DIJEFA: Dinasti International Journal of Economics, Finance & Accounting
E-ISSN: 2721-303X
P-ISSN: 2721-3021
https://dinastipub.org/DIJEFA dinasti.info@gmail.com +62 811 7404 455

DOI: https://doi.org/10.38035/dijefa.v7i3.6954
https://creativecommons.org/licenses/by/4.0/
Received: 04 June 2026 | **Revised:** 14 June 2026 | **Accepted:** 04 July 2026

Understanding Patient Loyalty Strategy in Military Healthcare: The Influence of Service Quality, Engagement, and Unique Experiences

Rima Kusumah Dewi[1*], Pudji Seswanto[2]
[1]Universitas Negeri Jakarta, Jakarta, Indonesia, rima_1717925012@mhs.unj.ac.id
[2]Universitas Negeri Jakarta, Jakarta, Indonesia, pudji_1717925020@mhs.unj.ac.id

*Corresponding Author: rima_1717925012@mhs.unj.ac.id[1]

Abstract: This study, entitled Understanding Patient Loyalty Strategy in Military Healthcare: The Influence of Service Quality, Engagement, and Unique Experiences, aims to investigate the effects of Service Quality, Patient Engagement, and Unique Experience on Patient Loyalty, with Patient Satisfaction serving as a mediating variable. A quantitative research approach was employed, using a survey of 255 users of military healthcare services. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) through SmartPLS software. The results indicate that Unique Experience has a positive and significant effect on Patient Satisfaction ($\beta = 0.634$; $p < 0.001$), whereas Service Quality ($\beta = 0.025$; $p = 0.885$) and Patient Engagement ($\beta = 0.090$; $p = 0.637$) do not exhibit significant effects. Furthermore, Patient Satisfaction has a positive and significant effect on Patient Loyalty ($\beta = 0.856$; $p < 0.001$). The mediation analysis reveals that Patient Satisfaction mediates only the relationship between Unique Experience and Patient Loyalty, whereas the mediating effects of Patient Satisfaction on the relationships between Service Quality and Patient Loyalty, and between Patient Engagement and Loyalty, are not supported. These findings suggest that patient loyalty in military healthcare is shaped more by unique service experiences than by service quality or patient engagement.

Keywords: patient loyalty, patient satisfaction, service quality, patient engagement, unique experience, military healthcare.

INTRODUCTION

Patient loyalty is one of the strategic indicators of success in healthcare organizations because it contributes to the sustainability of services, institutional reputation, operational efficiency, and the long-term relationship between patients and healthcare providers (Hasjim et al., 2024; Rohita & Nurkholik, 2025). Loyal patients tend to reuse the same healthcare services, provide positive recommendations to others, and demonstrate a higher level of trust in the healthcare institution (Liu et al., 2021; Huang et al., 2021). In an increasingly competitive environment, loyalty is not only a goal but also a strategic asset that must be built through

excellent and sustainable service experiences (Nag & Gilitwala, 2023; Rohita & Nurkholik, 2025). Various studies show that patient loyalty is a multidimensional construct influenced by service quality, patient engagement, patient experience, patient satisfaction, and trust in healthcare providers (Chen et al., 2022; Nur Ullah & Shaulin, 2025). From a service quality perspective, the SERVQUAL model, which includes reliability, assurance, empathy, responsiveness, and tangibility, remains the dominant framework in explaining patient loyalty behavior (Divya et al., 2025; Oloya-Salazar et al., 2026). Research by Zehra et al. (2025) indicates that high service quality not only increases patient satisfaction but also strengthens positive perceptions of healthcare outcomes. Specifically, the dimensions of reliability, assurance, and empathy are considered the strongest predictors of patient loyalty compared to other dimensions (Divya et al., 2026; Amir et al., 2025).

In addition to service quality, patient engagement is increasingly recognized as an important factor in building long-term relationships between patients and healthcare organizations. In the context of modern healthcare, patient engagement also evolves through the use of digital technologies such as telehealth, patient portals, mobile health applications (mHealth), and digital communication systems that enable more intensive interactions between patients and hospitals (Pettit, 2025; Almutairi et al., 2023). The transformation toward Healthcare 5.0 even positions digital engagement as one of the main instruments in building patient loyalty in the post-pandemic era (Raisa et al., 2025). Another factor that significantly influences loyalty is the patient experience during healthcare services. Patient experience involves the entire patient journey, from registration processes, interactions with healthcare providers, communication quality, hospital environment, to perceptions of the institution's image (Asmaryadi et al., 2020). Chen et al. (2022) show that positive experiences during nursing care significantly impact patient satisfaction and loyalty. Similar findings are also reported by Mappanganro et al. (2024), who state that nursing service quality is one of the main determinants of patient loyalty in hospitals. Therefore, a positive patient experience can become a source of competitive advantage that is difficult for other healthcare institutions to imitate. Recent literature also indicates that the relationship between service quality, patient engagement, patient experience, and loyalty does not always occur directly. Patient satisfaction and trust often serve as mediating variables that explain how service quality and patient experience translate into long-term loyalty (Liu et al., 2021; Al-hilou & Suifan, 2023). Nur Ullah and Shaulin (2025) found that the influence of service quality on loyalty becomes stronger when mediated by trust and satisfaction. Similar findings are reported by Elrayah and Keong (2025), who show that communication quality and trust are the main pathways in building patient loyalty. Therefore, patient loyalty should be understood as the result of a complex interaction among functional, emotional, relational factors, and the patient’s service experience. Although research on patient loyalty has developed rapidly in recent years, most studies still focus on general hospitals, public healthcare facilities, private facilities, and primary care clinics (Setyawan et al., 2020; Nur Ullah & Shaulin, 2025; Oloya-Salazar et al., 2026). Studies specifically examining patient loyalty in the context of military health centers remain relatively limited. These organizations have different characteristics, including a more hierarchical organizational culture, a strong discipline orientation, a clear command system, unique patient characteristics, and service demands that prioritize readiness, safety, and precise actions. These differing characteristics have the potential to shape patients' perceptions of service quality, engagement, and the experiences they receive. Based on this, research titled “Understanding Patient Loyalty in Military Healthcare: The Influence of Service Quality, Engagement, and Unique Experiences” is important to conduct.

