

บทบาทพฤติกรรมการมีส่วนร่วมของผู้รับบริการและ
ทัศนคติของทันตแพทย์ในการดูแลต่อผู้รับบริการ
ทางทันตกรรมเพื่อให้เกิดความได้เปรียบทางการแข่งขัน

Role of customer participation behavior and
doctor's caring attitude as the base for
dental service perception to contributing to
competitive advantage

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บทคัดย่อ

การค้นคว้าทางวรรณกรรมผ่านฐานข้อมูล “ScienceDirect” และ “Emerald” ชี้ให้เห็นว่างานวิจัยที่เน้นศึกษาพฤติกรรมของผู้บริโภคในหัวข้อที่เกี่ยวข้องกับบริการคลินิกทันตกรรมนั้นมีค่อนข้างน้อย งานวิจัยนี้จึงมุ่งเน้นไปที่การตรวจสอบโครงสร้างแบบบูรณาการของตัวแปรด้านการรับรู้ ทัศนคติ คุณค่า และพฤติกรรม งานวิจัยนี้มีจุดมุ่งหมายเพื่อสนับสนุนการทำงานที่เป็นระบบมากขึ้น ซึ่งสามารถอธิบายได้มากกว่าคุณภาพของบริการ ซึ่งเป็นหัวข้อวิจัยที่พบได้ทั่วไปในงานวิจัยที่มีอยู่ โดยเฉพาะอย่างยิ่ง งานวิจัยนี้บูรณาการและทดสอบทางสถิติเกี่ยวกับปัจจัยต่าง ๆ เช่น พฤติกรรมการมีส่วนร่วมของลูกค้าและทัศนคติที่เอาใจใส่ของแพทย์ ซึ่งเป็นแนวปฏิบัติร่วมในการสร้างคุณค่าที่สำคัญที่มีผลต่อบริการทางทันตกรรม นอกจากนี้ยังแสดงถึงลักษณะของค่านิยมที่มีอิทธิพลอย่างมากต่อความพึงพอใจ การสนับสนุน และความภักดีในแง่ของผลกระทบต่อการบริหาร ผลการศึกษาครั้งนี้ให้ข้อมูลเชิงลึกสำหรับผู้บริหารคลินิกทันตกรรมที่ต้องการยกระดับความสามารถในการแข่งขันด้านการให้บริการทางทันตกรรม โดยการทำความเข้าใจและใช้ประโยชน์จากปัจจัยที่ส่งผลต่อความพึงพอใจและความภักดีของผู้ป่วย ผู้บริหารสามารถพัฒนากลยุทธ์ในเรื่องของการปรับปรุงการให้บริการและการมอบประสบการณ์ที่ดีให้แก่ผู้ป่วย นอกจากนี้ งานวิจัยชิ้นนี้ยังมีส่วนช่วยเพิ่มองค์ความรู้เดิมในสาขานี้ ด้วยการส่งเสริมความเข้าใจเชิงทฤษฎีและมอบหลักฐานเชิงประจักษ์เพื่อใช้เป็นข้อมูลสำหรับการวิจัยในอนาคต

คำสำคัญ: การมีส่วนร่วม การรับรู้ การสร้างคุณค่าร่วมกัน

Abstract

A literature search using “ScienceDirect” and “Emerald” databases indicates a negligible emphasis of consumer-behavior-oriented research publications on the topics relating to dental clinic services, which prompts this research to examine into the integrative structure of perceptual, attitudinal, value-driven, and behavioral aspects of variables. A particular aim is established to contribute towards a more systemic framework that captures beyond the service quality aspects of the popularly targeted research theme in the extant literature. In particular, this research integrates and statistically tests the factors of customer participation behavior and the caring attitude of doctors as important value co-creation practices to influence dental services that also manifest the nature of values weightily able to influence satisfaction, advocacy, and loyalty. Ultimately, in terms of managerial implications, the findings of this study offer valuable insights for clinic administrators seeking to enhance their competitiveness in the provision of dental services. By understanding and leveraging the drivers of patient satisfaction and loyalty, administrators can develop targeted strategies to improve service delivery and provide positive patient experiences. Additionally, the study contributes to the existing body of knowledge in the field by advancing the theoretical understanding and providing empirical evidence to inform future research endeavors.

