



## RESEARCH ARTICLE

## Customer Experience in Healthcare: Literature Review

Sümeyye Arslan Kurtuluş<sup>1</sup> , Emrah Cengiz<sup>2</sup> 

### Abstract

This paper provides a perspective on customer experience in healthcare services. The aim of this paper is to make a literature research about customer experience in the healthcare sector. In this context, it is examined how customer experience in healthcare is measured, what dimensions it consists of and how customer experience in healthcare relates to other variables. This paper uses a comprehensive literature research method to customer experience in the healthcare sector. This paper suggests that there is no clear definition of the concept of customer experience in healthcare and it consists of many different dimensions. It is determined that there are very limited studies on customer experience in healthcare. Also a commonly accepted scale measuring the customer experience in healthcare has not been found in the literature. Variables related to customer experience in healthcare in previous studies have been identified. The variables related to customer experience in healthcare are found as customer satisfaction and customer loyalty. Previous studies have shown that providing a good customer experience is an important part of providing customer satisfaction and customer loyalty.

### Keywords

Patient Experience, Healthcare, Customer Experience, Satisfaction, Loyalty

## Introduction

Patient assessments in healthcare services have become increasingly important in recent years. While the World Health Organization (WHO) underlines the need for more active participation of patients in healthcare services (Buccoliero, Bellio, & Solinas, 2015), it also demands more people-centered healthcare services from healthcare organizations (WHO, 2016). One way to provide people-centered care is through people-centered service designs. Customer participation in service delivery processes, customer suggestions, and experiences are more taken into consideration to redesign an existing service or design a new service. Because there are a series of interactions between the patient, family and physician in healthcare services. Through interactions, comprehensive information about patient experiences can be obtained and thus the design of healthcare services can be guided (Lee, 2019). Patient views are one of the main sources of information to improve health services, to identify problems

**1 Corresponding Author:** Sümeyye Arslan Kurtuluş (Res. Asst. Dr.), Istanbul Medeniyet University, Faculty of Health Sciences, Department of Healthcare Management, Istanbul, Türkiye. E-mail: sumeyye.kurtulus@medeniyet.edu.tr ORCID: 0000-0003-4782-5061

**2 Emrah Cengiz (Prof. Dr.),** Istanbul University, Faculty of Political Sciences, Department of Business Administration, Istanbul, Türkiye. E-mail: ecengiz@istanbul.edu.tr ORCID: 0000-0001-6524-7563

**To cite this article:** Arslan Kurtuluş, S., & Cengiz, E. (2022). Customer Experience in Healthcare: Literature Review *Istanbul Business Research*, 51(1), 291-312. <http://doi.org/10.26650/ibr.2022.51.867283>



and to develop effective plans for healthcare managers. In order for healthcare organizations to compete in the sector, there is a need for patients' healthcare experiences aside from financial performance indicators. The accepted relationship between healthcare experiences and satisfaction is an essential element in quality control (Buccoliero et al., 2015). Getting evaluation from patients is considered the best way to measure their experience in healthcare. However, rather than asking patients to rate their satisfaction by making general evaluations, it is preferable to ask them to report in detail what is happening in a particular care department (Wong et al., 2015). The specific evaluations provide the opportunity to identify areas in need of improvement. It is also important to bring together patient experiences in order to ensure transparency in healthcare services or to guide the payment policies (Greaves et al., 2012).

The basis of the concept of patient experience is based on the concept of experiential marketing proposed by Schmitt (1999). Experiential marketing is a topic with different content that causes different experiences in different sectors. Experiential marketing is defined as "the consumer having an individual experience in terms of spiritual, emotional, intellectual and physical aspects before, during or after purchasing the product or service" (Küçüksaraç & Saymer, 2016). Kotler emphasized the importance of adding excitement and entertainment to cumbersome products and services by saying "*all companies offer products or services, but ensuring that their customers are accompanied by an experience that cannot be removed from their memories is the main challenge*" (Çiçek, 2015). Healthcare organizations have different marketing strategies (Ho, Li, & Su, 2006). In addition, the experiential marketing strategies that each healthcare organization needs and uses may be different. These strategies may change depending on various factors such as businesses's mission, vision, financial situation and the characteristics of the group addressed by the healthcare organization. Creating a great customer experience is difficult in all sectors without exception. However, some characteristics of healthcare services increase this difficulty even more (Klaus, 2018). To understand the customer experience in healthcare services, it is necessary to be aware of the unique features of healthcare services (Hunter-Jones et al., 2020). Healthcare services are highly emotional services. Patients can feel various emotions and these emotions can create a deep effect on health outcomes. Emotional healthcare service encounters can range from a simple disease to a life-threatening health problem. In this case, patients generally feel weak and do not have control on decisions related with care and treatment (McColl-Kennedy et al., 2017). Sometimes family, friends, service providers can be the decision maker instead of the patient. There is information asymmetry between patients and health professionals- the cost of error can be high, and the risk is high in healthcare services (Berry, Davis, & Wilmet, 2015). Healthcare service providers serve people in the most vulnerable times of their lives (Klaus, 2018) and they are motivated by the call for recovery (Hunter-Jones et al., 2020). Patients have unique biological and psychological needs (Hunter-Jones et al., 2020) and they cannot be simply seen as customers and they generally do not choose to be customers at all

(Klaus, 2018). However, in terms of healthcare service providers, it is not desirable for everyone to be a potential customer for a specific healthcare service. Therefore, the healthcare industry should be considered not as commodity producers, but as highly interactive units that create personalized solutions to unique and complicated problems with various stakeholders (Hunter-Jones et al., 2020). Also, most public health systems are for customer services rather than customer experience (Schiafone, Leone, Sorrentino, & Scaletti, 2020). In public health services, the value created is mostly related to the perceived quality of service and low mortality and disease rates of patients rather than customer experience. When compared with private health organizations, patients in public health organizations are generally not rejected. Therefore, it is difficult to try to satisfy each patient. For this reason, public health organizations are faced with the difficulty of matching demands and service capacity (Kumar, 2020). One of the ways to manage this complexity of the healthcare system is to concentrate on customers' experiences.

When patients are satisfied with a healthcare experience and their expectations are exceeded, they tend to feel great satisfaction with the healthcare service. Satisfied patients tend to show loyalty and the intention to revisit. Healthcare providers that create a memorable patient experience gain a better competitive advantage (Lee, 2019). Loyal customers are extremely critical to the survival of an organization in the market, considering that attracting new customers is much more costly than continuing business with an existing customer. As competition and costs increase to attract new customers, service providers have started to focus their strategic activities more on customer loyalty (Arab et al., 2012). Also patients are more likely to comply with treatment regimens. This situation will in turn lead to better health outcomes.