The context of military healthcare shows a dynamic interaction between operational demands, service innovation, and collaboration with civilian healthcare systems that directly influence the quality of service delivery and organizational readiness. Unlike civilian

healthcare systems, military healthcare not only aims to provide medical services to patients but also supports personnel readiness and organizational mission success. Therefore, military healthcare services are required to balance patients' clinical needs with operational readiness demands through adaptive, integrated, and organization-oriented service systems (Leone et al., 2023; Taylor-Clark & Patrician, 2020). However, various studies indicate that military healthcare systems still face several challenges, including limited healthcare human resources, the complexity of healthcare needs for military personnel and veterans, and challenges in maintaining continuity of care when patients transition to civilian healthcare systems (Alruwaili et al., 2023; Rivas et al., 2023; Lei et al., 2022). The development of digital technology is also beginning to transform the face of military healthcare. The implementation of artificial intelligence, telemedicine, and clinical decision support systems is seen to have great potential to improve diagnosis effectiveness, medical decision-making, healthcare logistics, and access to services in complex and limited operational environments (Adirim & Madsen, 2025; Byrne & Spevak, 2020). Nevertheless, integrating these technologies requires attention to ethical aspects, transparency, privacy, and organizational governance to maximize the benefits of technology without undermining the trust of patients and healthcare professionals (Beardmore et al., 2025; Krick & Myers, 2026). This condition indicates that technological innovation in military healthcare not only focuses on service efficiency but also must consider human aspects and the overall patient experience. From the patient's experience perspective, the quality of military healthcare services is influenced by various factors related to the interaction between patients and healthcare providers. Effective communication, empathy, service coordination, continuity of care, and healthcare workers' ability to understand military culture are important factors that determine patients' perceptions of the quality of care received (Taylor-Clark & Patrician, 2020; Joseph & Taylor, 2025; Lucier-Greer et al., 2025). Research shows that military healthcare facilities capable of building positive interpersonal relationships, trust, and a supportive service environment tend to produce higher patient satisfaction levels (Carlson et al., 2022; Vance & Carpenter, 2024). Additionally, good interaction quality also enhances the perceived value for patients, thereby strengthening the relationship between service experience and overall satisfaction. The unique characteristics of the military population demand a more personalized and culturally competent approach to care. Veterans, active personnel, military family members, and groups with special health needs have different life experiences and healthcare requirements compared to the general civilian population. Therefore, military healthcare services need to implement a coordinated, patient-centered approach that considers the military cultural context in every aspect of service delivery (Taylor-Clark & Patrician, 2020; Wilson, 2022; Lucier-Greer et al., 2026). This approach not only improves the perceived quality of care but also creates a more meaningful service experience, ultimately contributing to patient satisfaction and loyalty toward the military healthcare institution.

Referring to previous research findings, hypotheses proposed in the context of military healthcare services are:

H1: Service Quality has a significant impact on Patient Satisfaction
H2: Patient Engagement has a significant impact on Patient Satisfaction
H3: Unique Experience has a significant impact on Patient Satisfaction
H4: Patient Satisfaction has a significant impact on Patient Loyalty.
H5: Patient Satisfaction mediates the relationship between Service Quality and Patient Loyalty.
H6: Patient Satisfaction mediates the relationship between Unique Experience and Patient Loyalty.
H7: Patient Satisfaction mediates the relationship between Patient Engagement and Patient Loyalty

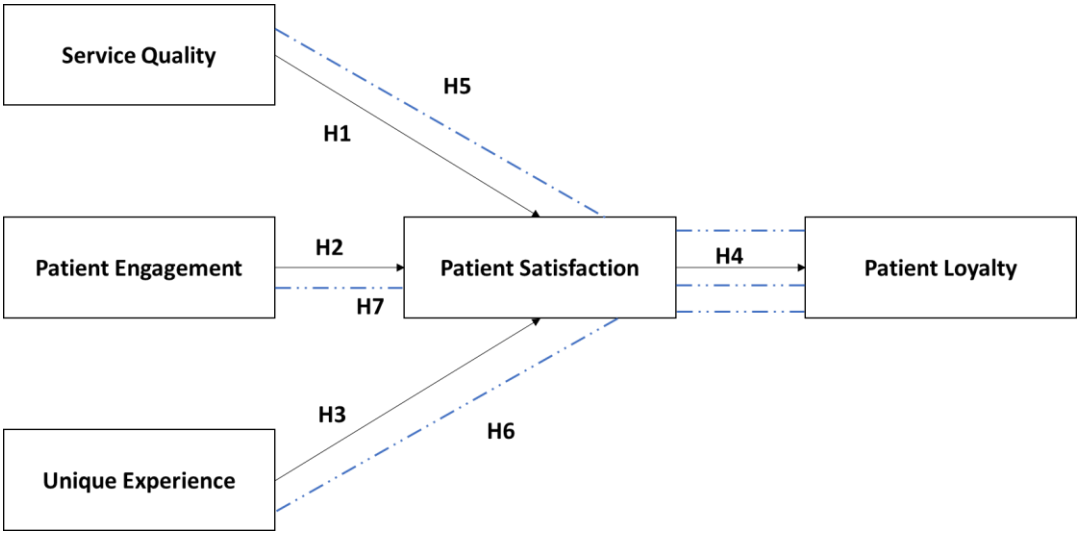


Figure 1. The theoretical framework

METHODS

Research Design and Sampling

This research uses a quantitative research design with a cross-sectional survey approach to examine the relationship between Service Quality, Patient Engagement, Unique Experience, Patient Satisfaction, and Patient Loyalty in the context of military healthcare services. Data were collected through structured questionnaires distributed to patients who have used military healthcare services. The study employed purposive sampling techniques, selecting respondents based on specific criteria, such as being at least 17 years old and having received services at a military healthcare facility within the last 12 months. A total of 255 respondents who met the criteria were successfully collected and used in the data analysis process. The quantitative approach was chosen because it is suitable for testing research hypotheses and analyzing the structural relationships among the variables proposed in the research model.

