Effect of Trust, Price Fairness and Service Quality on Patient Satisfaction at the Dental Studio Clinic, Jakarta Barat

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Abstract

The purpose of this study is to analyze whether trust, price fairness and service quality have a positive and significant effect on patient satisfaction. This study uses a survey method. Data was collected using a questionnaire instrument. The target population in this study were all patients who had visited the dental studio clinic. The sampling method used is convenience sampling. The number of samples determined was 160 samples. The sampling technique was done by convenience sampling. Data analysis using PLS-SEM with SmartPls program. The results showed that trust (p-value 0.002), price fairness (P-value 0.000) and service quality (P-value 0.004) had a positive effect on patient satisfaction. Of the three variables, price fairness has the most dominant effect on patient satisfaction at the dental studio clinic.

I. Introduction

Every day, companies compete in maintaining and seizing an increasingly tight market through marketing instruments that are increasingly developing and innovative in accordance with the times. Various strategies are carried out by the company in marketing products or services to ensure the sustainability of the company and generate profits, including the health care industry. In order for the hospital and clinic health service industry to survive in the midst of intense competition, it is necessary to present a competitive business advantage so that patients are satisfied and loyal to continue to use their services. Patient satisfaction is the beginning of an opportunity for a business field, one of which is in the health clinic sector to be able to continue to survive in the midst of intense competition. Because patient satisfaction leads to customer loyalty, providing recommendations to others, as well as purchases (Meesala & Paul, 2018)

Based on the Indonesian Health Profile Data, there were 9,205 clinics in 2019, consisting of 8,281 primary clinics and 924 main clinics. The number of primary clinics and main clinics in DKI Jakarta has increased significantly, recorded in the 2019 Indonesia Health profile report of 858 clinics, 207 main clinics and 651 primary clinics. Based on data from the Indonesian Medical Council (KKI) as of October 2021, 42,520 dentists and dentists have registered. dental specialists located throughout Indonesia, consisting of 37,777 dentists and 4,743 doctors specialist dentists, where 17% of the total dentists are in DKI Jakarta. This figure grew significantly compared to 2012 data, as of December 2012 the total number of dentists including registered specialists was 25,218, consisting of 23,266 dentists and 1,952 specialist dentists. This shows that the growth opportunities for dental clinics are getting higher.

Table 1. Number of Dentists in Indonesia

Profession	2012	2021	STR apply 2021
Doctor	110,521	156,760	141,162
Dentist	23,266	37,777	33,507
Specialist Denstist	1,952	4,743	4,451
Specialist Doctor	22,210	45,950	43,034
Total	157,949	245,230	222,154
Source: http://www.kki.go.id/2021 dan http://www.drg.co.id/2013			

Based on basic health research (Riskesdas) in 2014 it was found that as many as 25.9% of the Indonesian population had dental problems (Kemenkes, 2014). This shows that the need for dental care is quite high, aware of this potential dental health facilities compete with each other to provide services to meet dental health needs along with the increasing need for health services or dental care. The large number of customer requests for dental services stimulates entrepreneurs to build a dental clinic business that is growing rapidly around us (Rahmilia, 2015).

The challenges facing the dental clinic business are in addition to the tight competition, the COVID-19 pandemic. In 2020 the world health organization (WHO) has determined the incidence of a global pandemic of coronavirus infection (SARS-CoV-2), better known as Covid-19. Dentists have a very high risk of transmitting the virus because they work by involving saliva. So that PDGI issued a circular to temporarily stop practice activities, except for emergency cases. This makes it a challenge for the dental clinic because it has to close until the situation improves. With the passage of time and Covid-19 cases that have slowly followed, dental clinics have begun to open but with strict health protocols. To maintain patient visits so that patients remain satisfied and loyal during the pandemic, many clinics implement an appointment system, perform an antigen swab before taking action, and use disposable PPE for patients.