The purpose of this study is to examine previous studies on customer experience in the healthcare sector. This study contributes to healthcare service marketing knowledge by examining the dimensions of customer experience in the healthcare sector, how it is measured and whether there are other variables related to the customer experience in the healthcare sector. This paper discusses what customer experience is, how it is measured, and how the customer experience in healthcare relates to other variables.

The article continues with relevant theoretical framework; methodology; results; discussion section, and finally the conclusion section.

## **Theoretical framework**

### **Customer Experience**

There are various definitions of customer experience in the literature. Historically, customer experience was treated as an element of satisfaction and service quality. Today, the im-

portance of the concept is recognized and accepted as a distinct construct (Lemon, & Verhoef, 2016). The construct of experience was first proposed by Holbrook and Hirschman, (1982). Researchers addressed the experiential dimensions of consumption and created a general framework that represents typical consumer behavior variables. They mentioned the contrasts between the experiential perspective focusing on the symbolic, aesthetic and hedonic nature of consumption and the classical information processing approach (Holbrook, & Hirschman, 1982). Csikszentmihalyi (1990) expressed the experience with different concepts such as flow state, being in flow, optimal experience. The author argued that what makes the experience truly satisfying is a state of consciousness called flow. The author expressed the flow experience as “an action in which individuals are in a state of complete concentration, they experience inner interest and the concept of time changes and they can be enjoyed”. Carbone and Haeckel (1994) ‘s definition of experience emphasized the cognitive nature of experience. They defined the experience as “customer perception created during the process of learning about, acquiring, using, maintaining, and disposing of a product or service” Afterwards, Pine and Gilmore (1998) mentioned how economic value has changed over the years, how commodities have transformed from goods and services into experience in the article “*Welcome to the economy of experience in Harvard Business Review*” They emphasized the importance of firms to think “experiential” in meeting the demands of today’s customers. They explained how firms that offer memorable experiences to their customers as well as strengthen their products and services, give clues of offering unique experiences. Shaw and Ivens (2002) expressed the customer experience as a mixture of measured emotions and behavioral performance against customer expectations at all contact points of a firm. In this concept, they emphasized that the customer experience is related to behavioral and more importantly emotional experience. It was measured intuitively against customer expectations and it is an experience not only in a store but also in all points where the organization or brand is contacted. Berry, Carbone and Haeckel (2002) argued that it is not enough to provide only products or services to their customers, but organizations should provide satisfactory experience to their customers. They suggested that competing in this dimension means organizing all the “clues” that people have identified during the purchasing process. Prahalad and Ramaswamy (2004) suggested co-creation experiences approach. These authors explained the interactions (e.g., dialog and risk-benefits) between firms and consumers that facilitate co-creation experiences. The customer shifted from a passive role to an active role in the process of co-creation experiences (Vargo & Lusch 2004). Berry, Wall, and Carbone (2006) discussed customer experience with service clues in their later research. They argued that customers use a large number of clues either consciously or unconsciously when choosing services or evaluating service experiences. Customer experience was defined as an “internal and subjective response for customers to communicate directly or indirectly with a company. Direct contact generally occurs in the course of purchase, use, and service and is usually initiated by the customer. Indirect contact most often involves unplanned encounters with representations of

a company's products, services, or brands and takes the form of word-of-mouth recommendations or criticisms, advertising, news reports, reviews" by Meyer and Schwager (2007). According to Gentile, Spiller, and Noci (2007), customer experience stems from a series of interactions that create a reaction between a product, customer, and organization. They explained that the concept of experience is a multi-dimensional structure by giving an example from the medical literature. They argued that most neuropsychological studies have proven that pain is a multi-dimensional experience involving emotional, cognitive, sensory and components. Verhoef et al. (2009) expressed the construct of customer experience as "holistic in nature and involving the customer's cognitive, affective, emotional, social and physical responses to the retailer." Experience is not only with the factors that can be controlled by firms such as; environment, service interface, product variety, and price, but it is also created by factors such as the purpose of shopping / service use, and recommendations of others that are beyond the control of the firms. These authors argued the total experience consists of multiple retail channels: research, purchase, consumption, and postpurchase experience. Grewal, Levy and Kumar (2009) suggested that customer experience could be categorized by retail mix (e.g., price, promotion, location and supply chain management experience). In the same period, Brakus, Schmitt, and Zarantonello (2009) discussed the concept of brand experience and how to measure it. They conceptualized brand experience as internal and subjective responses (cognitions, sensations, and emotions) and behavioral responses. Two years later, Lemke et al. (2011) discussed customer experience quality and related outcomes. Afterwards Klaus and Maklan (2012) developed the customer experience quality (EXQ) scale to measure customer experience. They argued that the customer experience has four aspects: peace of mind, moments of truth, outcome focus, and product experience. De Kessler et al. (2015) defined the customer experience as follows: "it consists of the cognitive, emotional, physical, sensorial, and social elements that mark the customer's direct or indirect interaction with a market actor(s)". Lemon and Verhoef (2016) suggested better understanding of customer experience and the customer journey. According to these authors, customers now interact with firms through multiple channels and numerous touchpoints. They defined the customer experience as "multidimensional construct focusing on a customer's cognitive, emotional, behavioral, sensorial, and social responses to a firm's offerings during the customer's entire purchase journey". McColl-Kennedy et al. (2019) proposed a customer experience framework that combines the aspects of value creation elements, customer discrete emotions, and customer cognitive responses at distinct touchpoints. They adopted an approach that extends and integrates fundamental studies in the existing literature.

As shown, there is a wide research cluster of the concept of customer experience in the existing literature. However, there is a lack of harmony in the concepts considered from different perspectives (De Kessler et al., 2015). Given the historical evolution of the construct of customer experience, initially Halbrook and Hirschman (1982) as an experiential theorist, advocated the critical role of emotions in creating experience, contrary to a utilitarian pers-

pective. Second, Csikszentmihalyi (1990) introduced the concept of extraordinary experience as a peak and flow experience. The author concentrated on the hedonic and cognitive nature of the experience. Here, Schouten, McAlexander, and Koenig (2007) represent the next generation of this approach. Carbone and Haeckel (1994) emphasized the cognitive nature of experience with perception and learning response. Pine and Gilmore (1998) emphasized creating memorable experiences. Here, the unidirectional nature of experience in the customer-firm relationship is considered (Berry et al., 2002; Shaw & Ivens, 2002). This approach does not take into account the role of the customer in the co-creation experience process. Prahalad and Ramaswamy (2004) and Vargo and Lush (2004) suggested co-creation experiences approach based on the active role of the customer. The interactional nature of the experience was emphasized by Meyer and Schwager (2007) and Lemke et al. (2011). A lot of scholars also emphasized the holistic and multi-dimensional nature of the experience. Its dimensions are cognitive, emotional, physical, sensorial, and social experiences (Gentile et al., 2007; Brakus et al., 2009; Verhoef et al., 2009; De Kessler et al., 2015; McColl-Kennedy et al., 2019).