Keywords: Participation, Perception, Value Co-Creation

Introduction

A database search in “ScienceDirect” and “Emerald”, by use of the keywords “dental clinic services”, shows nearly negligible consumer-behavior-oriented research publications. Most of the published works are related to scientific disciplines, community-based services of healthcare, healthcare faculties, such as dental lab and clinic (Leeson, 2020), safety-net dental clinics (Byck et al., 2005), and factors affecting the utilization of dental health services and satisfaction (Al-Hussyeen, 2010), and development of a pharmacy referral protocol (Palmisano & Mazan, 2018). Consumer behavior-oriented publications mostly focus on areas of service quality (W. J. Chang & Y. H. Chang, 2013) or dental care attributes contributing to customers’ willingness-to-pay (Sever et al., 2018). Thus, a more variables-integrated research effort is urgently required, which leads to the following objective: “The purpose of this research is to propose a conceptual model to describe how patients react and interact with the dental clinic services, and empirically validate the model and suggest implications for the clinic administrators, the customers, and the academicians.”

Research Objectives

This research aims to achieve the following objectives:

1. To propose a conceptual model to describe how patients react and interact with the dental clinic services.
2. To empirically validate the model and suggest implications for the clinic administrators, the customers, and the academicians.

Literature

Customers or patients use dental clinic services for several reasons, and the most common ones are to rectify and resolve issues such as gingivitis and tooth decay (GBD 2017 Disease and Injury Incidence and Prevalence Collaborators, 2018), eliminate toothaches (Sischo & Broder, 2011), or for implant treatment and the replacement of missing dentition (Kashbour et al., 2015), and for oral-health improvement (Allen, 2003; Bukhari, 2020). In this study, we make use of the utility value embedded in the theory of oral health-related quality of life (OHRQoL), and establish the dental care services to deliver customer value, i.e. the use of dental service to eliminate dental pain, leading to positing the following hypothesis:

H1: Dental services significantly explain the level of customer value.

Apart from the holistic dimensions of oral health values to be expected from the dental service, this study also acknowledges the customer value that reflects the tradeoff between benefits and costs (Zeithaml, 1988), and, if applicable, would also capture a host of other nature of values expected by the customers, such as economic value and relational

value (Kim & Tang, 2020). Ultimately, what is sold is “value” (Zeithaml & Bitner, 1996). Due to the unique features of service concepts, such as simultaneous production and consumption (Zeithaml & Bitner, 1996), especially deem fitting to dental services, the factor “customer’s active participation”, utilizing information seeking and sharing, and responsible behaviors (Ennew & Binks, 1999), and customer feedback, would be considered. These factors fall into the category of “the other interpersonal” element that drives the performance of dental practitioners, together with the “technical” element going hand-in-hand with achieving satisfactory performances. The two elements, technical and interpersonal, are advocated in Donabedian (1988) to complement the deficiency of the generic service quality concept as advocated in the SERVQUAL instrument by Parasuraman et al. (1985). Specifically, the technical performance depends on the dentists' knowledge and judgment and the dental clinic's investment. On the other hand, the interpersonal element is about using patient interactions, such as through the patient communicating the information that is necessary for guiding the doctor to take the right procedures and actions to meet the expectation. Towards this end, the following four hypotheses are assumed:

H2: Customer participation behavior significantly explains the level of dental service.

H3: Customer participation behavior significantly explains the level of customer value.

H4: The doctor's caring attitude significantly explains the dental service level.

H5: The doctor's caring attitude significantly explains the customer value level.

The active participatory behaviors of customers, to some degree, capture the concept of value co-creation as advocated also in the service-dominant (S-D) logic of services (Vargo & Lusch, 2004). When customers rationalize the unique values they can receive from the service providers, it would lead to customer satisfaction, loyalty, and advocacy (Ma et al., 2019). Satisfaction is an important indicator to reflect both the effectiveness and the suitability of the treatment provided, including the aspects of the treatment process. Also, when value is fulfilled and the expectation of the customers met (Tan et al., 2020), then loyalty is formed, describing a “deeply held commitment to rebuy or re-patronize a preferred product or service consistently in the future, thereby causing repetitive same-brand or same brand-set purchasing, despite marketing efforts to cause switching behaviors” (Oliver, 1997, p. 392).

