

FROM SERVICE QUALITY TO PATIENT LOYALTY: A SCOPING REVIEW OF HEALTHCARE EXPERIENCE

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ABSTRACT

The global shift toward patient-centered care has prompted healthcare providers to prioritize medical effectiveness and the quality of patient experience. This scoping review aims to map the relationship between service quality, patient satisfaction, and loyalty within healthcare facilities and identify the underpinning theories. Guided by the PRISMA-ScR protocol, this study analyzes 15 primary research articles published between 2021 and 2024. Findings reveal that service quality, reliability, empathy, physical infrastructure, and effective communication are key determinants of patient satisfaction. Furthermore, trust, percept value, and service equity enhance this relationship and trigger long-term loyalty, mainly through word of mouth. The three main theoretical frameworks, Expectancy Disconfirmation Paradigm (EDP), Equity Theory, and Value Percept Theory, are confirmed as critical to explaining patient satisfaction and loyalty. This review highlights the necessity of a comprehensive service management strategy that integrates technical, emotional, and relational dimensions to sustain patient loyalty.

Keywords: Service Quality, Patient Satisfaction, Loyalty, Healthcare Facility.

INTRODUCTION

The global healthcare sector has significantly transformed toward a patient-centered care paradigm in recent decades. Patients now expect not only medically effective treatment but also a holistic and satisfying service experience—covering emotional, psychological, and informational needs (Rathert et al., 2012). Patient satisfaction is increasingly considered a key indicator of healthcare quality and a crucial component of evaluating service outcomes (Fatima et al., 2018). This satisfaction reflects the

extent to which healthcare services meet or exceed patients' initial expectations (Sadeh, 2017; Xesfingi & Vozikis, 2016). In the context of service quality, patient satisfaction is often equated with consumer satisfaction, which is closely linked to perceptions of hospital service quality (Asnawi et al., 2019) Hanefeld et al., (2017) emphasize that patient satisfaction is a significant outcome of medical procedures, as it relates to patients' understanding of the service quality they expect and receive. However,

satisfaction alone is not sufficient to ensure long-term patient retention.

Patient experience has emerged as a key factor bridging service quality with loyalty. Unlike fleeting satisfaction, patient experience covers the entire patient journey—from the registration process and interactions with healthcare professionals to the quality of medical information communication, the comfort of the care environment, and the emotional support provided. Recent studies have shown that positive patient experiences are crucial for fostering loyalty (Chen et al., 2022). Patient loyalty reflects more than repeat visits; it also encompasses a tendency to recommend services and an emotional attachment to a healthcare facility. Building this loyalty is a complex challenge in many healthcare systems because it is influenced by the technical competence of medical services and the overall quality of the patient's experience throughout the care process.

Several empirical studies have explored the link between service quality, satisfaction, and loyalty in various healthcare facility contexts. For example Mahmud et al., (2021) demonstrated that empathy, physical facilities, and perceived safety significantly influence patient satisfaction and loyalty in the context of medical tourism in South Asia. In Indonesia, Khayru & Issalillah (2022), found a robust correlation ($r = 0.83$) between SERVQUAL dimensions and patient satisfaction at community health centers (Puskesmas), demonstrating the importance of service quality even at the primary care level. Meanwhile, Lin & Yin (2022), emphasized the role of brand image and perceived value in shaping patient satisfaction and loyalty at private dental clinics in China,

where satisfaction was a key mediator of the relationship between quality and loyalty.

The concept of service quality in healthcare often refers to the SERVQUAL model (Parasuraman et al., 1988) which includes: Tangibles (physical facilities and equipment), Reliability (the ability to deliver accurate and consistent service), Responsiveness (the promptness in addressing patient needs), Assurance (competence and attitudes that build trust), and Empathy (individual attention and understanding). Several previous studies have confirmed that these dimensions: tangibles, reliability, and empathy, strongly predict increased patient satisfaction (Cai et al., 2025). However, the relationship between satisfaction and loyalty is not necessarily straightforward.

Three main theoretical frameworks dominate in analyzing patient satisfaction in healthcare facilities: the Expectancy Disconfirmation Paradigm (EDP), Equity Theory, and Value-Percept Theory. Each offers a different perspective on how satisfaction is formed and how it contributes to patient loyalty. However, research findings on the relationship between these three variables in healthcare facilities remain mixed, making a more comprehensive literature review necessary.

