Archives of Management and Social Sciences
2024, VOL. 01, NO. 3, 85-99

OPEN ACCESS

Factors Influencing Patient Loyalty: Trust, Empathy, and Service Quality in Private Healthcare

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ABSTRACT

Background of the study: The study investigates the critical factors influencing patient loyalty within Sindh's private healthcare sector, focusing mainly on patients' perceptions of the services provided.
Methodology: A structured questionnaire was administered to 200 participants, and the data were analysed using structural equation modelling (SEM).
Results: The analysis revealed that perceived empathy from healthcare staff, which influences patient loyalty, is predominantly driven by staff competence, social responsibility, and responsiveness. Interestingly, trustworthiness did not exhibit a significant relationship with either perceived empathy or company loyalty. Instead, tangible care activities—such as directly interacting with patients, assisting them, and holding healthcare staff accountable—significantly enhanced patients' attachment and loyalty.
Conclusions: This study highlights the importance of visible, real-time trust-building actions over theoretical trust attributes in influencing patient loyalty. Private health facilities should focus on enhancing staff responsiveness and accountability to foster positive patient relationships and develop a sustainable model of patient loyalty.

ARTICLE HISTORY
Received October 2024
Accepted November 2024
Published December 2024

KEYWORDS
Staff responsiveness, trust, social responsibility, competence, perceived empathy, patient revisit intention, healthcare.

Introduction

Healthcare is crucial for public service delivery, yet patient satisfaction often falls short of expectations, a critical metric for hospital functionality (Aiken et al., 2021). In Pakistan, despite the Ministry of Health's target for patient satisfaction above 90%, many hospitals fail to meet these standards, resulting in perceived inadequate service (Mnhs, 2023). Significant challenges in the healthcare system in Pakistan include a lack of uneven resource distribution and health spending inadequacy, while there is lesser focus on preventive aspects (Hafeez et al., 2023; Tunio et al., 2021; Khalid & Ali, 2020). Apart from this success, the program has also faced criticism for bringing about the mass migration of health professionals (Hasan et al., 2022), which hampers service delivery.

To increase patient satisfaction, hospitals must address hard facts such as infrastructure, equipment, and staff quality (Mazdalifah, 2020), as well as timely services and complaints addressed appropriately.

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To cite this article: Kazi, A. K., Ali, S. M. F., Sarim, A., Rehan, M. N., Shah, I. A., Sharif, M. U., & Bashir, V. (2023). Factors Influencing Patient Loyalty: Trust, Empathy, and Service Quality in Private Healthcare. Archives of Management and Social Sciences, 1(3), 85–99.
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Publisher: Allied Nexus Publisher

Challenges in Sindh include doctor and other health worker shortages, inadequate infrastructure, and insufficient funding, with healthcare spending much less than in peer nations (Tambor et al., 2021).

Additionally, this study explores how trust and empathy impact patient perceptions in Sindh's private healthcare. Trust is built on confidence in providers' expertise, and empathy involves a sensitive response to patient needs (Zhang et al., 2024). The research will assess how competence, responsibility, trust, and reliability influence revisit intentions, considering regional constraints on patient satisfaction (Aladwan et al., 2021; Alumran et al., 2021).

The SSP is one of the most highlighted programmes in Pakistan's health care system and is meant to respond to the WHO's vision of UHC. Universal Health Coverage (UHC) receives favourable attention as one of the United Nations Sustainable Development Goals (SDGs) endorsed in 2015 (Barron et al., 2022). Launched in KP in 2015, SSP was scaled up to other provinces, covering 44.6 million households in 2022 (Hasan et al., 2022).

Experience and study in hospitals revealed the critical need for improving operation efficiency and patients' confidence regarding the success of Pakistan's health sector (Kalhor et al., 2021). External influences related to service quality cause significant impacts on patient retention, health status, and perceptions concerning healthcare facilities. Despite the lack of concentration on patient loyalty in private health sectors of developing countries, modes of service delivery and legal situations are usually omitted (Avan et al., 2023). There is a great need for more explicit studies on staff competence, reliability, and perceived empathy and investigating how cultural and socioeconomic factors can influence patient views (Elrayah & Sadiq, 2024; Endeshaw, 2021).