Accordingly, the following hypothesis states an ultimate state of achievement captured in the conceptual framework describing how customers react and interact with dental services:

H6: Customer value significantly explains customer satisfaction, loyalty, and advocacy.

H7: Loyalty and advocacy lead to a competitive advantage of the dental clinic when compared to the others in the neighborhood.

Integrating the hypotheses deductively derived from the literature leads to the conceptual model as shown in (Fig.1) The model centralizes on the value co-creation between the patients and the doctors, as the drivers to influence dental services in the positive direction. The dental clinic service is rather unique, and thus, quality assessments should be made using a non-generic SERVQUAL instrument. The structure-process-outcome (SPO) of Donabedian (1988) is employed, and has also been empirically validated in W. J. Chang and Y. H. Chang (2013).

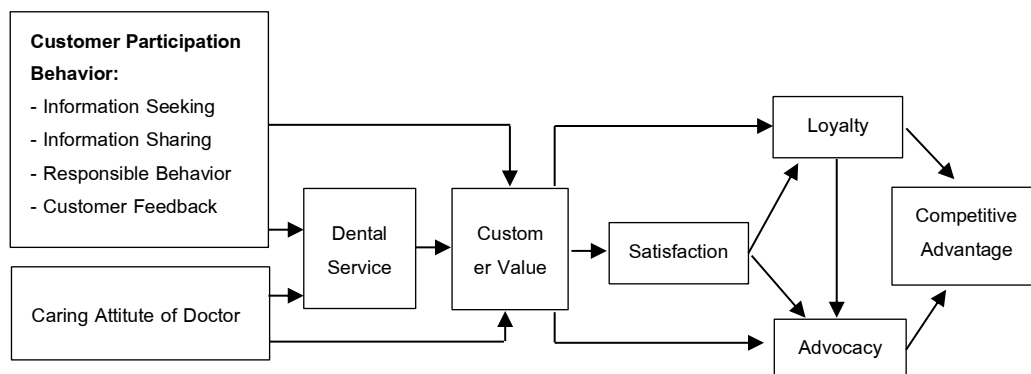


Figure 1 Research Framework

4. Research Methods

4.1 Research Approach

This research is deductive in nature, which uses the extant literature to derive a model to be tested. Nevertheless, to ensure some significant domains or areas of contribution, an effort is made to make dental clinics as applicable as possible. For instance, the generic nature of SERVQUAL is partly driven by the customer participation behaviors and the caring attitude of doctors, which are the two constructs aimed to characterize the roles of value co-creation and to establish the holistic dental values. Rather than using the generic SERVQUAL instrument, the dental services would be measured based on the structure-process-outcome (SPO) structure of service qualities.

Structure

According to the Agency for Healthcare Research and Quality, AHRQ (2020), care structure is a very important feature of a health organization or clinic, and the structure's design manifests the type and level of capacity to provide quality healthcare. In addition, the structure of care, constituting of, for instance, the infrastructure or physical environment of the healthcare system, including the healthcare providers and service staffs, eventually, supports the healthcare processes (Elverson & Samra, 2012). The structure is, in fact, also the important resources the clinicians need to consider so that the administrative staffs and

the technical activities, so much needed for quality services, can be performed effectively (Kim et al., 2010).

Process

Diagnosis of the patients who come to the dental clinics for services is very important, and thus, without a proper interactive process between the patients and the doctors, the dental treatment would be done poorly and not able to satisfy the customer needs. Thus, the process should be two-way: giving instructions and receiving the information (Bader, 2009). In addition, the service delivery process should be set and operated according to standards so that customers can receive the appropriate service in a consistently good quality manner (Sureshchandar et al., 2002). The process standard should embed and consider various scopes of the operations, such as the patient waiting time and the treatment standard and care, including communication with the patients and the time spent with the healthcare provider during consultation and appointment (Ameh et al., 2017). To ensure a strong, high-quality process of dental treatment, it is important structural support is there, such as technical support, the skills and knowledge of the doctor, the accuracy of diagnosis as a result, and the relationship between the doctor and the patients (El Haj et al., 2013).