### **Customer Experience in Healthcare Services**

To achieve the goals related to patient satisfaction, patient evaluations need to be analyzed very well. Patients will be more satisfied with a healthcare service designed according to the patient's opinions. Positive customer experience in healthcare is an indicator of how well the system works. Therefore, creating a positive customer experience in healthcare has become an important preference for both policy makers and clinical leaders. Previous studies conducted in different healthcare sectors have found that negative experiences of health services reported by patients were associated with a slower healing of the disease and a lower likelihood of compliance with treatment regimens. As a result of the negative experiences of patients on their recovery time or compliance with treatment regimens, patients will use more healthcare services and this situation will increase healthcare costs (Chatterjee, Joynt, Orav & Jha, 2012). Traditionally, there is a considerable imbalance between healthcare providers and customers. This imbalance is largely due to the inability of customers to comment on the services they experience. In addition to this respect for patients' concerns and needs is a key feature of a high-quality healthcare system. Therefore, it is important to emphasize the aspects of the service that require improvement, and to get feedback from patients about monitoring performance and quality (Jenkinson, Coulter, Reeves, Bruster, & Richards, 2003; Wong, et al., 2015). The concept of customer experience in healthcare services has started to expand considerably with the effect of factors such as changes in public policies that emphasize patient experience, reflection of consumer perspective to health services, and the inclusion of patient relatives in healthcare services. According to Ahmed, Burt, and Roland (2014) "the terms patient experience, patient perspective, patient reports, patient perception and patient satisfaction are often used interchangeably". But experience is not the same as the concept of satisfaction, perception, perspective or reports. Experience is more comprehensive

than these concepts, and it begins to occur the first time the customer encounters the service or product. Klaus (2018) defines the patient experience as follows: “a service provision in an environment where the goals of the customer can be complex, and where appropriate service to the customer may take the provider beyond the typical customer service approach of striving to provide immediate customer gratification with the ultimate outcome of improving the patient’s quality-of-life perceptions” However, the accepted definition of patient experience in the literature is made by the Berly Institute. According to the Berly Institute, patient experience is expressed as “the sum of all interactions shaped by the culture of an institution and affecting patient perceptions throughout the continuity of care” (Wolf & Jason, 2014). All interactions that patients experience throughout the continuity of care arise from the sensory, emotional, cognitive, behavioral and relational dimensions of the experience. Also patient experiences can be co-created by interactions with doctors, administrators (Lee, 2019), counselors, families, and others. The experience quality generated during these interactions depends on the nature of the patient’s participation. Thus, individual participation can transform the process of diagnosis, therapy, health indicators, counseling (Pralhad & Ramaswamy, 2004).

Considering the patient experience measurement tools accepted in some countries, it has been observed that the tools can not measure experience accurately. Patient experience surveys focus on how patients experienced important aspects of healthcare services, not on how satisfied patients are with healthcare services. (Centers for Medicare and Medicaid Services, [CSM]). For example, the English National Health System [NHS], (2011) outlines elements of patient experience. Those elements are defined as follows: “*patient-centred values, preferences, expressed needs, coordination and integration of care, information, communication, education, physical comfort, emotional support, welcoming the involvement of family and friends, transition and continuity and access to care*”. Also the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey has been developed by the (CSM), to measure patient experience. The survey contains 19 main questions about important aspects of patients’ experiences (“*communication with nurses and doctors, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, communication about medicines, discharge information, overall rating of hospital, and whether or not they would they recommend the hospital*”). The survey also includes five items to adjust for the mix of patients across hospitals, three items to direct patients to relevant questions and two items that support congressionally-mandated reports (CSM). With the effect of such factors, the concept of patient experience in healthcare services has started to expand considerably. Accordingly, the customer is having an experience from the very first moment they come into contact with the healthcare setting. These experiences can occur in a wide range of areas, from the appointment processes, relevant physicians to feelings after service use, and even before coming to the hospital. The experiences can occur in areas such as the atmosphere, smell, furniture, texture of the hospital, behavior of service provider, word of mouth

communication, correct and appropriate diagnosis and treatment methods, technology, food, comfort, patient preference, brand, and hospital services that create a lifestyle for the patient.

The reason why the customer chooses hospital Y rather than hospital X is actually related to the experiences that the hospital offers to the customer, because experiences are memorable. A patient with a negative experience with hospital X may not show loyalty in using the services of that hospital. Instead, when the patient chooses hospital Y they would be willing to use the services of hospital Y if the patient's experience with the hospital services are positive at all points of contact. Or if the diagnosis and treatment methods are up to date. If it is difficult to reach the physician in hospital Y, the patient's choice may not be hospital Y. Since experiences are associated with interaction at all touchpoints such as service provider, manager, family, caregiver, and others; it is important to create an experience environment where patients can create their own unique experiences (Prahalad & Ramaswamy, 2004).

### **Methodology**

The purpose of this study is to make a literature research on the studies about customer experience in healthcare. Studies were evaluated with a content analysis method. In this context, the studies on the subject in the literature have been examined conceptually and methodologically. The studies have been examined in terms of purpose, method and research model and basic findings. As a result, it is determined how customer experience in healthcare is measured, what dimensions it consists of and how customer experience in healthcare relates to other variables.

While the studies in the literature were evaluated, specific inclusion criteria was used. The first of these criterion, to ensure that the publication was in line with the area of interest, keywords "customer experience" and "healthcare" were the selection criteria for the topic (title, keywords or abstract). Second, to identify appropriate and relevant publications, three electronic databases—the ISI Web of Science, Science Direct and Google Scholar—were used. Since it was determined that the first research on customer experience in healthcare services was carried out in 2006, published articles in English in or after 2006 were included in the study. Subsequently, 18 articles met the inclusion criteria (see Table 1).



