superior value for patients by ensuring that healthcare delivery aligns with their needs, expectations, and emotional well-being (Hery & Aris, 2015). When patients perceive that a hospital consistently provides reliable and caring services, they are more likely to develop trust and emotional attachment to the institution. This attachment encourages repeated use of hospital services and increases patients' willingness to recommend the hospital to others, which are key indicators of loyalty. Empirical evidence supports this relationship. Rafidah (2017) demonstrated that service quality has a significant positive effect on customer satisfaction in Islamic banking institutions, which subsequently strengthens customer loyalty. In healthcare settings, similar mechanisms operate, as patients evaluate service quality not only based on clinical outcomes but

also on interpersonal interactions and service processes. Based on this theoretical and empirical foundation, the following hypothesis is proposed:

H1: *Service quality has a positive effect on patient loyalty in shariah hospitals.*

The Effect of Shariah Compliance on Hospital Patient Loyalty

Shariah compliance in hospital governance refers to adherence to Islamic principles, regulations, and ethical standards in both managerial practices and service delivery. This includes ensuring halal practices, ethical medical procedures, fairness, transparency, and respect for patients' religious values. Proper implementation of shariah-compliant policies strengthens internal control systems, promotes ethical conduct, and reduces the risk of misconduct or unethical practices within hospital operations. For Muslim patients, shariah compliance represents more than administrative conformity; it reflects alignment between healthcare services and deeply held religious beliefs. When hospitals demonstrate strong commitment to shariah principles, patients tend to perceive higher moral integrity and trustworthiness, which enhances their emotional attachment to the institution. Zailani et al. (2016) found that satisfaction among Muslim medical tourists in Islamic hospitals in Malaysia is significantly influenced by the roles of doctors and hospitals, highlighting the importance of institutional compliance with Islamic values. The study also revealed that patients' attitudes mediate the relationship between halal practices and satisfaction, indicating that shariah compliance indirectly shapes loyalty through psychological and emotional mechanisms. Accordingly, the following hypothesis is formulated:

H2: *Shariah compliance has a positive effect on patient loyalty in shariah hospitals.*

The Effect of Service Quality on Patient Satisfaction

In healthcare services, patient satisfaction is a direct outcome of perceived service quality. Service quality determines how well hospital services meet patients' expectations regarding medical care, administrative efficiency, and interpersonal treatment. Naidu (2009) found a significant relationship between healthcare service quality and patient satisfaction, indicating that patients experience greater satisfaction when hospital services align with their needs and expectations.

Chahal and Kumari (2010) further explain that patient satisfaction increases when healthcare providers deliver timely, responsive, and empathetic services. Conversely, dissatisfied patients are more likely to switch hospitals, as patients possess the autonomy and right to choose alternative healthcare providers (Kessler & Mylod, 2011). This highlights the strategic importance of service quality as a determinant of patient satisfaction and hospital sustainability. Based on this reasoning, the following hypothesis is proposed:

H3: *Service quality has a positive effect on patient satisfaction in hospitals.*

The Effect of Shariah Compliance on Patient Satisfaction

Islamic teachings emphasize that all human activities, including organizational and economic activities, are forms of worship and obedience to Allah (Qur'an, Adz-Dzariyat: 56). Shariah principles aim to regulate individual and social life to uphold justice, compassion, wisdom, and public welfare across various domains, including worship, *mu'amalah*, family life, and social conduct.

In the hospital context, shariah compliance influences patient satisfaction by ensuring that healthcare services are delivered ethically, respectfully, and in harmony with patients' religious values. Patient satisfaction is also shaped by core service quality dimensions such as tangibles, reliability, responsiveness, assurance, and empathy. When these dimensions are delivered within a shariah-compliant framework, patients are more likely to feel respected, safe, and spiritually comfortable. Conversely, failure to meet shariah expectations may lead to dissatisfaction, even if technical service quality is adequate (Mowen & Minor, 2001).