Clinic is one of the private dental clinics located in West Jakarta City, providing dental and oral health examination and treatment services. To increase the trust of the surrounding community and the number of patient visits, the clinic management continues to strive to provide the best and consistent dental health services. The following is data on patient visits at the dental studio Clinic during 2021, as of January 2021 the number of patient visits was 44 people, until December the number of visits was 46 patients per month, this shows that the number of patients visiting the dental studio clinic is still far from the target or management expectations that are set at a minimum of 100 patients per month, even in July 2021 only 8 patients.
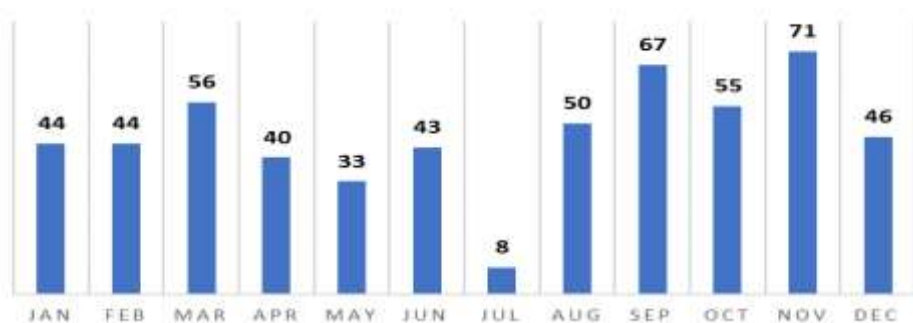
Source: Documentation (2021)
Figure 1. *Patient visit data per month (2021)*

Based on these data, the dental studio clinic management conducted initial research on patients to obtain information on factors that influence patients to visit the dental studio clinic. will not disappoint, nurses serve well, and doctors have the necessary knowledge to carry out diagnosis and treatment, and prioritize the interests of patients, so that patients receive medical services safely), price fairness (reasonable prices, cheap drugs, cheaper prices than others). other clinics, the price is in accordance with the quality of care received, the bill of care costs is clear) and service quality (does not discriminate against patients, doctors and nurses are responsive, provide accurate diagnoses, doctors and medical staff treat patient complaints in a friendly manner, waiting and treatment rooms convenient, waiting time is not long).

Due to the high competition, dental clinics must have the right strategy in order to compete, one of the efforts needed is to maintain and increase patient satisfaction, because satisfied patients tend to have the desire to visit again. Research conducted by Swain and Singh (2021) shows that Price Fairness and trust have a significant and positive effect on patient satisfaction. Akmal and Sasmita (2020), research on 251 patients in the city of Padang, West Sumatra, from the results of the study showed that good service quality had a positive effect on increasing patient satisfaction. Based on the description on the background, the formulation of the problem is how dental studio Clinic in the midst of intense competition can increase patient visits by meeting patient satisfaction.

II. Review of Literature

2.1 Patient Satisfaction

Kotler and Keller (2016, p.153) consumer satisfaction is the level of one's feelings from the comparison between expectations and reality received of a product or service. Customers are dissatisfied if what is received is not as expected, on the contrary, customers are satisfied if it is as expected. Consumers are an important factor in assessing the quality of services provided, and in the health sector the consumers are patients (Irfan et al., 2012). "Patient satisfaction is generally defined as the consumer's view of services received and the results of the treatment". Patient satisfaction according to Ware et al. (1977) was built based on 8 dimensions, namely: interpersonal manner (patient assessment of politeness, friendliness and attention) technical quality of care (competence or skill), accessibility (ease and waiting time), finances, efficacy (reducing illness), continuity (similarity of doctors and nurses in serving), physical environment (physical condition of health service facilities), and availability (presence of officers and availability of medical equipment). Patient satisfaction is the patient's assessment of the quality and outcome of care. This is the extent to which patients feel that their needs and expectations are being met by the service provider (Daramola et al., 2018).

Patient satisfaction provides a critical role in the health service industry, patients are satisfied if the services they receive are able to make patients visit again and use their services (Handayani, 2016). Several factors based on previous research that affect patient satisfaction are trust, price fairness and service quality.

