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Research Paper

Evaluating parents' satisfaction and behavioural intentions towards community-based rehabilitation service

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Abstract

This is a research paper that presents an empirical investigation into the service experiences of parents at Community-Based Rehabilitation (CBR) centres. Using quantitative methods, the study evaluates key dimensions of service experience and their impact on parents' satisfaction and behavioural intentions. The key dimensions include trainee orientation, performance orientation, inter-functional orientation, long-term orientation, employee orientation, and competitor orientation. These dimensions were identified as crucial dimensions of their service experience. The findings indicate that performance orientation and employee orientation have the strongest influence on parents' satisfaction, highlighting the critical role of staff competency and service effectiveness in shaping perceptions. The questionnaires were distributed to the parents of the trainees. Through careful follow-ups with the centres, the data collection process resulted in 600 valid responses. The analysis revealed that all six dimensions were both reliable and valid, significantly contributing to improved service delivery, meeting trainees' needs, and ensuring the sustainability of CBR centres. These dimensions also had a positive impact on parents' satisfaction and behavioural intentions. This research addresses a gap in Malaysian research by exploring parents' experience with CBR service. It also offers a framework for improving the management of rehabilitation services to better support persons with disabilities.

Keywords: Community-based rehabilitation, Satisfaction, Behavioural intentions, Rehabilitation service.

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Introduction

Rehabilitation is a series of interventions designed to optimise functioning and reduce disability among individuals with health conditions, ensuring their ability to participate in daily activities such as education, work, and social engagement (WHO, 2023). CBR is an approach developed by the WHO (2010) to support persons with disabilities (PWD) through a decentralised, community-driven model. Since its introduction in Malaysia in 1984, CBR programs have expanded across the country, providing essential rehabilitation, training, and social integration support for PWD (Hasan et al., 2021). Access to rehabilitation services plays a fundamental role in ensuring healthy lives for persons with disabilities and promoting well-being for all persons with health conditions who experience or are at risk of experiencing limitations in functioning (Kamenov et al., 2019). According to Hasan and Junid (2019), this long-term program requires a commitment from parents and caregivers, which relates to the quality of services they experience. It is a strategy for developing local communities for rehabilitation, training, education, opportunities for equalisation and social integration of persons with disabilities (PWD). One of the pressing healthcare issues is the effective and empathic provision and management of rehabilitation services to care for increasing numbers and demands of patients/trainees and caregivers. The demand for rehabilitation services remains largely unmet worldwide, with more than 50% of people in some low and middle-income countries not receiving the necessary rehabilitation services (WHO, 2023).

Approximately 1.3 billion individuals, which accounts for 16% of the world's population, have a significant impairment (WHO, 2023). The number is high due to longer lifespans (e.g., people are living longer but with more chronic diseases and disabilities). The Department of Social Welfare (2023) reported that 637,537 persons with disabilities were recorded as of the year 2023. This figure represents approximately 1.9% of the population in Malaysia However, the statistics indicated are not the exact numbers of PWDs in Malaysia. Some parents may be reluctant to register their children with the Department of Social Welfare, which results in the children not having the privileges of being an "OKU" card holder.

Globally, studies on CBR effectiveness have largely centered on program implementation, training quality, and the medical and social outcomes of rehabilitation (Kamenov et al., 2019). While extensive research has been conducted on CBR implementation and clinical outcomes (Zainol et al., 2019), relatively few studies have systematically examined the parental perspective on CBR service experiences. Moreover, a study in hospital-based rehabilitation settings suggests that perceived service quality directly impacts patient satisfaction and treatment adherence (Bailey et al., 2006). However, these findings have not been fully applied to CBR services in Malaysia, where parental engagement plays a unique and influential role. A scientific inquiry into the sustainable CBR healthcare service will be the potential differentiation tool for service effectiveness. This study seeks to address these gaps by investigating how key dimensions of the CBR service experience shape parental satisfaction and behavioural intentions. By integrating theory-driven service dimensions such as trainee orientation, employee orientation, and long-term service planning (Narver and Slater, 1990; Voon, 2006), this research provides a structured framework for evaluating parents' experiences with CBR centres in Malaysia. Furthermore, the outcomes of this research will contribute to and support the country's Shared Prosperity Version 2030

(i.e., KEGA 3 and KEGA 14), SDGs (i.e., SDG 1: No Poverty; SDG 2: Zero Hunger; SDG 3: Good health and Well-being; SDG 4: Quality Education; SDG 9: Industry, Innovation and Infrastructure; SDG 11: Sustainable Cities and Communities; SDG 16: Peace, Justice and Strong Institutions, and SDG 17: Partnership for the goals) (United Nations, 2015) and aspired to effectively serve the PWDs who are mainly in the B40 low-income groups. The findings will guide CBR practitioners, policymakers, and healthcare managers in implementing structured training programs, interdisciplinary collaboration, and long-term service planning to enhance service delivery and user retention. This research focused on the following research questions:

1. How do the dimensions of community-based rehabilitation service experience contribute to the overall service experience from the parent's perspective?
2. How does the parent's CBR service experience affect their satisfaction and behavioural intentions?
3. Does satisfaction mediate the relationship between parent's service experience and behavioural intentions?

Literature Review

Serving the Persons with Disability with Community-Based Rehabilitation

The World Health Organisation (WHO) (2010) first advocated for community-based rehabilitation (CBR) in the middle of the 1970s to address the lack of rehabilitation support by offering services in the community with the help of community resources. In collaboration with the Ministry of Health Malaysia, Malaysia executed the first CBR programme in 1984 at Batu Rakit, Terengganu involving 55 trainees. As reported by the DOSM, the total number of trainees in Malaysia as of February is 19,313 as shown in Table 1. CBR has played a significant role in delivering services for those with disabilities, particularly in rural locations with limited access to alternative rehabilitation programmes. CBR has offered a wide range of activities to support and improve the lives of persons with disabilities. These activities include motor skills, language and social development, self-care, writing, reading, counting, creativity and also provide vocational skills. The CBR programme is primarily concerned with long-term care and serves as a training facility that equips persons with disabilities to enrol in special schools or employment and, consequently, live in a community with the highest achievable ability.

