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The Effect of Health Services Quality on Satisfaction and Loyalty in West Sulawesi Province, Indonesia

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Abstract

OBJECTIVE: The objective of the study was to evaluate the patient satisfaction and loyalty to the quality of community dental and oral health services from various dimensions.

MATERIALS AND METHODS: This study used a pilot pathfinder, which was conducted in Polewali Mandar District in 2019. The subjects consisted of 458 people. Data were collected using a questionnaire, which was designed appropriate to this survey which consists of 67 questions with responses in the form of bad, poor, moderate, good, and very good. Questions about dental and oral health service beliefs are grouped into four dimensions, ability, heart competence, intelligence, and trust. Beliefs were analyzed using the F-test and multiple regression.

RESULTS: The dimensions of service quality toward satisfaction and loyalty were the dimensions of registration and the doctor which had an effect in community satisfaction and loyalty with $p < 0.05$.

CONCLUSION: Communities in Wonomulyo Subdistrict, and Bulo Subdistrict, Polewali Mandar District largely have a significant interest in community satisfaction and loyalty with dental and oral health services.

Introduction

Health is a state of the body, soul, and social that makes individuals to live productively in social and economic aspects. In terms of achieving its goals, health efforts that can be provided by all people are carried out, including in the field of dental health. Based on Law of the Republic of Indonesia (Number 36 of year 2009) concerning health is a human right and an unauthorized one that must be realized in accordance with the ideals of the Indonesian people as in the Pancasila and the 1945 Constitution of the Republic of Indonesia. The right to health is needed the right to obtain health services from health service facilities to achieve the highest health status. Health development intent to increase awareness, willingness, and ability to live a healthy life for each person to realize the highest degree of public health, as an investment for the development of productive human resources socially and economically [1], [2].

Based on Regulation of the Minister of Health of the Republic of Indonesia (No. 4 of 2018, Chapter II, Article 2, Ayat 1b on the Obligations of Hospitals), states that every hospital is required to provide safe, quality, anti-discrimination, and effective health services with patient's interest priority in accordance to hospital service standards. Competition in the provision of health services, improvement, efficiency, and service quality and increased competition among health services influence patients to choose hospitals with a good track record. Hospitals compete to improve the quality of their services with patients. Receiving quality health services is an important element to achieve patient satisfaction and loyalty to the hospital. The quality of hospital services is the level of difference between patients' perceptions and their expectations about hospital services. Quality of health services in some countries, most developing countries have become the urgent problem [3], [4].

The national prevalence of dental and mouth problems is 25.9%, as many as 14 provinces have a prevalence of dental and mouth problems exceeding the national rate. Overall, the ability to obtain services is 8.1%. Health Service Access in Indonesia Basic Health Research 2013 understanding of health facilities consisting of government hospitals, private hospitals, community health center or auxiliary health centers, practicing doctors, clinics, midwife practices or maternity homes, integrated service post, village health

post or school health unit, and village maternity huts. In dentistry, patient satisfaction can help find strength and safety of service and help improve the quality of care. There are several factors that make people uncomfortable to get treatment such as doubts about the ability of dentists to diagnose and provide care for patients' illnesses, facilities, use of less sophisticated and modern technology, a treatment system that takes too long, and less the skills of medical personnel. Everyone agreed that the services provided by the health service center did not compatible with their expectations which made them satisfied [2], [5], [6].

Patient satisfaction is a multifactorial concept that plays a major role in measuring satisfaction levels including patient's educational background, lifestyle, previous medical experience, and expectations. Loyalty is one of the important factors for business success that can only be created and developed both through provision better services quality lead to increase satisfaction. Patient satisfaction is very dependent on the quality of service that compatible with the needs and required of patients. In a study conducted in Brazil, higher satisfaction was completed with consideration, adequate time for treatment, and instruction to fulfill patient needs. Other research conducted in Pakistan found patient feedback about their level of satisfaction with the quality of standard health care to obtain services. India has issued a relatively high growth rate with high demand for services from foreign and local patients; although there are obstacles such as inadequate number of hospital beds and shortages of doctors [6], [7], [8], [9], [10].

The problem of workforce of the health sector in Polewali Mandar District is an old problem with the number of workers who are still less than the need and the distribution is not accordance with still the need for quality improvement through education and training. The population of Polewali Mandar District in 2014 was 417,472 people, with 203,981 (48.86%) men and 213,491 (51%) women. In 2013, the number of hospitals in Polewali Mandar District was 1 unit in the city center, the number of community health center was 20 units consisting of 16 treatment health centers and 4 non-treatment health center, and the number of dentists was 17 with the ratio of 1:24,554, while according to the WHO, the ideal category for the ratio of dentists per unit of population is 1:7500 so that there was an imbalance between demand and the number of dentists [11], [12].