2.2 The relationship between trust and patient satisfaction

Trust is the expectation that consumers have of certain products or services that are considered reliable and trustworthy to meet consumer needs and expectations (Cheng, et al., 2017). Patient trust is defined as the patient's level of confidence that the doctor has the necessary knowledge to make a diagnosis and treatment, and prioritizes the interests of the patient, so that patients receive medical services safely (Yang T & Wu Y, 2018). Patients'

trust in health services is formed based on an assessment of the credibility of health care places where patients feel confident and confident in the knowledge, skills and service quality possessed by staff, nurses and doctors who provide medical care (Swain & Singh, 2021), if the patient feel confident in the service received, it will encourage patient satisfaction, so it can be said that trust has a positive effect on patient satisfaction.

This is supported by the results of research conducted by Swain and Singh (2021) showing that the aspects contained in the trust, namely trust in the care provided by medical personnel, the ability of doctors and hospital image have a positive and significant and positive effect on patient satisfaction. Liu et al. (2021) the study was conducted in 19 public hospitals in 10 cities in Henan Province of China. The results showed that trust in the quality of doctors and hospitals had a significant and positive effect on patient satisfaction. This is also supported by research by Fachmi et al. (2020) and Tanudjaya (2014), the results of the study show that trust is positively correlated with patient satisfaction.

H1: Trust has a positive effect on patient satisfaction

2.3 The relationship between price fairness and patient satisfaction

Price is the amount of money that must be spent by customers to get services or products. Therefore, price has a significant role in attracting and building customer relationships (Kotler & Keller, 2018, p.483). Price fairness is the perception of the comparison between the price perceived by the buyer and the actual price of the seller. Price fairness is related to management strategies related to prices offered and can be well received by patients (El Hadad et al., 2016). In addition to good service quality, comfortable health care places, consumer perceptions of price fairness contribute significantly to consumer satisfaction in addition to, (Pantouvakis & Bouranta, 2014), this means that if the patient feels fair to the price paid, the patient will feel satisfied and will revisit again. Financial statements are basically a source of information for investors as one of the basic considerations in making capital market investment decisions and also as a means of management responsibility for the resources entrusted to them (Prayoga and Afrizal 2021). Financial performance is a measuring instrument to know the process of implementing the company's financial resources. It sees how much management of the company succeeds, and provides benefits to the community. Sharia banking is contained in the Law of the Republic of Indonesia No.21 of 2008 article 5, in which the Financial Services Authority is assigned to supervise and supervise banks. (Ichsan, R. et al. 2021)

Research conducted by Swain & Singh (2021) shows that the aspects contained in price fairness, namely the affordability and suitability of the costs of health care services offered have a positive and significant effect on patient satisfaction. Cakici et al.(2019), the results of the study indicate that price fairness has a positive and significant impact on patient satisfaction and the desire to return. Haque et al (2020), research on public and private hospitals in Beijing China, the results show that the price fairness aspect is the fairness of the price with the services received by patients, cheap drug prices compared to other hospitals have a positive and significant effect on patient satisfaction.

H2: Price fairness has a positive effect on patient satisfaction

2.4 The relationship between service quality and patient satisfaction

Service quality is an important part of health services because good quality health services will lead to patient satisfaction (Pohan, 2013). Fachmi et al. (2020) states that service quality is an assessment given to the perfection of a product or service from the value of the benefits felt by consumers on the basis of a comparison between what

consumers expect and what consumers receive. According to Parasuraman, et al. (1988) service quality is strongly influenced by how the perceived service quality dimension. The service quality consists of five dimensions, including (1) tangibles (physical facilities, tools used and appearance; (2) reliability (accurate diagnosis, waiting time); (3) responsiveness (which means the dexterity of medical staff in serving patients).); (4) assurance (skills, courtesy, avoiding the dangers of risk); and (5) empathy (friendliness, agility to carry out and communicate well and understand what the patient's needs are).

