Patient Experience as Multidimensional Construct Evidence from Literature

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ABSTRACT

Patient experience is closely linked to perceptions of healthcare quality, reflecting how patients evaluate the services they receive. Measuring patient experience as a multidimensional construct facilitates both the conceptualization and operationalization of the term. Accordingly, this paper conceptualizes patient experience and its constituent dimensions. Drawing on an extensive review of the literature, the study synthesizes previous definitions and measurement approaches, grouping similar themes to identify key dimensions and indicators of patient experience. Patient experience is inherently multifaceted, encompassing elements such as interaction, communication, responsiveness, reliability, empathy, relationships, behavior, perception, and the hospital environment. Empirical evidence indicates that patient experience not only predicts satisfaction and willingness to recommend healthcare services but also influences patient well-being, quality of life, and long-term healthcare decisions. Therefore, patient experience should be recognized as a multidimensional construct and positioned as a core indicator of healthcare quality. As this study represents a literature review, it is strongly recommended that the identified dimensions and indicators be subjected to empirical validation, and that future research expand the scope of investigation to enhance the robustness and applicability of the conceptual framework.

Keywords: Patient experience, Interaction, Responsiveness, Patient's Perception

INTRODUCTION

As patients become more aware of the quality of medical and non-medical services, they increasingly evaluate hospitals not only based on clinical outcomes but also on their overall service experience (Doyle et al., 2020). Patient experience serves as a strategic tool for hospitals to differentiate their services from competitors (Brandao, Lizarelli, & Roschani 2023). Therefore, patient experience represents a critical aspect of healthcare quality and is highly valued by patients when making decisions about where to seek and receive care.

The key elements of a patient's experience include timely appointments, easy access to information, and effective communication with clinicians and staff. Prior studies have shown that the quality of patient experience is a strong predictor of satisfaction, loyalty, clinical effectiveness, well-being, quality of life (Ponsignon et al., 2015), and automatically increases healthcare provider performance (Avidic et al., 2019). Recognizing the benefit that patient experience could give to healthcare providers, healthcare providers worldwide put the patient experience at the core of healthcare services.

Avidic et al. (2019) stated that patient experience determines satisfaction and future choices. Accordingly, medical outcomes and the nonmedical experience perceived by patients are important in shaping perceptions of service quality (Tiara & Elsandra, 2025). Understanding patients' needs enables hospitals to deliver services that meet expectations and ensure a positive experience. Therefore, providing a positive patient experience is a priority for healthcare providers (Pekovic & Rolland, 2020). Positive patient experience not only contributes to greater trust in healthcare providers but also encourages active patient engagement, adherence to medical advice, and improved health outcome. Conversely, negative experiences can lead to dissatisfaction, reduced compliance

with treatment, and a reluctance to seek care in the future.

The credence-based nature of healthcare services makes it difficult to standardize the measurement of healthcare quality (Anabila, Kumi, & Anome, 2020). Additionally, the heterogeneous nature of healthcare services further complicates standardization efforts. The diverse backgrounds of medical staff also make it challenging to establish consistent standards of healthcare quality (Mosadeghrad, 2013). These service characteristics collectively pose challenges to creating a positive patient experience. Studies have shown that improving patient experience increases patients' willingness to seek care in hospitals (Zao et al., 2024). Holt (2018) likewise indicates that patient experience functions as an indicator of high-quality healthcare performance. Consequently, it is recommended that healthcare providers prioritize enhancing patient experience, as it substantially influences patients' willingness to visit or revisit the provider. It is further recommended that healthcare providers focus on strategic initiatives that strengthen patient experience as part of broader efforts to improve service quality.

LITERATURE REVIEW

The shift in hospital orientation from medical oriented to patient oriented has led to a change in the focus of patient care (Avlijaz et al., 2023). Therefore, it is crucial to design patient experience and identify its supporting factor that shape patients' memories of their experiences of hospital services. This is particularly important for understanding the factors that shape patients' memories of their hospital service experience. Since customers or the patients will transact with businesses that can provide their needs (Pekovic & Rolland, 2020). In the context of hospital services, patient experience, according to the Agency for Healthcare Research and Quality (AHRQ):

"The range of interactions that patients have with the healthcare system … including aspects such as timely appointments, easy access to information, and good communication with clinicians and staff" (AHRQ, 2021).

