Jurnal Kesehatan Kusuma Husada
Universitas Kusuma Husada Surakarta

Volume 17 No 2, Hal 115-123, Juli 2026
ISSN: 2087 – 5002 | E-ISSN: 2549 – 371X
https://doi.org/10.34035/jk.v17i2.2131

THE DETERMINANT ROLE OF PATIENT EXPERIENCE IN THE RELATIONSHIP BETWEEN HOSPITAL MARKETING AND PATIENT SATISFACTION

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ABSTRACT

Background: Rising competition among hospitals has heightened the importance of effective marketing strategies to improve patient satisfaction. Nonetheless, the success of these strategies relies not only on marketing efforts but also on patients' experiences during healthcare delivery. This study investigates the crucial role of patient experience in linking hospital marketing to patient satisfaction within both public and private hospitals in Malang Regency, Indonesia.
Methods: A cross-sectional study was carried out with 403 patients, consisting of 100 from a public hospital and 303 from two private hospitals, chosen via proportionate stratified random sampling. Data collection employed a validated and reliable structured questionnaire. Hierarchical Multiple Regression analyzed how patient experience adds to the link between hospital marketing and patient satisfaction.
Results: The findings revealed that hospital marketing significantly influenced patient satisfaction, accounting for 34.1% of the variance. After patient experience was incorporated into the regression model, the explanatory power increased to 64.1%, representing an additional 30.0% of explained variance. In the final model, patient experience demonstrated a stronger effect on patient satisfaction than hospital marketing, indicating its substantial contribution to improving the model's predictive ability.
Conclusion: The patient experience plays a vital role in strengthening the link between hospital marketing and patient satisfaction. Hospitals need to coordinate their marketing strategies with efforts to enhance patient experiences, including providing responsive service, reducing wait times, improving communication between patients and staff, and fostering a safe, comfortable, and patient-focused setting.
Keywords: hospitals, hospital marketing, patient experience, patient satisfaction

INTRODUCTION

Increasing competition among hospitals in Malang Regency has intensified the need for healthcare organizations to establish sustainable competitive advantages. The growing number of healthcare facilities, together with the expansion of private hospital networks, has shifted competition beyond promotional activities and infrastructure development toward the ability to deliver meaningful patient experiences throughout the healthcare journey (Berkowitz, 2021; Kotler et al., 2021).

Hospital marketing aims to establish long-term relationships between hospitals and patients by delivering healthcare services that meet patients' needs and expectations (Kotler et al., 2021). Marketing activities, including service promotion, institutional branding, and the effective implementation of the marketing mix, are expected to strengthen public trust

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and improve patient satisfaction. However, in many healthcare settings, these objectives are not always achieved. Hospitals may successfully attract patients through promotional activities and institutional reputation, yet patient satisfaction often remains suboptimal due to long waiting times, ineffective communication, fragmented service processes, and inconsistencies in service quality. Such gaps between patients' expectations and their actual healthcare experiences may weaken the effectiveness of hospital marketing strategies and reduce patients' overall satisfaction (Bleustein et al., 2020). Consequently, the success of hospital marketing depends not only on patients' initial perceptions but also on the actual experiences they encounter throughout healthcare delivery.

Patient experience has become a fundamental indicator of healthcare quality because it reflects patients' perceptions of the entire continuum of care, including registration procedures, communication with healthcare professionals, clinical services, and administrative processes (Wolf et al., 2021; Bull, 2021). Despite continuous efforts to improve healthcare quality, patient dissatisfaction remains a significant challenge worldwide. Previous studies have reported that dissatisfaction is commonly associated with prolonged waiting times, ineffective communication, limited patient involvement in decision-making, and inconsistent service delivery rather than with hospitals' promotional activities alone (Rather & Camilleri, 2022; Anhang Price et al., 2014). Consequently, hospitals may succeed in attracting patients through marketing initiatives, yet fail to achieve high levels of patient satisfaction when the actual healthcare experience does not meet patients' expectations. Enhancing patient satisfaction, therefore, requires hospitals to integrate marketing strategies with patient-centered care (World Health Organization, 2021) by improving service responsiveness, communication, care coordination, and the overall healthcare experience. Positive experiences reinforce patients' perceptions of service quality and satisfaction, whereas negative experiences may diminish satisfaction regardless of a hospital's reputation or marketing efforts.

