

The Influence of Hospital Brand Image, Sharia Service Standards, and Psychospiritual Factors on Patient Loyalty in Indonesian Sharia Hospitals

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ABSTRACT

This study examines the impact of hospital brand image, Sharia service standards, and psychospiritual factors on patient loyalty in Sharia hospitals. Sharia hospitals in Indonesia are growing amid demand for Islam-aligned healthcare. Revenue and patients rise yearly but miss targets: 12-15 percent growth versus 20 percent goal, and 5-7 percent versus 15 percent. This signals loyalty issues involving brand image, Sharia quality, religiosity, trust, attitudes, and satisfaction. The aim is to analyze their interactions. Quantitative surveys with purposive sampling target patients from the past three years. Structural Equation Modeling analyzes 315 responses. Results reveal brand image drives Sharia standards; religiosity and trust form attitudes; standards and attitudes build satisfaction, the top loyalty predictor. Direct paths are significant; satisfaction variance is 53.1 percent, and loyalty 34.8 percent, via mediation. Improving brand and Sharia elements raises satisfaction and loyalty for growth targets. Prioritize digital marketing and spiritual care for retention.

Keywords: Brand Image, Patient Loyalty, Patient Religiosity, Patient Satisfaction, Patient Trust, Sharia Hospital, Sharia Service Standards.

ABSTRAK

Studi ini meneliti dampak citra merek rumah sakit, standar layanan Syariah, dan faktor psikospiritual terhadap loyalitas pasien di rumah sakit Syariah. Rumah sakit Syariah di Indonesia tumbuh di tengah permintaan untuk layanan kesehatan yang selaras dengan Islam. Pendapatan dan pasien meningkat setiap tahun tetapi tidak mencapai target: pertumbuhan 12-15 persen versus target 20 persen, dan 5-7 persen versus 15 persen. Ini menandakan masalah loyalitas yang melibatkan citra merek, kualitas Syariah, religiusitas, kepercayaan, sikap, dan kepuasan. Tujuannya adalah untuk menganalisis interaksi mereka. Survei kuantitatif dengan pengambilan sampel yang bertujuan menargetkan pasien dari tiga tahun terakhir. Pemodelan Persamaan Struktural menganalisis 315 tanggapan. Hasil mengungkapkan citra merek mendorong standar Syariah; religiusitas dan kepercayaan membentuk sikap; standar dan sikap membangun kepuasan,

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prediktor loyalitas teratas. Jalur langsung signifikan; varians kepuasan adalah 53,1 persen, loyalitas 34,8 persen melalui mediasi. Meningkatkan elemen merek dan Syariah akan meningkatkan kepuasan dan loyalitas target pertumbuhan. Prioritaskan pemasaran digital dan perawatan spiritual untuk retensi.

Kata kunci: *Citra Merek, Loyalitas Pasien, Religiusitas Pasien, Kepuasan Pasien, Kepercayaan Pasien, Rumah Sakit Syariah, Standar Pelayanan Syariah.*

INTRODUCTION

PKU Muhammadiyah Temanggung Hospital has transformed into a Sharia-compliant hospital since 2018, implementing sharia service standards such as the use of halal medical equipment and medications, the provision of halal food, and the fulfillment of patients' spiritual needs, including *talqin* (religious recitation) for patients in the final moments of life (Sulistiadi et al., 2020; Andrianto & Rahmiyati, 2021). This shift aligns with the growing development of sharia hospitals in Indonesia, driven by public demand for healthcare that adheres to Islamic principles across medical, administrative, and financial aspects (Sulistiadi et al., 2025). The hospital, as a Type C facility with 250 beds and specialist doctors, has seen steady growth in patient numbers and revenue. Yet, it struggles to meet set targets, highlighting the need to explore factors behind patient retention (Ashidiqi et al., 2025).

Although the hospital has recorded increases in both revenue and patient numbers year after year, the established targets have not been fully met. Based on available financial data, the hospital's revenue in 2022 was IDR 65.18 billion, increasing to IDR 75.37 billion in 2023 and to IDR 81.12 billion in 2024. This represents an average annual growth of about 12-15%, falling short of the 20% target, while patient visits grew only 5-7% annually against a 15% goal, indicating challenges in attracting repeat patients and building long-term relationships (Sulistiadi et al., 2025). These unmet targets highlight challenges in retaining and attracting new patients, which underscores the relevance of this research.