The concept of customer experience has become a crucial aspect in business today, as creating positive experiences leads to satisfaction and loyalty, as well as competitive advantage for the provider (Silva et al.,2021). However, the multifaceted nature of the patient's experience concept makes patient's experience difficult to define. It is highly suggested to understand the patient experience through its attributes and dimensions (Rapport et al., 2019).

Patient Experience

The importance of patients' experience is that it reflects the quality of the hospital's services (Bernardo et al.,2022). The patient's experience goes beyond satisfaction (Wolf and Janson, 2014). Gualandi et al. (2021) state that the first step to better understanding the patient's experience is to understand the patient's journey. The term 'patient journey' is derived from 'customer journey', which refers to the process of experiencing a service from the customer's perspective at every touchpoint. Such as the administration process, waiting time until treatment by a doctor, interaction with doctors and nurses, access to information, and medical outcome. Daleske (2024) considers family and social context of people with illnesses as indicators of patients' experience. Therefore, in healthcare services, the outcome of medical treatment is not only concern, but also non-medical considerations. Table 1 below captures the definition of patient's experience from different perspectives.

Table 1. Definition and Indicator of Patient's Experience

Author	Definition	Indicator
Jain and Aagja (2017)	Feelings, perceptions, and attitudes built up throughout the decision-making process and consumption chain involve an integrated series of interactions with people, objects, processes, and the environment, leading to cognitive, emotional, sensory, and behavioral responses.	Emotion Interaction Cognition Perceptions
The Beryl Institute (2020)	The sum of all interactions, shaped by an organization's culture, that influence patient perceptions, across the continuum of care	Family Perception

		Personal Interactions Organization culture Continuum care
Agency for Healthcare Research and Quality, Rockville, MD (2025)	Patient experience" refers to the full range of interactions that patients have with the healthcare system. This covers not only the medical or clinical aspects but also how patients perceive things like communication, respect, access, environment, and how well the system meets their preferences and needs.	Medical care Communication Respect Access system
Larson,E., Sharma, J., Bohren, M. A., & Tunçalp, Ö. (2019).	Patient experience is a process indicator and reflects the interpersonal aspects of quality of care received. It's composed of effective communication; respect and dignity; and emotional support.	Effective communication Respect and dignity Emotional support
Zao et al. (2024)	Patient experience refers to patients' actual experiences and feelings after receiving medical services from institutions, including subjective evaluations and objective descriptions of hospitals.	
Gualandi, Masella, Piredda, Ercoli, & Tartaglini, 2021; Y. Lin et al., 2020)	The patient experience is defined by interactions and perceptions	Interaction Perceived service
Rodrigues (2019)	Easy access to information, the way to respond to requests, respectful treatment, listening to the patient's needs and the compliance with individual values	Easy accesss to information Responsiveness Respectfull treatment Listening Compliance with individual values
WHO	Patient experience encompasses the range of interactions that patients have with the healthcare system, including care from doctors, nurses and hospital staff. As an integral component of healthcare quality, patient experience includes aspects of healthcare delivery that patients value highly, such as timely appointments, easy access to information and effective communication with clinicians and staff	The importance of care Emotional Social Cultural factor
AHRQ (2025).	"Patient experience is all about how patients interact with the healthcare system, including care from doctors, nurses and staff in hospitals. It's a key part of healthcare quality and includes things patients value highly, such as getting appointments on time, easy access to information, and good communication with clinicians and staff."	Patients' interaction with healthcare providers Easy appointment Easy access to information Good Communication with clinicians and staff
Coulter et al.,2009		choice of provider

		Access Waiting time Confidence Trust in health professionals Information and communication Involvement in treatment decisions Availability of staff when needed Hygiene, cleanliness and handwashing Food and physical environment Access to records and medical communications Being treated with dignity and respect Overall satisfaction
www.gallup.com		Confidence, Integrity, Pride and Passion, Engaging patients
Sharma et al.,2015	Patient experience is a process indicator and reflects the interpersonal aspects of quality of care received.:	Effective communication. Respect and dignity emotional support
		subjective experiences (eg, controlled pain), objective experiences (eg, waiting time for appointments), 3.perceptions about the behavior of doctors, nurses, technicians, assistants, and other professionals (eg, whether the doctor provided all the necessary information).

