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THE EFFECT OF TANGIBILITY, EMPATHY, AND ASSURANCE ON PATIENT SATISFACTION AND ITS IMPACT ON SERVICE QUALITY AT THE DENTAL AND ORAL TEACHING HOSPITAL OF PROF. DR. MOESTOPO UNIVERSITY (BERAGAMA)

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ABSTRACT
Service quality is a crucial determinant of patient perceptions, satisfaction, and trust in healthcare institutions, particularly in teaching hospitals that carry both service and educational functions. This study aims to analyze the effects of tangibility, empathy, and assurance on service quality, with patient satisfaction as an intervening variable, at the Dental and Oral Hospital of Universitas Prof. Dr. Moestopo (Beragama). This research employed a descriptive quantitative approach and was conducted in June 2025 involving 62 clinical student patients selected through purposive sampling. Data were collected using a structured Likert-scale questionnaire and analyzed using descriptive statistics, validity and reliability tests, and multiple linear regression analysis. The results indicate that tangibility, empathy, and assurance do not have a significant partial effect on patient satisfaction. However, empathy and assurance show a positive and significant influence on service quality, with empathy emerging as the most dominant factor. Patient satisfaction does not significantly affect service quality and does not function as an intervening variable in the relationship between service quality dimensions and service quality. These findings suggest that improving service quality in teaching dental hospitals should prioritize strengthening empathetic attitudes and professional assurance provided by healthcare personnel rather than relying solely on patient satisfaction as a mediating factor. The study provides practical implications for hospital management in formulating strategies to enhance service quality and patient trust.

Keywords: *Service Quality, Empathy, Assurance, Patient Satisfaction, Teaching Hospital*

ABSTRAK
Kualitas pelayanan merupakan faktor penting yang memengaruhi persepsi, kepuasan, dan kepercayaan pasien terhadap rumah sakit, khususnya rumah sakit pendidikan yang memiliki fungsi pelayanan dan pendidikan secara bersamaan. Penelitian ini bertujuan untuk menganalisis pengaruh bukti fisik (tangibility), empati (empathy), dan jaminan (assurance) terhadap kualitas pelayanan dengan kepuasan pasien sebagai variabel intervening di Rumah Sakit Gigi dan Mulut Universitas Prof. Dr. Moestopo (Beragama). Penelitian ini menggunakan pendekatan kuantitatif deskriptif dan dilaksanakan pada bulan Juni 2025 dengan melibatkan 62 pasien mahasiswa klinik yang dipilih menggunakan teknik purposive sampling. Data dikumpulkan melalui kuesioner berskala Likert dan dianalisis menggunakan uji validitas, uji reliabilitas, analisis statistik deskriptif, serta regresi linier berganda. Hasil penelitian menunjukkan bahwa bukti fisik, empati, dan jaminan tidak berpengaruh signifikan terhadap kepuasan pasien. Namun, empati dan jaminan berpengaruh positif dan signifikan terhadap kualitas pelayanan, dengan empati sebagai variabel yang paling dominan. Kepuasan pasien tidak berpengaruh signifikan terhadap kualitas pelayanan dan tidak berperan sebagai

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variabel intervening. Oleh karena itu, peningkatan kualitas pelayanan lebih ditentukan oleh penguatan empati dan jaminan profesional tenaga kesehatan.

Kata Kunci: Kualitas Pelayanan, Empati, Jaminan, Kepuasan Pasien, Rumah Sakit Pendidikan

INTRODUCTION

The quality of hospital services is a fundamental aspect of healthcare delivery that is directly perceived and evaluated by patients. High-quality services are not determined solely by the technical competence of medical personnel but also by the consistency of hospital management in maintaining service standards over time. Service consistency is an important indicator because it reflects the hospital's commitment to providing stable, reliable, and patient-oriented care. Services that are delivered consistently at a high standard are commonly referred to as excellent service, which ultimately fosters positive and sustainable patient trust in the hospital.

