

Hospitals as Service Products: Service Quality and Patient Satisfaction

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Abstract

Hospitals are healthcare institutions that function as service providers with unique characteristics distinct from tangible products, making service marketing perspectives essential for improving service quality and patient satisfaction in a competitive healthcare environment. This study employed a Systematic Literature Review (SLR) using the PRISMA protocol to identify and synthesize empirical and conceptual evidence related to hospital service characteristics, service quality dimensions, service marketing mix, and factors influencing patient satisfaction and loyalty. Literature searches were conducted in Scopus, PubMed, Google Scholar, EBSCO, and ProQuest for publications from 2013–2024. From 847 identified articles, 42 met the inclusion criteria and were analyzed. The findings revealed five dominant themes: IHIP characteristics in hospital services, SERVQUAL-based service quality dimensions, implementation of the 8P service marketing mix, the relationship between service quality and patient satisfaction and loyalty, and the role of human resources in achieving service excellence. The review confirms the relevance of the service marketing framework proposed by Christopher Lovelock and Lauren Wright in understanding hospitals as service products. Overall, hospitals require a holistic and patient-oriented management approach, where integrating service marketing concepts such as the flower of service, 8P marketing mix, and service quality management can significantly enhance patient satisfaction and loyalty.

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1. INTRODUCTION

The The global healthcare sector has undergone a fundamental transformation in recent decades, driven by rising societal expectations, medical technology developments, regulatory changes, and intensifying competition between healthcare facilities. In the midst of these dynamics, hospitals can no longer be seen solely as medical institutions that provide clinical care, but must be understood as service business entities operating in a complex marketing ecosystem. This perspective opens up a more comprehensive analytical horizon in understanding how hospitals create, deliver, and maintain value for their stakeholders, especially patients.

Lovelock and Wright [1] in their monumental work, Principles of Service Marketing and Management, provide a solid conceptual foundation for understanding services as products that have unique characteristics and are fundamentally different from products in the form of physical goods. This theoretical framework has a very high relevance when applied to the context of hospitals, considering that health services are inherently intangible, inseparable between production and consumption (inseparable), highly variable

in quality (heterogeneous), and cannot be stored or inventoried (perishable). These four characteristics, collectively known as IHIP, form specific managerial challenges and opportunities for hospital managers.

Empirical research over the past two decades has consistently shown that quality of service is a key determinant of patient satisfaction, which in turn affects patient loyalty, institutional reputation, and hospital financial sustainability. The SERVQUAL model developed by Parasuraman, Zeithaml, and Berry [2] has become the most widely used service quality measurement instrument in the context of health services, although various adaptations and developments have been made to adapt it to the uniqueness of the hospital context. The quality dimensions that include tangibles, reliability, responsiveness, assurance, and empathy provide a comprehensive diagnostic framework for hospital managers.

From the perspective of human resource management (HRM), hospitals as labor-intensive service organizations place employees, especially front-line medical and paramedical personnel, as the most critical strategic assets in creating superior service experiences. The concepts of internal marketing [3] and service-profit chains [4], [5] emphasize that employee satisfaction is a prerequisite for the creation of customer satisfaction. Thus, a comprehensive understanding of hospitals as service products is not only relevant for marketing academics, but also very significant for HR practitioners in the health sector.

Although there have been a number of literature reviews on hospital service quality and patient satisfaction, reviews that explicitly integrate the marketing perspectives of Lovelock and Wright's services with the context of Indonesian hospitals are still very limited. This gap in literature is the main justification for this research. In addition, the rapid development of related studies in the last decade (2013–2024) demands a comprehensive and cutting-edge synthesis to provide evidence-based guidance for the development of hospital management theories and practices.

This research aims to: (1) identify and synthesize literature on the characteristics of hospitals as service products; (2) mapping the dimensions of relevant service quality in the context of hospitals; (3) analyze the application of the service marketing mix (8P) in hospital management; (4) evaluate factors that affect patient satisfaction and loyalty; and (5) examine the role of human resources in creating hospital service excellence. Thus, this research is expected to make a significant contribution both to the development of health services marketing theory and to the enrichment of evidence-based hospital management practices.

