

ENHANCING STROKE PATIENT SATISFACTION THROUGH SERVICE QUALITY, TRUST, AND PATIENT-CENTERED CARE

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ABSTRACT

Patient satisfaction is an essential indicator of healthcare performance, particularly in stroke care, which involves complex and long-term treatment. This study examines the effects of service quality and trust on stroke patient satisfaction, with Patient-Centered Care (PCC) as a mediating variable, at RSI PKU Muhammadiyah Pekajangan Pekalongan. Using a quantitative explanatory approach, data were collected from 150 stroke patients through structured questionnaires selected via proportional and purposive sampling. The data were analyzed using Partial Least Squares–Structural Equation Modeling (PLS-SEM) with SmartPLS. The findings reveal that service quality has a significant positive effect on patient satisfaction and PCC. Trust significantly influences PCC but does not directly affect patient satisfaction. PCC has a significant positive effect on patient satisfaction and mediates the relationships between service quality and satisfaction as well as between trust and satisfaction. These results emphasize the importance of enhancing service quality and trust through patient-centered care implementation to improve stroke patient satisfaction and healthcare service outcomes.

INTRODUCTION

Patient satisfaction has become a critical indicator in evaluating the quality and performance of healthcare services, particularly in an era of increasing competition among healthcare providers. Patient satisfaction reflects patients' subjective evaluations

of healthcare services by comparing their expectations prior to receiving care with their actual experiences during service delivery (Meithiana, 2019; Soumokil et al., 2021). In the healthcare context, patient satisfaction is not merely an outcome of clinical treatment but also represents the effectiveness of service processes, interpersonal interactions, and the overall care environment provided by healthcare institutions.

In Indonesia, patient satisfaction is formally recognized as a key measure of healthcare quality. The Regulation of the Ministry of Health of the Republic of Indonesia No. 30 of 2022 and the Regulation of the Ministry of Administrative and Bureaucratic Reform No. 14 of 2017 define patient satisfaction as patients' perceptions and evaluations of service performance delivered by healthcare facilities. Dissatisfaction with healthcare services may lead patients to discontinue treatment or seek alternative healthcare providers, ultimately affecting hospital reputation and patient loyalty (Álvarez-García et al., 2019). Therefore, understanding the determinants of patient satisfaction is essential for hospitals to ensure service sustainability and patient retention.

Service quality is widely acknowledged as a primary determinant of patient satisfaction. According to the SERVQUAL model, service quality comprises five dimensions: tangibles, reliability, responsiveness, assurance, and empathy (Tjiptono & Chandra, 2016). These dimensions collectively shape patients' perceptions of healthcare service quality and influence their satisfaction levels. Previous studies have consistently demonstrated a positive relationship between service quality and patient satisfaction (Fauziah et al., 2019). However, empirical findings also reveal variations across service quality dimensions. For instance, Iskandar & Februadi, (2021) reported that empathy was the only dimension significantly influencing patient satisfaction, indicating that emotional and interpersonal aspects of care play a crucial role in shaping patient experiences.

In addition to service quality, trust is another fundamental factor influencing patient satisfaction. Trust represents patients' confidence in healthcare providers' competence, integrity, and benevolence, and it is essential for establishing long-term relationships between patients and healthcare institutions (Hermawan et al., 2021). In healthcare settings, trust enhances patients' sense of security and belief in medical decisions, which in turn positively affects satisfaction and treatment compliance (Shie et al., 2022). Several studies have confirmed that patient trust significantly influences satisfaction levels (Purba et al., 2021; Putri, 2023; Ratnasari & Damayanti, 2020). Nevertheless, some studies have reported contradictory findings, suggesting that trust does not always exert a direct effect on patient satisfaction and may operate through other mediating mechanisms (Mustakim et al., 2024; Sari et al., 2020).

Stroke patients represent a unique group within healthcare services due to the complexity and long-term nature of stroke treatment and rehabilitation. Stroke care often requires multidisciplinary collaboration, extended hospitalization, and continuous rehabilitation involving neurologists, physiotherapists, speech therapists, and psychologists. As a result, stroke patients and their families may experience prolonged physical, emotional, and psychological challenges. Previous studies have reported that dissatisfaction among stroke patients may arise from prolonged recovery periods, limited functional improvement, and unmet expectations regarding treatment outcomes (Wardojo & Rosadi, 2023). Furthermore, patient satisfaction has been found to significantly influence post-stroke patients' willingness to adhere to follow-up care and rehabilitation

programs (Pinoi et al., 2025).

