Service Failure, Service Recovery, Customer Complaint Behavior, Satisfaction, and Trust in Public Healthcare

Waode Maratun Shaleha[1]
[1] Universitas Muhammadiyah Kendari

Abstract

This study aims to examine and analyze the effect of *service failure* on *customer satisfaction* and its implications for *trust*. In addition, this study investigates the mediating role of *customer complaint behavior* and *service recovery* in the relationship between *service failure* and *customer satisfaction* among BPJS patients at Bahteramas Regional General Hospital, Southeast Sulawesi Province. This research adopts a quantitative approach with an *explanatory research* design. The population consists of BPJS patients and/or patients' family members who have experienced service failures, submitted complaints, and received service recovery at the hospital. A total of 130 respondents were selected as the research sample. Data were collected using a questionnaire and analyzed using the *Structural Equation Model–Partial Least Squares* (SEM-PLS) technique.

The results indicate that *service failure* has a negative and significant effect on *customer complaint behavior* and *service recovery*. Furthermore, *customer complaint behavior* has a positive and significant effect on *service recovery*, but does not have a significant effect on *customer satisfaction*. The findings also reveal that *service recovery* has a positive and significant effect on *customer satisfaction*, which in turn positively and significantly influences *trust*. In addition, a reciprocal and significant relationship is found between *customer complaint behavior* and *service recovery*. The mediation analysis demonstrates that *service recovery* plays a significant mediating role in the relationship between *service failure* and *customer satisfaction*, whereas the mediating role of *customer complaint behavior* is not consistently supported. Overall, these findings highlight the critical importance of effective *service recovery* in mitigating the negative impact of *service failure* and enhancing patient satisfaction and trust in public healthcare services.

Keywords: *service failure*, *customer complaint behavior*, *service recovery*, *customer satisfaction*, *trust*, BPJS patients

INTRODUCTION

Service marketing management has shifted from viewing the relationship between organizations and customers as a series of short-term transactions to recognizing it as a long-term relational partnership founded on trust. Relationship Marketing Theory identifies trust as the primary determinant of relationship continuity because it fosters commitment, reduces uncertainty, and mitigates perceived risk in interactions between customers and service providers (Morgan & Hunt, 1994).

Mayer et al, (1995) define trust as the willingness of a vulnerable party to accept risk based on positive expectations regarding another party's ability, integrity, and benevolence. In the context of public healthcare services, trust assumes a more complex dimension because patients are in a highly vulnerable condition, face substantial information asymmetry, and entrust fundamental aspects of their health to healthcare institutions (Alrubaiee, L., & Alkaa'ida, 2020; Alrubaiee & Alkaa'ida, 2011; Durmus & Akbolat, 2020).

Trust is not established instantaneously; rather, it develops gradually through repeated evaluations of service experiences. Expectation Disconfirmation Theory explains that customer satisfaction

arises from the comparison between customers' initial expectations and the actual performance of the service received (Oliver, 1997,1980). When service performance meets or exceeds expectations, customers experience positive disconfirmation, which leads to customer satisfaction (Shaleha et al, 2021). Over time, consistently high levels of customer satisfaction evolve into trust, representing a more stable relational belief in the service provider. Accordingly, customer satisfaction serves as the cognitive foundation upon which trust is established.

Nevertheless, trust occupies a more strategic position than customer satisfaction within relationship marketing (Morgan & Hunt, 1994). While customer satisfaction is evaluative and episodic, reflecting customers' assessments of specific service encounters, trust represents a long-term relational construct that determines the continuity and sustainability of the relationship between customers and the organization (Morgan & Hunt, 1994). In the healthcare sector, trust influences patients' adherence to medical recommendations, their willingness to continue using healthcare services, and their perceptions of institutional legitimacy (Mechanic, D., & Meyer, 2000; Thom, D. H., Hall, M. A., & Pawlson, 2004).

Zeithaml, Bitner, (2020) argue that trust enhances customers' tolerance toward incidental service failures. Conversely, the loss of trust may result in relational disengagement, increased public complaints, resistance to healthcare delivery systems, and the erosion of institutional legitimacy (Gregoire, Y., & Fisher, 2008). Therefore, within the context of public hospitals, trust should not be regarded merely as an additional service outcome but rather as a strategic relational asset that underpins the sustainability of healthcare delivery systems.

Despite its importance, service failure is virtually unavoidable in service operations. The complexity of service processes, intensive interactions among organizational units, and resource constraints make service failure an inherent characteristic of service systems (Gursoy et al, 2007). In healthcare settings, service failures may manifest as delays in service delivery, administrative errors, insufficient empathy from healthcare professionals, or discrepancies between service outcomes and patients' expectations (P. T. Nguyen, 2021).

Service failure may generate negative disconfirmation, resulting in diminished customer satisfaction and trust (Morgan & Hunt, 1994). However, empirical evidence suggests that these effects are neither direct nor consistent across different contexts Das, S., Mukherjee, A., & Smith, 2025; Hien, 2024; Zhu, Z., Sivakumar, K., & Parasuraman, 2021). When customers experience a service failure, they do not immediately form a final evaluation of the organization. Instead, Attribution Theory posits that customers first engage in an attribution process to determine whether the failure is perceived as controllable, internally caused, or permanent (Weiner, 1985). These causal attributions subsequently evoke emotional responses that are expressed through behavioral reactions, one of which is customer complaint behavior.

J. Singh, (1988) classifies customer complaint behavior into three forms: direct complaints to the service provider, complaints communicated to third parties, and exit behavior, whereby customers discontinue using the service. Complaint behavior therefore represents both a psychological and behavioral mechanism that links service failure experiences with organizational responses. Rather than merely reflecting customer dissatisfaction, complaints constitute relational signals that provide organizations with opportunities to recover the service relationship (Adzhigalieva, Z., Hurriyati, R. A., & Hendrayati, 2022; Simarmata, J., Sihombing, S., Subandi, & Rachmatsyah, 2025). Justice Theory further argues that the effectiveness of service recovery depends largely on customers' perceptions of distributive, procedural, and

interactional justice throughout the complaint-handling process (Tax et al, 1998; Brown et al, 1998).

When implemented fairly, promptly, and empathetically, service recovery can reverse the adverse consequences of service failure by restoring customer satisfaction. Van Vaerenbergh et al, (2019) demonstrated that the direct negative effect of service failure on customer satisfaction becomes substantially weaker when service recovery is incorporated into the analytical model. Likewise, Q. N. Nguyen et al, (2021) found that the effectiveness of service recovery exerts a greater influence on customer satisfaction than the severity of the initial service failure.

