

Service Quality, Patient Satisfaction, Word-Of-Mouth, and Revisit Intention in A Dental Clinic, Thailand

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ABSTRACT

This study investigates the relationship between service quality, patient satisfaction, word-of-mouth (WOM), and revisit-intention among dental patients in a clinic, Thailand. The research employed a quantitative approach in data collection for statistical analysis. Quota-sampling equally among four-age groups was used, and 352 completed copies of self-administered questionnaires were returned. The proposed theoretical framework was identified the model adopting PLS-SEM. Findings reveal that patient satisfaction is a mediator between service quality and its outcomes of WOM and revisit intention. Referring to elements of service quality, empathy is the highest factor influencing patient satisfaction (Beta=0.411, $p < 0.001$), followed by reliability (Beta=0.183, $p < 0.05$), tangibles (Beta=0.119, $p < 0.05$), assurance (Beta=0.077, $p > 0.05$), and responsiveness, Beta=0.053, $p > 0.05$) at R-square 0.556. Revisit intention can be predicted by patient satisfaction by 53.4 percent (Beta=0.731, $p < 0.001$, $R^2=0.534$), and WOM can be explained by patient satisfaction by about 42.9 percent (Beta=0.655, $p < 0.001$, $R^2=0.429$). The study was limited to private dental practice (a dental clinic). Thus, the extension to clinics around this area should be considered. Moreover, the researcher suggested comprehensive coverage of other predictors in further research. The implications are managers would emphasize healthcare service quality management to satisfy their patients because it creates positive word-of-mouth and a revisit intention among dental clinic's patients.

KEYWORDS: Service quality, patient satisfaction, word-of-mouth, revisit intention, PLS-SEM

INTRODUCTION

According to Parasuraman in 1985, service quality dimensions and items represent core measurement criteria that transcend specific companies and industries. It is a generic instrument with high reliability, validity, and applicability that serves as a diagnostic methodology for uncovering broad areas of its service quality shortfalls and strengths. (Jandavath & Byram, 2016) Measuring service quality in the dental clinic is the first and most important factor in improving care. The quality provided plays an essential role in patient satisfaction. To improve dental service quality, paying attention to everyone's needs and demands plays a significant role. Patient preferences should be considered fundamental to providing high-quality dental care. Therefore, given the positive effects on dental service quality, service delivery processes should carefully be considered in

all quality dimensions. (Bahadori *et al.*, 2015) Healthcare is becoming more patient-centered so that patients' experiences of care and assessment of satisfaction are taken more seriously. Patient satisfaction is related to healthcare services, and better management leads to healthier patients in the long term. (Ahmady *et al.*, 2015)

Patient satisfaction is an interactive process that reflects the patient's quality assessment of the medical service experience. Patient satisfaction is crucial for healthcare service providers in the following three areas: maintaining their relationships with the patients-satisfied patients are returned customers, identifying areas of strength and weakness in the organization, and association with their financial benefits. (Cham *et al.*, 2014) The importance of patient satisfaction has continued to grow, such that

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patient satisfaction is now a virtual component of healthcare services. (Jandavath& Byram, 2016) The positive customer experience with the product leads to customer loyalty to the service offered. (Kashif *et al.*, 2016). Satisfaction is a function of the impression or perception of performance and expectations. If it is below expectations, the customer is not satisfied. If performance exceeds expectations, the customer will be very satisfied or happy. (Dicky &Masykura, 2019)

Word of mouth (WOM) plays an essential role in business development. WOM helps consumers become familiar with new services, the quality of services and promotes different choices. (Ruswanti&Kusumawati, 2020). Word of mouth (WOM) refers to verbal communications between the actual or potential consumer and other people, such as the product or service provider, independent experts, family, and friends. These communications may be either positive or negative. (Chaniotakis&Lymperopoulos, 2009) In the present study, word of mouth (WOM) is verbal communication between consumers and other people such as family and friends about a healthcare service

provider or dental clinic. These communications are a positive word of mouth.

The revisit intention is the customer's desire to return to their destination within one year.

In service, there are two types of customers, new customers and old customers who visit again. New customers revisit service providers based on information they collect from various sources to meet consumer expectations. In comparison, old customers who visit again are consumers who have received services and have trust and are satisfied with the previous service. Most of the cause of revisit intention is satisfaction during the first meeting of consumer and service provider.