Measurement

Variables in this study are measured using instruments adapted from various previous studies relevant to patient loyalty. This research uses five main constructs: Service Quality, Patient Engagement, Unique Experience, Patient Satisfaction, and Patient Loyalty. All constructs are measured using a questionnaire instrument with a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The selection of indicators was based on a synthesis of previous literature that has been tested in the healthcare service context and adjusted to the characteristics of military healthcare services. Service Quality emphasizes the organization's ability to provide services that meet customer expectations and is adapted from the service quality dimensions developed by Parasuraman et al. (1988) and Divya et al. (2025). Patient Engagement measures the level of active involvement of patients in the healthcare process, including communication, participation in decision-making, and involvement in managing their own health, adapted from Esmaeilzadeh et al. (2024) and Almutairi et al. (2023). Unique Experience highlights the unique characteristics inherent to military healthcare organizations and the patient's experience during receiving services, adapted from Chen et al. (2022) and Taylor-Clark and Patrician (2020). Patient Satisfaction is measured as the overall evaluation of patients regarding the services received after comparing expectations with actual experiences during the service process, adapted from Liu et al. (2021) and Nur Ullah and Shaulin (2025). Patient Loyalty is measured as the patient's commitment to maintaining a long-term relationship with the healthcare provider, including the intention to reuse services and

provide positive recommendations to others, referencing Huang et al. (2021) and Rohita and Nurkholik (2025).

Data Analysis Methods

In this study, data analysis was conducted using the Partial Least Squares Structural Equation Modeling (PLS-SEM) method with the help of SmartPLS 4 software. PLS-SEM is a non-parametric statistical method. Unlike covariance-based SEM, PLS-SEM focuses on maximizing the variance explained by the latent constructs, making it more flexible and not requiring strict assumptions about data distribution, measurement scales, or sample size. This research employed a two-step approach to ensure model quality. In the first step, the researchers evaluated the measurement model by testing the validity and reliability of the constructs using the PLS-SEM algorithm. The indicators analyzed included outer loadings, Cronbach's alpha, composite reliability, Average Variance Extracted (AVE), discriminant validity, and model fit indices to ensure the strength and consistency of the research instruments. Next, in the second step, the structural model was tested using bootstrapping with 255 samples, a significance level of 0.05, and a path weighting scheme. This process allowed for hypothesis testing as well as the analysis of direct and indirect relationships, along with mediation and moderation effects among variables. All tests were conducted at a 95% confidence level, with p-values less than 0.05 considered significant. This approach enables the exploration and confirmation of the model simultaneously.

RESULTS AND DISCUSSION

Participants

In this study, a total of 255 participants were analyzed. Of these, 31 respondents were women (12.2%), while 224 respondents were men (72.5%). This indicates a dominance of male respondents. The age distribution shows that the majority of respondents are in the 27-42 year age group (72.5%). The types of employment indicate that 69% are military personnel, 19.2% are private sector employees, 7.1% are civil servants, and 4.7% are State-Owned Enterprise Employee.

Table 1. Profile of participants

Items	Values	Frequency	Percentage
Gender	Male	31	12,2%
	Female	224	87,8%
Age	17-26 years	70	27,5%
	27-42 years	185	72,5%
	43-58 years	0	0%
Occupational	Military Personnel (TNI)	175	69%
	Civil Servant (ASN)	18	4,7%
	Private Sector Employee	49	19,2%
	State-Owned Enterprise Employee (SOE/BUMN)	12	4,7%

The dominance of respondents from the TNI (Indonesian National Armed Forces) indicates that this study primarily represents the characteristics of military healthcare service users. On the other hand, the presence of respondents from non-military groups shows that the healthcare services studied are also utilized by the general public from various occupational backgrounds. Overall, the respondent profile reveals that this research is dominated by productive-age males with backgrounds as TNI members. These characteristics are relevant to the context of the study, which focuses on military healthcare services, so the results are expected to accurately reflect the perceptions and experiences of military healthcare service

users. Additionally, the dominance of the productive age group and military profession suggests that patient loyalty in this study is mainly formed by individuals who have relatively high interaction frequency with the military healthcare system.

Data validity and reliability testing

Reliability testing was conducted to assess the internal consistency of the instrument used in the study. According to Hair et al. (2019), construct reliability can be evaluated through Cronbach's Alpha and Composite Reliability (CR) values. A construct is considered to have good reliability if the Cronbach's Alpha and Composite Reliability values are greater than 0.70. Additionally, convergent validity is evaluated using the Average Variance Extracted (AVE), with a minimum recommended value of 0.50. An AVE above 0.50 indicates that the construct can explain more than 50% of the variance of the indicators used to measure it. This approach is commonly used in PLS-SEM analysis to ensure that the research instrument has adequate levels of consistency and validity. The results of the reliability and validity tests show that all constructs in the study meet the recommended criteria. The Patient Engagement variable has a Cronbach's Alpha value of 0.780, a Composite Reliability of 0.850, and an AVE of 0.532. The Patient Loyalty variable shows a Cronbach's Alpha of 0.891, a Composite Reliability of 0.920, and an AVE of 0.697. Furthermore, the Patient Satisfaction variable has a Cronbach's Alpha of 0.930, a Composite Reliability of 0.947, and an AVE of 0.782. The Service Quality variable has a Cronbach's Alpha of 0.831, a Composite Reliability of 0.888, and an AVE of 0.664, while the Unique Experience variable has a Cronbach's Alpha of 0.718, a Composite Reliability of 0.832, and an AVE of 0.624. Overall, all constructs have Cronbach's Alpha and Composite Reliability values above the 0.70 threshold, indicating good reliability. Similarly, all AVE values are above 0.50, demonstrating that the indicators used adequately represent the constructs being measured. These results indicate that the research instrument has a high level of internal consistency and meets the requirements for convergent validity.

Table 2. Results of Construct Reliability and Validity Tests

Variable	Cronbach's Alpha	Composite Reliability	AVE
Patient Engagement	0,780	0,850	0,532
Patient Loyalty	0,891	0,920	0,697
Patient Satisfaction	0,930	0,947	0,782
Service Quality	0,831	0,888	0,664
Unique Experience	0,718	0,832	0,624

In addition to convergent validity, this study also evaluates discriminant validity using the Heterotrait-Monotrait Ratio (HTMT) approach. Generally, HTMT values below 0.90 indicate that each construct has an adequate level of differentiation from one another. The test results show that most pairs of constructs meet this criterion. However, the relationship between Unique Experience and Patient Engagement shows an HTMT value of 1.008, while the relationship between Patient Satisfaction and Patient Loyalty shows an HTMT value of 0.936. These values indicate a relatively high conceptual closeness between the constructs. Nevertheless, based on the reliability and convergent validity results that meet the criteria, all constructs are retained because they have different and relevant theoretical foundations for the research model. Based on the overall testing results, it can be concluded that the research instrument has met the required reliability and validity criteria in the PLS-SEM analysis. Therefore, the measurement model is deemed suitable to proceed to the structural model testing and hypothesis testing stages.