Materials and Methods

Code of ethical number: 0246/PL09/KEPK FKG-RSGM UNHAS/2019. This study used a pilot pathfinder design conducted in Wonomulyo Subdistrict and Bulo Subdistrict of Polewali Mandar District, July 22–July 26, 2019. Researchers took as many as 458 subjects with criteria urban communities in Wonomulyo Subdistrict and rural communities in Bulo Subdistrict, Polewali Mandar District, aged 18 years and over and having done dental treatment both at the community health center and at the hospitals in Polewali Mandar.

Criteria for subjects

Inclusion criteria

Communities in Wonomulyo Subdistrict and Bulo Subdistrict, Polewali Mandar District aged ≥18 years, communities who have received services in clinics or dental clinics in Puskesmas or related hospitals in Polewali Mandar District and are looking to fill out questionnaires are included in the study.

Exclusion criteria

Subjects did not complete the questionnaire or receive the questionnaire. Likert scale was used to assess this study. Likert scale was used to measure the attitudes, opinions, and perceptions of people a collection of social phenomena. Satisfaction quality of service measurement using code 0 = Poor, 1 = Less, 2 = Medium, 3 = Good, and 4 = Very good. Then, the data are classified into the category of low: 1–2.33, medium 2.34–3.66, and high: 3.67–5.00. Assessing satisfaction and loyalty are: 0 = Strongly disagree, 1 = Disagree, 2 = Neutral, 3 = Agree, 4 = Strongly agree. Furthermore, these dimensions are classified into categories: Low: 1–2.33, medium 2.34–3.66, and high: 3.67–5.00 [19]. Data analysis used in this research is descriptive analysis method which is a way to formulate data and data on satisfaction and loyalty of health facilities in Polewali Mandar seen from the quality of existing services based on sample results. The multiple regression analysis method is used to obtain the hypothesis of whether there are registrations, doctors, nurses, pharmacy, and the environment for satisfaction and loyalty. F-test is used to determine whether all independent variables require together toward the dependent variable. The coefficient of determination measures the efficiency of independent variables and explain the dependent variable.

Results

This study was a pilot pathfinder surveys in urban and rural areas in Polewali Mandar District and only 458 people who fit the inclusion and exclusion criteria.

Table 1 shows the distribution of characteristics of subjects by gender, age, ethnicity, and religion. Based on gender, in urban areas, there were more women than men as many as 125 people (53.3%), and in rural

Table 1: Distribution of subject by gender, age, ethnic, and religion

Characteristic	Urban		Rural		Total	
	n	%	n	%	n	%
Gender						
Male	111	47.0	125	56.1	236	51.4
Female	125	53.0	98	43.9	223	48.6
Age group (years)						
18–24	128	54.2	85	38.1	213	46.4
25–34	47	19.9	51	22.9	98	21.4
35–44	18	7.6	39	17.5	57	12.4
45–55	32	13.6	38	17.0	70	15.3
56>	11	4.7	10	4.5	21	4.6
Ethnic						
Buginese	79	33.5	21	9.4	100	21.8
Makassarnese	6	2.5	8	3.6	14	3.1
Torajanese	5	2.1	4	1.8	9	2.0
Mandarnese	78	33.1	155	69.5	233	50.8
Others	68	28.8	35	15.7	103	22.4
Agama						
Islam	222	94.1	209	93.7	431	93.9
Buddhist	9	3.84	9	4.0	18	3.9
Hindu	0	0.0	0	0.0	0	0.0
Christianity	5	2.1	5	2.2	10	2.2
Others	0	0.0	0	0.0	0	0.0
Total	236	100	223	100	459	100

Source: Primary data, 2019

areas, there were more men than women as many as 125 people (56.1%). Based on the age characteristics in urban areas, the most subjects are 18–24 years old, 128 people (54.2%), and in rural areas, the most subjects are aged 18–24, 85 people (38.1%). Based on the characteristics of ethnic groups in urban areas, the most subjects were Buginese, 79 people (33.5%), and in rural areas, the most subjects were Mandarnese, 155 people (69.5%). Based on the characteristics of religion in urban areas, the most subjects were 222 Muslims (94.1%), and in rural areas, the most subjects were 209 Muslims (93.7%).

