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THE IMPACT OF WAITING TIME AND SERVICE SATISFACTION ON PATIENT LOYALTY AT THE DENTAL CLINIC

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Abstract

This study aims to analyze the influence of waiting time and service satisfaction on outpatient loyalty at the Dental Clinic of the Sukalarang Community Health Center, Sukabumi Regency. A total of 100 respondents were selected using purposive sampling. Data were analyzed using the Partial Least Squares (PLS) approach to assess the impact of both variables individually and simultaneously on patient loyalty. The results show that, partially, service satisfaction has a significant effect on patient loyalty, while waiting time does not exhibit a statistically significant influence. However, when considered simultaneously, both variables contribute significantly to patient loyalty. These findings highlight the significant role of service quality in promoting patient loyalty, with efficient waiting time management serving as a crucial factor in shaping positive patient perceptions. The study implies that strategies to enhance patient loyalty in dental healthcare services should prioritize improving professional, responsive, and patient-centered care.

Keyword : Dental clinic, Loyalty, Puskesmas, Service satisfaction, Waiting time

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Introduction

Community Health Centers (Puskesmas) are primary healthcare institutions that play a crucial role in Indonesia's healthcare system. Puskesmas serve a central function in providing basic health services that emphasize promotive and preventive efforts for the community, while also offering individual curative and rehabilitative care. As the first point of contact within the healthcare system, Puskesmas are expected to effectively and efficiently reach all layers of society (Wati et al., 2022).

In practice, however, the effectiveness of Puskesmas services often faces numerous challenges. Issues such as inadequate healthcare workforce planning, disproportionate personnel expenditure, and limited facilities and budgets hinder optimal service delivery. Therefore, evidence based planning, proper human resource management, and regular performance evaluations are essential to ensure that Puskesmas can perform their roles effectively (Sikki et al., 2024; Wibowo et al., 2023). Operational efficiency improvements, particularly in patient flow management and waiting times, have been shown to reduce complaints and enhance service quality (Bisri, 2023).

Patient waiting time is one of the key components that can potentially affect dissatisfaction. Long waiting times reflect how well a healthcare facility manages its services by patient expectations and conditions (Laeliyah & Subekti, 2017). According to the Indonesian Ministry of Health (2007), waiting time is defined as the time patients spend from registration until they enter the doctor's examination room in outpatient care.

Service quality refers to an organization's ability to meet customer expectations. When the service received aligns with expectations, it is perceived as high quality and satisfying. According to Usmara, service quality is a reflection of behavior and commitment derived from a comparison between expectations and actual performance (Nasution et al., 2018).

Literally, the word "loyal" means faithful, and loyalty can be understood as a form of commitment that arises not from coercion, but from personal awareness based on past experiences (Permatasari et al., 2022). Loyalty is defined as a customer's commitment to a store, brand, or provider, characterized by a positive attitude and consistent repeat purchases (Sihombing, 2022).

One of the services at Puskesmas that receives significant public attention is the dental clinic. This service plays an important role in maintaining oral and dental health, as well as preventing more serious health complications. Several studies have shown that service quality—encompassing reliability, assurance, responsiveness, and empathy from medical personnel—greatly influences patient satisfaction and loyalty in dental care (Maramis et al., 2023; Effendi et al., 2019). In addition, supporting factors such as the availability of medical facilities, a well-organized administrative system, and community awareness of the importance of oral health also affect the number of visits and trust in services (Tasyakuranti et al., 2019; Kartika & Widayanti, 2024).

In Sukabumi Regency, the Sukalarang Community Health Center (UPTD Puskesmas Sukalarang) has experienced a significant increase in dental clinic visits. Based on data from 2021 to 2023, the number of patients rose from 726 to 2,047 annual visits. This increase indicates growing public trust in the dental health services provided by the Sukalarang Puskesmas (Usaha, 2024). However, this rise in patient visits also presents new challenges, especially in managing waiting times and meeting patient satisfaction.

Data from the first semester of 2024 indicate that 25% of patients had to wait more than 60 minutes to receive care, exceeding the maximum quality standards outlined in Ministry of Health Regulation No. 30 of 2022. The most common complaints were long waiting times (40%), followed by the absence of doctors as scheduled (20%), limited facilities (15%), and the attitude and communication of healthcare personnel (10%). These findings indicate that improving service quality requires more than just increasing the number of medical staff, it also involves better queue management, the utilization of service technologies, and improvements in communication and facility comfort.