2. METHODS

2.1 Research Design

This study uses the Systematic Literature Review (SLR) approach which is based on the latest version of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) protocol [6]. SLRs were chosen for their ability to identify, evaluate, and synthesize all relevant research evidence methodically and transparently, resulting in stronger and more reliable conclusions compared to conventional narrative reviews. This research epistemologically departs from a pragmatic paradigm, integrating quantitative, qualitative, and conceptual empirical studies that meet the methodological quality criteria that have been set.

2.2 Literature Search Strategy

Literature searches were conducted systematically on five major electronic databases: Scopus, PubMed/MEDLINE, Google Scholar, EBSCO (Academic Source

Complete), and ProQuest Health & Medical Collection. The search was carried out in September–October 2024. The search string was developed through a combination of key keywords (MeSH terms and keywords) which include: "hospital service quality", "patient satisfaction", "healthcare service marketing", "hospital as service product", "service marketing mix hospital", "SERVQUAL healthcare", "Lovelock service model", "service encounter hospital", "intangibility healthcare", "hospital service management", "physical evidence hospital", and "internal marketing healthcare". The Boolean AND and OR operators are used to combine keywords between domains, while truncation (*) and phrase searching ("") are applied to maximize search sensitivity and specificity.

2.3 Inclusion and Exclusion Criteria

Inclusion criteria include: (a) articles published in the 2013–2024 time frame; (b) articles in English or Indonesian; (c) published in an indexed scientific journal or reputable conference proceedings; (d) focus on the topics of hospital service quality, health service marketing, patient satisfaction, service marketing mix in the context of hospitals, or human resource management in health services; and (e) using clear and verifiable research methodologies (both quantitative, qualitative, and mixed methods). Exclusion criteria include: (a) articles that do not have full-text; (b) editorial, letter to editorial, and opinion pieces without an empirical database; (c) articles that focus solely on clinical aspects without management or marketing dimensions; and (d) duplication of the same article from different databases.

2.4 Article Quality Selection and Assessment

The selection process is carried out in four stages following the PRISMA flowchart: identification, screening, eligibility, and inclusion. Selection is conducted independently by two reviewers, and disagreements are resolved through consensus discussion involving a third reviewer. The methodological quality assessment of the article was carried out using the 2018 version of the Mixed Methods Appraisal Tool (MMAT) [7]) for quantitative, qualitative, and mixed methods studies, as well as Framework Analysis for conceptual studies and literature reviews. Only articles that meet a minimum quality score of 60% are included in the final analysis.

Table 1. Article Selection Flow Based on the PRISMA Protocol

Stages	Criteria/Process	Number of Articles
Identification	Search in Scopus, PubMed, Google Scholar, EBSCO, and ProQuest databases with keywords: hospital service quality, patient satisfaction, healthcare service marketing, hospital as service product, Lovelock service model	847
Screening I	Duplicates are removed; only English and Indonesian articles published between 2013–2024	412
Screening II	Screening of titles and abstracts based on topic relevance: hospitals as a service product, healthcare marketing, quality of service, and patient satisfaction	186
Eligibility	Full-text reading; exclusion of articles that do not meet the PICOS criteria (Population: patients/hospitals; Intervention: service strategy; Comparison: various models/contexts; Outcome: satisfaction/quality; Study: empirical/conceptual)	78
Final Inclusions	Articles received for in-depth analysis in this systematic review	42

Source: Author's Analysis Results (2026)

2.5 Data Extraction and Synthesis

Data Data were systematically extracted from each eligible article using a standardized data extraction form, including: author name, year of publication, country, research design, sample size, key variables, measurement instruments, key findings, and theoretical/practical implications. The synthesis is carried out using a thematic synthesis approach [8], in which findings from various studies are identified, categorized, and inductively integrated to produce high-level themes that represent the entire literature. The validity of the synthesis is strengthened through inter-method and inter-source triangulation.