Table 2 shows the distribution of subject characteristics based on marital status, recent education,

Table 2: Distribution of subject by marital status, recent education, and occupation

Characteristic	Urban		Rural		Total	
	n	%	n	%	n	%
Marital status						
Unmarried	118	50.0	102	45.7	220	47.9
Marries	88	37.3	112	50.2	200	43.6
Widow	3	1.3	4	1.8	7	1.5
Widower	24	10.2	5	2.2	29	6.3
Recent education						
No school	33	14.0	37	16.6	70	15.3
Elementary	25	10.6	36	16.1	61	13.3
Junior high	26	11.0	29	13.0	55	12.0
Senior high	108	45.8	105	47.1	213	46.6
Bachelor	40	16.9	16	7.2	56	12.2
Master	1	0.4	0	0.0	1	0.2
Doctoral	3	1.3	0	0.0	3	0.7
Occupation						
Jobless/housewife	109	46.2	90	40.4	199	43.4
Farmer	19	8.1	63	28.3	82	17.9
Labor	7	3.0	7	3.1	14	3.1
Entrepreneur	45	19.1	39	17.5	84	18.3
Private employee	14	5.9	5	2.2	19	4.1
Government employee	7	3.0	5	2.2	12	2.6
Other	35	14.8	14	6.3	49	10.7
Total	236	100	223	100	459	100

and occupation. Based on the characteristics of marital status in urban areas, the most subjects are 118 people unmarried status (50.0%), and in rural areas, the most subjects are unmarried status 102 (45.7%). Based on the characteristics of the level of education in urban areas, the most subjects are 108 people with high school education (45.8%), and in rural areas, the most subjects are 105 people with high school education (47.1%). Based on the characteristics of work in urban areas, the most subjects were not working or as housewives as many as 109 people (46.2%), and in rural areas, the most subjects were not working or as housewives as many as 90 people (40.4%).

Table 3 shows the distribution of the characteristics of survey subjects based on income

Table 3: Distribution of subject by income per month, distance home to hospital/community health center/dental clinic, and health assurance

Characteristic	Urban		Rural		Total	
	n	%	n	%	n	%
Income per month						
Rp.0–Rp.150.000	116	49.4	114	51.1	230	50.2
Rp.150.000–Rp.500.000	30	12.8	25	11.2	55	12.0
Rp.500.000–Rp.1.000.000	31	13.2	26	11.7	57	12.4
Rp.1.000.000–Rp.2.000.000	45	19.1	36	16.1	81	17.7
> Rp.2.000.000	13	5.5	21	9.4	34	7.4
Distance home to hospital/community health center/dental clinic						
0–5 km	119	50.4	111	49.8	230	50.1
6–10 km	94	39.8	77	34.5	171	37.3
>10 km	23	9.7	35	15.7	58	12.6
Health assurance						
Yes	96	40.7	84	37.7	180	39.2
No	140	59.3	139	62.3	279	60.8
Total	236	100	223	100	459	100

Source: Primary data, 2019

per month, distance from home to hospital/puskesmas/dentist practice, and health insurance status. Based on the characteristics of income per month, the most subjects in urban areas are income per month in the amount of Rp 0–Rp 150.000 as many as 116 people (49.4%), and in rural areas, the most subjects are income per month of Rp 0–Rp 150.000 as many as 114 people (51.1%). Based on the characteristics of the distance from the house to the hospital/puskesmas/dentist practice in urban areas, the most subjects are 0–5 km from the house to the hospital/puskesmas/doctor practice as many as 119 people (50.4%), and in the rural areas, the most subjects are within 0–5 km from home to hospital/health center/doctor practice as many as 111 people (49.8%). Based on the characteristics of health insurance status in urban areas, subjects do not have health insurance as many as 140 people (59.3%), and in rural areas, subjects do not have health insurance as many as 139 people (62.3%).