To address the complexity of healthcare delivery for stroke patients, Patient-Centered Care (PCC) has emerged as a holistic approach that emphasizes patients' values, preferences, and active involvement in decision-making processes. PCC focuses not only on clinical outcomes but also on psychological and emotional support, effective communication, and collaborative relationships between patients, families, and healthcare providers (Yhogy et al., 2023). Empirical evidence suggests that PCC implementation positively influences patient satisfaction across various healthcare contexts (Miolda et al., 2023; Sjarifudhin & Maria Rosa, 2018; Yulia, 2023). However, other studies have reported insignificant effects of PCC on patient satisfaction, indicating the need for further investigation into its role within different clinical settings (Wahyuni et al., 2025).

Despite extensive research on service quality, trust, and patient satisfaction, empirical studies that simultaneously examine service quality and trust with Patient-Centered Care as an intervening variable remain limited, particularly in the context of stroke patient care. Previous studies tend to focus on the direct effects of service quality or trust on patient satisfaction, while the mediating role of PCC is often overlooked. Moreover, inconsistent findings regarding the effects of trust and PCC on patient satisfaction highlight the presence of research gaps that warrant further exploration.

Based on these considerations, this study aims to analyze the effects of service quality and trust on stroke patient satisfaction, with Patient-Centered Care (PCC) serving as an intervening variable at RSI PKU Muhammadiyah Pekajangan Pekalongan. By integrating service quality, trust, and PCC within a comprehensive analytical framework, this study seeks to provide a deeper understanding of patient satisfaction determinants in stroke care and to offer practical insights for improving healthcare service delivery in hospital settings.

LITERATURE REVIEW

Patient Satisfaction

Patient satisfaction refers to patients' overall evaluation of healthcare services based on their experiences and expectations. Meithiana, (2019) defines satisfaction as the emotional response resulting from a comparison between expected service performance and actual service received. In healthcare services, patient satisfaction reflects not only treatment outcomes but also service quality, communication, trust, and emotional support provided by healthcare personnel.

Patient satisfaction is particularly important in stroke care due to the complexity and long-term nature of treatment and rehabilitation. Wardojo & Rosadi, (2023) found that dissatisfaction among stroke patients often arises from unmet expectations regarding recovery outcomes and limited functional improvements. Additionally, patient satisfaction has been shown to influence patients' willingness to adhere to follow-up treatment and rehabilitation programs. Pinoi et al., (2025) reported that higher satisfaction levels among post-stroke patients significantly increased revisit intention and treatment compliance.

Given its multidimensional nature, patient satisfaction is influenced by various service-related and relational factors. Previous studies consistently highlight service

quality, trust, and patient-centered care as critical determinants of patient satisfaction in healthcare settings. However, variations in empirical findings suggest the need for integrated models that examine the relationships among these variables simultaneously.

Service Quality

Service quality refers to the extent to which healthcare services meet or exceed patients' expectations during service delivery. In healthcare settings, service quality is not limited to clinical outcomes but also encompasses service processes, interpersonal interactions, and the physical environment of healthcare facilities. According to Tjiptono & Chandra, (2016), service quality is defined as the overall evaluation of service performance based on the comparison between expected service and perceived service received by patients.

The SERVQUAL model is widely used to measure service quality and consists of five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Tangibles refer to the physical facilities, medical equipment, and appearance of healthcare personnel. Reliability reflects the ability of healthcare providers to deliver promised services accurately and consistently. Responsiveness indicates the willingness of staff to help patients and provide prompt services. Assurance relates to the knowledge, courtesy, and competence of healthcare personnel in instilling confidence in patients, while empathy refers to individualized attention and care provided to patients (Tjiptono & Chandra, 2016).

In the healthcare context, service quality plays a crucial role in shaping patient perceptions and satisfaction. Several empirical studies have confirmed a positive relationship between service quality and patient satisfaction. (Fauziah et al., 2019) found that higher service quality significantly increased patient satisfaction in hospital services. Similarly, (Fipiana et al., 2021) reported that service quality had a significant effect on patient satisfaction across various healthcare service dimensions. However (Iskandar & Februadi, 2021) highlighted that not all service quality dimensions exert equal influence, with empathy emerging as the most dominant factor affecting patient satisfaction. These findings suggest that service quality remains a key determinant of patient satisfaction, particularly when healthcare providers prioritize patient-centered interactions.