References: Previous Research

METHOD

This study conducts an extensive review of the literature on patient experience. A systematic search was carried out to identify studies examining patient experience. The search included online databases and institutional websites such as WHO, AHRQ, the Beryl Institute, and peer-reviewed journals. Keywords and combinations of terms used included: patient experience, healthcare services, perceived quality, customer satisfaction, structural equation modeling, patient experience model, patient conceptual model, patient applications, and dimensions of patient experience.

The selected articles, covering the period from 2009 to 2025, were analyzed using a narrative synthesis approach.

The extracted information included study objectives, research designs, target populations, measurement instruments, and key findings related to patient experience. Emerging patterns and themes across the studies were examined to consolidate the conceptual frameworks, measurement methodologies, and core dimensions of patient experience. This approach enabled a systematic comparison of the studies and facilitated the identification of gaps within the existing literature, thereby informing directions for future research. Table 2 provides a summary of the reviewed articles.

Table 2 Authors and Journal

Authors and Title	Journal
Avlijas, R. N., Squires, R. N., Janet, E., Lalonde, R. N., & Backman, R. N. (2023). Title: A concept analysis of the patient experience	Patient Experience Journal, 10(1), 15-63.
Avdic, D., Moscelli, G., Pilny, A., Sriubaite, I., 2019b. Title: Subjective and objective quality and choice of hospital: Evidence from maternal care services in Germany.	Journal of Health Economics Volume 68,
Bernardo, J. M. S., Mendes, G. H. S., Lizarelli, F. L., & Roscani, M. G. (2022). Title: Instruments to measure patient experience in hospitals: a scoping review. Gestão & Produção, 29, e0821. https://doi.org/10.1590/1806-9649-2022v29e0821	Gestão & Produção, 29, e0821. https://doi.org/10.1590/1806-9649-2022v29e0821
Doyle, C., Lennox, L., & Bell, D. (2020). Title: Patient experience: An analysis of the concept and its measurement.	Patient Experience Journal, 7(3), 12–20. https://doi.org/10.35680/2372-0247.1427
Daleske, C. B. (2024). Title:The Five-Dimension Patient Experience Model and Its Applications in Healthcare Using the Example of Spinal Cord Injury and COPD. .	Journal of Patient Experience, 11, 23743735241293965
Coulter, A., Fitzpatrick, R., & Cornwell, J. (2009). Measures of patients' experience in hospital: purpose, methods and uses (pp. 7-9).	London: King's Fund
Gualandi, R., Masella, C., Piredda, M., Ercoli, M., & Tartaglini, D. (2021). Title: What does the patient have to say? Valuing the patient experience to improve the patient journey.	BMC health services research, 21(1), 347.
Ponsignon, F., Smart, A., & Phillips, L. (2018). Title:A customer journey perspective on service delivery system design: insights from healthcare. International Journal of Quality & Reliability Management, 35(10), 2328-2347.	International Journal of Quality & Reliability Management, 35(10), 2328-2347.
Rapport, F., Hibbert, P., Baysari, M., Long, J. C., Seah, R., Zheng, W. Y., Jones, C., Preece, K., & Braithwaite, J. (2019). Title: What do patients really want? An in-depth examination of patient experience in four Australian hospitals.	BMC Health Services Research, 19(1), 38. http://dx.doi.org/10.1186/s12913-019-3881-z PMid:30646962. » http://dx.doi.org/10.1186/s12913-019-3881-z
Tunçalp Ö, Were WM, MacLennan C, Oladapo OT, Gülmezoglu AM, Bahl R, et al. (2015) Title: Quality of care for pregnant women and newborns – the WHO vision	BJOG. 2015 Jul;122(8):1045–9. doi: http://dx.doi.org/10.1111/1471- 0528.13451 PMID: 25929823

RESULTS AND DISCUSSION

Table 2 presents the definitions and indicators of patient experience identified in prior scholarly work.

