

**Association Between Dental and Oral Health Service Quality and Patient Satisfaction at Pakuan Baru Primary Health Care Center in Jambi, Indonesia**

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**Abstract**

**Introduction:** Patient satisfaction is a key indicator of healthcare service quality, influencing trust and loyalty. The SERVQUAL model assesses service quality through five dimensions: tangible, reliability, responsiveness, assurance, and empathy. **Objective:** This study aimed to examine the relationship between service quality dimensions and patient satisfaction in dental health services. **Method:** A cross-sectional study was conducted at Pakuan Baru Public Health Center, Jambi City, from April 2025 to March 2026. A total of 190 respondents were selected from 341 patients using systematic random sampling. Data were collected through structured questionnaires and analyzed using chi-square tests and multiple logistic regression. Ethical approval was obtained (No. 1159/UN21.8/PT.01.04/2025). **Results and Discussion:** Overall, 51.58% of patients were satisfied. Significant associations were found between tangible (POR=7.37), reliability (POR=2.87), assurance (POR=4.76), and empathy (POR=5.87) and patient satisfaction ( $p < 0.05$ ). Multivariate analysis identified empathy as the most dominant factor (aOR=12.08; 95% CI=3.48–42.01). **Conclusion:** Service quality dimensions significantly influence patient satisfaction, with empathy as the strongest predictor. Improving interpersonal communication and healthcare facilities is essential to enhance patient satisfaction.

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### **Introduction**

Oral health is a fundamental component of overall well-being, as it encompasses the condition of both hard and soft tissues in the oral cavity, enabling individuals to eat, speak, and interact socially without discomfort or functional limitations. Poor oral health, including conditions such as dental diseases, malocclusion, and tooth loss, can significantly affect quality of life and productivity, both socially and economically (WHO, 2025); (Permenkes, 2015). Therefore, maintaining optimal dental and oral health is essential for achieving a healthy population. Primary health care facilities, including community health centers (Puskesmas), play a crucial role in delivering accessible and comprehensive health services. These facilities are responsible for providing promotive, preventive, curative, and rehabilitative services, with a strong emphasis on community-based and family-centered approaches (Sinay & Soumokil, 2025). In line with Law Number 17 of 2023 on Health, health service facilities are mandated to ensure equitable access to quality health services in order to improve and sustain optimal health outcomes (Undang-Undang RI, 2023). Within this context, dental and oral health services at primary care settings are essential in addressing community oral health needs.

Service quality is widely recognized as a key determinant in healthcare delivery, reflecting the extent to which health services meet patients' needs and expectations. High-quality healthcare services are delivered in accordance with professional standards and scientific advancements, while also respecting patients' rights and responsibilities (Febrian et al., 2021). In healthcare settings, service quality is commonly assessed using the SERVQUAL model, which includes five dimensions: tangibility, reliability, responsiveness, assurance, and empathy (Ulfa et al., 2022). These dimensions provide a comprehensive framework for evaluating service performance and identifying areas for improvement. Dental and oral health services also have unique characteristics that can shape patient satisfaction more strongly than in many other primary-care encounters. Dental visits are often associated with anxiety and fear of pain, which can influence perceptions of provider communication, technical competence, and the sense of safety during procedures. In addition, waiting time, privacy during examination and treatment, infection-control assurance, and continuity of care (e.g., follow-up for ongoing treatment plans) are frequent concerns in primary facilities, and these factors may affect how patients evaluate the service experience beyond clinical outcomes.

Patient satisfaction is closely linked to service quality and represents an individual's emotional response after comparing perceived service performance with prior expectations. Higher levels of service quality are associated with increased patient satisfaction, which in turn contributes to better patient loyalty and long-term utilization of healthcare service (Handayany, 2020). Conversely, when perceived services fall below expectations, dissatisfaction may occur, potentially reducing trust and continuity of care. Therefore, measuring patient satisfaction is essential for improving healthcare quality and ensuring patient-centered care. Previous studies have demonstrated a significant relationship between dental service quality and patient satisfaction. A study conducted by Mwebesa (2025) reported that 60.2% of patients were satisfied with dental services at Mulago Hospital, Uganda, with high satisfaction in provider competence and communication, but lower satisfaction in waiting time and facility conditions (Mwebesa et al., 2025). Similarly, research in Northeast Romania found that the majority of patients expressed high satisfaction with healthcare staff, although physical facilities such as waiting areas were rated less favorably (Tibeica et al., 2024).