The integration of Relationship Marketing Theory, Expectation Disconfirmation Theory, Attribution Theory, and Justice Theory suggests that trust is not merely a direct consequence of service quality but rather the outcome of a transformational process involving cognitive evaluation, emotional responses, complaint behavior, and perceptions of fairness during service recovery. Consequently, the relationship between service failure and trust is sequential rather than linear, highlighting the need for a comprehensive mediation model capable of explaining this complex process.

Accordingly, the research model proposed in this study is not conceptualized as a simple linear relationship among variables but as a transformational framework that explains the gradual transition from negative service experiences to the restoration of customer trust. Relationship Marketing Theory emphasizes that trust is a relational outcome developed through continuous interactions rather than resulting from a single service encounter (Morgan & Hunt, 1994). Similarly, Expectation Disconfirmation Theory posits that customer evaluations evolve through successive cognitive and affective processes (Oliver, 1997). Therefore, this study positions customer complaint behavior and service recovery as transformational mechanisms that mediate the influence of service failure on customer satisfaction and trust. Accordingly, the relationships among the study variables are conceptualized as a sequential causal process rather than as isolated and static direct associations.

Although previous studies have examined the relationships between service failure and customer satisfaction, as well as between service recovery and trust, the conceptual structure linking these variables remains fragmented and empirically inconsistent. Most existing studies have investigated these relationships separately—for example, the effect of service failure on customer satisfaction (Smith & Bolton, 2002) or the influence of service recovery on trust (Tax et al., 1998) without incorporating customer complaint behavior as a mediating mechanism within a sequential process leading to trust. Furthermore, studies by Nikbin, D., Hyun, S. S., & Iranmanesh, 2022; Balaji, M. S., Jha, S., & Roy, (2021) continue to conceptualize complaint behavior as a final outcome rather than as an intervening mediator. The inconsistent findings reported by Van Vaerenbergh et al, (2019), further indicate that these relationships remain unstable and highly dependent on the underlying theoretical model.

From a contextual perspective, most previous research has been conducted in commercial service industries or private hospitals. In contrast, public hospitals operating under Indonesia's National Health Insurance (Jaminan Kesehatan Nasional/JKN) system possess distinct structural characteristics, including high patient volumes, complex administrative procedures, and limited alternatives for healthcare services. Within this context, trust is shaped not only by the quality of interpersonal service encounters but also by patients' perceptions of the institutional healthcare system as a whole.

The significance of the present study is further reinforced by empirical conditions observed at Bahteramas Regional Public Hospital, Southeast Sulawesi Province.

Hospital records indicate that inpatient admissions increased substantially from 10,120 patients in 2020 to 20,961 patients in 2024 (RSUD Bahteramas Provinsi Sulawesi Tenggara, 2024). This considerable increase reflects growing operational pressure on the hospital's healthcare delivery system. As service demand increases, the likelihood of service failure also rises (Zeithaml, V. A., Bitner, M. J., & Gremler, 2020). Under conditions of high service workloads, delays in service delivery, the complexity of National Health Insurance (BPJS) administrative claims, and ineffective communication may generate negative disconfirmation and increase customers' propensity to engage in complaint behavior.

These empirical conditions suggest that the impact of service failure on trust is not deterministic but depends on how patient complaints are addressed and how effectively service recovery is implemented. Accordingly, an integrative model is needed to simultaneously examine how service failure is transformed through customer complaint behavior and service recovery into customer satisfaction, and how this sequential process ultimately contributes to the development of trust within public hospitals operating under the JKN system. This study seeks to address this research gap by developing and empirically testing a serial mediation model in the context of Bahteramas Regional Public Hospital, Southeast Sulawesi Province.

RESEARCH METHODOLOGY

This study employed a quantitative research approach using an explanatory research design to examine the causal relationships among the proposed constructs and to generate findings that can be generalized to the target population. The study population consisted of patients and/or patients' family members who had submitted complaints and subsequently received service recovery at Bahteramas Regional Public Hospital, Southeast Sulawesi Province, Indonesia. A purposive sampling technique was employed as the primary sampling method, while cluster classification was used solely to facilitate respondent distribution. The population was grouped according to inpatient ward classes, namely Class I, Class II, and Class III. The required sample size was determined based on the Minimum Sample Size Table. Referring to an estimated minimum path coefficient ranging from 0.11 to 0.20 and a 1% significance level (Hair., et al 2021, 2022; Kock, N., & Hadaya, 2018), the minimum recommended sample size was 251 respondents. A total of 251 questionnaires were initially collected. Subsequently, a data-screening procedure was conducted to ensure data quality and suitability for statistical analysis. During this process, 51 responses were excluded because they contained incomplete information, exhibited inconsistent response patterns, or failed to satisfy the study's inclusion criteria. Consequently, the final dataset comprised 200 valid respondents, which were used for subsequent analyses. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). The operational definitions and measurement indicators for each construct are presented in Table 1:

Table 1. Measurement of Research Variables

No	Variabel	Description	Measurement Items	References
1	*System failure*	Failures in management, technology, or operational procedures that disrupt the delivery of healthcare services.	• Hospital administrative services are often delayed in processing National Health Insurance (BPJS) patients. *(R)* • The patient queuing system is not well organized. *(R)*	Q. N. Nguyen et al, (2021)

		• Errors frequently occur in recording BPJS patients' registration data. *(R)* • Medical services are often not provided according to the scheduled appointment times. *(R)* • The hospital information system frequently experiences technical disruptions. *(R)* • The processing of BPJS insurance claims is often delayed. *(R)* • Coordination among hospital service units is not effective. *(R)*
Request failure	Failure to adequately respond to the requests, concerns, or complaints of patients or their family members	• My requests for information regarding medical treatment are rarely responded to promptly. *(R)* • Hospital staff rarely fulfill my requests for additional assistance (e.g., medical equipment, drinking water, pillows, or other necessities). *(R)* • Doctors or nurses do not consistently respond to patients' requests in a courteous manner. *(R)* • Hospital staff often delay responding to patients' requests without providing a clear explanation. *(R)* • Patients' special needs (e.g., dietary requirements or specific medications) are often overlooked. *(R)* • Requests made by patients' family members are often not followed up. *(R)* • Patients rarely receive adequate explanations regarding the procedures they request. *(R)* • Communication between hospital staff and patients regarding service requests is often unclear. *(R)*