Tabel 3. Fornell-Larcker Criterion Results

Construct	PE	PL	PS	SQ	UE
Patient Engagement (PE)	0.729				
Patient Loyalty (PL)	0.582	0.835			
Patient Satisfaction (PS)	0.613	0.857	0.884		
Service Quality (SQ)	0.648	0.554	0.518	0.815	
Unique Experience (UE)	0.739	0.771	0.772	0.669	0.790

The results of the discriminant validity test using the Fornell-Larcker criterion indicate that all constructs in this study have an adequate level of discrimination. The square root of AVE for each construct is higher than its correlations with other constructs, which suggests that each variable is better able to explain its own indicators than to explain other variables in the model. Therefore, the constructs of Service Quality, Patient Engagement, Unique Experience, Patient Satisfaction, and Patient Loyalty can be empirically and conceptually distinguished. In addition to confirming the discriminant validity of the model, the Fornell-Larcker matrix also provides an overview of the strength of relationships between variables. The highest correlation was found between Patient Satisfaction and Patient Loyalty (r = 0.857), indicating that patient satisfaction has a very strong relationship with patient loyalty. This finding supports marketing theories in services and healthcare that state satisfied patients are more likely to intend to return, give positive recommendations, and maintain long-term relationships with healthcare providers. A relatively strong relationship is also observed between Unique Experience and Patient Satisfaction (r = 0.772), as well as between Unique Experience and Patient Loyalty (r = 0.771). These findings suggest that the unique experiences patients perceive during receiving military healthcare services are closely related to their levels of satisfaction and loyalty. In the context of military healthcare services, experiences related to staff professionalism, disciplined service, a sense of security, and the distinctive characteristics of the military organization appear to be important factors shaping patients' positive perceptions of the services received.

Meanwhile, the correlation between Service Quality and Patient Satisfaction (r = 0.518) and between Service Quality and Patient Loyalty (r = 0.554) falls into the moderate category. This finding indicates that service quality still has a relationship with patient satisfaction and loyalty, although its strength is not as great as the relationship shown by the Unique Experience variable. These results suggest that, in the context of military healthcare services, a distinctive service experience may play a more dominant role compared to the functional aspects of service quality. Patient Engagement shows a moderate correlation with Patient Satisfaction (r = 0.613) and Patient Loyalty (r = 0.582). This indicates that patient involvement in the service process has a positive relationship with satisfaction and loyalty, although these relationships are not as strong as the influence of the unique experience felt by patients. Overall, the Fornell-Larcker results not only confirm the validity of discriminant validity but also provide an initial indication that Unique Experience and Patient Satisfaction are constructs with the strongest relationship in this research model.

Table 4. Cross-loading results

Indicator	Patient Engagement	Patient Loyalty	Patient Satisfaction	Service Quality	Unique Experience
PE1	**0.764**	0.444	0.510	0.498	0.558
PE2	**0.748**	0.488	0.442	0.443	0.594
PE3	**0.704**	0.378	0.435	0.415	0.458
PE4	**0.714**	0.435	0.435	0.579	0.520
PE5	**0.714**	0.372	0.405	0.425	0.567
PL1	0.419	**0.833**	0.761	0.362	0.613
PL2	0.468	**0.879**	0.774	0.443	0.659

PL3	0.499	**0.839**	0.691	0.506	0.649
PL4	0.556	**0.864**	0.746	0.545	0.702
PL5	0.502	**0.753**	0.582	0.471	0.594
PS1	0.574	0.723	**0.876**	0.450	0.672
PS2	0.556	0.745	**0.866**	0.438	0.678
PS3	0.554	0.775	**0.898**	0.518	0.710
PS4	0.544	0.776	**0.916**	0.453	0.702
PS5	0.485	0.769	**0.865**	0.431	0.650
SQ1	0.519	0.395	0.354	**0.834**	0.505
SQ2	0.516	0.458	0.443	**0.811**	0.552
SQ3	0.524	0.467	0.431	**0.846**	0.539
SQ4	0.547	0.470	0.445	**0.766**	0.571
UX1	0.642	0.475	0.430	0.579	**0.767**
UX4	0.589	0.426	0.449	0.553	**0.718**
UX5	0.577	0.807	0.820	0.512	**0.877**

Hypotheses Testing

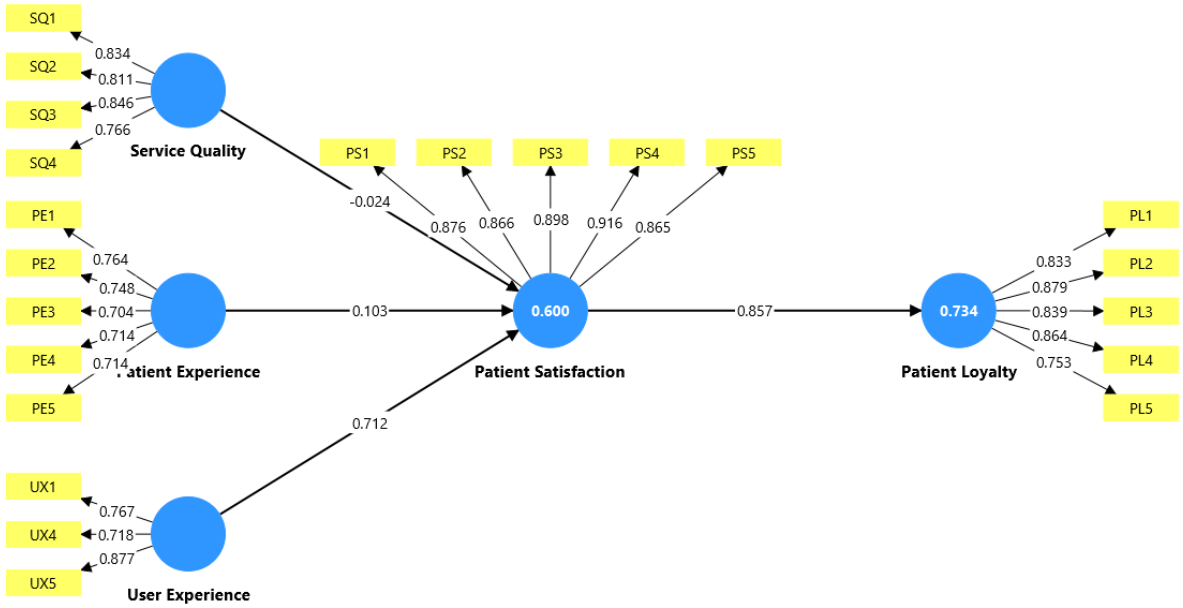


Figure 2. Structural Model of the Hypothesis Tests

Table 5. Results of Hypothesis Testing

Hipotheses	Path	Path Coefficient	P-Value	Remarks
H1	Service Quality → Patient Satisfaction	0.025	0.885	Rejected
H2	Patient Engagement → Patient Satisfaction	0.090	0.637	Rejected
H3	Unique Experience → Patient Satisfaction	0.634	0.000	Accepted
H4	Patient Satisfaction → Patient Loyalty	0.856	0.000	Accepted
H5	Service Quality → Patient Satisfaction → Patient Loyalty	0.022	0.886	Rejected
H6	Unique Experience → Patient Satisfaction → Patient Loyalty	0.542	0.000	Accepted
H7	Patient Engagement → Patient Satisfaction → Patient Loyalty	0.077	0.639	Rejected