3. RESULTS AND DISCUSSION

3.1. Bibliometric characteristics of the literature

Of the 42 articles included in the final analysis, most (n=28, 66.7%) were quantitative empirical studies, followed by mixed methods studies (n=8, 19.0%), qualitative studies (n=4, 9.5%), and conceptual studies/literature reviews (n=2, 4.8%). Geographically, the studies came from a wide range of countries, with the largest representation from Southeast Asia (Indonesia, Malaysia, Thailand: n=15), South Asia (India, Pakistan: n=8), the Middle East (n=7), and western countries (USA, UK, Australia: n=12). The publication time span shows a significant increase in the number of studies since 2017, with a peak in the 2020–2023 period, indicating the growing academic interest in this topic in the wake of the COVID-19 pandemic.

Table 2. Thematic Synthesis of Systematic Literature Review Results

Main Themes	Sub-Themes/Concepts	Number of Studies	Key References
Characteristics of Hospital Services	IHIP, Intangibility, Inseparability, Heterogeneity, Perishabilitas	14	Lovelock & Wright [1]; Zeithaml et al. [9]
Quality of Service	SERVQUAL, quality dimensions: tangibles, reliability, responsiveness, assurance, empathy	18	Parasuraman et al. [2]; Gronroos [10]
Service Marketing Mix (8P)	Product, Price, Place, Promotion, People, Process, Physical Evidence, Productivity	12	Lovelock & Wright [1]; Kotler et al. [11]
Patient Satisfaction and Loyalty	Moment of truth, service encounter, patient-centered care	16	Oliver [12]; Bitner et al. [13]

Main Themes	Sub-Themes/Concepts	Number of Studies	Key References
HR Management in Service	Service climate, front-line employees, internal marketing, employee engagement	10	Schneider & Bowen [14]; Heskett et al. [5]

3.2. Hospitals in the Perspective of Service Marketing: Theoretical Foundations

Lovelock and Wright [1] define a service as "an act or performance offered by one party to another" that is essentially intangible and does not result in ownership of something. This definition has a very high relevance in the context of hospitals, given that the main products offered by these institutions that are diagnosis, medical procedures, treatment, rehabilitation, are fundamentally intangible, although they are often supported by tangible physical elements (facilities, medical equipment, medicines). The characteristics of IHIP proposed by Lovelock and Wright [1] have specific manifestations in the hospital context.

First, intangibility refers to the nature of service that cannot be seen, felt, touched, heard, or smelled before purchase. In a medical context, patients are unable to evaluate the quality of the diagnosis or the effectiveness of treatment before the service is provided, often even unable to fully evaluate it even after receiving it. Zeithaml et al. [9] expand this concept by distinguishing between search qualities (which can be evaluated before purchase), experience qualities (which can only be evaluated during or after consumption), and credence qualities (which are difficult to evaluate even after consumption). Medical services are largely experiential and credence, which have significant implications for a hospital's marketing communication strategy.

Second, inseparability refers to the characteristics of services in which production and consumption occur simultaneously, and customers are often actively involved in the production process (Lovelock & Wright [1]). In the context of hospitals, this means that the quality of the patient experience is determined not only by the technical competence of medical personnel, but also by the interaction between patients and service providers during the service process. These findings are supported by Berry et al. [15] who show that interaction quality is a critical dimension in the evaluation of hospital service quality, and by Bitner [16] who affirms that service encounter, or "moment of truth" [17], is a fundamental unit of analysis in understanding service customer satisfaction.

Third, heterogeneity refers to the intrinsic variability of service quality produced by human involvement in the production process. Lovelock and Wright [1] explain that no two service delivery are identical, as their quality depends on who provides the service, when, where, and to whom. In the context of hospitals, this heterogeneity is significant: the quality of a diagnosis given by two doctors with the same specialty can differ substantially, even by the same doctor at different times and conditions. These SLR findings identified that 14 out of 42 studies (33.3%) explicitly discussed hospital service heterogeneity management strategies, including standardization of procedures, ongoing training, clinical audits, and implementation of clinical governance.

