

SERVICE QUALITY MEETS PATIENT LOYALTY: THE STRATEGIC ROLE OF STANDARDIZATION IN HEALTHCARE MANAGEMENT¹

Ihor Rekunenکو*, Doctor of Economics, Professor,
Head of Oleg Balatskyi Department of Management
Academic and Research Institute of Business, Economics and Management
Sumy State University
Oleksandr Oleshko**, PhD, Docent,
Associate Professor at the Department of Public Health
Academic and Research Medical Institute of Sumy State University
Yuliia Matvieieva***, PhD, Associate Professor,
Senior Lecturer at the Oleg Balatskyi Department of Management
Academic and Research Institute of Business, Economics and Management
Sumy State University
Yuliia Opanasiuk****, PhD, Associate Professor,
Senior Lecturer at the Oleg Balatskyi Department of Management
Academic and Research Institute of Business, Economics and Management
Sumy State University
Yevheniia Yashukova *****, Master Student
Sumy State University

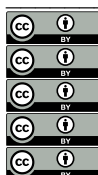
* ORCID 0000-0002-1558-629X

** ORCID 0000-0003-2439-3243

*** ORCID 0000-0002-3082-5551

**** ORCID 0000-0002-9236-8587

***** ORCID 0009-0005-5079-4587



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Стаття отримана: 20.08.2025

Стаття прийнята: 27.09.2025

Стаття опублікована: 03.10.2025

Introduction. In the contemporary context of heightened competition and increasing consumer expectations, the quality of healthcare services plays a pivotal role in shaping patient loyalty. One of the fundamental and strategically significant instruments for enhancing trust and patient satisfaction in the healthcare sector is the implementation of certified quality standards. The standardization of medical processes confirms compliance with regulatory requirements and ensures transparency, predictability, and reproducibility of outcomes, thereby contributing to a positive image of healthcare institutions and directly influencing the level of patient loyalty. At the same time, for an objective assessment of the impact of certification and standardization on patients' perceptions of healthcare institutions, it is essential to conduct sociological studies and surveys.

¹ Публікацію підготовлено в межах виконання науково-дослідних робіт за фінансування МОН України: «Прогнозування властивостей мультикомпонентних біодеградуючих скафолдів для лікування і корекції травм кісткової тканини» (№ ДР 0125U000447) та «Вивчення механічних і біологічних властивостей полімер-нано-гідроксиапатитних біодеградуючих 3D скафолдів в умовах in vitro та in vivo» (№ ДР 0125U001429)

Such empirical investigations make it possible to identify patients' attitudes toward certification and evaluate the extent to which it functions as an effective factor in increasing satisfaction and trust. However, it is crucial to recognize that standardization, while necessary, is not a sufficient condition for ensuring the competitiveness of healthcare organizations. In quality management practice, growing relevance is attached to the study of comprehensive mechanisms influencing patient loyalty – from the organization of communications and digital services to the development of patient engagement and retention programs. Integrating standardization with other managerial instruments (such as modern communication technologies, feedback systems, and personalized service) generates a synergistic effect that can significantly enhance patient trust and satisfaction. Therefore, the relevance of this study is determined by the necessity to: first, examine public attitudes toward certification and standardization of healthcare service quality; second, analyze additional instruments for fostering patient loyalty; and third, develop approaches for their integrated application within the management system of healthcare institutions.

Analysis of recent research and publications. Recent studies confirm the relevance of fostering patient trust and loyalty in healthcare, although scholarly approaches vary considerably. C. Ameri and F. Fiorini [1] emphasize service personalization, high-quality care, and patient fidelization as strategic tools for enhancing institutional performance. Vanhaecht, K., Lachman, P., and Van der Auwera [2] propose the “House of Trust” model, which is grounded not in external certification but in co-production and continuous self-assessment. At the same time, Goetz, K., Jossen, M., and Rosemann, T. [3], working within the European Practice Assessment model framework, highlight the importance of standardized quality assessment instruments for measuring patient trust. Research by A. Naidu [4] underscores satisfaction's multidimensional nature, shaped by individualized attention and systematic quality measurement. Finally, Rohita et al. [5] demonstrate the decisive role of empathetic nursing behaviour in enhancing patient loyalty. Thus, the academic discourse distinguishes two key directions: an orientation toward personalization and empathy, on the one hand, and toward standardization and formalized assessment tools, on the other. The integration of these approaches appears optimal for ensuring sustainable growth in patient trust in healthcare institutions.