(Abubakar *et al.*, 2017, Kurnianingrum&Hidayat, 2020) This study clarifies the link between service quality, patient satisfaction, word of mouth, and revisit intention in a dental clinic. It helps the decision manager develop a marketing plan and strategies in the private dental care sector to improve healthcare quality and its outcomes. Finally, the quality of life & health of the patients in the community will be better.



Figure 1 Conceptual framework of this study

Research Methodology

Study Population and Sample

The population was a dental clinic's patients in Chonburi, Thailand. Both males and females whose age is over 20 years old through non-probability sampling (quota sampling of four-age groups) The target population was 3,584 cases. The sample size was 352 cases.

Study Design and Data Collection

A cross-sectional study was conducted. The self-administered printed questionnaires were distributed for data collection. The demographics, service quality, patient satisfaction, word of mouth, and revisit intention are the constructs in this survey. All items were used five points Likert rating scale (5=Strongly agree and 1=strongly disagree). Service quality measurements were based on Bahadori *et al.* (2015) and Akbar *et al.* (2019). Patient satisfaction measurement was based on Ahmed *et al.* (2017), word of mouth intention measurements was based on Ahmed *et al.* (2017), and revisit intention was based on Ahmed *et al.* (2017). The researcher explained the study's objectives to improve healthcare quality and ask for respondents' participation before questionnaire distribution.

Data Analysis

Descriptive statistics were used to describe respondents' demographics in frequency, mean and standard deviation. Partial least squares structural equation modeling (ADANCO 2.2.1) was adopted to test the hypotheses.

Results

Convergent validity was assessed through significance ($p < 0.05$), items loading (above 0.51). Discriminant validity was assessed using average variance extracted (AVE) and Fornell-Larcker. Table 1 summarized the reliability coefficients, items loadings, composite reliability, and AVE. Following table 2 summarized the square root of the AVE of constructs and compared one construct with another in the following tables.

Table 1 Item loadings, composite reliability and average variance extracted of Tangibles

Items	Item Loadings	Construct Reliability	AVE
Tangibles			
(1) The equipment in this dental clinic is modern	0.7597	0.8567	0.5592
(2) The clinic employees are clean, neat, tidy, and appropriate to their professions	0.7524		
(3) The waiting room, tables and chairs, bathrooms, toilets, and floors are clean, beautiful, comfortable, and desirable	0.7790		
(5) The cleanliness and quality of the materials and supplies used for treatment are appropriate	0.7753		
(6) The process of paying the bills is easy and comfortable	0.6251		

* Significant at 0.05 level; AVE= average variance extracted.

Table2. Item loadings, composite reliability and average variance extracted of Reliability

Items	Item Loadings	Construct Reliability	AVE
Reliability			
(4) In addition to the assistants and secretary, the dentist also explains the treatment procedures to the patients	0.7051	0.8924	0.5808
(5) The patients' charts are completed without any mistakes and maintained accurately and can easily be found when needed	0.7550		
(6) The dental care costs are not high	0.7255		
(7) Everything is done correctly and without duplication and reworking at the first time	0.8045 0.8131		
(8) The treatment provided be of high quality and long-term effectiveness	0.7634		
(9) The dentist gives patients useful and necessary advice for preventing them from other diseases			

* Significant at 0.05 level; AVE= average variance extracted.

Table3. Item loadings, composite reliability and average variance extracted of Responsiveness

Items	Item Loadings	Construct Reliability	AVE
Responsiveness			
(1) In this dental clinic, there is not a long time between patients' physical examinations and their treatment procedures	0.7776	0.8924	0.5808
(2) The treatment process is provided quickly and conveniently	0.7554		
(3) The employees behave toward patients such that can trust in the dental clinic and its employees	0.7775		
(4) A secretary always be accountable for arranging the time of treatment session by phone or in-person	0.7692		
(5) The dentist clearly explains the problems and diseases to the patients during the first visit and physical examination	0.7756		
(6) The employees are willing to help the patients referred to the clinic and are ready at any time to answer their questions	0.7458		

* Significant at 0.05 level; AVE= average variance extracted.