## **Association Between Dental and Oral Health Service Quality and Patient Satisfaction at Pakuan Baru Primary Health Care Center in Jambi, Indonesia**

Another study by Andayani (2024) at Kapuk II Primary Health Center in Jakarta identified significant associations between demographic factors and several SERVQUAL dimensions, indicating that patient satisfaction is influenced by both service quality and patient characteristics (Andayani et al., 2024). Furthermore, Denilson (2025) reported a 75% satisfaction rate in a dental academic clinic, highlighting the importance of physical environment factors such as cleanliness, comfort, and waiting time in shaping patient perceptions (Denilson et al., 2025).

Pakuan Baru Primary Health Center, located in Jambi City, Indonesia, is a healthcare facility that provides a wide range of services, including dental and oral health care. The center has achieved “full” accreditation status, reflecting its commitment to delivering quality healthcare services. Based on data from the Jambi City Health Office, the number of dental patient visits at this facility has shown a significant increase, from 1,031 visits in 2023 to 3,259 visits in 2024, with an average of approximately 300 monthly visits in 2025. This increasing trend indicates a growing demand for dental services, which necessitates continuous evaluation of service quality and patient satisfaction. Despite the increasing utilization of dental services, limited evidence is available regarding the relationship between service quality and patient satisfaction in primary healthcare settings, particularly in Jambi City. Therefore, this study aims to analyze the association between dental and oral health service quality and patient satisfaction at Pakuan Baru Primary Health Center, Jambi, Indonesia.

### **Method**

This quantitative analytical observational study used a cross-sectional design and was conducted at Pakuan Baru Primary Health Center, Jambi City, Indonesia, from April 2025 to March 2026. The study population comprised all patients receiving dental and oral health services (average 341 visits/month). The minimum sample size was calculated using the Lemeshow formula ( $n=181$ ); after adding 10% for non-response, 199 respondents were recruited using systematic random sampling ( $k\approx 2$ ), selecting every second eligible patient until the target was met. Inclusion criteria were patients aged  $\geq 17$  years who had completed dental services, were willing to participate, and were able to communicate and complete the questionnaire; those unwilling or with communication limitations were excluded.

Independent variables were SERVQUAL dimensions (tangibility, reliability, responsiveness, assurance, empathy), and the dependent variable was patient satisfaction (perceived suitability of services, intention to revisit, willingness to recommend). All variables were dichotomized using median cut-offs (good/poor; satisfied/unsatisfied). Data were collected using a validated and reliable self-administered 5-point Likert questionnaire. Analyses included univariate, bivariate (chi-square with POR and 95% CI), and multivariate logistic regression (variables with  $p < 0.25$ ), with significance set at  $p < 0.05$  and model fit assessed using Nagelkerke  $R^2$ . Ethical approval was obtained from the Health Research Ethics Committee, Faculty of Medicine and Health Sciences, Universitas Jambi (No. 1159/UN21.8/PT.01.04/2025), and written informed consent was secured from all participants.

**Association Between Dental and Oral Health Service Quality and Patient Satisfaction at Pakuan Baru Primary Health Care Center in Jambi, Indonesia**

**Result and Discussions**

**1. Result**

A total of 190 respondents were included in this study. The largest age group was 40–49 years (28.95%), followed by 30–39 years (25.26%) and 20–29 years (24.74%). The majority of respondents were female (71.05%). Most respondents were Muslim (89.47%) and married (71.58%). In terms of education, the largest proportion had completed senior high school (44.74%), followed by undergraduate level (28.95%). Regarding occupation, most respondents were unemployed (34.21%), while others worked as private employees (11.58%), entrepreneurs (11.58%), and government or military personnel (11.05%). The occupation of the head of household was mostly laborers (16.84%) and unemployed (17.37%). In terms of family income, the majority earned between IDR 2,500,000–5,000,000 (41.05%), followed by IDR 1,500,000–2,500,000 (26.84%).

Overall, more than half of respondents perceived service quality as good across most dimensions. The tangible dimension was rated good by 54.21% of respondents, reliability by 53.16%, and responsiveness by 52.63%. The assurance dimension showed an equal distribution between good and poor (50.0% each). Meanwhile, empathy was slightly more often perceived as low (50.53%) than high (49.47%). In terms of patient satisfaction, 51.58% of respondents reported being satisfied, while 48.42% were not satisfied (Table 1).