The program's objectives include encouraging self-awareness, self-reliance, and a sense of responsibility in local communities for the rehabilitation of the disabled; bringing together local resources for rehabilitation; encouraging the use of simple and acceptable, cheap and effective techniques under local conditions; optimising existing infrastructure to provide services; considering country's economic resources to enable it to extend comprehensive services according to needs of disabled (Department of Social Welfare, 2012). These activities aim to develop and boost the abilities of trainees with disabilities and provide them with meaningful skills to become independent adults. This is an essential goal, as individuals with disabilities often face barriers to full participation in society and may need additional support to achieve their goals. The focus on ensuring the accessibility of social sustainability for persons with disabilities is also important, as it can help to reduce feelings of segregation and promote inclusion

within the community (Zainol et al., 2019). As part of the public assistance programme, the trainees are not required to make any payments for the services provided. Additionally, they receive monthly allowances of RM300 to cover their travel expenses to the centre, which serves as an incentive for their active participation in the programme.

Studies in healthcare service quality have demonstrated that satisfaction directly influences behavioral intentions, such as continued service use and positive word-of-mouth referrals (Murhadi et al., 2021). In rehabilitation services, parents' satisfaction with rehabilitation programs has been linked to perceived service effectiveness, accessibility, and staff professionalism (Bailey et al., 2006). A study by Amenuvor et al., (2019) examined customer experience in hospital-based rehabilitation and found that a well-defined service structure, including staff competence, information sharing, and facility convenience, significantly improved patient satisfaction and engagement. This aligns with findings in mental health services, where patient satisfaction was highly dependent on emotional support and clear communication between providers and service users (Tjahjaningsih et al., 2021). By evaluating CBR service dimensions such as competitor orientation, long-term planning, and inter-functional coordination this study offers a structured, empirical approach to understanding how parents' satisfaction drives behavioral intentions in Malaysian CBR centres.

Table 1: Number of CBR trainees, supervisors, and staffs

	State	Total of CBR Centre	Trainees	Supervisor	Officer
1.	Johor	73	2,354	73	367
2.	Kedah	43	1,488	43	231
3.	Kelantan	45	1,205	45	163
4.	Melaka	18	583	18	90
5.	Negeri Sembilan	43	1,098	44	204
6.	Pahang	52	1,177	52	159
7.	Pulau Pinang	25	909	25	211
8.	Perak	41	1,016	41	124
9.	Perlis	10	383	10	65
10.	Selangor	60	2,212	60	330
11.	Sarawak	55	2.082	55	311
12.	WP Kuala Lumpur	10	425	10	57
13.	WP Labuan	2	51	2	9
14.	WP Putrajaya	4	130	4	27
15.	Terengganu	47	1,576	47	184
16.	Sabah	40	2,624	38	184

Note: Source from Department of Statistics Malaysia, 2024

Theory of Market Orientation

The Theory of Market Orientation (TMO) (Narver and Slater, 1990) provides a framework for understanding how organisations align their operations to meet customer needs while maintaining a competitive advantage. Traditionally applied in business and

service industries, TMO emphasises customer orientation, competitor orientation, and inter-functional coordination as key determinants of service effectiveness. In healthcare and rehabilitation settings, market orientation ensures that services are designed around the needs of stakeholders, including patients, caregivers (parents), and service providers (Crick et al., 2020). In CBR, parents are key stakeholders whose perceptions of service quality directly impact their engagement with the program (Hasan et al., 2021). A parent-focused service approach ensures that rehabilitation services are responsive to parental concerns, expectations, and the developmental needs of their children. Effective CBR service delivery requires cooperation between multiple entities (healthcare professionals, rehabilitation therapists, NGOs, and government agencies). Without proper coordination, service fragmentation can negatively impact parental satisfaction (Zainol et al., 2019). Market orientation is defined by several dimensions, including customer orientation, competitor orientation, performance orientation, long-term orientation, inter-functional coordination, and employee orientation (Voon, 2006). These dimensions are essential in understanding how service experiences are structured to satisfy customer needs. This study used the service-driven market orientation (SERVMO) scale (Voon, 2006), which integrates Narver and Slater's MKTOR scale, to assess the key dimensions of parental service experience at CBR centres. The selection of these dimensions was grounded in the theory's emphasis on organisational performance driven by customer needs (Narver and Slater, 1990). As such, how well CBR centres understand the specific needs of trainees directly affects the parents' perceptions and satisfaction of the services provided (Zablah et al., 2012).

Theory of Planned Behaviour

To further explore the behavioural intentions of parents, this study applied the theory of planned behaviour (TPB) (Ajzen, 1991). TPB posits that behavioural intentions are influenced by three key components: attitude towards the behaviour, subjective norms, and perceived behavioural control. In the context of this research, parents' satisfaction with the services at CBR centres and their behavioural intentions (such as recommending the centre to others) are seen as outcomes influenced by their attitudes towards the services received. TPB has been successfully applied in healthcare research to predict patient adherence to treatment, healthcare-seeking behaviours, and caregiver engagement (Murhadi et al., 2021). Parents develop positive or negative attitudes toward CBR services based on their service experience. If parents perceive the services as beneficial, professional, and responsive, they are more likely to continue engaging with CBR centres and recommend them to others (Bailey et al., 2006). Furthermore, parental decisions are influenced by social pressures, including recommendations from other parents, community members, and healthcare professionals. If parents feel that CBR is socially supported and encouraged, they are more likely to sustain their involvement (Tjahjaningsih et al., 2021). This factor reflects parents' perceived ease or difficulty in accessing and utilising CBR services. If parents believe they have the necessary resources, time, and institutional support, they are more likely to stay engaged. However, if logistical or financial barriers exist, it may negatively impact participation (Hasan and Junid, 2019).

Parents' Satisfaction

Satisfaction can be defined as the customer's overall evaluation of their experience with a service, based on whether their expectations were met or exceeded (Oliver, 1980).

The Expectancy Disconfirmation Theory (EDT) (Oliver, 1980) suggests that satisfaction arises when the actual service performance meets or exceeds the customer's expectations. Satisfaction acts as a mediator between service experience and behavioural intentions. In the context of CBR services, parental satisfaction is affected by how good their service experience across the six dimensions. When parents experience high satisfaction with the CBR services, their intentions to engage in positive behaviours such as recommending the services to others or continuing to use them in the future are strong. Satisfaction is an important link between the evaluation of service experience and behavioural intentions (Tjahjaningsih et al., 2021). The mediating role of satisfaction is vital in this study because it explains how parents' experiences with the services provided by the CBR centres to their children lead to specific behaviours. The EDT is particularly useful in explaining this relationship. When the actual service performance meets or exceeds the parents' expectations, it results in satisfaction, leading to more favourable behavioural intentions, such as recommending the service to others (Oliver, 1980; Tjahjaningsih et al., 2021). Through this research, we address gaps in the existing literature, particularly in the context of CBR centres in Malaysia. By empirically testing the relationship between the constructs, this study offers a more comprehensive understanding of how service experience leads to positive behavioural outcomes through the mediating effect of satisfaction.