Thus, the following hypothesis is proposed:

H4: *Shariah compliance has a positive effect on patient satisfaction in shariah hospitals.*

The Mediating Role of Satisfaction in the Relationship between Service Quality and Loyalty

Customer satisfaction reflects an individual's emotional response resulting from a comparison between perceived performance and expectations (Tjiptono, 2004). In healthcare services, satisfaction serves as a critical psychological mechanism that links service quality to patient loyalty. While price can influence satisfaction, service quality remains the most dominant factor shaping patient perceptions, particularly in hospitals where health and safety are primary concerns. Higher treatment costs often raise patient expectations regarding service quality, professionalism, and care outcomes (Lubis & Martin, 2009). When high-quality services meet or exceed these expectations, patients experience satisfaction, which in turn encourages loyalty behaviors such as repeat visits and positive word-of-mouth. Therefore, satisfaction functions as a mediating variable that explains how service quality translates into patient loyalty. Based on this argument, the following hypothesis is proposed:

H5: *Patient satisfaction mediates the effect of service quality on patient loyalty in shariah hospitals in Riau Province.*

The Mediating Role of Satisfaction in the Relationship between Shariah Compliance and Loyalty

Hospital management and healthcare services must be conducted in accordance with shariah principles, which emphasize justice, peace, equality, accountability, and ethical conduct. From an Islamic management perspective, sustenance (*rizq*) is believed to be granted by Allah, and organizational success is not solely measured by financial performance but also by the attainment of *barakah* (blessings). Shariah-based management practices foster disciplined, committed, and ethically responsible employees. These employees, in turn, deliver higher-quality services characterized by sincerity, respect, and compassion. Such positive behaviors are perceived by patients and contribute to enhanced satisfaction with hospital services (Ismail, 2017). As satisfaction increases, patients are more likely to develop loyalty toward the hospital, indicating the mediating role of satisfaction in the relationship between shariah compliance and loyalty. Accordingly, the following hypothesis is proposed:

H6: *Patient satisfaction mediates the effect of shariah compliance on patient loyalty in shariah hospitals in Riau Province.*

The Effect of Satisfaction on Patient Loyalty

Kotler and Keller (2009) describe customer satisfaction as a feeling of pleasure or disappointment arising from a comparison between perceived performance and expectations. Satisfied patients are more likely to maintain long-term relationships with healthcare providers, whereas dissatisfied patients are prone to switching behavior. Loyalty reflects a strong commitment to repurchase preferred services and to recommend them to others (Kotler & Keller, 2012). Empirical evidence supports this relationship. Kovač et al. (2018) found that employee–customer relationships are among the most influential factors driving customer participation in loyalty programs, underscoring the importance of interpersonal interactions and satisfaction in fostering loyalty. In hospital settings, satisfied patients are more inclined to return for future treatment and to share positive experiences with others. Based on these arguments, the following hypothesis is proposed:

H7: Patient satisfaction has a positive effect on patient loyalty in hospitals.

3. Methodology

Research Design, Population, and Sample

This study employs an explanatory and causal research design using a survey method, as it aims to examine cause-and-effect relationships among variables through hypothesis testing (Effendi & Tukiran, 2012). The population of this study consists of patients receiving treatment at private Islamic hospitals in Pekanbaru City, specifically three shariah hospitals: Ibnu Sina Islamic Hospital, Zaenab Hospital, and Prof. Tabrani Hospital. The sample size was determined based on Sugiyono's (2011) guidelines for multivariate analysis, which recommend a minimum of 10 times the number of variables studied. Given that this research examines four variables—two independent variables (service quality and shariah compliance) and two dependent variables (patient satisfaction and patient loyalty)—a total of 400 respondents were selected to ensure adequate statistical power and representativeness.

Data Analysis Methods

Data analysis in this study consists of descriptive and inferential statistical techniques. Descriptive statistics are used to present respondents' demographic characteristics and to describe the research variables. Inferential analysis is conducted using the Structural Equation Modeling (SEM) approach based on Partial Least Squares (PLS) with the assistance of SmartPLS 2.0 M3. The measurement model (outer model) is evaluated by assessing convergent validity, discriminant validity, and composite reliability to ensure construct validity and reliability (Chin, 1998; Latan & Ghazali, 2012). The structural model (inner model) is assessed using R-square values to determine the model's predictive power, where values of 0.75, 0.50, and 0.25 indicate strong, moderate, and weak explanatory power, respectively (Ghozali, 2015). Hypothesis testing is performed by examining path coefficients and t-statistics, with hypotheses accepted when the t-value exceeds 1.67 at a 5% significance level (one-tailed), indicating a significant effect between variables.