Figures 2 and Table 5 show the results of the hypothesis testing in this study. The structural model evaluation was conducted using the bootstrapping procedure in SmartPLS to test the significance of relationships between variables. Hypothesis testing was based on the path coefficient values and p-values, where relationships between variables are considered significant if the p-value is below 0.05. Based on the results presented in Table 5, three hypotheses are supported, and four hypotheses are not supported. The study findings indicate that Unique Experience and Patient Satisfaction have a significant influence in the structural model, while Service Quality and Patient Engagement do not show a direct significant effect on Patient Satisfaction. Additionally, Patient Satisfaction is proven to have a significant effect on Patient Loyalty. The relationship between Service Quality and Patient Satisfaction shows a path coefficient of 0.025 with a p-value of 0.885, indicating that this influence is not significant. These results suggest that service quality has not yet been able to directly increase patient satisfaction in the context of military healthcare services. Similarly, the relationship between Patient Engagement and Patient Satisfaction shows a path coefficient of 0.090 with a p-value of 0.637, indicating that patient engagement has not yet exerted a significant influence on patient satisfaction. Conversely, the relationship between Unique Experience and Patient Satisfaction shows a significant result with a path coefficient of 0.634 and a p-value of 0.000. These findings demonstrate that the unique experiences patients have during military healthcare services are a key factor shaping patient satisfaction. These experiences can include the professionalism of staff, service discipline, a sense of security, and the distinctive characteristics of military healthcare organizations that set them apart from general healthcare services.

The relationship between Patient Satisfaction and Patient Loyalty shows a path coefficient value of 0.856 with a p-value of 0.000, indicating a very strong positive and significant influence. This result suggests that the higher the patient satisfaction level, the higher the patient loyalty to military healthcare services. Loyalty is reflected through the intention to return to use the service, provide positive recommendations to others, and maintain a long-term relationship with the healthcare institution. The indirect influence analysis also shows that Unique Experience has a significant effect on Patient Loyalty through Patient Satisfaction ($\beta = 0.542$; $p = 0.000$). Conversely, the indirect effects of Service Quality and Patient Engagement on Patient Loyalty through Patient Satisfaction are not significant. These findings indicate that Patient Satisfaction plays an important mediating variable, especially in bridging the influence of unique experiences on patient loyalty. Overall, the structural model of this study shows that the main pathway for building patient loyalty in military healthcare services is through the sequence: Unique Experience → Patient Satisfaction → Patient Loyalty. This finding indicates that emotional experience aspects and distinctive characteristics of military healthcare services play a more dominant role in shaping patient loyalty compared to purely functional service quality aspects.

Discussion

The findings indicate that patient loyalty is not formed directly by service quality or patient engagement. Instead, it is influenced more strongly by the unique experiences perceived by patients through the mediating mechanism of patient satisfaction. The first finding shows that Service Quality does not significantly affect Patient Satisfaction; therefore, the first hypothesis is not supported. This result differs from the theoretical assumptions of SERVQUAL, which posit that service quality is a primary determinant of customer satisfaction (Divya et al., 2026; Alhajri et al., 2023). In healthcare literature, high service quality generally enhances patients' perceptions of healthcare performance and contributes to the development of satisfaction (Zehra et al., 2025). However, the findings of this study suggest that, within the context of military healthcare services, service quality may already be perceived as a minimum

standard that is expected to be available, thereby reducing its role as a distinguishing factor in patient evaluations. This finding indicates that the relationship between service quality and satisfaction is contextual and may not be universally applicable, as suggested by previous studies.

The finding that Service Quality does not significantly influence Patient Satisfaction can be understood through the characteristics of the respondents, who were predominantly military personnel (69%) and male (87.8%). This group is generally accustomed to an organizational culture in which discipline, operational standards, and service quality are expected to be provided automatically. In other words, service quality is no longer perceived as a competitive advantage that generates satisfaction but rather as a basic requirement that healthcare institutions are obliged to fulfill.

This finding is consistent with the view that the relationship between service quality and satisfaction is complex, nonlinear, and highly dependent on customer context and organizational characteristics (Alodhialah et al., 2024). From a complexity theory perspective, no single factor can consistently explain customer satisfaction across all service contexts because satisfaction may emerge from different combinations of factors. One relevant explanation is that functional service quality has already been perceived as a fundamental standard that healthcare organizations are expected to provide. When patients regard aspects such as service reliability, procedural accuracy, healthcare professionals' competence, and responsiveness as basic expectations, improvements in service quality may no longer lead to significant increases in satisfaction. Under such conditions, customers tend to place greater emphasis on emotional and relational aspects of service experiences rather than on technical service attributes (Nag & Gilitwala, 2023; Zehra et al., 2025). Furthermore, recent studies indicate that customer satisfaction is influenced not only by perceived service quality but also by affective and cognitive mechanisms that develop throughout the service process (Chen et al., 2022; Elrayah & Keong, 2025). Factors such as a sense of security, psychological comfort, trust in the institution, interpersonal relationship quality, and memorable experiences often exert a stronger influence on satisfaction formation than service quality perceptions alone. From the perspective of Expectation Confirmation Theory, this condition suggests that respondents had relatively high expectations regarding service quality before receiving healthcare services. When the service quality received meets these expectations, patients do not necessarily experience a significant increase in satisfaction because such performance is perceived as normal or expected. Consequently, service quality loses its differentiating power as a determinant of satisfaction.