Community-Based Rehabilitation Service Experience and Satisfaction

Customer experience is the factor that can influence satisfaction (Tjahjaningsih et al., 2021). Customer experience, as a multidimensional concept, encompasses the customer's cognitive, emotional, social, and physical reactions to the organisation throughout their journey, resulting in the formation of customer satisfaction (Lemon and Verhoef, 2016). According to (Gentile et al., 2007), customer experience originates from a set of interactions between a customer and a product, company, or a specific part of the organisation, which elicit a response. Customer satisfaction is interrelated with two main things which are the expected quality of service as perceived by customers and their actual perception of the service quality. These two elements, customer expectations and perceptions, play a significant role in determining customer satisfaction. (Indriastuti and Hidayat, 2021). When customers receive high-quality service that meets or exceeds their expectations, they are more likely to feel satisfied with their overall experience. A good experience evokes positive feelings and emotions and will influence satisfaction, prompting consumers to seek out these experiences again (Khan et al., 2015). Tjahjaningsih et al., (2021) concluded that customer experience has a positive effect on customer satisfaction. Hence, it is expected that:

H1 Community-based rehabilitation service experience positively affects satisfaction.

Community-Based Rehabilitation Service Experience and Behavioural Intentions

When customers engage with a product or service, they derive benefits based on their perception of the advantages gained and the extent to which their needs are fulfilled (Edem Amenuvor et al., 2019). Customers with a positive and satisfactory service experience are more likely to exhibit favourable behavioural intentions towards the service provider, such as repurchasing the product or service, recommending it to

others, or engaging in long-term relationships with the service provider (Rita, Oliveira and Farisa, 2019). Conversely, customers with a negative or unsatisfactory service experience are expected to demonstrate lower behavioural intentions and may be less likely to continue using the service or recommend it to others. A study by Baena-Arroyo et al., (2016) states that the service experience positively and significantly influences customers' perceived value and behavioural intention. Thus, it is expected that:

H2 Community-based rehabilitation service experience positively affects behavioural intentions.

Satisfaction and Behavioural Intentions

Satisfaction reflects the overall evaluation of the customer's experience and is strongly related to how likely customers are to engage in positive behaviours towards the service or product (Oliver, 1997). Satisfied customers are more likely to exhibit loyalty and form positive behavioural intentions (Zeithaml et al., 1996). Meanwhile, behavioural intentions are influenced by which a customer's expectations align with their perceptions of the service received. When expectations are met or exceeded, satisfaction increases, and this translates into favourable intentions such as recommending the service to others, continuing to use the service, or providing positive feedback (Murhadi et al., 2021). The TPB further supports the role of satisfaction in predicting behavioural intentions. Ajzen (1991) stated that behavioural intentions are the most immediate predictor of actual behaviour, and these intentions are shaped by individuals' attitudes, subjective norms, and perceived behavioural control. Satisfaction as an effective response to service shapes attitudes, which directly influence behavioural intentions, making it a determinant in the behavioural decision-making process. Tjahjaningsih et al., (2021) found that satisfaction significantly influences customer loyalty and behavioural intentions. Their study demonstrated that the more satisfied customers are with the services they receive, the higher their likelihood of exhibiting favourable behavioural intentions. Given the strong connection between satisfaction and behavioural intentions, it is expected that:

H3 Satisfaction positively affects behavioural intentions.

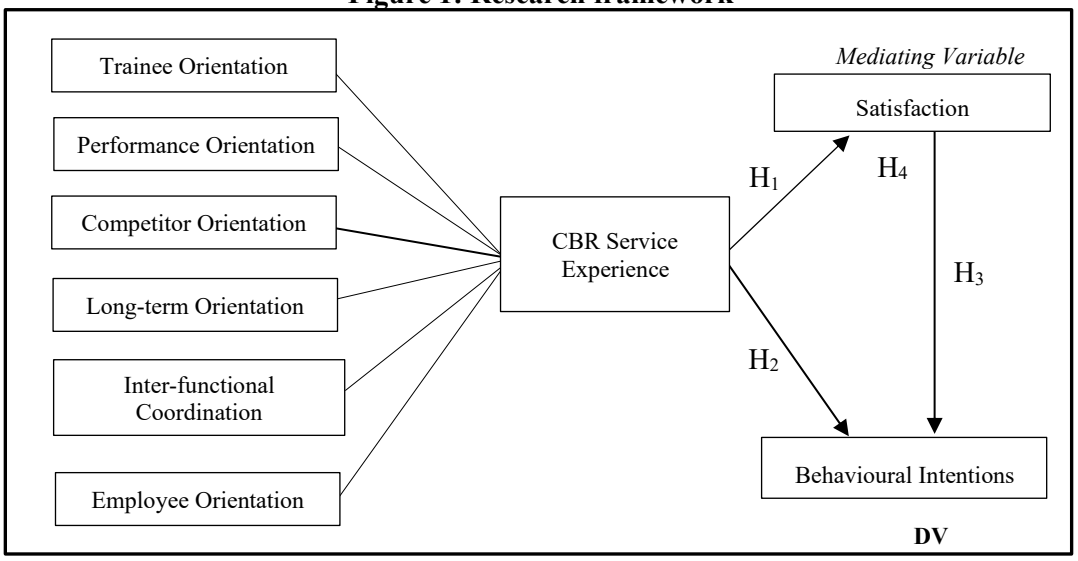
The Mediating Effect of Satisfaction

The mediation effect describes the context in which a third construct intervenes in the relationship between an independent and a dependent construct (Song, 2018). Developed by Baron and Kenny (1986), the causal steps of mediation analysis include determining the presence of direct effects between independent and dependent variables. Once direct effects are identified, the next step involves assessing indirect effects from independent constructs to mediation constructs and from mediation constructs to dependent constructs. The causal steps taken do not involve directly measuring the indirect effects, it relies on a series of logical inferences based on evaluations of each path to establish the hypothesised indirect effects. To address that issue, Nitzl et al., (2016) implemented a different method that focuses on measuring the indirect effects between independent, mediating, and dependent variables. The study focuses on the evaluation of the indirect effects of satisfaction on the relationship between CBR service experience and behavioural intentions.