Lastly, further research is required to look into the correlation between the responses of the staff and the satisfaction levels and patients' loyalty. The available literature is still scarce in explaining how timely response and communication improve credibility in health-related environments (AlOmari, 2021). This study focuses on the private healthcare sector in Sindh, aiming to understand how perceived empathy is influenced by trustworthiness, competence, social responsibility, responsiveness, and reliability. The findings will help inform policy and practice, enhancing patient satisfaction and retention in Sindh's private healthcare sector.

Research Objectives

1. To evaluate the effect of healthcare providers' credibility on patients' perceptions of empathy and their intention to return.
2. To assess how patient revisit intention is influenced by the relationship between perceived empathy and the competence of healthcare personnel.
3. To revisit intention and investigate how healthcare institutions' social responsibility influences patients' perceptions of empathy.
4. To examine how the responsiveness of medical staff affects patients' perceptions of empathy and how that affects patients' intentions to return.
5. To look into how patient revisits the dependability of healthcare services influences intention and perceived empathy.

Research Questions

1. How do patients' intentions to return and their perception of empathy depend on the credibility of healthcare providers?

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2. How do perceived empathy and the competency of healthcare personnel relate to each other, and how do these influence patients' intentions to return?
3. How does healthcare institutions' social responsibility impact patients' perceptions of empathy and likelihood of returning?
4. How does the responsiveness of healthcare personnel affect patients' intentions to return, and how does it affect their perception of empathy?
5. How does the reliability of healthcare services affect patients' perceptions of empathy, and how does it affect their intention to return?

Literature Review

Theoretical Background

The SERVQUAL model, developed by Parasuraman et al. (2002), is crucial in measuring healthcare service quality along five dimensions: tangibles, reliability, assurance, responsiveness, and empathy. It is very effective in measuring how aspects such as credibility and staff competence influence patient satisfaction and loyalty (AlOmari, 2021). Responsiveness and empathy are key dimensions of SERVQUAL that resonate with the study's theme of service provider availability and perceived empathy. These key factors help build confidence in patients and long-term relationships that will help sustain healthcare services (Endeshaw, 2021). The research is anchored on SERVQUAL as a theoretical framework to explain how service quality dimensions affect patient perceptions and behaviours, emphasising trust and competence.

Theoretical Development of Hypotheses

Central in fields like banking, marketing, and AI is the link between perceived trustworthiness and empathy: the significance of trust as an antecedent to empathetic engagement in varied consumer contexts. Liu et al. (2018) point out how technology and project factors increase donor trust in charitable crowdfunding, thus intensifying empathy for causes; further, they add that trust not only facilitates but also precipitates empathetic responses when there is high perceived credibility among the donors. Similarly, Kumar and Sharma (2022) show that trust mediates the relationship between empathy (cognitive and affective) and customer retention in banking. This means that trust strongly influences empathy, making it a complex but vital component in fostering enduring customer relationships.

In customer relationships, cognitive empathy, fueled by perceived trustworthiness, will significantly impact trust and satisfaction more than affective empathy (Bilro et al. (2023). Cognitive empathy relies more on the authentic nature of the salesperson with the support of trustworthiness in fostering an analytical, less emotionally driven understanding of customers' needs. Contrariwise, Sekhon et al. (2014) have cited that trustworthiness is a mediator in financial services that impacts the relationship between trust and empathy. Strategic management of trustworthiness can effectively enhance trust and empathy in consumer interactions.

According to Pelau et al. (2021), trustworthiness is important for genuine empathy in AI interactions within the service industry, and it is clear that anthropomorphic features alone are not enough for AI acceptance. That emphasises that perceived trustworthiness played a crucial role in the enhancement of both cognitive and affective empathy across the service context, which has been supported by studies by Kumar & Sharma (2022) and Sekhon et al. (2014), which showed that trustworthiness is an essential mediator and manageable element for cultivating empathy.

