

Healthcare service experiences: a customer-dominant review

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Abstract

Purpose – This paper aims to synthesise contemporary research on service experience, focusing on health care as a domain where experiences are consequential, emotionally charged and temporally layered. It integrates fragmented perspectives into a temporal and lifeworld-based understanding of patient value.

Design/methodology/approach – A critical integrative review traces the evolution of customer value and service experience perspectives within health care and beyond. The review compares service-dominant logic (SDL), service logic (SL) and customer-dominant logic (CDL), and integrates temporal mechanisms (value-as-experience, mental time travel and affective forecasting) to provide a coherent foundation for understanding healthcare journeys.

Findings – The synthesis clarifies how SDL provides systemic scope; SL explains interactional value creation and CDL situates value formation within the customer's lifeworld. Three temporal mechanisms add the time dimension. Value-as-experience conceptualises value as lived, remembered and imagined; mental time travel explains how patients revisit past encounters and simulate anticipated futures; affective forecasting shows how emotional expectations shape engagement and evaluation. These perspectives indicate that the patient's experience unfolds as an evolving narrative rather than as isolated events, continuously constructed, interpreted and revised across the journey.

Originality/value – The paper advances an integrative perspective connecting service logics with temporal mechanisms to explain how patients construct, interpret and revise value across the healthcare journey. It foregrounds memory, anticipation and reflection as central to value formation and outlines a research agenda for longitudinal, interpretive and patient-centred approaches.

Keywords Customer experience, Healthcare service experience, Service-dominant logic, Service logic, Customer-dominant logic, Value-as-experience, Mental time travel, Affective forecasting

Paper type Literature review

1. Introduction

Customer experience has become central to marketing and service research over the past four decades, recognised as a driver of evaluations, competitive advantage and organisational performance (Lemon and Verhoef, 2016; McColl-Kennedy *et al.*, 2018; Gustafsson *et al.*, 2024). More recent work extends this view by emphasising the increasingly relational, systemic and technology-mediated nature of service experiences, where interactions unfold



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across interconnected actors and platforms (Belghiti *et al.*, 2026; Henkens *et al.*, 2026). Increasingly, customers are understood not as passive recipients of firm offerings but as active sense-makers who interpret and integrate service within their own situations (De Keyser *et al.*, 2020; McGraw *et al.*, 2024). This shift has been shaped by three service perspectives. *service-dominant logic (SDL)* reframed value as emerging in use through systemic resource integration rather than being embedded in products (Vargo and Lusch, 2004, 2008). *service logic (SL)* clarified the relationship between provider facilitation and customer value creation, locating co-creation in the joint sphere of interaction (Grönroos and Voima, 2013). *customer-dominant logic (CDL)* situated value formation within customers' lifeworlds, where experiences are interpreted through personal histories, social contexts and ongoing life projects (Heinonen *et al.*, 2010; Voima *et al.*, 2010). At the same time, recent critiques highlight that dominant service perspectives have paid limited attention to issues such as power, labour and broader socio-economic structures, suggesting the need for more contextually grounded and experience-oriented approaches (Lajante, 2025).

Despite these advances, important limitations remain in interpreting experiences unfolding over time. Three issues are particularly salient. Firstly, SDL recognises that value is "phenomenologically determined by the beneficiary" (Vargo and Lusch, 2008, p. 7) yet offers limited insight into how such determinations evolve as circumstances change. Secondly, SL's tripartite model (provider sphere, joint sphere, customer sphere) clarifies how roles are distributed in value formation, but gives analytical priority to the interaction moment, leaving the reinterpretation of experience beyond the encounter less clearly specified (Grönroos and Voima, 2013). Thirdly, CDL recognises that value may emerge through mental use, including recalling past experiences and imagining future possibilities, but does not elaborate on the cognitive mechanisms through which individuals move between remembered pasts and anticipated futures when forming interpretations (Heinonen and Strandvik, 2015). These limitations become more pronounced in contemporary service environments characterised by digital mediation, distributed interactions and evolving actor roles, where value formation is increasingly fluid and difficult to capture through static models (Belghiti *et al.*, 2026).

Healthcare makes these limitations particularly visible. Unlike discretionary services, healthcare is often experienced under conditions of vulnerability, uncertainty and dependence (Berry and Bendapudi, 2007; Danaher and Gallan, 2016). Patients do not simply receive care and form evaluations; they actively engage with providers, family members and others in their social context in ways that shape value formation (McColl-Kennedy *et al.*, 2017b). Recent evidence also points to persistent challenges in healthcare quality and safety systems, including variability in reporting practices and compliance, which further shape how patients interpret and evaluate their experiences (Kwaffo and Adomah-Afari, 2025). Experiences extend beyond the encounter as symptoms evolve, diagnoses change and possible future outcomes are anticipated (Helkkula *et al.*, 2012; Carlini *et al.*, 2024). A consultation that initially feels reassuring may later be reassessed negatively if symptoms persist, while a difficult interaction may acquire value if it prepares the patient for later challenges. In this context, value is not fixed at the moment of encounter but develops through ongoing interpretation across time.

Addressing these limitations requires integrating conceptual mechanisms that explain how value forms before, during and after service encounters. Three complementary streams of research provide such mechanisms, each illuminating a distinct temporal dimension of value formation. The *value-as-experience (VALEX)* perspective, developed within service marketing, conceptualises value as lived, remembered and imagined, with both positive and negative valences emerging across time rather than at discrete moments (Helkkula *et al.*, 2012).

Mental time travel (MTT), originating in cognitive psychology, explains the capacity to mentally reconstruct past events through episodic memory and to pre-experience possible futures through episodic foresight (Tulving, 1985; Suddendorf and Corballis, 2007). *Affective forecasting* addresses a related but distinct process by explaining how individuals anticipate their future emotional states, often with systematic biases that influence expectations, decision-making and subsequent evaluations (Wilson and Gilbert, 2003; Lajante *et al.*, 2022). Insights from platform-based services further suggest that perceptions of service quality, recovery and system reliability influence users' willingness to engage in value co-creation over time (Fazel Dehkordi and Nasr, 2025), reinforcing the need to understand how expectations and experiences evolve across service episodes. In healthcare contexts, patients anticipate how they may feel after treatment, during recovery or when receiving difficult information and these expectations shape engagement, adherence and satisfaction. Together, these mechanisms offer complementary insight: VALEX provides a value-theoretical foundation for understanding experience across time, MTT explains how individuals cognitively access past and future experiences and affective forecasting clarifies how anticipated emotions influence interpretation before and after care encounters. No single perspective captures this full range, which justifies integrating all three.

At the same time, current service research does not sufficiently explain how patients construct value across the pre-service, encounter and post-service phases of care, nor why interpretations change as experiences accumulate. The temporal mechanisms underlying anticipation, lived experience and retrospective reinterpretation have rarely been systematically integrated with service perspectives. As a result, existing studies often capture static evaluations rather than dynamic processes (Lemon and Verhoef, 2016; Becker and Jaakkola, 2020; Danaher *et al.*, 2024). Cross-sectional measurements of satisfaction immediately following consultations provide only a snapshot of evaluation, overlooking the anticipatory emotions that influence engagement, the reinterpretations that occur during recovery and the recursive influence of prior experiences on future expectations (e.g. McColl-Kennedy *et al.*, 2025). This gap is further amplified by the growing role of AI-enabled service interactions, such as voice agents, which introduce new forms of communication and reshape how experiences are constructed and interpreted over time (Henkens *et al.*, 2026).

This article aims to address the identified conceptual gap and decode how value is constructed along the patient's journey through a narrative synthesis of service experience research, with healthcare as its focal domain. It makes three significant contributions to extant literature. Firstly, it traces the development of SDL, SL and CDL, clarifying their distinctive insights while identifying their limitations in explaining how experiences evolve over time. Secondly, it integrates VALEX, MTT and affective forecasting to explain how value is constructed through anticipation, lived interaction and retrospective interpretation across phases of the healthcare journey. Thirdly, it develops a conceptual framework positioning the patient experience at the intersection of service perspectives and temporal mechanisms. The framework provides a foundation for longitudinal and interpretive empirical research, examining how value is reinterpreted across service episodes and accommodates emerging forms of service interaction, including digitally mediated and AI-supported care.

