

Service Experience Capability Effects on Patient Satisfaction Through Expectation Disconfirmation in Primary Healthcare

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Abstract

Purpose: This study aims to develop and test a model explaining the effect of Service Experience Capability (SEC) on patient satisfaction through disconfirmation mediation in primary inpatient healthcare services. SEC is conceptualized as a higher-order organizational capability that integrates organizational processes, technology, and patient interactions to enhance service experiences.

Research Methodology: This study employed a quantitative explanatory survey with a cross-sectional design involving 150 patients from Rahayu Main Inpatient Clinic and Ciko Main Inpatient Clinic in Lampung Province, Indonesia. Data were collected using purposive sampling and analyzed through Partial Least Squares Structural Equation Modeling (PLS-SEM) using SmartPLS version 4.1.1.2.

Results: The findings show that SEC positively and significantly affects disconfirmation and patient satisfaction. Disconfirmation also significantly influences satisfaction and partially mediates the relationship between SEC and patient satisfaction, emphasizing the role of experience management in shaping patient evaluations.

Conclusions: Patient satisfaction is influenced not only by clinical service quality but also by organizational capability in managing service experiences.

Limitations: This study is limited to two inpatient clinics and a cross-sectional design.

Contributions: It contributes to healthcare management literature by positioning SEC as a higher-order capability and explaining its role in improving patient satisfaction through disconfirmation mechanisms.

Keywords: *Disconfirmation, Dynamic Capabilities, Primary Health Care, Satisfaction Patients, Service Experience Capability*

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1. Introduction

Development sector service health in Indonesia shows increasingly dynamic competitive along increasing amount provider services, transformation system service, development digital technology, and the increasing literacy health public ([Aisyah, Setiawan, Lokopessy, Faradiba, Setiaji, Manikam, & Kozlakidis, 2024](#); [Rahman, 2024](#)). Change the push patient become more critical, selective, and based information in evaluate quality Health ([Bloom, Canning, Kotschy, Prettnner, & Schünemann, 2024](#); [McMullan, 2006](#); [Tangcharoensathien, Witthayapipopsakul, Panichkriangkrai, Patcharanarumol, & Mills, 2018](#)). As a result, organizations service health no longer enough depends on quality clinical, but must also be able to present experience superior and patient - oriented service ([Narayan, Srivastava, Sharma, & Mohanty, 2025](#); [Narayan et al., 2025](#)).

Paradigm service health has shift from clinical excellence to experience excellence [Apostolou and Katsifaraki \(2026\)](#), where the value service No only determined by clinical results, but also by experience patient during the service process ongoing ([Ali, & Dzandu, 2023](#); [Berry, & Bendapudi, 2007](#)). In the service-dominant logic perspective, the value service created through interaction between provider services and patients ([Vargo & Lusch, 2008](#)). Therefore, patient experience is an important indicator in evaluating the quality of modern healthcare services ([Pripkó, 2026](#); [Zehra, Ranjan, & Shukla, 2025](#)). The patient-centered care approach also emphasizes that healthcare services must respect the needs, preferences, and values of patients, so that aspects of communication, empathy, responsiveness, and patient involvement are important factors in shaping satisfaction ([Andaleeb, 2001](#); [Dagger, Sweeney, & Johnson, 2007](#); [Le, Luu, & Tran, 2026](#); [Tripathi, Bakhshi, & Mishra, 2026](#)).

However, most previous research still views patient experience as an outcome of service delivery, thus failing to explain how organizations strategically create such experiences ([Becker, & Jaakkola, 2020](#); [Lemon, & Verhoef, 2016](#)). This limitation has led to the development of the experience-as-capability perspective, an approach that views patient experience as a result of an organization's ability to systematically and integrated manage service interactions.

In this study, this capability is conceptualized as Service Experience Capability (SEC), which is the strategic capability of an organization to integrate resources, processes, technology, and service interactions to deliver a consistent patient experience. This concept is rooted in Dynamic Capability Theory, which emphasizes ability organization in perform sensing, seizing, and transforming to respond change environment ([Teece, 2007](#)). Therefore, the SEC is positioned as a higher-order organizational capability consisting of on organizational capability, process capability, technology capability, and customer interaction capability.

The SEC has difference fundamental to the concept of service quality and patient experience. Service quality focuses on evaluation patient to quality service, while patient experience describes response subjective patient during accept service. In contrast, the SEC focuses on the ability organization in orchestrate all over source power and service processes so that experience patients can be created consistently and sustainably ([Zomerdijs & Voss, 2011](#)).

This study uses Expectation Disconfirmation Theory (EDT) as basis for explaining formation of patient satisfaction. According to [Oliver \(1980\)](#), patient satisfaction formed through comparison between expectation and perceived performance. In the context in this study, perceived performance is seen as a result of ability organization in manage experience service through the SEC. Thus, the SEC is positioned as factor organization that forms perception patient to quality services, which will then be influence the disconfirmation process and ultimately determine patient satisfaction.

Although patient experience and patient satisfaction have been extensively examined in healthcare research, studies that integrate Service Experience Capability (SEC), Expectation Disconfirmation Theory (EDT), and Dynamic Capability Theory (DCT) into a unified framework remain relatively limited, particularly within the context of primary inpatient clinics in Indonesia. Previous studies have predominantly focused on hospital settings or examined the direct relationship between service quality

attributes and patient satisfaction without sufficiently explaining the organizational mechanisms through which superior patient experiences are developed and transformed into satisfaction outcomes ([Anderson, & Sullivan, 1993](#); [Becker and Jaakkola, 2020](#); [Oliver, 1980](#)). Consequently, a theoretical and empirical gap exists regarding how healthcare organizations develop internal capabilities to systematically design, manage, and improve patient experiences. Addressing this gap is essential because patient satisfaction is no longer determined solely by technical healthcare outcomes but also by the organization's ability to orchestrate meaningful interactions, manage expectations, and deliver consistent service experiences.

The urgency of this research is strengthened by the growing complexity of healthcare service management, where organizations are required not only to maintain clinical service quality but also to strategically manage patient experiences as a source of competitive advantage and organizational sustainability. In primary inpatient clinics, where patients experience frequent and intensive interactions with healthcare providers throughout the service journey, organizational capability in coordinating human resources, service processes, technology utilization, and patient engagement becomes a critical determinant of perceived service performance. Therefore, understanding how healthcare organizations build and leverage experience-based capabilities is increasingly important for improving patient satisfaction, strengthening service differentiation, and supporting continuous quality improvement.

