# Service Excellence Training Significantly Enhances Patient Experience in Hospital Nursing Care

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## ABSTRACT
Nurses are at the forefront of healthcare services and interact directly with patients. The demand for high-quality nursing care has increased alongside the persistent occurrence of patient complaints regarding response time, patient safety, pain management, patient education, and involvement in treatment decisions. Service excellence training is designed to equip nurses with the competencies required to deliver outstanding patient-centered care and create positive patient experiences. A positive patient experience not only enhances patient loyalty and encourages them to return to the hospital for future healthcare services but also strengthens the hospital's reputation through positive word-of-mouth recommendations. This study aimed to analyze the effect of service excellence training for nurses on patient experience through a literature review. This study employed a narrative literature review design. The literature search strategy was based on the PICOT framework (Population, Intervention, Comparison, Outcome, and Time). Secondary data were obtained from electronic databases, including Google Scholar, PubMed, ScienceDirect, ResearchGate, BMC, Gale, and Portal Garuda, covering publications from 2020 to 2025. The article selection process followed the PRISMA protocol, consisting of the stages of identification, screening, eligibility, and inclusion. A synthesis of the 10 selected articles demonstrated that service excellence training significantly improved nurses' caregiving behaviors. Notable improvements were observed in patient satisfaction indicators, particularly in responsiveness, empathetic listening, quality of patient education, and patient involvement in clinical decision-making. Overall, patient experience scores following the training showed a substantial improvement compared with the pre-intervention condition. In cnclusion, service excellence training for nurses is effective in enhancing patient experience, as reflected by higher levels of patient satisfaction with nursing care. Hospital management is therefore encouraged to implement this training regularly as part of a continuous professional competency development program.
**Keywords**: service excellence; nurses; patient experience; nursing care; hospital management

## INTRODUCTION
Over the past several decades, the global discourse on healthcare quality has shifted markedly from a narrow emphasis on clinical effectiveness toward a broader, more humanistic orientation centered on the patient. This transition reflects a growing recognition that high-quality healthcare is not solely defined by clinical outcomes, but also by how patients perceive and experience the care they receive. International health organizations now regard patient experience as a critical dimension of healthcare quality because it captures the subjective, relational, and emotional aspects of care delivery that are often overlooked in traditional clinical metrics [1]. Patient experience encompasses a wide range of elements, including the clarity of information provided, the empathy and attentiveness of healthcare personnel, the timeliness of responses, the degree of patient involvement in decision-making, and the interpersonal dynamics that unfold during care encounters. These elements collectively shape patients' trust, comfort, and sense of being valued within the healthcare system.

Within this evolving paradigm, nurses occupy a uniquely influential position. As frontline healthcare providers, nurses engage with patients more frequently and more continuously than most other professionals. Their communication styles, emotional presence, and professional conduct significantly shape patients' perceptions of care quality and their overall experience within the healthcare environment [2]. The relational proximity between nurses and patients means that even subtle variations in nurses' interpersonal behaviors; such as tone of voice, attentiveness, or willingness to listen can have profound effects on patient comfort, anxiety levels, and satisfaction. Consequently, nursing practice is increasingly viewed not only as a technical discipline but also as a relational and communicative profession that plays a central role in shaping patient experience.

In Indonesia, the imperative to improve healthcare quality has become a cornerstone of national health system reform. Hospitals are expected to meet rigorous clinical standards and uphold patient safety protocols, yet they are also required to deliver care that is perceived as respectful, responsive, and patient-centered. Despite substantial investments in quality improvement; such as the implementation of standardized operating procedures, accreditation processes, and strengthened patient safety culture numerous patient complaints continue to surface. These complaints frequently relate to slow response times, insufficient communication, limited empathy, inadequate patient education, and restricted patient participation in care decisions [3]. Such concerns highlight a persistent gap between technical quality and interpersonal quality. While hospitals may succeed in meeting clinical benchmarks, patients often judge the quality of care based on relational interactions, emotional support, and communication clarity. This discrepancy underscores the need for interventions that specifically target interpersonal dimensions of care delivery [4].

One approach that has gained prominence in addressing these interpersonal gaps is service excellence, or pelayanan prima. Service excellence is a structured, systematic framework designed to deliver services that exceed patient expectations by emphasizing effective communication, professional demeanor, empathy, courtesy, and the ability to provide timely and accurate solutions [5]. In nursing practice, service excellence is not merely an operational strategy but a relational philosophy that encourages nurses to engage patients with compassion, respect, and attentiveness. By fostering positive interpersonal interactions, service excellence contributes to the development of therapeutic relationships that support patient comfort, trust, and engagement. Recognizing these benefits, many healthcare institutions have incorporated service excellence training into their competency development programs. These programs typically focus on enhancing communication skills, emotional intelligence, conflict resolution, professional behavior, and patient-centered service orientation, all of which are essential for improving interpersonal care quality [6].