The remainder of the article is structured as follows. Section 2 outlines the review approach and justifies the methodological choices guiding the synthesis. Section 3 presents the theoretical underpinnings that emerged from the analysis, covering three service perspectives (SDL, SL, CDL) and three temporal mechanisms (VALEX, MTT, affective forecasting). Section 4 develops the integrated perspective linking service logics and

temporal mechanisms. Section 5 applies this perspective to healthcare service experiences across pre-service, encounter and post-service phases. Section 6 outlines a research agenda. Section 7 discusses theoretical implications and limitations. Section 8 concludes.

2. Review approach

The guiding research scope of this study is to integrate extant literature and develop a temporally grounded conceptual framework explaining how patients construct, interpret and revise value across the healthcare journey. To achieve this objective, the study adopts a critical integrative review approach to examine how value is constructed and reinterpreted across healthcare service experiences. Integrative reviews are particularly suited to synthesising diverse theoretical perspectives and developing new conceptual frameworks, especially when research streams have evolved in parallel and remain only loosely connected (Whittemore and Knaf, 2005; Snyder, 2019; Cronin and George, 2023). More recent applications in service research further highlight the value of integrative approaches for advancing theory in complex, multi-actor and multidisciplinary domains where conceptual fragmentation persists.

This approach was selected over systematic and bibliometric review methods for two main reasons. Firstly, the aim of this study is not to exhaustively catalogue empirical findings, but to develop a theoretically grounded integration linking service perspectives and temporal mechanisms. Secondly, the relevant literature spans multiple disciplines, including service marketing and cognitive psychology, making interpretive synthesis more appropriate than procedural aggregation alone. In contrast to systematic reviews that prioritise transparency and replicability and bibliometric reviews that map intellectual structures, integrative reviews allow for deeper conceptual development and theory building, which is central to the objectives of this study. Table 1 summarises key differences between review methodologies and demonstrates the suitability of an integrative approach for this study.

Searches were conducted in Scopus, Web of Science and Google Scholar using combinations of keywords including service experience, customer experience, patient experience, patient journey, service journey, value creation, value co-creation, value formation, value-in-use, temporality, memory, anticipation and remembered experience. To ensure the review reflects recent developments, particular attention was given to studies published in the past decade, while also retaining seminal contributions that have shaped the field. The initial search identified 184 records. Backward and forward citation tracing identified an additional 36 relevant contributions, resulting in a total pool of 220 records prior to screening.

Titles and abstracts were screened for relevance to temporally embedded service experience. Studies were included when they provided theoretical insight into value construction, experience processes or temporal dynamics. This screening resulted in 92 papers being retained for full-text assessment. All 92 papers were reviewed in full, after which 64 articles were retained for the final synthesis based on their theoretical relevance and direct contribution to understanding temporally embedded healthcare experiences. Selection prioritised conceptual depth, theoretical contribution and relevance to the study's focus on value formation across time.

Studies were excluded when they adopted a predominantly provider-centric perspective, focused primarily on clinical outcomes or used experience and temporality only as descriptive labels without conceptual development. Customer experience management (CEM) research was excluded because it remains largely firm-centric, emphasising how organisations design and manage experiences rather than how customers construct meaning (Schmitt, 1999; Homburg *et al.*, 2017). Transformative service research (TSR) was also excluded because, although highly relevant to healthcare contexts, its primary focus on

Table 1. Comparison of review methodologies and suitability for this study

Analytical dimension	Systematic review	Bibliometric review	Integrative review
Primary aim	Systematically identify, appraise and synthesise evidence addressing a defined research question	Map structural patterns, citation networks, co-authorship networks, co-citation structures across a field	Synthesise diverse theoretical perspectives to identify gaps and develop conceptual frameworks across domains
Epistemological orientation	Predominantly positivist; prioritises replicability and procedural transparency	Quantitative and descriptive; focuses on structural patterns rather than theoretical meaning	Interpretive; prioritises theoretical coherence and conceptual contribution
Selection logic	Predefined inclusion and exclusion criteria applied uniformly across all retrieved records	Citation metrics, co-authorship patterns, co-citation structures and keyword co-occurrence	Theoretical relevance, conceptual significance and contribution to the integrative argument
Type of synthesis	Aggregative; findings are pooled or meta-analysed	Structural and visual; produces maps, clusters and trend analyses	Interpretive; concepts are compared, contrasted and reconfigured across studies and disciplines
Disciplinary scope	Typically confined to a single field or well-defined literature	Single or multiple fields, depending on the corpus	Explicitly cross-disciplinary; suited to integrating literatures that have evolved in parallel
Transparency mechanism	PRISMA flow diagrams, protocol registration and inter-rater reliability checks	Bibliometric software producing citation maps and co-occurrence networks	Audit trail with dated memos, inclusion/exclusion logs and concept matrices
Output	Empirical summary with effect sizes or thematic aggregation	Structural map of field development and intellectual structure	Conceptual framework or theoretical contribution grounded in cross-field synthesis
Suitability for this study	Low: the study does not aim to catalogue empirical findings but to integrate theoretical perspectives across disciplines	Low: the study does not aim to map citation structures but to develop a temporally grounded conceptual framework	High: enables cross-disciplinary synthesis across service marketing and cognitive psychology, supporting a processual understanding of patient value formation

Note(s): Elaborated by the authors based on [Whittemore and Knafl \(2005\)](#), [Snyder \(2019\)](#) and [Cronin and George \(2023\)](#)

wellbeing outcomes and service system design does not explicitly address the cognitive and temporal mechanisms through which value is constructed and revised (Ostrom *et al.*, 2010, 2015). This delimitation ensures analytical consistency with the customer-dominant and temporally grounded perspective adopted in this study.

The analysis followed an iterative, theory-driven process. Articles were examined to identify how they conceptualised value, experience and temporality. Concepts were compared across studies and grouped into recurring themes through constant comparison. The review identified three dominant service perspectives, SDL, SL and CDL, which consistently recur as foundational lenses for understanding value formation in service research. At the same time, the analysis revealed a shared limitation across these perspectives: while each provides insight into how value emerges in context, none sufficiently explains how value is revised over time as experiences accumulate.

Complementing these perspectives, the analysis also identified three temporal mechanisms, VALEX, MTT and affective forecasting, as particularly relevant for explaining how value is anticipated, experienced and reinterpreted across time. These themes were systematically compared to identify complementarities, tensions and conceptual gaps, forming the basis for the integrated perspective developed in Section 4. Together, this approach enables a structured yet flexible synthesis that connects service theory with temporality and supports the development of a process-oriented understanding of healthcare service experiences.

3. Emerged theoretical underpinnings

The core theoretical frameworks related to customer experience that emerged from the analysis are presented below. This section traces the evolution from traditional value models to contemporary service perspectives, showing how each advance moved scholarship towards a lifeworld-based understanding of value that increasingly incorporates temporality. In doing so, it also reflects more recent developments in service research that emphasise relational, systemic and dynamic configurations of value creation across actors and contexts (Belghiti *et al.*, 2026). It then turns to three temporal mechanisms that account for how value is anticipated, lived and reinterpreted across time. These perspectives offer complementary views on where value forms, how actors contribute and how experiences are interpreted.

3.1 Value models and service perspectives

Early conceptualisations positioned value as a rational calculation of benefits and sacrifices, or as a structured hierarchy of goals, attributes and consequences (Monroe, 1990; Gale and Wood, 1994; Zeithaml, 1988). These approaches assumed that value could be predefined, measured objectively and captured at a single point in time. Table 2 summarises these traditional models and their underlying assumptions. While foundational, such frameworks could not account for contexts where value judgments shift as circumstances change. As service contexts became more complex and relational, researchers increasingly questioned these assumptions, leading to the emergence of three perspectives: SDL, SL and CDL. Each of the three perspectives offers a distinct, though partially overlapping, account of where value forms, what role firms play and how customers interpret experiences.

Across SDL, SL and CDL, value has been consistently framed as value-in-use, emerging through resource integration and interaction rather than residing in outputs (Vargo and Lusch, 2016; Grönroos, 2011; Heinonen *et al.*, 2010; Di Pietro *et al.*, 2025). More recent developments extend this view by emphasising that value formation is not only interactional but also relational and continuously evolving, shaped through ongoing connections among actors within service systems (Belghiti *et al.*, 2026).