The primary objective of patient care is to alleviate pain, reduce discomfort, and provide a sense of safety and comfort to patients from the moment they access hospital services. Patient-oriented healthcare services require attention to both the physical and psychological aspects of patients, including the ability of healthcare workers to understand patient concerns and provide empathetic support. Friendly attitudes, gentle touch, sincere attention, and effective communication are integral components of service delivery that can enhance patient comfort and satisfaction. Therefore, the quality of healthcare services is assessed not only based on medical outcomes but also on how the service process is experienced by patients.

Teaching Dental Hospitals, commonly known as Dental and Oral Teaching Hospitals, are healthcare institutions with unique characteristics due to their dual function as providers of dental and oral health services for the community and as facilities for clinical education and training for dental students. These hospitals play a crucial role in supporting learning processes, research activities, and competency development for future healthcare professionals through the provision of diverse clinical cases. Consequently, the sustainability and quality of services in teaching dental hospitals affect not only patient satisfaction but also the quality of clinical education conducted within the institution.

Government Regulation Number 93 of 2015 concerning Teaching Hospitals emphasizes that teaching hospitals, including teaching dental hospitals, are required to provide an adequate number and variety of patients to meet the learning needs of students. However, in practice, many teaching dental hospitals face challenges in fulfilling these requirements. Limitations in patient volume, uneven distribution of clinical cases, and public perceptions regarding the quality of services in teaching hospitals often become major obstacles. When service quality is perceived as suboptimal, public interest in utilizing teaching dental hospital services may decline, ultimately affecting clinical education processes and institutional sustainability.

Hospitals can be understood as healthcare service organizations composed of various professional medical personnel and supported by adequate medical facilities and infrastructure. Hospitals function as venues for medical procedures, nursing care, diagnostic processes, and the determination of appropriate therapeutic interventions based on patient conditions. The Dental and Oral Hospital of the Faculty of Dentistry, Universitas Prof. Dr. Moestopo (Beragama), is one such teaching dental hospital that performs these roles. This hospital serves thousands of patients each month and bears a significant responsibility in

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providing quality dental and oral healthcare services while simultaneously supporting education and health promotion efforts for the community.

In the context of healthcare delivery, service quality must be prioritized to ensure that the public receives services that are high in quality, affordable, and equitably distributed. Service quality is generally assessed by comparing patient expectations of the services they should receive with their perceptions of the services they actually experience. When the services received align with patient expectations, service quality is considered satisfactory and capable of generating patient satisfaction. Furthermore, when perceived services exceed patient expectations, service quality is regarded as excellent and demonstrates a competitive advantage. Thus, the congruence between expectations and actual service experiences serves as a critical indicator in evaluating healthcare service quality.

Healthcare service quality has a close relationship with patient satisfaction and trust. High-quality services create positive patient experiences, enhance trust in healthcare providers, and strengthen the hospital's image. Patient trust is a fundamental foundation in the relationship between patients and healthcare providers, built upon professional competence, honesty, assurance of safety, and protection of medical information confidentiality. When trust is maintained, patients tend to demonstrate loyalty and provide positive evaluations of the healthcare institution.

Conversely, services that fail to meet patient expectations may reduce levels of satisfaction and trust. Patient dissatisfaction is often expressed through complaints, which, if not managed effectively, can negatively affect the hospital's reputation. In the long term, such conditions may encourage patients to seek alternative healthcare facilities perceived as providing better services. Therefore, hospitals must continuously evaluate and improve the quality of services delivered.

Patient satisfaction is frequently used as a key indicator in assessing healthcare service quality. The level of patient satisfaction reflects the extent to which hospital services meet patient needs and expectations, both medically and non-medically. Non-medical aspects such as staff friendliness, environmental cleanliness, facility comfort, and administrative efficiency play an important role in shaping overall patient experiences. Patients who feel satisfied generally respond positively, recommend the hospital to others, and exhibit higher levels of trust in the healthcare institution.

In addition to service quality, the work productivity of healthcare personnel is another important factor influencing hospital service performance. High productivity cannot be achieved without organizational support, conducive work environments, and strong motivation and commitment from employees. For hospitals, healthcare worker productivity serves as a basis for performance evaluation and continuous improvement across service units. Low productivity may lead to diminished service quality and ultimately result in a decline in patient numbers.