A growing body of empirical evidence supports the effectiveness of service excellence interventions in improving patient experience and satisfaction. Positive patient experience has been linked to improved adherence to treatment regimens, increased trust in healthcare providers, greater patient loyalty, and enhanced institutional reputation [7]. Studies conducted in diverse hospital settings consistently demonstrate that service dimensions such as responsiveness, empathy, and effective communication are strongly associated with higher levels of patient satisfaction [5,8]. Notably, research conducted in Saudi Arabia reported significant improvements in patient experience following the

implementation of service excellence training. Overall patient experience scores increased from 62% to 72.4%, Patient Experience Visit Assessment scores rose from 64% to 73%, Personal Issues from 71% to 78%, Care Provider from 68% to 76%, Nurse Assistance from 67% to 76%, and Moving Through Visit from 46% to 61% [9]. These findings illustrate how targeted interpersonal competency development can meaningfully enhance patients' perceptions of care quality across multiple dimensions.

Despite these encouraging results, the evidence base surrounding service excellence remains fragmented. Many studies focus primarily on patient satisfaction, which; although important captures only one aspect of the broader patient experience construct. Research specifically examining the impact of service excellence on patient experience remains relatively limited. Moreover, variations in study design, participant characteristics, intervention formats, training duration, measurement instruments, and outcome indicators contribute to inconsistencies in the literature. Some studies report that improvements in technical service quality do not necessarily translate into better patient experience when communication, empathy, and interpersonal engagement are not optimally implemented. These inconsistencies suggest that the scientific evidence on the effectiveness of service excellence; particularly within nursing practice requires further consolidation, critical appraisal, and synthesis.

Given these gaps, a comprehensive literature review is essential to systematically identify, analyze, and synthesize existing evidence on the impact of service excellence training and implementation on patient experience and patient satisfaction. Such a review can clarify the extent to which service excellence contributes to improved interpersonal care quality, identify contextual factors that influence its effectiveness, and highlight methodological limitations in existing studies. The findings are expected to provide a robust scientific foundation for designing competency enhancement programs for nurses, particularly those focused on communication, empathy, and patient-centered service delivery. Furthermore, the review can serve as an evidence-based recommendation for hospitals seeking to strengthen their quality improvement strategies, especially those aimed at enhancing patient experience, interpersonal service quality, and overall patient satisfaction.

The purpose of this literature review is to systematically identify, analyze, and synthesize scientific evidence regarding the impact of service excellence training and implementation on patient experience and patient satisfaction. Specifically, this review aims to examine how interpersonal service competencies; such as communication, empathy, responsiveness, and professional behavior contribute to improvements in patients' perceptions of care quality, and to evaluate the consistency, methodological rigor, and contextual variations of existing studies in order to formulate evidence-based recommendations for nursing practice and hospital quality improvement strategies.

# METHODS

The present study employed a literature review design with a narrative synthesis approach, which is commonly used to integrate findings from heterogeneous studies and to provide a comprehensive understanding of a research topic. The narrative approach allows for the systematic organization, interpretation, and contextualization of evidence while accommodating variations in study design, population characteristics, and outcome measures. To ensure methodological rigor, the literature search strategy was guided by the PICOT framework (Population, Intervention, Comparison, Outcome, Time), which facilitated the formulation of a structured research question and ensured that the search process remained focused and analytically coherent.

## Literature search strategy

The review utilized secondary data obtained from reputable academic databases, including Google Scholar, PubMed, ScienceDirect, ResearchGate, BMC, Gale, and Portal Garuda. These databases were selected due to their extensive coverage of peer-reviewed scientific publications in the fields of nursing, healthcare management, and patient experience research. The publication time frame was restricted to 2020–2025 to ensure that the evidence synthesized reflected the most recent developments in service excellence training and patient experience measurement.

The literature search was conducted over a defined period, specifically from 29 November 2025 to 13 January 2026, using combinations of keywords aligned with the PICOT structure. Boolean operators such as AND, OR, and NOT were applied to refine the search results and increase the precision of article retrieval. All articles included in this review were original research studies published in reputable scientific journals and met the criteria for methodological transparency and academic credibility.

## PRISMA-guided selection process

The article selection process adhered to the PRISMA protocol, which consists of four sequential stages: Identification, Screening, Eligibility, and Inclusion (Figure 1). This structured process ensured transparency, reproducibility, and systematic elimination of irrelevant or low-quality studies.