Table 2. Traditional approaches to customer value: assumptions, strengths, limitations and relevance for health care

Approach	Core concept	Key value dimensions	Strengths	Limitations	Relevance for health care
Benefit – sacrifice trade-off (Gale and Wood, 1994; Monroe, 1990; Zeithaml, 1988)	Value is a ratio of benefits received relative to sacrifices made (price, time, effort)	Functional utility, performance, monetary and non-monetary costs	Simple, managerially intuitive; suitable for benchmarking	Overly rational; ignores emotions, vulnerability, context; typically treated as stable and assessed at discrete points rather than across evolving experience	Cannot capture fear, anxiety, uncertainty or vulnerability, which dominate pre-service and in-encounter healthcare experiences
Means – end hierarchy (Gutman, 1982; Woodruff, 1997)	Value arises from links between service attributes, use consequences and higher-order goals	Attributes → consequences → personal values	Connects service design to personal meaning; goal-oriented	Linear and cognitively structured; underrepresents emotion, embodiment and temporal reinterpretation	Misaligned with emotionally charged and non-linear patient journeys; patients often cannot articulate goal hierarchies during stress or illness
Multidimensional models (Holbrook, 1994; Sheth <i>et al.</i> , 1991; Sweeney and Soutar, 2001)	Value comprises functional, emotional, social, epistemic and conditional elements	Functional, emotional, social, epistemic and experiential dimensions	Captures symbolic, experiential and affective dimensions	Conceptually broad; operationalisation challenges; typically applied cross-sectionally, offering limited insight into how value is revised over time	Captures some emotional elements but fails to address evolving interpretations, temporality and post-service meaning-making critical in health care

Although the three converge on value-in-use, each foregrounds a different analytical level. CDL centres the micro level, where value is realised in customers' practices and lived experiences (Heinonen *et al.*, 2010). SL concentrates on the meso level, where value forms through direct and indirect interactions between providers and customers (Grönroos, 2011). SDL, particularly after its 2016 extension, gives prominence to the macro level, where institutions and institutional arrangements coordinate resource integration across service ecosystems (Vargo and Lusch, 2016). Taken together, these perspectives span the micro to macro range and have shifted the field from firm-centric, transactional views towards relational and experiential understandings of value (McCull-Kennedy *et al.*, 2015). At the same time, recent critiques note that these perspectives have tended to underemphasise broader contextual factors, including power relations and socio-economic structures, which can shape how value is experienced and interpreted (Lajante, 2025).

None of the three, however, has fully theorised how value is revised over time. Temporality is implicit in their emphasis on evolving practices and changing contexts, yet the mechanism of revision remains under-specified. This limitation becomes particularly salient in contemporary service environments characterised by digital mediation, extended service journeys and distributed interactions across multiple actors, where value is continuously reconstructed rather than formed at discrete moments (Belghiti *et al.*, 2026; Henkens *et al.*, 2026).

For example, consider a patient who consults a specialist for persistent symptoms. The physician listens, orders diagnostic tests and explains that results will take approximately two or more weeks. Immediately afterward, the patient feels satisfied with the consultation. Three weeks later, with no follow-up and worsening symptoms, the patient recalls the same consultation less favourably. Two months later, after treatment is eventually successful, the patient may again revise the evaluation, recognising that the careful diagnostic approach contributed to an accurate diagnosis. The value of this single encounter has been interpreted differently at multiple points in time, illustrating how experience is not fixed but continuously reconstructed. Such temporal variability highlights the need to move beyond static conceptualisations of value and motivates the following sections, which examine how each service perspective accounts, or fails to account, for this process of ongoing revision.

3.1.1 Service-dominant logic (SDL). The emergence of SDL by Vargo and Lusch (2004, 2016) marked a significant reorientation in service research. Rejecting the goods-dominant view that value resides in products, SDL argued that service, defined as the application of specialised competences for the benefit of another, is the fundamental basis of exchange. Goods were reframed as vehicles for service provision, placing customer value at the centre of economic activity. A central tenet is that value is not delivered by firms but co-created during use. Value-in-use became foundational: value is determined by the customer in application rather than at the point of transaction (Lusch *et al.*, 2007). As Vargo and Lusch (2008, p. 7) explained, "value is always uniquely and phenomenologically determined by the beneficiary," meaning it is idiosyncratic, contextual and meaning-laden. Scholars have since emphasised that value is subjective, context-specific and co-created by multiple actors (Akaka and Vargo, 2015; Akaka *et al.*, 2015; Jaakkola *et al.*, 2015). More recent developments further extend this view by conceptualising value creation as embedded within ongoing, relational configurations among actors, rather than isolated interactions (Belghiti *et al.*, 2026). These distinctions between value-in-exchange and value-in-use are illustrated in Table 3.

Over time, SDL developed from a logic for understanding value creation into a paradigm and subsequently into a more abstract framework for analysing markets and service ecosystems (Vargo and Lusch, 2004, 2008, 2016). In their synthesis of this development, Vargo and Lusch (2016) condensed the original 11 premises into five axioms: service is the

Table 3. Evolution from value-in-exchange to value-in-use: key distinctions and healthcare implications

Dimension	Value-in-exchange	Value-in-use
Definition	Value is embedded in products/ services and realised at the moment of transaction	Value emerges through usage, interpretation and contextual integration over time
Temporal focus	Instantaneous; point of purchase or delivery	Processual; unfolding across pre-service, encounter and post-service phases
Role of customer	Passive recipient of firm-created value	Active agent integrating resources, experiences and contexts
Locus of control	Provider-centric: firm determines value proposition and delivery	Phenomenologically determined by the customer: value emerges within the customer's lifeworld through use, interpretation and context integration
Nature of value	Functional, utilitarian, price/quality ratio	Experiential, emotional, contextual, dynamic
Methodological fit	Cross-sectional surveys; satisfaction metrics; transactional evaluations	Longitudinal, interpretive, phenomenological and temporally sensitive methods
Implications for health care	Struggles to capture vulnerability, anticipatory emotions, trust, temporal reinterpretation or long-term meaning in patient journeys	Aligns with lived healthcare experience: explains evolving evaluations, memory, anticipation and emotional meaning-making

Source(s): Smith (2000), Zeithaml (1988), Chandler and Vargo (2011), Grönroos and Voima (2013), Heinonen and Strandvik (2015), Medberg and Grönroos (2020), Nariswari and Vargo (2024)

basis of exchange, value is co-created by multiple actors, actors are resource integrators, value is phenomenologically determined by the beneficiary and co-creation is coordinated by institutions. This ecosystem view shifted attention to institutional and systemic conditions, portraying markets as networks of resource-integrating actors rather than dyadic exchanges. At the same time, emerging research highlights how digital technologies and AI-enabled interfaces increasingly mediate these interactions, reshaping how actors integrate resources and experience value across service systems (Henkens *et al.*, 2026).

Despite its influence, SDL has been critiqued for abstraction and ambiguity. Its macro-level focus on ecosystems and institutions provides breadth but obscures the micro-level processes through which customers experience value (Grönroos, 2008; Grönroos and Ravald, 2011; Grönroos and Gummerus, 2014). The broad claim that “value is co-created” has been seen as too general, offering limited precision about how value unfolds in customers' lifeworlds. More recent critiques further argue that SDL pays limited attention to structural conditions such as power, labour and socio-economic context, which may shape how value is experienced and evaluated (Lajante, 2025).

For the present argument, a further limitation is particularly relevant: SDL's claim that value is phenomenologically determined by the beneficiary does not address what happens when that determination changes. The patient who evaluates a consultation positively immediately afterward but negatively three weeks later has determined value twice, differently. SDL acknowledges this subjectivity but offers no mechanism for understanding how value is revised as contexts evolve. While SDL's ecosystem perspective captures temporal dynamics at the macro level through institutional change and network evolution, it does not specify the micro-level cognitive processes through which individual customers revise value. These gaps motivated alternative perspectives, beginning with SL.

3.1.2 *Service logic (SL)*. In parallel to SDL, Grönroos (2006, 2011) advanced SL to provide a more explicit account of how value formation occurs through interaction between providers and customers. While SDL conceptualises value as co-created through the participation of multiple actors integrating resources, SL specifies how value formation unfolds by distinguishing between provider, joint and customer spheres (Grönroos and Voima, 2013). SL presents a tripartite model of value formation: the provider sphere, the customer sphere and the joint sphere. In the provider sphere, firms design and deliver value propositions that hold potential but not value itself. In the customer sphere, individuals create value-in-use as they interpret and apply resources in their own contexts. Co-creation occurs only in the joint sphere when provider and customer interact directly. In such interactions, the provider's service process and the customer's value-creating process may merge into one interactive, collaborative and dialogical process, forming a platform of co-creation (Grönroos and Gummerus, 2014). This interactional emphasis has been further extended in recent research that highlights how value emerges through ongoing relationships rather than isolated encounters, reinforcing the importance of sustained interaction over time (Belghiti et al., 2026).