Trust

Trust is defined as patients' belief in the reliability, integrity, and competence of healthcare providers. In healthcare services, trust is essential because patients often face information asymmetry and vulnerability, making them highly dependent on healthcare professionals' expertise and ethical conduct. (Hermawan et al., 2021) describe trust as a psychological state in which patients are willing to rely on healthcare providers based on positive expectations of their intentions and behavior.

Trust in healthcare services enhances patients' confidence in medical decisions and reduces uncertainty related to treatment outcomes. (Shie et al., 2022) emphasized that patient trust strengthens emotional bonds between patients and healthcare providers, leading to increased satisfaction and loyalty. Empirical evidence supports the positive influence of trust on patient satisfaction. Studies by Purba et al., (2021), Putri, (2023), and (Ratnasari & Damayanti, 2020) demonstrated that higher levels of patient trust significantly improved satisfaction with healthcare services.

Nevertheless, inconsistent findings have also been reported. (Sari et al., 2020) found

that trust did not directly affect patient satisfaction but functioned as a mediating variable between service quality and satisfaction. Similarly, Mustakim et al., (2024) reported insignificant direct effects of trust on patient satisfaction in public hospital settings. These mixed results indicate that trust may not operate as an independent determinant but rather interacts with other service-related factors in influencing patient satisfaction.

Patient-Centered Care (PCC)

Patient-Centered Care (PCC) is a healthcare approach that emphasizes respect for patients' values, preferences, and needs while actively involving them in decision-making processes. PCC shifts healthcare delivery from a provider-centered model to a collaborative model that recognizes patients as partners in their own care. According to (Yhogy et al., 2023), PCC focuses on effective communication, emotional support, shared decision-making, and coordinated care among healthcare professionals.

PCC has been increasingly recognized as a critical factor in improving healthcare quality and patient satisfaction. (Sjarifudhin & Maria Rosa, 2018) argued that PCC enhances patient experiences by fostering mutual understanding and trust between patients and healthcare providers. Empirical studies have demonstrated a positive relationship between PCC and patient satisfaction. Miolda et al., (2023) and Yulia, (2023) found that the implementation of PCC significantly increased patient satisfaction by addressing patients' psychological and emotional needs in addition to clinical treatment.

However, the effectiveness of PCC may vary depending on healthcare contexts and patient characteristics. Wahyuni et al., (2025) reported that PCC did not have a significant effect on patient satisfaction in certain hospital settings, suggesting that PCC implementation may require organizational readiness, staff competence, and supportive hospital policies to produce optimal outcomes. These findings indicate that PCC may function as an intervening mechanism rather than a direct determinant of patient satisfaction.

RESEARCH METHOD

This study employed a quantitative explanatory approach to examine the effects of service quality and trust on stroke patient satisfaction, with Patient-Centered Care (PCC) as an intervening variable. The research was conducted at RSI PKU Muhammadiyah Pekajangan Pekalongan and focused on stroke patients who routinely received inpatient and outpatient healthcare services.

The population of this study consisted of all stroke patients treated at RSI PKU Muhammadiyah Pekajangan Pekalongan. The sample size was determined based on the guideline proposed by (Hair et al., 2019), which recommends multiplying the number of indicators by five to ten times. As this study used 15 indicators, the maximum sample size was calculated as 150 respondents. Accordingly, a total of 150 stroke patients were selected as research respondents.

The sampling process was carried out in two stages. First, proportional sampling was applied to ensure proportional representation of inpatient and outpatient stroke patients. Based on this technique, 45 respondents were selected from inpatient services and 105 respondents from outpatient services. Second, purposive sampling was employed to select respondents who met specific inclusion criteria, namely: stroke patients diagnosed through head CT-scan examination; patients with *compos mentis*

consciousness and cooperative behavior; patients willing to participate as respondents; patients without decreased consciousness, behavioral disorders, or aphasia; and patients without severe comorbidities, dependence on respiratory support, or intensive care treatment. This sampling approach was used to ensure that respondents possessed relevant experience and information related to the research objectives.

Primary data were collected using a structured questionnaire administered to stroke patients or their family members. The questionnaire measured service quality, trust, Patient-Centered Care (PCC), and patient satisfaction using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Service quality was measured using five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Trust was measured based on patients' confidence in healthcare providers' competence, integrity, and reliability. Patient-Centered Care was measured through indicators reflecting patient involvement, communication, emotional support, respect for patient preferences, and coordination of care. Patient satisfaction was measured based on patients' overall evaluation of healthcare services received.