Objectives of the article. This article aims to examine the role of standardization and certification in shaping patient trust and loyalty, analyse their interrelation with other managerial instruments (communication, digital services, personalized approaches), and substantiate integrated strategies for enhancing the competitiveness of healthcare institutions.

The main material of the study. Quality standards in healthcare play a strategic role in enhancing patient trust and loyalty by ensuring the uniformity, safety, and effectiveness of medical services. Standardized procedures make it possible to deliver a consistently high level of care regardless of temporal, geographical, or organizational context, thereby significantly increasing patient trust and satisfaction [6; 7]. Clear protocols, particularly Clinical Practice Guidelines (CPG), reduce the risks of clinical errors and adverse events, contributing to improved treatment outcomes [8; 9]. The implementation of standards supports process optimization, cost reduction, minimization of procedural duplication, and enhancement of the productivity of healthcare structures [10]. Standards based on the best available evidence facilitate complex decision-making by physicians under clinical uncertainty conditions while simultaneously ensuring approach transparency [11]. Moreover, standards enhance interoperability of processes, improving collaboration among healthcare professionals and ensuring greater consistency in patient management [7]. Accreditation programs such as the National Committee for Quality Assurance (NCQA) provide independent quality assessment through standardized metrics (HEDIS, CAHPS) and incentivize continuous improvement of service quality [12]. The classical Donabedian model clearly demonstrates that standards contribute to improvements in healthcare structures, processes, and outcomes, serving as a cornerstone of systemic quality management [13].

Additional scientific and theoretical substantiation of the topic is provided by a bibliometric analysis of publications retrieved with the query «standards AND healthcare AND loyalty» in the Scopus database, which confirms the growing scholarly interest in the interrelation between quality standards, healthcare, and loyalty. The analysis revealed a quantitative surge in publications over the last decade, indicating the increasing importance of this subject. The cumulative number of studies in this field amounts to 93 documents. The main focal directions include «personnel loyalty», «patient loyalty», «healthcare», and «management», which confirms not only the topicality of the issue but also its global relevance for healthcare management.

The dominant countries in this area of research are the United States, India, Australia, the United Kingdom, Canada, Germany, and the Netherlands. Among the leading institutions are the University of Alberta, Health

Management Academy, Case Western Reserve University, Rijksuniversiteit Groningen, Universität Zürich, SRM Institute of Science and Technology, University of the Witwatersrand, University of Warwick, the University of Edinburgh, and the University of Minnesota Twin Cities.

In this context, bibliometric analysis proves to be a highly relevant methodological tool, as it enables the identification of key interrelations between the concepts of “standardization”, “quality of healthcare services”, and “loyalty of personnel and patients”.

The visualization generated using VOSviewer version 1.6.16 (Fig. 1) presents a structured scientific and theoretical knowledge map, where clearly delineated clusters reflect the multidimensional impact of standards on the healthcare system.

