

The Effect of Healthcare Service Quality (HCSQ) on Patient's Post-Service Behavioral Intention Through Satisfaction and Trust in Private Dental Practices in Jember Regency

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Abstract: This study was motivated by the gap between the availability of private dental practices and the level of service utilization by the community in Jember Regency. The research problem focuses on whether Healthcare Service Quality (HCSQ) affects patients' post-service behavioral intention, both directly and indirectly through patient satisfaction and patient trust as mediating variables. The objective of this study is to examine the effect of Healthcare Service Quality on patient satisfaction, patient trust, and patients' post-service behavioral intention, as well as to test the role of patient satisfaction and patient trust as mediating variables in private dental practices in Jember Regency. This study employed a quantitative approach with an explanatory research design. Data were obtained from patients of private dental practices who met the inclusion criteria through the distribution of online questionnaires. The sampling technique used was non-probability sampling with a consecutive sampling method, resulting in a total of 142 patients as respondents. Data analysis was conducted using SPSS for Windows version 26.0 and Partial Least Squares Structural Equation Modeling (PLS-SEM) with the assistance of SmartPLS software version 4.1.1.8. The results showed that Healthcare Service Quality has a positive and significant effect on patient satisfaction, patient trust, and patients' post-service behavioral intention. In addition, patient satisfaction and patient trust also have a positive and significant effect on patients' post-service behavioral intention. Furthermore, patient satisfaction and patient trust were proven to partially mediate the effect of Healthcare Service Quality on patients' post-service behavioral intention. The conclusion of this study is that improving healthcare service quality in private dental practices is an important factor in enhancing patient satisfaction and patient trust, which ultimately encourages the formation of patients' post-service behavioral intention, such as repeat visits and providing positive recommendations to others.

Keywords: Healthcare Service Quality, Patient Satisfaction, Patient Trust, Patients' Post-Service Behavioral Intention, Private Dental Practice.

1. INTRODUCTION

Dental and oral health issues remain a significant issue in Indonesia's public health system. The 2023 Indonesian Health Survey (SKI) recorded that 56.9% of Indonesians aged 3 years and older experienced dental and oral problems in the past year. In East Java Province, the prevalence reached 51.2%, indicating that more than half the population still faces similar complaints. Despite this high prevalence, research on service factors that encourage patients to utilize private dental practices remains limited, especially in non-urban areas. This phenomenon is paradoxical because, despite the relatively high rate of dental health service utilization in East Java (82.4%), approximately 91.2% of the population has never sought dental care. The main reasons cited were not feeling sick (63.6%) or not feeling the need (57.7%) (Health Development Policy Agency, 2024). This reflects low public awareness of the importance of preventive dental checkups, despite readily available access to services.

On the other hand, most previous research on healthcare quality and patient behavior has focused on hospitals (Akthar et al., 2024) and large clinics (Damanik & Setyawan, 2022), which have more comprehensive facilities and strong managerial support. Consequently, the literature primarily reflects the dynamics of large institutions in urban areas, while private dental practices are relatively understudied. Yet, private dental practices are a primary choice for primary care, particularly in non-urban areas such as Jember Regency. Private dental practices provide direct promotive, preventive, curative, and rehabilitative services and are characterized by a more personalized approach (East Java Provincial Health Office, 2024). These practices are run by dental health professionals who possess formal legality in the form of a Registration Certificate (STR) and Practice Permit (SIP). Based on the 2023 Indonesian Health Profile, there are 3,946 private dental practices (TPMDG) in Indonesia, with East Java as the province with the highest number (1,365 practices) (Ministry of Health of the Republic of Indonesia, 2024).

Although the number of TPMDGs in East Java is quite large, data from the East Java Provincial Health Office (2024) shows a gap between practice availability and patient utilization, with private dental practices ranking second to the lowest in healthcare service utilization. It should be noted that not all dentists have private practices, as most work in other healthcare facilities such as community health centers, hospitals, and private clinics. One area affected by this condition is Jember Regency. In 2023, the number of dentists was recorded at 119, with a ratio of 4.8 per 100,000 residents (Jember Regency Health Office, 2024). This then increased significantly in 2024 to 262, with a ratio of 10.06 per 100,000 residents (Jember Regency Health Office, 2025). Along with this increase, 36 TPMDGs were officially registered in 2024, with the largest concentrations in the Summersari and Kaliwates Districts. However, this increase in the availability of personnel and service facilities has not been fully matched by an increase in the public's use of private dental practices. This indicates that service utilization issues are not solely determined by availability, but also by non-availability, such as the quality of service perceived by patients.

A consumer behavior perspective can explain this phenomenon. Patients' decisions in choosing healthcare services are not solely determined by availability but also result from a complex interaction of various factors. These factors include service quality, satisfaction, trust, cost, affordability, and health education. Furthermore, cultural and social factors, such as the perception that dental health is not a top priority, also play a role in shaping these behaviors. This complexity underscores the need for a more in-depth study of service quality in shaping patient satisfaction and trust, which in turn impacts their patient's post-service behavioral intention to revisit or recommend services.

Improving service quality is a crucial strategy to bridge this gap. According to Akthar et al. (2024), service quality is defined as the ability of healthcare providers to meet or exceed patient expectations through professional, timely, and empathetic service. Good service quality increases patient satisfaction and builds trust in the provider, which affects patient's post-service behavioral intention.