Table4.Item loadings, composite reliability and average variance extracted of Assurance

Items	Item Loadings	Construct Reliability	AVE
Assurance			
(1) In this dental clinic, the employees always behave towards patients with respect and courtesy and ensure privacy	0.8237	0.8878	0.6643
(2) The dentist is familiar with the newest treatment methods, as well as the modern technologies	0.8240		
(3) The dentist has sufficient skills and is good at his/her job	0.8365	0.7745	
(4) This dental clinic has a good reputation among the people so that they offer it to each other	0.7745		

* Significant at 0.05 level; AVE= average variance extracted.

Table5.Item loadings, composite reliability and average variance extracted of Empathy

Items	Item Loadings	Construct Reliability	AVE
Empathy			
(1) In this dental clinic, the admission process for consultation and initial physical examination are carried out quickly and easily	0.8587	0.9054	0.7053
(2) The clinic employees listen to the patients' comments and opinion	0.8495		
(3) The clinic employees pay attention to the patients' needs	0.9018	0.9148	
(4) The clinic employees pay attention to each patient's cost of dental services and are assured that they are affordable.	0.9148		

* Significant at 0.05 level; AVE= average variance extracted.

Table6.Item loadings, composite reliability and average variance extracted of Patient Satisfaction

Items	Item Loadings	Construct Reliability	AVE
Patient Satisfaction (PS)			
(1) I was satisfied with dental treatment of this clinic	0.9018	0.9359	0.8296
(2) I was satisfied with service of the dental clinic staff	0.9148		
(3) I was satisfied with the dental facilities	0.9158		

* Significant at 0.05 level; AVE= average variance extracted.

Table7.Item loadings, composite reliability and average variance extracted of Word of Mouth

Items	Item Loadings	Construct Reliability	AVE
Word of Mouth (WOM)			
(1) I will say positive things about the dental treatment to my relatives	0.9665	0.9635	0.9296
(2) I will recommend the dental treatment to my relatives	0.9618		

* Significant at 0.05 level; AVE= average variance extracted.

Table8.Item loadings, composite reliability and average variance extracted of Revisit Intention

Items	Item Loadings	Construct Reliability	AVE
Revisit Intention (RI)			
(3) I will continue to use this dental clinic in the future	0.9527	0.9393	0.8378
(4) I have a willingness to do the further dental treatment at this dental clinic	0.9336		
(5) I will continue the dental services even if the cost is higher	0.8567		

* Significant at 0.05 level; AVE= average variance extracted.

Table9.Discriminant Validity: Fornell-Larcker Criterion

Construct	Tangibles	Reliability	Responsiveness	Assurance	Empathy	PS	WOM	RI
Tangibles	0.5992							
Reliability	0.4459	0.5808						
Responsiveness	0.4065	0.5534	0.5882					
Assurance	0.3351	0.5095	0.4636	0.6643				
Empathy	0.3174	0.5319	0.5242	0.5338	0.7053			
PS	0.3039	0.4317	0.3789	0.3762	0.4993	0.8296		
WOM	0.1659	0.2922	0.2751	0.2316	0.3312	0.4293	0.9296	
RI	0.1938	0.3278	0.3064	0.2539	0.3951	0.5343	0.5745	0.8378

Square correlations; AVE in the diagonal

Table10.Direct Effects Inference

Effect	Original coefficient	Standard bootstrap results					Percentile bootstrap quantiles			
		Mean value	Standard error	t-value	p-value (2-sided)	p-value (1-sided)	0.5%	2.5%	97.5%	99.5%
Tangibles -> PS	0.1186	0.1221	0.0524	2.2621	0.0239*	0.0120*	-0.0236	0.0200	0.2232	0.2232
Reliability-> PS	0.1830	0.1831	0.0758	2.4140	0.0160*	0.0080**	-0.0179	0.0334	0.3304	0.3304
Responsiveness ->PS	0.0534	0.0530	0.0701	0.7629	0.4457	0.2229	0.1402	-0.0830	0.9157	0.1957
Assurance->PS	0.0773	0.0803	0.9807	5.8112	0.3270	0.1635	0.1038	-0.0772	0.2347	0.2347
Empathy->PS	0.4112	0.4061	5.0644	3.7275	0.0000**	0.0000**	0.1895	0.2395	0.5609	0.5609
PS->WOM	0.6552	0.6521	16.2169	11.4069	0.0000**	0.0000**	0.5409	0.5699	0.7279	0.7279
PS->RI	0.7310	0.7292	0.0342	21.3933	0.0000**	0.0000**	0.6383	0.6546	0.7895	0.7895