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H1: Perceived trustworthiness has a significant positive impact on perceived empathy.

The link between staff competence and perceived empathy in healthcare and organisational management is paramount. Studies from Pohling et al. (2016) emphasised the need for ethical competence- a form of decision-making guided by empathic considerations and one's values-values in providing empathic service. Also, Mirzaei Maghsud et al. (2020) asserted that empathy might be trained in an individual by demonstrating the behaviours of trained intensive care nurses being higher in their empathetic response. This implies that developing staff capacity, particularly their ethical aspects, increases perceived empathetic responses, while the relationship between staff competency and empathic responses to clients and patients intensifies.

According to Nunes et al. (2011), the empathy of health students declines in the first year, which they attribute to the increased responsibilities and workload, implying that time pressures in professional contexts may constrain empathetic engagement despite competence. This runs against the intuitive assumption that there is a direct relationship between competence and empathy and that competence may not be enough to sustain empathy under pressure. Conversely, Brooke and Ojo (2018) noted that in dementia care, specialised competence relates to greater empathy and the authors emphasised that expertise in particular clinical areas can improve the quality of care and even enhance empathetic interactions. This double perspective underlines that although competence is important, its impact on empathy may depend on the context and specific conditions of the work environment.

According to Moudatsou et al. (2020), health and social care programs must focus on both empathetic skills and technical competence, citing that actual competence encompasses emotional intelligence for effective care of patients. Although Pohling et al. (2016) and Brooke & Ojo (2018) agree that competence improves empathetic communication, Nunes et al. (2011) remind us that increased workload can reduce empathy, indicating that external factors, such as workload, can deter the empathetic effectiveness of competent staff.

H2: The findings also establish that perceived empathy positively relates to staff competence.

Wieseke et al. (2012) highlight that staff responsiveness is essential for customer satisfaction and loyalty as it increases perceived empathy through the timely and effective interaction of the staff. However, they comment that responsiveness must accurately represent actual empathy for the best outcome. Later studies indicate that although perceived time pressure on nurses influences their responsiveness, it does not change patient perceptions of empathy, thus denying the simplistic association between responsiveness and empathy. In addition, Further et al. (2011) suggest that responsiveness is positively related to perceived empathy, and this relationship is moderated by customer satisfaction.

Omdahl and O'Donnell (1999) emphasise that effective communication in health care is necessary for creating trust and empathy between professionals and patients. Miller et al., however, suggest that emotional contagion may also interfere with the responsiveness of the staff by burdening them with too much emotion from patients. Li et al. (2011) conclude that responsiveness does not assure perceived empathy without reliability. These findings suggest that, although staff responsiveness has a strong effect on perceived empathy, this effect is indeed mediated by satisfaction, emotional contagion, and communication effectiveness.

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H3: The study also found that the level of staff responsiveness was strongly and positively related to perceived empathy.

Singh et al. (2021) propose that although staff responsiveness impacts trust, it is indirectly mediated by perceived usefulness and ease of use. However, Tung et al. (2017) and Naylor & Frank (2000) argue that in hospitality and sales, responsiveness builds trust and fosters customer citizenship behaviours. Further, Murray et al. (2019) argue that responsiveness is not enough on its own; it must be combined with empathy to boost trust and service quality. They argue that organisational support is important to reinforce employee responsiveness. These findings collectively suggest that responsiveness is the foundation of perceived trustworthiness, but its influence depends on the context, empathic engagement, and organisational support.

H4: As mentioned above, the results indicate that staff responsiveness is positively related to perceived trustworthiness.

According to Naylor & Frank (2000), responsiveness can eliminate adverse perceptions brought about by slowness in service. That clearly states that responsiveness is important for developing trust, specifically in retail, where the expectations require instantiveness. The link between responsiveness and trust is rather subtle; it can be either direct or indirect but depends on the observed levels of usefulness and support from the organisation. Responsiveness, particularly proactive and empathetic responsiveness, plays an important role in building trust; other factors, like emotional contagion, also play an important role.

H5: Staff responsiveness has a significant positive impact on perceived trustworthiness.