Customer satisfaction is a feeling of contentment that results from using a product or service, and it reflects an evaluation immediately after use (Rambocas, Kirpalani and Simms, 2018). Evaluating customer satisfaction helps in gathering important information on how the services offered match customer's needs and helps in improving the services (Meng et al., 2008; Anabila et al., 2023). Positive experiences, where expectations are met or exceeded, typically lead to higher satisfaction levels. This causal relationship is grounded in the EDT, which posits that satisfaction results from the discrepancy between expected and actual service performance (Oliver, 1980).

H4 Satisfaction mediates the relationship between the CBR service experience and behavioural intentions.

Figure 1: Research framework



Methodology

Research Design

This study focused on quantitative research design. Quantitative research involves gathering and analysing numerical data to understand, explain, forecast, or control variables and phenomena of interest (Mills et al., 2009). A cross-sectional survey design was well-suited for this study as it allowed the collection of data at a single point in time (Sedgwick, 2014) to provide a comprehensive view of the relationships between various dimensions of the rehabilitation service experiences, satisfaction, and behavioural intentions of parents. This design provided insights into particular behaviours and the relationships among variables (Sedgwick, 2014).

In this study, we employed a formative-reflective measurement model. The lower-order constructs represent different dimensions of service experience, such as trainee orientation, competitor orientation, performance orientation, long-term orientation, inter-functional coordination, and employee orientation. These dimensions are conceptualised as formative indicators, meaning that each dimension contributes uniquely to forming the higher-order construct, which is the overall service experience.

The higher-order construct is reflective, meaning it is measured by indicators reflecting the overall experience of parents with the rehabilitation services.

We employed a two-stage approach where first we estimated the lower-order constructs using Partial Least Squares - Structural Equation Modelling (PLS-SEM) to derive the latent variable scores of each dimension. Meanwhile, in the second stage, these latent variable scores were used to measure the higher-order construct of service experience, which was subsequently used to assess its impact on parents' satisfaction and behavioural intentions. This study selected PLS-SEM due to its advantages in handling complex structural relationships, that involve multiple latent variables and indirect effects, which aligns with this study's multi-dimensional model of CBR service experience, working with small to medium sample sizes, and accommodating non-normal data distributions.

Sampling and Data Collection

The simple random sampling method was applied in this study. In the simple random sampling method, every unit within the sample had an equal chance of being included in the sample, which eliminates selection bias (Suresh et al., 2011). Based on Krejcie and Morgan (1970), for a population of 2,082, the sample size required for this study was 322 samples. More than 322 questionnaires were distributed, considering the possibility of incomplete survey responses, ensuring reliable data collection and reaching the targeted response rate of 80%. In this study, a total of 631 questionnaires were collected. However, the number of completed and usable questionnaires was 600. Therefore, the valid response rate for the study is 95%.

To minimise the response bias, before full-scale distribution, the survey was pilot-tested with 30 parents from different CBR centres to assess whether the questions were clear, unbiased, and appropriate. Any ambiguous or misleading items were revised before finalising the questionnaire. In addition, to reduce social desirability bias, participants were assured of anonymity and confidentiality before completing the survey.

Centres were chosen based on accessibility and their willingness to participate in the study. This facilitated smooth coordination and ensured the engagement of supervisors and staff in the data collection process. Any parents who sent their children to the CBR centre will have the opportunity to be chosen to participate in the survey. Parents were chosen because of their position to provide reliable and valid responses on the services delivered by the CBR centres for their children. Parents directly interact with CBR staff, participate in the child's therapy sessions, and assess the accessibility, efficiency, and emotional support provided by the centre. In addition, parents observe how services impact their children's physical, social, and cognitive development, making them well-positioned to evaluate service effectiveness and outcomes.

The Instrument

The research aims to evaluate how established dimensions of service experience, as outlined by the service-driven market orientation (SERVMO) scale (Voon, 2006), Rehabilitation Service Excellence (RehabServE) scale (Voon et al., 2023) affect parents' satisfaction and behavioural intentions in community-based rehabilitation services. The study adopts the SERVMO scale which has been validated in various

service settings and provides a comprehensive framework for assessing service experience. The service experience items were adapted from the MO measures and the literature was based on the customer's perspective (Voon, 2006). Voon's service-driven market orientation (SERVMO) scale (Voon, 2006, 2008) consists of the market orientation (MKTOR) scale of Narver and Slater (1990) and Deshpandé et al., (1998) containing customer orientation, competitor orientation, inter-functional orientation, long-term orientation, performance orientation, and employee orientation. Its application to CBR services provides new insights into how these service dimensions affect parents' satisfaction and behavioural intentions in a healthcare setting. The scale was to assess respondents' perceptions of customers towards an organisation's performance across various dimensions. Voon (2006) stated that to sustain a high level of service quality, an organisation should implement all six dimensions. The six dimensions provide a holistic approach to addressing the issues encountered by the trainees and CBR centres (Voon et al., 2023). These dimensions provided a comprehensive understanding of the factors that are most important to parents to ensure their children receive the best care at the CBR centre and identify areas that need improvement to improve their children. The seven-point Likert Scale was used to measure parents' perceptions of each item stated in the questionnaire. The questions used a 7-point Likert Scale, ranging from 1 (Strongly Disagree) to 7 (Strongly Agree).

To ensure the internal consistency and reliability of the measurement instrument, a reliability test was conducted on pre-test data collected from 30 respondents, including experts and CBR centre staff. The experts in CBR services and related fields were included to evaluate the conceptual validity of the questionnaire, and staff members participated to provide insights into the practical applicability of the questionnaire. Their feedback ensured that the wording, structure, and content of the questionnaire were relevant and appropriate for the study's target population. The results of the reliability test are summarised in Table 2.