To enhance clarity and analytical coherence, the author consolidated the fifty-one (51) indicators extracted from more than ten (10) sources by categorizing them based on their conceptual similarities.

The resulting thematic groupings are presented in Table 3.

Table 3 Patient's Experience Dimensions

Variable	Dimension	Indicators
Patient's Experience	Interaction	Patient's interaction with healthcare provider Doctor-patients interaction Nurses-patient interaction
	Effective communication	Good communication between patients and healthcare providers Good communication with doctor Listening
	Emphaty	Access to medical record Easy access to information Easy access to appointment Continuum Care
	Relational	Patient engagement Patient's involvement Respect and dignity Emotion Confidence Trust Compliance with individual values
	Responsiveness	1.Availability of staff when needed 2. Responsiveness of the healthcare provider
	Reliabilty	System
	Hospital environment	hygiene, cleanliness, handwashing food and physical environment
	Behavior	Doctor behavior

		Nurses' behavior Staff behavior
	Perception	Subjective perception Family perception

Reference: Analysis by the Author

As shown in Table 1, definitions of patient experience exhibit minor variations, reflecting differences in authors' conceptualizations of the construct. Such diversity in conceptualization can present challenges for its operationalization and measurement (Wolf & Jason, 2014; Rapport et al., 2019). Following an extensive review of the literature, the author identified that the measurement of patient experience encompasses nine (9) dimensions comprising twenty-seven (27) specific indicators.

Analysis of the indicators reveals that, among the fifty-one (51) identified items, only one pertains explicitly to medical care, whereas the remaining fifty focus on interactions among patients, physicians, nurses, and hospital staff, as well as effective communication, organizational systems, patient engagement, and psychological and emotional aspects. Accordingly, patient experience can be conceptualized as a journey or process that patients undergo while receiving healthcare services, highlighting the multidimensional and interactional nature of the experience within the hospital setting

DISCUSSION

In this study, nine (9) dimensions and twenty-seven (27) indicators are proposed to describe patient experience, based on prior research. The first dimension identified is the interaction between patients and healthcare providers, including physicians and nurses. This interaction is widely recognized as a critical factor in the healthcare context, as it reflects the efforts of medical service organizations to cultivate long-term patient relationships (An, Lee, & Shin, 2023). Thom et al. (2004) emphasized the centrality of patient–provider interaction in evaluating the quality of care, finding that higher levels of patient trust in medical staff are associated with stronger intentions to revisit the healthcare provider.

Several studies have further investigated patient satisfaction by analyzing interactions with medical staff through dimensions such as communication, responsiveness, and staff behavior (An et al., 2023). Evidence indicates that effective patient–provider interactions foster greater trust in healthcare professionals, which, in turn, enhances organizational performance. Nevertheless, the overall quality of care remains predominantly determined by the professional competence of healthcare providers (Wolf et al., 2014). Therefore, optimizing the quality of patient–provider interactions is essential to achieving high standards in healthcare service delivery

Effective communication is a fundamental component of high-quality healthcare. Interactions between physicians and patients play a critical role in facilitating informed decision-making, exchanging information, building trust, reducing patient uncertainty, addressing emotional concerns, and promoting self-management (Sharkiya, 2023). In this study, effective communication is conceptualized not only as clear and accurate exchanges between patients, healthcare providers, and physicians but also as the ability to actively listen and respond to patients' needs.

In addition to communication, empathy constitutes a pivotal element in the delivery of effective healthcare, often exerting a greater influence than is widely recognized. A deep understanding of patients' experiences enables providers to deliver more personalized care and achieve improved health outcomes. By prioritizing empathy, demonstrating compassionate behavior, and integrating empathetic practices into healthcare system design, organizations can cultivate a more humane and patient-centered environment, ultimately evolving into institutions that genuinely value patient well-being. Within healthcare services, empathy is reflected in practices such as providing easy access to medical records, ensuring straightforward appointment scheduling, and offering continuous and coordinated care

The relational dimension is a fundamental aspect of patient experience, encompassing active participation in treatment decisions, patient engagement, respect and dignity, continuity of care, emotional support, trust, confidence, and alignment with personal values. Interactions between patients and healthcare providers are central to understanding patients' needs and preferences, thereby enabling patient-centered care (Malenfant et al., 2022).