The relationship between CSR and perceived empathy is multi-faceted and specific to the industries. He et al. (2022) argues that how consumers feel empowered while emotionally linked to the brand enhances consumer loyalty, particularly in hospitality, through this empathetically delivered CSR. On the other hand, Yen and Yang (2018) emphasise that the moral perspectives of consumers and their previous emotional states are significant in how they perceive CSR. They believe that consumer empathy towards CSR beneficiaries develops a new moral identity for the organisation and thus enhances trust and loyalty. However, they state that this effect need not necessarily involve emotional provocation by the organisation, suggesting that even though CSR might be capable of eliciting feelings of empathy, its impact dramatically depends on the existing emotions of the individual.

Yin et al. (2021) show that CSR initiatives, particularly those related to environmental concerns in manufacturing firms, develop external trust and empathy and cultivate internal empathy among employees, who are encouraged to commit to the organisational goals by enhanced environmental citizenship behaviours. This means that the influence of CSR is not just external stakeholder perception but also internal attitude and behaviour among employees.

Similarly, He et al. (2022) discovered that CSR communications that contain empathy, primarily through social media, can significantly enhance consumer loyalty in the hospitality industry. Their study reveals that messages that convey humility rather than arrogance are more effective in creating consumer identification with the brand and commitment to social causes. This implies that empathetic CSR communication strengthens the emotional bond between consumers and organisations, thus increasing perceived empathy across different organisational levels.

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Yen & Yang (2018) also state that the consumer's empathetic response to CSR activities is determined by moral emotions, suggesting that empathy and identification with the moral identity of the organisation, which builds trust and loyalty, may demand an affective pre-condition. The view is that the effect of CSR on empathy is not direct but depends on the consumer's affective disposition. Contrary to this, Yin et al. (2021) concentrate more on the internal impact of CSR within the firms, especially manufacturing industries, indicating that CSR activities that reflect environmental responsibility build not only trust and empathy toward the external community but also employee internal empathy, which is generated by passion towards environmental causes for the employees who then commit to organisational objectives. Thus, CSR is shown to influence empathy both externally with consumers and internally among employees, affecting various organisational levels.

Damayanti & Kusumawardani, 2020 illustrate that service quality and patient satisfaction mediate the effect of empathy on patient revisit intentions, suggesting that although empathy fortifies emotional bonding, service quality transforms those emotions into actual actions such as revisits. In a related line, Jensen et al., 2020; and Wu et al., 2022 delve further into how empathy boosts patient satisfaction and trust, respectively, which feed into revisit intention. Jensen et al. employ fMRI to demonstrate that empathy activates reward centres in the brain, thereby increasing satisfaction, whereas Wu et al. show that trust mediates the relationship between empathy and revisits, confirming that perceived empathy significantly but indirectly influences patient revisit intentions through service quality, satisfaction, and trust.

H6: Perceived empathy has a significant positive impact on patient revisit intention.