Table 1  
*Studies on Customer Experience in Healthcare*

Author-Year	Article Name	Purpose of the Study	Research Model	Method	Main Findings	Country	Reference
Buccoliero et al., 2015	Experiential Marketing in Healthcare: How to Improve Through Patients' Eyes	It is measure to the performance of health services from the patient's perspective by defining the elements that they consider important in the care of experience.	The study is a quantitative research. In Italy, patients were surveyed in public and private hospitals.	Correlation-regression analysis: 253 participants	The study found that patient satisfaction has been achieved through positive patient experience in four areas. patient experience consists of these areas: (1) Patient experience, (2) privacy and dignity, (3) Atmosphere and comfort (4) technology.	Italy	Conference Proceedings
Chen and Hsieh, 2010	A Study of the Relationship Among Experiential Marketing, Experiential Value and Customer Satisfaction	It is examine to the relationship between a medical tourists' experience, experience value, and satisfaction.	In the quantitative study, a model is established to determine the relationship between experience, experiential value, and satisfaction. The health tourism medical consumption experience scale is used.	LISREL empirical analysis: 280 participants	The study found that feel, think, and relate experience are positively correlated with brand image. All dimensions of experiential marketing has a positive effect on satisfaction. Also relational experience has the most significant impact on customer satisfaction.	Taiwan	Journal of Statistics and Management Systems
Ho et al., 2006	A Discussion of Refractive Medical Behavior from an Experiential Marketing Viewpoint	The study adopts "strategic modules of experiential marketing" by Schmitt to examine the influence of medical behavior on customers' experiences.	In the qualitative study, it is interviewed 32 patients who had a refractive surgery experience.	Contents analysis: 32 participants.	It is developed 5 experiential modules—feel, sense, act, relate and think of customers' medical experiences	Taiwan	Journal of Hospital Marketing and Public Relations

<p>Kashif et al., 2016</p> <p>EXO: Measurement of Healthcare Experience Quality in Malaysian Settings A Contextualist Perspective</p>	<p>The study aims to validate EXQ (Customer Experience Quality) scale by linking it to word of mouth, customer satisfaction and loyalty in private healthcare sectors.</p>	<p>In the quantitative study, a model is established to determine the relationship between EXQ, customer satisfaction, loyalty, and word of mouth.</p>	<p>AMOS empirical analysis: 330 participants</p>	<p>The study found that two dimensions of EXQ scale peace of mind and moments of truth and are highly valued by customers. Also, the EXQ perceptions significantly affect customer satisfaction and loyalty. Mediation effect of customer satisfaction in the model is found to be positively and significantly.</p>	<p>Malasia</p> <p>International Journal of Pharmaceutical and Healthcare Marketing</p>
<p>Worlu et al., 2016</p> <p>Effective Customer Experience Management In Healthcare Sector Of Nigeria A Conceptual Model</p>	<p>The study aims to introduce the concept of customer experience management (CEM) as a supportive construct in customer loyalty building.</p>	<p>Literature review</p>	<p>Conceptual model</p>	<p>The study suggests a new conceptualization on CEM consisting of three dimensions: mechanic, functional, and humanic clues on customer loyalty in the Nigerian healthcare sector. It is also determined that CEM is an important construct for building customer loyalty.</p>	<p>Nigeria</p> <p>International Journal of Pharmaceutical and Healthcare Marketing</p>
<p>Deshwal and Bhu-yan, 2018</p> <p>Cancer Patient Service Experience And Satisfaction</p>	<p>The study aims to validate construct of cancer patient services experience. Also this paper discusses the impact of patient services experience dimensions on customer satisfaction.</p>	<p>In the quantitative study, it is to validate construct of cancer patient services experience using exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) technique. A model is established to determine the impact of cancer patient services experience on customer satisfaction.</p>	<p>AMOS empirical analysis: 351 participants</p>	<p>The study found that the experience of cancer patient elements of sensorial, emotional, cognitive, behavioral and social factors. All five factors explain customer satisfaction positively.</p>	<p>India</p> <p>International Journal of Healthcare Management</p>

<p>Healthcare Experience Quality: An Empirical Exploration Using Content Analysis Techniques</p>	<p>The aim of the study is to determine how cancer patients perceive and evaluate the healthcare experience.</p>	<p>The stories of 200 cancer patients on a healthcare website are examined and 1,521 experience quality data item are captured using the critical incident method.</p>	<p>Critical incident method: 200 cancer patient stories</p>	<p>In the study, the service dimensions of cancer patients were found as follows: direct interactions, indirect interactions, independent processing, speed and medical outcome.</p>	<p>England</p> <p>Journal of Service Management</p>
<p>Service Experiences And Dyadic Value Co-Creation In Healthcare Service Delivery: A CIT Approach</p>	<p>The aim of the study is to examine value creation processes from the focal dyad of the patient and the physician and how their experiences in the consulting room affect the value that is created</p>	<p>In the qualitative study, it is conducted semi-structured interviews with 8 doctors and 24 outpatients. 76 usable data item are captured.</p>	<p>Critical incident method: 32 participations</p>	<p>The study found that three critical areas needed to create the value co-creation process. The important areas comprise of the beliefs and perceptions, partnership between the focal dyad and social context.</p>	<p>Gana</p> <p>Journal of Service Theory and Practice</p>
<p>Can Nurse Innovation Improve Customer Perception Of Service Quality And Experience?</p>	<p>The aim of the study is to clarify how nurse innovation is related to customer experience and service quality.</p>	<p>In the quantitative study, it is employed questionnaire survey method with nurses and inpatients.</p>	<p>Hierarchical regression Analysis: 294 participations</p>	<p>The study found that nurse innovation has no significant effects on customer experience and service quality.</p>	<p>Taiwan</p> <p>Journal of Clinical Nursing</p>
<p>Patient-Centric Quality Assessment Framework For Healthcare Services</p>	<p>The aim of this study is to propose a model of quality framework in healthcare services using the concept of customer experience management.</p>	<p>Literature review</p>	<p>Conceptual model</p>	<p>A model is proposed the patient perceived experiential value to measure the quality of healthcare service. The patient experiential value consists of extrinsic and intrinsic values. While intrinsic value includes emotional, epistemic, and intrinsic social value, extrinsic value includes the functional, utilitarian, and social value.</p>	<p>Korea</p> <p>Technological Forecasting &amp; Social Change</p>

Borishade et al., 2018	Dataset on Customer Experience and Satisfaction in Healthcare Sector of Nigeria	The aim of this study is to explain customer experience and customer satisfaction survey results.	In the quantitative study, it is employed questionnaire survey method with patients	Categorical Regression analysis: 365 participations	The results suggested that customer experience have significant effect on customer satisfaction.	Nigeria	Data in Brief
Ozcelik and Burnaz, 2019	Customer Experience Quality Dimensions in Health Care: Perspectives of Industry Experts	The aim of this study is to determine critical dimensions of customer experience in healthcare from the perspectives of industry experts.	In the qualitative study, it is interviewed with 15 people including managers, physicians, and academic researchers	Phenomenological approach: 15 participations	The results showed that critical patient experience dimensions from the perspectives of industry experts found as provider and patient type, touch-point diversity, function, preference, psychology, interaction, and environment.	Turkey	Journal of Management, Marketing and Logistics
Kumar, 2020	The Impact of Patient Recovery Flexibility on Service Experience in Public Healthcare	The aim of this study is to identify the dimensions of patient recovery flexibility and examine its impact on the service experience.	In the qualitative study, semi-structured interviews were conducted with 36 healthcare professionals	Thematic analysis: 36 participations	In the study, various dimensions of patient recovery flexibility are determined. Also, patient recovery flexibility has a positive effect on the service experience.	India	Journal of Business Studies
Lee, 2019	A Model for Designing Healthcare Service Based on The Patient Experience	The aim of this study is to develop a model designing healthcare service from perspective of patient experience	Literature review	Conceptual model	A model is proposed for healthcare services delivery design based on patient experience and value co-creation.	South Korea	International Journal of Healthcare Management
Hunter-Jones et al., 2020	Hospitality-Oriented Patient Experience (Hope) Framework in Health Care	The purpose of this study is to provide alternative patient experience framework based on hospitality oriented.	Literature review	Conceptual model	A new model is developed based on hospitality-oriented patient experience.	UK	Journal of Service Management