Hospital brand image strongly shapes patients' perceptions, particularly regarding service quality, facilities, and sharia compliance (Hoşgör & Sevim, 2022; Rindasiwi & Pattyranie, 2024; Tahir et al., 2024; Demir et al., 2024). PKU Muhammadiyah Temanggung Hospital is known for implementing Islamic principles, which strengthens trust and comfort, especially among patients seeking sharia-based care (Muin et al., 2024). In 2024, Temanggung had 782,476 Muslims out of 821,118 residents, indicating high potential for Sharia services. Religiosity significantly influences preferences for halal practices and spiritual support (Siau et al., 2021; Fachrurazi et al., 2023; Jamaludin et al., 2025). Patient trust in Sharia-compliant and transparent services further enhances satisfaction and loyalty (Rahman et al., 2021; Alfarizi & Arifian, 2023; Wahyuningsih et al., 2023; Ngatindriatun et al., 2024; Abidin et al., 2025). Research indicates that satisfaction in Sharia hospitals depends on both clinical outcomes and Sharia-compliant care, which in turn drives loyalty (Widiastuti et al., 2024; Sahil et al., 2025).

Despite these insights, a clear research gap exists in understanding the integrated structural relationships among brand image, Sharia service standards, religiosity commitment, trust, attitudes, and satisfaction in predicting patient loyalty at a single Sharia hospital like PKU Muhammadiyah Temanggung. According to Ngatindriatun et al. (2024), Sharia standards and religiosity affect satisfaction and loyalty. However, their study uses multiple hospitals and lacks a full SEM model with mediators like attitude and trust. Similarly, Wahyuningsih et al. (2023) found satisfaction mediates trust and Sharia compliance to loyalty in Riau hospitals, yet it does not include brand image or specific indirect paths in a chain mediation framework. Alfarizi and Arifian (2023) highlighted halal tools for loyalty-WoM, but focused only on satisfaction without exploring religiosity's role in attitudes. This gap is critical because PKU Muhammadiyah Temanggung faces unique revenue stagnation despite Sharia implementation, and no

study has applied SEM to link these variables in one Muhammadiyah-affiliated hospital to explain only 5-7% patient growth.

This study aims to explore in depth how hospital brand image, Sharia service standards, patient religiosity commitment, patient trust, patient attitudes, and patient satisfaction interact to influence patient loyalty. By understanding the relationships among these variables, the hospital can design more effective strategies to attract more patients, increase revenue, and achieve previously unmet targets. Through this research, it is expected to gain a more comprehensive understanding of the role of Sharia hospital brand image in enhancing patient loyalty, as well as its contribution to the development of patient loyalty theory in Sharia hospitals.

LITERATURE REVIEW & HYPOTHESIS DEVELOPMENT

Factors Influencing Patient Satisfaction

Religiosity reflects beliefs, practices, feelings, knowledge, and behavioral effects that shape daily decisions in Muslim life (Sulaiman et al., 2022). In healthcare, this commitment appears through preferences for halal treatments, gender-concordant care, and accessible prayer facilities (Fadila et al., 2022; Aji & Muslichah, 2023). Religious upbringing and guidance from community leaders strengthen this orientation, encouraging patients to select hospitals that align with Islamic values. When hospitals accommodate these needs, patients develop more positive attitudes, emotional attachment, and loyalty, often sharing favorable experiences with others. In Sharia-based care, religiosity becomes a driver of service preference and institutional support (Usman et al., 2022).

Trust, grounded in commitment trust theory, reflects beliefs about honesty, reliability, and transparency in healthcare delivery (Badrinarayanan & Ramachandran, 2024). Patients trust hospitals that clearly communicate procedures, risks, and costs, demonstrate integrity, and provide consistent outcomes (Hair & Alamer, 2022). When trust aligns with religious expectations, doubts about ethical compliance decline, producing feelings of safety and comfort. Recommendations from trusted peers further reinforce these attitudes. Evidence from Islamic service environments shows that trust and religiosity together shape favorable patient attitudes toward healthcare providers (Rahadi, 2023).

Sharia hospitals operationalize Islamic principles across clinical and administrative systems, guided by fatwas, halal certification, and MUI regulations (Indrawan & Yaniawati, 2016; Sunjaya, 2021). Standards include modesty in care, halal nutrition, clean worship facilities, and respectful patient interaction (Tjiptono, 2023). Such practices enhance satisfaction by fulfilling both spiritual and medical needs, improving perceptions of dignity and respect (Mulyani et al., 2025; Dewi, 2025). Patient attitude, formed through beliefs and positive experiences, plays a central role in enhancing satisfaction, particularly when Sharia standards are visibly implemented (Hakim et al., 2024; Nurmartiani, 2025). Studies confirm that attitude mediates the effect of service quality on satisfaction in Islamic settings (Nadrattuzaman et al., 2021). Therefore, Sharia service standards and patient attitudes act as essential determinants of satisfaction in Sharia hospitals.