The second finding indicates that Patient Engagement also does not significantly influence Patient Satisfaction. This result is not entirely consistent with the patient-centered care perspective, which considers patient engagement a critical factor in enhancing service experiences and patient satisfaction (Daba et al., 2025; Esmaeilzadeh et al., 2024). Theoretically, patient engagement facilitates better communication, improves understanding of health conditions, and encourages active participation in healthcare decision-making. However, within the relatively hierarchical military healthcare environment, where trust in professional authority is emphasized, patients appear to prioritize healthcare providers' competence and service effectiveness over their own level of involvement in the service process.

The insignificant effect of Patient Engagement on Patient Satisfaction can also be explained by the respondents' predominantly military background. Military organizational culture is fundamentally built upon hierarchy, leadership, and compliance with professional authority. In such an environment, patients may not have a strong need to participate actively in healthcare decision-making processes. Unlike patient-centered care approaches commonly found in civilian healthcare systems, respondents in this study were accustomed to prioritizing

service speed, accuracy, and effectiveness over opportunities for active participation in medical decisions. The dominance of respondents aged 27–42 years may further support this explanation. Individuals within this productive age group are typically in active career stages and tend to place a high value on time efficiency. Consequently, they may appreciate fast and accurate healthcare services more than extensive communication processes or deeper involvement in healthcare decision-making.

This study found that Unique Experience has a positive and significant effect on Patient Satisfaction. This finding supports the Experience Economy Theory, which positions experience as a source of value distinct from products and services because it encompasses emotional, social, and personal dimensions perceived by customers (Chen et al., 2022). In the context of military healthcare, such unique experiences may arise from the culture of discipline, personnel professionalism, organizational readiness, and the sense of security associated with military institutions. These results confirm that patients evaluate healthcare services not only based on technical or clinical aspects but also on the experiences they encounter throughout the service process. Recent literature consistently demonstrates that experiences that are unique, memorable, authentic, personalized, and emotionally engaging constitute major determinants of customer satisfaction across various service sectors. Experiences characterized by authenticity, emotional arousal, novelty, co-creation, and connectedness have been shown to enhance perceived value, create positive memories, and generate higher levels of satisfaction compared to purely functional service attributes (Chen et al., 2022; Zehra et al., 2025). Therefore, unique experiences represent a powerful source of differentiation capable of enhancing patient satisfaction more effectively than functional service attributes alone.

The study also found that Patient Satisfaction has a positive and significant effect on Patient Loyalty. This finding is consistent with Expectation Confirmation Theory, which explains that satisfaction results from the confirmation of customers' expectations regarding service performance and subsequently leads to customer loyalty. When service experiences meet or exceed patients' expectations, satisfaction develops and encourages intentions to reuse services, provide positive recommendations, and maintain long-term relationships with healthcare institutions (Liu et al., 2021; Huang et al., 2021). Thus, patient satisfaction serves as the primary mechanism explaining the formation of patient loyalty in military healthcare services.

The most noteworthy finding of this study is the mediating role of Patient Satisfaction. The analysis revealed that patient satisfaction successfully mediates only the relationship between Unique Experience and Patient Loyalty, whereas its mediating effects on the relationships between Service Quality and Patient Loyalty and between Patient Engagement and Patient Loyalty were not significant. These findings indicate that patient loyalty in military healthcare services is shaped more strongly by memorable service experiences than by perceptions of service quality or levels of patient engagement. This finding offers a new perspective on the patient loyalty literature, which has traditionally emphasized service quality as the dominant antecedent of loyalty (Liu et al., 2021; Nur Ullah & Shaulin, 2025).

Conceptually, this study demonstrates that the patient loyalty model in military healthcare services differs from loyalty models commonly observed in general healthcare settings. While previous studies have emphasized service quality as the primary source of satisfaction and loyalty, the present findings suggest that unique experiences derived from the characteristics of military organizations play the most influential role. These results indicate that organizational identity and symbolic experiences are more important than functional service attributes in shaping patient loyalty within military healthcare services. Therefore, the concept of Military Healthcare Experience may be considered a novel perspective for explaining patient loyalty formation in military healthcare institutions, particularly in

organizations characterized by distinctive identities, cultures, and service values that differ from those of civilian healthcare providers.

Theoretical Implications

This study contributes to the theoretical literature by demonstrating that patient loyalty in military healthcare services is influenced more by unique service experiences than by service quality or patient engagement. These findings extend the application of Expectation Confirmation Theory (ECT) by showing that patient satisfaction is not always determined by evaluations of service quality, but can also be shaped by the emotional and symbolic experiences perceived throughout the service process. Furthermore, the results position experience as a primary source of value in the formation of customer satisfaction and loyalty. In the context of military healthcare, characteristics such as discipline, professionalism, readiness, and a sense of security constitute distinctive experiences that contribute to patient satisfaction and loyalty. Therefore, this study proposes the concept of Military Healthcare Experience as a novel perspective that complements existing patient loyalty models, which have traditionally focused primarily on service quality.

CONCLUSION

The findings indicate that Unique Experience has a positive and significant effect on Patient Satisfaction, whereas Service Quality and Patient Engagement do not exhibit significant effects. In addition, Patient Satisfaction is found to have a positive and significant influence on Patient Loyalty and serves as a mediator in the relationship between Unique Experience and Patient Loyalty. These findings suggest that patient loyalty in military healthcare services is not solely shaped by the functional aspects of service quality, but is more strongly influenced by distinctive and meaningful service experiences perceived by patients. Organizational characteristics of military institutions, such as discipline, professionalism, readiness, and a sense of security, form part of a unique service experience that enhances patient satisfaction and ultimately fosters patient loyalty. Thus, the pathway Unique Experience → Patient Satisfaction → Patient Loyalty emerges as the primary mechanism explaining the formation of patient loyalty in this study. Overall, this study emphasizes that unique service experiences represent a strategic source of value in military healthcare services. Therefore, efforts to enhance patient loyalty should not be limited to improving service quality alone, but should also focus on creating service experiences that strengthen patients' emotional connections and trust in military healthcare institutions.