**Table 1**  
Distribution of Service Quality with Patient Satisfaction

| Category                    | n   | Total % |
|-----------------------------|-----|---------|
| <b>Patient Satisfaction</b> |     |         |
| Satisfaction                | 98  | 51.58   |
| Unsatisfied                 | 92  | 48.42   |
| <b>Tangible</b>             |     |         |
| Good                        | 103 | 54.21   |
| Poor                        | 87  | 45.79   |
| <b>Reliability</b>          |     |         |
| Good                        | 101 | 53.16   |
| Poor                        | 89  | 46.84   |
| <b>Responsiveness</b>       |     |         |
| Good                        | 100 | 52.63   |
| Poor                        | 90  | 47.37   |
| <b>Assurance</b>            |     |         |
| Good                        | 95  | 50.00   |
| Poor                        | 95  | 50.00   |
| <b>Empathy</b>              |     |         |
| Good                        | 96  | 50.53   |
| Poor                        | 94  | 49.47   |

*Source: Primary Data 2026*

The bivariate analysis demonstrated that all dimensions of service quality were significantly associated with patient satisfaction ( $p = 0.000$ ). Respondents who perceived good tangible quality were 4.32 times more likely to be satisfied compared to those who perceived it as poor (POR = 4.32; 95% CI: 2.75–6.81). Similarly, good reliability

**Association Between Dental and Oral Health Service Quality and Patient Satisfaction at Pakuan Baru Primary Health Care Center in Jambi, Indonesia**

increased the likelihood of satisfaction by 2.87 times (POR = 2.87; 95% CI: 1.98–4.16). Good responsiveness was associated with a fourfold increase in satisfaction (POR = 4.00; 95% CI: 2.61–6.11). The assurance dimension was also significantly associated with satisfaction (POR = 4.76; 95% CI: 3.07–7.38). The strongest association in the bivariate analysis was observed in the empathy dimension, where respondents with good perceived empathy were 5.87 times more likely to be satisfied (POR = 5.87; 95% CI: 3.60–9.58) (Table 2).

**Table 2**  
Analysis of the Relationship between Service Quality and Patient Satisfaction

| Variable              | Patient Satisfaction |       |             |       | POR (95% CI)     | P-value      |
|-----------------------|----------------------|-------|-------------|-------|------------------|--------------|
|                       | Satisfaction         |       | Unsatisfied |       |                  |              |
|                       | n                    | %     | n           | %     |                  |              |
| <b>Tangible</b>       |                      |       |             |       |                  |              |
| Good                  | 82                   | 79.61 | 21          | 20.39 | 4.32 (2.75-6.81) | <b>0.000</b> |
| Poor                  | 16                   | 18.39 | 71          | 81.61 |                  |              |
| <b>Reliability</b>    |                      |       |             |       |                  |              |
| Good                  | 75                   | 74.26 | 26          | 25.74 | 2.87 (1.98-4.16) | <b>0.000</b> |
| Poor                  | 23                   | 25.84 | 66          | 74.16 |                  |              |
| <b>Responsiveness</b> |                      |       |             |       |                  |              |
| Good                  | 80                   | 80.00 | 20          | 20.00 | 4.00 (2.61-6.11) | <b>0.000</b> |
| Poor                  | 18                   | 20.00 | 72          | 80.00 |                  |              |
| <b>Assurance</b>      |                      |       |             |       |                  |              |
| Good                  | 81                   | 85.26 | 14          | 14.74 | 4.76 (3.07-7.38) | <b>0.000</b> |
| Poor                  | 17                   | 17.89 | 78          | 82.11 |                  |              |
| <b>Empathy</b>        |                      |       |             |       |                  |              |
| Good                  | 84                   | 87.50 | 12          | 12.50 | 5.87 (3.60-9.58) | <b>0.000</b> |
| Poor                  | 14                   | 14.89 | 80          | 85.11 |                  |              |

Source: Primary Data 2026

**Table 3**  
Multivariate Logistic Regression Analysis of Service Quality Factors Related to Patient Satisfaction

| Variable         | aOR    | CI (95%) |       | p            |
|------------------|--------|----------|-------|--------------|
|                  |        | Lower    | Upper |              |
| Tangible         | 7.37   | 2.33     | 23.33 | <b>0.001</b> |
| Reliability      | 0.31   | 0.08     | 1.22  | 0.093        |
| Responsiveness   | 1.26   | 0.38     | 4.24  | 0.701        |
| Assurance        | 3.78   | 1.12     | 12.75 | <b>0.032</b> |
| Empathy          | 12.08  | 3.48     | 42.01 | <b>0.000</b> |
| N observation    | 190    |          |       |              |
| 2 Log Likelihood | 130.8  |          |       |              |
| Nagelkerke R2    | 66.90% |          |       |              |

Source: Primary Data 2026

Multivariate logistic regression analysis identified three variables significantly associated with patient satisfaction (Table 3): tangible, assurance, and empathy. The tangible dimension showed a strong association with patient satisfaction (aOR = 7.37; 95% CI: 2.33–23.33; p = 0.001). Assurance was also significantly associated (aOR = 3.78; 95% CI: 1.12–12.75; p = 0.032). Empathy emerged as the most dominant factor