Building on this, relational experiences are shaped by genuine interactions among patients, their families, and healthcare professionals, fostering trust, collaboration, and empowerment. Research has linked relational practices to improved clinical outcomes, emphasizing their critical role in high-quality healthcare delivery (Emmamaly et al., 2022). Key features of relational practice include purposeful connections between individuals, authentic and transparent expression of emotions, attentiveness to patient needs while respecting differences, and mutual trust and respect, all of which contribute to patient empowerment (Fletcher, 1988).

Responsiveness represents another essential dimension of patient experience. In the healthcare context, it refers to the health system's capacity to meet patients' expectations during their interactions with providers (WHO, 2000). Responsiveness serves as a vital performance indicator within healthcare systems. In this study, responsiveness is assessed through indicators such as the availability of staff when required and the promptness with which healthcare providers address patient concerns. While patients may lack the technical knowledge to fully evaluate diagnoses, treatment decisions, or outcomes, they can reliably assess the responsiveness of the healthcare system based on their experiences (Mohammadi & Koorosh, 2014)

In health care service, reliability is included in one of dimensions of patient's experience that reflects the skills, abilities, and qualifications involved in providing adequate healthcare services. It also signifies a lower rate of critical incidents (Pronovost et al.,2006). Reliability includes the system where the hospital system enhances reliability by ensuring consistent procedures and processes that can lead to reliability, especially in complex organizations such as healthcare services which involve in high-risk service, it needs a good system to carry out daily activities and ensure reliability (Duplechan, 2024).

In hospital management, the perceptions of patients and their families are crucial to the success of the hospital. For instance, when customers perceive the service quality positively, it offers several advantages to the provider, such as lowering customer sensitivity to pricing (Berry, Parasuraman, & Zeithaml, 1994) and strengthening the provider's position in the market (Kesuma et al., 2013). Moreover, superior service quality can enhance perceived service value (Dubey & Sahu, 2019; Gumussoy & Koseoglu, 2016; Pevec & Pisnic, 2018; Prajitmutita et al., 2016), which ultimately leads to improved organizational performance.

It is essential for service providers to deeply understand customers' experiences and perceptions to offer enhanced services that promote satisfaction and loyalty (Bhattti & Hassab, 2019; Ghotbabadi et al., 2015). Given that service quality is subjective, healthcare providers should establish suitable service standards that reflect the nature of their services and the characteristics of the patients. This approach ensures that the services delivered align with customer expectations and effectively meet their need.

CONCLUSION

Patient-centeredness is a concept primarily shaped by healthcare providers, aimed at enhancing patients' competencies, attitudes, and behaviors in managing their personal healthcare. By empowering patients, healthcare systems can foster greater involvement and active engagement in care processes. Encouraging patients to take an active role not only cultivates a sense of ownership but also improves adherence to prescribed care pathways. Overall, patient engagement represents a comprehensive and mature framework for transforming patients into active partners in managing their own health.

Patients' perceptions of their experiences are closely linked to the quality of healthcare services they receive. Consequently, understanding patient experiences is essential for improving both clinical and non-clinical services across the entire hospital care continuum. Patient experience can be assessed by evaluating each stage of the healthcare journey, including admission, diagnosis, interactions with healthcare providers (physicians, nurses, and staff), treatment, discharge, and post-treatment follow-up. Patient experiences may be positive or

negative, depending on the quality of these interactions and processes. Since patient experience reflects the patient's journey throughout care, it is most effectively understood through a dimensional approach, measuring experiences at each phase of service delivery.