H1: Patient religiosity commitment has a significant effect on patient attitude.

H2: Patient trust has a significant effect on patient attitude.

H3: Sharia hospital service standard has a significant effect on patient satisfaction.

H4: Patient attitude has a significant effect on patient satisfaction.

Determinants Hospital Service Standard and Brand Loyalty

A brand functions as an identity that differentiates a product or service from competitors through names, symbols, and designs, building awareness, emotional attachment, and credibility (Armstrong et al., 2014; Firmansyah, 2023). In healthcare, hospital brand image reflects patient perceptions of trust, reputation, and service experiences (Siddiqui et al., 2021; Kotler et al., 2025). These perceptions develop through

visible cues such as cleanliness, professionalism, and communication, supported by social media and word-of-mouth. For Sharia hospitals, brand image incorporates Islamic identity markers that signal halal and ethical care (Anastasia & Nurendah, 2014; Tahir et al., 2024). This image becomes a key factor guiding patient choice in competitive markets. A strong Sharia brand represents commitment to spiritual support and halal medical practices, enhancing trust and loyalty (Kasolati & Kamilah, 2024; Rahma & Fitri, 2025). Research shows that positive brand perception strengthens expectations for ethical standards and predicts adherence to Sharia service compliance (Hanin & Kamilah, 2024; Suginam et al., 2025).

Brand loyalty refers to commitment and repeat intention toward a brand, expressed through consistent preference and positive advocacy (Akoglu & Özbek, 2022; Bourdeau et al., 2024). In healthcare, loyal patients repeatedly choose the same hospital, recommend it to others, and remain supportive even when alternatives exist. This behavior reflects both emotional attachment and behavioral consistency, generating long-term patient retention and stable service demand (Hwang et al., 2021). Satisfaction is widely recognized as the strongest predictor of loyalty in service industries, including hospitals (Le, 2021; Ibrahim, 2022). In Sharia hospitals, loyalty develops when satisfaction aligns with religious and clinical expectations. Patients value halal assurance, modesty in care, and spiritual comfort, which strengthen emotional bonding and repeat usage (Wongsansukcharoen, 2022). Positive spiritual interactions and community programs enhance trust and deepen loyalty. Satisfied patients actively advocate by giving recommendations and online testimonials, contributing to hospital growth.

H5: Hospital brand image has a significant effect on sharia hospital service standard.

H6: Patient satisfaction has a significant effect on sharia hospital brand loyalty.

Mediating Effect in Patient Satisfaction

Hospital brand image indirectly affects satisfaction through perceived sharia standards. Strong images set high bars for halal services that patients expect. When standards match, satisfaction follows naturally. Weak images lead to doubts even with good care. Mediation happens as standards bridge perception to feelings (Akoglu & Özbek, 2022). Brand perceptions guide expectations for halal services, mediating overall contentment. Patients link brand promises to daily experiences. This path explains why some hospitals satisfy more. Indirect effects show in survey data clearly. Religiosity commitment shapes attitudes that lead to satisfaction via religious alignment (Badrinarayanan & Ramachandran, 2024).

Trust follows a similar path, building attitudes that enhance fulfillment. Patients trust more when attitudes align with sharia views. Chain effects appear in full models often. These mediations create chain effects in Sharia contexts, where image and standards bridge to satisfaction (Hair & Alamer, 2022). Attitudes from religiosity or trust act as intermediaries for emotional needs. Religious patients satisfy faster through attitude matches. Trust eases worries, leading to calm contentment. Empirical models support indirect influences in Islamic services. Mediations explain how antecedents reach satisfaction.

H7: Hospital brand image has a significant effect on patient satisfaction through sharia hospital service standard.

H8: Patient religiosity commitment has a significant effect on patient satisfaction through patient attitude.

H9: Patient trust has a significant effect on patient satisfaction through patient attitude.