Table11.Indirect Effects Inference

Effect	Original coefficient	Standard bootstrap results					Percentile bootstrap quantiles			
		Mean value	Standard error	t-value	p-value (2-sided)	p-value (1-sided)	0.5%	2.5%	97.5%	99.5%
Tangibles ->WOM	0.0777	0.0794	0.0338	2.3015	0.0216*	0.0108*	-0.0139	0.0125	0.1442	0.1442
Tangibles-> RI	0.0867	0.0889	0.0379	2.2859	0.0225*	0.0112*	-0.0174	0.0144	0.1612	0.1612
Reliability ->WOM	0.1199	0.1200	0.0514	2.3347	0.0198*	0.0099**	-0.0116	0.0214	0.2187	0.2187
Reliability ->RI	0.1338	0.1338	0.0564	2.3706	0.0179*	0.0090**	-0.0122	0.0242	0.2449	0.2449
Responsiveness ->WOM	0.0350	0.0347	0.0459	0.7631	0.4456	0.2228	-0.0915	0.0569	0.1256	0.1256
Responsiveness -> RI	0.0391	0.0389	0.0514	0.7606	0.4471	0.2235	-0.1016	0.0619	0.1429	0.1429
Assurance->WOM	0.0507	0.0519	0.0513	0.9877	0.3236	0.1618	-0.0744	0.0509	0.1538	0.1538
Assurance->RI	0.0565	0.0578	0.0569	0.9927	0.3211	0.1606	-0.0800	0.0585	0.1659	0.1659

Empathy->WOM	0.2694	0.2650	0.0567	4.7550	0.0000***	0.0000***	0.1258	0.1546	0.3757	
Empathy->RI	0.3005	0.2966	0.0633	4.7488	0.0000***	0.0000***	0.1328	0.1738	0.4177	

* Significant at 0.05 level, ** Significant at 0.01 level, *** Significant at 0.001 level

Table12.Total Effects Inference

Effect	Original coefficient	Standard bootstrap results					Percentile bootstrap quantiles			
		Mean value	Standard error	t-value	p-value (2-sided)	p-value (1-sided)	0.5%	2.5%	97.5%	99.5%
Tangibles ->PS	0.1186	0.1221	0.0524	2.2621	0.0239*	0.0004***	-0.0236	0.0200	0.2232	0.2464
Tangibles->WOM	0.0777	0.0794	0.0338	2.3015	0.0216*	0.0108**	-0.0139	0.0125	0.1442	0.1611
Tangibles ->RI	0.0867	0.0889	0.0379	2.2859	0.0225*	0.0112*	-0.0552	-0.0291	0.1264	0.1841
Reliability->PS	0.1830	0.1831	0.0758	2.4140	0.0160*	0.0080**	-0.1433	-0.1177	0.0226	0.3709
Reliability ->WOM	0.1199	0.1200	0.0514	2.3347	0.0198*	0.0099**	0.1095	0.1613	0.3370	0.2521
Reliability ->RI	0.1338	0.1338	0.0564	2.3706	0.0179*	0.0090**	0.0366	0.0653	0.2221	0.2724
Responsiveness ->PS	0.0534	0.0530	0.0701	0.7629	0.4457	0.2229	0.4577	0.4855	0.6894	0.2431
Responsiveness ->WOM	0.0350	0.0347	0.0459	0.7631	0.4456	0.2228	0.0084	0.0336	0.2304	0.1605
Responsiveness ->RI	0.0391	0.0389	0.0514	0.7606	0.4471	0.2235	-0.1016	-0.0619	0.1429	0.1731
Assurance ->PS	0.0773	0.0803	0.0788	0.9807	0.3270	0.1635	-0.1038	-0.0772	0.2347	0.2987
Assurance ->WOM	0.0507	0.0519	0.0513	0.9877	0.3236	0.1618	-0.0744	-0.0509	0.1538	0.1917
Assurance ->RI	0.0565	0.0578	0.0569	0.9927	0.3211	0.1606	-0.0800	-0.0585	0.1659	0.2081
Empathy->PS	0.4112	0.4061	0.0812	5.0644	0.0000***	0.0000***	0.1895	0.2395	0.5609	0.6068
Empathy ->WOM	0.2694	0.2650	0.0567	4.7550	0.0000***	0.0000***	0.1258	0.1546	0.3757	0.4150
Empathy ->RI	0.3005	0.2966	0.0633	4.7488	0.0002***	0.0000***	0.1328	0.1738	0.4177	0.4616
PS ->WOM	0.6552	0.6521	0.0404	16.2169	0.0000***	0.0000***	0.5409	0.5699	0.7279	0.7415
PS ->RI	0.7310	0.7292	0.0342	21.3933	0.0056**	0.0000***	0.6383	0.6546	0.7895	0.8065