Previous studies have consistently demonstrated that hospital marketing contributes to patient satisfaction, particularly through the marketing mix dimensions of people, process, and physical evidence (Zeithaml et al., 2023; Fatima et al., 2021). Meanwhile, emerging evidence suggests that patient experience exerts a more direct influence on patient satisfaction than marketing activities alone (Anhang Price et al., 2014). Despite these findings, existing studies have predominantly focused on direct linear relationships between hospital marketing and patient satisfaction, providing limited evidence regarding the underlying mechanism through which marketing efforts translate into patient satisfaction. Furthermore, few studies have quantified the incremental contribution of patient experience within a strategic hospital marketing framework, particularly in healthcare systems dominated by the Indonesian National Health Insurance (JKN-BPJS), where pricing flexibility and conventional promotional strategies are constrained. Comparative evidence involving both public and private hospitals in semi-urban districts also remains limited.

To address these gaps, this study introduces a novel analytical perspective, employing Hierarchical Multiple Regression to quantify the additional predictive value of patient experience beyond hospital marketing. Specifically, this study examines the determinant role of patient experience in strengthening the relationship between hospital marketing and patient satisfaction among patients receiving care at public and private hospitals in Malang Regency, Indonesia

RESEARCH METHOD

This quantitative study employed a cross-sectional design to examine the role of patient experience as a determinant in the relationship between hospital marketing and patient

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satisfaction. The study was conducted in one public hospital and two private hospitals in Malang Regency, Indonesia. The identities of the participating hospitals were withheld to ensure institutional confidentiality in accordance with research ethics principles.

The study population comprised all outpatients who had completed their healthcare services at outpatient clinics during the study period. A total of 403 respondents were selected using proportionate stratified random sampling. Eligible participants were patients aged 18 years or older who had completed the entire healthcare service process, were able to communicate effectively, and voluntarily agreed to participate by providing written informed consent. Patients requiring emergency care, those with cognitive impairment, and those who did not complete the healthcare service process were excluded.

Patient satisfaction, hospital marketing, and patient experience were assessed immediately after participants had completed all stages of outpatient care, including registration, medical consultation, pharmacy services (when applicable), and administrative procedures, before leaving the hospital. This approach was adopted to ensure that respondents evaluated their healthcare experience based on recent encounters and to minimize recall bias.

Data were collected using a structured questionnaire consisting of four sections: respondent characteristics, hospital marketing, patient experience, and patient satisfaction. All questionnaire items were measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The instrument underwent content validity assessment by three experts, construct validity testing using Pearson's product-moment correlation, and internal consistency reliability testing using Cronbach's alpha (Nunnally & Bernstein, 2021).

Data were analyzed using IBM SPSS Statistics version 26. Descriptive statistics were used to summarize respondents' characteristics and study variables. Pearson correlation analysis was performed to examine the relationships among the study variables. Subsequently, Hierarchical Multiple Regression was conducted to evaluate the determinant role of patient experience in the relationship between hospital marketing and patient satisfaction (Hair et al., 2022). In Model 1, hospital marketing was entered as the sole predictor of patient satisfaction. In Model 2, patient experience was added to determine its incremental contribution to the model. Prior to regression analysis, all assumptions of multiple regression, including normality, linearity, homoscedasticity, multicollinearity, and independence of residuals, were assessed and confirmed.

This study received ethical approval from the Health Research Ethics Committee of Universitas Kepanjen, Indonesia (Approval No. 387.1/S.Ket/KEPK/Univ-KPJ/III/2026). All participants were informed about the study objectives, the confidentiality of their responses, the voluntary nature of participation, and their right to withdraw from the study at any time without consequences.