Limitations and Future Research

This study has several limitations that should be considered when interpreting its findings. First, the research was conducted within a single military healthcare setting, with respondents predominantly consisting of military personnel, males, and individuals within the productive age group. Consequently, the generalizability of the findings to civilian healthcare organizations or more diverse patient populations should be approached with caution. Second, this study employed a cross-sectional survey design; therefore, the relationships identified among variables reflect conditions at a single point in time and do not capture changes in patient behavior over the long term. Third, the research model only examined the effects of Service Quality, Patient Engagement, and Unique Experience on Patient Loyalty through Patient Satisfaction. As a result, other factors that may influence patient loyalty were not incorporated into the model. Based on these limitations, future research is encouraged to expand the scope of investigation to various military and civilian healthcare institutions in order to obtain a more comprehensive understanding of the factors influencing patient loyalty. Future studies may also employ longitudinal research designs to observe changes in patient satisfaction and loyalty over

time. Furthermore, additional variables such as trust, perceived value, hospital image, patient experience quality, and organizational reputation may be incorporated into the research model to improve its predictive power. Future research should also further develop and validate the concept of Military Healthcare Experience as a construct specifically representing patient experiences within military healthcare environments. Such efforts would strengthen the theoretical contribution to the patient loyalty literature in the military healthcare context.

Acknowledgement

This study was conducted as part of a collaborative project between the Public Relations and Marketing Team of the Lembaga Kesehatan Penerbangan dan Ruang Angkasa (Lakespra) dr. Saryanto and doctoral students from Universitas Negeri Jakarta, specializing in Strategic Management. The collaboration aimed to examine patient loyalty in healthcare service utilization and to identify the factors that contribute to the development of patient loyalty within the military healthcare sector.

REFERENCES

Ahmed, S., Tarique, K. M., & Arif, I. (2017). Service quality, patient satisfaction and loyalty in the Bangladesh healthcare sector. *International Journal of Health Care Quality Assurance, 30*(5), 477–488.

Adirim, T., & Madsen, C. (2025). Artificial intelligence in the U.S. Military Health System: Forging a new frontier for clinical care and efficiency. *Military Medicine, 190*(7–8), 199–202.

Akob, M., Yantahin, M., Ilyas, G. B., Hala, Y., & Putra, A. H. P. K. (2021). Element of marketing: SERVQUAL toward patient loyalty in the private hospital sector. *The Journal of Asian Finance, Economics and Business, 8*(1), 419–430.

Alhajri, S. M., Aljehani, N. M., El Dalatony, M. M., Alsuwayt, S. S., Alhumaidany, T. M., Aldossary, M. S., ... & Alhumaidany, T. (2023). Patients' satisfaction with the quality of services at primary healthcare centers in Saudi Arabia. *Cureus, 15*(9), e45745.

Al-Hilou, M., & Suifan, T. (2023). The mediating effect of patient trust on the relationship between service quality and patient satisfaction. *International Journal of Health Care Quality Assurance, 36*(1–2), 1–16.

Almutairi, N., Vlahu-Gjorgievska, E., & Win, K. T. (2023). Persuasive features for patient engagement through mHealth applications in managing chronic conditions: A systematic literature review and meta-analysis. *Informatics for Health and Social Care, 48*(3), 267–291.

Alodhialah, A. M., Almutairi, A. A., & Almutairi, M. (2024). Key predictors of patient satisfaction and loyalty in Saudi healthcare facilities: A cross-sectional analysis. *Healthcare, 12*(20), 2050.

Alruwaili, A., Khorram-Manesh, A., Ratnayake, A., Robinson, Y., & Goniewicz, K. (2023). Supporting the frontlines: A scoping review addressing the health challenges of military personnel and veterans. *Healthcare, 11*(21), 2870.

Amir, A. M. I. M., Thahir, H., Indriani, L., Akbar, F. H., Habar, E. H., & Rieuwpassa, I. E. (2025). Quality of health services in influencing patient satisfaction and loyalty in dental clinics. *Media Publikasi Promosi Kesehatan Indonesia, 8*(12), 1633–1640.

Asmaryadi, A., Pasinringi, S. A., Thamrin, Y., & Muis, M. (2020). Influence of patient experience and hospital image on patient loyalty in Meloy Public Hospital of Sangatta, East Kutai Regency. *Open Access Macedonian Journal of Medical Sciences, 8*(T2), 147–151.

Beardmore, C., Bricknell, M. C. M., Kelly, J., & Lough, F. (2025). Commentary—A military health care ethics framework. *Military Medicine, 190*(7–8), 182–186.

Byrne, T., & Spevak, C. (2020). The use of TelePain for chronic pain in the U.S. Armed Forces: Patient experience from Walter Reed National Military Medical Center. *Military Medicine, 185*(5–6), e632–e637.

Carlson, G. C., Than, C. T., Rose, D., Brunner, J., Chanfreau-Coffinier, C., Canelo, I. A., ... Yano, E. M. (2022). What drives women veterans' trust in VA healthcare providers? *Women's Health Issues, 32*(5), 499–508.

Chen, X., Zhao, W., Yuan, J., Qin, W., Zhang, Y., & Zhang, Y. (2022). The relationships between patient experience with nursing care, patient satisfaction and patient loyalty: A structural equation modeling. *Patient Preference and Adherence, 16*, 3173–3183.

Daba, W., Mekonnen, M., Biru, W., Zewdu, T., & Demeke, A. (2025). Patient engagement in their healthcare decision making and associated factors among adult outpatients with non-communicable chronic diseases in public hospitals of North Shewa Zone, Central Ethiopia: A mixed-method study. *BMC Public Health, 25*(1), 3627.

Divya, D., Savita, S., & Kaur, S. (2025). Unveiling excellence in Indian healthcare: A patient-centric PRISMA analysis of hospital service quality, patient satisfaction and loyalty. *International Journal of Pharmaceutical and Healthcare Marketing, 19*(3), 874–914.

Dogra, A. K. (2022). Impact of service quality and patient orientation on loyalty through mediation of patient satisfaction. *ECS Transactions, 107*(1), 5813–5826.

Elrayah, M., & Keong, O. C. (2025). Functional quality and patient satisfaction: The role of trust and communication. *Biology and Medicine, 16*, 188–200.

Esmaeilzadeh, P., Dharanikota, S., & Mirzaei, T. (2024). The role of patient engagement in patient-centric health information exchange (HIE) initiatives: An empirical study in the United States. *Information Technology & People, 37*(2), 521–552.

Guo, Y., Zhou, Y., Xing, X., & Li, X. (2020). Exploring the relationship between service quality of private hospitals and patient loyalty from the perspective of health service. *Iranian Journal of Public Health, 49*(10), 1970–1980.

Hanafi, I. I., Alhabsji, T., Hidayat, K., & Darmawan, A. (2026). Sustaining patient loyalty in health care: The strategic role of entrepreneurial leadership, corporate governance and service quality. *International Journal of Pharmaceutical and Healthcare Marketing, 20*(2), 269–292.