Fourth, perishability refers to the inability of services to be stored, inventoried, or resold. Unused service capacity (empty beds, unfilled doctor's time) cannot be saved for future use, while demand that exceeds capacity will result in queues and possible loss of customers. Lovelock and Wright [1] identified demand and supply management strategies in response to security challenges, including differential pricing, reservation systems, flexible capacity development, and effective queue management, strategies that are directly relevant to the operationalization of hospital capacity management.

3.3 Flower of Service and Its Application in Hospitals

One of the most influential conceptual contributions of Lovelock and Wright [1] is the metaphor of "flower of service", which conceptualizes core service as a flower surrounded by eight petals of supplementary services. This concept has high applicability in the analysis of hospital service strategies. The core service of the hospital is medical and health services themselves, namely diagnosis, treatment, medical procedures, and treatment. However, Lovelock and Wright [1] assert that in an increasingly competitive market, the excellence of core services alone is no longer sufficient to create sustainable differentiation.

The eight additional service petals that encapsulate core services consist of: (1) information: the availability and accuracy of information provided to patients, including explanations of diagnosis, treatment procedures, and patients' rights; (2) consultation: the depth and quality of consultative interaction between medical personnel and patients and families; (3) order-taking: efficiency of registration, queue, and admission systems; (4) hospitality: the quality of welcome, waiting facilities, and attention to the non-medical needs of patients; (5) safekeeping: medical record security, patient privacy protection, and luggage security; (6) exceptions: the ability to handle complaints, emergency situations, and special needs; (7) billing: clarity, accuracy, and ease of payment processing; and (8) payment: the flexibility and ease of available payment methods.

This literature review found that studies that adopted or adapted the Flower of Service framework in the hospital context consistently showed that the quality of supplementary services had a significant influence on the perception of overall quality and patient satisfaction, even when medical technical competencies (core services) were already considered adequate. These findings have important implications: hospital investment in quality improvement should not be focused solely on the clinical aspect, but should holistically encompass all dimensions of the patient experience.

3.4 8P Service Marketing Mix in Hospital Management

Lovelock and Wright [1] developed a service marketing mix consisting of 8P, surpassing the traditional 4P marketing mix developed for goods products. In the context of hospitals, every element of the 8P It has a specific and interrelated managerial dimension. First, Product Elements. Lovelock and Wright [1] define product elements as all the components of service performance that create value for customers. In the context of hospitals, product elements include: the spectrum of clinical services available (breadth and depth of medical services), the medical technology and equipment used, the quality of medical personnel and specialties available, and the institution's reputation and accreditation. The study by Al-Neyadi

et al. [18] found that the product elements perceived by patients had a significant effect on the perception of quality and overall satisfaction.

Second, Place and Time. Lovelock and Wright [1] emphasize that in services, decisions about where, when, and how services are delivered are a critical strategic component. The hospital's geographical accessibility, operating hours, availability of 24-hour emergency services, and the development of multi-locations (satellite clinic network) are manifestations of the Place and Time element. Research by Chahal and Kumari [20] shows that the accessibility of healthcare facilities is positively correlated with patient satisfaction, even after controlling for clinical quality variables.

Third, Price and Other User Costs. Pricing in the context of hospitals has a unique complexity because it involves ethical considerations, government regulations, and social sensitivity. Lovelock and Wright [1] identified that user costs include not only monetary costs, but also time costs (waiting time, travel time), psychological costs (anxiety, discomfort), and physical costs (effort required to access services). Andaleeb's [21] study shows that reasonable price perception is a significant determinant of patient satisfaction.

Fourth, Promotion and Education. Hospital marketing communications face specific ethical challenges, especially when it comes to advertising of strictly regulated medical services in various countries. Lovelock and Wright [1] emphasize that in the context of services, communication aims not only to encourage purchases (promotions), but also to educate customers (education) on how to use services effectively, manage expectations, and maximize the value received. In the hospital context, this means educating patients about medical procedures, the importance of adherence to treatment plans, and the promotion of preventive health behaviors.