Outcome

There are technical and interpersonal outcomes in a typical dental treatment service (Ammenwerth et al., 2007; Bader, 2009; Donabedian, 1988). The technical outcome demonstrates the deliverables of the physical and functional of care in terms of quality of reduction in disease and the quality of life. The other is an interpersonal outcome that describes the satisfaction with the care of the patients and the effect on the patient's quality of life (Bader, 2009).

4.2 Population

This study utilized a non-probability sampling technique to efficiently gather insights from a diverse group of patients within an unknown population. This approach allowed for practical considerations, including accessibility and cost-effectiveness. Using a diverse group of patients' experiences would enhance the richness of its insights, providing valuable perspectives that contribute to a more nuanced understanding of customer participation behavior and doctor's caring attitude in shaping perceptions of dental service quality for competitive advantage in the industry.

4.3 Sampling

The population studied consisted of patients receiving dental treatment in a hospital and clinic in Chiang Rai province, with a sample size of 400 people determined using Taro Yamane's formula (Yamane, 1973) to calculate a total population of 223,725 people in Chiang Rai province (according to the data from Provincial Office Chiang Rai reports 2020).

4.4 Data Collection and Analysis

The goal of data collection is to find quantitative facts and evidence to validate the accuracy of the findings. In this respect, data was collected using a semi-structured survey questionnaire. The main part consists of the quality assessment of the dental clinic service using a non-generic SERVQUAL instrument. The framework of structure-process-outcome (SPO) introduced by Donabedian (1998) and empirical validation by W. J. Chang and Y. H. Chang (2013) was employed, considering the unique nature of the dental clinic services which enabled the researcher to examine the relationship between various factors and the use of dental care services. As for the data analysis, the data collected were analyzed using correlation and multiple regression methods which allowed reviews on the association between dental services and customer value, customer participation behavior, doctor's caring attitude, and customer satisfaction, loyalty, and advocacy.

5. Research Results and Discussion

Table 1 Influencing of Customer Participation Behavior and Caring Attitude of Doctor to Customer Value

Customer Value	B	SE.	Beta	t.	Sig
Constant	.056	.136	.414	.679	
Customer Participation Behavior Information Seeking	.095	.033	.102	2.852*	.005
Customer Participation Behavior Information Sharing	.073	.051	.070	1.428	.154
Customer Participation Behavior Responsibility	.068	.051	.065	1.328	.185
Customer Participation Behavior Customer Feedback	.207	.047	.202	4.413***	.000
Caring Attitude of Doctor	.139	.043	.13	3.205**	.001
Dental Services	.409	.054	.386	7.543***	.000
Multiple R	.844				
R Square	.713				
Adjust R square	.709				
Standard Error	.380				
F Statistic	164.404				
Sig.	.000***				

Note. **, *** Correlation is significant at the 0.01, 0.001 levels (2-tailed), respectively.

The findings of this study demonstrate a strong positive relationship between customer participation behavior, the caring attitude of doctors, dental services, and customer value. This is reflected in the multiple correlation coefficient (Multiple R = 0.844), which indicates a solid overall relationship. Furthermore, the coefficient of determination (R Square = 0.713) suggests that approximately 71.3% of the variation in customer value can be explained by the factors included in the model, namely customer participation behavior, caring attitude of doctors, and dental services. Even after adjusting for the number of predictors in the model, the Adjusted R Square remains high at 0.709. The standard error of the estimate (0.380) signifies the average deviation of the observed values from the regression line. An important finding is the F statistic (164.404) with a significant p-value (Sig = 0.000), which indicates that the model is statistically significant in predicting customer value. This finding is further strengthened by the overall statistical significance confirmed through the significance level associated with the F statistic. Customer participation behaviors including information seeking and feedback, together with a caring attitude from the doctor and the dental services, were all found to contribute to customer value in this study significantly. However, Customer Participation Behavior information sharing and Customer Participation Behavior responsibility were not found to have a significant impact.

These findings can be valuable for dental practitioners and policymakers who are interested in improving customer value in dental service settings. They can develop strategies to improve patient experiences and satisfaction by understanding how these factors influence customer value.