This is supported by research conducted by Kondasani & Panda (2015), a study on patients at 5 private hospitals in Rourkela, India. The results of the study indicate that the service quality aspect consisting of the physical environment, reliability, customer friendly staff, communication, responsiveness, privacy & safety has a positive effect on patient satisfaction. Wilujeng et al. (2019); Akmal & Sasmita (2020); Indrawati et al. (2021) and Pratama (2020) also support that there is a positive and significant influence between service quality on patient satisfaction.

H3: Service quality has a positive effect on patient satisfaction
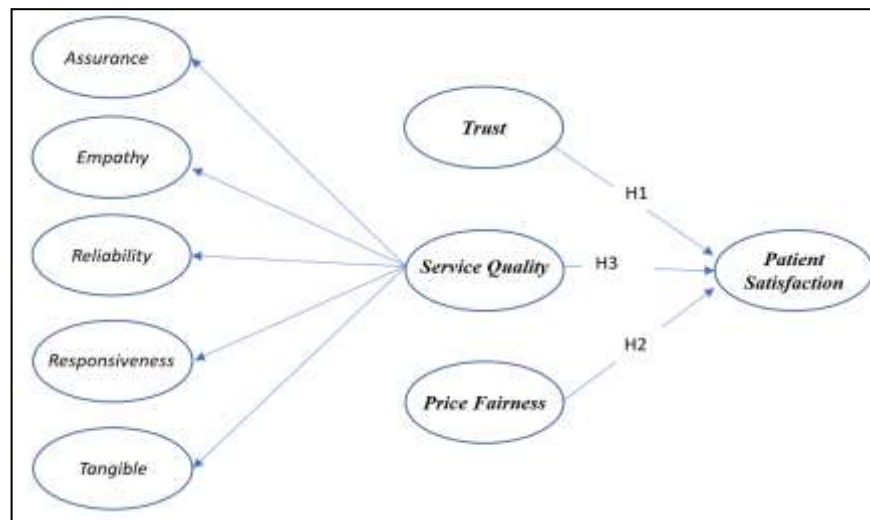
2.5 Research Model

Figure 2. Research Model

III. Research Method

This study aims to determine the effect of trust, price fairness and service qualitymto patient satisfaction. This research is survey research. Data was collected using a questionnaire instrument. The target population in this study were all visitors who had visited the dental studio clinic. The sampling technique was done by convenience sampling. The minimum number of samples uses the inverse square root method with the required number of samples at least 160 samples (Kock, Handaya, 2018). Furthermore, the statistical tool used to process the data is partial least square-structural equation modeling or abbreviated PLS-SEM with the SmartPls program (Hair et al., 2019). For the price fairness construct adapted from Haque et al., (2020) and Swain & Singh (2021), the Trust construct was adapted from Kurnianingrum & Hidayat (2020) and Fachmi et al. (2020), the Service Quality construct was adapted from Kondasani & Panda, (2015) using five service quality dimensions from Parasuraman, et al. (1988) which consists of, (1) tangibles, (physical facilities, tools used and appearance; (2) reliability (accurate diagnosis, waiting time); (3) responsiveness (which means the dexterity of medical staff in serving patients);

(4) assurance (skills, courtesy, avoiding the dangers of risk) and (5) empathy (friendliness, agility to carry out and communicate well and understand what the patient's needs are). Patient Satisfaction was adapted from the research of Haque et al. (2020) and Fachmi et al. (2020). Measuring items using a 5-point Likert scale. Furthermore, the instrument is tested for validity and reliability by statistical analysis of PLS-SEM at the measurement model stage (inner model). Validity test is carried out by measuring average variance extraction (AVE) and loading factor The instrument has met the requirements if the AVE value > 0.5 and loading factor > 0.7 and discriminant analysis must meet the heterotrait-monotrait (HT/MT Ratio) > 0.9 (Henseler et al., 2015). Then test the reliability by calculating the value of composite reliability which must be greater than 0.7 (Ghozali & Latan 2015; Hair et al., 2019).