Kumar et al., 2018	The Impact of Marketing Activities on Service Brand Equity. The Mediating Role of Evoked Experience	The purpose of this study is to examine marketing activities impact on new concept of customer-based brand equity through customer experience.	Mixed study: While structured interviews are conducted with 60 patients in the qualitative study, the survey method is conducted with 839 patients in the quantitative study.	Mixed Method: Content analysis: 60 patients. AMOS empirical analysis: 839 patients.	The results suggested that customer experience is mediating role for the marketing activities impact on customer-based brand equity.	India	European Journal of Marketing
Lin et al., 2013	Impact of Cultural Differences on Foreign Customers' Perceived Local Services	The purpose of this study is to examine cultural differences on foreign customers' perceptions of local services through customer experience	In the qualitative study, it is conducted semi-structured interviews with 70 participants from services of transportation, convenience stores, restaurants, healthcare, and banking. 286 usable data items are captured	Critical incident method: 70 participations	The results suggested that 286 critical data items in four dimensions of the employee behavior, physical environment, functionality and value. The results also showed that Western customers are more likely than Asian customers to have a negative perception of local services.	Taiwan	Journal of Services Marketing
Schiaivone et al., 2020	Re-Designing the Service Experience in the Value Co-Creation Process: An Exploratory Study of a Healthcare Network	The purpose of this study is to emphasize service experience innovation in healthcare and determine the role of the sharing economy (SE)-based platform in redefining business processes.	As a primary data source: it is conducted 15 interviews with Saluber actors. As a secondary data source: various official reports and publications from Saluber. In the qualitative study, it is analyzed primary and secondary data of Saluber, which provides logistics services for non-emergency medical transport.	The results showed that SE-based platform can improve the customer experience and help to redesign the business processes of healthcare facilities.	Italy	Business Process Management Journal	

## Results

### Studies on Customer Experience in Healthcare

According to the service management literature, when the customer interacts with the service delivery system, customer experience emerges (Meyer & Schwager, 2007). Customer experience structure is holistic in nature and includes various responses (emotional, sensory, behavioral, cognitive, and relational) with the company. These experiences consist of many factors that can be controlled (i.e., retail atmosphere, assortment, service interface, price), or not controlled (i.e., purpose of shopping, influence of others), by the company. (Verhoef et al., 2009). When the customer experience begins to occur, customer experiences at each point of contact with the service are shaped. The customer's experiences at all points of contact with the service are individual and unique. The response from each customer is different from each other when they encounter the service or company. These differences can be caused by many factors such as personality traits, past experiences and expectations. At the same time, Schmitt, (1999) argues that it is not easy to measure these responses, which include sensory, emotional-conceptual, cognitive, behavioral and relational experiences. Therefore, it is seen that the studies which consider or measure the customer experience as a separate structure are very limited. It is observed that the studies are mostly measured indirectly with other related structures such as service quality and behavioral intentions. Especially studies examining customer experience in healthcare are quite insufficient. This is thought to be due to the difficulty of already measuring the concept of experience and/or measuring customer experience in healthcare. In this study, conceptual and empirical studies related to customer experience in healthcare are examined. The main findings, purpose, method and research model findings of the studies are shown in Table 1.

## Discussion

As a result of the detailed literature review, it is seen that the studies on "experience" differ in two ways. The studies handled from the first one is the patient experience from a "public health" perspective. The second one is the "experiential marketing". While patient experience studies conducted with a public health perspective integrate experience with concepts such as "satisfaction, and/or service quality" and indirect measure, studies conducted with experiential marketing perspective deal with the concept of customer experience as a whole. It would not be wrong to say that this distinction stems entirely from the academic perspective.

In some countries, governments and regulatory authorities have indicated that there is a need to conduct surveys on patients' views on services (Jenkinson et al., 2003; Wong et al., 2015). Patient surveys are widely used in several countries to evaluate patient experiences. For example, patient experiences are regularly measured by the NHS, (2011) with a stan-

standardized measurement tool and measures are taken based on the results. In the US, patients' opinions are received through patient experience surveys (HCAHPS) developed by CSM (2005). In many countries of Europe, a questionnaire (Picker Patient Experience Questionnaire) developed by the Picker institute in England is used to measure patient experiences (Jenkinson et al., 2002).

Although there are many studies on the patient experience in the literature, it is seen that the studies which handle and measure the experience in all its aspects are quite insufficient. In studies, experience appears as a theme. In this research, the studies in the field of marketing for customer experience in healthcare are included. Also, there is no recognized measurement tool for measuring customer experience in healthcare. It is observed that the study that constitutes the basis of these studies is the research that suggests the emotional, sensory, cognitive, behavioral and relational dimensions of experience with Schmitt's (1999) experiential marketing module. The basis of these studies is the research of Schmitt (1999). Schmitt argued that the experience has sensory, emotional, cognitive, behavioral relational dimensions with the experiential marketing module.

In the literature review regarding the definition of patient experience made by Wolf et al. (2014) several suggestions related to the concept have been identified. According to this; patient experience reflects events that occur independently and collectively throughout the continuity of care. For this reason, experience is more than satisfaction and it is not enough to measure the experience only with surveys. Patient experience should include individualized care and service designs that can meet patients' expectations. While presenting a conceptual framework for the definition of patient experience and how it should be measured in Wolf et al's study; Worlu et al (2016) presented a conceptual framework for the dimensions of customer experience management in the Nigerian healthcare sector. They proposed a conceptual model for customer experience management in the healthcare services. Accordingly, the customer experience management consists of three dimensions: functional, mechanic and humanic clues. Also they advocate that customer loyalty can be achieved through effective customer experience management. Buccoliero et al. (2015) argued that patient satisfaction was achieved through positive patient experience in four areas. These; atmosphere and the comfort of the environment, personal privacy and honor, patient empowerment and technology dimensions. Ho et al. (2006) conducted in-depth interviews with 32 patients who underwent refractive surgery to provide healthcare providers with information on how experiential service providers will be guided to strengthen patients' experiences. They adapted the experiential module proposed by Schmitt (1999) to patient behavior and determined the dimensions of the patient experience. Accordingly, five patient experience dimensions (sensory, emotional, cognitive, behavioral and relational) were determined. The study also found that the relationship between employee attitude and the sensory experiences of the patients with satisfaction was positive and significant. Kashif, Samsi, Awang and Mohamad (2016) examined the effect of