4. Empirical Findings/Result

Descriptive Statistics

Table 1. Descriptive Statistics

Variables	Mean Score	Category
Service Quality	3.91–4.09	Good
Shariah Compliance	3.14–3.56	Good
Patient Satisfaction	3.81	Good
Patient Loyalty	3.63–3.72	Good

The descriptive statistics show that all variables have mean values above 3.00, indicating that respondents generally perceive service quality, shariah compliance, patient satisfaction, and patient loyalty to be in the **good** category. Among the variables, service quality demonstrates the highest average score, reflecting favorable patient perceptions of hospital services.

Measurement Model Evaluation

Convergent Validity

Table 2. Outer Loadings (Measurement Model)

Variable	Outer Loading Range	Evaluation
Service Quality	0.72–0.82	Valid (>0.50)
Shariah Compliance	0.70–0.92	Valid (>0.50)
Patient Satisfaction	0.76–0.90	Valid (>0.50)
Patient Loyalty	0.92–0.95	Valid (>0.50)

All indicator loadings exceed the minimum threshold of 0.50, indicating that the indicators adequately represent their respective constructs and meet the criteria for convergent validity.

Discriminant Validity

Discriminant validity is assessed to ensure that each latent construct is empirically distinct from other constructs in the model. The results show that each indicator has the highest loading on its associated latent variable compared to its loadings on other variables. This indicates that all constructs demonstrate **good discriminant validity**, confirming that the measurement items are not highly correlated with other constructs.

Reliability and Average Variance Extracted (AVE)

Table 3. Cronbach's Alpha, Composite Reliability, and AVE

Construct	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
LO	0.841	0.926	0.862
SAT	0.899	0.926	0.714
SC	0.976	0.977	0.599
SC 1	0.882	0.919	0.741
SC 2	0.863	0.917	0.786
SC 3	0.927	0.941	0.668

SC 4	0.842	0.894	0.678
SC 5	0.910	0.933	0.736
SC 6	0.930	0.947	0.782
SQ	0.965	0.968	0.527
SQ 1	0.850	0.893	0.626
SQ 2	0.917	0.933	0.667
SQ 3	0.893	0.921	0.700
SQ 4	0.905	0.930	0.727
SQ 5	0.837	0.885	0.605

The results indicate that all constructs meet the recommended reliability criteria, as evidenced by Cronbach's Alpha and Composite Reliability values exceeding 0.70. In addition, all AVE values are above the minimum threshold of 0.50, confirming adequate convergent validity and internal consistency for all constructs.

Structural Model Evaluation

Coefficient of Determination (R^2)

Table 4. R-Square Values

Variable	R Square	Adjusted R Square
Loyalty (LOY)	0.560	0.555
Satisfaction (SAT)	0.581	0.577

The R-square values indicate that **56.0%** of the variance in patient loyalty and **58.1%** of the variance in patient satisfaction are explained by the model. These values fall within the **moderate explanatory power** category, suggesting that the proposed model adequately fits the observed data.

Hypothesis Testing

Direct Effects

Table 5. Inner Model Results

Variabel	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
SAT -> LOY	0.409	0.409	0.057	7.131	0.000
SC -> LOY	0.322	0.318	0.058	5.546	0.000
SC -> SAT	0.326	0.321	0.063	5.13	0.000
SQ -> LOY	-0.063	-0.062	0.071	0.881	0.379
SQ -> SAT	0.361	0.359	0.084	4.298	0.000

The analysis shows that patient satisfaction has a significant positive effect on patient loyalty ($\beta = 0.409$; $t = 7.131$; $p < 0.001$). Shariah compliance also has a significant positive effect on patient loyalty ($\beta = 0.322$; $t = 5.546$; $p < 0.001$) and patient satisfaction ($\beta = 0.326$; $t = 5.130$; $p < 0.001$). Service quality has a significant positive effect on patient satisfaction ($\beta = 0.361$; $t = 4.298$; $p < 0.001$). However, service

quality does **not** have a direct effect on patient loyalty ($\beta = -0.063$; $t = 0.881$; $p = 0.379$), indicating that the relationship is not statistically significant.