* Significant at 0.05 level, ** Significant at 0.01 level, *** Significant at 0.001 level

Table13.Overall Model

Goodness of model fit (saturated model)	Value
SRMR	0.0469

Table14.Overall Model

Goodness of model fit (estimated model)	Value
SRMR	0.0629

SRMR equals 0.0469 and 0.0629. Values are between 0.00-0.08, which means that the model is fit.(Hair et al., 2019)

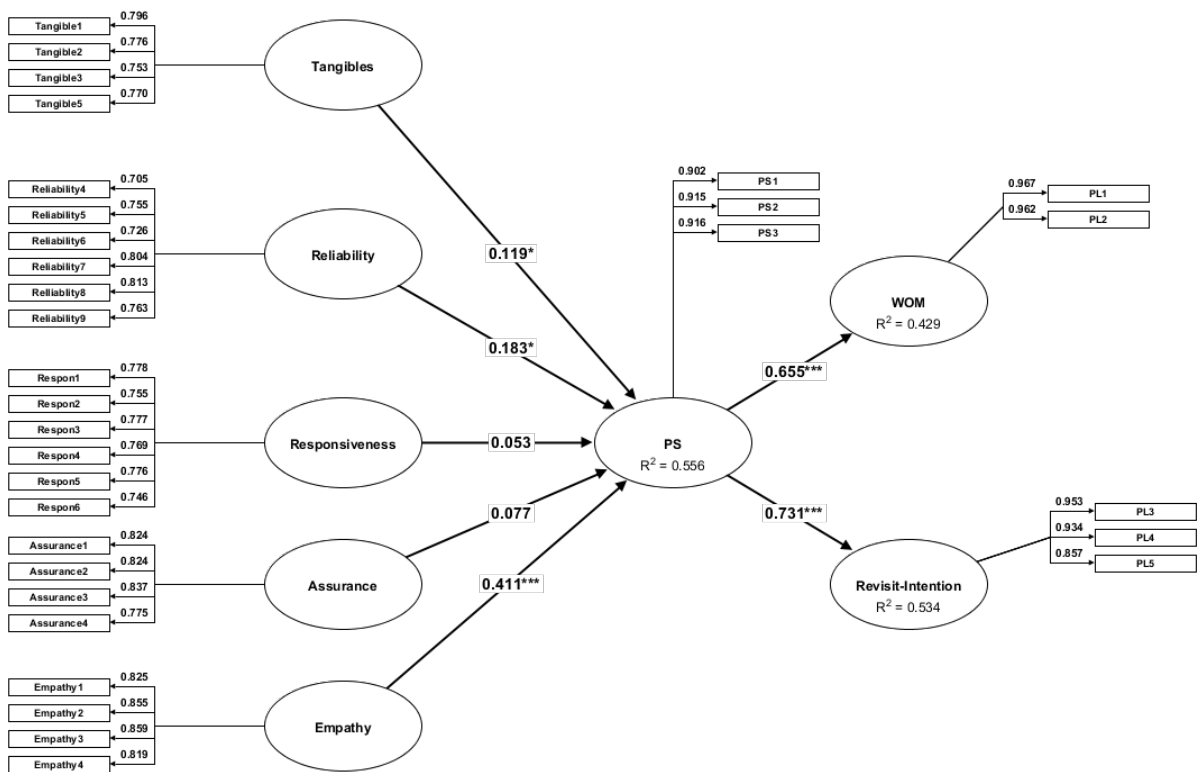


Figure 2. Partial least squares structural equation model (PLS-SEM) of the study.