1) Identification: At this stage, all potentially relevant articles were collected from the seven databases using predetermined keywords. The initial search yielded a large pool of publications related to service excellence, nursing practice, patient experience, and healthcare quality improvement.
2) Screening: The titles and abstracts of all identified articles were reviewed to determine their relevance to the research focus. Articles that did not address service excellence, did not involve nursing populations, or did not examine patient experience or satisfaction were excluded. This step significantly reduced the number of articles by eliminating studies that were conceptually misaligned with the objectives of the review.
3) Eligibility: Articles that passed the screening stage were then examined in full text to assess their suitability based on predefined inclusion and exclusion criteria. This stage ensured that only studies with appropriate methodological designs, relevant populations, and clearly reported outcomes were considered for final synthesis.
4) Included: After applying all criteria, a total of 10 articles published between 2020 and 2025 were deemed eligible for inclusion. These articles consisted of both national and international publications and represented a range of quantitative research designs.

## Inclusion and exclusion criteria

The inclusion criteria were formulated based on the PICOT framework and the specific aims of the literature review. Articles were included if they met the following conditions: 1) Population: Nurses working in hospital settings who received service excellence training; 2) Intervention: Studies examining service excellence training or service excellence-based programs; 3) Comparison: Studies employing quasi-experimental, cross-sectional, or comparative designs involving one or two control groups; 4) Outcome: Studies reporting outcomes related to patient experience or patient satisfaction; 5) Time: Publications within the last five years (2020–2025); 6) Source: Articles accessible through Google Scholar,

PubMed, ScienceDirect, ResearchGate, BMC, Gale, and Portal Garuda; 7) Language: Articles published in either Indonesian or English; and 8) Study type: Quantitative studies presenting primary data, including experimental and observational designs.

Exclusion criteria included: 1) Studies not involving nurse populations; 2) Articles without clear outcome measures related to patient experience; 3) Publications outside the specified time frame; 4) Non-research publications such as reviews, meta-analyses, conference papers, book chapters, or editorials; and 5) Studies with insufficient sample size or unclear methodological reporting.