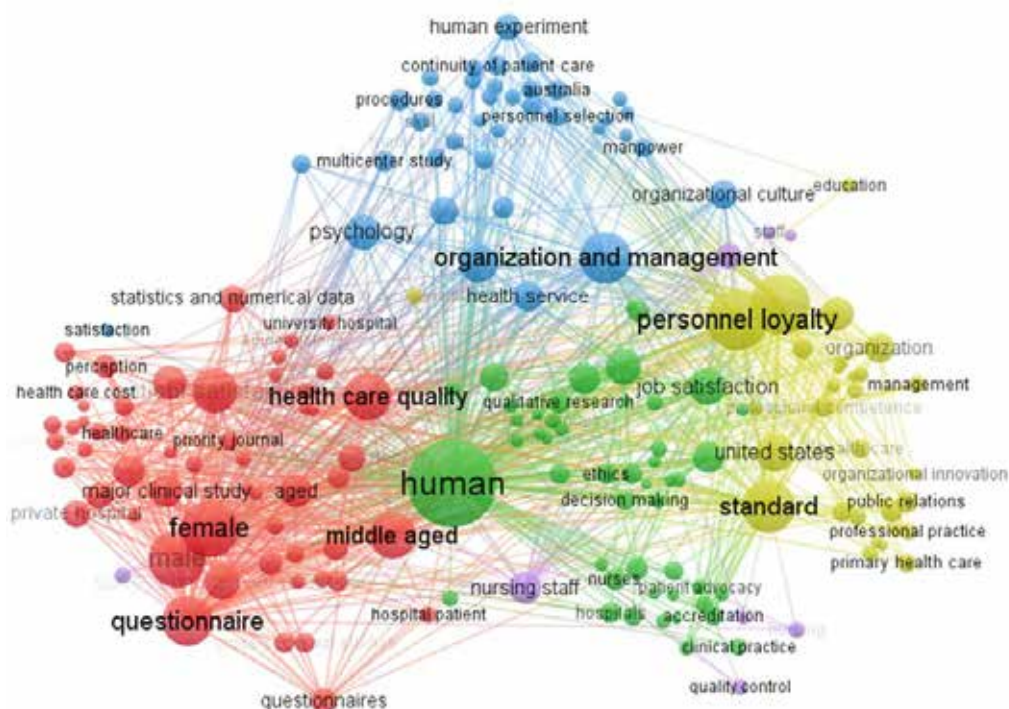


Figure 1. Bibliometric analysis of the relationship between standards, quality, and loyalty in healthcare (standards AND Healthcare AND Loyalty)

Source: developed by the authors based on the Scopus database and VOSviewer version 1.6.16

Overall, five clusters have been identified, each reflecting different aspects of the interaction between standards and practice:

- health care quality – patient satisfaction (red cluster) demonstrates the direct relationship between process standardization and patients’ perception of the quality of care provided;
- organization and management – personnel loyalty (blue-yellow cluster) reflects the managerial dimension, where standards contribute to sustaining staff motivation, satisfaction, and organizational stability;
- standards – accreditation – clinical practice (yellow-green cluster) encompasses the normative-procedural level, where standards and protocols ensure the formalization of practice, enhance transparency, and strengthen institutional trust.

The integral core of the map is represented by the category human, which emphasizes the patient-centered nature of healthcare. This core highlights that all standards and managerial approaches ultimately aim to ensure safety, effectiveness, and long-term patient loyalty.

Thus, the bibliometric analysis confirms that standardization is not merely a technical or administrative instrument but also a strategic factor that integrates service quality, patient satisfaction, and the resilience of organizational structures.

To empirically test the proposed scientific-theoretical model in a real healthcare environment, a study was conducted based on a pilot online survey of urban youth (aged 18–25) as potential consumers of medical services. The survey aimed to assess awareness of healthcare certification, evaluate the impact of standards

on trust in medical institutions, and identify key factors influencing patient loyalty. This approach enables the integration of bibliometric analysis results with practical insights – namely, the perception of standards by direct healthcare system users.

The empirical survey, designed to examine patients' attitudes toward healthcare service certification and its influence on trust and loyalty to medical institutions, was implemented as an online questionnaire using Google Forms. The total number of valid responses amounted to 111 participants. Recruitment was carried out through convenience sampling via academic and public channels (student communities, social networks).

Analysis of the age structure showed that most respondents were under 25 years old (66 respondents, 59.5%, CI=0.95), predominantly students residing in urban areas. The sample exhibited pronounced gender asymmetry: over 80% of respondents were female (n=89), while males accounted for approximately 20% (n=22). Temporal and logical filters, trap questions, and removal of duplicate responses were applied during the survey. Participants provided informed consent; participation was voluntary and anonymous, and no personal data were collected.

The maximum theoretical margin of error was approximately $\pm 9.3\%$ at a 95% confidence level. The sample demonstrated marked gender asymmetry: women – 80.2% (n=89), men – 19.8% (n=22). The proportion of respondents under 25 years old was 59.5% (95% CI: 50.5–68.0).

Most respondents (94.6%, n=105; 95% CI: 88.7–98.0) emphasized the critical importance of psychological comfort (trust, safety, understanding) when interacting with medical institutions, confirming the key role of intangible factors in shaping satisfaction.

The most common pattern of healthcare utilization was visiting medical facilities 2–3 times per year (48.6%, n=54; 95% CI: 39.2–58.0). Respondents typically combined visits to public and private institutions, reflecting a flexible approach to provider choice.