Based on Table 4, regarding the distribution of respondents' answers in the registration dimension in the

Table 4: Distribution of subject responses on satisfaction in urban area

Dimension	Mean	Standard deviation	Category
Registration	2.29	0.87	Low
Doctor	2.17	0.77	Low
Nurse	2.28	0.87	Low
Pharmacy	2.32	0.81	Low
Hospital/health center environment	2.41	1.15	Low
Satisfaction	3.61	0.85	Low
Loyalty	3.37	0.86	Low

Source: Primary data, 2019. Low: 1–2.33, medium: 2.34–3.66, high: 3.67–5.00

urban area, the majority of respondents' answers were in the low average category of a total of 12 questions in this dimension which is 2.29 and this dimension is

relatively simple. In the dimension of doctors in the urban area, the majority of respondents' answers were in the low category, the average total of 12 questions on this dimension was 2.17 and this dimension was classified as simple. In the nurses dimension in the urban area, the majority of respondents' answers were in the low category while those in the medium category, the average total of 12 questions in this dimension was 2.28, and this dimension was relatively simple. In the pharmaceutical dimension in the urban area, the majority of respondents' answers are in the low category, the average total of 11 questions in this dimension is 2.28, and this dimension is relatively simple. In the dimensions of the hospital/puskesmas environment in urban areas, the majority of respondents' answers are in the medium category, the total of nine questions in this dimension is 2.31, and this dimension is relatively simple. In the satisfaction of health facilities in urban areas, the majority of respondents' answers are in the medium category. The total of seven questions in this dimension is 3.61 and this dimension is classified as good. In the loyalty of health facilities in urban areas, the majority of respondents' answers are in the medium category. The average total of seven questions in this dimension is 3.37 and this dimension is classified as good.

Based on Table 5, regarding the distribution of respondents' answers in the registration dimension in

Table 5: Distribution of respondents' answers in the registration dimension in the rural area

Dimension	Mean	Standard deviation	Category
Registration	2.05	0.82	Low
Doctor/dentist	2.14	0.82	Low
Nurse	2.25	0.9	Low
Pharmacy	2.34	0.92	Low
Hospital/health center environment	2.41	1.15	Low
Satisfaction	3.54	0.95	Low
Loyalty	3.40	0.89	Low

Source: Primary data, 2019. Low: 1–2.33, medium: 2.34–3.66, high: 3.67–5.00

the rural area, the majority answer of respondent are in the low category while those in the medium category are the distance between the location of registration and the distance of the location of registration. The average total of 12 questions in this dimension is 2.05 and this dimension is relatively simple. In the dimension of doctors in the rural area, the majority of respondents' answers were in the low category. The average total of 12 questions in this dimension is 2.14 and this dimension is relatively simple. In the dimension of nurses in rural areas, the majority of respondents' answers were in the low category. The average total of 12 questions in this dimension is 2.25 and this dimension is relatively simple. In the pharmaceutical dimension in the rural area, the majority of respondents' answers are in the medium category. The average total of 11 questions in this dimension is 2.34 and this dimension is relatively simple. In the dimensions of the hospital/puskesmas environment in the rural area, the majority of respondents' answers are in the medium category, the total of nine questions in this dimension

Table 6: Effect of services quality on satisfaction

Model	Unstandardized coefficients		Standardized coefficients	Sig.
	B	Standard error	Beta	
Constant	23.481	0.873		0.000
Registration	0.152	0.042	0.240	0.000
Doctor/dentist	−0.168	0.045	−0.274	0.000
Nurse	−0.027	0.052	−0.051	0.599
Pharmacy	0.025	0.051	0.043	0.624
Environment	−0.079	0.048	−0.118	0.097

Source: Primary data, 2019

is 2.41, and this dimension is relatively simple. On the satisfaction of health facilities in rural areas, the majority of respondents' answers were in the medium category. The mean total of seven questions in this dimension was 3.54 and this dimension was classified as good. In the loyalty of health facilities in rural areas, the majority of respondents' answers were in the medium category. The mean total of seven questions in this dimension was 3.40 and this dimension was classified as good.

Based on the results of the regression analysis table, it can be explained that the dimension of service quality on satisfaction that is the dimension of registration and doctor has an influence on community satisfaction with $p < 0.05$.

Based on Table 7, it can be seen that R2 was 0.071, this means that 7.1% of the variation of satisfaction

Table 7: Regression analysis

Model	R	R square	Adjusted R square	Standard error of the estimate
1	0.267	0.071	0.061	4.53

Source: Primary data, 2019

can be explained by variations of the five independent variables while the rest (100–7.1% = 92.9%) is explained by other causes which cannot be explained in these regression equations or other factors not examined in this study.

Based on the results of the regression analysis table, it can be explained that the magnitude of the influence of each dimension of service quality on satisfaction that is the dimension of registration and doctor has an influence on community satisfaction with $p < 0.05$.