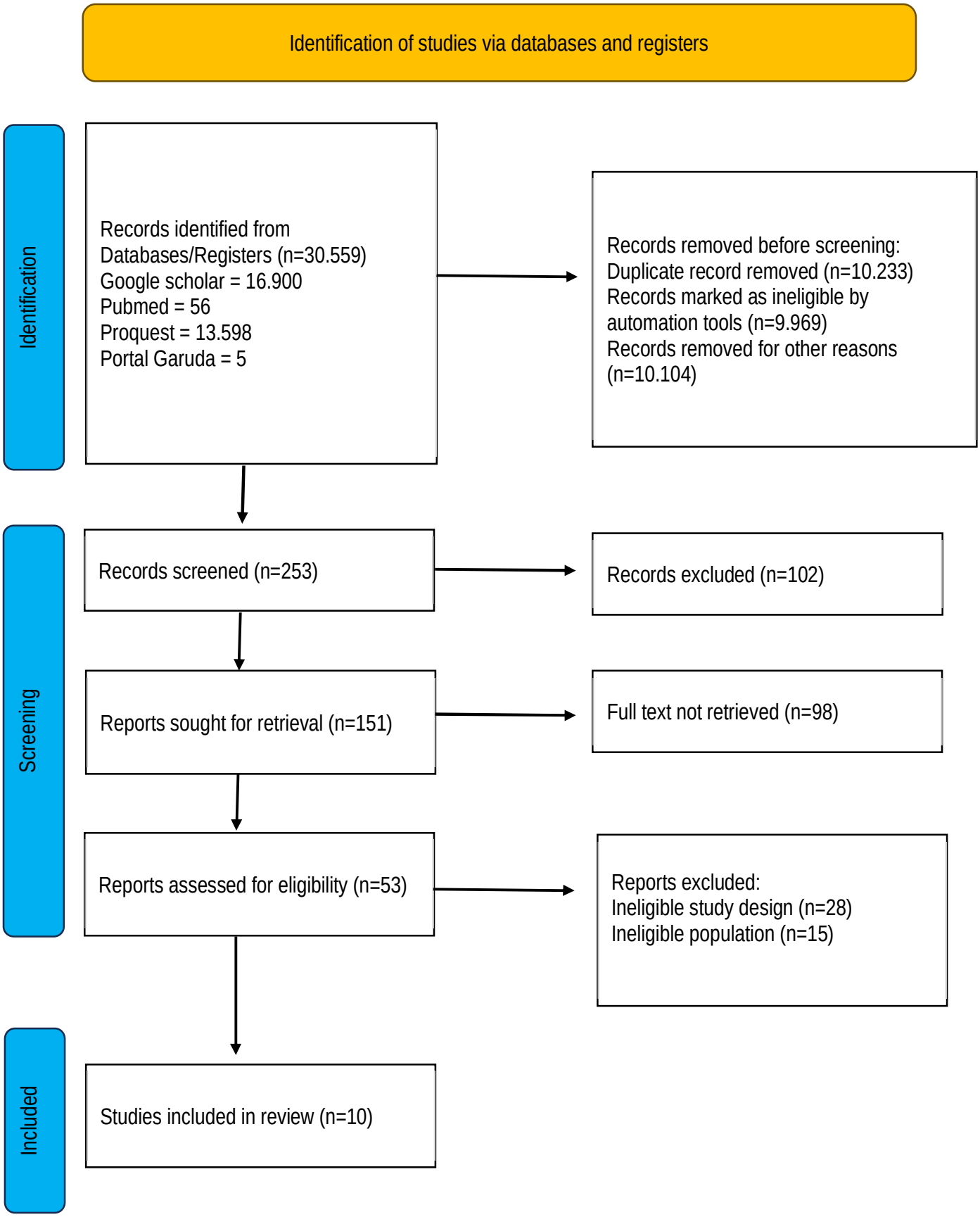


Figure 1. PRISMA flow diagram for article selection [10]

## Critical appraisal

To ensure the methodological quality of the included studies, a critical appraisal was conducted using the standardized tools developed by the Joanna Briggs Institute (JBI). The appraisal process evaluated several key aspects, including methodological validity, clarity of research design, appropriateness of statistical analysis, risk of bias, and relevance of findings to the objectives of the review. Only studies that demonstrated adequate methodological rigor and low risk of bias were retained for the final synthesis.

The critical appraisal process strengthened the reliability of the review by ensuring that the synthesized evidence was derived from high-quality research. The final set of articles was then analyzed narratively to identify patterns, variations, and key themes related to the impact of service excellence training on patient experience.

# RESULTS

Based on the analysis of the ten selected articles (Table 1), the overall synthesis demonstrates a consistent pattern: training and implementation of service excellence interventions exert a positive and measurable impact on improving patient experience, patient satisfaction, and the perceived quality of healthcare services across multiple care settings, including inpatient wards, outpatient clinics, emergency departments, and auxiliary service units. The reviewed studies employed a range of methodological designs; such as pre-experimental, quasi-experimental, cross-sectional, and pre-post test approaches reflecting the diversity of research strategies used to evaluate service excellence in real-world healthcare environments. The populations examined varied considerably, encompassing nurses, other healthcare personnel, and patients, thereby providing a multidimensional perspective on how service excellence influences both provider competencies and patient-reported outcomes. Interventions typically included structured service excellence training, organizational culture strengthening, implementation of standardized behavioral models, empathy-focused training, and the development and enforcement of service-related standard operating procedures (SOPs).

Evidence from study [9] provides one of the most comprehensive demonstrations of the effectiveness of service excellence training. The intervention significantly enhanced healthcare workers' knowledge from 77.2% to 96.5%, improved attitudes from 73.8% to 92.5%, and increased overall patient experience scores from 62% to 72.4%. These findings underscore the dual impact of service excellence interventions: they elevate provider competencies while simultaneously improving patient perceptions of care. Study [5] further reinforces this conclusion by reporting an 8% improvement in emergency department patient experience scores following the implementation of an organizational values-aligned behavioral model. This model emphasized ethical conduct, openness, dependability, helpfulness, and patient safety; dimensions that directly shape patient interactions and perceptions. Similarly, study [18] found that embedding a patient-experience-oriented organizational culture led to notable improvements in patient experience scores across inpatient, outpatient, and emergency services, with average increases exceeding 4%. Collectively, these studies highlight that service excellence interventions are effective not only at the individual level but also at the organizational level, where cultural alignment plays a critical role in sustaining improvements.

Several Indonesian studies also present consistent and compelling evidence. Study [13] reported that excellent service practices significantly influenced inpatient satisfaction, although certain dimensions; such as reliability, responsiveness, and tangible aspects of service still required improvement. Study [14] demonstrated that service excellence training enhanced outpatient service quality, with timeliness emerging as the most influential factor driving increased patient visits. This finding aligns with broader literature emphasizing responsiveness as a core determinant of patient satisfaction. Furthermore, study [19] identified a strong correlation between nurses' service excellence culture and satisfaction among BPJS PBI inpatients ($r = 0.786$; $p < 0.001$), indicating that cultural adherence to service excellence principles is a powerful predictor of patient-reported outcomes.