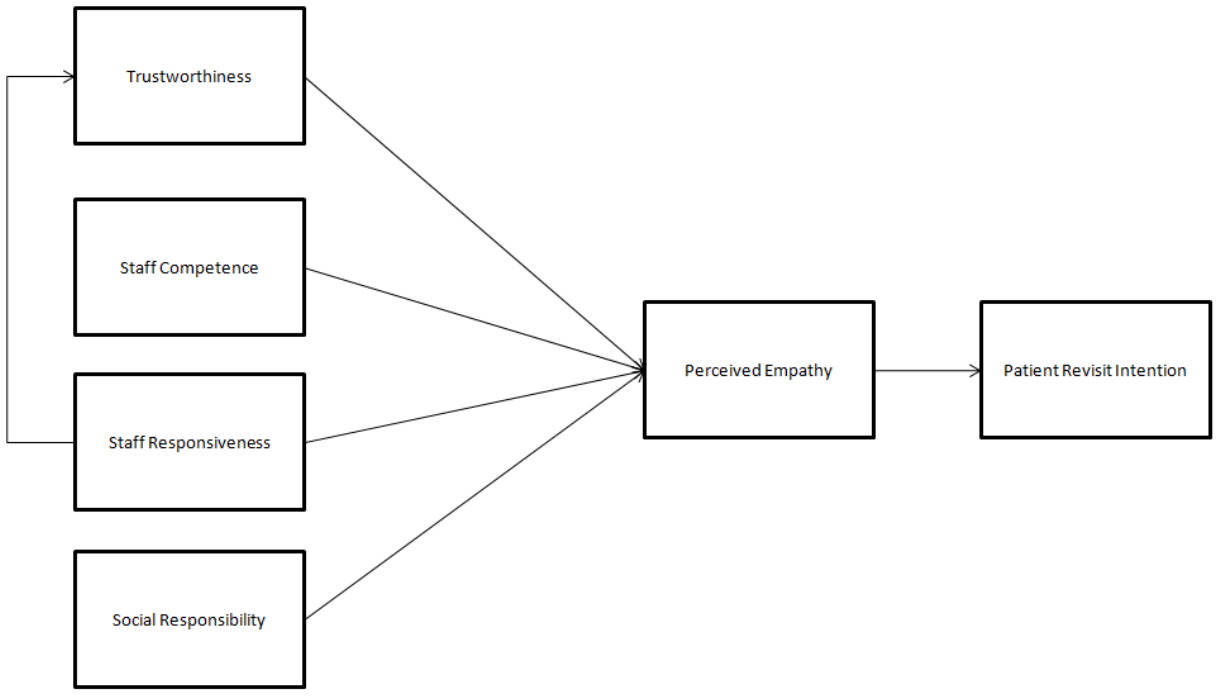

Figure 01: Conceptual Framework

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Methodology

The study used the positivist research philosophy, which assumes that reality exists in observable phenomena measurable through objective methods (Clark et al., 2021). Since positivism focuses on quantifiable evidence, the research used structured questionnaires and statistical tools, standard in the positivist approach, to objectively measure constructs such as perceived empathy and patient revisit intentions (Pandey & Pandey, 2021).

As explained above, there is an added advantage of gathering numerical data to identify patterns and correlations or the cause-and-effect relationship with positivism. These variables are the most pertinent that can be reviewed, especially concerning empathy, satisfaction, and intentions to revisit through structured questionnaires and quantitative analyses (Xuan et al., 2020).

The study sought to establish systematic relationships between patients' willingness to return and empathy ratings. Using a cross-sectional survey method in a deductive correlational design, the study tested theories and hypotheses about these relationships, collecting data at one point to represent participants' perceptions at that time (Leavy, 2022; Stoecker & Avila, 2021).

Recruitment was done from private hospitals across different cities in Sindh, Pakistan because they would offer more varied perspectives than public hospitals (Stoecker & Avila, 2021). The survey, conducted through a Likert-scale questionnaire, was processed using SPSS and Smart PLS for SEM to increase the strength of the results by establishing the hypothesised relationships (Ringle et al., 2015). The methodological framework would ensure that the study was grounded in the positivist tradition, providing general and conclusive results.

Result and Analysis

Categories	Frequency	Percent
Gender		
Male	87	43.5
Female	113	56.5
Total	200	100
Age		
25-30 Years	22	11
30-35 Years	121	60
35-40 Years	22	11
40+ Years	35	17.5
Total	200	100
Number of Annual Visits		
0-5 Visits	33	16.5
5-10 Visits	39	19.5
10-15 Visits	36	18
15+ Visits	92	46
Total	200	100
City		
Karachi	77	38.5
Hyderabad	41	20.5
Sukkur	24	12
Larkhana	58	29
Total	200	100

Table 01: Demographics analysis

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The study participants have a varied demographic representation, as seen by the responder profile. Of the 200 respondents, 56.5% were female and 43.5% were male, indicating a higher participation percentage among the female population. The disparity in health-seeking activities among the genders may be attributed to the fact that women are typically more involved in healthcare decision-making. Sixty percent of the sample's responders were between the ages of thirty and thirty-five, making up most of the sample.