The novelty of this research lies in proposing and empirically testing a conceptual model that positions Service Experience Capability as a higher-order organizational capability influencing patient satisfaction through the mechanism of expectation disconfirmation. Unlike previous studies that primarily conceptualize patient experience as an outcome generated by service encounters, this study advances the perspective that patient experience is also a strategic organizational capability developed through the integration of resources, processes, and adaptive organizational practices. By positioning SEC as an antecedent capability, this research explains how healthcare organizations can actively shape patient perceptions, influence the gap between expectations and perceived performance, and ultimately generate higher satisfaction levels. Furthermore, the integration of Dynamic Capability Theory and Expectation Disconfirmation Theory provides a more comprehensive theoretical explanation of how organizational capabilities are transformed into patient evaluations and satisfaction outcomes, extending existing capability-based perspectives in healthcare service management.

2. Literature Review and Hypotheses Development

2.1 *The Influence of Service Experience Capability on Disconfirmation*

Service Experience Capability (SEC) is capability organization in managing service processes, interactions, technology, and coordination organization to create experience valuable service. In the Dynamic Capability Theory perspective, capability the allows organization produce experience services that better suit your needs customer ([Teece, 2007](#)). According to Expectation Disconfirmation Theory [Oliver \(1980\)](#), satisfaction begins with an evaluation customer satisfaction with the suitability between expectations and performance services received. Research [Wang and Zhou \(2023\)](#) show that experience user (user experience) that exceeds expectation will increase positive confirmation/disconfirmation so that produce evaluation better service. Findings the reinforced by [Monoarfa, Sumarwan, Suroso, and Wulandari \(2024\)](#) who proved that quality experience capable services fulfil even beyond hope customer will produces positive disconfirmation, whereas experience services that are under hope gives rise to negative disconfirmation. Thus, the higher Service Experience Capability, increasingly big ability organization create experience services that go beyond expectation customer so that increase the formation of positive disconfirmation.

H₁: Service Experience Capability has an effect positive towards disconfirmation

2.2 *The Influence of Service Experience Capability on Patient Satisfaction*

Service Experience Capability (SEC) illustrates ability organization in integrate source power, process, technology, and interaction services to create experience consistent and valuable patients. In the perspective of Dynamic Capability Theory, an organization that is capable of manage and adapt

capability the service will be more effective in fulfil need patient so that increase quality experience service (Teece, 2007). Experience well - managed services allows patient feel more responsive, empathetic, and needs - oriented services they, who in the end increase level satisfaction.

Findings Godovykh and Pizam (2023) show that patient experience is determinant the main factor that forms patient satisfaction, because experience patient reflect quality interaction during all over journey service health. The results reinforced by Kamboj et al. (2023) who found that quality experience built services through interaction power health, responsiveness services, as well as service process integration influential positive and significant impact on satisfaction patients. Different from research previous positioning experience service as perception or service results, this study places Service Experience Capability as capability strategic organization that becomes source creation experience service said. Thus, the Higher Service Experience Capability organization, increasingly the resulting level of patient satisfaction is also high.

H₂: Service Experience Capability has an effect positive towards patient satisfaction

2.3 The Effect of Disconfirmation on Patient Satisfaction

Expectation Disconfirmation Theory explains that satisfaction customer formed through the evaluation process between expectations before accept service with performance perceived service (perceived performance) after service given (Oliver, 1980). If performance service exceed hope, then positive disconfirmation occurs which increases satisfaction. On the other hand, if performance service be under hope, then negative disconfirmation occurs which decreases satisfaction patient.

In the context of healthcare, this evaluation process is crucial because patients assess not only clinical outcomes but also the overall experience of receiving care. Research Serrano et al. (2018) demonstrated that positive disconfirmation is a direct predictor of patient satisfaction with telemedicine services, with satisfaction increasing when the service experience exceeds patient expectations. These findings were reinforced by Schiebler et al. (2026) meta-analysis of Expectancy Disconfirmation Theory, which demonstrated that positive disconfirmation is a key mechanism for shaping customer satisfaction in various service contexts, including healthcare, while negative disconfirmation consistently decreases satisfaction. Therefore, the taller perceived level of positive disconfirmation patients, increasingly the level of patient satisfaction is also high.

H₃: Disconfirmation has an effect positive towards patient satisfaction

2.4 The Role of Disconfirmation in Mediating the Influence of Service Experience Capability on Patient Satisfaction

Conceptually, Service Experience Capability is not only influencing satisfaction patients directly, but also through the evaluation process described In Expectation Disconfirmation Theory, an organization's capability in managing service processes, technology, interactions, and organizational coordination will improve patient perceptions of service performance (perceived performance). When service performance meets or exceeds patient expectations, positive disconfirmation will occur, which in turn increases patient satisfaction. Research by Wang and Zhou (2023) and Prakash and Srivastava (2018) shows that patient satisfaction is formed through an evaluation of the match between expectations and the quality of service received. Schiebler et al. (2026) and Sharma et al. (2016) also found that service experience influences satisfaction through a disconfirmation mechanism. However, both studies still view service experience as a customer perception and do not explain how internal organizational capabilities shape this evaluation process. Therefore, this study develops a model that integrates Dynamic Capability Theory and Expectation Disconfirmation Theory by positioning Service Experience Capability as a higher-order organizational capability that forms disconfirmation before resulting in patient satisfaction. Thus, disconfirmation is predicted play a role as mechanism mediation that explains How capability organization translated become satisfaction patient.

H₄: Disconfirmation mediates the influence of Service Experience Capability on patient satisfaction.