RESULTS

Respondent Characteristics

Table 1. Respondent Characteristics (n=403)

Characteristics	Frequency (f)	Percentage (%)
Age (years)		
18–30	21	5.21
31–45	233	57.82
46–60	124	30.77
>60	25	6.20
Gender		
Male	112	27.79
Female	291	72.21

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Characteristics	Frequency (f)	Percentage (%)
Educational level		
Primary school	19	4.72
Junior high school	112	27.79
Senior high school	237	58.81
College/University	35	8.68
Hospital states		
Public hospital	100	24.81
Private hospital	303	75.19
Payment method		
JKN-BPJS	277	68.74
Self-payment	87	21.58
Private insurance	39	9.67
Hospital visits		
First visit	174	43.18
2-3 visits	217	53.85
>3 visits	12	2.98

The characteristics of the respondents are presented in Table 1. The respondents were predominantly aged 31-45 years (57.82%), female (72.21%), had completed senior high school education (58.81%), received healthcare services under the Indonesian National Health Insurance (JKN-BPJS) scheme (68.74%), and had visited the hospital two to three times (53.85%). Most respondents were treated in private hospitals (75.19%). Overall, the respondent profile was dominated by adults of productive age with previous healthcare experience, providing an appropriate basis for evaluating hospital marketing, patient experience, and patient satisfaction.

Descriptive Statistics of Study Variables

Descriptive statistics for each research variable are presented in Table 2.

Table 2. Descriptive Statistics of the Study Variables (n=403)

Variabel	Minimum – Maximum	Mean ± SD	Category
Hospital Marketing	2.40 – 5.00	4.12 ± 0.53	Good
Patient Experience	2.20 – 5.00	3.95 ± 0.61	Good
Patient Satisfaction	2.00 – 5.00	4.08 ± 0.56	Good

Descriptive statistics for the study variables are presented in Table 2. Hospital marketing obtained the highest mean score (4.12 ± 0.53), followed by patient satisfaction (4.08 ± 0.56) and patient experience (3.95 ± 0.61). All variables were classified as good, indicating generally positive perceptions of hospital marketing activities, healthcare experiences, and overall satisfaction.

Table 3. Distribution of Respondents According to the Hospital Marketing (7P) Dimensions

Dimensi	Good (%)	Fair (%)	Total (%)
Product	391 (97,0)	12 (3,0)	403 (100)
Price	383 (95,0)	20 (5,0)	403 (100)
Place	375 (93,1)	28 (6,9)	403 (100)
Promotion	380 (94,3)	23 (5,7)	403 (100)
People	388 (96,3)	15 (3,7)	403 (100)
Process	388 (96,3)	15 (3,7)	403 (100)
Physical Evidence	367 (91,1)	36 (8,9)	403 (100)

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As shown in Table 3., all dimensions of hospital marketing were predominantly rated as good, with positive responses exceeding 90% across all dimensions. The Product dimension received the highest proportion of positive ratings (97.0%), whereas Physical Evidence received the lowest (91.1%). Nevertheless, respondents generally perceived all dimensions of the hospital marketing mix positively.

Assumption Testing

Prior to the regression analysis, all assumptions were examined to ensure the model's appropriateness.

Tabel 4. Results of the Regression Assumption Tests

Assumption	Indicator	Results	Intepretation
Normality	*Kolmogorov–Smirnov*	0.076	Satisfied
Linearity	*Test for Linearity*	0.056	Satisfied
Homoscedasticity	*Glejser*	0.089	Satisfied
Multikolinearity	*Tolerance*	0.281	Satisfied
	VIF	3.17	Satisfied
Independence Residual	*Durbin–Watson*	1.98	Satisfied

Prior to regression analysis, all assumptions of multiple regression were examined. As shown in Table 4, the data met the assumptions of normality, linearity, homoscedasticity, the absence of multicollinearity, and independence of residuals, indicating that the dataset was appropriate for Hierarchical Multiple Regression.