This implies that growing health consciousness makes younger persons more likely to seek medical attention. Concerning yearly visits, almost half of the participants (46%) stated that they had visited medical facilities at least 15 times, which suggests a high dependency on medical services. Geographically, Larkhana contributed 29% of the respondents, and Karachi gave 38.5% of the total. The concentration of healthcare availability in large cities is highlighted by this urban skew, which could impact patient experiences and revisit intentions.

Convergent Reliability and Validity

	PRI	PE	PT	CSR	SC	SR
PRI1	0.882					
PRI2	0.930					
PRI3	0.920					
PE1		0.826				
PE2		0.878				
PT1			0.853			
PT2			0.893			
PT3			0.885			
CSR1				0.819		
CSR2				0.839		
CSR3				0.845		
SC2					0.878	
SC3					0.876	
SR1						0.866
SR2						0.892
SR3						0.895

Table 02: Outer Loadings (PRI: Patient Revisit Intention, PE: Perceived Empathy, PT: Perceived Trustworthiness, CSR: Social Responsibility, SC: Staff Competence, SR: Staff Responsiveness)

The outer loadings for several measures, including patient revisit intention, staff competency, perceived empathy, perceived trustworthiness, social responsibility, and staff responsiveness, are shown in the table. Every loading is higher than the suggested cutoff of 0.70, as Ringle et al. (2015) suggested, showing a high correlation between the indicators and the conceptions. The markers PRI1, PRI2, and PRI3 show extreme loadings for patient intention to revisit, indicating their use in evaluating this variable.

Indicators of perceived empathy (PE1, PE2) also make significant contributions, while PE3 was eliminated from the construct to address loading problems. Significant correlations are also reflected in markers PT1, PT2, and PT3 for perceived trustworthiness. Additionally, markers of staff competency (SC2, SC3) and social responsibility (CSR1, CSR2, CSR3), with the removal of SC1 to improve construct

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integrity, meaningfully contribute, finally demonstrating the significance of these aspects in comprehending patient experiences.

	Cronbach's alpha	Composite reliability	Average variance extracted (AVE)
Patient Revisit Intention	0.898	0.912	0.830
Perceived Empathy	0.625	0.636	0.726
Perceived Trustworthiness	0.851	0.857	0.770
Social Responsibility	0.782	0.783	0.697
Staff Competence	0.700	0.700	0.769
Staff Responsiveness	0.860	0.862	0.782

Table 03: Convergent Reliability

The constructs' reliability metrics, ranging from good to outstanding, are displayed in the table. Patient Revisit Intention demonstrates strong internal consistency, with a high Cronbach's alpha of 0.898 and composite reliability of 0.912 (Bido et al., 2014). However, the lower alpha of 0.625 for perceived empathy suggests that its indicators may need improvement to enhance reliability (Ringle et al., 2015). On the other hand, Staff Responsiveness (0.860) and Perceived Trustworthiness (0.851) exhibit strong reliability. For most constructs, the Average Variance Extracted (AVE) values exceed the recommended threshold of 0.5, indicating sufficient convergent validity, particularly for Staff Responsiveness and Patient Revisit Intention.

	Patient Revisit Intention	Perceived Empathy	Perceived Trustworthiness	Social Responsibility	Staff Competence	Staff Responsiveness
Patient Revisit Intention						
Perceived Empathy	0.557					
Perceived Trustworthiness	0.498	0.850				
Social Responsibility	0.550	0.840	0.801			
Staff Competence	0.529	0.840	0.840	0.850		
Staff Responsiveness	0.459	0.840	0.766	0.841	0.822	

Table 01: Discriminant Validity through HTMT

Because the values are below the 0.85 criteria and show sufficient discriminant validity among the constructs, the HTMT is established in this study. Although there are some moderate correlations, such as those between perceived empathy and perceived trustworthiness, these numbers do not indicate redundancy. (Bido et al., 2014). Understanding the intricate dynamics of patient behaviour and perceptions requires that each construct retain its uniqueness. As a result, the findings support the notion that the constructs are connected but still sufficiently distinct to enable a thorough investigation of the

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underlying variables affecting patient revisit intentions. This distinction strengthens the study's contributions to the field.