Discussion

Based on the results of a survey conducted in Polewali Mandar District, it shows that patients who do more dental treatment in health facilities are patients in the 18–24 years age group, this is in line with the previous studies in Kutai Kartanegara, India, and Bantaeng showing that patients young adults visit a dental clinic than an older age. Based on the characteristics of the level of education in urban and rural areas, the most subjects are with a high school education. This is in

line with research fuad ha *et al*. Most respondents in this study are high school graduates (52.1%). Through the duration of education, respondents or patients will also get more information and knowledge compared to those who have never received an education, that in assessing satisfaction a quality of service, knowledge will affect one's attitude and behavior. People who have low levels of education are not critical and do not even care about the health services they receive. The small number of respondents with a degree of undergraduate education is possible because respondents are busy with their own business or other activities [2], [20], [21].

Based on the survey results in Table 6 obtained in the registration dimension, the service items that are classified in the low category are the item distance at the location of registration, reliable information from officers, and about the neatness, cleanliness, and uniformity of officers' clothing. These results are different from the previous studies conducted in Bantaeng District and Panakkukang District, Bantaeng Regency, where these items have the highest average value. Appearance of each registration officer is important so that patients can distinguish between doctors and nurses. Attitude of officer empathy includes the relationship of communication, attention, and understanding of patient needs. If the patient feels that the health staff can provide empathy, then this will form the level of patient loyalty [20], [21].

On the nurse dimension, the results in Table 8 and Table 9 of the survey obtained on the

Table 8: Effect of services quality on loyalty

Model	Unstandardized coefficients		Standardized coefficients	Significant
	B	Standard error	Beta	
Constant	22.088	0.826		0.000
Registration	0.159	0.040	0.263	0.000
Doctor/dentist	−0.161	0.042	−0.277	0.000
Nurse	−0.076	0.049	−0.146	0.127
Pharmacy	0.074	0.048	0.133	0.125
Environment	−0.079	0.045	−0.123	0.080

Source: Primary data, 2019

nurse dimension, all items are in the low category and the items that most influence the quality of service are nurses arriving on time. Parasuraman found that patient satisfaction would be higher when empathy was felt to be greater. Furthermore, a study by Rad found that there was a positive relationship between empathy of medical staff and patient satisfaction, Malott and Ayala concluded that the main factors that lead to patient satisfaction are caring and knowledgeable staff. Patients want highly skilled staff who provides them with information. They also want health-care providers to work as a collaborative team and communicate with each other effectively to provide quality services [22].

In the doctor dimension, items get a low average value. Patients who have difficulty in getting an appointment comfortably report a low level of satisfaction. This is in line with research in Saudi Arabia that the results showed 6–8% of subjects who were dissatisfied with communication with dentists. Patients are most dissatisfied with coordinating appointments for meetings. Miscommunication may lead to unsatisfactory responses from patients, further improvement in dentist communication can be achieved by developing collaborative communication by spending more time with patients to discuss their treatment plans and alternative options that might be suitable for patients. In addition, conducting well-designed communication skills training can help develop communication skills among health-care providers. Many reasons can be attributed to low satisfaction with appointments such as long waiting times, dental procedures that require multiple appointments, and the provision of inexperienced care [22].

Anderson's study found that patients can receive a longer waiting time as long as they feel they have enough time with their doctor. However, the combination of short consultation time and long waiting time is toxic in terms of patient satisfaction and this should be avoided by health-care providers in particular and by the health service system in general [22]. Health problems in the health sector in Polewali Mandar Regency are an old problem, namely, the number of workers who are still less than the need and the uneven distribution of dentists ratio of 1:24,554, whereas according to the WHO, the ideal category for the ratio of doctors teeth per unit population is 1:7500 so that there is an imbalance between the demand and the number of dental doctors indicating the lack of doctors in remote/mountainous areas which has an impact on the quality of services rendered [11], [12], [13], [14], [15], [16], [17], [18]. The items that most influence on the quality of service are accurate medical examinations. These results are consistent with research conducted in Malaysia, which states that the doctor's knowledge at the time of the examination and when conducting question and answer with patients affects the patient's confidence in receiving care and evaluating the quality of the service provided [21].