Hasjim, R., Arifin, A., Darmawansyah, Wahiduddin, Syam, A., Amiruddin, R., & Nur, R. (2024). The influence of patient satisfaction on the loyalty of inpatient patients at Dr. Tadjuddin Chalid Hospital Makassar City Year 2023. *Pharmacognosy Journal, 16*(2), 436–443.

Huang, I.-C., Du, P.-L., Lin, L.-S., Liu, T.-Y., Lin, T.-F., & Huang, W.-C. (2021). The effect of perceived value, trust, and commitment on patient loyalty in Taiwan. *Inquiry: The Journal of Health Care Organization, Provision, and Financing, 58*, 1–11.

Joseph, L. M., & Taylor, L. (2025). Veterans' health: Insights for nurse practitioner practice. *The Journal for Nurse Practitioners, 21*(2), Article 105301.

Krick, J. A., & Myers, M. (2026). How should individual military clinicians navigate fraught pasts of their collective organizations and nations during global health engagements? *Developing World Bioethics*.

Lei, L., Cai, S., Conwell, Y., Fortinsky, R. H., & Intrator, O. (2022). Continuity of care and successful hospital discharge of older veterans with dementia. *Journal of Applied Gerontology, 41*(4), 1035–1046.

Leone, R., Whitaker, J., Homan, Z., Bandekow, L., & Bricknell, M. (2023). Framework for the evaluation of military health systems. *BMJ Military Health, 169*(3), 280–284.

Liu, S., Li, G., Liu, N., & Wang, H. (2021). The impact of patient satisfaction on patient loyalty with the mediating effect of patient trust. *Inquiry: The Journal of Health Care Organization, Provision, and Financing, 58*, 1–11.

Lucier-Greer, M., O'Neal, C. W., Cooper, E., Vandenberg, C., Quichocho, D., & Sherman, H. (2025). Military cultural competence among human service helping professionals: A psychometric analysis of three brief measures. *Journal of Marital and Family Therapy, 51*(3), Article e70038.

Man, C., Liu, T., Yan, S., Xie, Q., & Liu, H. (2024). Research status and hotspots of patient engagement: A bibliometric analysis. *Patient Education and Counseling, 125*, Article 108306.

Mappanganro, A., Saleh, A., Hatta, M., Kadar, K. S., Bukhari, A., Yusuf, S., Thalib, A., & others. (2024). Analysis of nursing service quality on patient loyalty in patients with infusions at Labuang Baji Hospital, South Sulawesi. *Pakistan Journal of Life and Social Sciences, 22*(1).

Nag, A. K., & Gilitwala, B. (2023). An empirical study of paradigm shift in patient loyalty towards hospitals in the wake of the COVID-19 pandemic. *Asia Pacific Journal of Health Management, 18*(2), 133–147.

Nur Ullah, M., & Shaulin, N. (2026). Examining citizen loyalty in primary healthcare in Bangladesh: The role of service quality, trust and satisfaction. *International Journal of Health Care Quality Assurance, 39*(2), 117–133.

Oloya-Salazar, P., Alayo-Ruiz, E., Vallejos-Salas, K., Ruiton-Castillo, M., Peña-López, J., Anicama-Ramirez, K., & Rojas-Villacorta, W. (2026). Public and private healthcare service quality in Trujillo, Peru: Evidence from a SERVQUAL survey. *Healthcare, 14*(6), 738.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing, 64*(1), 12–40.

Pettit, L. (2025). Digital patient engagement and mature hospitals. In *Digital maturity in hospitals: Strategies, frameworks, and global case studies to shape future healthcare* (pp. 187–208). Springer Nature Switzerland.

Pribadi, P., Kristina, S. A., Syahlani, S. P., & Satibi. (2020). Integration of importance-performance analysis into testing of the relationship between hospital service performance, satisfaction and loyalty with the PLS-SEM approach. *International Journal of Research in Pharmaceutical Sciences, 11*(1), 1394–1403.

Raisa, J. F., Rahman, M. S., Mahmud, I., Kaiser, M. S., & Han, D. S. (2025). Transition toward Healthcare 5.0: Impact of COVID-19 in the healthcare industry. *ICT Express, 11*(3), 371–389.

Razeena, S., & Shareena, P. (2025). Evaluating service quality in private hospitals: A comprehensive framework. In *Sustainable digital technology and ethics in an ever-changing environment* (Vol. 2, pp. 331–345). Springer Nature Switzerland.

Recuero-Virto, N. (2025). Exploring patient loyalty in telemedicine through bibliometric analysis and future horizons. *International Journal of Pharmaceutical and Healthcare Marketing, 19*(2), 326–348.

Rivas, W. A., Kintzle, S., & Castro, C. A. (2023). Transitioning from military service member to veteran. In C. A. Castro (Ed.), *Veteran and military mental health: A clinical manual* (pp. 3–17). Springer International Publishing.

Rohita, T., & Nurkholik, D. (2025). Determinants of patient loyalty in healthcare: The multifaceted influence of demographics and nurses' caring behavior. *Journal of Public Health and Pharmacy, 5*(2), 262–273.

Setyawan, F. E. B., Supriyanto, S., Ernawaty, E., & Lestari, R. (2020). Understanding patient satisfaction and loyalty in public and private primary health care. *Journal of Public Health Research, 9*(2), 182–188.

Taylor-Clark, T. M., & Patrician, P. A. (2020). Soldier-centered care: A concept analysis. *Military Medicine, 185*(3–4), e422–e430.

Topuz, İ., Nal, M., Durmuş, V., & Bektaş, G. (2025). Trust in the healthcare system as a predictor of patient satisfaction: A cross-sectional survey in Türkiye's primary care setting. *BMC Public Health, 25*(1), 3887.

Vance, B. S., & Carpenter, R. (2024). Women veterans' descriptions of interactions with civilian health care providers: A qualitative inquiry. *Advances in Nursing Science, 47*(3), E96–E109.

Wilson, S. R. (2023). Military and veteran families. In T. L. Thompson (Ed.), *The International Encyclopedia of Health Communication* (pp. 1–5). Wiley.

Yanuarista, G. S., Arso, S. P., & Winarni, S. (2025). Correlation between hospital image and patient satisfaction toward loyalty in hospital: A scoping review. *Media Publikasi Promosi Kesehatan Indonesia, 8*(5), 371–387.

Zehra, S., Ranjan, J., & Shukla, M. (2025). Service quality in healthcare: Understanding the relationship between patient experience and healthcare outcomes. *International Journal of Health Care Quality Assurance, 38*(4), 233–250.