* Significant at 0.05 level; *** Significant at 0.001 level

Table 15. Structural Model: R-Squared

Construct	Coefficient of determination (R^2)	Adjusted R^2
Patient Satisfaction (PS)	0.5565	0.5501
Word of mouth (WOM)	0.4293	0.4276
RevisitIntention	0.5343	0.5330

Table 16. Respondents' Demographic profile

Information	Categories	Frequency	Percentage
Gender	Female	184	52.3 %
	Male	168	47.7 %
Age	20-30 years old	88	25.0 %
	31-40 years old	88	25.0 %
	41-50 years old	88	25.0 %
	51 years old or over	88	25.0 %
Marital Status	Single	140	39.8 %
	Married	194	55.1 %
	Divorced	18	5.1 %
Education	Below bachelor's degree	262	74.4 %
	Bachelor's Degree	80	22.7 %
	Higher than bachelor's degree	10	2.8 %
Monthly Income	Less than 10,000 THB	62	17.6 %
	10,001-20,000 THB	184	52.3 %
	20,001-30,000 THB	60	17.0 %
	30,001-40,000 THB	20	5.7 %
	More than 40,000 THB	26	7.4 %
Patient Type	New Patient	190	54.0 %
	Returning Patient	(162)	(46.0 %)
	2-3 Times	114	32.4 %
	4-5 Times	32	9.1 %
	6-7 Times	5	1.4 %
	8-10 Times	2	0.6 %
	More than 10 Times	9	2.6 %

Discussion and conclusions

The results showed that most respondents were female, married, had an education level lower than a bachelor's degree, and earned income between 10,001-20,000 THB. The respondents' socio-demographic profile corresponded with the factory workers' profile at Chonburi (electronic components manufacturers, women workers, earned an income between 10,001-20,000 THB and had an education level lower than a bachelor's degree). The profile of the respondents can give the managers an idea of their patients. It is essential to be aware of the target consumers so that the dental clinic managers can develop proper managing and marketing strategies for their patients.

This study investigates the relationship between service quality, patient satisfaction, word-of-mouth (WOM) and revisit intention among dental patients in a clinic, Thailand. It found that that patient satisfaction is a significant mediator between service quality and its outcomes of WOM and revisit intention. Referring to elements of service quality, empathy is the highest factor influencing patient satisfaction (Beta=0.411, $p<0.001$), followed by reliability (Beta=0.183, $p<0.05$), tangibles (Beta=0.119, $p<0.05$), assurance (Beta=0.077, $p>0.05$), and responsiveness, (Beta=0.053, $p>0.05$) at R-square 0.556. Revisit intention can be predicted by patient satisfaction by 53.4 percent (Beta=0.731, $p<0.001$, $R^2=0.534$), and WOM can be explained by patient satisfaction by about 42.9 percent (Beta=0.655, $p<0.001$, $R^2=0.429$). The similarity was found with Kiptaci et al. (2014) that empathy and assurance are positively related to patient satisfaction. Also, patient satisfaction has a significant influence on WOM and revisit intention.

The findings support the research of Kashif et al. (2016), which found that patient experience quality positively relates to patient loyalty. Amin & Zahora (2013) found that the establishment of a higher level of hospital service quality will lead patients to have a high level of behavioral intention. Kondasani & Panda (2015) also confirmed services to Indian private hospital patient impact on loyalty perspective. Cham et al. (2016) found that service quality positively impacts loyalty in the private hospital industry. Jandavath & Byram (2016) concluded empathy affects responsiveness, assurance, and tangibles, which, in turn, indirectly affect behavioral intention. The study of Li et al. (2011) showed that healthcare service quality is positively related to patient loyalty. Furthermore, Murti et al. (2013) confirmed that perceived service quality had a positive direct effect

on the patient's behavioral intention for both public and private healthcare sector.

The results support Murti et al. (2013) healthcare service leads to their patient satisfaction in a developing country like India. Cham et al. (2016) found that patient-perceived service quality is significantly related to their satisfaction. Also, Kashif et al. (2016) confirmed that the patient experience quality perceptions significantly contribute to patient satisfaction. Jandavath & Byram (2016) recommended that "to achieve a competitive advantage, both public and private hospitals must keep improving their service from time to time to make sure the level of service quality is at the maximum level to gain patients high satisfaction". Moriera & Silva (2015) also found that service quality proved to be a multidimensional construct and relevant to build satisfaction. Amin & Zahora (2013) confirmed that the establishment of higher hospital service quality levels would lead to patients having a high level of satisfaction. Elleuch (2008) found that process quality (Japanese health care service quality) attributes as patient satisfaction antecedent.