Data analysis was conducted using Partial Least Squares–Structural Equation Modeling (PLS-SEM) with SmartPLS software. The analysis involved evaluation of the measurement model through indicator reliability, internal consistency reliability, convergent validity, and discriminant validity, followed by evaluation of the structural model to assess path coefficients, coefficient of determination (R^2), and hypothesis testing. Bootstrapping procedures were applied to examine the significance of both direct and indirect effects, allowing assessment of the mediating role of Patient-Centered Care (PCC) in the relationship between service quality, trust, and patient satisfaction.

RESEARCH RESULTS AND DISCUSSION

This study employed Partial Least Squares–Structural Equation Modeling (PLS-SEM) to analyze the relationships among service quality, trust, Patient-Centered Care (PCC), and stroke patient satisfaction. The analysis was conducted using SmartPLS software and involved two main stages, evaluation of the measurement model (outer model) and evaluation of the structural model (inner model).

Table 1. Respondent Characteristics

Category	Item	Frequency (n)	Percentage (%)
Gender	Male	83	55.3
	Female	67	44.7
Occupation	Civil Servant/Military/Police	28	18.7
	Private Employee	35	23.3
	Entrepreneur	31	20.7
	Retiree	39	26.0
	Others	17	11.3
Age	31–40 Years	8	5.3
	41–50 Years	47	31.3
	> 50 Years	95	63.3
Total		150	100

Source: processed data, 2025

Measurement Model Evaluation

The measurement model evaluation aimed to assess the validity and reliability of the constructs used in this study. Indicator reliability was evaluated by examining factor loadings, while construct reliability was assessed using Cronbach's Alpha and Composite Reliability (CR). Convergent validity was evaluated using Average Variance Extracted (AVE), and discriminant validity was assessed by comparing the square root of AVE with inter-construct correlations.

Table 2. Cross Loadings Values

Indicators	Service Quality (X1)	Trust (X2)	Patient-Centered Care (Z)	Patient Satisfaction (Y)
X1.1	0.837	0.216	0.606	0.509
X1.2	0.880	0.199	0.570	0.486
X1.3	0.832	0.243	0.526	0.436
X1.4	0.858	0.314	0.636	0.531
X1.5	0.822	0.246	0.537	0.512
X2.1	0.268	0.916	0.572	0.518
X2.2	0.224	0.863	0.512	0.443
X2.3	0.276	0.882	0.521	0.451
Z1	0.591	0.554	0.877	0.670
Z2	0.622	0.476	0.864	0.659
Z3	0.553	0.521	0.875	0.636
Z4	0.630	0.570	0.899	0.688
Y1	0.546	0.504	0.688	0.908
Y2	0.510	0.486	0.702	0.897
Y3	0.526	0.443	0.643	0.892

Source: processed data, 2025

Table 3. Reliability and Convergent Validity

Variable	Cronbach's Alpha	Composite Reliability (CR)	Average Variance Extracted (AVE)
Service Quality (X1)	0.901	0.931	0.716
Trust (X2)	0.865	0.927	0.787
Patient-Centered Care (Z)	0.902	0.927	0.773
Patient Satisfaction (Y)	0.881	0.917	0.808

Source: processed data, 2025

Table 2, all indicators demonstrated factor loadings above the acceptable threshold of 0.70, indicating satisfactory indicator reliability. Indicators with high loadings reflect their strong contribution in measuring the respective latent constructs.

Furthermore, the reliability analysis shown in Table 3 indicates that all constructs achieved Cronbach's Alpha and Composite Reliability values exceeding 0.70. These results confirm that the measurement instruments used in this study are internally consistent and reliable. In addition, the AVE values for all constructs were above 0.50,

demonstrating adequate convergent validity and indicating that the constructs explained more than half of the variance of their indicators.

Discriminant validity was confirmed by comparing the square root of AVE for each construct with the correlations between constructs.

Table 4. Discriminant Validity (Fornell-Larcker Criterion)

Variable	Service Quality (X1)	Trust (X2)	PCC (Z)	Patient Satisfaction (Y)
Service Quality (X1)	0.846			
Trust (X2)	0.289	0.887		
Patient-Centered Care (Z)	0.682	0.604	0.879	
Patient Satisfaction (Y)	0.587	0.532	0.755	0.899

Note: The diagonal values (bold) indicate the square root of AVE, while off-diagonal values indicate correlations between constructs.

