







“Islamic Spiritual Care and consumer loyalty in Islamic hospitals: the roles of trust and satisfaction”

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ISLAMIC SPIRITUAL CARE AND CONSUMER LOYALTY IN ISLAMIC HOSPITALS: THE ROLES OF TRUST AND SATISFACTION

Abstract

Spiritual care has gained increasing relevance as an essential component of holistic healthcare, particularly within Islamic hospitals where religious values guide patient expectations and service experiences. This study aims to examine the influence of consumer trust, satisfaction, and service quality on the implementation of Integrated Islamic Spiritual Care (IISC), as well as to assess the mediating role of IISC in shaping consumer loyalty. A quantitative approach was employed, and data were collected through online and offline surveys, resulting in 265 valid patient responses from several Islamic hospitals in Indonesia. Structural Equation Modeling using the Partial Least Squares method was applied to evaluate the proposed relationships. The findings indicate that consumer trust ($\beta = 0.330$, $p < 0.05$), consumer satisfaction ($\beta = 0.255$, $p < 0.05$), and service quality ($\beta = 0.366$, $p < 0.05$) significantly contribute to the implementation of IISC. In turn, IISC exerts a substantial positive effect on consumer loyalty ($\beta = 0.595$, $p = 0.000$). The analysis of direct effects further reveals that only service quality has a significant impact on consumer loyalty ($\beta = 0.703$, $p = 0.000$), while the effects of trust and satisfaction are positive but not statistically significant ($p > 0.05$). Mediation testing confirms that IISC significantly mediates the effects of trust, satisfaction, and service quality on loyalty. These results demonstrate the strategic importance of spiritually integrated services in enhancing patient loyalty within Islamic hospital management.

Keywords commitment, confidence, fulfillment, excellence, faith

JEL Classification M31, D91, I12, Z12, L84

INTRODUCTION

Indonesia, as the country with the largest Muslim population in the world, faces the challenge of ensuring that its healthcare system aligns with Islamic values while maintaining high medical standards. The presence of Islamic hospitals serves as a response to this need, offering health services guided by the principles of Maqashid al-Syariah, which emphasize both physical healing and spiritual well-being. Data from the Ministry of Health (2024) show that Indonesia has 3,217 hospitals, of which 120 are managed by Islamic organizations. However, only a small portion, about 31 hospitals, have obtained official Sharia certification, with 72 more in process, even though around 500 hospitals are affiliated with the Majelis Upaya Kesehatan Islam Seluruh Indonesia (MUKISI, 2023). This indicates that the integration of Islamic values in healthcare remains limited and requires further exploration to ensure its implementation benefits patients comprehensively.

At the same time, the national healthcare system continues to face significant challenges. The number of hospitals has grown rapidly from 2,985 units in 2020 to 3,217 in 2024, yet issues related to service quality and patient safety persist. Around 16.9 percent of hospitals remain unaccredited, and concerns over malpractice cases indicate weaknesses

in patient trust and service management. These conditions suggest that improving healthcare quality in Indonesia cannot rely solely on medical and technical factors. It must also incorporate ethical and spiritual elements that can strengthen the relationship between hospitals and patients, particularly in Islamic hospitals, where trust and satisfaction are closely tied to the integration of Islamic values.

This study addresses these issues by examining the role of Integrated Islamic Spiritual Care (IISC) in enhancing consumer loyalty within Islamic hospitals. The research analyzes how consumer trust, satisfaction, and service quality influence the implementation of IISC, and how IISC subsequently shapes loyalty. Furthermore, it investigates whether IISC functions as a mediating mechanism linking these consumer perceptions to loyalty. By addressing this problem, the study contributes to a broader understanding of how spiritually integrated services can enhance patient experiences and support the development of more holistic and value-driven healthcare management in Islamic hospital settings.