Table 2 Influencing of Customer Participation Behavior and Caring Attitude of Doctor to Patient Satisfaction

Patient Satisfaction	B	SE.	Beta	t.	Sig
Constant	.003	.122	.026	.979	
Customer Participation Behavior Information Seeking	.083	.030	.090	2.766**	.006
Customer Participation Behavior Information Sharing	.053	.046	.051	1.154	.249
Customer Participation Behavior Responsibility	.075	.046	.072	1.633	.103
Customer Participation Behavior Customer Feedback	.088	.042	.087	2.096*	.037
Caring Attitude of Doctor	.170	.039	.172	4.361***	.000
Dental Services	.532	.049	.507	10.889***	.000

Table 2 Influencing of Customer Participation Behavior and Caring Attitude of Doctor to Patient Satisfaction (Connect data)

Patient Satisfaction	B	SE.	Beta	t.	Sig
Multiple R	.873				
R Square	.763				
Adjust R square	.759				
Standard Error	.342				
F Statistic	212.587				
Sig	.000***				

Note. *, **, *** Correlation is significant at the 0.05, 0.01, 0.001 levels (2-tailed), respectively.

The results of this study support the existence of a strong, positive relationship between customer participation behavior, the caring attitude of a doctor, dental services, and patient satisfaction. This is reflected in the multiple correlation coefficient ($R = 0.844$) and the coefficient of determination ($R^2 = 0.713$), which indicate that over 71% of the variance in patient satisfaction can be explained by the factors included in the model. This study also found that after adjusting for the number of predictors, the Adjusted R^2 remained high at 0.709, suggesting that the model has good explanatory power and is not simply due to chance. Additionally, the statistically significant F-statistic ($F = 164.404$, $p < 0.001$) further strengthens the argument that the model effectively predicts patient satisfaction. Breaking down the factors included in the model, the findings reveal that information-seeking behavior, providing feedback, and the caring attitude of a doctor all have significant positive influences on patient value. These results emphasize the importance of patient autonomy, shared decision-making, and open communication in building trust and satisfaction in the patient-doctor relationship. Interestingly, information sharing behavior and responsibility of patients were not found to have a significant impact on patient value in this study.

Table 3 Influencing of Customer Value and Patient Satisfaction to Competitive Advantage

Competitive Advantage	B	SE.	Beta	t.	Sig
Constant	.446	.140		4.058***	.000
Customer Value	.168	.059	.284	5.029***	.000
Patient Satisfaction	.553	.029	.526	9.330***	.000
Loyalty	.351	.064	.334	5.479***	.000
Advocacy	.299	.050	.304	5.930***	.000
Multiple R	.803				
R Square	.645				
Adjust R square	.641				
Standard Error	.439				
F Statistic	181.037				
Sig	.000***				

Note. *** Correlation is significant at the 0.001 level

The findings of this study demonstrate a strong positive relationship between customer participation behavior, the caring attitude of doctors, dental services, and customer value. This is reflected in the multiple correlation coefficient (Multiple R = 0.844), which indicates a solid overall relationship. Furthermore, the coefficient of determination (R Square = 0.713) suggests that approximately 71.3% of the variation in customer value can be explained by the factors included in the model: customer participation behavior, caring attitude of doctors, and dental services. Even after adjusting for the number of predictors in the model, the Adjusted R Square remains high at 0.709. The standard error of the estimate (0.380) signifies the average deviation of the observed values from the regression line. An important finding is the F statistic (164.404) with a significant p-value (Sig = 0.000), which indicates that the model is statistically significant in predicting customer value. This finding is further strengthened by the overall statistical significance confirmed through the significance level associated with the F statistic. Customer participation behaviors including information seeking and feedback, together with a caring attitude from the doctor and the dental services themselves, were all found to contribute to customer value in this study significantly. However, information-sharing behaviour and customer responsibility were not found to have a significant impact. These findings can be valuable for dental practitioners and policymakers who are interested in improving customer value in dental service settings. They can develop strategies to improve patient experiences and satisfaction by understanding how these factors influence customer value.

Conclusion

Based on the literature review contributing to a conceptual framework that centralizes on customer value; these were made possible by the dental services that were driven by two antecedent variables, namely (1) customer participation behavior and (2) the caring attitude of the doctor. Ultimately, when patients perceive that they receive the values as expected, they will be satisfied and develop loyalty and establish the advocacy attitudes needed as enablers for creating competitive advantage for the dental clinics.

To address the research objectives, seven hypotheses were tested. The results are presented as follows.