According to Yuswanto & Azizah (2024), patient satisfaction is a reaction to a service experience that meets or exceeds patient expectations. When satisfied, patients tend to develop trust, namely the belief that the service provider will act in their best interests (Akthar et al., 2024; Purwiningsih et al., 2023). Measuring service quality using the SERVQUAL model has been widely used in various service sectors, including healthcare. However, this model is considered unable to fully represent the specific characteristics of healthcare services. Some SERVQUAL dimensions, such as reliability and responsiveness, are relevant, but do not explicitly capture unique aspects of healthcare services such as the quality of clinical interactions, the professional competence of healthcare workers, and the effect of the physical environment on patient comfort and safety. Therefore, this study uses the Healthcare Service Quality (HCSQ) model developed by Chahal & Kumari (2010), because it is specifically designed for the healthcare context and is oriented towards the holistic patient service experience.

Conceptually, HCSQ is composed of two main dimensions: physical environment quality and interaction quality. However, in empirical measurements, service quality in the HCSQ model is represented through six main indicators: ambient conditions, tangibles, social factors, attitude and behavior, expertise, and process quality. These six indicators reflect the condition of the service environment, the quality of physical facilities, the social atmosphere of the service, the attitudes and behavior of health workers, the professional competence of dentists, and the quality of the service process experienced by patients. This approach is considered more capable of describing the patient experience, especially in private dental practices with a personal and community-based

approach.

Patient's post-service behavioral intention has been widely tested using the Structural Equation Modeling (SEM) approach. Akthar et al. (2024) found that service quality affects post-service behavioral intention both directly and indirectly through satisfaction and trust as mediators. However, the majority of studies were conducted in large hospitals or clinics in urban areas, while research specifically focusing on private dental practices, particularly in non-urban areas such as Jember Regency, is still very limited. Furthermore, the integration of the HCSQ model with satisfaction and trust as mediators in the context of private dental practices has not been widely explored.

Based on these considerations, this study was chosen to fill the empirical and contextual gaps by examining the effect of Healthcare Service Quality on patient's post-service behavioral intention through satisfaction and trust as mediating variables, in private dental practices in Jember Regency. This study is expected to provide theoretical contributions through the development of a model that integrates the HCSQ with two mediating variables, as well as practical contributions in improving the quality of private dental practices in the region.

2. LITERATURE REVIEW

2.1 Grand Theory of Research (Consumer Behavior)

Consumer behavior is an important study in marketing because it explains how consumers make decisions regarding the purchase and use of products and services. According to Kotler & Keller (2016), consumer behavior is the study of how individuals, groups, and organizations select, purchase, use, and evaluate goods, services, ideas, or experiences to satisfy their needs and wants.

Solomon & Russell (2024) emphasize that consumer behavior encompasses the entire consumption process, namely when individuals or groups select, purchase, use, and dispose of products, services, ideas, or experiences. Therefore, consumption is not only limited to fulfilling functional needs but also a means of expressing self-identity. Blackwell et al. (2018) add that consumer behavior encompasses activities directly involved in obtaining, consuming, and disposing of products and services, including the decision processes that precede and follow these actions. This shows that consumer behavior is dynamic and affected by the interaction between internal and external factors.

2.2 Healthcare Service Quality (HCSQ)

Healthcare Service Quality (HCSQ) is a patient's overall assessment of the quality of healthcare services received during the service process (Chahal & Kumari, 2010; Nugraha et al., 2018). According to Chahal & Kumari (2010), Healthcare Service Quality (HCSQ) is formed by two main dimensions, physical environment quality and interaction quality. This assessment reflects how patients evaluate the condition of the healthcare facility, as well as the attitude, competence, and service process provided by the healthcare provider, so patient perceptions of service quality during the service process play an important role in shaping patient evaluations of healthcare services as a whole. This perception not only impacts patient satisfaction but also contributes to building trust and encouraging patient's post-service behavioral intention towards healthcare services.

2.3 Patient Satisfaction

Customer satisfaction is a customer's assessment of whether a product or service has met their needs and expectations (Zeithaml et al., 2017). Meanwhile, according to Schiffman & Wisenblit (2019), customer satisfaction is a customer's perception of a product or service's performance compared to their expectations. Patient satisfaction is essentially an effort made by someone to achieve the fulfillment of their needs or desires (Mirandasari & Firmansyah, 2024). Oliver's (1997) Expectation–Disconfirmation Theory in Akthar et al. (2024) explains that patient satisfaction arises as a post-service response, namely the result of comparing patient expectations with the service performance received. If needs and expectations are met, customers will feel satisfied; if not, they will be disappointed. However, satisfaction is not only related to ordinary satisfaction—customers can also feel happy, relieved, or even delighted, depending on the context of the service

they received. On the other hand, they can also feel ambivalent if their experience is a mixture of good and bad. Based on these various definitions, it can be concluded that patient satisfaction is the emotional and cognitive response of patients that arises after comparing expectations with the performance of the health services they receive, which can result in feelings of satisfaction or disappointment.