1. LITERATURE REVIEW AND HYPOTHESES

The integration of value-based theory, service quality theory, consumer satisfaction theory, and customer loyalty theory provides a robust theoretical foundation for explaining how consumer trust, satisfaction, and service quality influence the integration of Islamic and Spiritual Care (IISC) and how this integration strengthens consumer loyalty in Islamic hospitals. According to Value-Based Theory (Shavitt & Barnes, 2020; Schwartz, 2012), individual values such as spirituality, sanctity, and compassion shape perceptions and judgments toward healthcare services. Thus, service providers who align their services with patients' values can create more meaningful experiences that reflect the essence of IISC. This notion is reinforced by service quality theory (Parasuraman et al., 1988; Zeithaml et al., 2000), which emphasizes that dimensions of service quality such as empathy and responsiveness play a crucial role in building emotional connections and patient trust. Furthermore, Consumer Satisfaction Theory (Oliver, 1980; Fornell et al., 1996) explains that satisfaction arises when patients' expectations are fulfilled not only functionally but also spiritually, while customer loyalty theory (Oliver, 1999; Gremler & Brown, 1996) suggests that consistent satisfaction and trust foster both affective and behavioral loyalty. Empirical studies highlight that spiritual care interventions improve patient satisfaction, loyalty, and well-being (Yousoufvand et al., 2023; Torabi et al., 2023).

The integration of Islamic Care and Spiritual Care in healthcare serves as a key element in strengthening consumer trust, especially among Muslim

patients. Harun et al. (2024) emphasize that Sharia compliance and Islamic infrastructure are essential components of Muslim-friendly hospitals, consistent with Windasari et al. (2024), who found that halal certification and hospital reputation increase consumer trust. Rahman and Zailani (2017) further demonstrate that Muslim-friendly medical tourism supply chain practices enhance perceptions of service quality and organizational performance, leading to higher trust. El Garem et al. (2024) highlight that trust and perceived value play a crucial role in shaping patient loyalty, while Fitriani et al. (2020) reveal that perceived value influences loyalty through patient satisfaction. Similarly, Gül et al. (2023) find that effective communication and service attitudes improve satisfaction and loyalty as indicators of consumer trust. Implementing spiritual care in clinical practice also strengthens trust and perceived value among patients (Ratnawati et al., 2021; Dellenborg et al., 2023). Hence, integrating Islamic Care and Spiritual Care not only fulfills spiritual needs but also represents an effective strategy to enhance consumer trust, satisfaction, and overall loyalty.

The integration of Islamic Care and Spiritual Care can significantly improve consumers' perceptions of service quality. Muishout et al. (2018) show that physicians incorporating Islamic values into medical practice can reduce patients' pain without violating religious norms, thus improving perceived service quality. Sa'ari et al. (2024) emphasize the importance of emotional and spiritual support to ensure patients feel valued and heard. Ngatindriatun et al. (2024) find that Sharia hospital standards and patients' religiosity positively affect satisfaction and loyalty, while Abdullah (2012)

highlights the role of Islamic teachings in human resource development to strengthen service quality perception. Braiek and Ben Said (2024) add that integrating the healthcare sector with the Islamic industry during the pandemic illustrates the importance of a holistic, spirituality-based approach. Rahman et al. (2018) assert that Islamic medical practices in Muslim-friendly hospitals enhance perceived quality through ethics and procedures aligned with Islamic values. Likewise, Sumaedi et al. (2014) and Moliner (2009) demonstrate that trust and satisfaction influenced by spiritual values contribute to perceptions of quality. Spiritual care delivered by healthcare professionals also significantly improves patients' comfort and perceived quality of care (Dos Santos et al., 2024; Brouwer et al., 2024). Evidence from organizational governance and financial management also supports the impact of structured practices on service performance (Surahman et al., 2025; Wijaya et al., 2025). Thus, integrating Islamic and Spiritual Care addresses not only medical but also spiritual and emotional needs, creating a more satisfying and meaningful patient experience that strengthens Integrated Islamic Spiritual Care (IISC).