From a practical standpoint, these findings suggest that healthcare organizations should prioritize the development of systematic standards of care aligned with patient needs and expectations. Strategies include enhancing patient–provider interactions, promoting effective communication, fostering empathy, strengthening relational practices, ensuring continuity and consistency of care, optimizing the physical environment of healthcare facilities, and improving patients' and families' perceptions of service quality. Furthermore, reliable and responsive healthcare delivery can enhance patient satisfaction, trust, and loyalty, ultimately improving hospital performance and care quality while creating unique and memorable patient experiences.

This study has certain limitations. The identified dimensions and indicators of patient experience were derived from a selective review of the literature, focusing on studies addressing the concept, measurement, and dimensions of patient experience. Future research is recommended to conduct further empirical analyses, including exploratory factor analysis (EFA), reliability testing, confirmatory factor analysis (CFA), and model validation, to ensure the robustness and validity of the proposed framework.

REFERENCES

1. Anabila, P., Kumi, D. K., & Anome, J. (2019). Patients' perceptions of healthcare quality in Ghana: A review of public and private hospitals. International journal of health care quality assurance, 32(1), 176-190. https://doi.org/10.1108/IJHCQA-10-2017-0200
2. An, S., Lee, P., & Shin, C. H. (2023, September). Effects of servicescapes on interaction quality, service quality, and behavioral intention in a healthcare setting. In Healthcare (Vol. 11, No. 18, p. 2498). MDPI.
3. Avdic, D., Moscelli, G., Pilny, A., Sriubaite, I., 2019b. Subjective and objective quality and choice of hospital: Evidence from maternal care services in Germany. http://dx.doi.org/10.1016/j.jhealeco.2019.102229.
4. Avlijas, R. N., Squires, R. N., Janet, E., Lalonde, R. N., & Backman, R. N. (2023). A concept analysis of the patient experience. Patient Experience Journal, 10(1), 15-63.
5. Bernardo, J. M. S., Mendes, G. H. S., Lizarelli, F. L., & Roscani, M. G. (2022). Instruments to measure patient experience in hospitals: a scoping review. Gestão & Produção, 29, e0821. https://doi.org/10.1590/1806-9649-2022v29e0821
6. Bhatti, H. S., & Hassan, T. (2019). The influence of customer experience on customer loyalty for the mobile telecommunication services. In CONF-IRM (p. 8).
7. Brandão, A., & Ribeiro, L. (2023). The impact of patient experience on loyalty in the context of medical-aesthetic health services. Journal of Patient Experience, 10, 23743735231160422.
8. Daleske, C. B. (2024). The Five-Dimension Patient Experience Model and Its Applications in Healthcare Using the Example of Spinal Cord Injury and COPD. Journal of Patient Experience, 11, 23743735241293965.
9. Coulter, A., Fitzpatrick, R., & Cornwell, J. (2009). Measures of patients' experience in hospital: purpose, methods and uses (pp. 7-9). London: King's Fund.
10. De Jager, J. W., & du Plooy, A. T. (2015). The Measurement of Service Quality in Provincial Hospitals in South Africa. In Proceedings of the 2000 Academy of Marketing Science (AMS) Annual Conference (pp. 459-468). Springer, Cham.
11. Doyle, C., Lennox, L., & Bell, D. (2020). Patient experience: An analysis of the concept and its measurement. Patient Experience Journal, 7(3), 12–20. https://doi.org/10.35680/2372-0247.1427
12. Duplechan, L. (2024). How high reliability can facilitate clinical, organizational, and public health responses to global ecological health risks. AMA Journal of Ethics, 26(2), 171-178.
13. Emmamally, W., Erlingsson, C., & Brysiewicz, P. (2022). In-hospital interventions to promote relational practice with families in acute care settings: A scoping review. Health SA Gesondheid, 27(1).
14. Fatima, T., Malik, S. A., & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction and loyalty. International Journal of Quality & Reliability Management. https://doi.org/10.1108/IJQRM-02-2017-0031
15. Giovanis, A., Pierrakos, G., Rizomyliotis, I., & Binioris, S. (2018). Assessing service quality and customer

behavioral responses in hospital outpatient services: A formative measurement approach. International Journal of Quality and Service Sciences, 10(2), 98-116.