Mediating Effect in Sharia Hospital Brand Loyalty

Sharia standards influence patient loyalty in an indirect way through satisfaction that comes from fully compliant and ethical care. These standards create truly happy and content patients who choose to return often for their healthcare needs. Without real

satisfaction from the services, even the best and most detailed standards fail to keep people coming back over time. This mediation clearly shows up in the patterns of repeat visits and patient retention data. This particular path is quite common and well-documented in many service industry studies (Bourdeau et al., 2024; Widiastuti et al., 2024). Patient attitude effectively leads to stronger loyalty only through genuinely satisfied and positive experiences. Positive attitudes alone need that layer of satisfaction to turn into real actions and commitments fully. Unsatisfied patients, even with initially good attitudes, will still decide to leave and seek alternatives elsewhere. Mediation here links the patient's mind and feelings directly to actual behavior and choices. Brand image creates a clear serial mediation process with standards, attitude, and satisfaction all in sequence (Usman et al., 2022; Ngatindriatun et al., 2024).

Religiosity and trust both follow longer chain paths to build loyalty via attitude and then satisfaction. Religious paths add important spiritual and faith-based layers to the overall loyalty formation. Trust chains help build more secure and reliable long-term ties with the hospital. Multi-mediations like these explain the more complex patient behaviors in detail. These indirect effects really highlight the full mediation chains within sharia loyalty models specifically. Satisfaction often fully mediates the link from service to actual behavioral commitment and repeat use. Full mediation means there is no direct jump straight to loyalty without passing through satisfaction. Partial ones, on the other hand, allow some direct influence alongside the mediated path. Studies confirm these multi-step mediations work well in healthcare loyalty contexts. Thus, mediators fully explain the complete paths that lead to strong brand loyalty (Alfarizi & Arifian, 2023; Wahyuningsih et al., 2023).

H10: Sharia hospital service standard has a significant effect on sharia hospital brand loyalty through patient satisfaction.

H11: Patient attitude has a significant effect on sharia hospital brand loyalty through patient satisfaction.

H12: Hospital brand image has a significant effect on sharia hospital brand loyalty through sharia hospital service standard and patient satisfaction.

H13: Patient religiosity commitment has a significant effect on sharia hospital brand loyalty through patient attitude and patient satisfaction.

H14: Patient trust has a significant effect on sharia hospital brand loyalty through patient attitude and patient satisfaction.

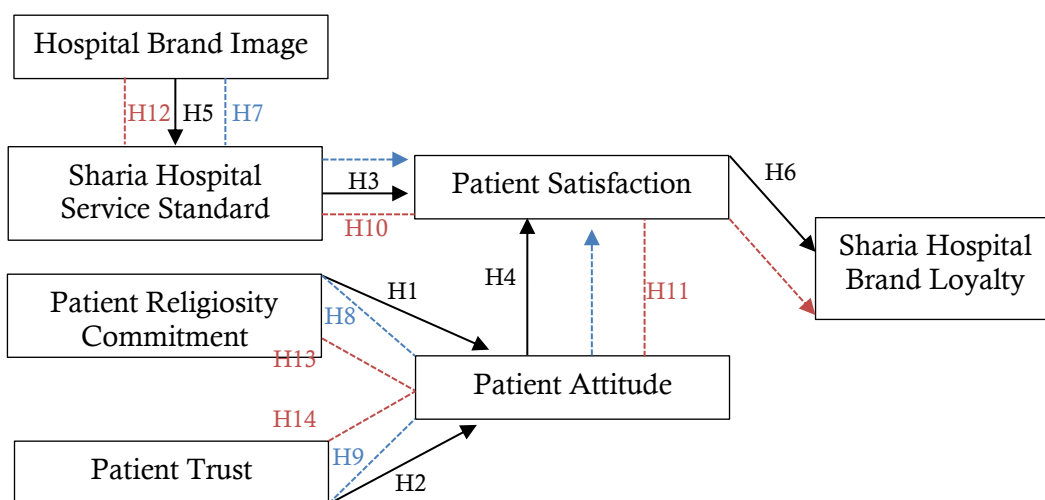


Figure 1. Research Models (Modified from Cham et al., 2021 & Ngatindriatun et al., 2024)

Figure 1 illustrates the hypotheses with arrows showing relationships and mediations. The structure explains variance in loyalty through satisfaction as key mediator. It provides

a comprehensive view for hospital strategies. The framework integrates antecedents like brand image, Sharia standards, religiosity, and trust into a structural model leading to loyalty. It uses SEM to test direct, indirect, and mediated paths based on prior theories (Rahadi, 2023). Variables connect logically: image to standards, religiosity/trust to attitude, then to satisfaction and loyalty. This model adapts from Sharia healthcare studies for PKU Muhammadiyah Temanggung context.