Indirect Effects (Mediation Analysis)

Table 6. Indirect Effects

Variabel	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
SC -> SAT -> LOY	0.133	0.132	0.034	3.925	0.000
SQ -> SAT -> LOY	0.148	0.146	0.037	3.985	0.000

The indirect effect analysis reveals that patient satisfaction significantly mediates the relationship between shariah compliance and patient loyalty ($\beta = 0.133$; $t = 3.925$; $p < 0.001$). Similarly, patient satisfaction significantly mediates the relationship between service quality and patient loyalty ($\beta = 0.148$; $t = 3.985$; $p < 0.001$). These findings confirm the presence of **significant mediating effects**, indicating that patient satisfaction plays a crucial role in translating service quality and shariah compliance into patient loyalty.

5. Discussion

The findings of this study reveal that service quality does not directly influence patient loyalty in Islamic hospitals in Pekanbaru City. This result suggests that in the healthcare sector, particularly in hospital services, service quality is often perceived as a basic requirement rather than a decisive factor in fostering loyalty. Patients expect hospitals to deliver competent and reliable services as a standard obligation, and therefore improvements in service quality alone may not immediately translate into loyal behavior. This finding aligns with previous studies indicating that service quality primarily affects loyalty indirectly through patient satisfaction rather than through a direct pathway (Naidu, 2009; Chahal & Kumari, 2010). Consequently, Islamic hospitals should recognize that loyalty formation requires more than operational excellence and must be supported by affective and relational outcomes.

In contrast, shariah compliance demonstrates a strong and meaningful influence on patient loyalty. Adherence to shariah principles reflects ethical governance, transparency, justice, and accountability, which are highly valued by Muslim patients. Shariah-compliant practices reassure patients that hospital operations align with Islamic values, thereby fostering trust and emotional attachment. This finding supports the argument that compliance with Islamic principles enhances institutional credibility and strengthens patient commitment (Zailani et al., 2016). In Islamic hospitals, loyalty is not only shaped by functional service outcomes but also by spiritual congruence between patients' values and organizational practices.

Furthermore, the results confirm that service quality significantly enhances patient satisfaction. When hospitals provide reliable, responsive, empathetic, and assuring services, patients are more likely to feel that their expectations have been fulfilled.

This supports the conceptualization of service quality as a key antecedent of satisfaction, as proposed by Hery and Aris (2015), who emphasize that service quality reflects the extent to which service delivery aligns with customer expectations. Bates and Hoffman (1999), as cited in Sukoco and Nilowardono (2009), also argue that service quality is fundamentally an evaluation of the service delivery process, reinforcing the idea that patient satisfaction is shaped by continuous interactions rather than isolated service encounters.

Shariah compliance is also found to positively influence patient satisfaction in Islamic hospitals. The implementation of *maqasid al-shariah* in hospital governance ensures that healthcare services uphold human dignity, fairness, compassion, and social welfare. Islamic teachings emphasize that all human activities, including organizational and economic activities, are forms of worship when conducted in accordance with shariah principles (Qur'an, Adz-Dzariyat: 56). Patients perceive shariah-compliant hospitals as institutions that prioritize ethical responsibility and moral integrity, which enhances their sense of comfort and satisfaction. The presence of standardized shariah hospital certification further strengthens patient confidence in the hospital's commitment to Islamic values.

This study also demonstrates that patient satisfaction plays a crucial mediating role in the relationship between service quality and patient loyalty. Although service quality alone may not directly result in loyalty, it contributes significantly to loyalty through patient satisfaction. This finding supports the satisfaction–loyalty paradigm, which posits that satisfied customers are more likely to develop long-term commitment and repeat usage behavior (Tjiptono, 2004). In healthcare settings, patients who perceive that service quality meets or exceeds their expectations are more inclined to maintain relationships with service providers, recommend hospitals to others, and resist switching behavior.