A substantial share of respondents (78.3%, n=87; 95% CI: 69.3–85.7) reported complete or partial awareness of certified healthcare services. The most recognized among them were the accreditation by the Ministry of Health of Ukraine and the international standard ISO 9001. The presence of quality certificates or accreditations directly influenced the choice of medical institution for 24 respondents (21.6%, n=24; 95% CI: 14.7–30.9), had a partial influence for 51 respondents (45.9%), and had little impact for 36 respondents (32.5%). Meanwhile, 96 respondents (86.5%) expressed trust or a tendency to trust medical institutions with certified quality systems.

Many respondents indicated willingness to pay higher fees for services at certified medical institutions, viewing certification as an indicator of reliability and safety. Key factors shaping patient loyalty included service quality, professional staff qualifications, and the level of service and care (see Figure 2). The results are pilot and primarily pertain to urban youth; the convenience sampling method and online channels imply a risk of selection bias (overrepresentation of women and students).

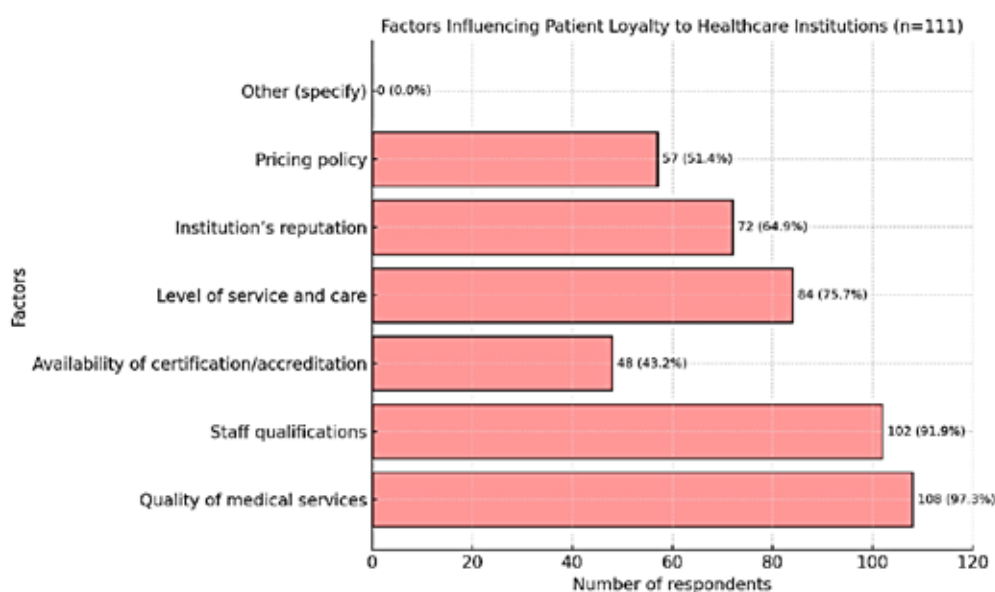


Figure 2. Factors Most Influencing Loyalty to a Medical Institution

Source: developed by the authors based on the conducted survey

Content analysis of open-ended responses revealed patients' core perceptions of certification. Most frequently, it was associated with safety guarantees, increased trust in the institution, staff professionalism, and compliance with standards. At the same time, some respondents demonstrated insufficient awareness or expressed skepticism regarding the practical value of certification, indicating the presence of an information gap and the need for explanatory campaigns.

A statistical analysis was conducted to calculate 95% confidence intervals for key indicators for the quantitative interpretation of results. This approach makes it possible to assess the empirical proportions of responses and the statistical reliability of the findings. The summarized data are presented in Table 1.

Table 1

Main survey results with confidence intervals (N = 111)

Indicator	n	%	95% CI (lower)	95% CI (upper)
Age up to 25 years	66	59,5	50,2	68,1
Women	89	80,2	71,8	86,5
Men	22	19,8	13,5	28,2
Psychological comfort is important	105	94,6	88,7	97,5
Visit 2–3 times a year	54	48,6	39,6	57,8
Aware of certification	87	78,3	69,3	85,2
Certification is crucial	24	21,6	14,9	30,2
Certification has partial impact	51	45,9	36,9	55,2
Certification has little impact	36	32,5	24,4	41,8
Trust in certified institutions	96	86,5	78,6	91,9

Source: calculated by the authors

The results indicate that young people perceive certification as an essential marker of trust and a source of competitive advantage for medical institutions. At the same time, the limitations of the convenience sampling (overrepresentation of women and students) and the relatively small dataset (N=111) do not allow for extrapolation of the findings to the general population. Further research requires a larger and quota-based sample and the application of multivariate analytical methods (e.g., regression analysis, factor analysis) to test the robustness of the conclusions.