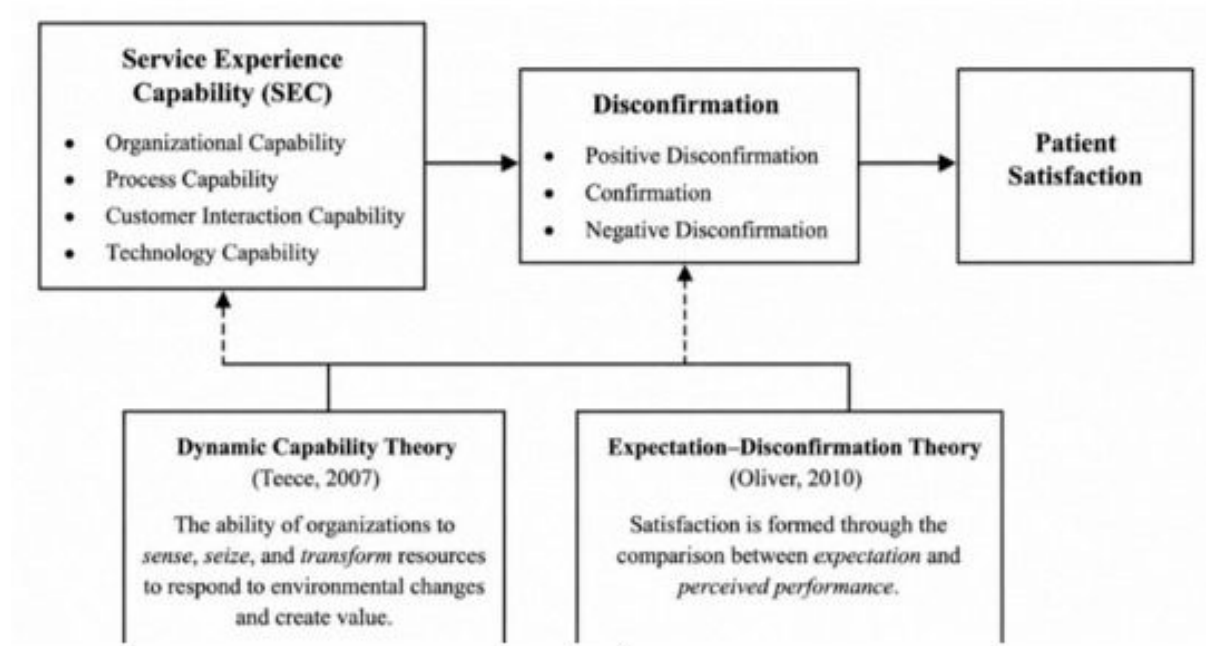


Figure 1. Research conceptual framework

Figure 1 illustrates the research conceptual framework, showing the relationship between Service Experience Capability (SEC), Disconfirmation, and Patient Satisfaction. The model highlights the mediating role of Disconfirmation and the theoretical foundations of Dynamic Capability Theory and Expectation–Disconfirmation Theory.

Furthermore, the mediating role of disconfirmation can be understood through the internal mechanism of Service Experience Capability, where organizational resources, service processes, technology utilization, and coordinated interactions among healthcare providers collectively influence patients' perceived service performance. Effective organizational coordination enables healthcare providers to deliver consistent and seamless services, while technology facilitates faster access, accuracy, and personalization of healthcare processes. At the same time, meaningful interactions between patients and healthcare professionals strengthen emotional engagement and improve patients' perceptions of service value. These capability dimensions allow organizations to design service experiences that are not only aligned with patient expectations but also have the potential to exceed them, creating positive disconfirmation. From the perspective of Dynamic Capability Theory, such integration reflects an organization's ability to continuously adapt and reconfigure its resources to respond to changing patient needs (Teece, 2007). Meanwhile, according to Expectation Disconfirmation Theory, the improved perceived performance generated through these capabilities becomes the basis for patients' evaluation of whether the received service exceeds, meets, or falls below their expectations (Oliver, 1980). Therefore, disconfirmation serves as an important psychological evaluation mechanism that explains how organizational capabilities are translated into patient satisfaction outcomes.

3. Research Methodology

This research uses approach quantitative with explanatory survey design and cross-sectional approach to test connection causal between Service Experience Capability, Disconfirmation, and Patient Satisfaction. Research Model developed based on Dynamic Capability Theory (Teece, 2007) and Expectation Disconfirmation Theory (Oliver, 1980). Approach survey chosen Because capable measure perception patient 's experience service and satisfaction empirically through testing hypothesis.

Study carried out at two Main Inpatient Clinics accredited the two most comprehensive clinics in Lampung Province are the Rahayu Main Inpatient Clinic (Central Lampung) and the Ciko Main Inpatient Clinic (Metro City). clinic selected purposively because own level maturity higher

organization in management service health so that relevant to test Service Experience Capability concept.

Population study is all over patients who received service on both clinics said. Because the number of populations No known with certainty (unknown population), size sample determined use Cochran's formula with a minimum number of 97 respondents. To increase strength PLS-SEM analysis statistics, this study involved 150 selected respondents use purposive sampling technique. Respondents fulfil three criteria, namely: (1) have or are currently accept services at the clinic main care stay, (2) be at least 17 years old, and (3) be willing to fill in complete questionnaire.

The sampling rationale was based on the objective of this study, which focuses on examining patient perceptions regarding service experience capability and satisfaction in accredited primary inpatient clinics. Purposive sampling was considered appropriate because respondents needed to have direct experience with healthcare services to provide accurate evaluations of service processes, interactions, and overall experiences. The final sample consisted of 150 respondents, with demographic characteristics including gender, age group, education level, occupation, and frequency of healthcare visits, which were analyzed to describe the respondent profile. The measurement indicators for Service Experience Capability, Disconfirmation, and Patient Satisfaction were adapted from previous validated studies and adjusted to fit the context of primary inpatient healthcare services in Indonesia. The adaptation process involved modifying several statements to ensure contextual relevance while maintaining the original theoretical meaning of each construct. No indicators were newly developed; all measurement items were derived from established literature and refined through contextual adjustments before being used in the survey instrument.

Primary data were collected through a structured questionnaire using a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). Instrument study consists of of 37 indicators, which are described in the following Table 1.

Table 1. Instruments study

Variables	Dimensions	Indicator	Number of Items	Source
Service Experience Capability (SEC)	Organizational Capability	Patient orientation, cross-functional integration, service culture, service adaptation, management support	5	Homburg et al. (2017); Lemon and Verhoef (2016)
	Process Capability	Systematic process, ease of flow, speed, consistency of service	4	
	Technology Capability	Utilization of technology, information systems, ease of access, accuracy of information	4	
	Patient Interaction Capability	Communication, empathy, responsiveness, quality of interaction	4	

Variables	Dimensions	Indicator	Number of Items	Source
Disconfirmation	Positive Disconfirmation	Service exceeds expectations, added value, satisfaction with service	4	Hien et al. (2024); Oliver (1980)
	Confirmation	Service according to expectations and standards	4	
	Negative Disconfirmation	Service below expectations, disappointing experience	4	
Patient Satisfaction	Cognitive Satisfaction	Service suitability, service quality, fulfillment of needs, overall assessment	4	Lemon and Verhoef (2016); Oliver (1997)
	Affective Satisfaction	Feelings of satisfaction, happiness, comfort, and positive impressions	4	
Total	9 Dimensions	37 Indicators	37	

Table 1 presents the measurement model of the study variables, including Service Experience Capability (SEC), Disconfirmation, and Patient Satisfaction. SEC is measured through four dimensions: organizational capability, process capability, technology capability, and patient interaction capability. Disconfirmation consists of positive disconfirmation, confirmation, and negative disconfirmation, while patient satisfaction is measured through cognitive and affective satisfaction. Overall, the instrument consists of 9 dimensions and 37 indicators adapted from previous studies.