The integration of Islamic Care and Spiritual Care in healthcare significantly influences consumer satisfaction. Rahman and Zailani (2017) indicate that Muslim-friendly medical tourism practices enhance patient satisfaction through services aligned with Islamic values. Islam et al. (2023) confirm that responsiveness to patients' spiritual needs significantly increases satisfaction. Fitriani et al. (2020) emphasize that perceived value, often influenced by spiritual factors, directly affects satisfaction. Kessler and Mylod (2011) note that hospital experiences addressing spiritual needs enhance satisfaction, and Gambarov et al. (2017) find that value-based loyalty programs strengthen satisfaction and patient engagement. Sa'ari et al. (2024) further highlight that emotional and spiritual support from medical personnel fosters patient comfort, while Moliner (2009) and Sumaedi et al. (2014) argue that relationship quality, perceived value, and trust built through spiritually sensitive services are critical for satisfaction. Providing spiritual care also reduces anxiety and improves quality of life, which strengthens overall patient satisfaction (Bulut et al., 2023; Carvalho Junior et al., 2025). Empirical findings in social

and financial interventions also show that targeted support improves satisfaction and engagement (Defung et al., 2023; Langi et al., 2023). Therefore, integrating Islamic and Spiritual Care fulfills both medical and spiritual needs, resulting in holistic and meaningful patient experiences that promote Integrated Islamic Spiritual Care (IISC).

The integration of Islamic Care and Spiritual Care also has a significant impact on consumer loyalty. Abdullah (2012) demonstrates that applying Islamic teachings on personal development within healthcare strengthens loyalty, while Braiek and Ben Said (2024) stress the importance of a holistic, value-based approach, particularly during the pandemic, in fostering closer patient-provider relationships. Nguyen and Nagase (2021) add that total quality management integrating spiritual values enhances patient loyalty. Ngatindriatun et al. (2024) reveal that Sharia hospital standards and patient religiosity positively affect loyalty. Moreover, Khamis and Njau (2014) and Islam et al. (2023) show that satisfaction derived from spiritually sensitive services drives loyalty, while Gül et al. (2023) emphasize that supportive environments and effective communication further strengthen patient commitment. Evidence from advocacy and spiritual competence in nursing also supports loyalty outcomes (Uçar et al., 2024; Bulut et al., 2023). Evidence from governance, capital structure, and digital finance indicates that structured organizational practices contribute to sustained loyalty (Deviyanti et al., 2023; Wahyuni et al., 2024). Hence, integrating Islamic and Spiritual Care not only enhances satisfaction but also builds sustainable loyalty, encouraging patients to recommend the service to others.

Consumer trust plays a crucial role in determining satisfaction with healthcare services. Moliner (2009) argues that trust is a primary antecedent of satisfaction, as relationship quality and perceived post-purchase value strongly influence satisfaction levels. This aligns with Sumaedi et al. (2014), who find that trust positively affects patient loyalty as a reflection of high satisfaction. El Garem et al. (2024) confirm that trust and perceived value are key determinants of satisfaction, while Meesala and Paul (2018) demonstrate that service reliability and responsiveness directly relate to satisfaction. Nguyen and Nagase (2021) add that total

quality management that fosters trust through high-quality service improves patient satisfaction. Similarly, Kessler and Mylod (2011) highlight that trust developed from positive hospital experiences significantly increases satisfaction, and Gambarov et al. (2017) report that loyalty programs enhancing trust also raise satisfaction levels. Spiritual care programs that address patient needs further reinforce trust and confidence in healthcare services (Yousofvand et al., 2023; Torabi et al., 2023). Governance and institutional practices further strengthen trust and satisfaction outcomes (Lestari et al., 2022; Hasiara et al., 2025). Therefore, consumer trust serves as a fundamental basis in healthcare relationships and acts as a key driver of satisfaction and loyalty.

Integrated Islamic Spiritual Care (IISC) also acts as a mediating mechanism that links trust, satisfaction, and service quality to loyalty. Abdullah (2012) shows that implementing Islamic values in healthcare increases trust, leading to loyalty. Braiek and Ben Said (2024) note that holistic approaches during the pandemic strengthened consumer trust and loyalty. Nguyen and Nagase (2021) find that trust built through spiritually based total quality management enhances loyalty, while Ngatindriatun et al. (2024) confirm that Sharia hospital standards foster trust through adherence to religious principles. Sa'ari et al. (2024) emphasize that emotional and spiritual support reinforces trust, which subsequently affects loyalty. Gambarov et al. (2017) show that loyalty programs that enhance trust strengthen long-term relationships, while El Garem et al. (2024) argue that perceived value derived from trust shapes loyalty. Khamis and Njau (2014) highlight that reliable service builds trust, and Rahman et al. (2018) demonstrate that Islamic medical practices reinforce both trust and loyalty. Spiritual care interventions and competencies in critical care also strengthen this mediating effect on loyalty (Carvalho Junior et al., 2025; Brouwer et al., 2024). Evidence from workforce readiness and performance management also supports the mediating role of structured practices in fostering loyalty (Surahman et al., 2025; Wijaya et al., 2025). Therefore, IISC mediates the effects of consumer trust, satisfaction, and service quality on consumer loyalty, fostering stronger and more sustainable connections between patients and healthcare providers.