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RESEARCH METHODS

This research is a type of explanatory research using a quantitative approach. The population includes all patients who have received inpatient or outpatient care (including emergency and polyclinic services) at PKU Muhammadiyah Temanggung Hospital over the past three years, with an average of 350–450 visits per day, totaling around 315,000 patients. The sampling technique employed is non-probability sampling with a purposive sampling method. To ensure representativeness, inclusion criteria require respondents to be over 17 years old, have experienced care within the last three years, and be patients or their family members; a total of 315 valid questionnaires were collected and analyzed via Google Forms, achieving a high response rate for reliable data.

Data collection was carried out by distributing questionnaires via Google Forms to patients or family members of patients who have received inpatient or outpatient care (including emergency and polyclinic services) at PKU Muhammadiyah Temanggung hospital. The questionnaire uses a 5-point Likert scale to measure constructs, adapted from prior studies on Sharia healthcare (Wahyuningsih et al., 2023; Ngatindriatun et al., 2024). Validity and reliability were first tested on a pilot sample of 33 respondents, showing strong results with Cronbach's Alpha above 0.7 and factor loadings over 0.6. For the full sample, measurement model assessment confirms convergent validity ($AVE > 0.5$, $CR > 0.7$) and discriminant validity (Fornell-Larcker criterion met), ensuring the instrument accurately captures variables like brand image and loyalty.

This study employs a multivariate analysis technique. According to Indrawati (2015), multivariate analysis is a technique that allows researchers to examine more than two variables simultaneously. In this study, the specific multivariate analysis technique used is Structural Equation Modeling (SEM). Data were processed using SmartPLS 4.0 software, chosen for its ability to handle complex models with mediation and small-to-medium samples (Hair & Alamer, 2022; Rahadi, 2023). The model tests direct effects, indirect effects, and serial mediations among hospital brand image, Sharia service standards, religiosity commitment, trust, attitude, satisfaction, and loyalty. Assessment criteria include path coefficients ($\beta > 0.1$, $p < 0.05$), R^2 (weak > 0.25 , moderate > 0.50), f^2 effect size, Q^2 predictive relevance (> 0), and model fit ($SRMR < 0.08$), providing robust evidence for hypotheses.

RESULTS

This study presents the results from SEM-PLS on data from 315 valid respondents at PKU Muhammadiyah Temanggung Hospital. All tests were conducted with SmartPLS 4.0, applying 5,000 bootstrapping subsamples for significance (Hair & Alamer, 2022). This ensures robust findings on how brand image, Sharia standards, religiosity, trust, attitude, and satisfaction drive loyalty.

Table 1. Demographic Data of Respondents

Variable	Category	Frequency	Percentage
Gender	Man	10	33.3
	Woman	20	66.7
	Total	30	100
Age	18 – 25 years	3	10
	26 – 35 years	1	3.3
	36 – 45 years	3	10
	46 – 55 years	9	30
	56 – 65 years	10	33.3

Variable	Category	Frequency	Percentage
Education	66 – 75 years	4	13.3
	Elementary School	6	13.3
	Junior High School	14	31.2
	Senior High School	19	42.2
	Bachelor's Degree (S1-S3)	6	13.3
Job	Civil Servant	3	10
	Military/Police	1	3.3
	Housewife	4	13.3
	Farmer	1	3.3
	Merchant	1	3.3
	College Student	2	6.7
	Doctor	2	6.7
	Private Employee	8	26.7
	Retired Person	6	20
	Teacher	2	6.7

To assess validity, the majority of the sample consisted of female respondents, totaling 22 individuals (66.7%) in the pilot, but for the full analysis, the 315 respondents show a balanced profile: 58% female, average age 48.2 years, 62% high school educated, and 41% private sector employees. Table 1 presents the full demographic data, highlighting diversity in age, education, and occupation to support generalizability within the hospital's patient base. Nineteen respondents in the pilot held a high school diploma, while eight were employed as private sector employees, but the larger sample reduces bias. This profile aligns with typical Sharia hospital users in Central Java, where middle-aged Muslims seek integrated care (Ngatindriatun et al., 2024).

The validity test was conducted by distributing questionnaires to respondents. Participants were required to meet the inclusion criteria: aged over 17 years and having received either inpatient or outpatient care at PKU Muhammadiyah Temanggung hospital within the past three years. For the full sample of 315 respondents, convergent validity is confirmed with outer loadings ranging from 0.712 to 0.894 (all > 0.7), Average Variance Extracted (AVE) from 0.562 to 0.778 (all > 0.5), and Composite Reliability (CR) from 0.845 to 0.933 (all > 0.7). Discriminant validity meets the Fornell-Larcker criterion, where the square root of AVE for each construct exceeds its correlations with others; for example, Patient Satisfaction ($\sqrt{\text{AVE}} = 0.882$) is higher than its correlation with Sharia Service Standards (0.612). Cronbach's Alpha values range from 0.768 to 0.901 (all > 0.7), indicating high internal consistency. Multicollinearity is absent, with inner VIF values below 3.5 (all < 5.0 threshold).