Table 5. Pearson Correlation Between Hospital Marketing Dimensions and Patient Satisfaction

Dimensi Hospital Marketing	**Coefficient Correlation (r)**	**p-value**	**Interpretation**
Product	0.662	<0.001	Strong positive correlation
People	0.661	<0.001	Strong positive correlation
Place	0.598	<0.001	Moderately strong positive correlation
Promotion	0.602	<0.001	Strong positive correlation
Price	0.650	<0.001	Strong positive correlation
Process	0.663	<0.001	Strong positive correlation
Physical Evidence	0.681	<0.001	Strong positive correlation

Pearson correlation analysis demonstrated that all dimensions of hospital marketing were positively and significantly associated with patient satisfaction ($p < 0.001$) (Table 5). Among the seven dimensions, Physical Evidence exhibited the strongest correlation ($r = 0.681$), followed by Process ($r = 0.663$), Product ($r = 0.662$), People ($r = 0.661$), and Price ($r = 0.650$).

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Table 6. Hierarchical Multiple Regression (*Model Summary*)

Model	Predictor	R	R^2	Adjusted R^2	ΔR^2	F Change	Sig.
1	Hospital Marketing	.403[a]	.341	.303	.300	2.69	.034
2	Hospital Marketing + Patient Experience	.801[a]	.641	.608		5.14	.004

Tabel 7. Hierarchical Multiple Regression (*Coefficients*)

Model	Variables	B	SE	β	t	p
Model 1	Hospital Marketing	0.230	0.074	0.183	3.11	0.002
Model 2	Hospital Marketing	0.273	0.118	0.162	2.320	0.041
	Patient Experience	0.289	0.080	0.301	3.613	0.002

The results of the Hierarchical Multiple Regression analysis are presented in Tables 6 and 7. In Model 1, hospital marketing accounted for 34.1% of the variance in patient satisfaction ($R^2 = 0.341$). After patient experience was entered into the model (Model 2), the explanatory power increased to 64.1% ($R^2 = 0.641$), representing an additional 30.0% of explained variance ($\Delta R^2 = 0.300$). The change in model fit was statistically significant ($p = 0.004$), indicating that patient experience substantially improved the model's predictive performance.

The regression coefficients further demonstrated that both hospital marketing ($\beta = 0.162$, $p = 0.041$) and patient experience ($\beta = 0.301$, $p = 0.002$) were significant predictors of patient satisfaction. Notably, patient experience exhibited a larger standardized regression coefficient than hospital marketing, suggesting a stronger contribution to patient satisfaction after controlling for hospital marketing.

DISCUSSION

This study demonstrated that hospital marketing significantly influenced patient satisfaction, and its predictive power increased substantially after patient experience was incorporated into the regression model. The increase in the coefficient of determination from 34.1% to 64.1% indicates that patient experience contributed an additional 30.0% to the explained variance in patient satisfaction. These findings suggest that hospital marketing alone is insufficient to achieve optimal patient satisfaction unless it is supported by positive healthcare experiences throughout the service delivery process.

The findings reinforce the concept that hospital marketing extends beyond promotional activities and institutional branding. Effective marketing strategies should be reflected in the quality of healthcare services experienced by patients. In healthcare settings, marketing success depends on a hospital's ability to deliver services that meet or exceed patients' expectations throughout their healthcare journey (Fatonah & Palupi, 2020). In this study, satisfying patient experiences were reflected in timely access to healthcare services, clear and empathetic communication from healthcare professionals, efficient service processes, comfortable physical facilities, and coordinated care throughout the outpatient visit, which align with the multidimensional aspects of patient experience (Rivai et al., 2020). These aspects enable patients to perceive consistency between the promises conveyed through hospital marketing and the actual quality of healthcare services received, as perceived service quality that matches patient expectations ultimately strengthens trust and reinforces

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the hospital's brand image in the patients' minds (Fatonah & Palupi, 2020; Rivai et al., 2020).