This distinction countered the tendency to label all processes as co-creative and offered clearer boundaries between actors. SL also emphasised temporality: value unfolds during use, not at exchange, with the quality of direct interaction shaping how that unfolding proceeds. Dialogue, trust and relational dynamics are central to outcomes (Grönroos, 2011) and customers may also create value independently through physical, virtual or imagined engagement with resources (Voima et al., 2010; Epp and Price, 2011). SL clarified the boundary between provider facilitation and customer creation, and its emphasis on dialogue and trust brought relational dynamics into focus. At the same time, contemporary service contexts increasingly involve digitally mediated and hybrid interactions, where engagement extends beyond direct encounters and unfolds across platforms and interfaces (Henkens et al., 2026). Yet SL's explanatory strength remains concentrated in the joint sphere, the moment of direct interaction. What happens when the patient leaves the consultation is largely outside SL's scope. The patient who evaluates the encounter favourably during the visit but reassesses it negatively weeks later, at home with worsening symptoms, is forming value in the customer sphere. SL offers limited insight into how this retrospective process operates. The framework acknowledges that value unfolds during use, but "use" remains tied to engagement with resources rather than the mental processes of remembering and reinterpreting. This limitation opened the way for CDL, which places the customer's lived world and sense-making at the centre of value formation.

3.1.3 *Customer-dominant logic (CDL)*. CDL begins from the customer's own reality, where value emerges in customers' contexts rather than being delivered by firms (Voima et al., 2010). Building on Holbrook and Hirschman's (1982) experiential turn, its foundation is interpretive and phenomenological, recognising that value is socially experienced and meaning-laden rather than confined to perceptions of firm actions. A central premise is that value formation is not always conscious or active. It may emerge passively as customers embed experiences in everyday life. This broadens value beyond products and services to include social, emotional, physical and mental contexts. CDL shifts attention from "living through" isolated interactions to "living" within a broader ecosystem, where value links to ongoing projects and relationships (Voima et al., 2010). In this sense, value is continuously shaped through situated practices and evolving life contexts rather than discrete service encounters.

The concept of "use" extends beyond consumption to include mental use, such as recalling past events or imagining future ones. Everyday experiences shaped by family, friends or social groups can be as significant as extraordinary or staged ones and it is often

within these ordinary contexts that patients discuss, reflect on and revise their evaluations of care (Lipkin and Heinonen, 2022; Mickelsson *et al.*, 2022). Heinonen and Strandvik (2015) further distinguished between the provider's service context, the joint interaction context and the customer's own context, spanning pre-service, service and post-service phases as well as remembered and anticipated futures. Concepts such as value-in-life and value *ex situ* highlight how offerings support life projects and identities, even when detached from direct use (Arantola-Hattab, 2015; Heinonen, 2023). Recent discussions also suggest that understanding value in such contexts requires greater attention to how broader social and institutional conditions shape lived experiences and interpretations (Lajante, 2025).

CDL offers the most developed account of value as lifeworld-embedded and explicitly recognises "mental use" as integral to value formation (Heinonen and Strandvik, 2015). Yet while CDL acknowledges that customers recall past events and imagine future ones, it does not explain the cognitive mechanisms through which these processes operate. CDL describes what patients do; it does not draw on psychological research to explain how episodic memory reconstructs past encounters, how foresight simulates future scenarios or how emotional predictions shape anticipation. In increasingly digital and mediated service environments, where interactions may be fragmented across time and channels, this limitation becomes more pronounced, as value is shaped not only through direct interaction but also through reflection, anticipation and reinterpretation across contexts.

The following section introduces three such mechanisms that have emerged from the analysis: VALEX, MTT and affective forecasting. Each explicitly accounts for how value is constructed, revisited and revised across the healthcare journey.

3.2 Temporal mechanisms: VALEX, MTT and affective forecasting

VALEX, MTT and affective forecasting together provide the conceptual tools needed to explain how patients construct, revise and reconstruct value across the healthcare journey. The three perspectives are briefly presented below.

3.2.1 *Value-as-experience (VALEX)*. The VALEX perspective, developed by Helkkula *et al.* (2012), reconceptualises value as an experiential phenomenon that unfolds across past, present and future rather than forming at discrete moments. It challenges the assumption that value is created only during use or interaction with a provider. Value is not confined to single encounters or outcomes but is continuously constructed through customers' sense-making. A key contribution of VALEX is its dual emphasis on intra-subjective and intersubjective dimensions. At the intra-subjective level, value emerges through individual reflection, emotion and interpretation. At the intersubjective level, it is shaped by social narratives, cultural frames and shared meanings. Extending the lifeworld orientation of CDL, VALEX highlights that value does not simply reside in use but is embedded in customers' broader lives and contexts. Services are woven into personal narratives that span past experiences, present encounters and anticipated futures, carrying both positive and negative valences (Helkkula *et al.*, 2012; Medberg and Grönroos, 2020). This dual valence is significant because retrospective reinterpretation may shift an experience from positive to negative, or the reverse, as circumstances change. Building on CDL's emphasis of everyday contexts, VALEX makes visible the subtle ways value emerges outside firm-controlled interactions or touchpoints, often through ongoing sense-making rather than point-in-time evaluations (Heinonen *et al.*, 2010).

VALEX helps explain why the consultation that felt satisfactory immediately afterward was evaluated differently three weeks later. The patient did not simply "use" the service and form a judgment; rather, the experience became embedded in an evolving narrative shaped by subsequent symptoms, conversations with family and anticipation of future outcomes.

Value was not determined once but lived, remembered and reinterpreted across time. VALEX provides a richer conceptualisation of value as temporal and experiential. Yet while it describes what value is and where it resides, it is less specific about the mechanisms through which customers mentally navigate across these timeframes. This gap points to the relevance of cognitive psychology, particularly MTT.

3.2.2 *Mental time travel (MTT)*. MTT describes the human capacity to re-live past events and pre-live imagined futures (Tulving, 1985; Suddendorf and Corballis, 2007). It comprises two related processes: episodic memory, which allows individuals to recall experiences located in subjective time and place and episodic foresight, which constructs possible future scenarios. Individuals routinely “pre-experience” future events by simulating them mentally, a capacity Gilbert and Wilson (2007) term “prospection”. Research in cognitive psychology and neuroscience has shown that remembering and imagining rely on overlapping neural mechanisms and serve adaptive functions: memory provides lessons from prior experiences, while foresight enables anticipation and planning (Sant’Anna et al., 2020; Schacter et al., 2012).

In service contexts, MTT explains how experiences extend beyond the moment of encounter. Customers do not evaluate services in isolation; they draw on recollections of past encounters and projections of future ones. Research shows that positive episodic memories can trigger MTT and influence loyalty, learning and decision-making (Barhorst et al., 2023). A patient may recall the empathy shown in a previous consultation when deciding whether to trust the same physician again or may imagine how a proposed treatment will unfold when evaluating current recommendations. MTT provides the cognitive mechanism for VALEX’s claim that value is constituted through remembered, present and anticipated experience. The patient who initially evaluated the consultation positively was not simply satisfied; the encounter was encoded in episodic memory alongside contextual details, emotions and expectations. When symptoms worsened three weeks later, the patient re-lived the consultation through memory, reinterpreting the physician’s reassurance in light of new circumstances. Six months later, after successful treatment, the patient again retrieved and reframed the memory. Each reinterpretation involved MTT: mentally travelling back to the consultation and re-experiencing it from a changed perspective. MTT thus explains how patients revisit past experiences and construct future scenarios. Yet episodic foresight focuses on what might happen rather than how one will feel when it does. Patients do not merely imagine future events; they anticipate emotional responses to treatment, recovery or receiving results. These anticipatory emotions shape decisions and evaluations before encounters occur. This leads to affective forecasting.