2.4 Patient Trust

Trust is a fundamental element in building long-term relationships between healthcare providers and patients (Yuswanto & Azizah, 2024). In private dental practices, trust not only reflects patients' confidence in the clinical competence of healthcare providers but also encompasses the provider's integrity, honesty, and concern for patient well-being. According to the Commitment–Trust Theory of Relationship Marketing, trust is the willingness of one party to rely on another party who is believed to possess reliability and integrity (Morgan & Hunt, 1994). In healthcare, patient trust is defined as the patient's willingness to rely on a healthcare provider despite risks, with the belief that the healthcare provider will act in the patient's best interests (Purwiningsih et al., 2023; Damanik & Setyawan, 2022). Trust is built through repeated interactions, positive experiences, and consistency of service provided by the provider. Berry & Parasuraman (1991) emphasized that patients face high risks in healthcare because decisions are often made before the results of the service can be felt. Therefore, trust serves as a mechanism for reducing uncertainty, strengthening long-term relationships, and encouraging patient loyalty. Ghali et al. (2023) also confirmed that high levels of trust significantly increase patients' post-service behavioral intention to continue treatment at both public and private dental clinics.

2.5 Patients' Post-Service Behavioral Intention

Behavioral intention is an individual's tendency to perform a specific action, reflecting their readiness to act toward a particular object, service, or situation. According to Ajzen (1991), behavioral intention serves as a direct determinant of actual behavior because it reflects an individual's motivation and commitment to act. In the context of service delivery, behavioral intention is used as a primary predictor of consumer response to the service experience they receive. In healthcare, the concept of behavioral intention has evolved into post-service behavioral intention, which is the intention formed after a patient receives and evaluates a healthcare experience. Post-service behavioral intention reflects a patient's willingness to reuse a service, maintain a long-term relationship with the provider, and recommend the service to others (Rahman et al., 2018; Ghali et al., 2023).

The formation of behavioral intention in this study is explained through the Theory of Reasoned Action (TRA) developed by Martin Fishbein and Icek Ajzen. This theory states that individual behavior is based on rational considerations, where a person will consider the consequences of an action before deciding to carry it out (Nisson & Earl, 2020). Within the TRA framework, behavioral intention are affected by two main components: attitude toward the behavior and subjective norm.

Attitude toward behavior reflects an individual's positive or negative evaluation of an action (Nisson & Earl, 2020). In the context of private dental practices, patients' attitudes toward revisiting can be influenced by their experience of care, including perceptions of service quality, level of satisfaction, and trust in the doctor's competence (Suhail & Srinivasulu, 2021; Abutar & Wuisan, 2024). If patients have a positive attitude toward the healthcare services they receive, they tend to have a stronger intention to return to those services.

Subjective norms relate to an individual's perception of social or expectations from significant others around them, such as family, friends, or healthcare professionals (Nisson & Earl, 2020). Recommendations from their social environment can affect a patient's decision to choose or return to a particular healthcare service. When patients perceive that their social environment supports their decision to return to a private dental practice, their intention to perform the behavior will be strengthened (Rauf et al., 2024).

In private dental practices, post-service behavioral intention reflects not only a patient's tendency to return, but also their willingness to comply with treatment recommendations, pay more for services perceived as high-quality, and provide positive word-of-mouth recommendations (Akthar et al., 2024; Ghali et al., 2023; Rahman et al., 2018). These intentions are indicators of the success of long-term relationships built on trust and satisfying service

experiences (Nisson & Earl, 2020). Therefore, post-service behavioral intention reflects a patient's willingness to return to the private dental practices, maintain the relationship, pay more, and recommend the services to others.

2.6 Conceptual Framework

Based on a review of previous theories and research, this study develops a conceptual framework that describes the relationship between the effect of Healthcare Service Quality (X) on Patients' Post-Service Behavioral Intention (Y) with Patient Satisfaction (Z_1) and Patient Trust (Z_2) as mediating variables in private dental practices in Jember Regency.