Therefore, studying the relationship between waiting time, service quality, and patient loyalty in dental clinics at Puskesmas is essential. This research aims to provide a comprehensive understanding of how service quality and waiting time efficiency impact patient satisfaction and loyalty, and to serve as a foundation for formulating policies to enhance the quality of primary healthcare services, particularly at UPTD Puskesmas Sukalarang in Sukabumi Regency.

Methods

Because this research is quantitative, the data analysis technique uses statistics (Creswell, 2012)(Sugiyono, 2017). Two types of statistics are used in the data analysis of the research, namely, Descriptive Verificative Method and Inferential Statistics. The primary data for the research was collected through the completion of questionnaires by respondents consisting of dental polyclinic patients at UPTD Puskesmas Sukalarang, Sukabumi Regency. The process of determining the sample size involves the Slovin formula with a margin of error (e) of 5%, resulting in a sample size of 100 people. The sampling was conducted using a non-probability sampling technique, where everyone has an equal chance of being selected as a sample. (Sugiyono, 2015: 112). This method is Purposive Sampling, which selects samples based on certain considerations to achieve the research objectives more accurately and effectively. (Sugiyono, 2011: 85).

$$n = \frac{133}{1 + 133\ (0{,}05^2)}$$

$$n = \frac{133}{1 + 133\ \text{X}\ 0{,}0025)}$$

$$n = \frac{133}{1 + 0{,}3325}$$

$$n = \frac{133}{1{,}3325}$$

n = 99.81 (pembulatan 100 orang)

Based on these results, a representative sample of 100 respondents will be taken in this study, and it is hoped that this research will obtain accurate results.

Table 1. Operational Definition of Variables

No	Variable	Definition	Indicator	Scale	No. Item
1	Waiting Time	Time that needed from the moment the patien contacts registration officer until they received doctor/specialist doctor services (Menkes, 2022)	60 minutes	Ordinal	1
			>60 minutes	Ordinal	2
2	Service Satisfacti on	The quality of service received by someone in order to meet their needs. (Tjiptono, 2015)	Alignment of expectations	Ordinal	3
			Interest in visiting again	Ordinal	4
			Willingness to recommend	Ordinal	5
3	Patient Loyalty	Purchase behavior that leads to a commitment to resubscribe or consistently repurchase products or services in the future. (Sihombing, 2022)	Review of Service Aspects	Ordinal	6
			Satisfaction	Ordinal	7
			Trust	Ordinal	8
			Komitmen	Ordinal	9
			Brand Equity	Ordinal	10
			Hospital Image	Ordinal	11

Based on the Operational Definition of Variables, the framework in this study is as follows:

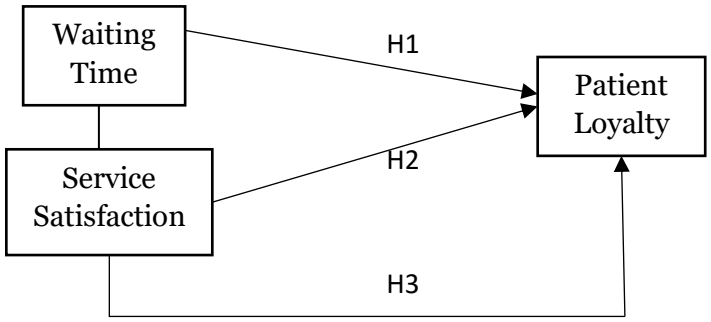

Figure 1. Research Model

It can be seen from the research framework in Figure 1 that the formulation of the research The hypothesis used is as follows:

1. **H1** : Waiting time negatively affects patient loyalty at UPTD Puskesmas Sukalarang, Sukabumi Regency.
2. **H2** : Service satisfaction has a positive effect on patient loyalty at the UPTD Puskesmas Sukalarang, Sukabumi Regency.
3. **H3** : Waiting time and service satisfaction simultaneously affect patient loyalty at UPTD Puskesmas Sukalarang, Sukabumi Regency.

Result and Discussion

Validity Test

A validity test is used to assess whether an instrument or tool effectively measures the intended data in a study. Validity is determined by analyzing the correlation coefficient (r) between individual item scores and the total score. A questionnaire is considered valid if its questions accurately measure the intended variables. Items with a strong positive correlation with the total score indicate high validity (Ghozali, 2021).

Convergent Validity

Convergent validity is a test that shows the relationship between reflective items and the measured latent variable. The loading factor value indicates the extent to which each indicator contributes to the latent variable it represents. A variable is said to have high reliability if the composite reliability value is above 0.7.