1. From study provides empirical support for Hypothesis 1 (H1), demonstrating a significant relationship between dental services and the level of customer value, with statistical significance at $p < 0.001$. These findings highlight the importance of perceived value in shaping consumer preferences and behaviors within the dental services industry. Patients who prioritize high-quality care from qualified dentists have a positive treatment history, and experience responsiveness to their needs are more likely to perceive greater value in the services provided. Understanding these drivers of perceived value is crucial for companies in the dental industry, as it allows them to develop products and services that meet or exceed patient expectations (Zeithaml, 1988). By focusing on delivering high-quality care, building positive treatment experiences, and ensuring responsiveness to patient needs, dental service providers can cultivate positive brand associations and achieve a competitive advantage.

2. From study provides empirical evidence supporting Hypothesis 2 (H2), which suggests a significant relationship between customer participation behavior and the level of dental service, with statistical significance at $p < 0.01$. This research highlights the important role of customer participation behaviors, including information sharing, customer feedback, responsible behavior, and information seeking, in shaping patients' perceptions of dental service quality. These findings align with (Kim et al., 2010), who demonstrated that patients utilize various information sources, such as recommendations and online resources, when selecting a dentist. Our study extends this knowledge by emphasizing the importance of ongoing customer engagement and participation throughout the dental care journey, not just during initial selection. Encouraging information sharing, customer feedback, responsible behaviour (e.g., following treatment plans), and facilitating information-seeking dental service providers can enhance the overall quality of service delivery and, ultimately, patient satisfaction. This research contributes to the growing body of literature on customer participation and its impact on service quality within the dental industry. Understanding and leveraging these behaviors can improve patient experiences and outcomes, benefiting both patients and dental service providers.

3. The study offers strong support for Hypothesis 3 (H3), indicating a significant relationship between customer participation behaviour and the level of customer value, with statistical significance at $p < 0.001$. This research finds that various aspects of customer engagement, including information seeking, recommendations from friends and relatives, providing feedback, sharing service experiences, and active participation in decision-making, significantly contribute to the perceived value of healthcare services. While doctor-patient interaction is essential for quality care, it can be subject to complexities and challenges that hinder optimal communication. Miscommunication and lack of understanding are common barriers that impede effective consultations for patients and providers. This research emphasizes the critical role of healthcare providers in developing strong communication and active listening skills to navigate these challenges. By encouraging open communication and ensuring patient understanding, healthcare providers can enhance the quality of patient-provider interactions, improve patient satisfaction, and ultimately, increase the perceived value of healthcare services. This study contributes to the literature on patient-provider interaction in two key ways. First, it provides insights into the causes and consequences of challenging consultations in healthcare settings. Second, it offers practical recommendations for healthcare practitioners to improve interactions and outcomes for both patients and providers. By adopting these recommendations, healthcare providers can cultivate positive patient experiences, strengthen patient-provider relationships, and ultimately, enhance the overall quality of healthcare delivery.

4. This study provides strong support for Hypothesis 4 (H4), showing a significant relationship between the caring attitude of the doctor and the level of dental service, with statistical significance at $p < 0.001$. These findings highlight the critical role of the doctor's attitude and interpersonal skills in shaping patient perceptions of dental care quality. Building on prior research (DiMatteo et al., 1993; Furnham et al., 2002) identified patient preferences for dentist certification, training, and experience, our study extends this knowledge by emphasizing the importance of a caring doctor's attitude. Patients value not just technical proficiency but also compassionate and empathetic care. This research contributes to the literature by demonstrating that a doctor's caring demeanor significantly influences patient perceptions of service quality. In essence, patients seek dentists who are not only technically skilled but also prioritize patient-centered care. These findings have practical implications for dental professionals. By encouraging a caring attitude and prioritizing patient well-being, dentists can enhance patient experiences, satisfaction, and trust, ultimately improving the overall quality of care. Furthermore, understanding patient preferences regarding doctor-patient interaction can effectively inform targeted strategies to address individual needs. In conclusion, our research advances our understanding of the factors influencing patient perceptions of dental service quality, highlighting the signifi-

cance of the doctor's caring attitude. Further exploration of these dynamics can inform the development of interventions to optimise patient experiences and outcomes in dental care settings.