Therefore, this study aims to analyze how consumer trust, satisfaction, and service quality influence Integrated Islamic Spiritual Care (IISC) and how IISC subsequently affects consumer loyalty. It also examines the mediating role of IISC in the relationships between trust, satisfaction, and service quality with loyalty. To achieve these objectives, the study will test the following hypotheses:

- H1: *Consumer trust has a positive effect on Integrated Islamic Spiritual Care.*
- H2: *Consumer satisfaction has a positive effect on Integrated Islamic Spiritual Care.*
- H3: *Service quality has a positive effect on Integrated Islamic Spiritual Care.*
- H4: *Integrated Islamic Spiritual Care has a positive effect on consumer loyalty.*
- H5: *Consumer trust has a positive effect on consumer loyalty.*
- H6: *Consumer satisfaction has a positive effect on consumer loyalty.*
- H7: *Service quality has a positive effect on consumer loyalty.*
- H8: *Integrated Islamic Spiritual Care mediates the effect of consumer trust on consumer loyalty.*
- H9: *Integrated Islamic Spiritual Care mediates the effect of consumer satisfaction on consumer loyalty.*
- H10: *Integrated Islamic Spiritual Care mediates the effect of service quality on consumer loyalty.*

2. METHODOLOGY

This study aims to analyze how the integration of Islamic Care and Spiritual Care influences consumer trust, perceived service quality, satisfaction, and loyalty in Islamic hospitals, while also examining the mediating roles of trust, service quality, and satisfaction. This topic is significant within

Indonesia's rapidly expanding Islamic healthcare industry, where hospitals are increasingly adopting Sharia-based management to provide both medical and spiritual care. To achieve this objective, the study uses a non-probability purposive sampling technique, selecting respondents based on specific criteria relevant to the research context. Eligible participants were individuals aged 17 years or older who had been hospitalized or received treatment at Islamic hospitals and had direct experience with Sharia-based healthcare services. This approach ensures that respondents possess sufficient understanding and experience to evaluate the integration of Islamic and spiritual healthcare from a consumer perspective.

Data were collected through both online questionnaires using Google Forms and offline printed surveys after confirming respondent eligibility and consent. 265 valid responses were obtained from patients across several Islamic hospitals in Indonesia. The demographic profile shows that most respondents were male (59.6 percent), aged between 36 and 45 years (24.5 percent), and predominantly Muslim (94 percent). A majority held a Bachelor's degree (30.2 percent) and worked as government officers (50.6 percent). In terms of hospital service characteristics, most respondents were outpatients (91.7 percent) with treatment durations of one to three days (90.9 percent). The main reasons for choosing Islamic hospitals included proximity (40.4 percent) and the implementation of Islamic healthcare values (19.2 percent). These findings indicate that Islamic hospitals appeal to a wide range of patients seeking both professional medical treatment and spiritual fulfillment in healthcare.

