



Evaluation of Patient Satisfaction with Service Quality at Hasim Dental Center, CBD Polonia, Medan, Indonesia

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Abstract: Patient satisfaction is a key indicator in assessing the success of dental healthcare services, reflecting the degree of service perfection in creating a sense of satisfaction for each patient (Sadaningsih DP & Irsa LI, 2022). In the context of private dental clinics like Hasim Dental Center (HDC), measuring patient satisfaction serves as a benchmark for service quality and a determinant of long-term sustainability. This study aims to analyze the relationship between service quality and patient satisfaction at HDC CBD Polonia Medan, using a modified SERVQUAL model. The study employed a qualitative descriptive-analytical design with a solvin formula involving 60 respondents who met the inclusion criteria. Data were collected using a modified SERVQUAL-based questionnaire covering seven dimensions: Tangible, Responsiveness, Empathy, Control, Trust, Self-Disclosure, and Confirmation. Data analysis included descriptive statistics, validity-reliability testing, Kolmogorov-Smirnov normality testing, and non-parametric Spearman correlation testing. The results showed that, in general, patients were satisfied with all service quality dimensions (mean 3.50-4.57). The Trust dimension received the highest score (mean=4.57). However, correlation analysis revealed that Responsiveness ($\rho=0.824$; $p<0.001$) was the strongest factor influencing patient satisfaction, followed by Tangible ($\rho=0.795$) and Empathy ($\rho=0.713$). The Control ($\rho=0.156$; $p=0.233$) and Trust ($\rho=0.087$; $p=0.509$) dimensions showed no statistically significant relationship. Although trust is highly rated by patients, responsiveness of service, physical facilities, and empathy more strongly influence the overall level of patient satisfaction. These findings recommend strategic prioritization of improving service responsiveness and responsive communication to enhance patient satisfaction in dental clinics.

Keywords: Dental clinic; Patient satisfaction; Responsiveness; Service quality; SERVQUAL

Introduction

The development of healthcare services in Indonesia has undergone profound transformation, driven by rising public expectations for accessible, efficient, and high-quality services (Delimah et al., 2026). This shift is particularly evident in urban centers like Medan, where increased health literacy and exposure to global standards have led patients to evaluate healthcare not merely as a utility but as a comprehensive experience encompassing technical competence, timeliness, interpersonal interaction, and

environmental comfort (Rangkuti et al., 2021). Within this evolving paradigm, oral healthcare has emerged from a peripheral concern to a recognized cornerstone of overall well-being. Consequently, dental clinics now operate in an increasingly competitive and discerning market, where patient satisfaction has transitioned from a passive outcome to an active, strategic imperative crucial for clinic reputation, patient retention, and long-term viability (Widodo et al., 2022).

Patient satisfaction itself is a complex, multifaceted construct. It is not a static endpoint but a dynamic psychological state resulting from the cognitive

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comparison between a patient's pre-service expectations and their post-service perceptions of actual performance (Utami et al., 2023). When perceptions meet or exceed expectations, satisfaction is achieved; when they fall short, dissatisfaction ensues. This evaluative process is influenced by a confluence of tangible and intangible factors, making its measurement and management essential for any service-oriented healthcare institution (Anjayati, 2021). For private dental clinics like Hasim Dental Center (HDC), located in the commercial hub of CBD Polonia, Medan, a nuanced understanding of these determinants is not just academically interesting but commercially vital for sustaining and growing its patient base in a competitive local ecosystem.

The quest to quantify service quality has led to the widespread adoption of structured models, with the SERVQUAL (Service Quality) framework being among the most prominent and validated. Developed by Parasuraman et al., SERVQUAL originally posits five core dimensions: Tangibles (physical facilities and equipment), Reliability (ability to perform promised service dependably), Responsiveness (willingness to help and provide prompt service), Assurance (knowledge and courtesy that inspire trust and confidence), and Empathy (caring, individualized attention) (Soumokil et al., 2021). This model has been extensively applied across various healthcare settings in Indonesia, with studies such as those at regional hospitals confirming significant relationships between these dimensions and patient satisfaction levels (Rahina, 2024).