	Behavior Failure	Inappropriate or unprofessional behaviors of healthcare professionals or hospital staff that result in patient or family dissatisfaction, service disruption, or potential risks to patient safety.	• Some hospital staff behave discourteously toward BPJS patients. *(R)* • Hospital staff sometimes speak in a harsh or unfriendly tone. *(R)* • I have observed hospital staff ignoring patients who require assistance. *(R)* • Hospital staff do not demonstrate empathy toward patients' conditions. *(R)* • Hospital staff appear impatient when providing healthcare services. *(R)* • I feel that I am treated differently because I use BPJS health insurance. *(R)* • Hospital staff rarely greet patients with a smile or a friendly welcome. *(R)* • The attitudes of hospital staff make me feel uncomfortable during hospitalization. *(R)*	
2	*Customer complaint behavior*	Patients' or their family members' behaviors in expressing complaints regarding healthcare services received at Bahteramas Regional Public Hospital.	• I express my complaints directly to the hospital staff. • I provide constructive feedback to help improve the quality of healthcare services. • I openly express my dissatisfaction with the healthcare services I receive. • I report my complaints to third parties (e.g., regulatory agencies, consumer protection organizations, or BPJS authorities). • I share my negative healthcare experiences with relatives or friends. • I post complaints about the healthcare services on social media. • I consider switching to another healthcare provider. • I become reluctant to use the hospital's	Tax et al, (1998)

			healthcare services again. • I seek alternative healthcare providers for future treatment.	
3	*Distributive justice*	Refers to the extent to which patients or their family members perceive the service recovery they receive as fair and adequate compensation for service failures at Bahteramas Regional Public Hospital, Southeast Sulawesi Province	• The hospital provides a fair solution to my complaint. • The compensation provided is appropriate for the problem I experienced. • The replacement service is comparable to the loss I experienced. • The hospital makes a genuine effort to correct its service failure • The explanation provided clearly explains the cause of the problem • The complaint resolution meets my expectations • The hospital gives serious attention to patients' complaints • Corrective actions are taken promptly. • I am treated fairly throughout the complaint-handling process	Q. N. Nguyen et al, (2021)
	Interactional justice	Refers to how Bahteramas Regional Public Hospital treats patients or their family members on a personal level during the service recovery process.	• Healthcare professionals treat patients courteously. • Hospital staff apologize for service failures. • Hospital staff listen carefully to patients' complaints. • Communication between hospital staff and patients is open and transparent. • Hospital staff demonstrate empathy during the service recovery process. • I am treated with respect when expressing my complaint. • Hospital staff provide clear and understandable explanations • Hospital staff demonstrate a sincere commitment to	

			correcting service failures.	
	Procedural justice	Refers to how the service recovery process is organized and implemented by Bahteramas Regional Public Hospital, Southeast Sulawesi Province.	• The hospital's complaint-handling procedures are clear • Complaints are resolved within a reasonable timeframe. • The complaint-handling process is transparent • I know whom to contact when I have a complaint • Complaint-handling procedures are applied consistently to all patients. • I receive information about the progress of my complaint. • The hospital involves patients in resolving service-related problems • The complaint-resolution process is straightforward and uncomplicated.	
4	*Customer satisfaction*	Refers to the level of satisfaction experienced by patients or their family members with the healthcare services, including medical care, provided by Bahteramas Regional Public Hospital, Southeast Sulawesi Province.	• I am satisfied with the overall quality of healthcare services provided. • The healthcare services I received met my expectations. • The healthcare services I received met my needs. • The healthcare services were delivered appropriately • I am satisfied with the quality of care provided by healthcare professionals • I am satisfied with the quality of services provided by hospital staff.	(Oliver, 1997; Nguyen et al, 2021; Rahman et al, 2022)
5	*Belief in Competence (Ability*)	Refers to an individual's belief that the trusted party possesses the knowledge, skills, and professional competence necessary to deliver healthcare services effectively.	• I trust the hospital's medical competence. • I trust the professional expertise of the healthcare professionals. • The hospital is capable of meeting my healthcare needs.	Ganesan (1994), Morgan dan Hunt (1994), serta Sirdeshmukh et al. (2002)
	Belief in Integrity	Refers to an individual's belief that the trusted party acts honestly, consistently, and in	• The hospital provides healthcare services honestly	

	accordance with ethical principles.	• The hospital fulfills its commitments to patients. • The information provided by the hospital is trustworthy.
Belief in Benevolence	Refers to an individual's belief that the trusted party demonstrates genuine goodwill and concern for patients' well-being and best interests	• The hospital genuinely cares about patients' well-being. • The hospital prioritizes patients' best interests in delivering healthcare services.

RESULTS AND DISCUSSION

Based on the data collected, the demographic characteristics of the respondents are presented in **Table 2**.

Table 2. Demographic Characteristics of Respondents

No	*Respondent Characteristics*	*Category*	*Frequency (n)*	*Percentage (%)*
1	*Gender*	Male	80	40.0
		Female	120	60.0
2	*Age (years)*	< 20	20	10.0
		20-30	90	45.0
		31-40	60	30.0
		>40	30	15.0
3	*Marital status*	Married	110	55.0
		Single	80	40.0
		Divorced	10	5.0
4	*Occupation*	Entrepreneur	70	35.0
		Civil servant	50	25.0
		Business owner	30	15.0
		Unemployed	50	25.0
5	*Respondent status*	Patient	130	65.0
		Patient's family member	70	35.0
6	*Length of hospitalization*	1-2 days	80	40.0
		3-5 days	85	42.5
		>5 days	35	17.6
7	*Inpatient class*	Class I	40	20.0
		Class II	60	30.0
		Class III	100	50.0

Source: Processed from primary data (2026)

The research model was estimated using a second-order factor model based on the embedded two-stage approach, a variant of the Two-Step Approach. This approach was selected because the proposed model includes a reflective–reflective second-order construct, for which the embedded two-stage approach is considered an appropriate estimation procedure.

The measurement model was first evaluated at the first-order construct (dimension) level by assessing its validity and reliability. The assessment included indicator reliability through outer loadings, internal consistency reliability using Composite Reliability (CR), and convergent

validity based on the Average Variance Extracted (AVE). The results of the first-order measurement model (outer model) assessment are presented in Figure 1.