It also supports the study of Cham et al. (2016), which found that patient satisfaction positively affected patient loyalty (Regression weight = 0.738), and the assumption supported by the results of Jandavath & Byram (2016) ($R^2=0.72$). Elleuch (2008) found that satisfied Japanese patients are likely to exhibit positively intentional behaviors (recommend and return to the same provider). Amin & Zahora (2013) indicated that patient satisfaction led patients to behavioral intention (WOM and revisit intention). Murti et al. (2013) concluded that patient satisfaction influenced behavioral intention. Furthermore, Kondasani & Panda (2015) confirmed that patient satisfaction significantly affects patient loyalty (WOM and revisit intention).

Research Implication

Healthcare services depend on the visiting level of the patient. Maintain to increase the number of patients regarding healthcare providers are required to maintain consumer by paying attention to patients care needs to meet the desires and expectations for the services provided. (Sitio & Ali, 2019) Quality dimensions of dental care services are related to patient satisfaction, such as technical or aspects of care related to diagnosis and treatment, interpersonal, accessibility, availability, financial access, efficacy outcomes, continuity of care, facilities, and attitudes about overall care. (Mascarenhas, 2001). Patient satisfaction is the post-purchase evaluation of products or services, given the expectations before purchase. (Murti et al., 2013) Quality is a primary

concern of healthcare agencies all over the world. Patient satisfaction has been investigated in many places in various countries. Dental complaints made by patients may cause a great deal of anxiety and stress among dental care providers. The profession needs to promote high standards of dental care services. (Mahrous&Hifnawy, 2012) Thus, the research about these measurements' relationship is essential because dental clinics can improve healthcare service quality, increase patient satisfaction, word of mouth, and revisit intention to adopt appropriate service marketing strategies.

This study examines the relationship between service quality, patient satisfaction, word of mouth, and revisit intention in a dental clinic (private dental care sector). This study may provide valuable evidence in dental clinic management and determine the importance of service quality on patient satisfaction, word of mouth, and revisit intention. Referring to many previous studies, word of mouth and revisit intention are indicators of patient loyalty. The results could bolster managers' efforts to increase dental service quality to meet patient expectations and needs. Subsequently, this allows them to effectively respond to the patient's feedback, affecting patient satisfaction and loyalty.

(Word of mouth and revisit intention) It could also be applied to any services sector to improve service quality and increasing customer satisfaction and loyalty to a specific brand or company.

Suggestions for the further study

The research was performed exclusively at a dental clinic. Therefore, the findings regarding the link between dental service quality, patient satisfaction, word of mouth and revisit intention are limited to patients' perceptions. Thus, the results do not apply to other dental clinics. The recommendation for further research is to extend to sampling Thailand's dental clinics. The design of this research is a cross-sectional study. The short period is the limitation. It is not guaranteed to be representative of the clinic's population. The recommendation for future research is to have a more extended period for data collection. Therefore, the researcher should consider a longitudinal survey. This study may not cover other factors relating to patientsatisfaction, word of mouth and revisit intention. Some previous research supports the link between socio-demographics, service quality, patient satisfaction, and patient loyalty (Ahmed *et al.*, 2017); the link between socio-demographics, service quality, and patient satisfaction (Badri *et al.*, 2009; Choi *et al.*, 2005); the link between social-media marketing communication, hospital image, service quality, patient satisfaction, and loyalty (Cham *et al.*,

2016); the link between corporate social responsibility (CSR), customer satisfaction, and behavioral loyalty (He & Li, 2010); and the link between service quality, satisfaction, trust, commitment, and loyalty. (Moreira & Silva, 2015) It is therefore recommended to consider including these variables in the further research.

The study was limited to private dental practice (a dental clinic). Thus, the extension to clinics around this area should be considered. Moreover, the researcher suggested comprehensive coverage of other predictors in further research. The implications are managers would emphasize healthcare service quality management to satisfy their patients because it creates positive word-of-mouth and a revisit intention among dental clinic's patients. Word-of-mouth and a revisit intention are identified as patient loyalty or behavioral intention indicators.

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