However, the direct transplantation of a generic service model to the specific context of dental care may overlook its unique psychosocial dimensions. Dental visits are frequently associated with high levels of anxiety and fear; the interactions are intimate, often invasive, and require a significant degree of trust and vulnerability from the patient (Kamaruddin, 2025). The success of dental treatment hinges not only on the clinician's technical prowess ("hard skills") but, arguably with equal importance, on their communication, empathy, and relationship-building capabilities ("soft skills") (Salim, 2023). The traditional SERVQUAL dimensions, while foundational, may not fully encapsulate the nuances of the therapeutic dentist-patient alliance, which is built through open dialogue, shared decision-making, and emotional support.

Recognizing this gap, recent scholarly discourse has called for the adaptation of service quality instruments to better reflect the relational and communicative aspects central to clinical encounters (Lutfiliawan et al., 2023). In response, this study proposes and tests a modified SERVQUAL instrument.

It retains the core dimensions of Tangible, Responsiveness, and Empathy, while integrating four additional dimensions derived from therapeutic communication theory: Control (the patient's perceived influence over the care process), Trust (confidence in the dentist's competence and integrity), Self-Disclosure (the dentist's openness in explaining procedures and options), and Confirmation (validation of the patient's concerns and choices) (Halim et al., 2020). This expanded seven-dimension model aims to provide a more holistic and contextually relevant lens through which to examine the drivers of satisfaction in a dental care setting.

Prior research within the Indonesian context, such as work conducted at the Gentan Dental Clinic in Surakarta, establishes a clear precedent that enhancing service quality directly correlates with elevated patient satisfaction (Pasya et al., 2022). Yet, there remains a paucity of empirical studies that employ an enriched SERVQUAL model tailored to the communication-intensive environment of private dental practice. Therefore, this research is designed to address this empirical gap. Its objectives are threefold: (1) To measure the level of patient satisfaction across the seven proposed dimensions of service quality at HDC; (2) To analyze the strength and significance of the relationship between each individual dimension and the overall satisfaction of patients; and (3) To identify which dimension exerts the most dominant influence on the formation of overall satisfaction. The findings are anticipated to yield both theoretical contributions to the body of knowledge on dental service management in Indonesia and actionable, evidence-based insights for HDC and analogous clinics to refine their patient-centered care strategies and secure a sustainable competitive advantage.



Figure 1. Exterior view of Hasim Dental Center (HDC), CBD Polonia, Medan

Method

This study adopted a qualitative descriptive-analytical design to evaluate the relationship between service quality and patient satisfaction at a single time point (Aquino et al., 2021). The research was conducted at Hasim Dental Center (HDC), located in the CBD

Polonia area of Medan, Indonesia, with data collected over a one-month period.

The study population comprised all patients who received dental services at HDC during the study period. A total of 60 respondents were included, with the sample size determined using the Slovin formula (margin of error 10%) and selected through a total sampling technique. Inclusion criteria were patients aged ≥ 18 years who were able to read and comprehend the questionnaire, had completed their dental treatment, and provided informed consent. Exclusion criteria included pediatric patients, individuals requiring emergency medical care, and HDC healthcare personnel.

Service quality was assessed as the independent variable using a modified SERVQUAL model encompassing seven dimensions: Tangible, Responsiveness, Empathy, Control, Trust, Self-Disclosure, and Confirmation. Overall patient satisfaction served as the dependent variable.

Data were collected using a structured questionnaire consisting of 60 items measured on a five-point Likert scale (1 = Very Dissatisfied to 5 = Very Satisfied). The instrument underwent prior validity and reliability testing, with all items demonstrating acceptable validity ($r > 0.254$) and internal consistency (Cronbach's Alpha > 0.7). Questionnaires were administered immediately after patients completed their treatment.

Statistical analysis was performed using SPSS software. Descriptive statistics were used to summarize respondent characteristics and mean scores for each service quality dimension. Validity and reliability were evaluated using Pearson correlation coefficients and Cronbach's Alpha, respectively. Data normality was assessed using the Kolmogorov-Smirnov test. As the data were not normally distributed, Spearman's rho correlation test was applied to examine the relationship between service quality dimensions and patient satisfaction.