IV. Result and Discussion

4.1 Population Policy During Turki Utsmani 1512-1566 M

Respondents in this study based on table 1, the results obtained were 180 respondents who were the dental studio clinic patients who had responded. Based on gender, there were 81 people (45%), women 99 people (55%), this shows that there are relatively more women than male patients. Based on age, the age group > 30 years was dominated by 147 people or 81.7%. Based on occupation, labor 8.9%, housewives 22.8%, civil servants/TNI/POLRI 33. % The most dominant, students/students 3.9%, entrepreneurs/traders 26.7% and not working 4.4%

Table 1. Profile of Respondents

Criteria	Sub Criteria	Total (f)	Percentage (%)
Gender	Male	81	45.0%
	Female	99	55.0%
Age	< 20 years	1	0.6%
	20-30 years	32	17.8%
	31-40 years	51	28.3%
	41-50 years	45	25.0%
	> 50 years	51	28.3%
Occupation	Laborer	16	8.9%
	House Wife	41	22.8%
	Civil servants / TNI / POLRI	60	33.3%
	Students	7	3.9%
	Doesn't Work	8	4.4%
	Entreprenuer	48	26.7%
Total		180	100%

4.2 Measurement Model Evaluation

The measurement model or what is called the outer model is a measurement made to see how the relationship between latent variables and their indicators is. Validity test is done by looking at the value of outer loading (> 0.7) and AVE (> 0.5). Reliability test by looking at the CR value (> 0.7) (Hair et al., 2019). Meanwhile, Discriminant Validity uses HT/MT as suggested by Henseler et al. (2015), if the value of HT/MT for the variables studied is < 0.9. To get the outer model in this study, the SmartPLS 3.3TM software was used by running the calculate menu, namely the PLS Algorithm.

Table 2. Validity & Reliability LOC (*lower order construct*)

Construct and item	Outer Loading
Assurance/ASS (AVE = 0.876, CR = 0.955)	
ASS1	0.899
ASS2	0.967
ASS3	0.940
Empathy/EMP (AVE = 0.733, CR = 0.891)	
EMP1	0.864
EMP2	0.894
EMP3	0.808
Reliability/REL (AVE = 0.771, CR = 0.909)	
REL1	0.779
REL2	0.936
REL3	0.911
Responsiveness/RES (AVE = 0.820, CR = 0.932)	
RES1	0.932
RES2	0.945
RES3	0.836
Tangible/TAN (AVE = 0.726, CR = 0.888)	
TAN1	0.837
TAN2	0.862
TAN3	0.856
Description: AVE=average variance of extracted; CR=composite reliability	

Based on the data presented in table 2, it is known that the indicators in each dimension have an outer loading value > 0.7, CR values > 0.7 and AVE > 0.5, because all variables have met the validity test criteria, the data can be analyzed further (Hair et al. al., 2019).

Table 3. Validity & Reliability (construct)

Konstruk dan item	Outer Loading
Price Fairness/PF (AVE = 0.822, CR = 0.970)	
PF1	0.867
PF2	0.906
PF3	0.917
PF4	0.920
PF5	0.922
PF6	0.924
PF7	0.887
Patient Satisfaction/PS (AVE = 0.743, CR = 0.945)	
PS1	0.882
PS2	0.897
PS3	0.860
PS4	0.889

			0.813
PS5			0.813
PS6			0.827
Trust/TR (AVE = 0.623, CR = 0.920)			
TR1			0.827
TR2			0.815
TR3			0.790
TR4			0.750
TR5			0.802
TR6			0.804
TR7			0.733
Description : AVE=average variance of extracted; CR=composite reliability			

Based on the data presented in the table above, it is known that the indicators in each dimension have an outer loading > 0.7, CR values > 0.7 and AVE > 0.5, because all variables have met the validity test criteria, the data can be analyzed further (Hair et al. al., 2019).