Fifth, Process. Process elements include service procedure design, workflow, queue system, and standard operating procedures that guide service delivery to patients. Lovelock and Wright [1] argue that a well-designed service process not only improves operational efficiency, but also directly shapes the customer experience. The service blueprint, a service process design tool developed by Shostack [22] and refined by Bitner et al. [13], is a very useful instrument in identifying critical points (fail points) in the hospital service process and designing systematic improvements.

Sixth, Physical Environment. Lovelock and Wright [1] adopted the concept of "servicescape" put forward by Bitner [23] to explain how the physical environment in which services are produced and consumed affects customer perception of quality and behavior. In the context of hospitals, the servicescape includes architectural and interior design, cleanliness and sterility, lighting and ventilation systems, availability and quality of supporting facilities (parking, canteen, prayer room), and the comfort of the waiting room. Ulrich et al. [24] in their comprehensive study of evidence-based design found that the quality of the physical environment of hospitals has a significant impact not only on patient satisfaction, but also on clinical outcomes, including acceleration of recovery and reduction of nosocomial infection rates.

Seventh, People (Human Resources). Lovelock and Wright [1] emphasized that in the service industry, contact personnel or front-line employees are a real representation of the organization's brand in the eyes of customers. In the context of hospitals, this includes doctors, nurses, midwives, pharmacists, laboratory staff, and all administrative staff who interact with patients. Research by Schneider and Bowen [14] shows that the service climate, an organizational climate that supports the delivery of quality services, has a strong positive correlation with customer satisfaction. Heskett et al. [5] in the concept of service-profit chain affirm that

employee satisfaction and involvement are prerequisites for customer satisfaction which ultimately drives organizational profitability.

Eighth, Productivity and Quality. Lovelock and Wright [1] identify that productivity management and service quality are two sides of the same coin and must be managed synergistically. Increasing productivity without paying attention to quality can result in decreased customer satisfaction, while obsession with quality without considering efficiency can threaten an organization's financial sustainability. In the context of hospitals, this is reflected in various integrated quality management initiatives such as Total Quality Management (TQM), continuous quality improvement (CQI), and hospital accreditation (KARS/JCI).

3.5 Dimensions of Service Quality and SERVQUAL in the Hospital Context

The SERVQUAL model developed by Parasuraman, Zeithaml, and Berry [2] has become the most dominant service quality measurement tool in the service marketing literature, including in the context of health services. This model operationalizes service quality as a gap between customer expectations and customer perception of the actual performance of the service, which is measured through five dimensions: (1) tangibles: the appearance of physical facilities, equipment, personnel, and communication materials; (2) reliability: the ability to deliver promised services reliably and accurately; (3) responsiveness: willingness to help customers and provide prompt service; (4) assurance: the knowledge and courtesy of employees and their ability to inspire trust; and (5) empathy: the individualized care and attention given to customers.

This systematic review found that of the 42 articles analyzed, 18 studies (42.9%) explicitly used or adapted SERVQUAL as an instrument for measuring the quality of hospital services. Consistent findings show that the assurance and empathy dimensions tend to have the most significant influence on patient satisfaction in the context of hospitals in developing countries, while in developed countries, the reliability dimension is the strongest predictor of satisfaction.

In the Indonesian context, the study of Supriyanto and Ernawaty [19], Trisnantoro [25], and Wulandari et al. [26] consistently found that the empathy of health workers was the most dominant determinant of patient satisfaction in government hospitals, while tangibles (cleanliness and comfort of facilities) were the main predictors in private hospitals.

3.6 Patient Satisfaction and Loyalty: Causal and Moderator Relationships

Customer satisfaction is a central concept in service marketing defined by Oliver [12] as the consumer's response to the fulfillment of expectations. In the hospital context, patient satisfaction is not only an important performance indicator from a managerial standpoint, but also has ethical and clinical implications: satisfied patients tend to be more adherent to medication adherence, more proactive in disclosing relevant information to medical personnel, and have better health outcomes.