Table 2. Result Convergent Validity Test

	WT	KP	LP
Waiting Time 1	0.933		
Waiting Time 2	0.926		
Service Satisfaction 1		0.783	
Service Satisfaction 2		0.8	
Service Satisfaction 3		0.833	
Patient Loyalty 1			0.76
Patient loyalty 2			0.831
Patient Loyalty 3			0.766
Patient Loyalty 4			0.78
Patient Loyalty 5			0.79
Patient Loyalty 6			0.777

Source: Process the outer loadings data results

Based on the results of the convergent validity test, all indicators in each construct (WT, KP, and LP) meet the validity criteria, with a loading factor value greater than 0.70. This suggests that all the indicators used in this study effectively represent their respective constructs. This high validity

strengthens the reliability of the data and ensures that subsequent analyses can be conducted with greater accuracy.

Discriminant Validity

The discriminant validity test in this study utilizes the Heterotrait-Monotrait (HTMT) ratio with the aim of examining whether the research instrument is valid in explaining or reflecting the latent variable. A model has good discriminant validity if each loading value of a latent variable has an HTMT value less than 0.90.

Table 3. Result Discriminant Validity Test

	Service Satisfaction	Patient Loyalty
Waiting Time	0.556	0.365
Service Satisfaction		0.644

Source: Proccess Data, 2025

Based on the results of the discriminant validity test using the HTMT (Heterotrait-Monotrait Ratio) approach, it is known that the HTMT values between variables are below the threshold of 0.90. These results indicate that each pair of variables in this study meets the criteria for discriminant validity, meaning that each variable has a clear conceptual difference and there is no significant overlap in the measurement between variables.

Reliability Test

Reliability testing is conducted to ensure whether the instrument used is reliable (reliability) or not, meaning that if the instrument is tested repeatedly, the results will be the same. According to Sugiyono (2014: 182), reliability is the extent to which the results of measurements using the same object will produce the same data. In this study, all statement correlation coefficients surpass the 0.3 threshold, confirming their suitability as measurement tools. As shown in Table 4, all variables have a Cronbach's alpha (CA) value of 0.6 or higher. A reliability coefficient greater than 0.6 indicates that the survey is reliable.

Table 4. Reliability Test

	Cronbach's alpha	***Composite rellability* (rho_a)**	***Composite rellability* (rho_c)**	***Average variance extracted* (AVE)**
Waiting Time	0.843	0.844	0.927	0.864
Service Satisfaction	0.729	0.73	0.847	0.649
Patient Loyalty	0.876	0.892	0.906	0.615

Source: Proccess Data, 2025

Hypotesis Test

Simultaneous test (F test)

The next step is to evaluate the model's quality by testing the influence of exogenous variables Wait Time (WT) and Service Satisfaction (KP) on the endogenous variable, Patient Loyalty (LP). This simultaneous testing is conducted using the Partial Least Squares (PLS) method to assess how well the model explains the relationships between variables, particularly through the F-test. The simultaneous testing examines the combined effect of exogenous variables on the endogenous variable. This process requires manual calculation of the F-statistic using a formula based on the R-square value, the number of independent variables (k), and the sample size (n). Evaluating the model's quality is essential to ensure its validity and ability to provide accurate insights into the relationship between wait time, service satisfaction, and patient loyalty at the Dental Clinic of UPTD Puskesmas Sukalarang. The simultaneous hypothesis testing in SmartPLS can be observed through the calculated F-statistic values using the appropriate formula.

Based on R-squared, an R2 value of 0.295 (29.5%) was obtained. The number of independent variables (k) is two and the number of research samples (n) is 100 with a significance level α of 5%, thus the value can be obtained. Because the calculated F value of 20.15 ≥ the table F value of 3.090, the null hypothesis (H0) is rejected, which means that the variables of Waiting Time and Service Satisfaction together affect Patient Loyalty.

Partial Test (T-Test)

Partial hypotheses are needed to test the significance level of the partial influence of independent variables on the dependent variable. Partial tests are conducted by comparing the P-value; if P-value <0.05, it means there is a significant effect, and if P-value >0.05, it means there is no significant effect. Can be seen from the results of the Path Coefficient (Direct Effect) data processing.