3.2.3 *Affective forecasting*. Affective forecasting refers to the process by which individuals predict their future emotional states (Wilson and Gilbert, 2003). It addresses a question distinct from MTT: not simply what future events might occur, but how one will feel when they do. Research has shown that affective forecasts are often inaccurate, subject to systematic biases including overestimation of the intensity and duration of emotional reactions (Wilson and Gilbert, 2003). Despite these inaccuracies, affective forecasts shape decisions and behaviour because individuals act on what they expect to feel rather than what they will actually feel.

In healthcare, affective forecasting is particularly consequential. Patients anticipate how they will feel after surgery, during treatment or when receiving a diagnosis. These anticipated emotions often occur before the encounter and shape motivation, anxiety, willingness to engage and perceived value (Lajante et al., 2022; Karl et al., 2021, 2023). A patient who forecasts severe distress may delay seeking care; one who forecasts rapid recovery may underestimate the support needed during rehabilitation. Affective forecasting explains why

two patients with similar clinical conditions may respond differently depending on how they emotionally simulate the upcoming experience. Affective forecasting complements MTT by specifying the emotional dimension of future-oriented thinking. While MTT explains how patients construct scenarios of future events through episodic foresight, affective forecasting explains how they predict their emotional responses to those events. Together with VALEX, these perspectives account for how value is shaped by remembered experiences, anticipated events and forecasted emotions. Before the initial consultation, the patient likely engaged in affective forecasting, predicting how receiving the diagnosis would feel and anticipating emotional responses to possible outcomes. These forecasts shaped expectations and influenced how the actual encounter was experienced. When symptoms worsened three weeks later, the patient not only remembered the consultation through episodic memory but also generated new affective forecasts about future decline or recovery. The interplay of memory, anticipation and emotional forecasting contributed to the shifting evaluations observed across time.

Overall, VALEX, MTT and affective forecasting supply the mechanisms that service perspectives lack. VALEX locates value in lived, remembered and imagined experience; MTT explains how customers mentally navigate between past and future; affective forecasting specifies how anticipated emotions shape engagement and evaluation.

4. Integrated perspective: service logics and temporal mechanisms

In light of this study's analysis, an integrated perspective that combines service logics (SDL, SL, CDL) with temporal mechanisms (VALEX, MTT and affective forecasting) is proposed to explain how patients construct, interpret and revise value across the healthcare journey. While service logics specify where and how value emerges within service systems and customer contexts, temporal mechanisms explain how value is experienced, revisited and transformed across time. Their integration enables a processual understanding of value that unfolds across pre-service, encounter and post-service phases.

4.1 Integration across temporal phases

The healthcare journey can be understood as a sequence of interconnected phases in which value is not fixed but is continuously constructed and revised. In the pre-service phase, patients anticipate future encounters, imagine possible outcomes and form expectations. SL and SDL address this phase only from the provider side, through the preparation of resources and the crafting of value propositions, respectively (Grönroos, 2011; Vargo and Lusch, 2016). CDL, by contrast, provides a foundation on the customer side by situating value within the patient's lifeworld, where concerns, prior experiences and social influences shape interpretation (Heinonen *et al.*, 2010). MTT extends this by explaining how patients project themselves into possible futures through episodic foresight, constructing scenarios about diagnosis, treatment and recovery. Affective forecasting complements this by specifying how patients anticipate their emotional responses to these scenarios. Taken together, these perspectives explain how value begins to form before any direct interaction occurs, as patients interpret forthcoming care in relation to their broader life context.

In the service encounter phase, value emerges through direct interaction between patients and providers. SL is particularly relevant here, as it clarifies the roles of provider facilitation and patient value creation within the joint sphere (Grönroos, 2011). SDL complements this by situating the encounter within a wider service ecosystem, where resource integration involves multiple actors and is shaped by institutional arrangements that extend beyond the immediate dyad (Vargo and Lusch, 2016). VALEX extends both perspectives by emphasising that value during the encounter is not limited to observable interaction but is

simultaneously lived and interpreted by the patient. The experience is shaped not only by what occurs in the consultation but also by how it connects to prior expectations and anticipated futures.

In the post-service phase, patients revisit and reinterpret their experiences. This is the phase where the three foundational perspectives converge most directly on value-in-use. SL treats it as value realised and evaluated by the customer after interaction, within the customer sphere (Grönroos, 2011; Grönroos and Voima, 2013). SDL similarly positions value-in-use as phenomenologically determined by the beneficiary, a determination that consolidates in the post-encounter moment (Vargo and Lusch, 2016). CDL deepens this account by embedding value in the patient's ongoing life context, where experiences are discussed, reflected upon and integrated into broader narratives (Heinonen *et al.*, 2010). MTT explains how patients return to past encounters through episodic memory, reconstructing them in light of new information, such as symptom progression or treatment outcomes. VALEX captures how value is re-lived and re-evaluated across time, while affective forecasting continues to shape expectations about future health states. Through these processes, the same encounter may be evaluated differently at different points in time, showing that value is continuously revised rather than determined once.

Beyond these phases, emerging AI-mediated interactions, such as voice agents and digital interfaces, further extend the temporal and interpretive nature of healthcare service experiences. Unlike traditional encounters, these interactions may occur repeatedly across the patient journey, shaping how patients anticipate, experience and later reinterpret care. From a temporal perspective, AI-mediated touchpoints influence all three mechanisms: they contribute to anticipated scenarios in the pre-service phase, shape lived interaction during encounters and become part of episodic memory and retrospective evaluation in the post-service phase. In this way, AI does not replace human interaction but becomes embedded within the processes through which value is constructed and revised over time (Henkens *et al.*, 2026).

It becomes clear that this integrated perspective provides a more complete explanation of how value is constructed and revised across the healthcare journey. This is depicted in Figure 1.

Figure 1 presents the integrated framework developed in this paper. At its core, three overlapping circles depict the foundational perspectives: CDL, positioned at the top, captures the patient's lifeworld and sense-making; SDL, on the lower left, represents resource integration and the systemic view of actor networks; and SL, on the lower right, foregrounds provider-patient interaction. Their shared centre marks the space where the perspectives converge on the patient's service experience and value co-creation. Above the circles, a temporal arc spans past, present and future, signalling that value is constructed across time rather than at a single point. The three mechanisms are positioned along this temporal flow: VALEX on the left, capturing value as lived, remembered and imagined; MTT at the apex, linking episodic memory and foresight; and affective forecasting on the right, accounting for anticipated emotions across pre- and post-service. The three phase strips at the base (pre-service anticipation, service encounter interaction and post-service reflection) anchor the framework to the healthcare journey, while the dashed lines running between the centre and the phase strips indicate that value is continuously constructed, interpreted and revised as the patient moves through each phase.

4.2 Complementarities between perspectives

The integration of service logics and temporal mechanisms reveals their complementary roles. Although SDL, SL and CDL differ in their analytical starting points, emphasising

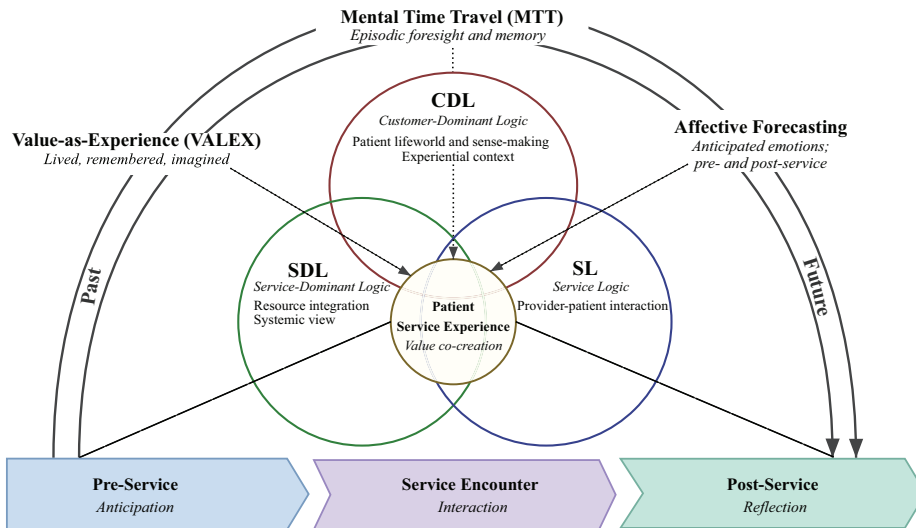


Figure 1. Integrated framework of healthcare service experiences

service ecosystems, interaction processes and customers' lifeworld contexts, respectively, they share the common aim of explaining how value emerges beyond firm-centric exchange. Across these perspectives, value is consistently understood as emerging in use through interactions among multiple actors, rather than being embedded in outputs. All three emphasise that value is shaped within broader contexts of practice and experience, even though they differ in how strongly they foreground networks, interactions or customers' lifeworlds. Service logics provide structural and relational insight. SDL situates value within networks of resource-integrating actors, highlighting the systemic conditions of value creation. SL emphasises how value emerges through direct interaction and distinguishes between provider and customer roles. CDL extends this by embedding value within the customer's lifeworld, recognising that experiences are shaped by broader social and personal contexts. Alongside this, temporal mechanisms provide processual and cognitive insight. VALEX conceptualises value as lived, remembered and imagined experience. MTT explains how individuals mentally navigate across time through memory and foresight. Affective forecasting specifies how anticipated emotions influence expectations, decisions and evaluations. Together, these perspectives explain both where value forms and how it changes over time. Service logics identify the contexts and interactions in which value emerges, while temporal mechanisms explain how patients interpret, anticipate and revise those experiences across time.