Training-based interventions also proved effective in strengthening healthcare personnel competencies. Study [19] documented that service excellence training improved staff confidence and skills in delivering patient-centered services. Study [16] found that service excellence training significantly enhanced the quality of blood request services at the PMI Blood Transfusion Unit in Cirebon ($p < 0.05$), demonstrating that service excellence principles are applicable even in specialized and technical service units. The most recent evidence from study [17] showed that the SREGEP Program (Service Excellence Gerakan Perawat) was more effective than the 6S program in improving inpatient satisfaction, with satisfaction scores rising from 68.67 to 95.00 in the intervention group. This substantial improvement highlights the importance of structured, nurse-focused service excellence initiatives in elevating patient perceptions of care quality.

Overall, the synthesized findings indicate that the success of service excellence implementation is not solely dependent on individual training. Instead, it is shaped by a constellation of organizational and interpersonal factors, including supportive organizational culture, effective leadership, clear communication, empathy, responsiveness, and the collective commitment of all healthcare personnel to uphold patient-centered service principles. These factors consistently emerge as key determinants of patient satisfaction and healthcare service quality across diverse settings and populations [11,18]. The evidence suggests that service excellence is most effective when implemented as a comprehensive, multi-level strategy that integrates individual competency development with organizational alignment and cultural reinforcement.

Table 1. Summary of included articles

| No | Article Title | P (Population) | I (Intervention) | C (Comparison) | O (Outcome) | T (Time) |
|---|---|---|---|---|---|---|
| 1 | *Assessing the Impact of a Service Excellence Program on Improving Patient Experience at Primary Health Care Centers* [9] | A total of 256 nurses and physicians working at two Primary Health Care (PHC) centers—Alwazarat and Alsalam—under Prince Sultan Military Medical | A structured service excellence training and educational program covering effective communication, empathy, service standards, and | Pre-intervention and post-intervention group comparison. | Overall patient experience scores increased from 62% to 72.4%. Wilcoxon signed-rank test was used due to non-normal distribution. Additional improvements were observed across multiple domains: Patient Experience Visit Assessment (64% to 73%), Personal Issues (71% to | Intervention conducted in Quarter 1 of 2023; post-intervention comparison in Quarter 2 of 2023. |

| No | Article Title | P (Population) | I (Intervention) | C (Comparison) | O (Outcome) | T (Time) |
|---|---|---|---|---|---|---|
| | | City, Riyadh, Saudi Arabia. | service recovery strategies. | | 78%), Care Provider (68% to 76%), Nurse Assistance (67% to 76%), and Moving Through Visit (46% to 61%). | |
| 2 | Improving Emergency Department Patient Experience Through an Organizational Values-Aligned Standardized Behavioral Model [5] | Fifteen Emergency Department nurses at Al Hada Armed Forces Hospital (AHAFH). | Training and implementation of a standardized behavioral model aligned with organizational values. | Pre-experimental and post-experimental quality improvement design. | Patient experience scores (MODHS score) increased from 68% to 73% (5% improvement) in Quarter 1 of 2022 and remained sustained through Quarter 3 of 2022. MODHS domains included Manner, Openness, Dependability, Helpfulness, and Safety. Detailed patient experience metrics were not reported beyond MODHS scoring. | Nine-month implementation period in 2022. |
| 3 | Patients' Satisfaction with Emergency Care Services in a University Teaching Hospital in South-West Nigeria [11] | 199 Emergency Department patients in Nigeria. | Observational assessment of emergency care services. | Pre-test and post-test comparison. | Overall satisfaction was reported by 90.5% of participants. Satisfaction with nursing care reached 91.5%. Additional indicators included clarity of instructions (90%), caring attitude (89%), speed of pain control (92%), treatment speed (84%), and courtesy (86%). | Four-month study period. |
| 4 | *Pelatihan Service Excellence Karyawan Guna Meningkatkan Kualitas Pelayanan di RSIA Mutiara Bunda* [12] | Eighty staff members, including nurses and front-office personnel at RSIA Mutiara Bunda. | Service excellence training combining theoretical concepts, practical exercises, and role-play simulations. | Pre-test and post-test design. | Training improved staff confidence and skills in delivering service excellence. However, detailed quantitative results were not explicitly reported. | 7–17 February 2022. |
| 5 | The Impact of Excellent Service on Patient Satisfaction in the Inpatient Installation of Kalisat State Hospital in Jember Regency [13] | Seventy-five inpatient respondents. | Observation of service excellence practices. | No comparison group. | Most respondents rated service excellence as “adequate” (73.3%). Component scores included attitude (74.7%), appearance (85.3%), attention (69.3%), action (69.3%), and responsibility (72%). Despite these ratings, 80% of respondents reported dissatisfaction with overall inpatient services. | One-year study duration. |
| 6 | *Hubungan Pelatihan Service Excellence Karyawan di Instalasi Rawat Jalan terhadap Peningkatan Kunjungan Instalasi Rawat Jalan di Rumah Sakit Islam Siti Khadijah Palembang* [14] | One hundred outpatient respondents. | Service excellence training for nurses and medical staff conducted in January 2024. | Pre-intervention and post-intervention comparison based on outpatient visit numbers. | Cross-sectional and multivariate logistic regression analysis showed a 6.1% increase in outpatient visits from January to May 2024. Service quality indicators included courtesy (85%), timeliness (74%), accuracy (75%), responsibility (76%), completeness (82%), service convenience (77%), and patient comfort (98%). | January–May 2024. |
| 7 | *Hubungan Budaya Service* | Forty-nine BPJS PBI inpatient | Implementation of service | Post-intervention only. | High satisfaction was reported by 63.3% of | July 2025. |