Ethical approval was obtained, and permission was granted by HDC management. All data were anonymized, and participant confidentiality was strictly maintained.

Result and Discussion

Most respondents were female (53.3%), aged 31-45 years (41.7%), had a diploma/university education (70%), worked in the private sector (43.3%), and paid out-of-pocket (58.3%) (Table 1).

All question items across the seven dimensions were declared valid with a correlation coefficient (r) $> r$ table (0.254). The Cronbach's Alpha value for each dimension was > 0.7 , indicating the instrument was reliable (Table 2).

Table 1. Demographic Characteristics of Respondents (n=60)

Characteristics	Category	Frequency (n)	Percentage (%)
Gender	Male	28	46.7%
	Female	32	53.3%
Age (Years)	30	22	36.7%
	31-45	25	41.7%
	46	13	21.6%
Education Level	High School or Equivalent	18	30%
	Diploma/Bachelor's Degree	42	70%
Occupation	Private Sector	26	43.3%
	Civil Servant	12	20%
	Other	22	36.7%
Payment Method	Out-of-Pocket	35	58.3%
	Insurance from Corporate	25	41.7%

Table 2. Validity and Reliability Test Results for Each SERVQUAL

Dimension	Validity Test Result	Reliability Test Result (Cronbach's Alpha)	Interpretation
Tangible	All items valid ($r > 0.254$)	$\alpha > 0.7$	High Reliability
Responsiveness	All items valid ($r > 0.254$)	$\alpha > 0.7$	High Reliability
Empathy	All items valid ($r > 0.254$)	$\alpha > 0.7$	High Reliability
Control	All items valid ($r > 0.254$)	$\alpha > 0.7$	High Reliability
Trust	All items valid ($r > 0.254$)	$\alpha > 0.7$	High Reliability
Self-Disclosure	All items valid ($r > 0.254$)	$\alpha > 0.7$	High Reliability
Confirmation	All items valid ($r > 0.254$)	$\alpha > 0.7$	High Reliability
Overall Dimension	All 60 items valid	$\alpha > 0.7$ for each dimension	Instrument is both valid and reliable

The average score per dimension was in the Satisfied to Very Satisfied category. The Trust dimension received the highest score (mean=4.57; Very

Satisfied), followed by Self-Disclosure (3.96), Confirmation (3.98), Tangible (3.89), Responsiveness (3.83), Control (3.76), and Empathy (3.50) (Table 3).

Table 3. Descriptive Analysis of Service Quality Dimension (n=60)

Dimension	Total Mean	Number of items	Mean per Item	Category
Tangible	38.90	10	3.89	Satisfied
Responsiveness	38.30	10	3.83	Satisfied
Empathy	35.03	10	3.50	Satisfied
Control	18.78	5	3.76	Satisfied
Trust	22.85	5	4.57	Very Satisfied
Self-Disclosure	19.80	5	3.96	Satisfied
Confirmation	19.92	5	3.98	Satisfied

The correlation analysis revealed that Responsiveness had the strongest relationship with patient satisfaction ($\rho = 0.824$; $p < 0.001$), indicating a very strong and statistically significant correlation. Tangible ($\rho = 0.795$; $p < 0.001$) and Empathy ($\rho = 0.713$; $p < 0.001$) also demonstrated very strong and significant positive correlations with patient satisfaction.

In contrast, Self-Disclosure showed a moderate and statistically significant correlation with patient satisfaction ($\rho = 0.351$; $p = 0.006$), while Confirmation exhibited a weak but significant association ($\rho = 0.280$; $p = 0.003$). Meanwhile, the Control ($\rho = 0.156$; $p = 0.233$) and Trust ($\rho = 0.087$; $p = 0.509$) dimensions did not demonstrate a statistically significant relationship with overall patient satisfaction.