customer experience on customer satisfaction, loyalty and word of mouth communication in healthcare settings. In this context, it has created a structural model and Customer Experience Quality (EXQ) scale previously developed by Klaus and Maklan (2012) to measure customer experience adapted to hospital services. It has been determined that two dimensions of peace of mind and moments of truth are highly valued by customers. The perception of customer service experience significantly contributes to satisfaction and loyalty. Deshwal and Bhuyan (2018) examined the impact of cancer patients' service experience on satisfaction. Based on the literature, service experience dimensions were determined and its validity was determined with the model. It was suggested that the service experience of cancer patients includes five factors: service environment experience, emotional, behavioral, social and experience. It was determined that cancer patients' service experience positively influences patient satisfaction. Ponsignon, Smart, Williams and Hall (2015) analyzed 200 patient stories on a health website to examine the structure consisting of cancer patients' service experience. They found that dimensions of the cancer patients service experience as follows:

- Direct Interactions: "Attitudes and behaviours, Personalisation (recognise and understand patient's particular needs), Communication, Competence (level of staff knowledge and skills), Availability (find and access an appropriate staff member), Dealings with others, Relationship with staff, Efficiency, Reliability".

- Indirect Interactions: "Procedures and processes, Accessibility, Service variety/choice, Premises and facilities, Atmosphere, Communication, Timeliness, Food and beverages",

- Independent Processing: "Reputation and brand, External communication, Timeliness",

- Speed and Medical Outcome.

Osei-Frimpong, Wilson and Owusu-Frimpong (2015) investigated that value co-creating processes from patient-physician relationship and how their experience affects the created value. A semi-structured interview with 24 outpatient patients and 8 physicians was conducted. Three critical areas of experience were required to support elements that reflect the value creation process that should be considered during service delivery. The critical areas consist of the beliefs, social context, perceptions, and patient-physician partnership. The results reveal that patients do not only see improvement as a single value but also see the total experience during patient-physician interaction as a value. Chen and Hsieh (2010) investigated the relationships between experiential value, experiential marketing and customer satisfaction. They used the experiential modules of Schmitt (1999), while measuring experience. The results reveal that all dimensions of experience affect satisfaction positively. In addition to relational experience, dimension has the greatest effect on satisfaction. Therefore, relational experience is important. It relates the self to the health facility and telling others about the health facility. Weng et al. (2016) investigated nursing innovation being related to the customer's perception



of service quality and experience. They used Schmitt's experiential module to measure customer experience. It was found that nursing innovation has no significant effect on service quality and experience.

Borishade et al. (2018) demonstrated a data set examining the relationship between customer experience and customer satisfaction. The study was conducted in four private hospitals in Nigeria. The results showed that customer experience significantly affects customer satisfaction. Hunter-Jones et al. (2020) developed a framework of hospitality-oriented patient experience (HOPE). They integrated three different areas consisting of hospitality literature, customer experience management literature and healthcare literature. HOPE framework integrates the ideas of a vision of a healthcare experience between patients and their caregivers. Also, this approach involves designing and implementing this experience. Kumar (2020) developed several dimensions of patient recovery flexibility. The researcher determined that it has a positive impact on service experience. Kumar, Dash and Malhotra (2018) examined a new improved customer-based brand equity model. They showed that customer experience has a mediating role in the relationship between marketing activities and customer-based brand equity. Lee, (2019) proposed a model that designs healthcare service based on the patient experience. New model is based on interactions between patient, provider and organization in touchpoints. Lin, Nguyen and Lin (2013) investigated that foreign customers' perceptions of the five local services (healthcare, banking, transportation, convenience stores and restaurants) through their consumption experience. The results showed that foreign customers' perceptions consist of four dimensions of the employee behavior, physical environment, functionality and value. Ozcelik and Burnaz (2019) determined the dimensions of customer experience in healthcare from the perspective of industry experts. They found that touchpoint diversity, provider and patient type, function, preference, interaction, psychology, and environment to be patient experience dimensions. Park et al. (2016) proposed a model of quality framework in healthcare services using the concept of customer experience management. Proposed model measured that patient experiential value consists of intrinsic and extrinsic values. Where the intrinsic value consists of epistemic, intrinsic social value and emotional value, the extrinsic value consists of extrinsic social value and functional value. Schiavone et al. (2020) determined the role of the sharing economy (SE) -based platform in redesigning the service experience. They proposed a framework that how re-designing the service experience through the SE platform and showed that using principles of SE that can co-create value for the community, healthcare network and customer.

As can be seen from the studies, the number of both conceptual and empirical studies related to customer experience in healthcare in the field of marketing are insufficient. There is no accepted approach in the literature regarding what exactly the customer experience is in healthcare, how it should be measured, and what structures it consists of. For an effective customer experience management in the healthcare structure should be handled and measured

as a whole. In this sense, more conceptual and empirical studies are needed. Based on this discussion (summarized Table 2), it can be said that this study makes more comprehensive, presenting customer experience dimensions and related variables in healthcare.

Table 2

*Comparison Between Customer Experience In Healthcare Framework and Previous Studies*

Customer experience dimensions in healthcare	Related variables	Author-Year
Functional, mechanic and humanic clues	Customer satisfaction Customer loyalty	Worlu et al., (2016)
Atmosphere and the comfort of the environment, personal privacy and honor, patient empowerment and technology	Customer satisfaction	Buccoliero et al., (2015)
Product experience, outcome focus, moments of truth and peace of mind	Customer satisfaction Customer loyalty	Kashif et al. (2016)
Service environment experience, emotive experience, behavioral experience, comfort experience, and social experience	Customer satisfaction	Deshwal and Bhuyan, (2018)
Direct interactions, indirect interactions, independent processing, speed and medical outcome	-	Ponsignon et al., (2015)
Social context, beliefs and perceptions, and patient-physician partnership	Perceived value	Osei-Frimpong et al., (2015)
Sensory, emotional, cognitive, behavioral, relational	-	Ho et al., (2006)
Sensory, emotional, cognitive, behavioral, relational	Experiential value Customer satisfaction	Chen, and Hsieh, (2010)
Extrinsic value: Functional/utilitarian Intrinsic value: Emotional, epistemic, intrinsic social	-	Park et al., (2016)
Sensory, affective, behavioral, intellectual	Customer-based brand equity	Kumar et al., (2018)
Physical environment, employee behavior, value, and functionality	-	Lin et al., (2013)
Hospital type, function, patient type, preference, touchpoint diversity, mood/feelings/psychology, interaction, environment	-	Ozcelik and Burnaz, (2019)

## Conclusion

This paper provides a perspective on customer experience in healthcare. Very limited studies examining the patient experience from an experiential marketing perspective have been found. Customer experience in healthcare is becoming increasingly important, both in academic research and practices. This research makes a number of theoretical contributions: first of all, it explains concepts that appear in the literature review of customer experience in the healthcare sector. Secondly, it proposes dimensions for the measurement of customer experience in the healthcare sector. Thirdly, it determines the variables related to customer experience.

rience in the healthcare sector. It would be observed that customer experience can be used to build satisfaction and loyalty and the implementation of the concept to the healthcare sector.