| No | Article Title | P (Population) | I (Intervention) | C (Comparison) | O (Outcome) | T (Time) |
|---|---|---|---|---|---|---|
| | *Excellent Perawat terhadap Kepuasan Pasien Rawat Inap Pengguna BPJS PBI* [15] | respondents selected through consecutive sampling. | excellence culture training and development of service SOPs. | | respondents, moderate satisfaction by 28.5%, and low satisfaction by 8.2%. Dimensions assessed included tangibles, reliability, responsiveness, assurance, and empathy, although detailed percentages for each dimension were not provided. | |
| 8 | *Efektifitas Service Excellent terhadap Pelayanan Permintaan Darah* [16] | Eight staff members involved in blood request services; 20 patients pre-intervention and 20 patients post-intervention. | Service excellence training. | Pre-test and post-test without control group (pre-experimental). | Patient satisfaction increased from 50% to 90%. Detailed satisfaction criteria were not reported. | Fifteen-day study in February 2020: 7 days pre-training (7–14 February), 1 day training, and 7 days post-training (17–23 February). |
| 9 | *Efektivitas Program SREGEP terhadap Kepuasan Pasien Rawat Inap di Rumah Sakit Islam Pati* [17] | Twelve inpatient nurses; 36 patients in intervention and control groups. | SREGEP program (Service Excellence Gerakan Perawat) training. | Quasi-experimental design with nonequivalent control group pre-test and post-test. | Patient satisfaction increased significantly in the intervention group from 68.67 to 95.00 (p=0.001), compared with the control group (60.66 to 72.83; p=0.001). Satisfaction was reported globally without detailed sub-dimensions. | June–August 2025. |
| 10 | Improving Patient Experience by Implementing an Organisational Culture Model [18] | All nurses at King Abdul-Aziz Armed Forces Hospital, Dhahran, Saudi Arabia. | Empathy-focused and service excellence training. | Two-group comparison: intervention vs. non-intervention. | Patient satisfaction increased across multiple departments: Inpatient Department (4.71%), Emergency Department (5.85%), and Outpatient Department (7.81%). | July 2019 to late September 2021. |

## DISCUSSION

The synthesis of findings in this literature review provides a comprehensive and multidimensional understanding of how service excellence functions as an effective strategy for improving healthcare service quality. Across the reviewed studies, service excellence consistently emerges as a transformative approach that strengthens both interpersonal and organizational dimensions of care delivery. Central to this transformation is the role of nurses, who serve as the primary interface between healthcare institutions and patients. As frontline providers, nurses translate organizational values, service standards, and interpersonal competencies into direct patient interactions. Therefore, the effectiveness of service excellence is deeply intertwined with the behavioral, communicative, and emotional competencies of nursing personnel.

Training programs designed to enhance service excellence typically incorporate a wide range of interpersonal and professional components, including effective communication, empathy, professional attitude, appearance, attentiveness, appropriate action, and accountability. These components collectively shape the quality of nurse–patient interactions and contribute to the creation of a therapeutic environment that supports patient comfort, trust, and satisfaction. The reviewed studies consistently demonstrate that such training interventions lead to improvements in patient experience and satisfaction, indicating that service excellence is not merely a theoretical construct but a practical and impactful strategy for elevating healthcare quality.