In the pharmaceutical dimension, items that get a moderate mean are waiting time for taking drugs that are not too long, comfort of waiting place for drugs, number of pharmacy officers who provide services, neatly arranged medicine, dispensary officers clearly convey how to use drugs, and clarity of writing on the drug card, while the items that get a low average are neatness, cleanliness, and uniformity of the pharmacy staff, the drugs needed, cleanliness of the pharmacy room, and the supply of drugs. These results are consistent with research conducted in Malaysia found that long waiting times cause dissatisfaction of patients with hospital services. Therefore, it can affect the quality of health services provided [20].Patient waiting time is related to patient perception with other aspects of service. For example, patients judge that service staff at the health facility is good if they wait for a shorter time. In addition, patient waiting time influences the patient's perception of

Table 9: Coefficient of determination services quality toward loyalty

Model	R	R square	Adjusted R square	Standard error of the estimate
1	0.291	0.085	0.074	4.29

Sumber: Data Primer diolah, 2019

the ability of health-care providers to provide adequate health services [23], [24]. Pharmacy staff should provide excellent health-care services because patients want officers who are skilled in providing information. Patients also want health-care providers to work as a collaborative team and communicate with each other effectively to provide good quality of care [25].

In the dimensions of the health service environment (hospital/puskesmas), items that have a moderate average value are large parking lots, odorless hospital/puskesmas environment, and air comfort in the hospital/puskesmas environment. The items that most influence the quality of health services is calm in the hospital/puskesmas environment. Patients' views on facilities and accessibility from the public health sector were also explored in this study. Examples included are hospital and clinic hygiene, cleanliness, and facilities available in the waiting room and also follow-up conducted by public health institutions. In general, the majority of participants rated all these aspects as good. These factors can greatly influence the general satisfaction of patients with public health services. Yunus's research findings reveal that there is a positive relationship between patient satisfaction and accessibility, facilities, environment, and continuation of care [20]. Good quality health services will also produce a good level of satisfaction. Many efforts can be made in improving the quality of health services, both from improving the quality of service personnel and aspects of facilities and the environment around health services. Thus, good quality health services can have an impact on a healthy and prosperous community [26], [27], [28], [29].

Patient satisfaction is a subjective assessment that results from examining health-care associations and understands the correlation of actual performance with community expectations. Dimensions of quality of health services, physical environment, customer-friendly environment, responsiveness, communication, and privacy and safety, while patient loyalty refers to the frequent use of services when patients have a positive attitude towards services or hospitals that provide services. In this research survey, it was found that service quality has a significant influence on satisfaction and loyalty except on the dimensions of nurses, doctors, and the environment. Research of Chahal, Mehta, Naidu, and Shabbir described the quality of health services and patient loyalty significantly interrelated. The findings recommend that better quality health services help in building satisfaction and loyalty intentions given the fact that reliable clients will always make positive word of mouth. In addition, hospital managers focus on patient-oriented strategies because patients are an honest resource from an organization to build a clear picture of profitability and authority. Additional results recommend that the relationship between patient loyalty and aspects of the quality of health services such as the physical environment, customer friendliness, responsiveness, communication, and privacy and safety is mediated by patient satisfaction [7].

The quality of the services provided affects the expectations and the reality that if the patient gets a service that exceeds his expectations, the patient will say that the service is quality and will develop into satisfied with the service. On the other hand, if the patient feels that the service is not in accordance with his expectations, then the service is deemed to be operational. Patients generally have the expectation that pharmacists should be more friendly, more responsive to patients' needs, give medicines to patients with a faster time, clearer writing of drugs, and a more comfortable and cleaner waiting room. The quality of services provided will certainly affect the feelings and satisfaction of patients [30], [31], aspects of the facility, and the environment around health services. Thus, good quality health services can have an impact on a healthy and prosperous community [26], [27], [28], [29].

The quality of the services provided affects the expectations and the reality, that if the patient gets a service that exceeds his expectations, the patient will say that the service has a quality and will develop into satisfied with the service. On the other hand, if the patient feels that the service was not suitable with his expectations, then the service is deemed to be operational. Patients generally have the expectation that pharmacists should be more friendly, more responsive to patients' needs, give medicines to patients with a faster time, clearer writing of drugs, and more comfortable and cleaner waiting room. The quality of services provided will certainly affect the feelings and satisfaction of the patient [30], [31], [32], [33], [34], [35], [36].

Conclusion

Dimensions that have the lowest mean value are the dimensions of registration, dimensions of doctors, dimensions of nurses, and dimensions of pharmacy. In the quality of service on the dimensions of registration, doctors have a significant effect on patient satisfaction and service quality on the dimensions of registration, and doctors have a significant effect on patient loyalty.

Ethics Approval

Permission was approved from the Faculty of Dentistry, Ethics and Research Advisory Committee, Hasanuddin University.

Authors' Contributions

All authors contributed to the execution of this research and approved the final manuscript.

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