Data analysis was performed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with the device SmartPLS software version 4.1.1.2. PLS-SEM was selected Because suitable for testing involving models latent construct, relationship mediation, and prediction - oriented (Hair et al., 2019). Model evaluation was carried out in two stages. First, the measurement model (outer model) is evaluated through factor loading, Average Variance Extracted (AVE), Composite Reliability, Cronbach's Alpha, and Heterotrait Monotrait Ratio (HTMT) to ensure validity and reliability construct. Second, the structural model (inner model) is evaluated. use coefficient path coefficient, R^2 , f^2 , Q^2 Predictive Relevance values, and bootstrapping procedure with levels 5% significance to test hypothesis study.

4. Results and Discussions

4.1 Research result

Inferential analysis was conducted using Partial Least Square Structural Equation Modeling (PLS-SEM) with Smart PLS 4.1.1.2. This approach is suitable for complex models with latent variables and aims to develop theory (Hair & Alamer, 2022). The evaluation includes the outer model (validity and reliability) and the inner model (structural relationships).

4.1.1 Outer Model (Measurement Model)

a. Convergent Validity Factor
Loading
Indicator is valid if outer loading ≥ 0.70 (Hair et al., 2019). Indicators $M_2, M_3, M_{12}, X_2, X_3, X_4, X_6, Y_4, Y_6,$ $Y_7,$

and Y_8 were eliminated because they were <0.60 . After re-estimation, all remaining indicators were valid.

Table 2. Loading value factor (After Elimination)

Indicators	Disconfirmation	Service Experience Capability	Patient Satisfaction	Information
M_1	0.708			Valid
M_4	0.771			Valid
M_5	0.729			Valid
M_6	0.879			Valid
M_7	0.859			Valid
M_8	0.834			Valid
M_9	0.751			Valid
M_{10}	0.809			Valid
M_{11}	0.815			Valid
X_1		0.860		Valid
X_5		0.773		Valid
X_7		0.724		Valid
X_8		0.751		Valid
X_9		0.799		Valid
X_{10}		0.814		Valid
X_{11}		0.764		Valid
X_{12}		0.784		Valid
X_{13}		0.751		Valid
X_{14}		0.821		Valid
X_{15}		0.829		Valid
X_{16}		0.839		Valid
X_{17}		0.838		Valid
Y_1			0.769	Valid
Y_2			0.826	Valid
Y_3			0.825	Valid
Y_4			0.769	Valid
Y_5			0.863	Valid

Table 2 presents the results of the outer loading assessment for the measurement model. All indicators of Disconfirmation, Service Experience Capability (SEC), and Patient Satisfaction have loading values above the recommended threshold of 0.70, indicating adequate convergent validity. Therefore, all measurement indicators are considered valid and retained for further analysis in the structural model.

Average Variance Extracted (AVE)

The construct is valid if $AVE > 0.50$ (Hair et al., 2019). All AVE values > 0.50 , so all constructs have good convergent validity.

Table 3. Average Value Variance Extracted (AVE)

Variables	AVE	Information
Patient Satisfaction	0.658	Valid
Disconfirmation	0.636	Valid
Service Experience Capability	0.635	Valid

Table 3 presents the Average Variance Extracted (AVE) results for assessing convergent validity. All constructs, including Patient Satisfaction (AVE = 0.658), Disconfirmation (AVE = 0.636), and Service Experience Capability (AVE = 0.635), exceed the recommended threshold of 0.50. These results indicate that all variables demonstrate adequate convergent validity and are valid for further structural model analysis.

b. Discriminant Validity

Using Heterotrait-Monotrait Ratio (HTMT). A value <0.90 indicates good (Hair et al., 2019). All HTMT values <0.90, indicating that each construct has a unique conceptual identity and is worthy of further analysis.

Table 4. Heterotrait-Monotrait Ratio (HTMT) value

Variables	Patient Satisfaction	Disconfirmation
Patient Satisfaction		
Disconfirmation	0.243	
Service Experience Capability	0.559	0.555

Table 4 presents the results of discriminant validity assessment using the Fornell–Larcker criterion. The correlation values between constructs are lower than the square root of the Average Variance Extracted (AVE), indicating that each construct has sufficient distinction from other constructs. These results confirm that Patient Satisfaction, Disconfirmation, and Service Experience Capability demonstrate adequate discriminant validity.

c. Construct Reliability

Cronbach's value Alpha and Composite Reliability >0.70 indicates good reliability (Hair & Alamer, 2022). All constructs have Cronbach's α values. Alpha and Composite Reliability >0.70, so it is stated to be reliable and consistent in measuring its construct.

Table 5. Cronbach 's value alpha and composite reliability

Variables	Cronbach Alpha	Composite Reliability (rho_c)	Information
Patient Satisfaction	0.870	0.906	Reliable
Disconfirmation	0.928	0.940	Reliable
Service Experience Capability	0.952	0.958	Reliable

Table 5 presents the reliability assessment results of the research constructs using Cronbach Alpha and Composite Reliability (rho_c). All variables, including Patient Satisfaction ($\alpha = 0.870$; rho_c = 0.906), Disconfirmation ($\alpha = 0.928$; rho_c = 0.940), and Service Experience Capability ($\alpha = 0.952$; rho_c = 0.958), exceed the recommended threshold of 0.70. These results indicate that all constructs have high internal consistency and are reliable for further analysis.

d. Fit Model

An SRMR value <0.10 indicates an acceptable fit (Henseler et al., 2015). An SRMR value of 0.095 indicates that the research model has an empirically acceptable level of fit.