Table 4. Correlation Matrix of Service Quality Dimensions and Patient Satisfaction (Spearman's rho)

Correlation Category	Variable Pairs	ρ range	P value	Interpretation
Very Strong, Significant	Tangible-Responsiveness	0.713-0.824	< 0.001	Strong interrelationship among core service dimensions and strong association with satisfaction
	Tangible-Empathy			
	Responsiveness-Empathy			
	Tangible-Satisfaction			
	Responsiveness-Satisfaction			
Moderate, Significant	Empathy-Satisfaction	0.351	0.006	Moderate positive relationship with satisfaction
	Self-Disclosure-Satisfaction			
Weak, Significant	Confirmation-Satisfaction	0.280	0.003	Weak but statistically significant relationship
Not Significant	All remaining variable combinations (including Control and Trust)	-0.235-0.188	> .05	No statistically significant relationship

The main hypothesis was accepted: there is a significant relationship between service quality and patient satisfaction. Of the seven partial hypotheses, five were accepted (Tangible, Responsiveness, Empathy, Self-Disclosure, Confirmation) and two were rejected (Control, Trust).

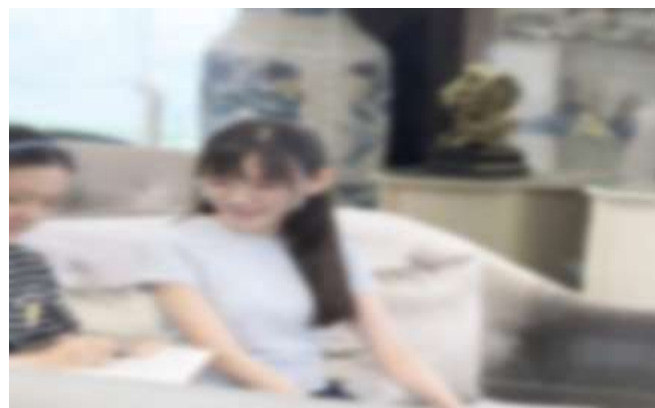


Figure 2. A patient completing the SERVQUAL questionnaire in the HDC waiting area

The findings of this study illuminate a compelling and nuanced narrative about what truly drives patient satisfaction in a contemporary private dental clinic setting. At first glance, the descriptive results paint a

positive picture: patients at Hasim Dental Center (HDC) reported being "Satisfied" to "Very Satisfied" across all seven measured dimensions. This indicates that HDC is successfully meeting, and in some areas exceeding, the baseline expectations of its clientele. The notably high score for the Trust dimension (mean=4.57) is especially significant and aligns with established healthcare literature. In the context of dentistry, where procedures can be invasive and anxiety-provoking, trust is not merely a pleasant attribute but the fundamental bedrock of the therapeutic relationship (Ahmady et al., 2015). Patients must have confidence in their dentist's technical competence, ethical integrity, and commitment to their best interest. A high trust score suggests that the practitioners at HDC have effectively cultivated this essential social capital, which is a prerequisite for treatment adherence, open communication about symptoms and concerns, and ultimately, better clinical outcomes (Chipidza et al., 2015). This finding corroborates research by Ahmady et al., which underscores that trust is a central component in patient evaluations of dental care (Ahmady et al., 2015).

However, the true insight of this research emerges from the inferential correlation analysis, which reveals a more sophisticated hierarchy of influence. Despite receiving the highest absolute rating, Trust was not the strongest statistical driver of overall patient satisfaction. That role was decisively claimed by Responsiveness ($p=0.824$). This result forms the core of the discussion and offers critical strategic implications. Responsiveness, defined by the willingness to help, promptness of service, minimal waiting times, and swift attention to patient inquiries or discomfort, emerged as the primary "key driver" of satisfaction. This phenomenon can be interpreted through several theoretical lenses. First, Expectation-Confirmation Theory provides a robust explanation (Oliver RL, 1980). According to this model, satisfaction is a function of the gap between prior expectations and perceived performance. For patients visiting a reputed private dental clinic in a commercial district like CBD Polonia, dimensions such as Trust and technical Assurance (implied in the dentist's expertise) may have become "hygiene factors" or basic, non-negotiable expectations. Patients likely assume, even take for granted, that a dentist will be trustworthy and competent. Fulfilling these expectations prevents active dissatisfaction, but because they are perceived as a given, excelling in them does not yield proportional increases in satisfaction. Conversely, Responsiveness is a dimension where performance is highly variable and directly experiential. Long waits, unaddressed concerns, or slow administrative processes can quickly erode

satisfaction, while exceptionally prompt, attentive, and efficient service creates a noticeably positive and memorable experience, thus acting as a powerful "motivator factor" (Bahadori et al., 2015).