Thus, even within the scope of a pilot survey, certification is perceived not merely as a formal procedure of compliance with standards but as a mechanism for enhancing the perceived quality of healthcare services. Certified services serve as an additional motivator for patients' willingness to invest in quality, highlighting their strategic significance in strengthening the competitiveness of medical institutions.

International standards and framework documents in the healthcare sector constitute a key instrument for ensuring quality, building trust, and enhancing the competitiveness of medical institutions. They establish requirements for patient-centeredness, communication, and the implementation of digital tools, which collectively contribute to strengthening patient loyalty and the resilience of healthcare organizations. Below is a summary of the most widely recognized international standards and framework approaches (Table 2).

Table 2

Summary of the most well-known international standards and frameworks

№	Standard / Document	Focus	Patient-Centeredness	Communication	Digital Tools
1	2	3	4	5	6
1	ISO 7101:2023 – Healthcare Quality Management Systems [14]	Quality management in healthcare	Patient-centered care as a key principle	Requirement for effective communication with patients, staff, and stakeholders	Use of IT for data collection and analysis
2	Joint Commission International (JCI) Standards for Hospitals, 7th Edition [15]	International accreditation of hospitals	Section <i>Patient-Centered Standards</i> : patient rights, informed consent, continuity of care	<i>MCI – Communication and Information Management</i> : exchange of information patient ↔ staff	Requirement for EMR and safe data management

3	ISO/TS 82304-2:2021 – Health software [16]	Quality and reliability of medical and mobile applications	Evaluation of digital tools from the user’s perspective	Transparency regarding functionality, risks, and data processing	Standard for mobile apps, eHealth, and telemedicine
4	ISO 13131:2021 – Telehealth services [17]	Quality and safety of telemedicine	Equal access to remote services	Requirements for reliable channels doctor ↔ patient	Video consultations, online monitoring, cybersecurity
5	HL7 FHIR (Fast Healthcare Interoperability Resources) [18]	International standard for medical data exchange	Focus on seamless access to patient data	Standardized format for exchange between systems	Application in eHealth, mobile apps, telemedicine
6	WHO Framework on Integrated People-Centred Health Services (IPCHS, 2016) [19]	WHO conceptual framework for healthcare systems	Patient as an active decision-maker (<i>empowered people</i>)	Partnership doctor ↔ patient	Digital technologies as a driver of service integration
7	ISO/IEC 17025:2017 – General requirements for the competence of testing and calibration laboratories [20]	Competence and accuracy of laboratory testing in medicine	Direct impact on diagnostic quality and patient outcomes	Exchange of results and reports between laboratory, physician, and patient	Laboratory information systems, digital testing protocols

Source: formed by the authors based on the analysis of literary sources [14–20]

The introduction of international quality standards in healthcare institutions faces several challenges, including organizational, financial, human resource, technical, regulatory, and socio-psychological barriers (Table 3).

Table 3

Barriers to the Implementation of International Quality Standards in Healthcare Institutions