4.3 Joint contribution to healthcare service experience

This integrated perspective offers a more comprehensive account of healthcare service experience than any single perspective alone. Firstly, it reconceptualises value as dynamic and evolving rather than determined at a single point in time. Value emerges across interconnected phases of anticipation, lived interaction and retrospective interpretation. Secondly, it explains variability in patient evaluations. Differences in expectations, memories and anticipated emotions mean that patients may interpret the same encounter

differently, both across individuals and across time. Thirdly, it captures the recursive nature of experience. Past experiences shape present expectations, while anticipated futures influence current interpretations. These feedback loops are particularly salient in healthcare contexts, where uncertainty and vulnerability intensify reflection and anticipation.

Returning to the earlier example, the patient's evaluation of the consultation is not a fixed outcome but the result of ongoing interpretation. Initial satisfaction is shaped by expectations and interaction quality. Subsequent dissatisfaction emerges as symptoms persist and the encounter is reinterpreted through memory. Later reassessment reflects new outcomes and revised understanding. This sequence illustrates how value is formed, reinterpreted and transformed through the interplay of service contexts and temporal processes. By linking service structures, customer contexts and temporal mechanisms within a single processual account of value formation, the integrated perspective addresses the limitations identified in the literature. It provides a foundation for analysing healthcare experiences as evolving processes rather than fixed evaluations. The following section builds on this integration by presenting the conceptual framework that formalises these relationships and clarifies their implications for service research.

5. Healthcare service experiences

Healthcare research has long recognised that patient experiences are shaped by vulnerability, uncertainty and reliance on professional expertise. Studies show that evaluations extend beyond technical quality or efficiency to include trust, communication and emotional reassurance (Sweeney *et al.*, 2015). Patients often interpret encounters in relation to past experiences and anticipated health trajectories (Berry and Bendapudi, 2007). Viewed through the integrative framework developed in this study, these patterns reflect how value is constructed across time and within patients' lifeworld contexts. From a temporal and lifeworld perspective, a single consultation may be shaped by memories of prior treatment, family narratives, cultural expectations and imagined futures of recovery or decline. Patients enter with anticipatory emotions such as anxiety, hope or scepticism and leave with impressions that evolve during recovery, reshaping trust and willingness to seek care. Healthcare thus exemplifies the recursive dynamics emphasised by CDL, VALEX, MTT and affective forecasting: value emerges not only during the consultation but across the lived journey through time.

By foregrounding interpretive, emotional and anticipatory dimensions, research can better explain how patients construct value in ways that may remain invisible to providers. Healthcare therefore provides a setting in which the temporal revision of value becomes particularly consequential. The following subsections review empirical studies across pre-service, encounter and post-service phases, highlighting both insights derived and methodological limitations identified. When integrated, SDL, SL and CDL alongside VALEX, MTT and affective forecasting explain how value is constructed within and across these phases.

5.1 Pre-service phase: anticipations and lifeworld dispositions

The pre-service phase refers to the anticipatory horizon of the healthcare journey, when patients bring expectations, memories and emotions before any direct contact occurs. Patients often approach healthcare encounters with prior experiences, social influences and personal vulnerabilities that shape expectations and readiness to engage.

Empirical work demonstrates that anticipations influence healthcare behaviour in multiple ways. Clear and timely information reduces uncertainty and shapes realistic expectations (Gualandi *et al.*, 2021), while emotion-aware design improves satisfaction in

sensitive contexts such as gynaecological care (L'Angiocola and Giambattista, 2024). Patients often form expectations related to trust, communication and access (Oster *et al.*, 2024), yet memories of dismissal, fear of misdiagnosis or psychosocial stressors may delay care seeking (Xu *et al.*, 2024). Structural constraints, including occupational demands and time pressures, further discourage attendance (Dawkins *et al.*, 2021; Navarro *et al.*, 2021), while anticipatory emotions such as anxiety or reassurance influence willingness to engage (Berry *et al.*, 2020). Viewed through the integrative framework, these findings indicate that value formation begins before clinical contact. CDL explains how anticipations emerge within lifeworld contexts shaped by personal histories and social influences (Heinonen *et al.*, 2010; Strandvik *et al.*, 2019). SL highlights how communication and accessibility shape expectations, while SDL shows how administrative systems and institutional arrangements influence early experiences. Experiential and temporal theories further clarify how imagined experiences shape meaning (VALEX) (Helkkula *et al.*, 2012), how memories inform expectations (MTT) (Suddendorf and Corballis, 2007; D'Argembeau and Van der Linden, 2004) and how anticipated emotions influence readiness to engage (affective forecasting) (Wilson and Gilbert, 2003; Lajante *et al.*, 2022).

However, some studies operationalise this phase through short-term expectation or satisfaction measures derived from cross-sectional designs that capture only a single moment (e.g. Ataro *et al.*, 2024). Such approaches overlook how anticipations evolve; how past experiences are reinterpreted and how imagined futures influence present decisions.

5.2 Service encounter phase: experiencing and interpreting care

The service encounter phase concerns the direct interaction between patient and provider, where communication, trust and emotional responses shape how care is experienced and evaluated. Research on healthcare encounters consistently emphasises the importance of interpersonal dynamics, as patients interpret clinical interactions not only in terms of technical competence but also through relational and affective cues.

Empirical research consistently identifies empathy, trust and communication as central determinants of satisfaction. Interactional quality often outweighs waiting time once basic thresholds are met (Mekoth *et al.*, 2011; Riebling *et al.*, 2019). Reliability and attentiveness shape perceived care quality (Akn and Okumus, 2022; Sukmawati *et al.*, 2024) and patient participation through information exchange, shared decision-making and treatment adherence improves satisfaction (Ding *et al.*, 2019; Polese *et al.*, 2016). Empathy predicts trust across diverse healthcare contexts (Wu *et al.*, 2022), while consultation length influences perceptions of decision-making quality (Tian *et al.*, 2024). Emotional responses influence how patients interpret service encounters, consistent with broader evidence that emotions significantly influence perceived quality and behavioural intentions in utilitarian service settings (Ladhari *et al.*, 2017).

Longitudinal studies show that value formation is dynamic: co-creation practices evolve over time and differentially affect well-being depending on the activities and actors involved (McCull-Kennedy *et al.*, 2012, 2015, 2017a), shifting co-creation states have been documented in cancer care (Danaher *et al.*, 2023) and patient-centred care exerts effects that extend beyond the immediate consultation (McCull-Kennedy *et al.*, 2025). A consultation initially perceived as reassuring may later be reinterpreted negatively if symptoms persist or if subsequent information contradicts the provider's earlier explanation, illustrating how value is revised through temporal reinterpretation (Helkkula *et al.*, 2012). These reinterpretations are shaped not only by personal memory and emotion but also by the broader symbolic and cultural context in which healthcare encounters occur (Helkkula *et al.*, 2023).