Second, the specific psychosocial context of dental care amplifies the importance of Responsiveness. Dental anxiety and phobia are prevalent, and the clinical environment can itself be a source of stress (Camala et al., 2022). In such states, uncertainty and perceived neglect (e.g., being left waiting without updates) can exacerbate anxiety. Proactive, clear, and timely communication from staff and dentists serves as a non-pharmacological intervention that reduces psychological distress and enhances the patient's sense of control and security. Research consistently indicates that in dental services, operational and communicative factors like time management and clarity of information are often as impactful as technical skill in shaping the patient's overall satisfaction judgment (Bahadori et al., 2015). This aligns with findings from Mohebifar et al. (2016) in primary healthcare, which identified responsiveness as the dimension often exhibiting the largest gap between patient importance ratings and perceived performance (Mohebifar et al., 2016).



Figure 3. The waiting area of Hasim Dental Center showcasing comfortable seating and patient amenities



Figure 4. Dental examination room at HDC, featuring modern equipment and sterile environment

The tangible dimension also demonstrated a very strong correlation with satisfaction ($\rho=0.795$). This reinforces the principle that patients make immediate and lasting judgments based on concrete, observable evidence (Santoso et al., 2022). The cleanliness of the clinic, the modernity and orderliness of equipment, the comfort of the waiting area (as seen in Figure 3), and the professional appearance of staff collectively form the physical "proof" of the clinic's promised quality. As Salfia et al. (2022) note, patients frequently use these visible cues as proxies to infer the quality of less tangible aspects, such as clinical sterility or administrative professionalism (Salfia et al., 2021). This is supported by broader reviews in hospital settings, which confirm that tangible aspects are consistently identified as key areas influencing patient satisfaction and requiring continuous improvement (Tuzzahra et al., 2024). Therefore, investing in and maintaining high tangible standards is not a superficial exercise in aesthetics; it is a critical signaling mechanism that communicates safety, diligence, and respect for the patient.

Similarly, the strong linkage of Empathy ($\rho=0.713$) reaffirms the humanistic core of dental practice. The dentist's ability to listen actively, demonstrate genuine concern, explain procedures with patience, and alleviate fears is an inseparable part of the healing process. In a systematic review, Ferreira et al. (2023) concluded that empathy and effective communication rank among the most consistent predictors of patient satisfaction across the entire spectrum of healthcare services (Ferreira et al., 2023). In the intimate and vulnerable context of dental treatment, empathetic engagement can lower psychological barriers, foster cooperation, and transform a clinical procedure into a caring experience, thereby significantly boosting satisfaction.

The non-significant statistical relationship of Control and Trust with overall satisfaction, despite their high mean scores, invites deeper cultural and psychological interpretation. For Trust, the hygiene-factor explanation within Expectation-Confirmation Theory is plausible. For Control, which relates to the patient's perceived influence over treatment decisions and processes, cultural dynamics specific to the Indonesian healthcare context may be influential. A more paternalistic model of care, where patients defer to the doctor as the ultimate expert ("doctor knows best"), may be prevalent (Parantri et al., 2023). Similar patterns of satisfaction determinants, though with differing weights on operational factors, have been observed in public primary care facilities in Indonesia. In such a model, patients may not actively seek or value a high degree of control over technical decisions,

viewing it as the dentist's domain. Consequently, variations in perceived control may not significantly sway their overall satisfaction rating. Alternatively, the operationalization of Control in this study's instrument may have focused on process control, whose impact was overshadowed by the more immediate experiential weight of Responsiveness and Tangible factors in the patient's mind (Adyatmaka, 2022).