Barrier Category	Challenge / Problem	Examples of Standards Where Manifested	Ways to Overcome
Financial	High costs of audits, certification, modernization of equipment and IT systems	ISO 9001, ISO 13485, JCI, HACCP, ISO/IEC 17025	governmental and donor support programs; phased implementation; attraction of grant funding; optimization of internal resources
Human Resources	Lack of qualified staff, weak motivation, resistance to change	ISO 15189, JCI, ISO/IEC 17025	continuous training and workshops; non-financial motivation system; engagement of young professionals; formation of “change agents” within the team
Organizational	Lack of a systematic approach, bureaucracy, unclear role distribution	ISO 9001, ISO 14001, ISO/IEC 17025	development of internal regulations; use of project management tools; process automation; clear definition of responsibilities
Technical	Outdated equipment, lack of digital accounting systems, cybersecurity issues	ISO 27001, HL7/FHIR, ISO 13485, ISO/IEC 17025	investments in equipment renewal; implementation of electronic health systems (ehealth); use of cloud technologies; outsourcing of it services
Cultural and Psychological	Distrust among staff, reluctance to change established practices, low safety culture	JCI, ISO 45001, ISO/IEC 17025	fostering a culture of quality and safety; awareness campaigns for staff; leadership commitment from management; experience sharing with institutions already applying standards
Regulatory and Legal	Misalignment of international standards with national legislation, lack of unified requirements	ISO, JCI, BREEAM/LEED in healthcare institutions, ISO/IEC 17025	adaptation of international standards to national legislation; collaboration with the ministry of health and professional associations; harmonization with eu legislation
Socio-Economic	Limited demand for certified services, low patient affordability	ISO 9001, JCI, ISO/IEC 17025	popularization of certification benefits; engagement of insurance companies; development of public-private partnerships

Source: formed by the authors based on the analysis of literary sources [14–20]

In European clinical trial centres, ISO 9001:2015 certification improved the efficiency of quality management systems by optimizing data collection and analysis and reinforcing collaboration between researchers and participants, thereby ensuring more accurate and reliable research outcomes. Medical startups adopting ISO 13485:2016 streamlined the development and production of medical devices by integrating digital quality and safety control tools, which enhanced patient trust. Laboratories accredited under ISO 15189:2022 demonstrated high competence by employing digital platforms for timely and precise data exchange. Digital healthcare providers, such as HealthHero, strengthened cybersecurity and reliability of online services through ISO 27001:2013 implementation. Thus, adopting ISO standards in healthcare enhances patient-centeredness, communication effectiveness, and the integration of digital technologies. This contributes to higher quality and safety of healthcare services and is strategically significant for developing Ukraine's healthcare system.

The combination of international standards and certifications with modern management tools – communication, digital services, and a patient-centered approach – creates an integrated trust management system that ensures compliance with regulatory quality requirements and emotional comfort, satisfaction, and a positive patient experience. As a result, such a system contributes to increased trust and loyalty (repeat visits, positive recommendations, willingness to invest in services), which in turn enhances the competitiveness of the healthcare institution by uniting quality, service, and reputation.

Conclusions. The study confirmed that standardization and certification in healthcare are key factors in building patient trust and loyalty, as they are perceived as indicators of medical institutions' safety, professionalism, and reliability. An empirical survey of youth in urban areas demonstrated a high level of willingness to trust certified institutions, while simultaneously revealing insufficient public awareness regarding the practical value of certification. Bibliometric analysis confirmed the growing scientific interest in the relationship between standards, healthcare quality, and patient loyalty, whereas the practices of European healthcare institutions have demonstrated the effectiveness of international standards focused on patient-centeredness, communication, and digitalization. The optimal approach is the integration of personalized practices with standardized assessment tools, enabling a combination of individual patient care with guaranteed service quality. The main barriers to implementing standards remain financial, human resource, organizational, and regulatory factors, whose overcoming requires comprehensive solutions. In contrast, integrating international standards with modern management tools forms a trust management system that enhances healthcare quality, strengthens patient loyalty, and ensures the long-term sustainability of the healthcare sector.

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UDC 005.6:614.2:006.91

JEL I11, I18, L15, M10, O32

Ihor Rekunenko, Doctor of Economics, Professor, Head of Oleg Balatskyi Department of Management, Academic and Research Institute of Business, Economics and Management Sumy State University. **Oleksandr Oleshko**, PhD, Docent, Associate Professor at the Department of Public Health, Academic and Research Medical Institute of Sumy State University. **Yuliia Matvieieva**, PhD, Associate Professor, Senior Lecturer at the Oleg Balatskyi Department of Management, Academic and Research Institute of Business, Economics and Management Sumy State University. **Yuliia Opanasiuk**, PhD, Associate Professor, Senior Lecturer at the Oleg Balatskyi Department of Management, Academic and Research Institute of Business, Economics and Management Sumy State University. **Yevheniia Yashukova**, Master Student, Sumy State University. **Service quality meets patient loyalty: the strategic role of standardization in healthcare management.**

The article examines various tools and strategies for strengthening trust and satisfaction in healthcare through the implementation of certified quality standards. It identifies two primary directions: personalization and empathy in patient care, as well as standardization and the use of formalized evaluation instruments. Using Scopus and VOSviewer analyses, the study highlights the multidimensional impact of quality standards on patient perception of service quality, staff motivation, transparency, and overall institutional trust. Empirical survey results confirmed that certification significantly enhances patient trust, satisfaction, and long-term loyalty. Additionally, the article reviews leading international standards, outlines common barriers and challenges to their implementation, and presents global case studies emphasizing patient-centered approaches, effective communication, and digital tools as essential elements for comprehensive and sustainable loyalty management in healthcare organizations.