In facing increasingly intense competition among hospitals, healthcare institutions are required to compete not only in terms of cost but also in the quality of facilities, human resources, and health promotion strategies. Teaching dental hospitals face unique challenges due to the need to balance service delivery and educational functions. Therefore, a comprehensive understanding of the factors influencing service quality is essential as a foundation for developing strategies to improve service performance.

One widely used approach to assessing service quality is the SERVQUAL model, which includes dimensions such as tangibility, empathy, assurance, reliability, and responsiveness. In the context of this study, the focus is placed on tangibility, empathy, and assurance, as these dimensions are considered to play a significant role in shaping patient satisfaction and

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perceptions of service quality. Tangibility relates to physical evidence such as facilities, equipment, and staff appearance; empathy reflects the attention and care provided by healthcare personnel; and assurance relates to the sense of safety, trust, and competence perceived by patients.

Based on these considerations, this study was conducted to examine the determinants influencing service quality at the Teaching Dental Hospital of Universitas Prof. Dr. Moestopo (Beragama), with patient satisfaction serving as an intervening variable. This study is expected to provide empirical insights into the direct and indirect effects of tangibility, empathy, and assurance on service quality. The findings are anticipated to contribute not only to the theoretical development of healthcare service quality studies but also to offer practical benefits for hospital management in formulating policies and strategies aimed at improving service quality with a focus on patient satisfaction and trust.

LITERATURE REVIEW

Health care services are a process of fulfilling community needs, manifested through a series of professional and responsible actions carried out by health care providers. Each service process produces an output in the form of services received by patients as service users. According to the Law of the Republic of Indonesia Number 36 of 2009 on Health, health care services encompass all promotive, preventive, curative, and rehabilitative efforts implemented in an integrated manner by the government and the community to protect and improve the level of public health. In studies of health care service quality, service variables are generally measured using five main dimensions, namely reliability, responsiveness, assurance, empathy, and tangibles, which collectively reflect the quality of services as perceived by patients.

1. Definition of a Hospital

A hospital is understood as an integral part of the health care system that functions to provide comprehensive health services. According to the World Health Organization (WHO), hospitals play not only a curative and preventive role but also serve as centers for health professional education and medical research. The American Hospital Association (1974) emphasizes that a hospital is an organization supported by professional medical personnel and permanent facilities to deliver continuous medical, nursing, diagnostic, and therapeutic services. Furthermore, Law Number 17 of 2023 defines a hospital as an individual health care facility that provides promotive, preventive, curative, rehabilitative, and palliative services through inpatient, outpatient, and emergency care.

Specifically, Dental and Oral Hospitals have functions and objectives regulated by various policies. Based on Ministry of Health Regulation Number 26 of 2022 and Ministry of Health Regulation Number 1173 of 2004, dental and oral hospitals function to provide basic to subspecialty dental medical services, supporting and referral services, emergency care, education, as well as research and development in the field of dental and oral health. Their objectives include meeting health needs at every stage of life, improving health determinants, and strengthening the health of individuals, families, and communities. Therefore, dental and oral hospitals play a strategic role in improving the quality of health care services while supporting the development of science and technology in the field of dentistry.

2. Service Quality

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Hospital service quality refers to the level of excellence of services provided to meet the needs and expectations of the community as users of health care services. High-quality services must be delivered safely, be able to provide patient satisfaction, and comply with prevailing norms, ethical standards, legal regulations, and social values. In addition, the utilization of resources in the service delivery process is required to be effective and efficient, taking into account the capacities and limitations of both the government and consumers, so that the services provided remain relevant, affordable, and sustainable (Moniung et al., 2020).

Improving hospital service quality is highly dependent on the implementation of professional and integrated management. Effective management plays a crucial role in coordinating all hospital activities so that each unit can operate in harmony to achieve organizational goals (Amatiria, 2016; Setiawan & Supriyanto, 2020). Service quality is also determined by the interrelationships among components within the hospital, where effective interactions influence the quality of services perceived by patients (Sihaloho, 2020). In assessing service quality, five main dimensions are commonly used, namely tangibles, reliability, responsiveness, assurance, and empathy, which serve as important indicators in measuring patient satisfaction with the services provided.