Table 2: Reliability test on pre-test data

Constructs	No. of Items	Scale Type	Scale Range	Reliability
Competitor Orientation	6	Likert Scale	1-7	0.917
Employee Orientation	6	Likert Scale	1-7	0.883
Inter-functional Coordination	6	Likert Scale	1-7	0.919
Long-term Orientation	8	Likert Scale	1-7	0.928
Performance Orientation	6	Likert Scale	1-7	0.947
Trainee Orientation	6	Likert Scale	1-7	0.935
Satisfaction	3	Likert Scale	1-7	0.931
Behavioural Intentions	2	Likert Scale	1-7	0.822

Data Analysis

The collected data was analysed using SPSS version 28.0 and Smart-PLS version 4.0 software. The study employed Partial Least Squares - Structural Equation Modeling (PLS-SEM) for predictive measures due to its suitability for smaller sample sizes and not necessary for normally distributed data. SmartPLS is a graphical user interface designed for executing structural equation modelling (SEM) based on the variance using the partial least squares (PLS) path modelling approach (Ringle, Hult and Sarstedt, 2022). The software performs comprehensive assessments for both measurement and structural models, including the HTMT criterion, significance testing through bootstrapping, and PLSpredict, (Ramayah et al., 2018). For a better understanding of the relationship between constructs and the structural model, this study adopted a multiple-stage analysis process as outlined by Hair et al., (2017). These stages consisted of preliminary data analysis, measurement model assessment and structural model evaluation.

Results

Common Method Variance

The questionnaire that was collected and distributed to the CBR centres and answered by trainees' parents has been used to analyse this study. Addressing common method variance in this study was crucial to prevent bias in the data analysis. The study implemented various analytical methods to assess the existence of common method bias. There was no correlation between the different constructs that exceeded the cut-off point of 0.900 (Bagozzi, Yi and Singh, 1991), with the highest correlation observed between trainee orientation and performance orientation at 0.692. Additionally, a comprehensive collinearity test was performed, assessing both vertical and lateral collinearity using the variance inflation factor (VIF) (Kock, 2015). Results have shown that all VIF values were less than the critical value of 5.000 for common method bias to be present (Hair et al., 2017), with the highest VIF coming at satisfaction at 2.109. As such, common method bias is not detected in the data collected for the study.

Measurement Model

Table 2 below illustrates the outcomes of the loadings, composite reliability (CR) and average variance extracted (AVE). The item loadings were assessed with the cut-off threshold above 0.708, indicating that the latent construct explained more than 50.0% of item variances (Hair et al., 2017). In this study, no items were excluded since all items exceeded the value of 0.708 ranging from (LO26 = 0.738 to SAT2 = 0.935). Internal consistency reliability was evaluated with Jöreskog's composite reliability, with higher values indicating stronger reliability (Jöreskog, 1971). Acceptable cut-off values range from 0.600 to 0.700, while 0.700 to 0.900 are regarded as satisfactory to good (Hair et al., 2021a). As indicated in Table 2, the composite reliability values for all constructs ranged from 0.797 to 0.948, establishing satisfactory to good internal consistency reliability (Hair et al., 2021b). Hair et al., (2022) recommended that an acceptable AVE is 0.50 or higher, indicating that the reflective construct explains at least 50% of the variance of its items. The results show that the convergent validity is established with AVE values of all constructs above 0.50 ranging from 0.685 to 0.842.

As for discriminant validity, the HTMT criterion was assessed which indicates all values were below 0.90. Furthermore, all values were within the bootstrapped confidence interval and remained below 1.000, thus meeting the HTMT interference.

Structural Model

The structural model was evaluated by examining the potential collinearity issues which are the Variance Inflation Factor (VIF) values of all constructs. The results of the VIF analysis indicate that the inner VIF values are all less than 5, between 1.000 and 2.109, indicating that there is no significant concern regarding lateral multicollinearity among the variables in the study (Hair et al., 2021). The R^2 value for the endogenous latent constructs of behavioural intention and satisfaction stands at 0.559 and 0.526, respectively. Therefore, it can be established that a moderate in-sample prediction power (R^2 = 0.526) exists between satisfaction and its exogenous construct of community-based rehabilitation service experience. Moreover, it also shows a moderate in-sample prediction power exists from satisfaction on behavioural intention (R^2 = 0.559). While the effect size, community-based rehabilitation service experience has a medium impact on satisfaction ($f^2 = 0.209$), and a small impact on behavioural intention ($f^2 = 0.105$). In addition, satisfaction has a medium impact on behavioural intention (f^2 = 0.257). As depicted in Table 5, the results show that one of the endogenous construct items of satisfaction has a lower RMSE of the linear model of satisfaction than the RMSE of the PLS-SEM model, implying the model has a medium out-of-sample predictive power. Furthermore, behavioural intentions show similar results where a majority of the indicator in the PLS-SEM model is a lower RMSE of the linear model benchmark. Thus, the model has a medium out-of-sample predictive power.

After analysing the findings from the path assessment, the proposed hypotheses were examined to determine whether they were accepted or rejected. The results depicted in Table 6 shows community based-rehabilitation service experience has a positive and significant relationship with satisfaction (CBRSE > SAT: β-value = 0.725, t-value = 23.376, ρ-value = 0.000) with a 95% confidence interval of (0.656, 0.777), confirming a strong positive relationship between service experience and satisfaction. Similarly, the path from (CBRSE > BI: β-value = 0.667, t-value = 21.715, ρ-value = 0.000), with a 95% confidence interval of (0.246, 0.470), indicates a moderate positive relationship. Therefore, H1 and H2 are accepted. Moreover, the path from (SAT > BI: β-value = 0.489, t-value = 7.286, ρ-value = 0.000), with a 95% confidence interval of (0.361, 0.621) indicates that parents' satisfaction significantly affects behavioural intentions. Therefore, H3 is accepted. Furthermore, in mediation analysis, the main objective is to identify the indirect effects that help clarify the relationship between different constructs (Henseler, Hubona and Ray, 2016). As shown in Table 6, satisfaction mediates the relationship between community-based rehabilitation service experience and behavioural intention (SAT: β-value = 0.355, t-value = 6.156, ρ-value = 0.000), with a 95% confidence interval of (0.361, 0.621), confirming that the mediation effect is statistically significant. Hence, H4 is accepted, supporting the hypothesis.