Among the interventions examined, service excellence training stands out as the most frequently implemented and empirically supported. Study [9] provides compelling evidence of its effectiveness, showing substantial improvements in healthcare workers' knowledge (from 77.2% to 96.5%), attitudes (from 73.8% to 92.5%), and patient experience scores (from 62% to 72.4%). These findings highlight the dual impact of service excellence training: it enhances provider competencies while simultaneously improving patient perceptions of care. Similar outcomes are reported in studies [12,16,17], which collectively demonstrate that service excellence training strengthens communication skills, empathy, confidence, and the ability of healthcare personnel to deliver responsive and patient-centered services. These studies underscore the importance of human resource development as a foundational pillar in the successful implementation of service excellence.

However, the effectiveness and sustainability of training outcomes vary across healthcare facilities. Factors such as resource availability, managerial support, organizational culture, and patient demographics influence the degree to which training translates into long-term behavioral change. Facilities with strong leadership, supportive organizational structures, and a culture that values patient-centered care are more likely to sustain the benefits of service excellence training. Conversely, facilities with limited resources or weak organizational support may struggle to maintain improvements over time. Therefore, service excellence training must be implemented as part of a continuous professional development strategy supported by ongoing education, structured supervision, and periodic evaluation. Without such reinforcement, the behavioral changes achieved through training may diminish, reducing the long-term impact of service excellence initiatives.

Beyond individual competency development, organizational culture plays a critical role in determining the success of service excellence implementation. Studies [18,20] emphasize that healthcare institutions with a patient-experience-oriented culture; characterized by strong

leadership, staff recognition, and active involvement of patients and families are more likely to achieve sustained improvements in service quality. These findings highlight that service excellence is not merely an individual responsibility but a collective organizational commitment. Hospitals that cultivate a supportive service culture are better positioned to maintain high service standards compared with those that rely solely on training without reinforcing organizational systems. This suggests that service excellence must be embedded within the broader organizational ethos, supported by policies, leadership behaviors, and structural mechanisms that promote patient-centered care.

The synthesis of multiple studies further reveals that specific service dimensions; particularly communication, empathy, responsiveness, reliability, and timeliness are the most influential determinants of patient satisfaction. These dimensions directly shape patients' perceptions of care quality and influence their emotional and cognitive responses to healthcare encounters. Conversely, prolonged waiting times, limited staffing, and inadequate facilities remain the primary sources of patient dissatisfaction [11,13]. These findings align with the SERVQUAL theory, which posits that patient satisfaction is determined by the alignment between patient expectations and the actual service received, especially across the dimensions of tangibles, reliability, responsiveness, assurance, and empathy [21,22]. Therefore, improving patient satisfaction requires a multifaceted approach that not only enhances healthcare personnel behavior but also strengthens service systems, ensures adequate staffing, and provides sufficient infrastructure to support high-quality care delivery.

The overall effectiveness of service excellence can be understood through the interrelationship between structure, process, and outcome. Structural components; including training, leadership, organizational culture, and adequate facilities create the foundation for high-quality service processes. These processes encompass effective communication, timely service delivery, empathy, and responsiveness from healthcare personnel. When these processes function optimally, they produce positive outcomes such as improved patient experience, higher satisfaction levels, increased patient loyalty, enhanced trust in healthcare institutions, and even growth in patient visits, as reported in studies [14,19]. This structural–process–outcome framework illustrates that service excellence is not a single intervention but a comprehensive system of interconnected elements that collectively shape the quality of healthcare services.

Nevertheless, the implementation and outcomes of service excellence may vary across healthcare facilities due to differences in resource availability, patient demographics, organizational culture, and managerial support. Facilities with strong leadership, adequate staffing, and supportive organizational structures are more likely to achieve sustained improvements in service quality. Conversely, facilities with limited resources or weak organizational support may struggle to maintain improvements over time. This variability underscores the need to view service excellence as a comprehensive and continuous quality improvement strategy that requires systemic strengthening, regular evaluation, and organizational commitment to ensure its long-term effectiveness.

Taken together, the synthesized evidence demonstrates that service excellence is a highly effective approach for realizing patient-centered healthcare delivery. Its success depends on the integration of multiple components: enhancement of healthcare personnel competencies, reinforcement of organizational culture, supportive leadership, and improvement of service systems. Through this integrated approach, hospitals can not only elevate patient satisfaction but also strengthen service quality, enhance patient loyalty, and contribute to the sustained achievement of healthcare quality indicators [9,18,20]. The collective findings thus position service excellence as a critical and comprehensive strategy for advancing healthcare quality in both clinical and interpersonal dimensions, ensuring that healthcare institutions are able to meet the evolving expectations of patients and deliver care that is both technically competent and emotionally supportive.