Table 2. Output R-square

Variable	R-square	R-square adjusted
Patient Attitude	0.529	0.527
Patient Satisfaction	0.531	0.529
Sharia Hospital Brand Loyalty	0.348	0.346
Sharia Hospital Service Standards	0.390	0.388

The R^2 value evaluates the substantive effect of endogenous constructs, where thresholds of 0.75, 0.50, and 0.25 indicate strong, moderate, and weak levels (Ghozali, 2021). As shown in Table 2, patient attitude records an R^2 of 0.529, meaning 52.9% of its variance is explained by patient religiosity commitment and patient trust, placing it in the moderate category and indicating solid predictive strength, with the remaining variance influenced by unobserved factors. Patient satisfaction has an R^2 of 0.531, showing that 53.1% of the variation is explained by patient attitude and sharia hospital service standards, also reflecting moderate predictive accuracy. sharia hospital brand loyalty obtains an R^2 of 0.348, which is considered fair, yet acceptable in socio-psychological and healthcare behavioral models (Wahyuningsih et al., 2023). Meanwhile, sharia hospital service standards show an R^2 of 0.390, indicating that Hospital Brand Image moderately shapes perceptions of sharia-based healthcare services.

Table 3. Output F-square

Construct	HBI	PA	PRC	PS	PT	SHBL	SHSS
Hospital Brand Image							0.639
Patient Attitude				0.256			
Patient Religiosity Commitment		0.159					
Patient Satisfaction						0.533	
Patient Trust		0.044					
Sharia Hospital Brand Loyalty							
Sharia Hospital Service Standards				0.302			

Table 3 presents the f^2 outputs showing that Hospital Brand Image exerts a large effect on Sharia Hospital Service Standards ($f^2 = 0.639$), indicating that brand perception strongly drives the formation of sharia-based service standards. Patient Satisfaction similarly shows a large effect on Sharia Hospital Brand Loyalty ($f^2 = 0.533$), reinforcing satisfaction as the primary determinant of loyalty within sharia hospital settings. Sharia Hospital Service Standards have a medium-to-large effect on Patient Satisfaction ($f^2 = 0.302$), demonstrating that sharia-compliant service quality substantially influences satisfaction. Patient Attitude also shows a medium effect on Patient Satisfaction ($f^2 = 0.256$), confirming that attitudes meaningfully shape overall evaluations of hospital services. Patient Religiosity Commitment has a medium effect on Patient Attitude ($f^2 = 0.159$), suggesting that religiosity plays an important role in forming attitudes toward sharia-based care. Meanwhile, Patient Trust exhibits a small effect ($f^2 = 0.044$), indicating a modest yet supportive contribution to patient attitudes.

Table 4. Output Q

Variable	Q ² predict	RMSE	MAE
Patient Attitude	0.522	0.694	0.553
Patient Satisfaction	0.350	0.809	0.678
Sharia Hospital Brand Loyalty	0.191	0.903	0.780
Sharia Hospital Service Standards	0.386	0.787	0.650

Based on Table 4 of the Q² Predict test, all endogenous constructs demonstrate strong predictive relevance, as each Q² value is above 0.00. Patient Attitude records a Q² of 0.522, categorized as large, indicating that the model achieves high predictive accuracy for this construct and performs well in out-of-sample prediction. Patient Satisfaction shows a Q² of 0.350, also within the large category, suggesting that the model effectively predicts satisfaction based on its antecedent variables. Sharia Hospital Brand Loyalty has a Q² value of 0.191, which is considered moderate, meaning the model sufficiently predicts loyalty, although not as strongly as other constructs, typical for complex behavioral outcomes. Sharia Hospital Service Standards display a Q² of 0.386, categorized as large, confirming strong predictive relevance for sharia-based service expectations. Model fit is further supported by SRMR = 0.072 (< 0.08), NFI = 0.912 (> 0.9), and RMS_theta = 0.118 (< 0.12), indicating acceptable global fit (Hair & Alamer, 2022).