3. Health Care Services

Health care services are part of national development efforts aimed at improving public welfare, particularly in the aspect of health as a fundamental human need. Health care services encompass a series of promotive, preventive, curative, rehabilitative, and palliative actions provided comprehensively to individuals and communities (Sri Agustini et al., 2024). As a form of public service, the provision of health care is the responsibility of the government and must be supported by the availability of adequate facilities and infrastructure, easy access, positive relationships between patients and health care providers, and consistently maintained service quality. Health care quality refers to the level of services capable of producing optimal health outcomes in accordance with established standards, keeping pace with scientific developments, and fulfilling patients' rights and obligations (Ministry of Health Regulation, 2022).

Patient satisfaction is a crucial indicator in assessing the success of health care services, as it reflects the extent to which services meet patients' needs and expectations. Satisfied patients tend to demonstrate loyalty to health care facilities, while dissatisfaction may lead to negative perceptions that spread widely through word-of-mouth communication (Gusti Suciati et al., 2023). The World Health Organization (2009) emphasizes that an effective health care system must be supported by clear financing mechanisms, competent health care personnel, adequate facilities, and accurate information. Satriani (2018) states that patient satisfaction is influenced by several key dimensions, namely reliability, empathy, assurance, tangibles, and responsiveness. High levels of patient satisfaction not only enhance trust and the image of hospitals but also contribute to sustainable improvements in public health status.

4. Factors Influencing Patient Satisfaction

Patient satisfaction with health care services is influenced by various interrelated factors, particularly the quality of interactions between health care providers and patients. Effective communication, empathy, and friendly and caring attitudes of medical personnel play an important role in creating a sense of comfort and trust during the service delivery process. In addition, cost factors also affect patient satisfaction, where transparent, reasonable, and service-quality–proportionate costs strengthen patients' positive perceptions. Physical appearance or tangibility aspects, such as cleanliness, orderliness, and the adequacy of

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facilities, also provide a significant initial impression in evaluating the quality of health care services (Christania S. V. et al., 2023).

Other factors determining patient satisfaction include assurance, reliability, and responsiveness. Assurance is related to the competence, courtesy, and sense of security provided by health care personnel, while reliability reflects the ability of staff to deliver services consistently, accurately, and in accordance with established standards (Imbalo, 2009). Responsiveness describes the willingness and promptness of health care providers in responding to patients' needs and complaints, including their ability to deliver clear and accurate information (Rangkuti, 2013). Overall, the combination of communication, empathy, cost, tangibility, assurance, reliability, and responsiveness constitutes the primary determinants shaping patient satisfaction with health care services.

RESEARCH METHODOLOGY

This study is a descriptive research with a quantitative approach aimed at analyzing the effects of tangibility, empathy, and assurance on service quality, both directly and indirectly through patient satisfaction as an intervening variable. The research was conducted at the Dental and Oral Hospital of Prof. Dr. Moestopo University (Beragama) in June 2025. The research subjects were clinical student patients, while the research objects included patients' perceptions of service quality dimensions and patient satisfaction.

The study population consisted of 160 clinical student patients in 2025, with the sample determined using non-probability sampling through a purposive sampling technique based on predefined inclusion and exclusion criteria. The sample size was calculated using the Slovin formula with a 10% margin of error. Data were collected using a Likert-scale questionnaire (1–4) distributed directly to respondents after obtaining informed consent. The research instruments were tested for validity using the Pearson Product Moment correlation and for reliability using Cronbach's Alpha with a threshold of ≥ 0.6.

Data analysis included univariate analysis, multivariate analysis, and descriptive statistical analysis. Data normality was tested using the One-Sample Kolmogorov–Smirnov test. The relationships among variables were examined using multiple linear regression analysis to determine the effects of independent variables on the dependent variable. All data analyses were conducted using computer-based statistical software.