However, the relationship between service quality, satisfaction, and loyalty has not always been consistent across contexts. This highlights the need for a systematic mapping of existing findings. Therefore, this study employed a scoping review method to map relevant evidence and identify unexplored research gaps. This approach was used to examine how service quality explores the interrelationship between service quality, patient satisfaction, and

patient loyalty as discussed in the literature on healthcare facilities and the underlying theories.

LITERATURE REVIEW

Customer satisfaction refers to a psychological condition that emerges when individual needs, desires, and expectations are adequately met through the performance of a product or service. Within the healthcare sector, patient satisfaction functions as a vital indicator that reflects perceived service quality, ranging from clinical competence and interpersonal communication to the availability and adequacy of supporting infrastructure (Kottler & Keller, 2016; Oliver, 2010).

The perception of service quality significantly shapes patients' experiences and attitudes, directly influencing not only their satisfaction levels but also their long-term commitment and loyalty to healthcare providers. To evaluate service quality comprehensively, the SERVQUAL framework is the most widely adopted model. It categorizes service quality into five key dimensions: reliability, responsiveness, assurance, empathy, and tangibles. These dimensions are particularly pertinent in healthcare, where patients not only consider the clinical outcomes but also emphasize clear communication, the professionalism and empathy of medical personnel, and the physical environment of the service facility.

Among theoretical frameworks explaining satisfaction, the Expectancy Disconfirmation Paradigm (EDP), introduced by Oliver, remains foundational. According to EDP, satisfaction arises when the actual performance of a service meets or surpasses the expectations initially held by

consumers. Positive disconfirmation, where performance exceeds expectations, leads to satisfaction, while negative disconfirmation results in dissatisfaction (Yüksel & Yüksel, 2008). This model continues to be widely utilized in studies examining consumer behavior across industries, including healthcare.

Alongside EDP, Equity Theory also offers valuable insights into patient satisfaction by focusing on fairness in the exchange relationship between service users and providers. This theory posits that consumers assess whether the resources they invest, such as time, money, and effort, are equitably balanced by the benefits they receive. A perceived imbalance, where inputs outweigh outcomes, leads to dissatisfaction (Woodruff et al., 1983). In public healthcare institutions such as community health centers and state hospitals, this perception of fairness is even more critical, particularly among marginalized populations like older adults and beneficiaries of national health insurance (JKN).

In contrast to EDP and Equity Theory, the Value-Percept Disparity Theory, proposed by Westbrook & Reilly, (2001), underscores the congruence between received services and the consumer's deeply held values and personal needs. This theory critiques the assumption within EDP that expectations are always accurate predictors of satisfaction. Instead, it argues that the extent to which a service aligns with individual value systems is a more accurate determinant of satisfaction than mere expectation fulfillment.

These theoretical models have been substantiated through numerous empirical investigations. For example, Mahmud et al., (2021), conducted a cross-national study in the field of medical tourism and concluded that among the SERVQUAL

dimensions, empathy and assurance exerted the most substantial influence on patient satisfaction. This emphasizes the role of emotional connection and perceived safety in fostering favorable perceptions. Similarly, Kijima et al., (2021), in their exploration of elderly primary care in Japan, identified fairness and a familial service orientation as essential in cultivating trust and satisfaction among elderly patients. These findings highlight the multifaceted drivers of satisfaction and underscore the importance of tailoring healthcare services to emotional and social needs. However, it is crucial to recognize that achieving satisfaction is not the ultimate objective in healthcare delivery; it acts instead as a conduit to patient loyalty.

Loyalty manifests not only through repeated visits but also through patients' willingness to recommend services via word of mouth, emotional attachment to the provider, and sustained trust in the healthcare organization (Lin & Yin, 2022; Shie et al., 2022). Although satisfaction often mediates the path toward loyalty, other elements such as perceived trustworthiness, brand image, and value congruence equally shape loyalty formation and must be included in comprehensive analytical models.

Consequently, the interplay between service quality, satisfaction, and loyalty cannot be adequately captured through a linear lens. A holistic and multidimensional approach is essential, one that integrates cognitive, emotional, and contextual variables. This is especially pertinent in healthcare, where patient choices are deeply embedded in ethical, emotional, and relational considerations. As such, adopting a theoretical model that

accommodates these complex dynamics is crucial for both academic exploration and practical implementation.