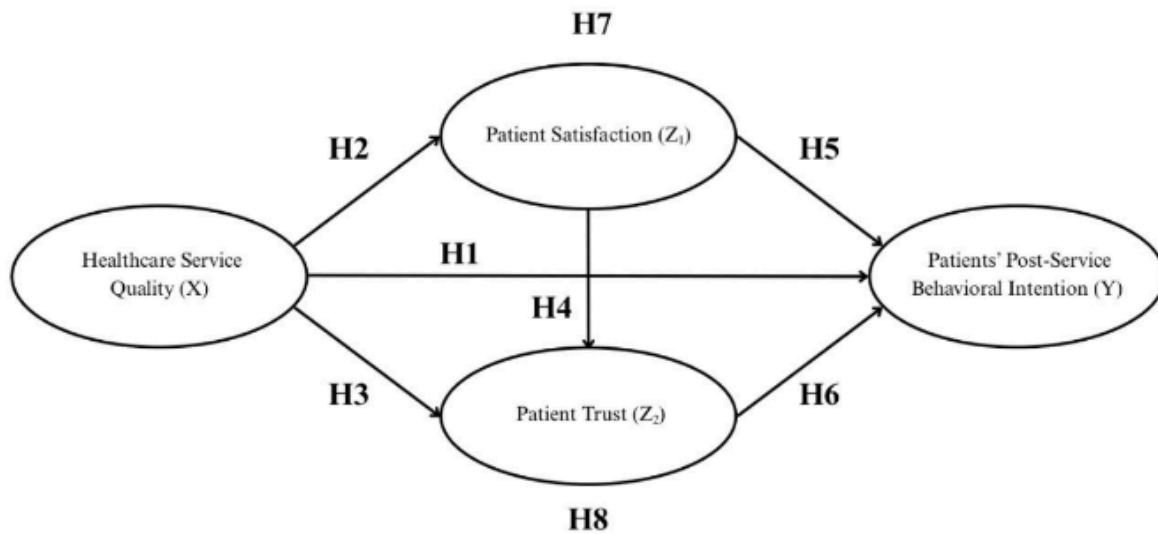


Figure 1. Conceptual Framework

3. METHODOLOGY

This study uses a quantitative approach with an explanatory research method, aiming to examine causal relationships between variables through empirical hypothesis testing (Sugiyono, 2020). This approach was applied to determine the effect of Healthcare Service Quality (HCSQ) on patients' post-service behavioral intention, with patient satisfaction and patient trust as mediating variables. The unit of analysis in this study was patients of private dental practices in Jember Regency who had received services during the study period. The sampling technique used in this study was non-probability sampling with the consecutive sampling method, namely sampling by selecting all respondents who meet the inclusion criteria sequentially until the required sample size is reached (Bhardwaj, 2019). Jember Regency consists of 31 sub-districts with TPMDG spread across 19 sub-districts. To increase the uniformity of the characteristics of the research objects and maintain relevance to the research objectives, the research area was limited using purposive sampling. The sample size in this study was determined using the 10-times rule according to Hair et al. (2019), which is commonly used in Partial Least Squares Structural Equation Modeling (PLS-SEM) analysis. Therefore, the minimum sample size required based on the 10-times rule is 30 respondents (10×3 paths).

The data collection method in this study was conducted by visiting private dental practices listed and distributing an online questionnaire compiled using the Google Forms platform. The use of Google Forms was chosen due to the ease of questionnaire, flexibility of access for respondents, and efficiency in the data collection. The questionnaire was structured based on indicators of each research variable, namely Healthcare Service Quality (HCSQ), patient satisfaction, patient trust, and patients' post-service behavioral intention.

Table 1. Operational Definition of Variables

Operational Definition of Variables	Research Indicators
<p>Healthcare Service Quality (X) Patient perception of the quality of private dental practices services is formed by the quality of the physical environment of the service and the quality of services interaction during the treatment process, as felt by the patient during the service, and plays a role in forming patient satisfaction, trust, and behavioral intention after the service.</p>	<p>The indicators were adapted from Chahal & Kumari (2010) with adjustments to the context of private dental practices. Indicators: Ambient conditions, Tangibles, Social Factors, Attitude and Behavior, Expertise, Process Quality</p>
<p>Patients' Post-Service Behavioral Intention (Y) Patient willingness to return to the dentist's private practice services, maintain the relationship, pay more, and recommend the services to others.</p>	<p>Indicators adapted from Aljaberi et al. (2018) and Sharka et al. (2024) with adjustments to the context of private dental practices. Indicators: Willing to use the service again, Making the private dental practices the first choice, Willing to pay more, Recommend to family/friends, Telling about positive experiences</p>
<p>Patient Satisfaction (Z₁) The patient's emotional and cognitive response that arises after comparing expectations with the service received from a private dental practice, resulting in feelings of satisfaction or disappointment.</p>	<p>The indicators were adapted from Aljaberi et al. (2018) with adjustments to the context of private dental practices. Indicators: General satisfaction with the service, Decision to use the service is considered appropriate, Suitability of the service to the patient's needs, Patient experience exceeds patient expectations</p>
<p>Patient Trust (Z₂) The belief that the dentist will act consistently, honestly and competently, and place the patient's interests above personal interests.</p>	<p>Indicators adapted from Akthar et al. (2024) with adjustments to the context of private dental practices. Indicators: Dentist reliability, Dentist honesty, Dentist openness, Patient emotional confidence, Dentist behavioral consistency</p>

SPSS for windows version 26.0 was used to perform descriptive statistical analysis, namely describing the frequency distribution and percentage of respondents' answers and respondent characteristics including gender, age, last education, occupation, monthly income, location of private dental practices, frequency of visits, and type of visit. This descriptive statistical analysis aims to obtain a general overview of the respondent profile which serves as the basis for interpreting the research results.

Furthermore, testing the relationship between latent variables in the research model was conducted using the Structural Equation Modeling - Partial Least Squares (SEM-PLS) approach using SmartPLS software version 4.1.1.8. The SEM-PLS method was chosen because it is suitable for analyzing complex research models involving mediating variables, relatively small sample sizes, and data that may not be normally distributed (Hair et al., 2019). This approach also allows researchers to test causal relationships between latent constructs simultaneously within a single research model.

4. ANALYSIS AND FINDINGS

4.1 Instrument Test

4.1.1 Instrument Validity Test

Validity testing in this study was conducted using Pearson Product Moment correlation, which involves correlating the scores of each item with the total score (Wiyono, 2020). The results of the validity test are as follows:

Table 2. Results of Instrument Validity Test

Item	r count	r table	Information
X ₁	0.661	0.361	Valid
X ₂	0.445	0.361	Valid
X ₃	0.654	0.361	Valid
X ₄	0.561	0.361	Valid
X ₅	0.561	0.361	Valid
X ₆	0.410	0.361	Valid
Y ₁	0.703	0.361	Valid
Y ₂	0.668	0.361	Valid
Y ₃	0.260	0.361	Invalid
Y ₄	0.690	0.361	Valid
Y ₅	0.605	0.361	Valid
Z ₁₁	0.670	0.361	Valid
Z ₁₂	0.603	0.361	Valid
Z ₁₃	0.642	0.361	Valid
Z ₁₄	0.431	0.361	Valid
Z ₂₁	0.646	0.361	Valid
Z ₂₂	0.731	0.361	Valid
Z ₂₃	0.558	0.361	Valid
Z ₂₄	0.650	0.361	Valid
Z ₂₅	0.380	0.361	Valid

Based on the results of the instrument validity test on 20 statement items, one item, Y3, was declared invalid. This item was then eliminated, resulting in 19 valid items in the study.