Table 6. Model fit test results

Parameter	Rule of Thumb	Mark	Information
SRMR	< 0.10	0.095	Acceptable Fit

Table 6 presents the model fit assessment using the Standardized Root Mean Square Residual (SRMR). The obtained SRMR value of 0.095 is below the recommended threshold of 0.10, indicating that the proposed structural model demonstrates an acceptable level of fit. Therefore, the model is considered adequate for further hypothesis testing and structural analysis.

4.1.2 Inner Model (Structural Model)

a. R-Square (R^2)

R^2 Category: 0.75 (strong), 0.50 (moderate), 0.25 (weak) (Hair & Alamer, 2022).

Table 7. R - Square (R^2) test results

Variables	R- square	R- square adjusted
Patient Satisfaction	0.275	0.265
Disconfirmation	0.278	0.274

Table 7 presents the coefficient of determination (R-square) results for the endogenous constructs. The R-square value for Patient Satisfaction is 0.275, indicating that 27.5% of the variance in patient satisfaction can be explained by the proposed model. Meanwhile, Disconfirmation has an R-square value of 0.278, meaning that 27.8% of its variance is explained by the predictor variables. These results indicate that the model provides a moderate explanatory capability for both constructs.

Patient Satisfaction: $R^2 = 0.275$, meaning 27.5% of the variation in patient satisfaction is explained by Service Experience Capability and Disconfirmation. Disconfirmation: $R^2 = 0.278$, meaning 27.8% of the variation in Disconfirmation is explained by Service Experience Capability. Although it is in the weak to moderate category, this value is still acceptable in multidimensional behavioral and health service research.

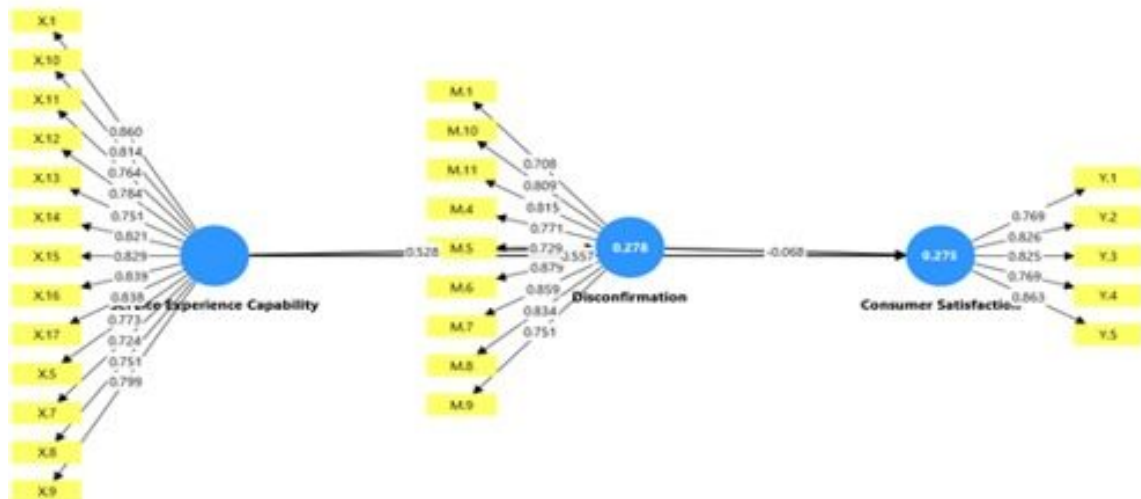


Figure 2. PLS-SEM algorithm model output

Figure 2 presents the PLS-SEM structural model showing the relationships among Service Experience Capability, Disconfirmation, and Patient Satisfaction. The measurement model indicates that all indicators have acceptable outer loading values, confirming indicator validity. The structural model shows that Service Experience Capability has a positive effect on Disconfirmation ($\beta = 0.528$), while Disconfirmation has a positive effect on Patient Satisfaction ($\beta = 0.068$). The model explains 27.8% of the variance in Disconfirmation ($R^2 = 0.278$) and 27.5% of the variance in Patient Satisfaction ($R^2 = 0.275$). These results demonstrate the role of Disconfirmation as a mediating mechanism between Service Experience Capability and Patient Satisfaction.

b. Hypothesis Significance Test (Direct Effect)

Significance if P- value < 0.05 or T- statistic > 1.645 (Hair, Risher, Sarstedt, & Ringle, 2019).

Table 8. Path results coefficient bootstrapping (direct effect)

Connection	Original Sample (O)	T Statistics	P Values	Conclusion
Service Experience Capability → Disconfirmation	0.528	5,707	0.000	Significant (H_1 accepted)
Service Experience Capability → Patient Satisfaction	0.557	6,218	0.000	Significant (H_2 is accepted)
Disconfirmation → Patient Satisfaction	0.450	5,630	0.000	Significant (H_3 accepted)

Table 8 presents the results of hypothesis testing using the PLS-SEM bootstrapping procedure. The findings indicate that Service Experience Capability has a positive and significant effect on Disconfirmation ($\beta = 0.528$; $t = 5.707$; $p < 0.001$), supporting H_1 . Service Experience Capability also has a positive and significant effect on Patient Satisfaction ($\beta = 0.557$; $t = 6.218$; $p < 0.001$), supporting H_2 . Furthermore, Disconfirmation positively influences Patient Satisfaction ($\beta = 0.450$; $t = 5.630$; $p < 0.001$), confirming H_3 . These results demonstrate that all proposed hypotheses are supported, indicating that service experience capability and disconfirmation play important roles in improving patient satisfaction.

H_1 : Service Experience Capability has a positive and significant effect on disconfirmation ($\beta=0.528$, $p=0.000$)

H_2 : Service Experience Capability has a positive and significant effect on patients satisfaction ($\beta=0.557$, $p=0.000$)

H_3 : Disconfirmation has a positive and significant effect on patient satisfaction ($\beta=0.450$, $p=0.000$)

c. Mediation Effect Test (Indirect Effect)

Table 9. Path results coefficient bootstrapping (indirect effect)

Connection	Original Sample (O)	T Statistics	P Values	Conclusion
Service Experience Capability → Disconfirmation → Patient Satisfaction	0.550	6,213	0.000	Significant (H_4 accepted)

Table 9 presents the results of the mediation analysis using the PLS-SEM bootstrapping procedure. The indirect effect of Service Experience Capability on Patient Satisfaction through Disconfirmation is positive and significant ($\beta = 0.550$; $t = 6.213$; $p < 0.001$). Therefore, H_4 is accepted, indicating that Disconfirmation significantly mediates the relationship between Service Experience Capability and Patient Satisfaction. These findings confirm that effective service experience capability enhances positive disconfirmation, which subsequently contributes to higher patient satisfaction.