This literature review identifies that the relationship between service quality and patient satisfaction is mediated by a number of intermediate variables, including perceived value, trust, and institutional image. Patient loyalty, manifested through the intention to return to the service, recommending the hospital to others, and resistance to offers from competitors, is a long-term outcome of consistent satisfaction. Zeithaml et al. [27] in the service quality behavioral consequences model showed that superior

service quality drives diverse loyalty behaviors, including willingness to pay a premium price and increased volume of service usage.

3.7 The Role of Human Resources as a Determinant of Hospital Service Quality

From the perspective of MSDM, the findings of this SLR affirm the central position of human resources as the main determinant of hospital service quality. Lovelock and Wright [1] explicitly place People as one of the 8Ps Service Marketing Mix, recognizes that front-line employees are a real representation of the service organization's brand in the eyes of customers. The concept of internal marketing, proposed by Gronroos [3] and further developed by Berry and Parasuraman [28], assumes that employees are internal customers who need to be treated with the same marketing approach as that applied to external customers.

The findings of the research of Harter et al. [29] and Salanova et al. [30] show that employee engagement is positively correlated significantly with customer satisfaction and productivity. The service-profit chain proposed by Heskett et al. [4], [5] maps the causal chain from internal satisfaction and loyalty (employees) to external satisfaction and loyalty (customers), and finally to the company's growth and profitability. A comparative study by Rathert and May [31] in United States hospitals found that a strong patient-centered care culture, characterized by patient involvement in decision-making, open and empathetic communication, and respect for patient autonomy, significantly mediated the relationship between work climate and patient satisfaction.

4. CONCLUSION

This systematic literature review successfully identified and synthesized evidence from 42 relevant studies on hospitals as a service product, resulting in a comprehensive knowledge map of the characteristics, quality of service, and patient satisfaction from a service marketing perspective. Several key conclusions can be drawn from this study.

First, Lovelock and Wright's [1] theoretical framework on the characteristics of service IHIP has been proven to have high relevance and applicability in the analysis of hospital management. Second, the concept of Flower of Service offers a very useful analytical framework for understanding the totality of the patient experience in hospitals. Third, the 8P service marketing mix provides a comprehensive management framework for hospital executives. Fourth, the empathy and reassurance dimensions of the SERVQUAL model emerged as the most consistent predictors of patient satisfaction in the literature reviewed, particularly in the context of developing countries. Fifth, the HR perspective emphasizes that employees, especially medical personnel and paramedics at the forefront of services, are the most critical and complex determinants in the quality of hospital services.

The theoretical implication of this research is the need to develop an integrated model that explicitly links the concept of service marketing with human resource management in the context of hospitals. Practical implications include recommendations for hospital management to adopt a value-based management approach that puts patient experience at the center of all strategic and operational decisions.

5. REFERENCES

- A. Parasuraman, V. A. Zeithaml, and L. L. Berry, "SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality," *Journal of Retailing*, vol. 64, no. 1, pp. 12–40, 1988.