4.1.2 Instrument Reliability Test

Instrument reliability testing was conducted using Cronbach's Alpha. Instruments that meet reliability criteria can be used for further analysis because they are considered capable of providing consistent measurement results. The reliability test results for the 19 validated items are shown in Table 3:

Table 3. Results of Instrument Reliability Test

Cronbach's Alpha	N of Items
0.899	19

Based on the instrument reliability test results, a Cronbach's Alpha value of 0.899 was obtained. The test results indicate that the research instrument has good internal consistency and is reliable in measuring the constructs studied. Therefore, the research instrument is deemed reliable and suitable for use as a data collection tool in this study.

4.2 Data Analysis Results

The following figure displays the research model resulting from data processing using SmartPLS software version 4.1.1.8 which describes the relationship between the variables Healthcare Service Quality, Patient Satisfaction, and Patient Trust towards Patients' Post-Service Behavioral Intention.

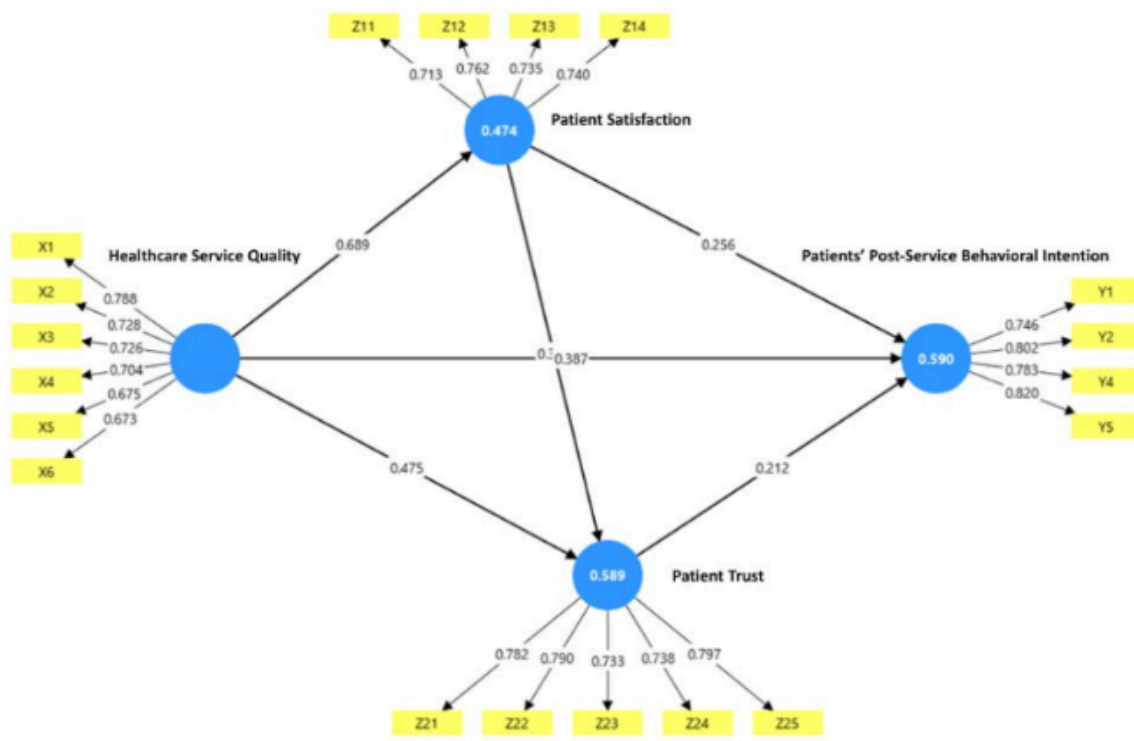


Figure 2. Research Model of Data Processing Results Using SmartPLS

4.2.1 Evaluation of the Measurement Model (Outer Model)

Convergent Validity

Convergent validity in this study was evaluated using outer loading and Average Variance Extracted (AVE). An indicator is declared valid if it has an outer loading value ≥ 0.60 and an AVE value ≥ 0.50 .

Table 4. Convergent Validity Values

Variables	Indicator	Outer loading	AVE
Healthcare Service Quality (X)	X ₁	0.788	0.513
	X ₂	0.728	
	X ₃	0.726	
	X ₄	0.704	
	X ₅	0.675	
	X ₆	0.673	
Patients' Post-Service Behavioral Intention (Y)	Y ₁	0.746	0.622
	Y ₂	0.802	
	Y ₄	0.783	
	Y ₅	0.820	
Patient Satisfaction (Z ₁)	Z ₁₁	0.713	0.544
	Z ₁₂	0.762	
	Z ₁₃	0.735	
	Z ₁₄	0.740	
Patient Trust (Z ₂)	Z ₂₁	0.782	0.590
	Z ₂₂	0.790	
	Z ₂₃	0.733	
	Z ₂₄	0.738	
	Z ₂₅	0.797	