Table 6. Path Coefficient

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (IO/STDEVI)	P values
WaitinTime → Patient Loyalty	0.112	0.106	0.104	1.079	0.280
Service Satisfaction → Patient Loyalty	0.485	0.507	0.101	4.806	0,000

Source: Proccess Data, 2025

The data analysis results indicate significant differences in the impact of wait time (WT) and service satisfaction (KP) on patient loyalty (LP) at the Dental Clinic of UPTD Puskesmas Sukalarang, Kabupaten Sukabumi.

Effect of Wait Time on Patient Loyalty (WT → LP)

The influence coefficient of wait time on patient loyalty is 0.112, with a p-value of 0.28 (greater than 0.05). This suggests that wait time does not have a statistically significant effect on patient loyalty. Although a positive relationship exists, its contribution is weak and insufficient to be considered substantial.

Effect of Service Satisfaction on Patient Loyalty (KP → LP)

The influence coefficient of service satisfaction on patient loyalty is 0.485, with a p-value of 0.00 (less than 0.05). This indicates that service satisfaction has a highly significant effect on patient loyalty. With a t-statistic of 4.806, the contribution of service satisfaction is strong and consistent. These findings highlight that service satisfaction (KP) is a key factor in improving patient loyalty (LP) at the Dental Clinic of UPTD Puskesmas Sukalarang. Meanwhile, wait time (WT) does not significantly impact patient loyalty. Therefore, to enhance patient loyalty, the clinic should prioritize improving service quality over managing wait times.

Test Coefficient of Determination (R^2)

R-Square (R^2) is one of the critical indicators in regression analysis that shows how much variance of the dependent variable can be explained by the independent variable in the model. The R-Square value ranges from 0 to 1, where a higher value indicates a better model in explaining data variability. A high R^2 value indicates a strong and reliable model. A low R^2 value indicates that the model does not explain a significant portion of the variability in the data. R-squared values (0.25 weak), (0.50 moderate), (0.75 strong).

Table 5. Result R-Square Test

	R-square	***R-square adjusted***
Patient Loyalty	0.295	0.281

Source: Proccess Data, 2025

Based on the Table 5 above, the R-square (coefficient of determination) test results show that the R-square value for patient loyalty (LP) is 0.295, while the adjusted R-square is 0.281. This indicates that the independent variables, wait time (WT) and service satisfaction (KP), collectively explain 29.5% of the variation in patient loyalty. The remaining 70.5% is influenced by other factors not included in this model. The slightly lower adjusted R-squared reflects an adjustment for the number of independent variables, providing a more realistic measure of model accuracy. According to R-square strength categories, a value of 0.295 is considered weak, suggesting that while wait time and service satisfaction influence patient loyalty, their impact is not dominant. Therefore, improving patient loyalty may require exploring other factors, such as better communication, enhanced

facilities, or overall patient experience. These findings provide a crucial foundation for developing strategies to enhance healthcare service quality at Puskesmas Sukalarang.

Discussion

The Influence of Waiting Time on Patient Loyalty

Based on the inferential analysis, the influence of waiting time (WT) on patient loyalty (PL) yielded an Original Sample (O) value of 0.112 and a Sample Mean (M) of 0.106, with a Standard Deviation (STDEV) of 0.104. The resulting T-statistic was 1.079, while the p-value was 0.28. Since the p-value exceeds the 0.05 threshold, this indicates that the effect of waiting time on patient loyalty is statistically insignificant. In other words, although a positive relationship exists between waiting time and patient loyalty, the strength of this effect is minimal and insufficient to directly influence loyalty.

These findings are consistent with the study by Aweq and Fransiska Leny (2019), which examined the impact of surgical waiting time on the satisfaction and loyalty of BPJS patients at RSKH Batu. Their research found that while waiting time could affect satisfaction, its direct influence on loyalty was not statistically significant unless reinforced by other prominent aspects of service quality. This suggests that loyalty is shaped more by the overall healthcare experience rather than isolated variables such as waiting time alone.

Similarly, the study by Dellaura Mercia Victreza and Innocentius Bernarto (2024) at the dental clinic of RSUD Kanjuruhan, Malang, highlighted that short waiting times are only one of several factors influencing patient satisfaction. More influential elements include interpersonal communication, the physical environment, and overall service quality all of which play a more substantial role in fostering patient loyalty.

From a theoretical standpoint, these findings align with the SERVQUAL model, which emphasizes that dimensions such as responsiveness, assurance, and empathy have a greater impact on perceived service quality and loyalty than operational efficiency alone. Although waiting time contributes to patient experience, it acts more as a supporting factor than a primary determinant of loyalty.