Table 3: Confirmatory factor analysis results – lower-order and higher-order measurement model

Lower-order constructs	Higher-Order Constructs	Items	Loadings	[a] CA	[b] CR	[c] AVE
Competitor Orientation		Respond to competitors' actions	0.813	0.910	0.910	0.689
		Identify competitors to provide better service	0.847			
		Can serve better than its competitors	0.839			
		Learn from other rehabilitation centres	0.830			
		Be different and better than other centres	0.836			
		Work with other CBR centres	0.813			
Employee Orientation		Employees are well-trained	0.781	0.919	0.921	0.713
		Employees are motivated and joyful	0.875			
		Staff deliver quality service	0.809			
		Suitable staff to interact with trainees	0.870			
		Employees show love and care	0.878			
		Employees have good relationships with parents	0.847			
Inter-functional Coordination		Employees emphasise trainee care	0.833	0.926	0.926	0.732
		Information freely distributed in the centre	0.766			
		Different departments have good relationships	0.876			
		Good coordination in activities	0.902			
		Good communication in different departments	0.893			
		Work with external organisations	0.858			
Long-Term Orientation		Excellent services to the trainees	0.819	0.935	0.936	0.689
		Implement changes in the long term	0.852			
		Emphasise long-term survival	0.840			
		Products/services improvement	0.831			
		Long-term plans in service	0.853			
		Serving trainees as long-term investment	0.843			
		Emphasise service excellence	0.859			
		Generate income for sustainability	0.738			
Performance		Strives for service excellence	0.843	0.908	0.908	0.686

Lower-order constructs	Higher-Order Constructs	Items	Loadings	[a] CA	[b] CR	[c] AVE
Orientation		Committed to delivering excellent services	0.825			
		Constantly measures its service performance	0.805			
		Monitors service performance	0.853			
		Resources to provide excellent service	0.835			
		Aiming for being excellent Centre	0.806			
Trainee Orientation		Staff's commitment to serve the trainees	0.823	0.908	0.908	0.685
		Good understanding of trainee's needs	0.851			
		Showing love and patient to trainees	0.811			
		Understand trainee's satisfaction	0.852			
		Know trainees' preferences	0.838			
		Excellent after-training service	0.792			
	CBR Service Experience	Competitor Orientation	0.836	0.944	0.948	0.782
		Employee Orientation	0.889			
		Inter-functional Coordination	0.916			
		Long-Term Orientation	0.912			
		Performance Orientation	0.917			
		Trainee Orientation	0.833			
Satisfaction		Overall, I am satisfied	0.899	0.906	0.909	0.842
		Excellent service to trainees	0.935			
		Excellent service to the parents/guardian	0.919			
Behavioural Intention		Cooperate with the Centre	0.922	0.780	0.797	0.819
		I will recommend the Centre	0.888			

Note: a = Cronbach's Alpha; b = Composite Reliability; c = Average Variance Extracted

Table 4: Discriminant validity results for first-order measurement model

		CO	EO	IC	LO	PO	TO	SAT	BI
Heterotrait-Monotrait (HTMT) Criterion	CO								
	EO	**0.705** (0.643; 0.755)							
	IC	**0.772** (0.720; 0.820)	**0.895** (0.860; 0.927)						
	LO	**0.831** (0.787; 0.868)	**0.827** (0.785; 0.862)	**0.896** (0.864; 0.924)					
	PO	**0.810** (0.762; 0.849)	**0.840** (0.795; 0.877)	**0.835** (0.790; 0.871)	**0.857** (0.818; 0.891)				
	TO	**0.671** (0.598; 0.735)	**0.736** (0.676; 0.788)	**0.753** (0.693; 0.806)	**0.721** (0.660; 0.776)	**0.888** (0.854; 0.918)			
	SAT	**0.621** (0.531; 0.694)	**0.765** (0.692; 0.825)	**0.732** (0.651; 0.798)	**0.707** (0.630; 0.767)	**0.711** (0.630; 0.775)	**0.661** (0.579; 0.729)		
	BI	**0.622** (0.544; 0.691)	**0.749** (0.657; 0.821)	**0.750** (0.653; 0.833)	**0.701** (0.630; 0.765)	**0.710** (0.634; 0.778)	**0.602** (0.506; 0.685)	**0.845** (0.759; 0.921)	

Note: CO = Competitor Orientation; EO = Employee Orientation; IC = Inter-functional Coordination; LO = Long-Term Orientation; PO = Performance Orientation; TO = Trainee Orientation; SAT = Satisfaction; BI = Behavioural Intention; HTMT value in bracket represents the 2.5% and 97.5% confidence interval

Table 5: Discriminant validity results for second-order measurement model

		CBR SE	SAT	BI
Heterotrait-Monotrait (HTMT) Criterion	CBR SE			
	SAT	**0.781** (0.704; 0.836)		
	BI	**0.769** (0.690;0.834)	**0.845** (0.759; 0.921)	

Note: CBRSE = Community-Based Rehabilitation Service Experience; SAT = Satisfaction; BI = Behavioural Intention; HTMT value in bracket represents the 2.5% and 97.5% confidence interval

Table 6: PLSpredict summary

Endogenous Construct Items	Q^2 Predict	RMSE		Δ RMSE
		PLS-SEM Model	LM Model	
SAT1	0.378	0.508	0.517	0.696
SAT2	0.470	0.484	0.482	
SAT3	0.467	0.477	0.481	
BI4	0.427	0.457	0.456	0.753
BI5	0.290	0.614	0.617	

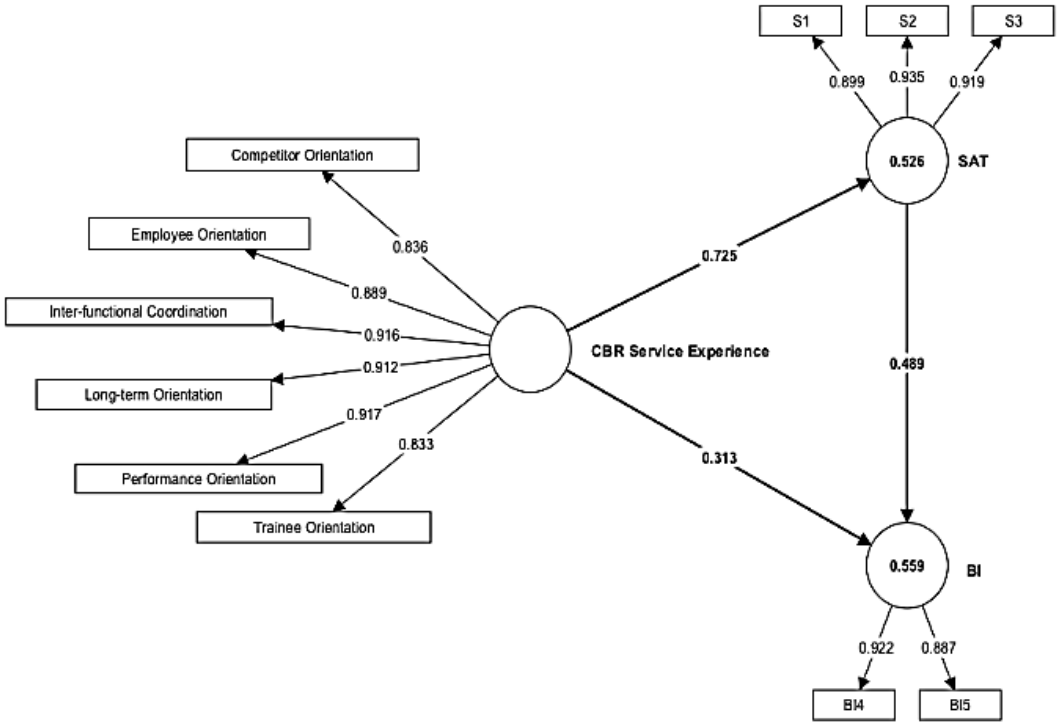
Note: SAT = Satisfaction; BI = Behavioural Intention