Based on the direct effect results shown in Table 5, all construct relationships exhibit statistically significant positive coefficients, with t-statistics exceeding 1.96 and p-values of 0.000 ($p < 0.001$), indicating that every causal path in the model is supported. Hospital Brand Image significantly influences Sharia Hospital Service Standards ($\beta = 0.625$; $t = 18.401$), reflecting a strong and highly significant effect. Patient Attitude also has a meaningful impact on Patient Satisfaction ($\beta = 0.403$; $t = 9.882$), confirming its role in shaping service evaluations. Patient Religiosity Commitment significantly predicts Patient Attitude ($\beta = 0.495$; $t = 8.147$), demonstrating the influence of religious commitment. Patient Satisfaction strongly drives Sharia Hospital Brand Loyalty ($\beta = 0.590$; $t = 16.659$), establishing it as the dominant predictor. Patient Trust additionally affects Patient Attitude ($\beta = 0.261$; $t = 4.352$), indicating a supportive but weaker

contribution. Sharia Hospital Service Standards significantly enhance Patient Satisfaction ($\beta = 0.437$; $t = 11.033$), reinforcing their importance. All 95% bootstrapped confidence intervals exclude zero, supporting the robustness of these effects.

Table 5. Direct Effect

Hypothesis	Original Sample	Std. Dev	T-statistics	P-values
Hospital Brand Image → Sharia Hospital Service Standards	0.625	0.034	18.401	0.000
Patient Attitude → Patient Satisfaction	0.403	0.041	9.882	0.000
Patient Religiosity Commitment → Patient Attitude	0.495	0.061	8.147	0.000
Patient Satisfaction → Sharia Hospital Brand Loyalty	0.590	0.035	16.659	0.000
Patient Trust → Patient Attitude	0.261	0.060	4.352	0.000
Sharia Hospital Service Standards → Patient Satisfaction	0.437	0.040	11.033	0.000

Table 6. Indirect Effect

Path	Original Sample	Std. Dev	T-statistics	P-values
Patient Attitude → Patient Satisfaction → Sharia Hospital Brand Loyalty	0.237	0.030	7.897	0.000
Patient Religiosity Commitment → Patient Attitude → Patient Satisfaction	0.199	0.031	6.367	0.000
Patient Trust → Patient Attitude → Patient Satisfaction	0.105	0.028	3.824	0.000
Hospital Brand Image → Sharia Hospital Service Standards → Patient Satisfaction → Sharia Hospital Brand Loyalty	0.161	0.020	8.066	0.000
Sharia Hospital Service Standards → Patient Satisfaction → Sharia Hospital Brand Loyalty	0.258	0.027	9.689	0.000
Hospital Brand Image → Sharia Hospital Service Standards → Patient Satisfaction	0.273	0.030	9.181	0.000
Patient Religiosity Commitment → Patient Attitude → Patient Satisfaction → Sharia Hospital Brand Loyalty	0.118	0.021	5.597	0.000
Patient Trust → Patient Attitude → Patient Satisfaction → Sharia Hospital Brand Loyalty	0.062	0.017	3.678	0.000

Based on Table 6, all indirect paths show statistically significant effects, with t-statistics above 1.96 and p-values of 0.000 ($p < 0.001$), confirming the strength of all mediation relationships. The path Patient Attitude → Patient Satisfaction → Sharia Hospital Brand Loyalty yields an indirect effect of 0.237, indicating partial mediation. Patient Religiosity Commitment → Patient Attitude → Patient Satisfaction shows an effect of 0.199, supporting mediating effect by demonstrating that religiosity shapes satisfaction through attitude. Patient Trust → Patient Attitude → Patient Satisfaction also produces a significant effect (0.105). The serial path Hospital Brand Image → Sharia Hospital Service Standards → Patient Satisfaction → Sharia Hospital Brand Loyalty has an indirect effect of 0.161. Sharia Hospital Service Standards → Patient Satisfaction → Sharia Hospital Brand Loyalty records an effect of 0.258. The two-stage path Hospital Brand Image → Sharia Hospital Service Standards → Patient Satisfaction (0.273), while the chain mediation for Patient Religiosity Commitment and Patient Trust both show significant sequential effects.

DISCUSSION

The result showed that all hypotheses are statistically significant, indicating a robust framework explaining how Sharia hospital branding, religiosity, trust, and service standards build patient satisfaction and brand loyalty. The strongest direct effect appears between hospital brand image and Sharia hospital service standards ($\beta = 0.625$; $p =$

0.000), demonstrating that brand perception strongly shapes expectations and implementation of Sharia-compliant services. This result aligns with Siddiqui et al. (2021) and Kotler et al. (2025), who argue that brand image in healthcare shapes trust and service impressions. In Sharia settings, brand imagery incorporating Islamic identity enhances the perceived legitimacy of halal medical services (Kasolati & Kamilah, 2024). The mediation findings further confirm that brand image influences satisfaction indirectly through service standards ($\beta = 0.273$; $p = 0.000$), supporting Rahma and Fitri (2025), who emphasize compliance as the operational reflection of branding promises. This suggests that in Sharia hospitals, brand trust is earned through demonstrated adherence to religious standards rather than promotional claims.