Given the complex, non-linear interplay between service quality, satisfaction, and loyalty, shaped by cognitive, emotional, and contextual factors, a holistic and multidimensional analytical approach is essential. Therefore, this scoping review is conducted to obtain a more comprehensive understanding of how service quality shapes satisfaction and ultimately impacts patient loyalty. Specifically, it aims to map the relationships between these three variables, identify the most influential factors, and examine the key theories used in prior research to explain this formation process in healthcare settings.

Based on the above explanation, the main research question in this study is: "What is the relationship between service quality, patient satisfaction, and patient loyalty in health care facilities?"

RESEARCH METHODOLOGY

This study employed a scoping review method guided by the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews). Data sources were retrieved from major academic databases, including PubMed, Scopus, ScienceDirect, and Emerald. The search was conducted in June 2025 using the following keyword combinations: "patient satisfaction" AND "service quality" AND "patient loyalty" AND "healthcare facilities." Boolean operators and quotation marks were applied according to each database's search guidelines to ensure precise results. To ensure a robust data extraction process, this

review employed manual coding following the principles of thematic content analysis. The authors developed a coding framework encompassing the study's objectives, methodology, population demographics, analysis techniques, and theoretical foundation. To minimize bias, at least two reviewers independently screened the full text and discussed discrepancies in findings. The retrieved articles were organized and de-duplicated using Rayyan, a reference management system. An initial selection was made by screening the titles and abstracts according to predefined inclusion and exclusion criteria. Only studies that passed the initial screening were fully read for comprehensive data extraction.

The inclusion criteria comprised primary, peer-reviewed articles published within the last five years, focusing on service quality, patient satisfaction, and loyalty in healthcare facilities. The exclusion criteria were established to refine the scope, eliminating editorials, abstracts without full texts, or studies unrelated to healthcare services. Data from the included articles were extracted and compiled in a matrix table summarizing study type, year, location, research objectives, participants, procedures, data and instruments, data collection methods, analysis techniques, and other relevant methodological aspects.

This review used the Population, Concept, Context (PCC) framework (Peters et al., 2020). The population refers to patients and

their families receiving healthcare facility services. The concept covers the interrelationship between service quality, patient satisfaction, and loyalty. The context focuses on hospital services, community health centers (puskesmas), and clinics.

The literature identification began with database searches in ScienceDirect (n = 911), Scopus (n = 22), PubMed (n = 17), and Emerald (n = 1,020). Out of 1,970 identified records, 80 duplicates were removed, and 295 were excluded by the automated screening tool.

A total of 1,635 articles were then screened manually based on the inclusion and exclusion criteria. Articles that were not original research (984) were excluded, leaving 651 reports for further review based on their titles and abstracts; however, 593 of these were eliminated due to irrelevance. Subsequently, 53 full-text articles were assessed for eligibility, but 38 did not align with the research focus and were excluded. Ultimately, 15 articles were selected and included in the final scoping review analysis. The complete step-by-step process is illustrated in the PRISMA diagram (Figure 1).

This review exclusively used publicly available sources and did not require ethical approval. Nevertheless, the authors complied with moral principles and scientific writing standards and properly credited all referenced scholarly works. The insights gained from this review are expected to serve as a theoretical foundation for efforts to enhance patient satisfaction and loyalty within healthcare settings.