Table 7: Structural model results

Hypotheses	Path Coefficient (β)	Std Error	t-statistic	p-Value	VIF	f^2	Decision
H1: CBRSE->SAT	0.725	0.031	23.376	0.000**	1.000	0.209	Accepted
H2: CBRSE-> BI	0.667	0.031	21.715	0.000**	2.106	0.105	Accepted
H3: SAT -> BI	0.489	0.067	7.286	0.000**	2.109	0.257	Accepted
H4: CBRSE->SAT ->BI	0.355	0.058	6.156	0.000**			Accepted

Note: H = Hypothesis; SAT = Satisfaction; BI = Behavioural Intention; CBRSE = Community-Based Rehabilitation Service Experience

Figure 2: Path diagram



Discussion

The findings of this study provide significant insights into the service experience of parents who engage with CBR centres. The study's primary focus was to evaluate the relationship between various dimensions of service experience, parent satisfaction, and their subsequent behavioural intentions. These dimensions consisted of trainee orientation, performance orientation, competitor orientation, long-term orientation, inter-functional coordination, and employee orientation. The results reveal both the strengths and areas of improvement for CBR centres, offering valuable guidance for enhancing CBR services, parent satisfaction and behavioural intentions.

Trainee orientation emerged as a crucial factor in shaping the overall service experience. This finding aligns with previous research emphasising the importance of customer-oriented service practices (Zablah et al., 2012). The ability of staff to understand and meet the specific needs of trainees directly impacts parents' perceptions of the service quality. The high factor loadings and path coefficients associated with this dimension underscore its significance in achieving parent satisfaction. CBR centers that prioritize effective trainee orientation are more likely to foster positive experiences, leading to higher levels of satisfaction and stronger behavioral intentions among parents.

The commitment to continuous improvement and service excellence is pivotal in improving customer satisfaction (Kotiloglu et al., 2023). The findings indicate that CBR centres with a strong focus on performance orientation are more likely to meet and surpass parents' expectations. This, in turn, leads to higher satisfaction levels and a greater likelihood of parents recommending the centre to others. The strong statistical significance of performance orientation further validates its importance in the context of rehabilitation services.

The study found that competitor orientation has a positive impact on service experience. This dimension emphasises the importance of monitoring competitors and adopting best practices to improve service delivery. The findings aligned with the previous research in which a competitor orientation leads to enhanced customer experiences (Narver and Slater, 1990; Crick et al., 2020). By understanding and responding to competitor strategies, CBR centres can implement innovative approaches that resonate with parents, helping to improve parents' overall satisfaction.

Long-term orientation was identified as a key driver of positive service experiences. This dimension reflects the commitment of CBR centres to sustainable practices and long-term service excellence (Mihardjo et al., 2019). The findings suggest that parents value centres that prioritize the long-term well-being of their children. The significant path coefficients associated with long-term orientation indicate that it is a critical factor in ensuring sustained parent satisfaction and fostering strong behavioural intentions.

Moreover, effective inter-functional coordination was found to be essential in fostering a positive service experience. The study's results align with the literature highlighting the importance of coordinated efforts across different departments to enhance service quality (Narver and Slater, 1990; Berács and Nagy, 2008). The ability of CBR centres to work collaboratively and efficiently across functions contributes to a more holistic and positive experience for parents. This, in turn, leads to higher levels of satisfaction and stronger behavioural intentions.

Lastly, employee orientation was also found to be a significant determinant of service experience. The findings indicate that well-trained and motivated employees are crucial in shaping positive interactions with parents and trainees (Gazzoli et al., 2013). The study highlights the importance of employee orientation in ensuring consistent service quality and meeting the specific needs of trainees. The strong statistical support for this dimension underscores its importance in achieving high levels of parent satisfaction and fostering positive behavioural intentions.

The findings of this study align with and diverge from similar studies conducted in

other countries. For instance, the findings of this study confirm that CBR service experience positively affects parents' satisfaction. A study in Ethiopia also confirmed that service experience plays a significant role in satisfaction among caregivers of children with disabilities. The study found that factors such as frequency of service visits, duration of service usage, and access to multiple services had a direct impact on satisfaction levels (Fentanew et al., 2021). Moreover, this study confirms that CBR service experience positively affects behavioural intentions. A study in Australia on community-based residential mental health rehabilitation services found that positive consumer experiences led to increased program engagement and willingness to comply with treatment recommendations (Parker et al., 2019). Consumers who had positive service interactions were more likely to stay engaged with rehabilitation programs.

By focusing on the identified dimensions of service experience, CBR centres can significantly improve parent satisfaction and behavioural intentions. This will lead to better rehabilitation outcomes for trainees. However, there are limitations to this study that suggest other approaches for future research. For instance, the study was conducted within a specific geographical context, and future research could explore the applicability of these findings in different regions or countries. Additionally, further research could investigate the role of other potential mediators or moderators in the relationship between service experience and behavioural intentions. Future research could investigate the moderating effects of demographic factors such as age, income level, educational background, and geographical location on parents' satisfaction and behavioural intentions. Understanding these moderating effects would help tailor CBR services to meet the specific needs of different demographic groups more effectively. While this study covers multiple CBR centres, findings may not be fully generalisable to all CBR centres in Malaysia. Future studies should consider longitudinal or qualitative methods to capture long-term parental satisfaction trends, observing any changes in the findings over a period of time.