Returning to the patient scenario, the consultation was experienced as satisfactory in the moment because the physician listened, ordered tests and provided reassurance, yet this immediate evaluation was shaped by prior expectations and forecasts about how the results would feel. The meaning of the encounter was not fixed at its conclusion but remained open to reinterpretation. Viewed through the integrative framework, SL positions the interaction sphere as the primary site of co-creation, emphasising how interactional quality facilitates effective encounters (Grönroos, 2008; Grönroos and Voima, 2013). SDL highlights the broader constellation of actors and resources, including clinicians, nurses, digital records, physical environments and institutional processes that shape the encounter context. CDL situates these interactions within patients' lifeworlds, recognising that encounters may trigger experiences but do not fully determine their meaning (Heinonen *et al.*, 2010; Heinonen and Strandvik, 2015). Experiential and temporal theories further clarify how value emerges during the encounter: VALEX shows how real-time experience is shaped through sensory, emotional and relational cues (Helkkula *et al.*, 2012), MTT explains how patients draw on memories of prior care and anticipated outcomes to interpret present interactions (Suddendorf and Corballis, 2007; Sant'Anna *et al.*, 2020) and affective forecasting demonstrates how expected emotional reactions influence in-the-moment evaluations (Lajante *et al.*, 2022).

5.3 Post-service phase: reflection, memory and anticipation

The post-service phase extends beyond the direct interaction into the reflective processes that follow. This phase is frequently measured using post-encounter satisfaction indicators collected shortly after the interaction, limiting insight into how evaluations evolve as patients integrate experiences across touchpoints and into broader life contexts (Cai *et al.*, 2025). Interactions with family and friends during this phase may contribute more to well-being than clinical interactions alone (McCull-Kennedy *et al.*, 2017a). This sits uneasily with service research that conceptualises experience and value as unfolding across interconnected touchpoints over time (Tax *et al.*, 2013; Jaakkola and Terho, 2021), supporting journey-level conceptualisation and measurement.

Empirical findings show that patients frequently revise their evaluations as circumstances change. A patient recovering from surgery may retrospectively downgrade a previously positive consultation if postoperative complications arise, whereas another patient may reinterpret a difficult preoperative conversation more positively once its warning proves accurate. Echeverri and Skálén (2011) argued that interaction value can involve both co-creation and co-destruction, meaning value creation and value destruction are not always cleanly separable. In healthcare, this is particularly salient: reassurance that initially created value may later destroy value if it proves unfounded, while an encounter experienced as distressing may later be reinterpreted as beneficial if it prompted necessary action.

Commitment to primary care depends not only on satisfaction but also on how patients reinterpret ongoing care within their personal life stories (Li *et al.*, 2025). Dissatisfaction or erosion of trust may not appear in early feedback but can emerge gradually (Wanat *et al.*, 2025). Follow-up consultations in oncology provide reassurance and continuity but may also create dependency if autonomy is not supported (Rochette *et al.*, 2021). Across contexts, trust and perceived support predict patient loyalty and re-engagement more strongly than service features themselves (Gambarov *et al.*, 2017).

Returning to the patient scenario, the evaluation of the consultation changed as circumstances evolved. Three weeks later, worsening symptoms altered how the encounter was remembered, while successful treatment months later led to a more favourable reinterpretation. Viewed through the integrative framework, CDL highlights how value

formation continues within the broader lifeworld, where experiences are integrated into personal narratives (Heinonen *et al.*, 2013; Strandvik *et al.*, 2019). VALEX explains how value is reconstructed through memory and imagination as patients revisit earlier encounters and anticipate future care (Helkkula *et al.*, 2012). MTT clarifies how remembered episodes interact with anticipated futures to shape trust and engagement (Suddendorf and Corballis, 2007), while affective forecasting explains how anticipated emotional states influence motivation and subsequent behaviour (Wilson and Gilbert, 2003; Gilbert and Wilson, 2007). Value is therefore not determined at a single moment but reconstructed across time. Table 4 summarises the reviewed studies, organised by context, method, patient journey phase, key findings and alignment with service logics.

6. Research agenda

The integrated framework developed in this article highlights several avenues for future research. By conceptualising healthcare service experience as a temporally embedded interpretive process in which value is continuously formed and revised across the patient journey, the framework shifts attention from static evaluations towards evolving value formation across interconnected phases. Four research directions emerge that extend current service research and support more comprehensive understanding of healthcare experiences. Table 5 summarises these directions, linking each identified gap to a specific research focus and its expected contribution.

6.1 Longitudinal investigation of value reinterpretation

Most empirical studies measure patient experience at a single point in time, often immediately following service encounters. Such designs capture satisfaction snapshots but overlook how evaluations evolve as patients revisit experiences in light of new information, changing health conditions or revised expectations. The integrated framework suggests that value is not determined once but continuously reconstructed through memory and anticipation.

Future research should adopt longitudinal designs that trace how patients reinterpret healthcare encounters across time. Panel studies, diary methods and experience sampling approaches could capture how evaluations evolve between pre-service expectations, encounter experiences and post-service reflections. Such approaches would allow researchers to observe how episodic memory, evolving health outcomes and anticipated futures interact in shaping value formation. Understanding these dynamics would provide deeper insight into patient loyalty, trust development and engagement with care pathways.

6.2 Micro-level mechanisms of temporal sense-making

While service research recognises that value is subjective and context-dependent, less attention has been given to the cognitive processes through which customers interpret experiences over time. The integration of VALEX, MTT and affective forecasting suggests that remembering, imagining and predicting emotions are central mechanisms in value formation.

Future research could examine how episodic memory reconstruction influences patient evaluations of past encounters, how episodic foresight shapes expectations regarding treatment outcomes and how affective forecasting influences decisions to initiate or continue care. Particular attention may be given to differences between first-time and returning patients, acute and chronic care trajectories and high- versus low-uncertainty clinical contexts. Experimental studies and mixed-method approaches could investigate how variations in uncertainty, diagnosis complexity or perceived risk influence temporal sense-making processes. Such work would deepen understanding of how cognitive processes shape service experience beyond observable interaction characteristics.

Table 4. Empirical studies of healthcare service experiences across the patient journey

Study	Context	Method	Phase	Key findings	Logic alignment
Mekoth <i>et al.</i> (2011)	Outpatient services, India	Survey	Service encounter	Service encounter process quality predicts satisfaction and revisit intentions	SL
Riebling <i>et al.</i> (2019)	Hospital laboratories, USA	Survey	Service encounter	Reliability and communication more influential than tangibles	SDL/SL
Akn and Okumuş (2022)	Healthcare, Turkey	Survey	Service encounter	Empathy and trust emerge as primary drivers of satisfaction	SL
Sukmawati <i>et al.</i> (2024)	Hospitals, Indonesia	Survey	Service encounter	Empathy, reliability and responsiveness are key determinants of patient satisfaction	SDL/SL
Gualandi <i>et al.</i> (2021)	Patient journeys, Italy	Case study; journey mapping	Pre-service and encounter	Information quality reduces uncertainty and shapes expectations across the patient journey	SL/CDL
L'Angiocola and Giambattista (2024)	Gynaecological services	Design intervention	Pre- and post-service	Human-centred service design improves emotional experience and supports value co-creation in gynaecological care	CDL
Seppänen <i>et al.</i> (2017)	Healthcare, Finland	Case study	Pre- and post-service	Customer dominant logic emerges when providers incorporate patients' life context and ecosystem into service processes	CDL
Ding <i>et al.</i> (2019)	Hospitals, China	Survey	Service encounter	Patient participation improves satisfaction	SDL/SL
Rochette <i>et al.</i> (2021)	Oncology, Canada	Intervention (nurse follow-up)	Post-service	Follow-up strengthens reassurance and continuity, with implications for patient autonomy	SL
Gambarov <i>et al.</i> (2017)	Healthcare loyalty	Survey	Post-service	Loyalty programs function as institutional mechanisms that enhance engagement, trust and value co-creation	SDL
Patrício <i>et al.</i> (2018)	Healthcare ecosystems	Case study; service design	Cross-phase	Service design for value networks supports multi-actor coordination and service system improvement	SDL
Peng <i>et al.</i> (2022)	Healthcare platforms	Systematic study	Cross-phase	Resource integration enables healthcare value co-creation across platform-based settings	SDL
Fusco <i>et al.</i> (2023)	Healthcare systems	Case study	Cross-phase	Institutional context shapes healthcare co-creation outcomes	SDL
Chandra <i>et al.</i> (2024)	Digital feedback	Survey	Cross-phase	Real-time feedback and predictive modelling support patient-centred care and experience management	SDL/SL
Salam and Bajaba (2021)	Digital healthcare systems during COVID-19	Survey	Cross-phase	Transformative healthcare technologies enhance satisfaction and quality of life through improved service system quality	SDL
Chen <i>et al.</i> (2024)	Humanistic lean healthcare model	Qualitative interviews	Cross-phase	Integrating medical humanities into lean healthcare strengthens patient-centred care, trust and personalised service	SL/CDL