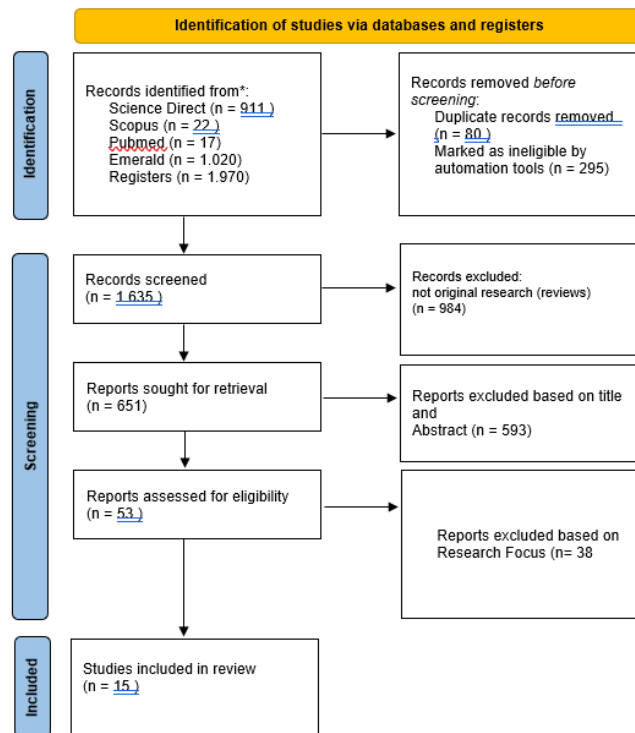


Figure 1. PRISMA Diagram

RESEARCH RESULTS

This scoping review analyzed 15 research articles published between 2021 and 2024 that met the inclusion criteria. Of these, eight studies (53.33%) used a quantitative approach with Structural Equation Modeling (SEM), while seven studies (46.66%) employed regression or correlation analysis. In terms of geographical distribution, the majority of studies were conducted in Asia (77.8%), with the following breakdown: Southeast Asia (Indonesia, Vietnam, Thailand – 7 studies), East Asia (China, Japan – 3 studies), and the Middle East (5 studies). The healthcare contexts examined varied, covering public and private hospitals (10 studies), specialist clinics (2 studies), and community health centers or primary care facilities (3 studies).

Emerging patterns across regions indicate that Southeast Asian studies tend to emphasize primary care and community health centers

(Puskesmas) contexts, where affordability and equitable access are strong determinants of satisfaction and loyalty pathways. In contrast, studies in the Middle East highlight the role of trust, religious or cultural norms, and communication between patients and providers in influencing loyalty in hospital settings. Meanwhile, East Asian studies generally address specialist services and private clinics, focusing on the interrelationships between brand image, perceived value, and service quality. This variation underscores the importance of considering local context when designing strategies to enhance patient loyalty. Table 1 summarizes the articles selected and analyzed. It demonstrates that service quality consistently emerges as the most fundamental factor shaping patient satisfaction across diverse healthcare settings.

The SERVQUAL dimensions, reliability, responsiveness, assurance, empathy, and tangibles, are the dominant indicators influencing patients' perceptions of service quality (Khayru & Issalillah, 2022; Mahmud et al., 2021; Sholeh & Chalidyanto, 2021; Siripipatthanakul, 2021).

Beyond service quality, several studies emphasize the significant role of physical facilities in ensuring smooth and satisfactory service delivery. For instance, the survey by Hairudin & Oktaria (2024) highlights that hospital

infrastructure and facilities have a substantial impact on patient satisfaction – in some cases, an even greater effect than technical service aspects alone (Hairudin & Oktaria, 2024).

Interpersonal relationships, communication, trust, and facility image have been identified as key factors that strengthen the impact of service quality on patient loyalty (Alodhialah et al., 2024; Dayan et al., 2022; Lin & Yin, 2022; Mahmud et al., 2021; Shie et al., 2022; Siripipatthanakul, 2021).

Table 1. Synthesis and Reporting Of Results

No	Author & Year	Location	Focus & Context	Key Findings	Theory/ Model
1	Lin & Yin, 2022	China (private dental clinic)	This paper examines the influence of service quality, brand image, and perceived value on patient satisfaction, leading to greater patient loyalty.	Service quality and brand image influence loyalty through satisfaction.	EDP .
2	Shie et al., 2022	China (general hospital)	Highlights that positive service encounters strengthen patient trust, resulting in higher loyalty.	Patient-staff interactions improve trust & loyalty.	EDP and perceived value theory.
3	Alodhialah et al., 2024	Saudi Arabia	Good communication increases patient satisfaction and strengthens loyalty.	Doctor-patient communication is key to recommendation intention.	EDP and equity theory.
4	Wartiningasih et al., 2022	Indonesia (Surabaya Community Health Center)	Highlights that holistic care and perceived customer value improve satisfaction and help maintain	Emotion, social, and value for money are significant.	EDP, equity theory, and perceived value theory.