H_4 : Disconfirmation is proven to mediate the relationship between Service Experience Capability and Patient Satisfaction ($\beta=0.550$, $p=0.000$).

This indicates the organization's ability to increase patient satisfaction through a mechanism for evaluating the gap between expectations and service performance.

d. Effect Size (F^2)

F^2 criteria: < 0.02 (very small), 0.02 0.15 (small), 0.15 0.35 (medium), > 0.35 (large).

Table 10. Effect test results size (F^2)

Connection	F^2	Effect
Service Experience Capability → Disconfirmation	0.386	Big
Service Experience Capability → Patient Satisfaction	0.308	Currently
Disconfirmation → Patient Satisfaction	0.119	Small

Table 10 presents the effect size (f^2) assessment of the structural model. The results show that Service Experience Capability has a large effect on Disconfirmation ($f^2 = 0.386$) and a medium effect on Patient Satisfaction ($f^2 = 0.308$). Meanwhile, Disconfirmation demonstrates a small effect on Patient Satisfaction ($f^2 = 0.119$). These findings indicate that Service Experience Capability plays an important role in explaining changes in Disconfirmation and Patient Satisfaction, while the contribution of Disconfirmation to patient satisfaction is relatively smaller. The Influence of Service Experience Capability for Disconfirmation ($F^2=0.386$) and Patient Satisfaction ($F^2=0.308$) is in the medium to large category. The Effect of Disconfirmation on Patients Satisfaction ($F^2=0.119$) is in the small category, which means that the role of Disconfirmation in explaining patient satisfaction is limited but still positive.

4.1.3 Predictive Relevance ($Q^2_{predict}$)

$Q^2_{predict}$ value > 0 indicates predictive relevance (Hair & Alamer, 2022).

Table 11. Q^2 predict results and interpretation

Indicators	$Q^2_{predict}$	Interpretation
M_7, M_{11}, Y_5, Y_7	> 0.190	Very good
$M_1, M_4 M_6, M_8 M_{10}, Y_1 Y_3, Y_6, Y_8$	0.100 0.189	Good
M_2, M_3, M_{12}, Y_4	< 0.100	Weak

The structural model assessment using PLS-SEM indicates that the proposed model provides meaningful explanatory power in explaining the relationships among Service Experience Capability (SEC), Disconfirmation, and Patient Satisfaction. The coefficient of determination shows that SEC explains 27.8% of the variance in Disconfirmation, while SEC and Disconfirmation jointly explain 27.5% of the variance in Patient Satisfaction. Although the explanatory power is categorized as relatively modest, these values are considered acceptable for behavioral and healthcare service research, where patient evaluations are influenced by multiple contextual and psychological factors beyond the variables included in the model. The predictive relevance assessment confirms that the model has adequate predictive capability, as all endogenous constructs demonstrate positive $Q^2_{predict}$ values (Table 11). Hypothesis testing through bootstrapping confirms that SEC significantly influences Disconfirmation and Patient Satisfaction, while Disconfirmation also contributes significantly to Patient Satisfaction. Furthermore, the mediation analysis demonstrates that Disconfirmation acts as an explanatory mechanism linking SEC with patient satisfaction, indicating that organizational capability does not directly generate satisfaction alone but operates through patients' evaluation processes of perceived service performance. These findings provide theoretical support for integrating Dynamic Capability Theory and Expectation Disconfirmation Theory by demonstrating that internal organizational capabilities can shape cognitive evaluation mechanisms that ultimately determine satisfaction outcomes. Thus, the model extends previous healthcare service research by positioning Service Experience Capability as a strategic antecedent that enables organizations to create superior service experiences and influence patient satisfaction formation.

All indicators have $Q^2 \text{ predict} > 0$, indicating the model has positive predictive relevance. Indicators with weak predictions indicate potential areas for future model or instrument improvement.

4.2 Discussion

4.2.1 Service Experience Capability against Disconfirmation

Research result show that Service Experience Capability has an influence positive and significant towards Disconfirmation ($\beta = 0.528$; $p < 0.001$), so that hypothesis First accepted. This finding indicates that the taller ability organization in integrate source power, service processes, technology, and interactions with patients, increasingly big possibility patient feels that performance services received has fulfil even beyond hope beginning they. In other words, Service Experience Capability plays a role as capability organization that forms perception patient performance service (perceived performance), which is then resulting in positive disconfirmation.

This finding is in line with the Dynamic Capability Theory put forward by [Teece \(2007\)](#), which explains that organizations that have capability dynamic capable integrate, build, and configure return source internal power to respond change need customers effectively. In the context of service health, ability the reflected in coordination service, utilization technology, service process quality, and interaction power health with patients so that produce experience better service. This capability ultimately improves patient perception of the quality of service they receive.

The results of this study also support the Expectation Disconfirmation Theory [Oliver \(1980\)](#), which states that the disconfirmation process is formed through a comparison between the patient's initial expectations and the perceived service performance after receiving the service. Service Experience Capability improves perceived performance, thus more patients experiencing positive disconfirmation, namely condition when services received in accordance even exceed hope they.

Empirically, the findings This research is consistent with research [Wang and Zhou \(2023\)](#) show that experience positive service increase confirmation of expectations customer so that produce evaluation better service. Similarly, Monoarfa et al. (2024) prove that quality experience capable service meet or exceed expectation customer will produces positive disconfirmation, whereas services that are under hope will resulting in negative disconfirmation. Thus, this study expands study previously by showing that source main the formation of positive disconfirmation is not only experiencing the service itself, but ability organization in manage experience the through Service Experience Capability.

The results of this study also show that formation of positive disconfirmation in service health No only influenced by success organization fulfil standard operational service, but also by consistency organization in manage all over series experience patients in an integrated manner. Service Experience Capability enables organization align ability organization (organizational capability), process capability (process capability), capability technology (technology capability), and capabilities interaction with patients (patient interaction capability) so that patient get experience relative service uniform in every point contact service. Consistency the increase perception patient that services received own higher quality compared to hope beginning they. Thus, positive disconfirmation in this research can be understood as consequence logical from ability organization manage experience services systematically, not just consequence quality service on one aspect certain.