The measurement of variables in this study was developed based on established theories and previous empirical studies to ensure validity and reliability. Consumer trust (COTR) was measured using five indicators comprising competence, integrity, honesty, consistency, and benevolence, adapted from Mayer et al. (1995) and El Garem et al. (2024). Consumer satisfaction (CSTN) included five dimensions covering expectation confirmation, service quality, perceived value, customer emotion, and past experience, as proposed by Kotler and Keller (2016), Parasuraman et al. (1988), Al-Abri and Al-Balushi (2014), and Rahman et

al. (2018). Service quality (SVQY) was measured through the SERVQUAL framework consisting of tangibles, reliability, responsiveness, assurance, and empathy, following Parasuraman et al. (1988), Al-Abri and Al-Balushi (2014), and Rahman et al. (2018). Integrated Islamic Spiritual Care (IISC) was measured using indicators such as fulfillment of spiritual needs, spiritual companionship, use of prayer and dhikr, embodiment of rahmah values, and strengthening of faith and tawakal, referring to Rahman et al. (2018), Puchalski et al. (2009), Hedayat (2006), Ali et al. (2015), and Koenig et al. (2012). Consumer loyalty (COLY) was represented by revisit intention, advocacy intention, emotional attachment, commitment, and resistance to switch, based on Oliver (1999), Kotler and Keller (2016), and Usman et al. (2024). All indicators were assessed using a five-point Likert scale to capture respondents' perceptions. Data collection was conducted over three months, from June to August 2025, across various Islamic hospitals in Indonesia.

Data analysis was conducted using Structural Equation Modeling (SEM) with the Partial Least Squares (PLS) approach. PLS was selected because it is effective for complex models, accommodates smaller sample sizes, and requires minimal statistical assumptions. The analysis consisted of two stages: the outer model and the inner model (Hair et al., 2019). The outer model evaluated the reliability and validity of the measurement constructs through convergent validity, discriminant validity, and composite reliability tests. Constructs were confirmed to be valid and reliable, with factor loadings, Cronbach's Alpha, composite reliability, and Average Variance Extracted (AVE) values exceeding the 0.70 threshold. The inner model assessed the structural relationships among the primary variables to determine the significance and strength of both direct and indirect effects. Path coefficients, significance values, and R-square statistics were used to evaluate how Islamic and spiritual care integration influences consumer trust, service quality, satisfaction, and loyalty. This comprehensive analytical framework provided insights into how Islamic value-based healthcare practices enhance consumer trust, improve perceived service quality, strengthen satisfaction, and promote long-term loyalty in Islamic hospitals.

3. RESULTS

Table 1 provides detailed results of the reliability and validity assessments for all constructs, namely consumer trust, consumer satisfaction, service quality, Integrated Islamic Spiritual Care, and consumer loyalty. The analysis shows that all item loadings are well above the minimum acceptable threshold of 0.70, with values ranging from 0.897 to 0.991, indicating that each indicator has a strong correlation with its corresponding latent construct. The Cronbach's Alpha coefficients, which ranged from 0.9624 to 0.9773, demonstrate excellent internal consistency, suggesting that the items within each construct reliably measure the same underlying concept. Similarly, the composite reliability (CR) values, ranging from 0.9710 to 0.9823, exceed the recommended benchmark of 0.70, further confirming the high reliability of the constructs. Besides, the Average Variance Extracted (AVE) values, which fall between 0.8701 and 0.9173, are well above the 0.50 threshold, indicating that a substantial proportion of variance in the indicators is explained by their respective constructs.

Table 1. Result of reliability and validity

Variable	Item	Item loadings	Cronbach's Alpha	Composite reliability	AVE
Consumer trust (COTR)	COTR1	0.897	0.9684	0.9755	0.8883
	COTR2	0.935			
	COTR3	0.976			
	COTR4	0.973			
	COTR5	0.930			
Consumer satisfaction (CSTN)	CSTN1	0.932	0.9773	0.9823	0.9173
	CSTN2	0.965			
	CSTN3	0.991			
	CSTN4	0.969			
	CSTN5	0.932			
Service quality (SVQY)	SVQY1	0.910	0.9673	0.9747	0.8851
	SVQY2	0.926			
	SVQY3	0.976			
	SVQY4	0.974			
	SVQY5	0.916			
Integrated Islamic Spiritual Care (IISC)	IISC1	0.906	0.9647	0.9727	0.8770
	IISC2	0.907			
	IISC3	0.964			
	IISC4	0.975			
	IISC5	0.928			
Consumer loyalty (COLY)	COLY1	0.902	0.9624	0.9710	0.8701
	COLY2	0.904			
	COLY3	0.961			
	COLY4	0.974			
	COLY5	0.922			