			BPJS patient loyalty.		
5	Khayru & Issalillah, 2022	Indonesia (Surabaya Community Health Center)	Service quality measured by SERVQUAL affects satisfaction and leads to greater loyalty.	Strong correlation ($r=0.83$); SERVQUAL is dominant.	EDP
6	Mrabet et al., 2022	Algeria (private hospital)	Focuses on the influence of SERVQUAL-based service quality on patient satisfaction.	Reliability & assurance significant; empathy not significant.	EDP
7	Siripipatthanakul, 2021	Thailand (dental clinic)	Service quality, satisfaction, Word Of Mouth, revisit intention	Satisfaction mediates the effect of quality on Word Of Mouth and revisit intention	EDP
8	Mahmud et al., 2021	Bangladesh medical tourism to India	Emotions, functions, social influence, trust	Empathy, physical facilities, service efficiency, and safety collectively enhance satisfaction and build patient loyalty.	EDP
9	Syah & Wijoyo, 2021	Indonesia (private hospital)	Service quality, satisfaction, loyalty	Service quality influences Word Of Mouth directly & through satisfaction	perceived value theory
10	Kijima et al., 2021	Japan (primary care)	PCAT components, satisfaction, loyalty	Longitudinality and family-centeredness strongly affect loyalty	Perceived value theory
11	Dayan et al., 2022	UAE (public hospital)	Service quality, hospital image, patient-doctor relationship, loyalty	Satisfaction mediates quality and loyalty; Word of Mouth and image are also significant	Perceived value and equity theory
12	Hairudin & Oktaria, 2024	Indonesia (Natar Medika Hospital)	Service quality, facilities, satisfaction, loyalty	Facilities have more influence than technical services; satisfaction mediates loyalty	EDP and Equity theory
13	Sholeh & Chalidyanto, 2021	Indonesia (Hospital X, Malang)	Service quality, satisfaction, loyalty	Strong mediation effect of satisfaction ($B = 0.886$)	EDP
14	Nguyen et al., 2021	Vietnam (private hospital)	Emotions, functions, social influence, trust	Social influence enhances perceived value and satisfaction, leading	Equity and perceived value theory

				to increased patient loyalty.
15	Aladwan et al., 2021	Jordan (public hospital)	Service quality, satisfaction, loyalty	Good service quality increases satisfaction and loyalty, providing valuable insights for service improvement initiatives
				<i>equity theory</i>

These findings highlight that effective communication and high-quality service interactions can significantly increase patients' intentions to recommend the services to others, thus acting as a catalyst for loyalty through positive experiences.

In addition, several studies underscore the importance of word of mouth as a critical intermediary that bridges patient satisfaction and loyalty. Word of Mouth functions as a powerful organic promotional channel, enhancing the trust of potential new patients through personal recommendations and testimonials (Mahmud et al., 2021; Siripipatthanakul, 2021; Syah & Wijoyo, 2021). Perceived value has also strengthened the link between satisfaction and loyalty. Elements such as emotional value, social

value, and the image of the healthcare facility play a vital role in sustaining long-term patient loyalty (Lin & Yin, 2022; Nguyen et al., 2021; Wartiningsih et al., 2022).

Moreover, the dimension of service equity has gained considerable attention. Patients' perceptions of fairness, cost affordability, and equal access have a significant influence on satisfaction, especially within public healthcare services and for vulnerable groups such as the elderly (Aladwan et al., 2021; Kijima et al., 2021; Wartiningsih et al., 2022). This underlines the need for healthcare managers to address the quality of clinical services and the fairness and accessibility of those services to build and maintain trust and loyalty among diverse patient populations.

DISCUSSION

The results of this scoping review consistently support the Expectancy Disconfirmation Paradigm (EDP) and the SERVQUAL model, which demonstrate that service quality exceeding patient expectations is directly associated with higher satisfaction and loyalty. The reviewed literature confirms that the EDP framework remains a dominant theoretical foundation for explaining how patient satisfaction is formed. Almost all included articles show a clear pattern: patients hold expectations before

using a service, and comparing these expectations with the actual service performance determines their satisfaction level. When the service matches or surpasses expectations, patients experience satisfaction, which becomes the foundation for loyalty. Satisfied and loyal patients are also more likely to share their positive experiences with others voluntarily—either directly or via social media—thus generating valuable word of mouth for healthcare providers. This pathway is relevant across diverse contexts,

from private hospitals (Mahmud et al., 2021; Siripipatthanakul, 2021) to primary healthcare centers (Khayru & Issalillah, 2022; Kijima et al., 2021; Wartiningsih et al., 2022).