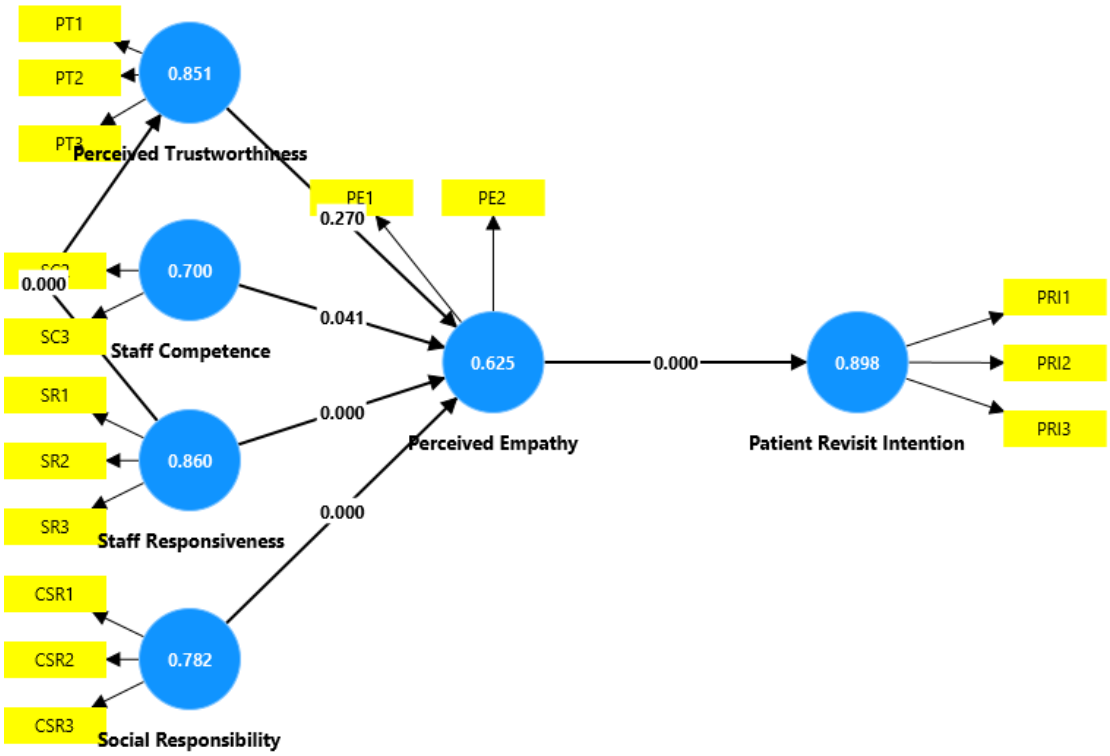

Figure 02: Measurement modelling

Structured Equation Modeling

	Original sample (O)	T statistics (|O/STDEV|)	P values	Remarks
Perceived Trustworthiness -> Perceived Empathy (H1)	0.075	1.104	0.270	Rejected
Staff Competence -> Perceived Empathy (H2)	0.133	2.048	0.041	Accepted
Staff Responsiveness -> Perceived Empathy (H3)	0.285	3.706	0.000	Accepted
Social Responsibility -> Perceived Empathy (H4)	0.412	5.509	0.000	Accepted
Staff Responsiveness -> Perceived Trustworthiness (H5)	0.659	13.311	0.000	Accepted
Perceived Empathy -> Patient Revisit Intention (H6)	0.427	5.687	0.000	Accepted

Table 02: Bootstrapping Results of the Path Model

Structural equation modelling was carried out to test several hypotheses about the relationships among the constructs in the study framework. The model revealed rich interdependencies between latent and manifest variables. Results indicated that trustworthiness did not directly influence perceived empathy as hypothesised ($\Sigma = 0.270$), so alone, trustworthiness could not influence perceived empathy.