RESULTS AND DISCUSSION

Result

a. Descriptive Analysis

Table 1. Results of Descriptive Analysis

	N	Min	Max	Mean	Std. Deviation
Tangibility	62	5	20	15,74	3,841
Empathy	62	9	20	18,37	2,431
Assurance	62	8	24	21,11	3,036
Service Quality	62	6	24	21,76	3,505
Patient Satisfaction	62	8	16	13,50	2,171
Valid N (listwise)	62				

Source: Research Results (2025)

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Based on the descriptive statistical analysis of 62 respondents, all research variables demonstrated positive evaluations. The tangibility dimension was categorized as good, with a moderate variation in responses. The empathy and assurance dimensions obtained high mean scores, indicating that the attention provided by health care personnel and patients' trust in the competence of medical staff and hospital facilities were perceived as very good and relatively consistent.

Furthermore, overall service quality was rated as very good by patients, with fairly uniform perceptions. Patient satisfaction was also categorized as high, indicating that most patients were satisfied with the services provided. Overall, these findings reflect that all SERVQUAL dimensions have been able to meet patient expectations and illustrate a good level of hospital service quality.

b. Validity Test

Tabel 3. Validity Test Results

Variable	Pearson Correlation (r)	P-Value (Sig. 2-tailed)
X1.1	0.901	0.000
X1.2	0.893	0.000
X1.3	0.894	0.000
X1.4	0.837	0.000
X1.5	0.568	0.000
X2.1	0.889	0.000
X2.2	0.860	0.000
X2.3	0.869	0.000
X2.4	0.847	0.000
X2.5	0.892	0.000
X3.1	0.738	0.000
X3.2	0.837	0.000
X3.3	0.846	0.000
X3.4	0.618	0.000
X3.5	0.798	0.000
X3.6	0.826	0.000
Y1	0.934	0.000
Y2	0.951	0.000
Y3	0.917	0.000
Y4	0.951	0.000
Y5	0.939	0.000
Y6	0.951	0.000
Z1	0.733	0.000
Z2	0.839	0.000
Z3	0.731	0.000
Z4	0.727	0.000

Source: Research Results (2025)

Based on the results of the Pearson correlation test, all research variables showed positive and significant relationships at the 0.01 significance level, indicating strong associations among tangibility, empathy, assurance, service quality, and patient satisfaction in determining hospital service quality.

The variables of tangibility, empathy, and assurance each demonstrated strong correlations with service quality, indicating that physical facilities, the attention and friendliness of

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health care personnel, as well as patients' sense of security and trust, play important roles in shaping perceptions of service quality. The service quality variable exhibited the strongest correlation, reflecting consistency in service delivery in terms of speed, accuracy, and clarity.

Meanwhile, patient satisfaction also showed a strong relationship, although slightly lower than the other variables, emphasizing that patients' direct experiences are a key factor in assessing satisfaction. Overall, these results confirm that improvements in tangibility, empathy, and assurance will have a direct impact on enhancing service quality and patient satisfaction at the Dental and Oral Hospital of Prof. Dr. Moestopo University (Beragama).

c. Reliability Test

Tabel 4. Reliability Test Results

Variable	Cronbach Alpha (α)
X1	0,879
X2	0,911
X3	0,792
Y	0,972
Z	0,744

Source: Research Results (2025)

Based on the reliability test results, all research variables had Cronbach's Alpha values above 0.70, indicating that the research instruments were reliable and demonstrated good internal consistency. The variables of tangibility, empathy, assurance, service quality, and patient satisfaction were all dependable in measuring the constructs under study.

The service quality variable exhibited the highest level of reliability, followed by empathy and tangibility, indicating very good consistency among their measurement items. Meanwhile, the assurance and patient satisfaction variables were also categorized as reliable, although their values were relatively lower compared to the other variables. Overall, these findings confirm that the research questionnaire is appropriate for use and is capable of consistently and accurately measuring the factors influencing service quality at the Dental and Oral Hospital of Prof. Dr. Moestopo University (Beragama).