## Strengths of the study

1) Comprehensive synthesis across diverse healthcare settings: This review integrates evidence from inpatient, outpatient, emergency, and auxiliary service units, allowing for a broad and holistic understanding of how service excellence operates across different clinical environments. Such diversity strengthens the generalizability of the synthesized findings.
2) Inclusion of national and international evidence: By incorporating studies conducted both in Indonesia and abroad, the review captures cross-cultural variations in service excellence implementation. This enhances the depth of interpretation and provides a richer contextual foundation for understanding the effectiveness of service excellence interventions.
3) Methodological rigor through PICOT and PRISMA frameworks: The use of PICOT to structure the research question and PRISMA to guide article selection ensures methodological transparency, systematic search procedures, and reproducibility. These frameworks strengthen the credibility and reliability of the review process [23,24].
4) Focus on both provider competencies and patient outcomes: The review examines how service excellence influences healthcare workers' knowledge, attitudes, communication skills, empathy, and confidence, while simultaneously analyzing patient experience, satisfaction, loyalty, and trust. This dual focus provides a multidimensional perspective that enriches the overall synthesis.
5) Integration of organizational and behavioral dimensions: The review highlights not only individual-level interventions but also organizational culture, leadership, and system readiness. This comprehensive approach acknowledges that service excellence is shaped by both personal competencies and institutional structures.
6) Alignment with established theoretical models: The interpretation of findings is grounded in established frameworks such as SERVQUAL and the structure–process–outcome model, which enhances theoretical coherence and strengthens the academic contribution of the study.
7) Consistency of positive findings across studies: The review demonstrates a consistent pattern of improvement in patient experience and satisfaction across multiple interventions, reinforcing the robustness of service excellence as an effective strategy for healthcare quality improvement.

## Limitations of the study

1) Predominance of non-randomized designs: Most included studies employ quasi-experimental, pre-experimental, or cross-sectional designs. The absence of randomized controlled trials limits causal inference and increases susceptibility to confounding variables.
2) Variability in measurement instruments: Differences in tools used to measure patient experience and satisfaction across studies introduce heterogeneity and complicate direct comparison. This variability may also contribute to measurement bias.
3) Limited reporting of detailed outcome metrics: Several studies (e.g., [12,16,17]) report improvements but do not provide detailed breakdowns of specific patient experience dimensions, reducing analytical depth and limiting the ability to identify which components of service excellence are most influential.
4) Short follow-up periods: Many interventions were evaluated shortly after implementation, making it difficult to determine whether improvements in patient experience and satisfaction are sustained over time.

5) Potential publication bias: Studies with positive results may be more likely to be published, potentially overestimating the effectiveness of service excellence interventions and limiting the representation of neutral or negative findings.
6) Contextual variability across healthcare facilities: Differences in organizational culture, staffing levels, leadership styles, and patient demographics limit the generalizability of findings. Service excellence may perform differently in facilities with limited resources or weak managerial support.
7) Limited exploration of patient characteristics: Few studies examine how patient age, socioeconomic status, health literacy, or cultural background influence perceptions of service excellence, leaving gaps in understanding patient-level moderators.
8) Dependence on self-reported measures: Most outcomes rely on patient self-reports, which are inherently subjective and may be influenced by recall bias, social desirability bias, or situational factors unrelated to service quality.
9) Inconsistent intervention intensity and duration: The reviewed studies vary widely in the duration, frequency, and intensity of service excellence training, making it difficult to determine optimal intervention parameters.

## CONCLUSION

In this literature review of ten studies, the evidence indicates that service excellence training and implementation consistently enhance patient experience, patient satisfaction, nursing service quality, and overall hospital performance. The adoption of service excellence also strengthens communication, empathy, and professional behavior among nurses, thereby improving patient trust. These findings underscore the importance of integrating service excellence into healthcare workforce competency development and organizational culture strengthening. Healthcare institutions are encouraged to establish structured, continuous, and system-aligned service excellence programs to support quality improvement and organizational sustainability. Future research should employ longitudinal and mixed-methods designs to validate long-term effectiveness and capture richer patient perspectives.

## Ethical consideration, competing interest and source of funding

-In preparing this literature review, the author relied on legitimate, credible, and topic-relevant scholarly sources. All cited information has been documented in accordance with established citation guidelines, and the writing was completed in an original manner that upholds academic integrity and avoids any form of plagiarism.
-The author declares that there are no conflicts of interest associated with the development of this literature review. All sources were obtained and analyzed objectively based on available scientific evidence, without influence or intervention from any individual, institution, or organization that could compromise the independence, objectivity, or integrity of this scholarly work.
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