In this study, the method used in the discriminant validity test is to look at the value of the heterotrait-monotrait ratio (HT/MT Ratio) as proposed by Henseler et al. (2015). The discriminant value with this method is considered more precise when compared to the discriminant value from Fornell Larcker which was previously used (Hair et al., 2019). In the assessment with this method, if the HT/MT ratio is found to be less than 0.9, then a construct has a valid discriminant value (Henseler et al., 2015). After processing the data using SmartPLS, the results of Discriminant Validity with the HTMT method can be shown in table 4 where the HTMT matrix value for all variables studied is <0.9, it can be stated that the construct has discriminant validity.

Table 4. HTMT Criterion

	ASS	EMP	PS	PF	REL	RES	SQ	TR	TAN
Assurance (ASS)									
Empathy (EMP)	0.830								
Patient Satisfaction (PS)	0.761	0.710							
Price Fairness (PF)	0.656	0.721	0.823						
Reliability (REL)	0.801	0.765	0.739	0.700					
Responsiveness (RES)	0.726	0.751	0.681	0.560	0.699				
Service Quality (SQ)	0.932*	0.984*	0.784	0.718	0.929*	0.926*			
Trust (TR)	0.792	0.761	0.752	0.659	0.752	0.697	0.830		
Tangible (TAN)	0.703	0.855	0.603	0.574	0.708	0.829	0.960*	0.705	
Notes:									
*Discriminant validity testing between Higher Order Construct (HOC) and Lower Order Construct (LOC) cannot be carried out.									
Threshold value <0.9 (Henseler et al., 2015)									

4.3 Structural Model Evaluation

Hair et al. (2019) said that in the structural model, multicollinearity testing should be carried out. The multicollinearity test is obtained by taking into account the value of the variance inflation factor (VIF), if VIF > 5 then it is free of multicollinearity problems (Hair et al., 2019). Table 5 shows that the VIF value for all constructs is < 5.

Table 5. Collinearity

	Patient Satisfaction
Trust	2.545
Price Fairness	1.965
Service Quality	2.981

Furthermore, hypothesis testing is carried out in the evaluation of the structural model. This test was carried out using the bootstrapping method with SmartPLS 3.3 (Ringle et al., 2015). If the T-statistic value from bootstrapping is greater than the T-table value, namely 1.645 (at the significance level or alpha 0.05), the relationship between variables can be declared significant (Sarstedt et al., 2017). The results showed that H1 was supported, because the T-statistical value of the Trust variable was $2.958 > $ T-Table 1.645 with a p-value of $0.002 < 0.05$. Price fairness T-statistic value $5.449 > 1.645$ and p-value $0.000 < 0.05$, so it is stated that Price Fairnes has a significant effect on patient satisfaction (H2 is supported). Service quality T-statistic value $2.687 > $ T-table 1.645, with P-value $0.004 < 0.005$ so it can be decided that service quality has a significant effect on patient loyalty (H3 is supported).

Table 6. Size and significance of path coefficient

Path	Standardized Path Coefficient	t-statistics	p-values
H1: Trust -> Patient Satisfaction	0.198	2.958	0.002
H2: Price Fairness -> Patient Satisfaction	0.486	5.449	0.000
H3: Service Quality -> Patient Satisfaction	0.255	2.687	0.004

The R-squared value indicates how much the independent variable contributes to the dependent variable. The value ranges from 0 to 1, if > 0.75 (strong), if 0.5 to 0.75 (moderate to strong), and weak if the value is 0.25 - 0.50. However, if the R-square value is found above 0.9 then the model can be considered overfit. (Hair et al., 2019). Evaluation of R2 in table 7 based on the data presented in the table above, it can be seen that the R-Square value for patient satisfaction is 0.707. This shows that the percentage of patient satisfaction can be explained or the contribution of the trust, service quality and price fairness variables is 70.7%, the rest is the contribution of other variables that do not exist in the old model.