Similarly, patient satisfaction mediates the relationship between shariah compliance and patient loyalty. Shariah-based management practices foster disciplined, committed, and ethically oriented employees who deliver services with sincerity and professionalism. These positive employee behaviors are directly experienced by patients during service encounters, thereby enhancing satisfaction and subsequently strengthening loyalty. Ismail (2017) emphasizes that shariah-oriented organizational policies cultivate a quality-driven work culture that positively influences service performance. From an Islamic managerial perspective, organizational success is not merely measured by financial outcomes but also by the attainment of *barakah* (blessings), which arises from ethical governance and sincere service delivery.

Finally, patient satisfaction is confirmed as a key determinant of patient loyalty in Islamic hospitals. Satisfaction reflects the emotional response that arises from the comparison between perceived service performance and prior expectations (Kotler, 1988). Satisfied patients are more likely to exhibit loyal behaviors such as repeat visits, positive word-of-mouth, and long-term engagement with healthcare providers. However, achieving total satisfaction remains a challenge, as expectations evolve over

time and vary across individuals (Mudie & Cottom). Therefore, Islamic hospitals must continuously manage patient expectations and service experiences to sustain satisfaction and loyalty in the long run.

6. Conclusion

This study examines the relationships among service quality, shariah compliance, patient satisfaction, and patient loyalty in Islamic hospitals in Pekanbaru City. The findings indicate that service quality has a positive and significant effect on patient satisfaction, confirming that reliable, responsive, and empathetic healthcare services play a crucial role in shaping patients' positive evaluations of hospital services. In addition, shariah compliance is found to have a positive and significant effect on both patient satisfaction and patient loyalty, highlighting the importance of ethical governance and adherence to Islamic principles in strengthening patients' trust and commitment toward Islamic hospitals.

However, the results also reveal that service quality does not have a direct and significant effect on patient loyalty. This finding suggests that in the healthcare context, service quality is perceived as a basic requirement and does not automatically translate into loyal behavior unless patients first experience satisfaction. Consistent with this explanation, patient satisfaction is proven to play a mediating role in the relationship between service quality and patient loyalty, as well as in the relationship between shariah compliance and patient loyalty. Furthermore, patient satisfaction itself has a positive and significant effect on patient loyalty, emphasizing its central role as a key determinant of long-term patient relationships in Islamic hospitals.

Based on the findings, Islamic hospital management in Pekanbaru City is encouraged to continuously improve service quality, particularly in terms of responsiveness, assurance, and empathy, as these dimensions significantly influence patient satisfaction. Hospitals should focus not only on technical medical excellence but also on the overall patient experience throughout the service process. Enhancing communication, interpersonal interactions, and service consistency can help strengthen patients' emotional attachment to the hospital.

Moreover, hospital managers should strengthen the implementation of shariah compliance in both operational and managerial practices. This includes reinforcing shariah-based policies, improving internal control systems, and fostering an organizational culture rooted in Islamic values such as honesty, justice, and accountability. Obtaining formal shariah hospital certification may also enhance public trust and institutional credibility. By integrating high-quality services with strong shariah compliance, Islamic hospitals can improve patient satisfaction, which in turn will lead to stronger patient loyalty.

Future studies are recommended to expand the scope of research by including Islamic hospitals in other regions of Indonesia or by conducting comparative studies between Islamic and non-Islamic hospitals to enrich the generalizability of the findings. Further

research may also incorporate additional variables such as trust, perceived value, hospital image, religiosity, or patient experience to provide a more comprehensive understanding of patient loyalty formation.

In addition, future researchers may consider employing longitudinal research designs to capture changes in patient perceptions and loyalty over time. The use of mixed-method approaches, combining quantitative surveys with qualitative interviews, could also provide deeper insights into how shariah compliance and service quality are perceived by patients. Finally, future studies may explore the role of digital health services and technological innovation in enhancing patient satisfaction and loyalty within the context of Islamic healthcare institutions.

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