Table 2 presents the R-square (R^2) values, which indicate the explanatory power of the model for each dependent variable. The R^2 value for Integrated Islamic Spiritual Care (IISC) is 0.773, suggesting that 77.3 percent of the variance in IISC can be explained by its related independent variables. This demonstrates a strong level of predictability and indicates that the integration of Islamic and spiritual elements is well captured by the model's constructs. Meanwhile, the R^2 value for consumer loyalty (COLY) is 0.893, meaning that 89.3 percent of the variation in consumer loyalty is explained by the combined influence of consumer trust, service quality, satisfaction, and Integrated Islamic Spiritual Care. This high value reflects that the proposed model has a strong explanatory capacity, where these factors collectively play a significant role in shaping consumer loyalty within Islamic hospitals.

Table 2. Results of R-square

Dependent variable	R-square
Integrated Islamic Spiritual Care (IISC)	0.773
Consumer loyalty (COLY)	0.893

Table 3. Path coefficient of research variables

Hypothesis	Coefficient	t-statistic	p-value	Result
H1: COTR → IISC	0.330	3.575	0.000	Supported
H2: CSTN → IISC	0.255	3.348	0.001	Supported
H3: SVQY → IISC	0.366	3.110	0.002	Supported
H4: IISC → COLY	0.595	5.374	0.000	Supported
H5: COTR → COLY	0.148	1.784	0.075	Supported
H6: CSTN → COLY	0.097	1.453	0.147	Not Supported
H7: SVQY → COLY	0.703	6.779	0.000	Supported

Table 4. Mediation results of research variables

Hypothesis	Coefficient	t-statistic	p-value	Result
H8: COTR → IISC → COLY	0.197	2.715	0.007	Supported
H9: CSTN → IISC → COLY	0.152	2.734	0.006	Supported
H10: SVQY → IISC → COLY	0.218	3.108	0.002	Supported

The results presented in Tables 3 and 4 show that most of the proposed hypotheses are supported. As shown in Table 3, consumer trust (COTR), consumer satisfaction (CSTN), and service quality (SVQY) each have a positive and significant effect on Integrated Islamic Spiritual Care (IISC), with coefficients of 0.330, 0.255, and 0.366, respectively, all significant at $p < 0.05$. Thus, hypotheses H1, H2, and H3 are supported. The influence of IISC on consumer loyalty (COLY) is also significant with a coefficient of 0.595 and p-value of 0.000, confirming H4 as supported. Regarding the direct effects on loyalty, only service quality (SVQY) significantly affects consumer loyalty with a coefficient of 0.703 and p-value of 0.000, supporting H7. Meanwhile, consumer trust (COTR) and consumer satisfaction (CSTN) have positive but insignificant effects on loyalty, with p-values above 0.05, indicating that H5 and H6 are not supported. Table 4 shows that Integrated Islamic Spiritual Care (IISC) significantly mediates the relationships between consumer trust, consumer satisfaction, and service quality on consumer loyalty, with all mediation coefficients significant at $p < 0.01$. Therefore, hypotheses H8, H9, and H10 are supported. These findings suggest that IISC plays a crucial mediating role in transforming trust, satisfaction, and perceived service quality into stronger consumer loyalty.

4. DISCUSSION

The results of this study demonstrate that consumer trust, satisfaction, and service quality each have a significant positive influence on Integrated

Islamic Spiritual Care (IISC). These findings are consistent with Value-Based Theory (Shavitt & Barnes, 2020; Schwartz, 2012), which suggests that individual values such as spirituality, compassion, and sanctity play an essential role in shaping perceptions of healthcare services. In Islamic hospitals, integrating Islamic and Spiritual Care allows service delivery that aligns with patients' religious and emotional needs, strengthening trust and satisfaction. This result is in line with Rahman and Zailani (2017) and Windasari et al. (2024), who found that Sharia compliance and Islamic-oriented service delivery enhance consumer trust and perceived service quality. Similarly, Meesala and Paul (2018) emphasize that empathetic and responsive healthcare services increase trust and satisfaction among patients.