This finding provides contribution conceptual approach to the development of Expectation Disconfirmation Theory, especially in context service health. So far, the theory there are more of them explain that disconfirmation arises as an evaluation process psychological after customer compare expectations with performance services. However, this study shows that the evaluation processes the indeed influenced by factors organizations that are strategic, namely Service Experience Capability. In other words, this research expands room EDT scope from the original evaluation - oriented customer be also considered internal organizational capabilities as factor perceived performance formation. Perspective the give a more comprehensive explanation about How organization service health can be proactive build conditions that encourage the formation of positive disconfirmation through management experience patients on an ongoing basis.

4.2.2 Service Experience Capability for Patient Satisfaction

Research result show that Service Experience Capability has an influence positive and significant on Patient Satisfaction ($\beta = 0.557$; $p < 0.001$), so that hypothesis second accepted. This finding shows that the taller ability organization in manage source power, service processes, technology, and interactions with patients, increasingly high levelsatisfaction patient response to service health received.

These results strengthen the Dynamic Capability Theory which states that organizations that have capability dynamic capable create greater value for customers through ability adapt to change needs and expectations customers. In this study, the value the realized through ability organization create experience consistent, responsive, easy serviceaccessible, and needs - oriented patient. Capabilities the allows patient get better quality service so that increase evaluation satisfaction they.

Findings This research is consistent with research [Godovykh and Pizam \(2023\)](#) who showed that experience patient is determinant main formation satisfaction patient Because reflect quality interaction during the entire service process health. Research [Kamboj, Agrawal, Chatterjee, Hussain, and Misra \(2023\)](#) also found that quality experience services built through interaction power health, responsiveness service, and integration of service processes have a positive influence on satisfaction patient.

Different from research the previous one who looked at experience service as perception patient after accept service, this study shows that experience the indeed is consequence from Service Experience Capability as capability strategic organization. Therefore, this study expands literature management service health by placing Service Experience Capability as the main antecedent that forms patient satisfaction.

The size coefficient track between Service Experience Capability and Patient Satisfaction shows that satisfaction more patients shaped by ability organization in present experience consistent service compared to only by success settlement action medical. In practice service modern health, patients evaluate comprehensive service starting fromconvenience get information, speed service, clarity communication power health, comfort environment, up to coordination inter-unit service. Therefore, an organization that is able to integrate all over aspect the through Service Experience Capability you will be more capable fulfil need functional and emotional patient. Condition the make satisfaction patient No only reflect evaluation of service results, but also of quality experience during the service process ongoing.

From the perspective of Dynamic Capability Theory, this finding confirms that superiority organization service health no longer solely determined by ownership source power, but by ability organization in combine and adapt source Power the become experience valuable services for patients. Capabilities adaptive organization allows clinic respond change expectation patients more quickly through improvement procedure service, utilization technology information, improvement competence power health, and coordination cross function. Therefore, Service Experience Capability can be looked at as capability strategic that is not only increase quality service, but also to be source creation value (value creation) that produces satisfaction patients on an ongoing basis.

4.2.3 Disconfirmation of Patient Satisfaction

Research result show that Disconfirmation has an effect positive and significant on Patient Satisfaction ($\beta = 0.450$; $p < 0.001$), so that hypothesis third accepted. This finding shows that the bigger suitability or excess performance service compared to hope beginning patients, increasingly tall level perceived satisfaction patient after get service health.

The results of this study support the Expectation Disconfirmation Theory developed by [Oliver \(1980\)](#), which explains that satisfaction customer is the result of an evaluation of the comparison between hope before accept service with performance perceived service after service given. When the service is received meet or exceed hope patient, then will positive disconfirmation occur which results in

satisfaction. On the other hand, if service be under hope patient, then will negative disconfirmation occurs which decreases satisfaction.

The findings of this study are also consistent with the research of [Serrano, Shah, and Abràmoff \(2018\)](#) which proves that that positive disconfirmation is direct predictors of satisfaction patients on service health. In addition, [Schiebler, Lee, and Brodbeck \(2026\)](#) through a meta-analysis of Expectation Disconfirmation Theory found that positive disconfirmation consistently become mechanism main formation satisfaction customers on various type services, including service health. Thus, the results of this study are increasingly strengthening the relevance of Expectation Disconfirmation Theory in explain formation satisfaction patients on service health, at the same time show that evaluation Patient response to services is greatly influenced by the extent of the service received capable meet or exceed hope beginning they.

The results of this study show that mechanism formation satisfaction patient No happens automatically after service given, but through the evaluation process cognitive activities carried out patient 's experience the service they receive. During the service process, patients indirectly compare various aspect service with the expectations that have been formed previously based on experience personal information from environment, as well as reputation facility health. When experience current rated betterthan hope said, then positive disconfirmation is formed which strengthens perception that organization has given valuable service. On the other hand, if services received be under hope patient, then evaluation that is formed will leads to negative disconfirmation, so that satisfaction patient tend decrease.

Although the influence of Disconfirmation on Patient Satisfaction is proven significant, the relative effect size value small show that mechanism evaluation hope is not a the only one factors that explain satisfaction patient characteristics service health that is complex cause satisfaction patients are also affected by various experience during the service process that is not everything can be explained through comparison between expectations and performance service. Therefore, the results of this study indicate that Expectation Disconfirmation Theory remains relevant in explain the formation process satisfaction patients, however will give higher apparent power if integrated with perspective organizations, such as Dynamic Capability Theory, as developed in this research.

4.2.4 The Mediating Role of Disconfirmation

Test results effect does not directly show that Disconfirmation significantly mediates the influence of Service Experience Capability on Patient Satisfaction ($\beta = 0.550$; $p < 0.001$), so that hypothesis fourth accepted. This finding shows that Service Experience Capability is not only increase satisfaction patients directly, but also improve satisfaction through mechanism evaluation expectations and performance service as explained in Expectation Disconfirmation Theory.

Findings the explain that Service Experience Capability improves perception patient performance service (perceived performance). When the patient evaluates that services received fulfill or even beyond hope beginning, then will positive disconfirmation be formed, which is then increase level satisfaction patient. Thus, disconfirmation serves as mechanism psychology that explains How capability organization translated become satisfaction patient.