## **Association Between Dental and Oral Health Service Quality and Patient Satisfaction at Pakuan Baru Primary Health Care Center in Jambi, Indonesia**

influencing patient satisfaction, with respondents being 12.08 times more likely to be satisfied (aOR = 12.08; 95% CI: 3.48–42.01; = 0.000). Meanwhile, reliability ( $p = 0.093$ ) and responsiveness ( $p = 0.701$ ) were not statistically significant in the final model. The model explained 66.90% of the variance in patient satisfaction (Nagelkerke  $R^2 = 0.669$ ), indicating a good explanatory power.).

### **2. Discussion**

This study found that slightly more than half of patients (51.58%) reported satisfaction with dental and oral health services, while a considerable proportion (48.42%) expressed dissatisfaction. This finding suggests that although service delivery has met expectations for many patients, there remains substantial room for improvement. In the context of healthcare quality evaluation, patient satisfaction is widely recognized as an important outcome indicator reflecting both technical and functional aspects of care. Donabedian's framework conceptualizes quality through structure, process, and outcomes, where patient satisfaction represents a key outcome shaped by service processes and facility characteristics (Yang et al., 2025).

The relatively moderate satisfaction level in this study, compared to other reports (>70%) (Anang et al., 2020); (Sarasija et al., 2018); (Sri Wulan W et al., 2019); (Sagay et al., 2023), suggests that some service elements may not yet meet patient expectations. This is consistent with the Expectation–Disconfirmation Theory, which explains satisfaction as the degree to which perceived performance matches or exceeds expectations (Yasa et al., 2026). This theoretical perspective supports the finding that nearly half of the patients were not fully satisfied, suggesting unmet expectations in certain service dimensions. Patient satisfaction is influenced by multiple factors, including responsiveness, communication, facility conditions, and provider competence and SERVQUAL operationalizes these into five dimensions: tangible, reliability, responsiveness, assurance, and empathy (Umoke et al., 2020). In this study, all SERVQUAL dimensions were significantly associated with satisfaction in bivariate analysis, consistent with previous evidence that service quality dimensions collectively influence satisfaction in dental settings (Budhi Kismiaryani et al., 2025); (Maharani et al., 2025); (Jean Siska Roma Tairas et al., 2025). This indicates that improvements in any dimension of service quality have the potential to enhance patient satisfaction.

The tangible dimension showed a significant association with satisfaction (POR=4.32), highlighting the importance of physical facilities such as cleanliness, availability of medical equipment, and comfort of waiting areas. From a theoretical perspective, tangible aspects represent the “evidence” of service quality, as patients often rely on visible cues to evaluate healthcare services. This finding is consistent with prior studies demonstrating that well-maintained facilities and adequate infrastructure positively influence patient satisfaction (Budhi Kismiaryani et al., 2025); (Stephanie & Hutabarat, 2025); (Angela et al., 2025). However, some literature suggests that once a certain standard of facilities is achieved, their relative influence may decline compared to interpersonal aspects of care (Wulandari et al., 2024).

Reliability was also significantly associated with patient satisfaction (POR=2.87), indicating that consistent and accurate service delivery is essential in building patient trust. Reliability reflects the provider's ability to deliver services as promised, including accurate diagnosis, appropriate treatment, and consistency in care. This aligns with previous studies showing that reliability contributes to perceived service credibility and

**Association Between Dental and Oral Health Service Quality and Patient Satisfaction at Pakuan Baru Primary Health Care Center in Jambi, Indonesia**

enhances patient confidence in healthcare providers (Muhammad Hisyam Ali Harahap et al., 2024); (Niam et al., 2025); (Maramis et al., 2023); (Japardi et al., 2025). Responsiveness demonstrated a strong association with satisfaction (POR=4.00), emphasizing the importance of prompt service, willingness to help patients, and effective management of waiting times. According to service quality theory, responsiveness reflects how quickly and effectively providers address patient needs, which is a critical determinant of satisfaction in high-demand healthcare settings. Previous studies have consistently identified responsiveness as a key predictor of patient satisfaction, particularly in primary healthcare and outpatient services (Akbar et al., 2023); (Sharka et al., 2024); (Hutabarat et al., 2025).