Based on Table 4, the results of the convergent validity test show that all indicators in each variable have an outer loading value above the required minimum limit, which is 0.60. It is concluded that all indicators in this study have met the convergent validity criteria based on the outer loading value and Average Variance Extracted (AVE).
Discriminant Validity

Table 5. Cross Loading Values

	Healthcare Service Quality (X)	Patient Trust (Z ₂)	Patient Satisfaction (Z ₁)	Patients' Post-Service Behavioral Intention (Y)
X ₁	0.788	0.622	0.568	0.543

X ₂	0.728	0.567	0.523	0.493
X ₃	0.726	0.487	0.464	0.507
X ₄	0.704	0.478	0.427	0.537
X ₅	0.675	0.427	0.498	0.524
X ₆	0.673	0.505	0.468	0.478
Z ₂₁	0.558	0.782	0.533	0.599
Z ₂₂	0.599	0.790	0.605	0.495
Z ₂₃	0.532	0.733	0.506	0.382
Z ₂₄	0.496	0.738	0.448	0.503
Z ₂₅	0.585	0.797	0.536	0.562
Z ₁₁	0.554	0.478	0.713	0.511
Z ₁₂	0.468	0.500	0.762	0.537
Z ₁₃	0.487	0.529	0.735	0.432
Z ₁₄	0.519	0.517	0.740	0.487
Y ₁	0.558	0.482	0.459	0.746
Y ₂	0.575	0.560	0.573	0.802
Y ₄	0.515	0.522	0.456	0.783
Y ₅	0.607	0.537	0.603	0.820

Based on Table 5, the results of the discriminant validity test using the cross-loading value shows that all indicators in each construct have the highest loading value on the construct being measured compared to other constructs.

Table 6. HTMT (Heterotrait-monotrait ratio) values

	Healthcare Service Quality (X)	Patient Trust (Z ₂)	Patient Satisfaction (Z ₁)	Patients' Post-Service Behavioral Intention (Y)
Healthcare Service Quality (X)				
Patient Trust (Z ₂)	0.877			
Patient Satisfaction (Z ₁)	0.898	0.886		
Patient Post-Service Behavioral Intention (Y)	0.891	0.814	0.874	

According to table 6 with Heterotrait-Monotrait Ratio (HTMT), all constructs in this study have met the discriminant validity criteria.

Construct Reliability

Table 7. Construct Reliability Values

	Composite Reliability	Cronbach's Alpha
Healthcare Service Quality (X)	0.863	0.810
Patients' Post-Service Behavioral Intention (Y)	0.868	0.797
Patient Satisfaction (Z ₁)	0.827	0.720
Patient Trust (Z ₂)	0.878	0.827

Based on the results of the construct reliability test presented in Table 7, all constructs in this study were declared reliable. This indicates that the indicators used in the study have a good level of internal consistency, so that the outer model in this study was declared reliable and worthy of being continued to the inner model.

4.2.2 Evaluation of Structural Model (Inner Model)

Multicollinearity Test (Variance Inflation Factor / VIF)

Table 8. Variance Inflation Factor Values

Variables	Indicator	VIF
Healthcare Service Quality (X)	X ₁	1,737
	X ₂	1,531
	X ₃	1,539
	X ₄	1,472
	X ₅	1,395
	X ₆	1,399
Patient's Post-Service Behavioral Intention (Y)	Y ₁	1,467
	Y ₂	1,636
	Y ₄	1,630
	Y ₅	1,709
Patient Satisfaction (Z ₁)	Z ₁₁	1,272
	Z ₁₂	1,433
	Z ₁₃	1,375
	Z ₁₄	1,351
Patient Trust (Z ₂)	Z ₂₁	1,697
	Z ₂₂	1,751
	Z ₂₃	1,612

	Z ₂₄	1,574
	Z ₂₅	1,809

Based on Table 8, all indicators in this study were declared not to experience multicollinearity problems, so that the research model has good estimation stability.

Coefficient of Determination (R-square)

Table 9. R-squares values

	R-square	R-square adjusted
Patients' Post-Service Behavioral Intention (Y)	0.590	0.581
Patient Satisfaction (Z ₁)	0.474	0.470
Patient Trust (Z ₂)	0.589	0.583

Based on Table 9, the coefficient of determination (R-square) value indicates the ability of the independent variables to explain the dependent variable in the research model. The R-square value for the Patients' Post-Service Behavioral Intention variable (Y) is 0.590 and the adjusted R-square value is 0.581. These values indicate that the Healthcare Service Quality, Patient Satisfaction, and Patient Trust variables are able to explain 59.0% of the variance in Patients' Post-Service Behavioral Intention, while the remaining 41.0% is affected by other variables outside the research model. Based on the criteria of Hair et al. (2021), this value falls into the moderate category.

Furthermore, the R-square value for the Patient Satisfaction variable (Z₁) was 0.474, and the adjusted R-square value was 0.470. These values indicate that the Healthcare Service Quality variable is able to explain 47.4% of the variance in Patient Satisfaction, while the remaining 52.6% is affected by other variables outside the research model. In the Patient Trust variable (Z₂), the R-square value is 0.589 and the adjusted R-square value is 0.583. These values indicate that the Healthcare Service Quality and Patient Satisfaction variables are able to explain 58.9% of the variance in Patient Trust, while the remaining 41.1% is affected by variables outside the study.