d. Hypothesis Testing

Model 1

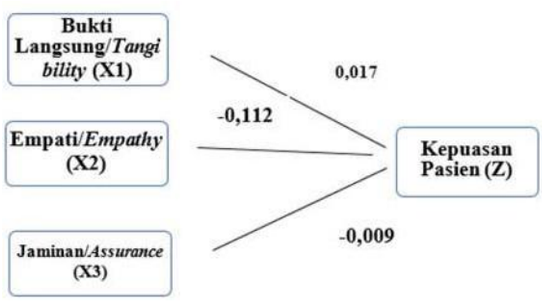


Figure 1. Results of Hypothesis Testing for Model 1

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Based on the results of multiple linear regression analysis, a constant value of 15.329 was obtained with a significance level of $p < 0.001$, indicating that in the absence of the effects of Tangibility, Empathy, and Assurance, patient satisfaction remains at a positive level. The Tangibility variable had a regression coefficient of 0.010 with a significance value of 0.918 and a Beta value of 0.017, indicating a positive but not statistically significant effect on patient satisfaction. The Empathy variable showed a regression coefficient of −0.100 with a significance value of 0.627 and a Beta value of −0.112, indicating a negative direction of association and no significant effect. Meanwhile, the Assurance variable had a regression coefficient of −0.006 with a significance value of 0.970 and a Beta value of −0.009, reflecting a very weak and non-significant effect.

Thus, none of the three variables had a statistically significant partial effect on patient satisfaction, suggesting that other factors outside the model are more dominant in influencing patient satisfaction.

Model 2

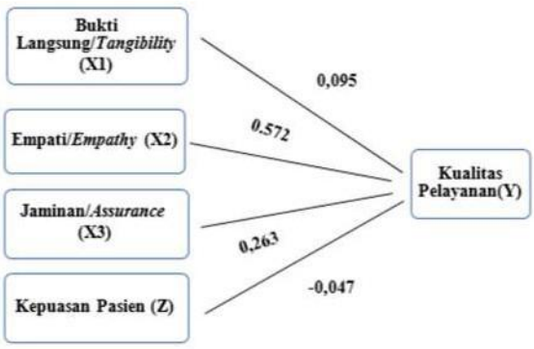


Figure 2. Results of Hypothesis Testing for Model 2

Based on the results of multiple linear regression analysis, a constant value of −0.132 was obtained with a significance level of 0.957 ($p > 0.05$), indicating that the constant does not have a significant effect on service quality. The Tangibility variable had a regression coefficient of 0.086 with a significance value of 0.264 ($p > 0.05$), indicating that it does not have a significant effect on service quality. In contrast, the Empathy variable had a positive and significant effect, with a regression coefficient of 0.825, a t-value of 4.927, a significance level of $p < 0.001$, and a standardized beta value of 0.572, indicating that empathy is the most dominant variable influencing service quality. The Assurance variable also had a positive and significant effect, with a regression coefficient of 0.303, a t-value of 2.161, and a significance level of 0.035 ($p < 0.05$). Meanwhile, the Patient Satisfaction variable had a regression coefficient of −0.076 with a significance value of 0.478 ($p > 0.05$), indicating that it does not have a significant effect on service quality.

Thus, it can be concluded that empathy and assurance are significant factors influencing service quality, with empathy being the most dominant variable at the Dental and Oral Hospital of Prof. Dr. Moestopo University (Beragama).

CONCLUSION

Based on the results of the study on the effects of tangibility, empathy, and assurance on patient satisfaction and their impact on service quality at the Dental and Oral Hospital of Prof. Dr. Moestopo University (Beragama), it can be concluded that service quality is directly influenced by service quality dimensions, while patient satisfaction does not play a significant

role as an intervening variable. Tangibility shows a positive but relatively small effect on patient satisfaction and service quality, indicating that the hospital's physical facilities meet basic standards but have not yet become a primary factor in shaping perceptions of service quality. Empathy and assurance provided by medical personnel are proven to have a positive effect on service quality, although both exhibit negative effects on patient satisfaction. This suggests that attention, care, and professional assurance from medical staff are able to enhance perceptions of service quality but have not yet been fully translated by patients into satisfying service experiences. Furthermore, patient satisfaction does not have a positive effect on service quality and does not mediate the relationship between service quality dimensions and service quality. Therefore, improvements in service quality at the Dental and Oral Hospital of Prof. Dr. Moestopo University (Beragama) are more strongly determined by strengthening direct factors, particularly empathy and professional assurance of medical personnel, rather than through enhancing patient satisfaction as an intervening variable.

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