16. Gualandi, R., Masella, C., Piredda, M., Ercoli, M., & Tartaglini, D. (2021). What does the patient have to say? Valuing the patient experience to improve the patient journey. BMC health services research, 21(1), 347.
17. Holt, J. M. (2018, October). An evolutionary view of patient experience in primary care: A concept analysis. In Nursing Forum (Vol. 53, No. 4, pp. 555-566).
18. Ponsignon, F., Smart, A., & Phillips, L. (2018). A customer journey perspective on service delivery system design: insights from healthcare. International Journal of Quality & Reliability Management, 35(10), 2328-2347.
19. Jain, R., Aagja, J., & Bagdare, S. (2017). Customer experience–a review and research agenda. Journal of service theory and practice, 27(3), 642-662.
20. Ponsignon, F., Smart, A., & Phillips, L. (2018). A customer journey perspective on service delivery system design: insights from healthcare. International Journal of Quality & Reliability Management, 35(10), 2328-2347.
21. Malenfant, S., Jaggi, P., Hayden, K. A., & Sinclair, S. (2022). Compassion in healthcare: an updated scoping review of the literature. BMC palliative care, 21(1), 80.
22. Rapport, F., Hibbert, P., Baysari, M., Long, J. C., Seah, R., Zheng, W. Y., Jones, C., Preece, K., & Braithwaite, J. (2019). What do patients really want? An in-depth examination of patient experience in four Australian hospitals. BMC Health Services Research, 19(1), 38.http://dx.doi.org/10.1186/s12913-019-3881-z PMid:30646962. » http://dx.doi.org/10.1186/s12913-019-3881-z
23. Mohammadi, A., & Kamali, K. (2014). Responsiveness in the healthcare settings: a survey of inpatients. International journal of hospital research, 3(3), 123-132.
24. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: a multiple item scale for measuring consumer perceptions of service quality. Journal of Retailing, 64(1), 14-40.
25. Pronovost, P. J., Berenholtz, S. M., Goeschel, C. A., Needham, D. M., Sexton, J. B., Thompson, D. A., ... & Hunt, E. (2006). Creating high reliability in health care organizations. Health services research, 41(4p2), 1599-1617.
26. Rodrigues, K. C. (2019). A era da experiência dos pacientes. GV EXECUTIVO, 18(1), 16-19. http://dx.doi.org/10.12660/gvexec.v18n1.2019.78186.
27. Larson, E., Sharma, J., Bohren, M. A., & Tunçalp, Ö. (2019). When the patient is the expert: measuring patient experience and satisfaction with care. Bulletin of the World Health Organization, 97(8), 563.
28. Sharkiya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: a rapid review. BMC Health Services Research, 23(1), 886.
29. Silva, J. H. O., Mendes, G. H. S., Cauchick Miguel, P. A., Amorim, M., & Teixeira, J. G. (2021). Customer experience research: intellectual structure and future research opportunities. Journal of Service Theory and Practice, 31(6), 893-931. http://dx.doi.org/10.1108/JSTP-08-2020-0193 » http://dx.doi.org/10.1108/JSTP-08-2020-0193
30. Tunçalp, Ö., Were, W. M., MacLennan, C., Oladapo, O. T., Gülmezoglu, A. M., Bahl, R., ... & Bustreo, F. (2015). Quality of care for pregnant women and newborns—the WHO vision. Bjog, 122(8), 1045.
31. Turay, T., & Elsandra, Y. (2025). Student Satisfaction or University Reputation? What Is More Important for A Memorable Student Experience. Jurnal Ekonomi dan Bisnis Dharma Andalas, 27(1), 62-72.
32. Zeithaml, V. A. (1988). Consumer perceptions of price, quality, and value: a means-end model and synthesis of evidence. The Journal of marketing, 2-22.
33. Zeithaml, V. A., Berry, L. L., & Parasuraman, A. (1996). The behavioural consequences of service quality. the Journal of Marketing, 31-46. https://doi.org/10.1177/002224299606000203
34. Zhao, Z., Zhang, Z., Yang, C., Li, Q., Chen, Z., & Yin, W. (2024). The influence of patient experience and patient trust on willingness to see a doctor based on SOR theory. BMC Health Services Research, 24(1), 1278.