The assurance dimension was also significantly associated with patient satisfaction (POR=4.76), highlighting the importance of healthcare providers' competence, courtesy, and ability to instill trust. Assurance relates to patients' perceptions of safety and confidence in the services received. This finding is consistent with earlier research indicating that professional competence and clear communication enhance patient trust and satisfaction (Pasya et al., 2022); (Suliaty et al., 2025); (Arsunan et al., 2025); (Zulaika, 2020). Notably, empathy emerged as one of the strongest factors associated with patient satisfaction (POR=5.87). Empathy represents the provider's ability to deliver caring, individualized attention and to understand patients' emotional and psychological needs. In line with patient-centered care theory, empathy is a critical component of quality healthcare, particularly in dental services where patients often experience anxiety and discomfort. Previous studies have emphasized that empathetic communication, active listening, and emotional support significantly improve patient experiences and satisfaction (Putri & Umaroh, 2025); (Rahayuningsih & Cahyaningrum, 2023); (Yunus et al., 2024); (Nembhard et al., 2023).

Further multivariate analysis identified empathy as the most dominant factor influencing patient satisfaction (aOR=12.08), followed by tangible and assurance. This finding reinforces the growing recognition that interpersonal aspects of care often outweigh technical aspects in shaping overall patient satisfaction. According to the concept of patient-centered care, healthcare quality is not solely determined by clinical outcomes but also by the quality of interactions between patients and providers. Patients who feel respected, understood, and valued are more likely to report higher satisfaction and develop trust in healthcare services (Nembhard et al., 2023); (Yuniarti et al., 2025); (Huang Zhongzhi & Florenly, 2024). Interestingly, reliability and responsiveness were not significant in the multivariate model. This may suggest that these dimensions have reached a baseline level of adequacy within the study setting, thereby reducing their relative contribution compared to other factors. When basic service expectations are consistently met, patients may shift their focus toward higher-level needs, such as emotional support and personalized care, as described in Maslow's hierarchy of needs applied to healthcare contexts (Bradshaw et al., 2022).

Critical discussion and limitations. First, the cross-sectional design limits causal inference; associations between service quality dimensions and satisfaction cannot confirm directionality, and reverse interpretation is possible (e.g., more satisfied patients may rate services more positively). Second, the analysis may be affected by unmeasured confounding. Patient satisfaction in dental care can be influenced by factors not captured in SERVQUAL, such as baseline dental anxiety, pain intensity during treatment, clinical severity and complexity of procedures, prior experiences, waiting time length, and socio-

## **Association Between Dental and Oral Health Service Quality and Patient Satisfaction at Pakuan Baru Primary Health Care Center in Jambi, Indonesia**

demographic or insurance-related characteristics; these variables could partly explain the observed associations and the dominance of empathy. Third, both service quality and satisfaction were measured using self-reported perceptions collected at the same time point, which increases the risk of common-method bias and social desirability effects, potentially inflating correlations between dimensions and outcomes. Fourth, multicollinearity between SERVQUAL dimensions may reduce the apparent independent significance of reliability and responsiveness in the multivariate model, even when they are meaningful contributors in practice (Bradshaw et al., 2022). Finally, because the study was conducted in a single primary health center, generalizability to other settings may be limited.

Overall, this study confirms that patient satisfaction is multidimensional and, in primary dental care, is strongly shaped by empathy, perceived assurance, and tangible service conditions. Future research should consider longitudinal or pre-post designs and include potential confounders (e.g., anxiety, pain, visit type, and waiting time) to better clarify causal pathways and strengthen interpretation of the multivariate findings

### **Conclusion**

This study demonstrates that the quality of dental and oral health services is significantly associated with patient satisfaction at Pakuan Baru Public Health Center, Jambi City. Overall, more than half of patients perceived service quality as good across the SERVQUAL dimensions and reported being satisfied with the services received. All five dimensions of service quality tangible, reliability, responsiveness, assurance, and empathy showed significant associations with patient satisfaction in the bivariate analysis. However, multivariate analysis revealed that only tangible, assurance, and empathy remained significant predictors. Among these, empathy emerged as the most dominant factor influencing patient satisfaction. Patients who perceived higher levels of empathy from healthcare providers were substantially more likely to report satisfaction compared to those who perceived lower levels. These findings highlight the importance of not only improving physical facilities and service reliability but also strengthening interpersonal aspects of care. Enhancing empathy, communication, and patient-centered approaches should be prioritized to improve overall patient satisfaction in dental health services.

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**Association Between Dental and Oral Health Service Quality and Patient Satisfaction at Pakuan Baru Primary Health Care Center in Jambi, Indonesia**

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Septian Primalasari, Dwi Noerjoedianto, Willia Novita Eka Rini, Umami Kalsum, Asparian/KESANS

**Association Between Dental and Oral Health Service Quality and Patient Satisfaction at Pakuan Baru Primary Health Care Center in Jambi, Indonesia**

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