Key words: healthcare standardization, service quality, patient loyalty, healthcare management, health service accreditation, customer satisfaction, ISO standards in healthcare, patient experience, healthcare quality management, patient-centeredness, communication, digital tools.

УДК 005.6:614.2:006.91

JEL I11, I18, L15, M10, O32

Рекуненко Ігор Іванович, доктор економічних наук, професор, завідувач кафедри управління імені Олега Балацького, Навчально-науковий інститут бізнесу, економіки та менеджменту Сумського державного університету. **Олешко Олександр Миколайович**, к. мед. н., доцент, доцент кафедри громадського здоров'я, Навчально-науковий медичний інститут, Сумський державний університет. **Матвєєва Юлія Анатоліївна**, к.е.н, доцент, старший викладач кафедри управління імені Олега Балацького, Навчально-науковий інститут бізнесу, економіки та менеджменту Сумського державного університету. **Опанасюк Юлія Анатоліївна**, к.е.н, доцент, старший викладач кафедри управління імені Олега Балацького, Навчально-науковий інститут бізнесу, економіки та менеджменту Сумського державного університету. **Яшукова Євгенія Вікторівна**, магістр, Сумський державний університет. **Якість обслуговування, що формує лояльність через задоволення потреб пацієнтів: стратегічна роль стандартизації в менеджменті охорони здоров'я.**

Стаття присвячена дослідженню інструментів підвищення довіри та задоволеності клієнтів у сфері охорони здоров'я. Здійснено аналіз загальнотеоретичних засад упровадження сертифікованих стандартів якості у медичній сфері. На основі вивчення наукової літератури виокремлено два ключові напрями забезпечення сталого зростання довіри пацієнтів до медичних закладів: орієнтація на персоналізацію та емпатію, а також стандартизація й використання формалізованих інструментів оцінювання. Застосування інструментів бази даних Scopus та програмного забезпечення VOSviewer (версія 1.6.16) дало змогу обґрунтувати багатовимірний вплив стандартів на систему охорони здоров'я. Зокрема, встановлено прямий зв'язок між стандартизацією процесів та сприйняттям пацієнтами якості медичних послуг; управлінським виміром, де стандарти сприяють мотивації персоналу, підвищенню задоволеності та стабільності кадрів; нормативно-процедурним рівнем, у межах якого стандарти й протоколи забезпечують формалізацію практик, зростання прозорості та інституційної довіри; а також антропоцентричним характером медичної допомоги, що підтверджує спрямованість усіх стандартів та управлінських підходів на гарантування безпеки, ефективності та довгострокової лояльності пацієнтів. Для емпіричної перевірки науково-теоретичної моделі у реальному медичному середовищі було проведено опитування пацієнтів і потенційних споживачів медичних послуг. Результати підтвердили, що сертифікація медичних послуг відіграє вагомий роль у формуванні довіри та лояльності пацієнтів. У дослідженні узагальнено найбільш відомі міжнародні стандарти та рамкові підходи, визначено бар'єри впровадження стандартів у діяльність медичних закладів і окреслено шляхи їх подолання. Також подано огляд міжнародних кейсів реалізації стандартів у сфері охорони здоров'я з виокремленням таких інструментів управління лояльністю пацієнтів, як орієнтація на пацієнта, комунікація та використання цифрових технологій.

Ключові слова: стандартизація охорони здоров'я, якість послуг, лояльність пацієнтів, управління охороною здоров'я, акредитація медичних послуг, задоволеність клієнтів, стандарти ISO в охороні здоров'я, досвід пацієнтів, управління якістю охорони здоров'я, орієнтованість на пацієнта, комунікація, цифрові інструменти.