This study has some limitations. The databases limit the search to papers of the abstracts, keywords and titles. Therefore it may not include some papers in the sample. The few studies on customer experience in healthcare may appear to limit this study. But this may be an opportunity for future studies.

How the customer experience has a conceptual structure in the healthcare sector can be determined in future studies. In addition, studies on how the customer experience should be measured are needed. Studies have shown that positive patient experience is effective for patients to prefer a hospital again and comply with treatment regimens in the future.

---

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Conception/Design of study: S.A.K.; Data Acquisition: S.A.K.; Data Analysis/Interpretation: E.C.; Drafting Manuscript: S.A.K.; Critical Revision of Manuscript: E.C.; Final Approval and Accountability: S.A.K., E.C.

**Conflict of Interest:** The author has no conflict of interest to declare.

**Grant Support:** The author declared that this study has received no financial support.

---

## References

- Ahmed, F., Burt, J., & Roland, M. (2014). Measuring patient experience: concepts and methods. *The Patient-Patient-Centered Outcomes Research*, 7(3), 235-241.
- Arab, M., Tabatabaei, S. G., Rashidian, A., Forushani, A. R., and Zarei, E. (2012). The effect of service quality on patient loyalty: A Study Of Private Hospitals in Tehran, Iran. *Iranian Journal of Public Health*, 4(9), 7.1
- Berry, L. L., Carbone, L. P., & Haeckel, S. H. (2002). Managing the total customer experience. *MIT Sloan Management Review*, 43(3), 85-89.
- Berry, L. L., Davis, S. W., & Wilmet, J. (2015). When the customer is stressed. *Harvard Business Review*, 93(10), 86-94.
- Berry, L. L., Wall, E. A., and Carbone, L. P. (2006). Service clues and customer assessment of the service experience: lessons from marketing. *Academy of Management Perspectives*, 20(2), 43-57.
- Borishade, T., Kehinde, O., Iyiola, O., Olokundun, M., Ibidunni, A., Dirisu, J., & Omotoyinbo, C. (2018). Dataset on customer experience and satisfaction in healthcare sector of Nigeria. *Data in brief*. (20), 1850-1853.
- Brakus, J. J., Schmitt, B. H., & Zarantonello, L. (2009). Brand experience: what is it? how is it measured? does it affect loyalty?. *Journal of Marketing*, 73(3), 52-68.
- Buccoliero, L., Bellio, E., & Solinas, E. (2015). Experiential marketing in healthcare: how to improve through patients' eyes. Proceedings the The Academy of Marketing Conference, Retrieved From: <http://programme.exordo.com/am2015/delegates/presentation/285/>.
- Carbone, L. P., & Haeckel, S. H. (1994). Engineering customer experiences. *Marketing management*, 3(3), 8-19.

- Centers for medicare and medicaid services, HCAHPS: patients' perspectives of care survey. Retrieved from: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/HCAHPS1>
- Chatterjee, P., Joynt, K. E., Orav, E. J., and Jha, A. K. (2012). Patient experience in safety-net hospitals: implications for improving care and value-based purchasing. *Archives of Internal Medicine*, 172(16), 1204-1210.
- Chen, Y.-K., & Hsieh, T. (2010). A study of the relationship among experiential marketing, experiential value and customer satisfaction. *Journal of Statistics and Management Systems*, 13(6), 1283-1303.
- Çiçek, B. (2015). Deneyimsel pazarlama ve satın alma karar sürecine etkisi: termal turizm sektöründe bir uygulama (The Effect of Experiential Marketing and Purchase Decision Process: An Application of Thermal Tourism Sector) (Master Thesis, Bozok University) Retrieved from: <http://dspace.bozok.edu.tr/xmlui/bitstream/handle/11460/421/380032.pdf?sequence=1>
- Czikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: Harper & Row.
- De Keyser, A., Lemon, K. N., Klaus, P., & Keiningham, T. L. (2015). A framework for understanding and managing the customer experience. *Marketing science institute working paper series*, 85(1), 15-121.
- Deshwal, P., & Bhuyan, P. (2018). Cancer patient service experience and satisfaction. *International Journal of Healthcare Management*, 11(2), 88-95.
- English National Health System, (2011, February 22). NHS patient experience framework. Retrieved from: <https://www.gov.uk/government/publications/nhs-patient-experience-framework>.
- Gentile, C., Spiller, N., & Noci, G. (2007). How to sustain the customer experience: an overview of experience components that co-create value with the customer. *European Management Journal*, 25(5), 395-410.
- Greaves, F., Pape, U. J., King, D., Darzi, A., Majeed, A., Wachter, R. M., & Millett, C. (2012). Associations between internet-based patient ratings and conventional surveys of patient experience in the English nhs: an observational study. *BMJ Quality and Safety*, 21(7), 600-605.
- Grewal, D., Levy, M., & Kumar, V. (2009). Customer experience management in retailing: an organizing framework. *Journal of Retailing*, 85(1), 1-14.
- Ho, Y.-C., Li, Y.-C., & Su, T.-H. (2006). A discussion of refractive medical behavior from an experiential marketing viewpoint. *Journal of Hospital Marketing and Public Relations*, 16(1-2), 45-68.
- Holbrook, M. B., & Hirschman, E. C. (1982). The experiential aspects of consumption: consumer fantasies, feelings, and fun. *Journal of Consumer Research*, 9(2), 132-140.
- Hunter-Jones, P., Line, N., Zhang, J. J., Malthouse, E. C., Witell, L., & Hollis, B. (2020). Visioning a hospitality-oriented patient experience (HOPE) framework in health care. *Journal of Service Management*. doi.10.1108/josm-11-2019-0334.
- Jenkinson, C., Coulter, A., Bruster, S., Richards, N., & Chandola, T. (2002). Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. *Qual Saf Health Care*, 11, 335-339.
- Jenkinson, C., Coulter, A., Reeves, R., Bruster, S., & Richards, N. (2003). Properties of the picker patient experience questionnaire in a randomized controlled trial of long versus short form survey instruments. *Journal of Public Health*, 25(3), 197-201.
- Kabadayı, E. T., & Alan, A. K. (2014). Deneyimsel pazarlama: pazarlamadaki artan önemi (Experiential marketing: growing importance in marketing). *İşletme Araştırmaları Dergisi*, 6(2), 203-217.
- Kashif, M., Samsi, S. Z. M., Awang, Z., & Mohamad, M. (2016). EXQ: measurement of healthcare experience quality in Malaysian settings. *International Journal of Pharmaceutical and Healthcare Marketing*. 10(1), 48-74.