In addition, Equity Theory is reinforced by studies examining perceptions of fairness, affordability, and equal access to public services (Aladwan et al., 2021; Kijima et al., 2021; Wartiningsih et al., 2022). For example, Kijima (2021), findings emphasize that among elderly patients in Japan, a sense of fairness and open communication significantly affect satisfaction levels. The Value-Percept Theory is also validated through repeated evidence of the roles of trust, facility image, and emotional value as key mediating factors. Studies (Dayan et al., 2022; Lin & Yin, 2022; Mahmud et al., 2021; Nguyen et al., 2021; Shie et al., 2022; Siripipatthanakul, 2021) confirm that loyalty is formed from satisfaction, not only technically, but also rooted in trust and service reputation.

Service quality has been shown to have a significant positive influence on patient satisfaction (Syah & Wijoyo, 2021). Service quality is a key predictor that strengthens patients' perceptions of the outpatient experience. Quality dimensions such as reliability, responsiveness, and empathy significantly contribute to satisfaction. Consistent with these findings, research by (Dayan et al., 2022) In the United Arab Emirates, perceived service quality was also found to significantly influence satisfaction. In this study, the patient-doctor relationship and hospital image dimensions reinforced service quality as a driver of long-term loyalty.

The role of word of mouth emerged as a crucial link connecting satisfaction and loyalty. Word Of

Mouth is a low-cost, high-impact promotional strategy supporting patient retention (Dayan et al., 2022; Mahmud et al., 2021; Siripipatthanakul, 2021; Syah & Wijoyo, 2021). Loyalty is not merely about the intention to return but also the willingness to recommend services to others and an emotional bond with the healthcare provider.

The findings of this review highlight that advancing service quality requires moving beyond purely technical tasks to embrace a more holistic, human-centered strategy. For healthcare managers, this means integrating systematic patient feedback mechanisms—such as digital satisfaction kiosks or post-visit surveys—to gather real-time insights and address service gaps promptly. Concurrently, investing in staff training that emphasizes empathetic communication, emotional intelligence, and trust-building behaviors—like providing transparent explanations of treatment plans and costs—can strengthen patient relationships and foster positive word of mouth.

At a broader level, the implications extend to practitioners, managers, and policymakers. First, service enhancement must consciously bridge clinical excellence with interpersonal warmth, particularly in high contact settings such as outpatient clinics and primary care centers. Second, ensuring fairness and transparency—especially in billing, resource allocation, and access within public health facilities—is critical to building trust among vulnerable populations. Visible complaint mechanisms and equitable service design can mitigate perceptions of unfair treatment. Third, tangible aspects of care deserve attention; investments in physical infrastructure, including comfortable waiting areas; clear

signage; and privacy-conscious layouts, directly improve perceived service quality and satisfaction. Fourth, for private providers, cultivating brand image and emotional connection through loyalty programs or personalized care can encourage repeat visits and referrals. Finally, given the significant contextual variations across health systems, interventions should be locally adapted. Co-designing programs with community stakeholders to align with cultural, social, and economic realities will be key to sustaining patient engagement and loyalty over the long term.

Overall, these findings demonstrate that while service quality is crucial, it is insufficient on its own. Patients evaluate not only technical aspects but also the emotional experience, clarity of communication, and a sense of being treated fairly. It is the combination of all these aspects that collectively shapes satisfaction and drives long-term loyalty. Therefore, efforts to enhance loyalty require a holistic approach that integrates excellent clinical care, warm interactions, supportive facilities, and relationships built on trust.

CONCLUSION

The findings of this scoping review confirm that service quality, supporting facilities, trust, communication, perceived service fairness, and perceived value are key components shaping patient satisfaction and loyalty. The pathway from service quality to satisfaction, word of mouth, and loyalty is strengthened by trust, a positive facility image, and a sense of fairness perceived by patients. The three theoretical frameworks Expectancy Disconfirmation Paradigm (EDP), Equity Theory, and

Value-Percept Theory complement one another to comprehensively explain this dynamic relationship. Accordingly, healthcare management strategies should integrate technical, relational, and emotional approaches to sustain and strengthen long-term patient loyalty.

Although this scoping review has comprehensively understood the pathways connecting service quality, satisfaction, and loyalty, several research gaps remain. There is a lack of quantitative meta-analyses specifically comparing satisfaction and loyalty pathways between public and private sectors in Southeast Asia. Furthermore, the relationships between trust, service encounters, and patients' cultural context are rarely explored. Research that includes potential moderating variables such as age, health literacy, and adoption of digital services is also limited. Therefore, future cross-country and longitudinal studies are needed to observe long-term patient loyalty patterns and further strengthen theory and practical applications in healthcare quality management.

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