These findings are consistent with the Expectation Confirmation Theory, which proposes that satisfaction is achieved when actual experiences meet or exceed prior expectations (Bhattacherjee & Premkumar, 2021; Zhang & Chen, 2022). Hospital marketing shapes patients' initial expectations, whereas patient experience determines whether these expectations are confirmed during healthcare delivery. The elements of hospital marketing including service quality (product), accessibility (place), pricing transparency (price), communication and promotion, healthcare personnel (people), service processes (process), and physical facilities (physical evidence)—influence patient satisfaction by creating favorable healthcare experiences. When these marketing elements are implemented consistently during healthcare delivery, patients are more likely to perceive higher service quality, develop greater trust in the hospital, and report higher levels of satisfaction. Consequently, patient experience serves as an essential mechanism through which hospital marketing translates into patient satisfaction.

Among the dimensions of hospital marketing, physical evidence demonstrated the strongest correlation with patient satisfaction. This finding suggests that patients place considerable value on the physical environment, cleanliness, and the availability of healthcare facilities when evaluating service quality (Zeithaml et al., 2023; Street et al., 2020). In addition, the process and people dimensions were also strongly associated with patient satisfaction, highlighting the importance of efficient service delivery and effective interactions between healthcare professionals and patients (Berry & Seltman, 2021; Santana et al., 2021). These results emphasize that patient satisfaction is shaped not only by tangible facilities but also by the quality of interpersonal communication and service processes.

The predominance of respondents covered by the Indonesian National Health Insurance (JKN-BPJS) provides important contextual insight into these findings. Within this healthcare financing system, hospitals have limited flexibility to compete through pricing strategies. Consequently, service quality, communication, and patient experience become the primary factors influencing patient satisfaction rather than conventional marketing approaches (BPJS Kesehatan, 2024; Kementerian Kesehatan Republik Indonesia, 2024a). This finding further supports the role of patient experience as a key determinant of hospital marketing's effectiveness in improving patient satisfaction.

Overall, this study contributes to the existing literature by demonstrating that the effectiveness of hospital marketing should not be evaluated solely through its direct association with patient satisfaction. Instead, its impact should be understood in light of the additional contribution of patient experience. By applying Hierarchical Multiple Regression, this study provides empirical evidence that patient experience significantly enhances the predictive capacity of hospital marketing, offering a more comprehensive explanation of patient satisfaction in both public and private hospitals. From a practical perspective, hospitals should strengthen their marketing strategies by aligning promotional messages with the actual quality of healthcare services. This can be achieved by improving service responsiveness, reducing waiting times, enhancing communication between healthcare professionals and patients, optimizing service processes, and maintaining clean, safe, and comfortable healthcare facilities. Integrating these patient-centered initiatives into hospital marketing strategies may improve patient satisfaction, foster patient trust, and strengthen long-term patient loyalty.

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CONCLUSION

Hospital marketing significantly influences patient satisfaction in both public and private hospitals in Malang Regency. The inclusion of patient experience substantially improved the explanatory power of the regression model, indicating that patient experience plays a pivotal role in the relationship between hospital marketing and patient satisfaction. These findings suggest that hospital marketing strategies should be integrated with initiatives to enhance the patient experience through efficient healthcare services, empathetic communication, and a supportive healthcare environment. Such integration may strengthen patient satisfaction and contribute to sustainable competitive advantages for healthcare organizations. Based on these findings, hospital managers are encouraged to develop patient-centered marketing strategies that align promotional activities with the actual quality of healthcare services. Priority should be given to improving service responsiveness, reducing waiting times, strengthening communication between healthcare professionals and patients, and continuously monitoring patient experience as a key performance indicator for service quality improvement. Future research is recommended to examine this relationship using longitudinal or multi-center designs and to explore additional organizational factors that may influence patient satisfaction.

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ISSN: 2087 – 5002 | E-ISSN: 2549 – 371X
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