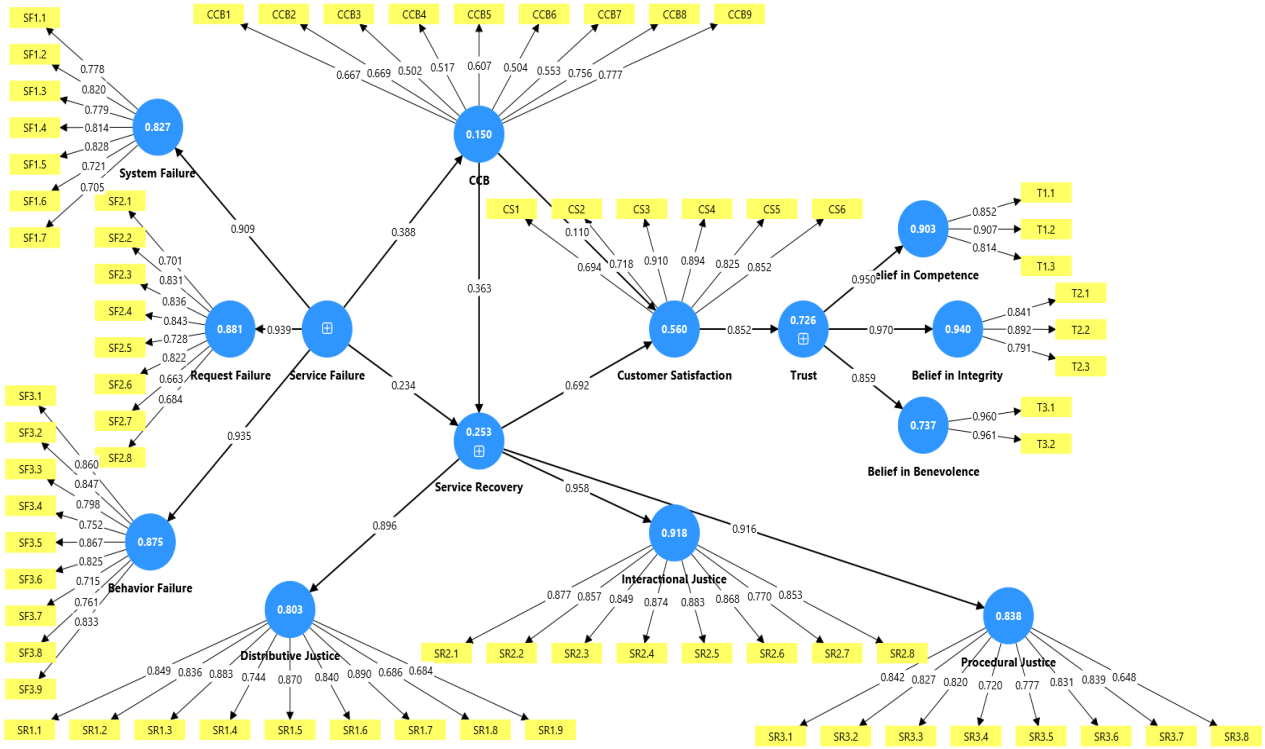


Figure 1. First-Order Measurement Model Assessment of the Second-Order Construct

Overall, the measurement indicators satisfied the recommended criteria for the measurement model assessment based on outer loadings, Composite Reliability (CR), and Average Variance Extracted (AVE). Although several indicators exhibited outer loading values below the recommended threshold of 0.70, these indicators were retained because their loadings ranged between 0.60 and 0.70, which are considered acceptable under certain conditions, particularly when the construct demonstrates satisfactory Composite Reliability and convergent validity (Hair et al, 2017; Hair et al, 2022).

After completing the initial measurement model evaluation, the next step involved assessing the second-order measurement model at the construct level. In this stage, the Latent Variable Scores (LVS) obtained from the first-stage analysis were used as indicator scores to estimate the higher-order constructs, namely Service Failure, Service Recovery, and Trust.

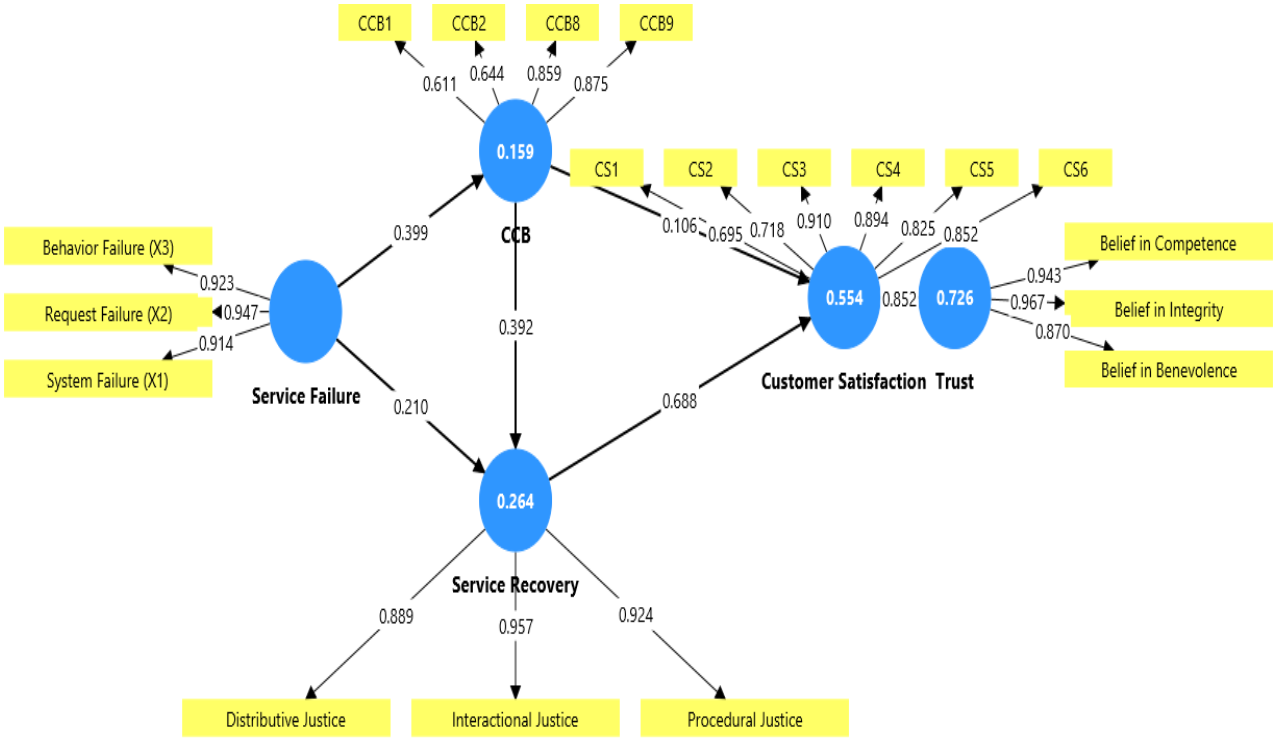


Figure 2. Measurement Model Results at the Construct Level After Indicator Removal

The initial measurement model assessment revealed that four indicators of the Customer Complaint Behavior (CCB) construct CCB3, CCB4, CCB6, and CCB7 had outer loading values below the recommended threshold of 0.70. Consequently, these indicators were removed, and the measurement model was re-estimated using the bootstrap procedure. Following the re-estimation, one additional indicator (CCB5) still exhibited an outer loading below 0.70. Therefore, a subsequent evaluation of the measurement model was conducted at both the construct and indicator levels to ensure that the remaining indicators satisfied the recommended criteria for validity and reliability.