- Klaus, P. (2018). Luxury patient experience (LPX): review, conceptualization, and future research directions. *The service industries journal*, 38(1-2), 87-98.
- Klaus, P., & Maklan, S. (2012). EXQ: a multiple-item scale for assessing service experience. *Journal of Service Management*, 23(1), 5-33.
- Küçüksaraç, B., & Sayımer, İ. (2016). Deneyimsel pazarlama araçları olarak artırılmış gerçeklik: türkiye'deki marka deneyimlerinin etkileri üzerine bir araştırma (Augmented reality as an experimental marketing tool: a research about brand experience impacts in Turkey). *Istanbul University Faculty of Communication Journal*, 51, 73-95.
- Kumar, P. (2020). The impact of patient recovery flexibility on service experience in public healthcare. *Journal of Asia Business Studies*. 14(2), 159-179.
- Kumar, R. S., Dash, S., & Malhotra, N. K. (2018). The impact of marketing activities on service brand equity. *European Journal of Marketing*. 52(3/4), 596-618.
- Lee, D. (2019). A model for designing healthcare service based on the patient experience. *International Journal of Healthcare Management*, 12(3), 180-188.
- Lemke, F., Clark, M., & Wilson, H. (2011). Customer experience quality: and exploration in business and consumer contexts using repertory grid technique. *Journal of the Academy of Marketing Science*, 39(6), 846-869.
- Lemon, K. N., & Verhoef, P. C. (2016). Understanding customer experience throughout the customer journey. *Journal of marketing*, 80(6), 69-96.
- Lin, C., Nguyen, C., & Lin, B. (2013). Impact of cultural differences on foreign customers' perceived local services. *Journal of Services Marketing*. 27(6), 500-510.
- McColl-Kennedy, J. R., Danaher, T. S., Gallan, A. S., Orsingher, C., Lervik-Olsen, L., & Verma, R. (2017). How do you feel today? Managing patient emotions during health care experiences to enhance well-being. *Journal of business research*, 79, 247-259.
- McColl-Kennedy, J. R., Zaki, M., Lemon, K. N., Urmetzer, F., & Neely, A. (2019). Gaining customer experience insights that matter. *Journal of service research*, 22(1), 8-26.
- Meyer, C., & Schwager, A. (2007). Customer experience. *Harvard Business Review*, 85(2), 116-126.
- Naidu, A. (2009). Factors affecting patient satisfaction and healthcare quality. *International Journal of Health Care Quality Assurance*, 22(4), 366-381.
- Osei-Frimpong, K., Wilson, A., & Owusu-Frimpong, N. (2015). Service experiences and dyadic value co-creation in healthcare service delivery: a CIT approach. *Journal of Service Theory and Practice*. 25(4), 443-462.
- Ozcelik, A. B., & Burnaz, S. (2019). Customer experience quality dimensions in health care: perspectives of industry experts. *Journal of Management Marketing and Logistics*. 6(2), 62-72.
- Park, G. W., Kim, Y., Park, K., & Agarwal, A. (2016). Patient-centric quality assessment framework for healthcare services. *Technological Forecasting and Social Change*. 113, 468-474.
- Pine II, B. J., & Gilmore, J. H. (1998). Welcome to the experience economy. *Harvard Business Review*, July-August, 97-105.
- Ponsignon, F., Smart, A., Williams, M., & Hall, J. (2015). Healthcare experience quality: an empirical exploration using content analysis techniques. *Journal of Service Management*. 26(3), 460-485.
- Prahalad, C. K., & Ramaswamy, V. (2004). Co-creation experiences: The next practice in value creation. *Journal of interactive marketing*, 18(3), 5-14.

- Schiavone, F., Leone, D., Sorrentino, A., & Scaletti, A. (2020). Re-designing the service experience in the value co-creation process: an exploratory study of a healthcare network. *Business Process Management Journal*, 26(4), 889-908.
- Schmitt, B. (1999). Experiential marketing. *Journal of Marketing Management*, 15(1-3), 53-67.
- Schouten, J. W., McAlexander, J. H., & Koenig, H. F. (2007). Transcendent customer experience and brand community. *Journal of the academy of marketing science*, 35(3), 357-368.
- Shaw, C., & Ivens, J. (2002). The customer experience tsunami in Shaw, C., & Ivens, J. (Ed.), *Building Great Customer Experiences* (pp.1-14), Switzerland, Springer,.
- Vargo, S. L., & Lusch, R. F. (2004). Evolving to a new dominant logic for marketing. *Journal of marketing*, 68(1), 1-17.
- Verhoef, P. C., Lemon, K. N., Parasuraman, A., Roggeveen, A., Tsiros, M., & Schlesinger, L. A. (2009). Customer experience creation: determinants, dynamics and management strategies. *Journal of Retailing*, 85(1), 31-41.
- Weng, R. H., Chen, W. P., Huang, C. Y., Hung, C. H., & Hsu, C. T. (2016). Can nurse innovation improve customer perception of service quality and experience?. *Journal Of Clinical Nursing*, 25(3-14), 1950-1961.
- Wolf PhD, C. P. X. P., & Jason, A. (2014). Defining patient experience. *Patient Experience Journal*, 1(1), 7-19.
- Wong, E. L., Coulter, A., Hewitson, P., Cheung, A. W., Yam, C. H., Fai Lui, S., & Yeoh, E.-K. (2015). Patient experience and satisfaction with inpatient service: development of short form survey instruments measuring the core aspect of inpatient experience. *Plos One*, 10 (4), 1-12.
- Worlu, R., Kehinde, O. J., & Borishade, T. T. (2016). Effective customer experience management in health-care sector of Nigeria. *International journal of pharmaceutical and healthcare marketing*. 10(4), 449-466.
- Wu, C.-C. (2011). The Impact of Hospital Brand Image On Service Quality, Patient Satisfaction And Loyalty. *African Journal of Business Management*, 5(12), 4873-4882.
- World Health Organization. (2016). *Report on the public consultation to inform development of the Framework on integrated people-centred health services* (No. WHO/HIS/SDS/2016.4). World Health Organization.