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On the other hand, hypotheses concerning staff competence (H2), responsiveness (H3), social responsibility (H4), and perceived empathy (H6) were supported as indicated by statistically significant p-values ($p < 0.05$). Staff responsiveness (H3) had the most significant influence on the formation of patients' perceptions, also increasing patient credibility (H5). These findings are especially relevant to the healthcare sector, where improvement in patient outcomes requires training in empathy and social responsibility. This focus on improving patient perceptions fosters loyalty and increases the probability of repeat visits. Understanding these dynamics is vital for healthcare organisations seeking to enhance service quality and gain a competitive advantage.

Discussion

The results agree with previous studies, such as those by Pohling et al. (2016) and Brooke & Ojo (2018), that staff competency, responsiveness, and social responsibility contribute to empathy within healthcare settings. The acceptance of hypotheses H2, H3, H4, and H6 indicates that trained, competent staff improve patient perceptions through empathetic actions, thus confirming that responsiveness is critical for trust and empathy building, as Wieseke et al. (2012) indicated.

However, hypothesis H1 rejecting trustworthiness has a direct connection to perceived empathy contrasts with works by Murray et al. (2019) and Naylor & Frank, 2000. This indicates that in this healthcare context in Sindh, responsiveness and competency may be a more significant determiner of the perceived empathy level than trustworthiness, whereby the healthcare sector environment is deemed different from even more relational settings such as banking and charity. Bilro et al. (2023) also indicate that trust influences empathy in a more nuanced, mediated manner, primarily through cognitive rather than emotional pathways.

The study findings are parallel with those of Wu et al. (2022) and Kang et al. (2020), who highlighted the importance of empathy in influencing the patient's revisit intentions. However, Damayanti and Kusumawardani (2020) opine that service quality and patient satisfaction can moderate this relationship, and therefore, several factors affect patient loyalty and revisit the intentions of the Sindh healthcare system.

Conclusion and Future Directions

This challenges the notion that trustworthiness would lead to more empathetic practice in the health sector. Earlier research suggested that trust promoted emotional openness and empathy (Ali et al., 2024), yet findings in this study are inconclusive on the hospital grounds of Sindh. It is plausible that tangible features, such as the attention paid by the staff and the professionalism they exhibited, took precedence over intangible attributes, like reliability, within the healthcare delivery framework of Sindh (Rahayu et al., 2024). In short, empathy is more subject to visible, operational factors, emphasising the nature of interactions in healthcare as complex (Shaw et al., 2024).

The paper addresses a glaring gap in the literature on patient satisfaction and loyalty in Pakistan's private health sector, mainly focusing on how resource allocation and service delivery impact patient perceptions. Recommendations include strengthening staff competence, encouraging voluntarism, and boosting credibility to raise empathy and better meet patient expectations.

ISSN: 3007-2115

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The study's limitations are that it is regionally focused and necessitates higher-order geographical studies as well as longitudinal research to view the changes in empathetic perception and trust levels over time, which can better portray these dynamics across different contexts (Ali et al., 2024).

Author's Contribution

Conception or Design: Prof Dr Abdul Kabeer Qazi, Syed Muhammad Fauzan Ali

Data Collection and processing, Analysis or Interpretation of Data: Dr Mirza Nabeel Rehan, Dr Ikram Ali Shah, Syed Muhammad Fauzan Ali, Prof Dr Abdul Kabeer Qazi, Muhammad Umair Sharif

Manuscript Writing & Approval: Ambreen Sarim

Acknowledgments: I sincerely acknowledge all my colleague that supported me in this research. Also, ethical issues, safeguarding, and respecting participants' rights were considered. The participants were briefed on the purpose of the study and their right to withdraw at any given time and that their responses would be kept anonymous. The information collected was sensitive, especially regarding gender dynamics and work-related issues; the information in the final report was very sensitive and anonymous.

Disclosure Statement: The authors report there are no competing interests to declare.

Funding: Dr Mirza Nabeel Rehan, Dr Ikram Ali Shah, Muhammad Umair Sharif, Victor Basheer

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