The results of the outer model assessment, specifically the outer loading values, are presented in **Table 3**.

Table 3. Outer Loadings of the Research Constructs

	Service failure	*Customer complaint behavior*	*Service recovery*	*Customer satisfaction*	*Trust*
System failure	0.914				
Request failure	0.947				
Behavior failure	0.923				
CCB1		0.611			
CCB2		0.644			
CCB8		0.859			
CCB9		0.875			
Distributive justice			0.889		
Interactional justice			0.957		
Procedural justice			0.924		
CS1				0.695	

CS2	0.718	
CS3	0.910	
CS4	0.894	
CS5	0.825	
CS6	0.852	
Belief in Competence		0.943
Belief in Integrity		0.967
Belief in Benevolence		0.870

Source: Processed from primary data (2026)

As presented in Table 3, the outer loading results at the higher-order construct level indicate that all latent constructs in the proposed research model achieved outer loading values above the recommended threshold of 0.70, with the exception of two indicators of the Customer Complaint Behavior (CCB) construct, which remained within the acceptable range. According to (Hair et al, 2017; Hair et al, 2022), indicator loadings between 0.60 and 0.70 may be retained provided that the construct demonstrates adequate reliability and convergent validity.

The next step involved assessing construct reliability, the results of which are presented in Table 4.

Table 4. Construct Reliability and Validity Assessment at the Construct Level

Variabel	*Cronbach's Alpha*	*Composite reliability (rho_a)*	*Composite reliability (rho_c)*	*Average variance extracted (AVE)*
Service failure	0.920	0.931	0.949	0.862
Customer complaint behavior	0.749	0.797	0.839	0.573
Service recovery	0.914	0.916	0.946	0.853
Customer satisfaction	0.900	0.907	0.924	0.672
Trust	0.918	0.925	0.949	0.860

Source: Processed from primary data (2026)

As shown in Table 4, all constructs demonstrated excellent internal consistency reliability.

The evaluation of the structural model (inner model) was conducted to assess the extent to which the relationships among the latent constructs explain and predict the endogenous constructs in the proposed research model.

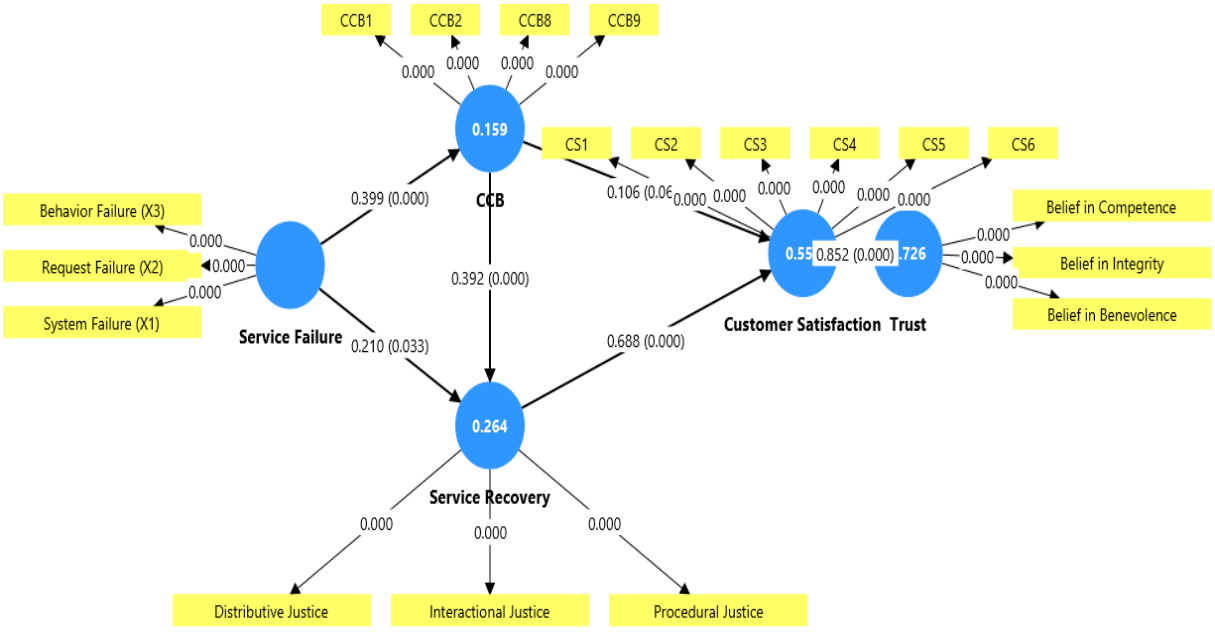


Figure 3. Measurement Model at the Construct Level

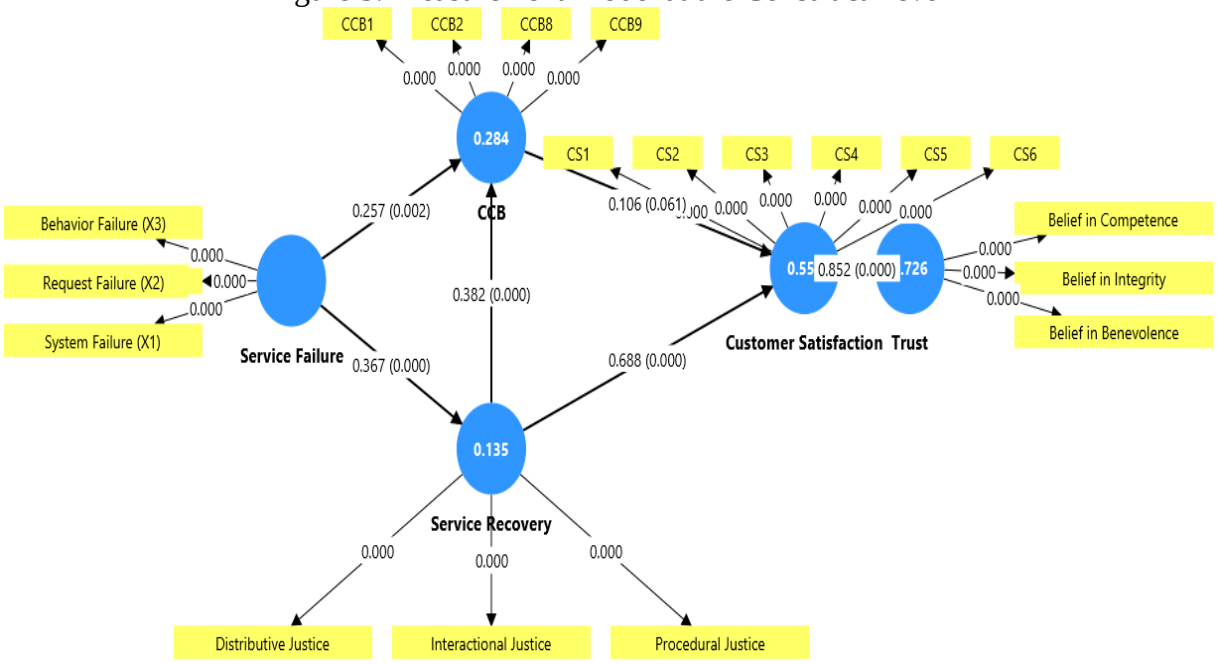


Figure 4. Measurement Model at the Construct Level

The results of the significance testing and hypothesis testing are presented in Table 5.