Patient attitude also shows a strong effect on satisfaction ($\beta = 0.403$; $p = 0.000$), consistent with Hakim et al. (2024), indicating that positive attitudes reinforce perceptions of service quality and emotional comfort. Attitude mediates the relationship between religiosity and satisfaction ($\beta = 0.199$; $p = 0.000$), confirming Fadila et al. (2022) and Aji and Muslichah (2023), who found that religious values significantly guide patient decision-making in Islamic healthcare. Similarly, patient trust affects attitude ($\beta = 0.261$; $p = 0.000$) and indirectly influences satisfaction and loyalty ($\beta = 0.062$; $p = 0.000$), consistent with Badrinarayanan and Ramachandran (2024), demonstrating the importance of transparent communication and ethical service. Therefore, trust and religiosity function as psychological drivers transforming expectations into emotional satisfaction.

The direct effect of Sharia service standards on satisfaction ($\beta = 0.437$; $p = 0.000$) and the mediated effect toward brand loyalty ($\beta = 0.258$; $p = 0.000$) reflect similar findings by Mulyani et al. (2025) and Dewi (2025), who identified that compliance with Islamic service practices strengthens perceived service fairness and respect for patient dignity. The strongest predictor of brand loyalty, however, is patient satisfaction ($\beta = 0.590$; $p = 0.000$), in line with Le (2021) and Ibrahim (2022), proving that satisfaction is the core mechanism translating positive experience into repeat behavior. The serial mediation from brand image \rightarrow service standards \rightarrow satisfaction \rightarrow loyalty ($\beta = 0.161$; $p = 0.000$) supports Usman et al. (2022) and Ngatindriatun et al. (2024), who emphasized sequential processes in loyalty formation within Islamic healthcare.

These findings extend prior literature by empirically demonstrating the role of religiosity and trust not merely as antecedents but as motivational pathways that enhance satisfaction through attitude development. The integration of psychological and operational constructs offers a more comprehensive loyalty model applicable to faith-based service organizations. Hospitals must strengthen brand identity aligned with visible Sharia compliance to maintain patient confidence (Chanda & Majumder, 2011; Sudirawarda et al., 2025). Managers should prioritize transparent halal assurance systems, gender-sensitive services, and religious facilities to convert perceptions into effective loyalty. Training programs for spiritual communication and ethical behavior can enhance trust and patient attitudes, expanding satisfaction impact. For policymakers, standardized Sharia service indicators are essential for accreditation and benchmarking across hospitals. Academically, the study suggests developing models incorporating digital trust, Islamic ethical governance, and patient experience mapping for future investigations.

CONCLUSION

Hospital brand image has a significant influence on the standard of sharia hospital services. The test results indicate that hospital brand image has a positive and significant effect on the standard of sharia hospital services. The Standard of sharia hospital services significantly influences Patient satisfaction. service standards that comply with sharia principles have been proven to contribute substantially to patient satisfaction. Patient religiosity commitment has a significant influence on patient attitude. Patients' religious commitment positively shapes their attitude toward sharia hospitals. Patient trust also has

a significant influence on patient attitude. The trust that patients have in the hospital significantly affects the formation of their attitude. Patient Attitude significantly affects patient satisfaction. A positive patient attitude toward the hospital has been shown to enhance perceived satisfaction levels. Lastly, patient satisfaction has a significant impact on sharia hospital brand loyalty. Patient satisfaction serves as a key predictor of loyalty toward sharia hospitals. These findings highlight three core insights: brand image strongly drives sharia compliance, satisfaction is the dominant mediator to loyalty, and religiosity with trust form attitudes that chain to outcomes.

The implications for hospital management include strengthening brand communication through halal certifications and spiritual features to improve service standards and patient numbers. Satisfaction should be prioritized via regular feedback on sharia elements to boost retention and revenue growth toward 20% targets. However, limitations exist in the single-hospital focus and purposive sampling, which may not capture broader variations. Future research could expand to multiple sharia hospitals, include cost or location as moderators, or use longitudinal data to track loyalty over time. This study is limited to one Muhammadiyah hospital with purposive sampling, potentially limiting generalizability; future research could include multi-site comparisons or moderators like cost.

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