Tabel 7. Coefficient of Determination (R^2)

Construct	R-square	Kategori
Patient Satisfaction (CS)	0.707	*moderate to strong*

4.4 Discussion

The focus of this study is patients who visit the dental studio clinic. In the proposed research model, there are 4 variables with 3 hypotheses that have been tested. The dependent variable in this model is patient satisfaction, while trust, price fairness and service quality are independent variables. The results of data processing through hypothesis testing revealed that trust has a positive effect on patient satisfaction (H1 is supported). Trust is the level of patient confidence that doctors have the knowledge needed to make diagnosis and treatment, and prioritize the interests of patients, so that patients receive medical services safely. on the knowledge, skills and service quality possessed by staff, nurses and doctors who provide medical care. (Swain & Singh, 2021), if the patient feels confident in the service received, it will encourage patient satisfaction, so it can be said that trust has an effect positive on patient satisfaction. This is supported by the results of research conducted by Swain and Singh (2021) showing that the aspects contained in trust, namely trust in the care provided by medical personnel, the ability of doctors and hospital image have a positive and significant and positive effect on patient satisfaction. . Liu et al. (2021) the study was conducted in 19 public hospitals in 10 cities in Henan Province of China. The results showed that trust in the quality of doctors and hospitals had a significant and positive effect on patient satisfaction. This is also supported by research by Fachmi et al. (2020) and Tanudjaya (2014), the results of the study show that trust is positively correlated with patient satisfaction.

Then the hypothesis (H2) shows that price fairness has a positive effect on patient satisfaction (H2 is supported). This shows that the patient feels the price fairness of the price paid, the patient will feel satisfied and will revisit. Price fairness is the perception of the comparison between the price perceived by the buyer and the actual price of the seller. Price fairness is related to management strategies related to prices offered and can be well received by patients (El Hadad et al., 2016). In addition to good service quality, comfortable health care places, consumer perceptions of price fairness contribute significantly to consumer satisfaction in addition to, (Pantouvakis & Bouranta, 2014), this means that if the patient feels fair to the price paid, the patient will feel satisfied and will revisit again.

Research conducted by Swain & Singh (2021) shows that the aspects contained in price fairness, namely affordability and suitability of the cost of health care services offered have a positive and significant effect on patient satisfaction. Cakici et al.(2019), the results of the study show that price fairness has a positive and significant impact on customer satisfaction and the desire to return. Haque et al (2020), research on public and private hospitals in Beijing China, the results show that the price fairness aspect is the fairness of the price with the services received by patients, cheap drug prices compared to other hospitals have a positive and significant effect on patient satisfaction.

The test results (H3) show that service quality has a positive and significant effect on patient satisfaction. This shows that the better the service quality received by the patient, the better it will contribute to increasing patient satisfaction. Service quality is an assessment given to the perfection of a product or service from the value of benefits felt by consumers on the basis of a comparison between what consumers expect and what consumers receive. This is supported by research conducted by Kondasani & Panda (2015), a study on patients at 5 private hospitals in Rourkela, India. The results of the study indicate that the service quality aspect consisting of the physical environment, reliability, customer friendly staff, communication, responsiveness, privacy & safety has a positive effect on patient satisfaction. Wilujeng et al. (2019); Akmal and Sasmita (2020); Indrawati et al. (2021); and Pratama (2020) also support that there is a positive and significant

influence between service quality on patient satisfaction. The results of this study support the statement of Ware et al. (1977) where patient satisfaction is built based on 8 dimensions, namely: interpersonal manner (patient assessment of politeness, friendliness and attention) technical quality of care (competence or skill), accessibility (easiness and waiting time), finances, efficacy (reducing illness suffered), continuity (similarity of doctors and nurses in serving), physical environment (physical condition of health service facilities), and availability (presence of officers and availability of medical equipment).

V. Conclusion

This study was conducted to answer the problems that have been raised, namely looking at the effect of trust, price fairness and service quality on patient satisfaction visiting the dental studio clinic, and analysing data using PLS-SEM, so the conclusions that can be drawn from this research are trust, price fairness and service quality have a positive effect on patient satisfaction. Of the three variables, price fairness is the most dominant, p=influences on patient satisfaction at dental studio clinic.

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