Source: processed data, 2025

As shown in Table 4, the square root of AVE for each construct was greater than its correlations with other constructs, indicating that each construct was empirically distinct and measured unique concepts. Overall, the results of the measurement model evaluation demonstrate that the constructs of service quality, trust, PCC, and patient satisfaction meet the required validity and reliability criteria and are suitable for further structural model analysis.

Structural Model Evaluation

The structural model evaluation aimed to examine the relationships among the latent variables and to test the proposed hypotheses. The evaluation focused on path coefficients, coefficient of determination (R^2), and hypothesis significance using bootstrapping procedures.

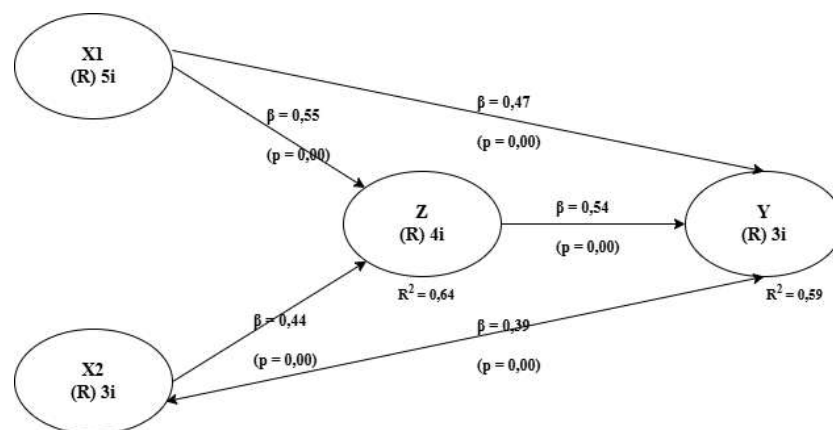


Figure 1. Structural Model Results (PLS-SEM)

Source: processed data, 2025

Table 5. Coefficient of Determination (R²)

Variable	R-Square (R ²)	Category
Patient-Centered Care (Z)	0.646	Moderate
Patient Satisfaction (Y)	0.594	Moderate

Source: processed data, 2025

Table 6. Hypothesis Testing Results (Path Coefficients)

Hypothesis	Path	Original Sample (O)	T-Statistics	P-Values	Result
Direct Effects					
H1	Service Quality (X1) → Satisfaction (Y)	0.169	2.388	0.017	Supported
H2	Trust (X2) → Satisfaction (Y)	0.153	2.068	0.039	Supported
H3	Service Quality (X1) → PCC (Z)	0.554	11.769	0.000	Supported
H4	Trust (X2) → PCC (Z)	0.444	9.492	0.000	Supported
Indirect Effects					
H5	Service Quality → PCC → Satisfaction	0.303	5.264	0.000	Supported
H6	Trust → PCC → Satisfaction	0.243	4.774	0.000	Supported

Source: processed data, 2025

Based on the results presented in Table 5, the R² value for Patient-Centered Care indicates a moderate level of explanatory power, suggesting that service quality and trust jointly explain a substantial proportion of variance in PCC. Meanwhile, the R² value for patient satisfaction demonstrates that service quality, trust, and PCC collectively explain a considerable proportion of variance in stroke patient satisfaction. These findings indicate that the proposed model has adequate predictive relevance.

The hypothesis testing results shown in Table 6 indicate that service quality has a positive and significant effect on patient satisfaction. This finding confirms that higher perceived service quality leads to increased satisfaction among stroke patients. Additionally, service quality was found to have a significant positive effect on PCC, indicating that high-quality services facilitate the implementation of patient-centered care practices.

Trust was also found to have a positive and significant effect on PCC, suggesting that patients' confidence in healthcare providers enhances the effectiveness of patient-centered care. However, the direct effect of trust on patient satisfaction was found to be insignificant, indicating that trust alone may not directly influence satisfaction without

the presence of mediating mechanisms.

Furthermore, PCC demonstrated a significant positive effect on patient satisfaction, highlighting its important role in shaping patient perceptions and experiences. The indirect effect analysis revealed that PCC mediates the relationship between service quality and patient satisfaction, as well as between trust and patient satisfaction. These findings confirm the mediating role of PCC in the proposed research model.