The results of this study are in line with research [Wang and Zhou \(2023\)](#) as well as [Prakash and Srivastava \(2018\)](#) who showed that satisfaction customer formed through evaluation of suitability between expectations and quality services received. This finding also supports study [\(Schiebler, Lee, & Brodbeck, 2026\)](#) as well as [Sharma, Stranieri, Burstein, Warren, Daly, Patterson, Yearwood, and Wolff \(2016\)](#) which explains that experience service influence satisfaction customer through disconfirmation mechanism. However Thus, research previously generally put experience service as perception customers, whereas This study shows that that experience the is consequence from Service Experience Capability as capability strategic organization.

Contribution main this research is his success integrating Dynamic Capability Theory and Expectation Disconfirmation Theory in one conceptual model. Dynamic Capability Theory explains How

organization build the ability to create experience superior service, while Expectation Disconfirmation Theory explains How experience the evaluated by the patient until finally produce satisfaction. The second integration theory the give a more comprehensive explanation about mechanism formation satisfaction patient compared to use of each theory separately.

Findings about role Disconfirmation mediation shows that ability organization in create experience excellent service not automatically produce satisfaction patient if no followed by an evaluation process positive from patient's response to the service they receive. In other words, Service Experience Capability is primarily formerly increasing perception patient to quality service (perceived performance), then perception the compared to expectations beginning patient so that resulting in positive disconfirmation which ultimately increase satisfaction This mechanism shows that patient satisfaction is the result of the interaction between organizational capabilities and the psychological evaluation process undertaken by patients while receiving services.

Conceptually, the results of this study provide a new contribution to the healthcare management literature by demonstrating that Dynamic Capability Theory and Expectation Disconfirmation Theory have a complementary relationship. Dynamic Capability Theory explains the origins of an organization's ability to create superior service experiences, while Expectation Disconfirmation Theory explains the mechanisms by which these experiences translate into patient satisfaction through the evaluation of expectations and service performance. The integration of these two theories produces a more comprehensive conceptual model than previous research, which generally uses only one perspective separately. Thus, this study not only confirms the relationships between variables proposed in previous research but also broadens our understanding of the organizational mechanisms underlying the formation of patient satisfaction in healthcare.

5. Conclusions

5.1 Conclusion

This study demonstrates that Service Experience Capability plays an important role in shaping patient satisfaction through the mechanism of disconfirmation in primary inpatient healthcare services. The findings reveal that organizational capability in managing service experiences influences how patients evaluate service performance and ultimately determines their satisfaction. Positive disconfirmation occurs when healthcare services meet or exceed patient expectations, strengthening satisfaction outcomes.

Theoretically, this study contributes to healthcare service management literature by positioning Service Experience Capability as a higher-order organizational capability that drives patient satisfaction formation. Unlike previous studies that mainly consider patient experience as a service outcome, this research highlights that patient experience is also a result of organizational capability in integrating resources, processes, technology, and service interactions. Furthermore, the integration of Dynamic Capability Theory and Expectation Disconfirmation Theory provides a broader explanation of how internal organizational capabilities are transformed into patient satisfaction through expectation and performance evaluation mechanisms.

Practically, this study suggests that healthcare organizations should focus on developing sustainable service capabilities through improved organizational coordination, optimized service processes, effective technology utilization, and stronger patient-provider interactions. By strengthening these capabilities, healthcare providers can create more consistent and meaningful service experiences, encourage positive patient evaluations, and enhance overall patient satisfaction.

5.2 Research Limitations

This study has several limitations that should be considered when interpreting the results. First, the study was conducted only at two primary inpatient clinics with full accreditation in Lampung Province, resulting in relatively homogeneous organizational characteristics. Therefore, the results

cannot be fully generalized to hospitals, community health centers, or other healthcare facilities with different organizational characteristics.

Second, the study used a cross-sectional approach, so the relationships between variables were observed over a single time period. This approach is unable to explain changes in patient perceptions or the development of organizational capabilities over the long term. Longitudinal research is needed to gain a more comprehensive understanding of the dynamics of patient satisfaction formation.

Third, the coefficient of determination value shows that there is still a proportion of Patient variation. Satisfaction is explained by other factors outside the research model. Variables such as patient trust, perceived value value), patient involvement (patient engagement), service innovation, organizational culture, and quality of clinical outcomes have the potential to strengthen the model's ability to explain patient satisfaction.

In addition, all data was obtained based on respondents' perceptions through questionnaires so there is still the possibility of common errors occurring. method bias. The use of objective organizational data and a mixed approach The methods in subsequent research are expected to be able to produce a deeper understanding of the relationship between organizational capabilities and patient satisfaction.

5.3 Suggestions and Directions for Future Research

Based on the research findings, further research is recommended to test this conceptual model in various types of healthcare organizations, such as government hospitals, private hospitals, teaching hospitals, and community health centers (Puskesmas) in various regions of Indonesia and other countries. Expanding research locations will increase external validity and test the consistency of the Service Experience Capability concept across various healthcare contexts.

Future research is also recommended to use a longitudinal design so that the development of organizational capabilities, changes in patient expectations, and the dynamics of patient satisfaction can be observed more comprehensively. A longitudinal approach would provide stronger empirical evidence regarding the causal relationships between variables.

In addition, the research model can be developed by including other potential variables. mediate and moderate connection between variables, such as patient trust, perceived value, patient engagement, digital health capability, service innovation, organizational resilience, and patient loyalty. The development of this model expected capable increase ability predictive model at once expand development theory in field management service health.

From the side research methodology then you can also take advantage of mixed methods approach, multigroup analysis, and predictive analysis techniques machine learning based to obtain deeper understanding about factors that influence satisfaction patient. Approach the expected to produce a management model experience more adaptive, predictive, and developmentally relevant patients' digital transformation in sector service health.

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Author Contributions

This research was carried out collaboratively by all writer. SR plays a role in formulation of research ideas, development framework conceptual, drafting methodology, data analysis using PLS-SEM, interpretation of research results, and compilation manuscript. FN contributed in compilation study library, development instrument research, data collection process, and editing script. IAA plays a role

in supervision methodology research, validation of conceptual models, and review Critical review of the research results. ARPB provided academic guidance, strengthened the theoretical foundation, evaluated the research results, and refined the substance of the article. HBB contributed to the validation of the research results, the interpretation of the empirical findings, and the final editing of the manuscript. All authors have read, approved, and are responsible for the final content of the article.

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