Note(s): (i) Phase refers to the dominant temporal focus: pre-service (anticipation), encounter (interaction) or post-service (reflection/continuity). Cross-phase refers to longitudinal or ecosystem-oriented designs. (ii) Logic alignment reflects the dominant theoretical orientation of each study. Studies marked with dual alignments (e.g. SL/SDL) draw on elements from both perspectives, typically combining interaction-level analysis (SL) with ecosystem or resource integration framing (SDL) or interaction dynamics (SL) with lifeworld embedding (CDL). (iii) The table presents a representative selection of empirical and design-oriented studies addressing patient experience and value formation across phases of the healthcare journey. Conceptual contributions such as Helkkula *et al.* (2023) on globalisation tensions are discussed in the text but not included here

Table 5. Research agenda for health-care service experience research

Gap identified	Future research direction	Expected contribution
Limited understanding of how value evaluations evolve across time	Investigate how patients reinterpret healthcare experiences longitudinally, examining how VALEX, MTT and affective forecasting interact across pre-service, encounter and post-service phases	Empirical validation of the processual framework; deeper understanding of how value is constructed and revised across the patient journey
Limited integration of emotional anticipation in healthcare experience research	Examine how patients forecast emotional responses prior to care and how anticipated emotions influence care-seeking, engagement and evaluation outcomes	Conceptual clarification of affective forecasting in healthcare; improved understanding of how uncertainty and emotional anticipation shape experience formation
Insufficient understanding of how healthcare experiences are embedded in patients' lifeworlds	Examine how social context, cultural frames and everyday life conditions shape how patients interpret and revise healthcare experiences across time	Context-sensitive understanding of healthcare experience; insights into how value formation varies across patient groups and social environments
Limited knowledge of cognitive mechanisms underlying reinterpretation of healthcare encounters	Investigate how episodic memory and episodic foresight influence trust development, re-engagement decisions and reinterpretation of prior encounters	Theory development on memory-based value revision and temporal sense-making in healthcare service experience

6.3 Interaction between service structures and lifeworld contexts

The framework highlights that value formation occurs at the intersection of service systems and patients' broader life contexts. Service logics identify structural and relational dimensions of value creation, while CDL emphasises the role of lifeworld experiences in shaping interpretation. However, empirical research often isolates interaction quality from the broader contexts in which patients interpret care.

Future studies could examine how institutional arrangements, digital health technologies, care coordination practices and family involvement interact with patients' personal histories and social environments. This is especially relevant in healthcare, where family involvement, digital mediation and institutional complexity may alter how patients interpret and reinterpret service experiences across time. Investigating how healthcare services align with patients' everyday lives may provide insight into disparities in access, adherence and perceived value. Comparative studies across healthcare systems may further illuminate how contextual differences influence temporal reinterpretation of service experiences.

6.4 Methodological application for process-oriented experience research

The framework implies that cross-sectional measures of satisfaction may insufficiently capture the evolving nature of healthcare experience. New methodological approaches are needed to study value as an unfolding process rather than a static outcome.

Future research could develop measurement approaches that capture temporal dynamics, such as narrative methods, longitudinal qualitative studies and multi-phase quantitative designs. Combining patient journey mapping with temporal data collection may allow researchers to observe how expectations, experiences and memories interact over time. Such approaches would support more nuanced understanding of how healthcare value develops across phases and contexts. Methodological development in this direction would also provide service researchers with tools for studying value as a process that accumulates and transforms across lived experience.

7. Theoretical implications and limitations

7.1 Theoretical implications

This article contributes to service research by integrating service logics with temporal mechanisms to explain how value evolves across healthcare service experiences. Existing research has established that value is subjective, contextual and co-created, yet has offered limited explanation of how patients revise evaluations as experiences unfold across time. By combining SDL, SL and CDL with VALEX, MTT and affective forecasting, the present study provides a processual account of value formation that connects structural conditions of service provision with cognitive processes of interpretation.

Firstly, the integration advances understanding of value as temporally emergent rather than episodic. Prior research has conceptualised value as formed during use or interaction yet has rarely specified how evaluations change as patients reinterpret experiences through memory, anticipation and evolving health outcomes. The framework demonstrates that value formation extends beyond interaction quality to include processes of retrospective reinterpretation and prospective anticipation. This contributes to service research by showing that experience is not limited to observable touchpoints but unfolds across extended temporal processes.

Secondly, the framework clarifies the complementary roles of SDL, SL and CDL. Rather than positioning these perspectives as competing paradigms, the analysis shows how each contributes distinct insight into value formation. SDL explains how resource-integrating actors shape the systemic conditions of experience. SL specifies how value emerges through interaction within the joint sphere. CDL situates value within the customer's lifeworld, where experiences are interpreted in relation to broader life projects. Integrating these perspectives reveals how value formation occurs simultaneously across service structures, interactions and lived contexts.

Thirdly, the article contributes by introducing cognitive mechanisms that explain how patients move between past experiences, present interpretations and imagined futures. VALEX conceptualises value as lived, remembered and imagined experience, while MTT and affective forecasting explain how individuals mentally navigate between past experiences and anticipated futures. Incorporating these mechanisms extends service research beyond descriptive accounts of experience towards explanation of how reinterpretation unfolds. This integration provides a theoretical basis for studying value as an evolving process shaped by episodic memory, prospective simulation and anticipated emotions. Together, these contributions respond to calls for more dynamic conceptualisations of service experience that account for temporality and contextual embeddedness (Becker and Jaakkola, 2020). By linking service structures with cognitive processes, the framework offers a foundation for future research examining how value is constructed and revised across extended service journeys.

7.2 Limitations

Several limitations should be acknowledged. Firstly, the study adopts an integrative conceptual approach rather than an empirical study design. While integrative reviews allow synthesis across fragmented research streams, the relationships proposed in the framework require empirical validation. Future studies should examine whether the temporal mechanisms identified here operate consistently across healthcare contexts and patient populations.

Secondly, the framework focuses on healthcare as an illustrative domain characterised by high emotional intensity, uncertainty and extended service trajectories. Although many services involve experiences that unfold over time, the salience of memory, anticipation and

reinterpretation may vary across contexts. Further research is needed to examine whether the mechanisms identified here operate similarly in other service domains, particularly those characterised by lower perceived risk or shorter engagement periods.

Thirdly, the integration prioritises three service logics and three temporal mechanisms identified as recurrent within the reviewed literature. Alternative theoretical perspectives may offer additional insight into temporal experience formation. The framework does not claim exhaustiveness but provides a theoretically grounded basis for further conceptual refinement.

Finally, the review relied on studies published in service research, marketing and cognitive psychology. Although this interdisciplinary scope enabled integration across perspectives, relevant insights may also exist in adjacent disciplines such as medical sociology or health psychology. Expanding the conceptual dialogue across disciplines may further strengthen understanding of temporally embedded service experiences.

8. Conclusion

Healthcare experiences unfold across time as patients anticipate encounters, interpret interactions and revisit experiences in light of evolving circumstances. Existing service research has recognised that value is subjective and contextual but has offered limited explanation of how evaluations change as patients move between remembered pasts, lived presents and anticipated futures.

This article addressed that gap by integrating service logics with temporal mechanisms to explain how value is constructed, interpreted and revised across the healthcare journey. The analysis showed that SDL, SL and CDL provide complementary perspectives on where value emerges, while VALEX, MTT and affective forecasting explain how patients interpret experiences across time. Together, these perspectives support understanding healthcare service experience as an evolving interpretive process rather than a sequence of isolated encounters.

The conceptual framework developed in this article positions patient experience at the intersection of service structures, lifeworld contexts and temporal cognitive processes. By foregrounding memory, anticipation and reflection, the framework highlights how value develops through ongoing reinterpretation rather than discrete evaluation. This perspective helps explain variation in patient evaluations across time and provides a basis for studying healthcare service experience as a dynamic process embedded in patients' broader lives.

Understanding how patients construct value across time is increasingly important in healthcare systems that emphasise patient-centred care, continuity of service and long-term engagement. A temporally informed perspective on service experience may therefore contribute not only to theory development but also to more nuanced approaches to the design and evaluation of healthcare services.

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