Table 5. Path Coefficients, Significance Testing, and Hypothesis Testing Results for Direct and Indirect Effects

Hipotesis	Pengaruh Langsung	Path Coefficients	P Value	Signifikansi (P<0.05	Keterangan
H1	*Service failure -> Customer complaint behavior*	0.399	0.000	Signifikan	**Supported**
H2	*Service failure -> Service recovery*	0.210	0.033	Signifikan	**Supported**
H3	*Customer complaint behavior -> Customer satisfaction*	0.106	0.061	Tidak Signifikan	Not Supported
H4	*Service recovery -> Customer satisfaction*	0.688	0.000	Signifikan	Supported
H5	*Customer satisfaction-> Trust*	0.852	0.000	Signifikan	Supported
H6	*Customer complaint behavior->Service recovery*	0.392	0.000	Signifikan	Supported
H7	*Service recovery -> Customer complaint behavior*	0.382	0.000	Signifikan	Supported
H8	*Service failure -> Customer complaint behavior-> Service recovery*	0.156	0.000	Signifikan	Supported
H9	*Service failure -> Service recovery-> Customer complaint behavior*	0.140	0.000	Signifikan	Supported
H10	*Service failure->Customer complaint behavior-> Customer satisfaction*	0.042	0.091	Tidak Signifikan	Not Supported
H11	*Service failure-Service recovery-Customer satisfaction*	0.252	0.00	Signifikan	Supported

Source: Processed from primary data (2026)

DISCUSSION

Service Failure on Customer Complaint Behavior

The hypothesis testing results indicate that service failure has a positive and significant effect on customer complaint behavior (CCB). This finding suggests that the greater patients' perceptions of service failure, the more likely they are to express dissatisfaction through various forms of complaint behavior. Conceptually, this result is consistent with Expectation Disconfirmation Theory, which posits that when service performance falls below customers' expectations, negative disconfirmation occurs, leading to dissatisfaction and subsequent behavioral responses (Oliver, 1997).

The present finding is also consistent with the study by Taharuddin et al, (2020), which demonstrated that service failure significantly influences complaint behavior. Moreover, it reinforces the conceptual integration of Expectation Disconfirmation Theory and Attribution Theory. The significant relationship identified in this study indicates that service failure is not merely a weak antecedent but rather a primary determinant that triggers patients' expressions of dissatisfaction. Accordingly, as the intensity of perceived service failure increases whether related to system failures, response failures, or behavioral failures the likelihood of patients engaging in complaint behavior also increases, including voice responses, intentions to switch healthcare providers, and the dissemination of negative service experiences.

Within the context of Bahteramas Regional Public Hospital, a public hospital operating under Indonesia's National Health Insurance (JKN) system, these findings are

particularly relevant. The continuous increase in patient volume has intensified operational complexity, thereby increasing the risk of service failures. When the hospital's operational capacity is unable to adequately accommodate growing service demands, the likelihood of negative disconfirmation becomes greater, which, in turn, escalates customer complaint behavior. Therefore, the positive and significant relationship between service failure and customer complaint behavior identified in this study is supported not only by empirical evidence but also by the operational realities of public healthcare institutions facing increasing service demands.

Service Failure on Service Recovery

The hypothesis testing results indicate that service failure has a positive and significant effect on service recovery among BPJS inpatients at Bahteramas Regional Public Hospital, Southeast Sulawesi Province. This finding suggests that the greater patients' perceptions of service failure, the stronger their perceptions of the service recovery efforts implemented by the hospital. Conceptually, this relationship should not be interpreted as contradictory; rather, it reflects a responsive mechanism within the public healthcare system, whereby service failures trigger the activation of formal recovery procedures and corrective interactions.

This empirical finding is consistent with the integrative framework proposed by Kim, M. G., Wang, C., & Mattila, (2010), which argues that the complaint process and recovery mechanisms constitute systematic organizational responses to service failures. Likewise, studies by Van Vaerenbergh et al. (2018), (Borah et al, 2020), Nguyen et al, (2021), and Lee, J., & Park, (2022) demonstrate that the severity of service failure increases both the visibility and urgency of service recovery, as organizations seek to preserve customer relationships and maintain relational stability. Nguyen et al, (2021) further emphasize that, in healthcare and other high-risk service settings, service failure frequently serves as the primary trigger for the implementation of service recovery justice mechanisms. Similarly, (Wei & Shi, 2024) reported that, within public service contexts, higher levels of perceived service failure are associated with stronger customer perceptions of recovery efforts, particularly with respect to interactional justice.

Customer Complaint Behavior on Customer Satisfaction

The hypothesis testing results indicate that customer complaint behavior (CCB) has a positive but statistically insignificant effect on customer satisfaction. Although the direction of the relationship suggests that patients or their family members who are more likely to express complaints also tend to report higher levels of satisfaction, the effect is not sufficiently strong to explain variations in customer satisfaction directly.

This finding is consistent with Justice Theory (Tax., et al 1998), which argues that post-failure customer satisfaction is determined primarily by customers' perceptions of fairness during the service recovery process rather than by the act of complaining itself. In the present study, the effect of service recovery on customer satisfaction was substantially stronger than that of customer complaint behavior. This result supports the arguments of Van Vaerenbergh et al, (2019) and Nguyen et al. (2021), who reported that the direct influence of complaint behavior on customer satisfaction tends to diminish once service recovery is incorporated into the analytical model.

The present findings are also consistent with previous empirical evidence. Hien, (2024) found that complaint behavior does not necessarily have a significant effect on customer satisfaction unless it is mediated by customers' perceptions of recovery justice. Similarly, Zhu, Z., Sivakumar, K., & Parasuraman, (2021) demonstrated that the

impact of complaints on customers' overall evaluations depends largely on the quality of the organization's response. Furthermore, Das, S., Mukherjee, A., & Smith, (2025) argued that customer complaint behavior should be viewed as a transitional mechanism within the relational process rather than as a direct predictor of customer satisfaction. In the healthcare context, Simarmata, J., Sihombing, S., Subandi, & Rachmatsyah, (2025) likewise reported that patient complaints contribute positively to customer satisfaction only when they are addressed through timely, fair, and empathetic recovery procedures.