Effect size (f-square)

Table 10. F-squares values

	Healthcare Service Quality (X)	Patient Trust (Z ₂)	Patient Satisfaction (Z ₁)	Patients' Post-Service Behavioral Intention (Y)
Healthcare Service Quality (X)		0.289	0.902	0.149
Patient Trust (Z ₂)				0.045
Patient Satisfaction (Z ₁)		0.165		0.072
Patients' Post-Service Behavioral Intention (Y)				

Based on Table 10, it is concluded that the Healthcare Service Quality variable has the greatest contribution in explaining the dependent variables in the research model, particularly the Patient Satisfaction variable. Other variables show a small to moderate effect, so all independent variables in the research model still contribute to explaining the dependent variables studied.

Relevance (Q- square)

Table 11. Q-squares values

	Q ² predict	RMSE	MAE
Patient Satisfaction (Z ₁)	0.463	0.747	0.581
Patient Trust (Z ₂)	0.503	0.718	0.575
Patients' Post-Service Behavioral Intention (Y)	0.499	0.717	0.564

Based on Table 11, all values are above zero ($Q^2 > 0$), indicating that the research model has good predictive ability in predicting the dependent variables studied.

Model Fit Test

Table 12. Model Fit Values

	Saturated model	Estimated model
SRMR	0.070	0.070
d_ULS	0.941	0.941
d_G	0.352	0.352
Chi-square	271,592	271,592
NFI	0.779	0.779

Based on Table 12, the results of the model fit test show that the Standardized Root Mean Square Residual (SRMR) value for the saturated model and estimated model 1 is 0.070, respectively. This value is smaller than the maximum limit required, which is 0.08, thus indicating that the research model has a good level of fit with the empirical data. Based on the SRMR value that has met the criteria, the research model is declared to have a good level of fit (goodness of fit), so that the analysis can proceed to the hypothesis testing stage.

Hypothesis Testing and Path Coefficient Analysis

The following table displays the results of the research model hypothesis test obtained through the bootstrapping procedure using SmartPLS software version 4.1.1.8. The values displayed for each relationship path indicate the significance value (p-value) used as the basis for determining whether the research hypothesis is accepted or rejected.

Table 13. Results of Direct Effect Values on Variables

Hypothesis	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P-value
H1 Healthcare Service Quality → Patients' Post-Service Behavioral Intention	0.387	0.394	0.083	4,670	0,000
H2 Healthcare Service Quality → Patient Satisfaction	0.689	0.692	0.050	13,869	0,000
H3 Healthcare Service Quality → Patient Trust	0.475	0.481	0.072	6,586	0,000

H4	Patient Satisfaction → Patient Trust	0.359	0.357	0.075	4,800	0,000
H5	Patient Satisfaction → Patients' Post-Service Behavioral Intention	0.256	0.257	0.079	3,225	0.001
H6	Patient Trust → Patients' Post-Service Behavioral Intention	0.212	0.206	0.100	2,120	0.034

According to Table 13, t-statistic values are greater than 1.96 and the p-value is less than 0.05, so the relationship between variables in the research model is declared significant.

Mediation Test

Table 14. Results of Indirect Effect Values on Variables

Hypothesis		Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P-value
H7	Healthcare Service Quality → Patient Satisfaction → Patients' Post-Service Behavioral Intention	0.177	0.178	0.057	3,112	0.002
H8	Healthcare Service Quality → Patient Trust → Patients' Post-Service Behavioral Intention	0.101	0.099	0.051	1,992	0.046

According to Table 14, t-statistic values are greater than 1.96 and the p-value is less than 0.05, so the indirect effect between variables in the research model is declared significant.

4.3 Discussion

4.3.1 The Effect of Healthcare Service Quality on Patients' Post-Service Behavioral Intention

The results of the study indicate that Healthcare Service Quality has a positive and significant effect on Patients' Post-Service Behavioral Intention, so the first hypothesis (H1) in this study can be accepted. The results of this study are also consistent with the findings of previous studies which show that healthcare service quality has a significant effect on patients' post-service behavioral intention. Research by Sharka et al. (2024) shows that staff competence, service responsiveness, and service effectiveness are the main aspects of service quality that contribute to patient revisit intention. Furthermore, Ghali et al. (2023) found that good service quality can increase service value and patient trust, which ultimately strengthens post-service behavioral intention.

4.3.2 The Effect of Healthcare Service Quality on Patient Satisfaction

The results of the study indicate that Healthcare Service Quality has a positive and significant effect on Patient Satisfaction, thus the second hypothesis (H2) in this study can be accepted. This finding confirms that good healthcare service quality directly contributes to increasing the level of patient satisfaction with the services received. The results of this study are in line with various previous studies that show that service quality has a positive and significant influence on patient satisfaction. Research by Jandavath & Byram (2016) found that service

quality is the main determinant of patient satisfaction in healthcare services. Furthermore, research by Agyapong et al. (2017) shows that improving service quality directly increases patient satisfaction through a better service experience.

4.3.3 The Effect of Healthcare Service Quality on Patient Trust

The results of the study indicate that Healthcare Service Quality has a positive and significant effect on Patient Trust, thus the third hypothesis (H3) in this study is accepted. This finding indicates that improving the quality of healthcare services will be followed by an increase in the level of patient trust in medical personnel and healthcare providers. This research finding is in line with various previous studies that show that healthcare service quality has a significant effect on patient trust. Research by Purwiningsih et al. (2023) found that healthcare service quality, particularly in the aspects of healthcare worker attitudes and behavior, contributes directly to increasing patient trust. Furthermore, research by Akthar et al. (2024) shows that positive perceptions of healthcare service quality can increase patient trust, both directly and through patient satisfaction as a mediating variable.