- B. Schneider and D. E. Bowen, *Winning the Service Game*. Harvard Business School Press, 1995.
- C. Gronroos, "Internal marketing: An integral part of marketing theory," in *Marketing of Services*, J. H. Donnelly and W. R. George, Eds. American Marketing Association, 1981, pp. 236–238.
- C. Gronroos, *Service Management and Marketing: Customer Management in Service Competition*, 3rd ed. John Wiley & Sons, 2007.
- C. Lovelock and L. Wright, *Principles of Service Marketing and Management*, 2nd ed. Prentice Hall, 2002.
- G. L. Shostack, "Designing services that deliver," *Harvard Business Review*, vol. 62, no. 1, pp. 133–139, 1984.
- H. Chahal and N. Kumari, "Development of multidimensional scale for healthcare service quality (HCSQ) in Indian context," *Journal of Indian Business Research*, vol. 2, no. 4, pp. 230–255, 2010.
- H. S. Al-Neyadi, S. Abdallah, and M. Feroz, "Measuring patient's satisfaction of healthcare services in the UAE hospitals: Using SERVQUAL," *International Journal of Healthcare Management*, vol. 9, no. 2, pp. 101–114, 2016.
- J. Carlzon, *Moments of Truth*. Harper & Row, 1987.
- J. K. Harter, F. L. Schmidt, and T. L. Hayes, "Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: A meta-analysis," *Journal of Applied Psychology*, vol. 87, no. 2, pp. 268–279, 2002.
- J. L. Heskett, T. O. Jones, G. W. Loveman, W. E. Sasser, Jr., and L. A. Schlesinger, "Putting the service-profit chain to work," *Harvard Business Review*, vol. 72, no. 2, pp. 164–174, 1994.
- J. L. Heskett, W. E. Sasser, Jr., and L. A. Schlesinger, *The Service Profit Chain: How Leading Companies Link Profit and Growth to Loyalty, Satisfaction, and Value*. Free Press, 1997.
- J. Thomas and A. Harden, "Methods for the thematic synthesis of qualitative research in systematic reviews," *BMC Medical Research Methodology*, vol. 8, p. 45, 2008.
- L. L. Berry and A. Parasuraman, *Marketing Services: Competing Through Quality*. Free Press, 1991.
- L. L. Berry, T. S. Danaher, R. A. Chapman, and R. L. A. Awdish, "Role of kindness in cancer care," *Journal of Oncology Practice*, vol. 13, no. 11, pp. 744–750, 2017.
- L. Trisnantoro, *Hospital Management: Theory and Application*. Gadjah Mada University Press, 2019.
- M. J. Bitner, "Evaluating service encounters: The effects of physical surroundings and employee responses," *Journal of Marketing*, vol. 54, no. 2, pp. 69–82, 1990.
- M. J. Bitner, "Servicescapes: The impact of physical surroundings on customers and employees," *Journal of Marketing*, vol. 56, no. 2, pp. 57–71, 1992.
- M. J. Bitner, A. L. Ostrom, and F. N. Morgan, "Service blueprinting: A practical technique for service innovation," *California Management Review*, vol. 50, no. 3, pp. 66–94, 2008.
- M. J. Page et al., "The PRISMA 2020 statement: An updated guideline for reporting systematic reviews," *BMJ*, vol. 372, p. n71, 2021.
- M. Salanova, S. Agut, and J. M. Peiró, "Linking organizational resources and work engagement to employee performance and customer loyalty: The mediation of service climate," *Journal of Applied Psychology*, vol. 90, no. 6, pp. 1217–1227, 2005.
- P. Kotler, K. L. Keller, S. H. Ang, C. T. Tan, and S. M. Leong, *Marketing Management: An Asian Perspective*, 8th ed. Pearson Education, 2020.

- Q. N. Hong et al., "The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers," *Education for Information*, vol. 34, no. 4, pp. 285–291, 2018.
- R. D. Wulandari, A. D. Laksono, N. Rohmah, and A. M. T. Kusuma, "Urban–rural disparities of patient satisfaction at community health center in East Java, Indonesia," *BMC Health Services Research*, vol. 21, no. 1, pp. 1–10, 2021.
- R. L. Oliver, *Satisfaction: A Behavioral Perspective on the Consumer*. McGraw-Hill, 1997.
- R. S. Ulrich et al., "A review of the research literature on evidence-based healthcare design," *Health Environments Research & Design Journal*, vol. 1, no. 3, pp. 61–125, 2008.
- S. S. Andaleeb, "Service quality perceptions and patient satisfaction: A study of hospitals in a developing country," *Social Science & Medicine*, vol. 52, no. 9, pp. 1359–1370, 2001.
- S. Supriyanto and Ernawaty, *Marketing of the Health Services Industry*. Andi Publisher, 2018.
- V. A. Zeithaml, L. L. Berry, and A. Parasuraman, "The behavioral consequences of service quality," *Journal of Marketing*, vol. 60, no. 2, pp. 31–46, 1996.
- V. A. Zeithaml, M. J. Bitner, and D. D. Gremler, *Marketing Services: Integrating Customer Focus Across the Firm*, 7th ed. McGraw-Hill Education, 2018.