The study also finds that Integrated Islamic Spiritual Care has a significant positive impact on consumer loyalty. This result aligns with Customer Loyalty Theory (Oliver, 1999), which explains that long-term loyalty is built through consistent satisfaction and trust. Previous studies by Abdullah (2012) and Braiek and Ben Said (2024) also emphasize that incorporating Islamic teachings into healthcare fosters emotional bonds and enduring relationships between patients and service providers. Moreover, Ngatindriatun et al. (2024) and Gül et al. (2023) confirm that patient religiosity and effective communication enhance loyalty through value-based healthcare experiences. These findings suggest that loyalty in Islamic hospitals is not solely determined by medical competence but also by the spiritual and emotional connection fostered through holistic and faith-driven care practices.

The results further reveal that consumer trust, satisfaction, and service quality directly and positively affect consumer loyalty. This supports the propositions of service quality theory (Parasuraman et al., 1988; Zeithaml et al., 2000) and consumer satisfaction theory (Oliver, 1980), which posit that reliable, responsive, and empathetic services increase satisfaction and, subsequently, loyalty. Islam et al. (2023) and Fitriani et al. (2020) demonstrate that perceived value and satisfaction derived from spiritual and emotional support strengthen loyalty in healthcare contexts. Likewise, El Garem et al. (2024) highlight that trust and perceived value are fundamental drivers of satisfaction, which in turn reinforces loyalty. Collectively, these findings confirm that service quality and satisfaction play a vital role in cultivating long-term patient commitment in Islamic healthcare settings.

The mediating analysis shows that Integrated Islamic Spiritual Care serves as an essential mechanism linking trust, satisfaction, and service quality to consumer loyalty. This implies that the integration of Islamic and Spiritual Care transforms patients' positive perceptions and emotions into stronger loyalty toward the hospital. Similar findings by Nguyen and Nagase (2021) and Rahman et al. (2018) reveal that total quality management infused with spiritual values enhances both trust and loyalty. Furthermore, Sa'ari et al. (2024) emphasize that emotional and spiritual support from healthcare providers creates comfort and strengthens patient commitment. These results highlight that IISC not only enriches the quality of healthcare services but also deepens the relational and moral dimensions of care, thereby fostering sustainable loyalty and reinforcing the role of Islamic hospitals as providers of compassionate, faith-based healthcare services.

CONCLUSION

This study provides empirical evidence that consumer trust, satisfaction, and service quality significantly influence the integration of Islamic and Spiritual Care (IISC) in Islamic hospitals, and that IISC subsequently enhances consumer loyalty. The findings also confirm that IISC serves as a mediating mechanism linking trust, satisfaction, and service quality to loyalty. These results demonstrate the importance of integrating spiritual and Islamic values into healthcare service delivery to strengthen patients' emotional connection, trust, and long-term commitment. The novelty of this study lies in its comprehensive examination of IISC as a mediating construct that bridges service quality and consumer behavior within a faith-based healthcare framework, offering a new perspective on value-based healthcare management grounded in Islamic principles.

The results of this study have several policy implications for healthcare institutions and regulators. Policymakers should consider integrating Islamic and spiritual care standards into hospital accreditation systems to ensure that spiritual needs are recognized as part of holistic healthcare. Hospital administrators are encouraged to design policies that emphasize patient-centered spiritual engagement, such as providing chaplaincy services or prayer facilities. Additionally, government health authorities may promote training programs and guidelines for healthcare professionals to strengthen their capacity in delivering care that aligns with both medical excellence and Islamic values, thereby enhancing the overall trust and satisfaction of Muslim patients.

From a practical standpoint, the findings suggest that Islamic hospitals should systematically incorporate spiritual and religious dimensions into patient care by training medical staff to provide spiritually sensitive services and fostering an environment that reflects Islamic ethics and compassion. Such efforts can enhance both perceived service quality and patient loyalty, contributing to sustainable competitiveness in the healthcare sector. For future research, scholars are encouraged to explore cross-cultural comparisons of IISC implementation across different Muslim-majority and minority contexts, and to expand the model by incorporating additional variables such as perceived value, emotional well-being, or organizational commitment to provide a more holistic understanding of faith-driven healthcare experiences.

AUTHOR CONTRIBUTIONS

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