Discussions

The findings of this study provide empirical evidence regarding the relationships among service quality, trust, Patient-Centered Care (PCC), and patient satisfaction in the context of stroke healthcare services. Overall, the results support the proposed conceptual framework and contribute to a deeper understanding of patient satisfaction determinants.

The significant effect of service quality on patient satisfaction indicates that stroke patients place high importance on service-related aspects such as reliability, responsiveness, assurance, empathy, and physical facilities. This finding is consistent with previous studies that emphasize service quality as a key determinant of satisfaction in healthcare settings. In stroke care, where patients often experience prolonged treatment and rehabilitation processes, consistent and empathetic service delivery becomes particularly critical in shaping positive patient experiences.

The significant relationship between service quality and PCC suggests that high-quality healthcare services facilitate the implementation of patient-centered care. When healthcare providers demonstrate professionalism, responsiveness, and empathy, patients are more likely to feel involved in decision-making processes and perceive that their preferences and needs are respected. This finding highlights that PCC does not operate independently but is closely linked to the quality of services delivered by healthcare institutions.

The results also reveal that trust significantly influences PCC but does not directly affect patient satisfaction. This finding suggests that trust functions as a foundational element that supports patient-centered interactions rather than directly shaping satisfaction outcomes. Stroke patients who trust healthcare providers are more likely to engage in open communication, share concerns, and participate actively in treatment decisions, which in turn enhances the effectiveness of PCC implementation.

The insignificant direct effect of trust on patient satisfaction aligns with studies suggesting that trust alone may be insufficient to generate satisfaction unless it is translated into tangible care experiences. In this context, PCC serves as a critical mechanism that transforms trust into meaningful patient experiences, thereby influencing satisfaction levels.

The significant effect of PCC on patient satisfaction underscores the importance of patient-centered approaches in stroke care. PCC emphasizes individualized care, emotional support, effective communication, and shared decision-making, all of which are essential for stroke patients who often face physical limitations and psychological challenges. By addressing both clinical and non-clinical needs, PCC enhances patients' overall perceptions of healthcare services.

The mediating role of PCC in the relationship between service quality and patient satisfaction indicates that service quality influences satisfaction both directly and

indirectly through PCC. This finding suggests that healthcare providers should not only focus on improving technical service quality but also ensure that services are delivered in a patient-centered manner. Similarly, the mediating effect of PCC on the relationship between trust and patient satisfaction highlights that trust contributes to satisfaction primarily through patient-centered interactions.

From a managerial perspective, these findings imply that hospitals should prioritize integrated strategies that enhance service quality, strengthen patient trust, and institutionalize patient-centered care practices. For stroke services, this may involve training healthcare professionals in communication skills, empathy, and shared decision-making, as well as ensuring continuity of care and coordination among multidisciplinary teams.

Overall, this study contributes to the healthcare management literature by demonstrating the central role of Patient-Centered Care as an intervening variable that links service quality and trust to patient satisfaction. By focusing on stroke patients, this study also provides context-specific insights that can inform hospital policies and service improvement initiatives aimed at enhancing patient satisfaction and care quality.

CONCLUSION

The results indicate that service quality has a significant positive effect on stroke patient satisfaction. High service quality, reflected through reliability, responsiveness, assurance, empathy, and tangible aspects, plays an essential role in shaping patients' overall satisfaction. Service quality was also found to have a significant positive effect on PCC, suggesting that high-quality healthcare services support the effective implementation of patient-centered care practices.

Trust was found to significantly influence PCC but did not have a direct effect on patient satisfaction. This finding indicates that trust functions as a supporting factor that enhances patient-centered interactions rather than directly shaping satisfaction outcomes. In contrast, Patient-Centered Care demonstrated a significant positive effect on patient satisfaction, emphasizing its importance in addressing the complex needs of stroke patients.

Furthermore, the study confirms the mediating role of PCC in the relationships between service quality and patient satisfaction, as well as between trust and patient satisfaction. These findings highlight that patient satisfaction is influenced not only by technical service quality and trust but also by how these factors are translated into patient-centered care experiences.

Overall, this study underscores the importance of integrating service quality improvement, trust-building strategies, and patient-centered care implementation to enhance stroke patient satisfaction. The findings provide valuable insights for hospital management in improving healthcare service delivery, particularly in stroke care settings.

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