Service Recovery on Customer Satisfaction

The hypothesis testing results indicate that service recovery has a positive and significant effect on customer satisfaction among BPJS inpatients at Bahteramas Regional Public Hospital, Southeast Sulawesi Province. This finding demonstrates that the more effectively the hospital recovers from service failures, the higher the level of customer satisfaction perceived by patients. Conceptually, this result is consistent with Justice Theory, which posits that customers' perceptions of distributive, procedural, and interactional justice are the primary determinants of post-recovery customer satisfaction (Tax et al., 1998; Van Vaerenbergh et al., 2018).

The findings are consistent with those of Haitami and Situmorang (2019), who reported that service recovery has a positive and significant influence on customer satisfaction. More recent evidence by Nguyen et al. (2021) further demonstrated that the effectiveness of service recovery possesses stronger predictive power for customer satisfaction than the severity of the initial service failure. Similarly, Borah et al. (2020) and Van Vaerenbergh et al. (2019) concluded that justice-based service recovery effectively mitigates the negative consequences of service failure while significantly enhancing post-recovery satisfaction. Moreover, Babin et al. (2021) emphasized that interactional justice consistently emerges as the strongest predictor of customer satisfaction following service recovery, particularly in healthcare services and other high-risk public service settings.

Customer Satisfaction on Trust

The hypothesis testing results indicate that customer satisfaction has a positive and significant effect on trust among BPJS patients at Bahteramas Regional Public Hospital, Southeast Sulawesi Province. This finding reinforces the central premise of Relationship Marketing Theory, which posits that trust is not formed instantaneously but develops gradually through consistently positive and satisfying service experiences (Morgan & Hunt, 1994). In the context of public healthcare services, patients' satisfaction serves as both a cognitive and affective foundation that progressively evolves into relational trust, encompassing confidence in the hospital's competence, integrity, and benevolence.

The findings are consistent with those reported by Durmuş and Akbolat (2020), who demonstrated that patient satisfaction has a positive effect on trust in healthcare services. Their study identified customer satisfaction as a direct determinant of trust within the patient healthcare provider relationship. Similarly, Rahman et al, (2022), as well as Akhtar, Sun, and Akhtar, N., Sun, J., Akhtar, M. N., (2024), found that customer satisfaction significantly enhances trust in both public and healthcare service settings, particularly within social health insurance systems. Furthermore, Martin Gannon et al, (2022) argued that, in high-risk service sectors such as healthcare, customer satisfaction constitutes a primary antecedent of trust because it reduces customers' perceptions of uncertainty and perceived risk. These findings further support the proposition that consistently satisfying service experiences are fundamental to fostering long-term trust in public healthcare institutions.

Customer Complaint Behavior on Service Recovery

The hypothesis testing results indicate that customer complaint behavior (CCB) has a positive and significant effect on service recovery among BPJS patients at Bahteramas Regional Public Hospital, Southeast Sulawesi Province. This finding suggests that complaint behavior should not be viewed merely as an expression of dissatisfaction but rather as a constructive relational mechanism that prompts organizations to initiate service recovery efforts. Conceptually, Justice Theory (Tax et al., 1998) posits that customer complaints provide organizations with the opportunity to demonstrate distributive, procedural, and interactional justice. Without complaint behavior, organizations lack explicit signals that enable them to identify service failures and implement structured corrective actions.

This finding is consistent with the study by Kim, Wang, and Mattila (2010), which integrated the customer complaint behavior and service recovery literature and concluded that complaint behavior is a prerequisite for effective service recovery. Similarly, Nguyen et al. (2021) demonstrated, within the service failure–service recovery framework, that customers' active participation in the complaint process strengthens perceptions of procedural and interactional justice. Borah et al. (2020) further reported that customer involvement in complaint handling enhances the effectiveness of service recovery by increasing transparency throughout the recovery process. Likewise, La and Choi (2019) identified customer–staff interactions during complaint handling as a strong predictor of perceived interactional justice. More recent studies by Gelbrich, K., Gäthke, J., & Grégoire, (2022) and Cheng, B., Luo, X., & Zhou, (2023) also found that customer voice behavior significantly influences customers' perceptions of fairness during service recovery, which subsequently enhances customer satisfaction and trust.

Service Recovery on Customer Complaint Behavior

The hypothesis testing results indicate that service recovery has a positive and significant effect on customer complaint behavior (CCB). This finding suggests that the more positively patients perceive the hospital's service recovery efforts, the greater their willingness to express complaints through constructive and formal complaint channels. Rather than discouraging complaints, effective service recovery appears to foster patients' confidence in the hospital's complaint-handling system, encouraging them to communicate service-related concerns openly instead of remaining silent or switching to alternative healthcare providers.

This finding is supported by Nguyen et al. (2021), who reported that high quality service recovery increases customers' willingness to maintain interactions with the service provider despite experiencing an initial service failure. Similarly, Borah et al. (2020) found that interactional justice during the service recovery process has a stronger positive influence on customers' willingness to complain directly than on their propensity to engage in negative word-of-mouth. Van Vaerenbergh et al. (2019) further argued that when customers perceive an organization's recovery system as effective, they are more likely to communicate their complaints directly to the organization rather than choose to exit the relationship. More recently, Akhtar et al. (2024) demonstrated in the healthcare context that perceived fairness in service recovery promotes open communication between patients and healthcare providers. Collectively, these findings suggest that effective service recovery not only resolves existing service failures but also encourages constructive customer complaint behavior, thereby strengthening organizational learning and facilitating continuous service improvement.

Service Failure on Service Recovery Through Customer Complaint Behavior

The results of this study indicate that service failure has a positive and significant indirect effect on service recovery through customer complaint behavior (CCB). This finding suggests that service failure does not automatically lead to relationship deterioration. Instead, it first triggers a behavioral response in the form of customer complaints, which subsequently provides the organization with an opportunity to implement a more structured and fair service recovery process.

Conceptually, this indirect relationship can be explained through a transformational process. Service failure initially generates negative disconfirmation, as proposed by Expectation Disconfirmation Theory (Oliver, 1997). Negative disconfirmation then stimulates customers' causal attributions and negative emotional responses, consistent with Attribution Theory (Weiner, 1985). These emotional reactions are subsequently expressed through customer complaint behavior (J. Singh, 1988), which serves as a critical input for organizations to activate justice-based service recovery mechanisms encompassing distributive, procedural, and interactional justice (Tax et al., 1998). Accordingly, the influence of service failure on service recovery is better understood as an indirect and sequential process mediated by customer complaint behavior rather than as a direct causal relationship.