4.3.4 The Effect of Patient Satisfaction on Patient Trust

The results of the study indicate that Patient Satisfaction has a positive and significant effect on Patient Trust, thus the fourth hypothesis (H4) in this study can be accepted. This finding indicates that the level of satisfaction felt by patients after receiving health services plays an important role in shaping trust in health workers and health service providers. The results of this study are in line with previous research findings which show that patient satisfaction has a significant influence on patient trust. Research by Purwiningsih et al. (2023) shows that patients who are satisfied with the quality of health services tend to have a higher level of trust in health workers. Furthermore, research by Akthar et al. (2024) found that patient satisfaction plays an important role in building trust through consistent service experiences that meet patient expectations.

4.3.5 The Effect of Patient Satisfaction on Patients' Post-Service Behavioral Intention

The results of the study indicate that Patient Satisfaction has a positive and significant effect on Patients' Post-Service Behavioral Intention, thus the fifth hypothesis (H5) in this study is accepted. These findings confirm that a satisfactory service experience encourages patients to reuse services, share positive experiences, and recommend services to others. Several previous studies also support the findings in this study. Agyapong et al. (2017) showed that patient satisfaction plays a significant role in increasing the likelihood of repeat visits to healthcare services. The results of research by Aljaberi et al. (2018) also suggest that patient satisfaction contributes to the formation of patient loyalty through positive service experiences. Similar findings were presented by Suhail & Srinivasulu (2021), who stated that patient satisfaction is a major determinant in shaping continued behavior in healthcare service use.

4.3.6 The Effect of Patient Trust on Patients' Post-Service Behavioral Intention

The results of the study indicate that Patient Trust has a positive and significant effect on Patients' Post-Service Behavioral Intention, thus the sixth hypothesis (H6) in this study is accepted. This finding indicates that the patient's level of confidence in the competence of healthcare professionals and the credibility of healthcare providers is an important basis in determining the decision to continue using services in the future. This study's findings are in line with various previous studies that confirm that patient trust plays a significant role in influencing patients' post-service behavioral intention. Akthar et al. (2024) found that the level of patient trust in healthcare professionals contributes to increased patient loyalty in utilizing healthcare services.

4.3.7 The Effect of Patient Satisfaction as a Mediating Variable between Healthcare Service Quality and Patients' Post-Service Behavioral Intention of Patients

The results of the study indicate that Patient Satisfaction plays a significant role as a mediating variable in the relationship between Healthcare Service Quality and Patients' Post-Service Behavioral Intention, so that the seventh hypothesis (H7) in this study can be accepted. The results of this study also obtain support from various

previous empirical studies that confirm the role of satisfaction as a mediating variable in the relationship between healthcare service quality and patients' post-service behavioral intention of patients. Research by Agyapong et al. (2017) shows that patient satisfaction is an intermediary factor that explains how healthcare service quality can influence the tendency of patient repeat visits. The results of research by Aljaberi et al. (2018) suggest that patient satisfaction strengthens the influence of service quality on the formation of patient loyalty in utilizing healthcare services.

4. 3.8 The Effect of Patient Trust as a Mediating Variable between Healthcare Service Quality and Patients' Post-Service Behavioral Intention of Patients

The results of the study indicate that Patient Trust acts as a significant mediating variable in the relationship between Healthcare Service Quality and Patients' Post-Service Behavioral Intention, so that the eighth hypothesis (H8) in this study can be accepted. The results of this study are in line with various previous empirical studies that confirm the function of trust as a mediating variable in the relationship between healthcare service quality and patients' post-service behavioral intention. Research by Akthar et al. (2024) shows that patient trust acts as an intermediary factor that explains how healthcare service quality can affect patient loyalty in utilizing healthcare services. The findings of Yuswanto & Azizah's (2024) study suggest that the level of patient trust in healthcare providers contributes to increasing the patient's tendency to continue using healthcare services continuously.

5. CONCLUSION

Based on the results of data analysis and discussion regarding the effect of Healthcare Service Quality on Patient Satisfaction, Patient Trust, and Patients' Post-Service Behavioral Intention in private dental practices in Jember Regency, several conclusions can be drawn as follows: 1) Healthcare Service Quality has a positive and significant effect on Patients' Post-Service Behavioral Intention; 2) Healthcare Service Quality has a positive and significant effect on Patient Satisfaction; 3) Healthcare Service Quality has a positive and significant effect on Patient Trust; 4) Patient Satisfaction has a positive and significant effect on Patient Trust; 5) Patient Satisfaction has a positive and significant effect on Patients' Post-Service Behavioral Intention; 6) Patient Trust has a positive and significant effect on Patients' Post-Service Behavioral Intention; 7) Patient Satisfaction acts as a partial mediating variable in the relationship between Healthcare Service Quality on Patients' Post-Service Behavioral Intention; 8) Patient Trust acts as a partial mediating variable in the relationship between Healthcare Service Quality and Patients' Post-Service Behavioral Intention. This study shows that good Healthcare Service Quality is an important factor in increasing patient satisfaction and trust, which ultimately contributes to the formation of patients' post-service behavioral intention in private dental practices in Jember Regency.

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