This research is in line with the Malaysian government's policy of leveraging healthcare quality typically for the needy people, socio-economic standards and quality of life of the targeted community, especially those in the lower income groups (B40) to achieve and sustain the various sustainable development goals. The findings of this study provide actionable insights that can guide policymakers and practitioners in addressing gaps in CBR services. Specifically, by examining the key dimensions of service experience, the research can help refine existing policies to ensure they are more responsive to the needs of trainees and their parents. By integrating polarity management, SPV2030 provides a roadmap for addressing the unique challenges faced by PWD within the B40 group. The key implications include ensuring equitable distribution of healthcare and rehabilitation services and investing in infrastructure that accommodates the needs of PWD, such as accessible transportation and facilities. The framework and measurement will be instrumental for the public service providers, in line with the SPV 2030 (KEGA 3: Industrial Revolution 4.0; KEGA: Advanced and Modern Services). Special education requires a good service management system and excellent healthcare service for sustainability. The Ministry of Women, Family and Community Development will most probably find the measurement useful for planning, leading, organising and controlling for effective and efficient disability rehabilitation services.

Practical Implications for Asian Business

The findings of this study offer several practical implications for businesses operating within the Asian context, particularly those in service-oriented sectors such as healthcare services and customer service industries. Given the diverse and rapidly growing economies in Asia, businesses must adapt to the unique cultural, economic, and social landscapes of the region. The study highlights key areas that can enhance service delivery, customer satisfaction, and overall business success.

The findings reveal that CBR centres that emphasise trainee-oriented practices such as personalised care, responsiveness to individual needs, and consistent communication with parents are more likely to enhance parents' satisfaction. CBR centres should implement structured programs that regularly assess and address the unique needs of trainees. This could include individualised rehabilitation plans, progress monitoring, and regular feedback sessions with parents to ensure alignment between expectations and outcomes. Moreover, the findings confirm that satisfaction derived from trainee-oriented services translates into positive behavioural intentions among parents.

Next, the findings reveal that centres with a strong employee orientation characterised by well-trained staff, supportive work environments, and continuous professional development are more likely to deliver high-quality services that enhance parents' satisfaction. Parents value staff members who are knowledgeable, empathetic, and responsive to their needs. Regular workshops, certifications, and mentorship opportunities can ensure that employees remain motivated and capable of meeting the unique needs of trainees and their families. In addition, parents who observe professional and compassionate staff are more likely to continue utilising CBR services. Employees who are well-trained and motivated are more likely to provide good care and support to trainees, which in turn positively impacts parents' perceptions of the rehabilitation services. The employees should be equipped with the necessary skills and knowledge to deliver quality care.

In addition, the findings highlight that CBR centres that actively benchmark their services against competitors are more likely to identify areas for improvement and enhance service delivery. Monitoring and responding to competitors' activities can help CBR centres adopt best practices and strategies that can improve service delivery. By understanding competitors' strengths and weaknesses, CBR centres can develop plans and strategies that can meet the evolving needs of parents and their children. Competitor orientation enables centres to differentiate their services by offering unique features that meet the specific needs of trainees and parents. For instance, centres can specialise in areas like vocational training and assistive technology. CBR centres should develop and promote unique service offerings that set them apart from competitors. This can include creating specialised programs for specific disabilities, integrating advanced therapeutic tools, or providing additional parental support services. Centres that adopt competitive standards tend to build loyalty among parents, who perceive them as providing excellent and reliable services. This strategic approach can lead to improved satisfaction and behavioural intentions and a competitive advantage for the centres.

Moreover, it is crucial to have a long-term perspective when providing services to ensure sustainability and continuous improvement. CBR centres should focus on building strong relationships with parents, investing in sustainable practices and

emphasising long-term goals. This strategy not only improves the service but also cultivates trust among parents, hence contributing to a more positive service experience. Mihardjo et al., (2019) emphasised the significance of sustainable practices in establishing long-term value, which is essential for maintaining excellence in rehabilitation services. Efficient resource allocation is another critical area of focus. Disparities in infrastructure and staffing between urban and rural CBR centres require immediate attention. Increasing funding for rural centres would help address these inequities, ensuring that underserved areas have access to adequate facilities, equipment, and skilled staff.

Furthermore, fostering cooperation and communication among the employees and parents can ensure that services are integrated and responsive to the needs of the trainees. Waldron-Perrine et al., (2022) emphasise that inter-functional coordination enhances service quality by facilitating consistent communication and shared decision-making among rehabilitation professionals. This collaborative approach can lead to more effective and customer-centred interventions. The findings of this study confirm that inter-functional coordination significantly enhances parents' satisfaction. Coordination among CBR staff ensures that services are delivered seamlessly and address both the functional and emotional needs of parents and trainees. Regular meetings and shared planning sessions can improve the alignment of services.

Lastly, the findings emphasise the importance of performance orientation in achieving service excellence and fostering parents' satisfaction and engagement in CBR services. CBR centres should implement performance tracking systems, such as progress monitoring tools and key performance indicators, to evaluate service outcomes. Sharing these results with parents can build trust and confidence in the centre's commitment to excellence. Kotiloglu Blettner and Lechler (2023) have observed that these cultures are focused on excellence and constant improvement, which results in better service experiences for parents. In addition, the continuous development of employees at the centre is vital for improving rehabilitation services and outcomes. This can be achieved through regular performance evaluation and training programs for employees. Hence, training programs should be implemented for CBR staff. For instance, empathy and communication skills are vital for fostering positive interactions between staff, parents, and trainees. Training programs should emphasise understanding individual needs and providing emotional support, which can significantly enhance satisfaction among parents. Additionally, technical skills development, including continuous education on rehabilitation techniques and the use of assistive technologies, would ensure that staff can deliver high-quality services.

In conclusion, the practical implications of this study offer valuable insights for Asian businesses aiming to enhance their service delivery and customer satisfaction. By focusing on performance orientation, adopting a customer-centric approach, leveraging competitor orientation, embracing long-term sustainability, enhancing inter-functional coordination, and prioritising employee orientation, businesses can position themselves for success in the competitive and culturally diverse Asian market. These strategies not only contribute to improved customer experiences but also ensure long-term business growth and sustainability.

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