In conclusion, while managing waiting times remains a crucial operational target, the results suggest that efforts to improve patient loyalty should prioritize broader enhancements in service quality. Investing in staff communication skills, enhancing facility comfort, and ensuring service reliability are likely to yield stronger loyalty outcomes than focusing solely on reducing waiting time.

The Influence of Service Satisfaction on Patient Loyalty

The inferential analysis revealed that service satisfaction (SS) has a significant influence on patient loyalty (PL). The effect coefficient of 0.485 indicates a strong positive relationship between service satisfaction and patient loyalty. A t-statistic of 4.806 well above the critical value of 1.96 at a 5%

significance level and a p-value of 0.00 provide robust statistical evidence supporting this relationship. These findings suggest that the more satisfied patients are with the services received, the more likely they are to remain loyal to the healthcare provider, in this case, the Dental Clinic at UPTD Puskesmas Sukalarang. This outcome aligns with previous research by Adelina Fitri, Najmah, and Asmaripa Ainy (2021), which found a significant link between service quality and patient loyalty at a specialized eye hospital in South Sumatra. Their findings emphasized that perceived quality, particularly satisfaction, plays a key role in fostering loyalty. Similarly, Solehudin and Inas Syabanasyah (2023) concluded that satisfied patients are more likely to continue using healthcare services and recommend them to others.

From a theoretical standpoint, these results support the Expectancy Disconfirmation Theory, which posits that satisfaction arises when perceived service performance meets or exceeds patient expectations. When disconfirmation is positive, it leads to increased satisfaction and, ultimately, behavioral loyalty. The SERVQUAL model further reinforces this by identifying reliability, responsiveness, assurance, empathy, and tangibles as key dimensions that influence both satisfaction and loyalty.

These findings highlight that patient satisfaction serves not only as an outcome metric but also as a key strategic lever in promoting patient retention. Rather than treating satisfaction as an endpoint, healthcare providers should view it as a dynamic component in the value chain of patient engagement. Consequently, Puskesmas Sukalarang must continue to innovate by offering timely, empathetic, and patient-centered care to sustain and enhance patient loyalty in an increasingly competitive primary healthcare landscape.

The Influence of Waiting Time and Service Satisfaction on Patient Loyalty

The inferential analysis indicates that waiting time (WT) and service satisfaction (SS) simultaneously exert a significant influence on patient loyalty (PL), as reflected by an F-value of 20.15, exceeding the critical value of 3.090. This supports the hypothesis that both variables collectively contribute to loyalty. While WT alone showed no statistically significant effect, its presence in the model with SS suggests a complementary role, reinforcing the notion that operational and experiential dimensions are interlinked.

These findings are consistent with Parasuraman, Zeithaml, and Berry's SERVQUAL model, which posits that dimensions such as responsiveness, empathy, and reliability are central to perceived service quality and loyalty. The result also aligns with expectancy-disconfirmation theory, where satisfaction emerges from the congruence between expectations and perceived performance. In high-satisfaction contexts, minor service inefficiencies such as waiting time may be overlooked or reinterpreted more leniently by patients.

Camacho et al. (2021) similarly note that although WT is not a primary driver of loyalty, it can influence the broader perception of service when combined with other quality dimensions. Thus, while SS remains the dominant factor, optimizing WT is still relevant as it supports the perception of service efficiency and professionalism. In conclusion, enhancing service quality should remain the primary focus of UPTD Puskesmas Sukalarang's strategy, with improvements in WT management serving as a complementary initiative. Together, these efforts are likely to strengthen patient loyalty sustainably.

Conclusion

This study provides a comprehensive understanding of the effects of waiting time and service satisfaction on patient loyalty in the dental clinic of UPTD Puskesmas Sukalarang, both individually and jointly is Waiting time, service satisfaction, and patient loyalty are interrelated. Waiting time influences initial patient perceptions, while service satisfaction is the primary determinant of loyalty. The effect of waiting time on loyalty was not statistically significant, indicating that this factor alone does not substantially influence patient retention. In contrast, service satisfaction demonstrated a significant and strong influence, highlighting the importance of professional care, empathy, and comfort in fostering loyalty. When examined together, waiting time and service satisfaction have a significant influence on patient loyalty. Although waiting time lacked individual significance, its role in combination with satisfaction reinforces the importance of integrated service quality management. These findings underscore that enhancing service satisfaction is the most effective strategy to foster patient loyalty. Efficient management of waiting time, while not a primary driver, plays a supporting role by reinforcing positive perceptions of service delivery.

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