The inter-correlation pattern among the independent dimensions is also instructive. Tangible, Responsiveness, and Empathy were found to be strongly correlated with each other (ρ between 0.723 - 0.775). This suggests these dimensions do not operate in isolation but are perceived as an integrated gestalt by patients. A clinic that maintains excellent physical facilities (high Tangible) likely also cultivates a culture that values efficiency (high Responsiveness) and patient-centered communication (high Empathy). This interconnectedness argues for a holistic quality improvement strategy rather than isolated interventions.

The practical implications for HDC and similar clinics are clear and actionable. Strategic investment should be prioritized on enhancing Responsiveness. This can be operationalized through digital appointment and reminder systems to manage schedules, training for frontline staff in proactive and anticipatory communication, establishing standardized protocols for rapid complaint resolution, and potentially implementing real-time queue status notifications for waiting patients (Aini et al., 2021). Concurrently, the high standards for Trust and Tangible must be consistently maintained as foundational competencies; they are the essential "table stakes" required to compete in the market, and any decline would likely cause significant dissatisfaction.

Theoretically, this study contributes to the literature by demonstrating the value of context-specific adaptations of the SERVQUAL model. The inclusion of communication-focused dimensions (Control, Trust, Self-Disclosure, Confirmation) added granularity to the assessment. More importantly, the findings challenge the assumption that the dimension with the highest mean score is the most potent driver of satisfaction (Yunevy et al., 2013). This underscores the necessity of moving beyond simple descriptive ratings to inferential analysis to uncover the true "levers" of patient satisfaction in specific service environments.

This study is not without limitations. Its cross-sectional design captures perceptions at one moment, preventing definitive causal inferences about how changes in service dimensions cause changes in satisfaction over time. The sample, drawn from a single private clinic in Medan, may limit the generalizability

of findings to other regions or types of dental facilities (e.g., public clinics). Furthermore, reliance on self-reported survey data introduces the potential for common method bias.

Overall, this study successfully identified that beyond high trust ratings, it is the responsiveness in meeting patient needs, supported by good physical facilities and empathy, that becomes the main driving force behind the formation of patient satisfaction at Hasim Dental Center. These findings shift the paradigm from merely meeting basic standards (such as trust) towards optimizing patient interactional and operational experience as the primary strategy for enhancing satisfaction.

Future research avenues should aim to address these limitations. First, longitudinal or interventional studies could be designed to track satisfaction before and after specific improvements in Responsiveness, thereby establishing stronger causal evidence. Second, expanding the geographical and institutional scope of sampling (e.g., multi-city comparisons, public vs. private clinic comparisons) would enhance the external validity of the findings. Third, enriching survey data with objective metrics—such as electronically recorded waiting times, no-show rates, or patient retention figures—would create a more robust and multi-faceted dataset for analysis (Puspitasari et al., 2022). Finally, investigating potential moderating variables, such as the type of dental procedure (routine cleaning vs. complex surgery), baseline patient anxiety levels, or specific socio-demographic factors, could reveal subgroup variations in what drives satisfaction, enabling even more personalized service strategies (Puspitasari et al., 2022).

Conclusion

Based on the results of this study, it can be concluded that, in general, patients at Hasim Dental Center demonstrate a high level of satisfaction with the quality of services they receive, ranging from satisfied to very satisfied. The findings indicate a significant relationship between service quality and patient satisfaction at HDC, confirming that improvements in service quality are closely associated with increased patient satisfaction. Among the evaluated dimensions, Responsiveness emerged as the most influential factor affecting patient satisfaction, followed by Tangible and Empathy. Meanwhile, the Control and Trust dimensions did not show a statistically significant effect on overall satisfaction. This suggests that these two aspects are perceived as fundamental expectations by patients, meaning they are considered basic standards

that must be met rather than factors that actively enhance satisfaction.

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Author Contributions

Conceptualization, B.J.H. and S.H.; methodology, B.J.H.; validation, B.J.H., A. and S.H.; investigation, B.J.H.; resources, B.J.H.; data curation, B.J.H.; writing—original draft preparation, B.J.H.; writing—review and editing, S.H.; visualization, B.J.H.; supervision, B.J.H.; project administration, B.J.H.; funding acquisition, B.J.H. All authors have read and agreed to the published version of the manuscript.

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Conflicts of Interest

The authors declare no conflict of interest related to this study.

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