Service Failure on Customer Complaint Behavior Through Service Recovery

The structural model results indicate that service failure has a positive and significant indirect effect on customer complaint behavior through service recovery. This finding suggests that patients' experiences of service failure do not merely generate immediate emotional reactions; rather, they undergo a transformational process in which service recovery shapes subsequent complaint behavior. In other words, effective service recovery encourages patients to express their dissatisfaction through more constructive and structured complaint mechanisms. From the perspective of Expectation Disconfirmation Theory (Oliver, 1997), service failure produces negative disconfirmation, which initiates customers' cognitive evaluation of the hospital's service performance.

Theoretically, this finding supports the integrative framework proposed by Kim, Wang, and Mattila (2010), which conceptualizes customer complaint behavior and service recovery as interrelated processes within a dynamic service recovery cycle. Recent studies published in leading journals have likewise demonstrated that service failure increases customers' intentions to complain, while the magnitude of this effect becomes stronger when customers perceive service recovery to be effective (Cheng et al., 2023; Gelbrich et al., 2022; Nguyen et al., 2021). Nguyen et al. (2021) further reported that justice-based service recovery significantly strengthens the relationship between service failure experiences and customers' behavioral responses. Similarly, Borah et al. (2020) found that transparent and empathetic recovery procedures increase customers' willingness to express complaints directly rather than engage in negative word-of-mouth communication. These findings indicate that service recovery functions not only as a corrective mechanism but also as a catalyst that encourages constructive customer complaint behavior.

Failure on Customer Satisfaction Through Customer Complaint Behavior

The hypothesis testing results indicate that service failure has a positive but statistically insignificant indirect effect on customer satisfaction through customer complaint behavior (CCB). This finding suggests that although higher levels of perceived service failure tend to increase patients' complaint behavior, the indirect pathway is not sufficiently strong to produce

a statistically significant change in customer satisfaction. In other words, customer complaint behavior alone does not adequately explain how service failure influences patients' overall satisfaction.

This finding is consistent with previous studies indicating that the consequences of service failure depend on customers' cognitive evaluations and the broader service context. Zhu, Sivakumar, and Parasuraman (2021) demonstrated that customers' responses to service failure are strongly influenced by causal attributions and institutional context. Likewise, Hien (2024) reported that customer complaint behavior may function as a participatory mechanism that does not necessarily reduce customer satisfaction, particularly in public service settings. Furthermore, Das, Mukherjee, and Smith (2025) argued that the effect of service failure on affective outcomes becomes weaker when customers continue to perceive high core service value despite experiencing service failures. Collectively, these findings support the interpretation that customer complaint behavior should not be regarded solely as a negative mediating mechanism; rather, its mediating role may be neutral and highly dependent on customers' evaluative processes and the service context.

Service Failure on Customer Satisfaction Through Service Recovery

The hypothesis testing results indicate that service failure has a positive and significant indirect effect on customer satisfaction through service recovery. This finding suggests that service failure does not necessarily lead to a permanent decline in customer satisfaction. Instead, its impact is transformed through an effective service recovery process, enabling the organization to restore customers' evaluations of the service experience. In other words, effective service recovery mitigates the negative consequences of service failure and contributes to higher levels of customer satisfaction.

This finding is supported by previous empirical studies. Borah et al. (2020) demonstrated that customers' perceptions of fairness during the recovery process significantly enhance post-recovery satisfaction, even following severe service failures. Similarly, Wei & Shi, (2024) reported that, within public service settings, the timeliness and empathy demonstrated during service recovery exert a greater influence on customer satisfaction than the severity of the initial service failure. More recently, Mirza et al, (2025) found that, in complex service environments, customers tend to evaluate organizations primarily on how effectively service failures are resolved rather than on the occurrence of the failures themselves. Collectively, these findings provide empirical support for the proposition that service recovery functions as a corrective mechanism capable of transforming negative disconfirmation into a positive relational evaluation, thereby restoring and enhancing customer satisfaction.

CONCLUSION

Based on the findings and discussion of this study, several conclusions can be drawn. Service failure has a positive and significant effect on customer complaint behavior, indicating that higher levels of perceived service failure increase patients' propensity to express complaints. Service failure also has a positive and significant effect on service recovery, suggesting that greater service failures stimulate stronger organizational recovery efforts. Although customer complaint behavior exhibits a positive relationship with customer satisfaction, the effect is not statistically significant, implying that complaint behavior alone does not directly enhance customer satisfaction unless it is followed by an effective recovery process.

The findings further demonstrate that service recovery has a positive and significant effect on customer satisfaction, confirming that fair, timely, and empathetic recovery efforts constitute a primary determinant of patients' satisfaction. Customer satisfaction, in turn, has a positive and significant effect on trust, indicating that satisfying healthcare experiences serve as the cognitive and affective foundation for developing patients' trust in the hospital. In addition, customer complaint behavior positively and significantly influences service recovery, highlighting that patient complaints function as an important trigger for organizational corrective actions. Conversely, service recovery also exerts a positive and significant effect on customer complaint behavior, suggesting a reciprocal relationship in which the quality of recovery influences patients' willingness to communicate complaints through formal channels.

The mediation analysis reveals that service failure has a positive and significant indirect effect on service recovery through customer complaint behavior, demonstrating that patients' complaints strengthen the relationship between service failure and organizational recovery efforts. Similarly, service failure positively and significantly affects customer complaint behavior through service recovery, confirming the dynamic interaction between recovery efforts and complaint behavior. However, the indirect effect of service failure on customer satisfaction through customer complaint behavior is positive but not statistically significant, indicating that complaint behavior alone is insufficient to improve customer satisfaction in the absence of effective service recovery. Finally, service failure has a positive and significant indirect effect on customer satisfaction through service recovery, confirming that service recovery represents the most effective mediating mechanism for transforming negative service experiences into restored customer satisfaction.

RECOMMENDATION

Based on these findings, several practical and research recommendations can be proposed. Hospital management should strengthen an integrated and responsive complaint management system, recognizing patient complaints as valuable opportunities for service improvement rather than threats to organizational reputation. Quality improvement initiatives should primarily focus on enhancing service recovery, particularly the dimensions of interactional and procedural justice. Accordingly, communication training that emphasizes empathy and patient-centered interactions should be prioritized for healthcare professionals and administrative staff.

Furthermore, the hospital should establish a comprehensive monitoring system to identify and mitigate potential service failures, particularly during periods of increased patient volume, thereby preventing service disruptions from escalating into patient dissatisfaction. Future research is encouraged to employ longitudinal research designs to examine the development of trust over time and to incorporate potential moderating variables, such as patients' demographic characteristics and health literacy, in order to provide a more comprehensive understanding of the relationships among the constructs investigated in this study.

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