5. In summary, our study provides strong support for Hypothesis 5 (H5), indicating a significant relationship between the caring attitude of the doctor and the level of customer value, with statistical significance at $p < 0.001$. Our findings underscore the pivotal role of the doctor's attitude and behavior in shaping customer perceptions of value in healthcare services. This research highlights that patients highly value doctors who demonstrate a caring attitude through actions such as educating patients on oral hygiene practices, providing informative guidance on dental care products, involving patients in treatment planning and decision-making, and ensuring patient comfort and well-being during procedures. (Emmi et al., 2017) emphasized the importance of a doctor's caring demeanor in influencing patient perceptions of value in healthcare. Patients value technical expertise, empathy, compassion, and genuine concern for their well-being. This research has practical implications for healthcare providers. By prioritizing a caring attitude and patient-centered care, healthcare professionals can enhance patient experiences, satisfaction, and trust. Ultimately, this can lead to improved healthcare outcomes and patient loyalty. Our study advances the understanding of factors influencing customer value perceptions in healthcare services, highlighting the doctor's caring attitude as a key element. Further exploration of these dynamics can inform the development of strategies to enhance patient-centered care delivery and optimize patient experiences in healthcare settings.

6. The study strongly supports Hypothesis 6 (H6), establishing a significant relationship between customer value and key outcomes such as customer satisfaction, loyalty, and advocacy, with statistical significance at $p < 0.001$. Our findings emphasize the crucial role of customer value perceptions in shaping various aspects of customer behavior and satisfaction in healthcare services. Customers who perceive high value in their healthcare experience are likelier to report higher satisfaction, demonstrate loyalty to the provider, and engage in positive advocacy behaviors. This can be attributed to the confidence, perceived value, and successful treatment outcomes associated with high-value services. These factors empower patients to regain well-being and happiness, ultimately promoting positive perceptions of the healthcare experience. These results align with the expectancy-value theory (Millward, 2011), which suggests individuals assess a product's features and potential benefits to anticipate favorable outcomes. In healthcare, customers are more likely to engage with services perceived as valuable and beneficial to their health. These insights have practical implications for healthcare providers. By prioritizing delivering high-value services that meet or exceed customer expectations, providers can enhance patient satisfaction, cultivate loyalty, and encourage positive advocacy. Achieving this might

involve improving service quality, communication, and patient-centered care delivery. Our research contributes to the understanding of the relationship between customer value and key customer outcomes in healthcare services. Further exploration of these dynamics can inform the development of targeted interventions to optimize patient experiences and improve healthcare service delivery.

7. The study provides strong support for Hypothesis 7 (H7), which argues that loyalty and advocacy contribute to a competitive advantage for dental clinics compared to others in the neighbourhood. The findings indicate that loyalty and satisfaction of patients are instrumental in generating positive word-of-mouth referrals, encouraging a favorable reputation, and ultimately attracting more business for the clinic. Patients become ambassadors for the clinic through their loyalty and satisfaction, recommending it to friends and family, thereby supporting its customers and competitive standing in the local market. Moreover, studies by Hashem and Ali (2019) demonstrate that loyal patients are less likely to switch to other clinics, even in the face of increased competition or relocation. These findings have significant implications for dental clinic management and marketing strategies. By prioritizing patient satisfaction, encouraging loyalty, and encouraging advocacy, clinics can gain a sustainable competitive advantage. This may involve initiatives such as personalized patient care, driven communication, and continuous improvement of service quality. The research contributes to the understanding of the role of patient loyalty and advocacy in making the competitive aspect of dental clinics. Further exploration of these dynamics can inform strategic decision-making and facilitate the development of effective marketing strategies aimed at enhancing patient loyalty and clinic competitiveness.

6. Implications

6.1 Theoretical Implications

For theoretical implications, this study can be used as a basis for further research that explores the dental healthcare business about competitiveness in services. This research results inspire healthcare institutions to improve their service provision. It is anticipated that this study will make a substantial contribution to the existing body of literature in the healthcare industry. Additionally, it is suggested that dental health care should prioritize elevating the standards of healthcare delivery.

6.2 Practical Implication

First, the study shows that customer value comes from dental services. They are driven by two earlier factors: customer participation and doctor's caring attitude. Ultimately, when patients get the expected value, they will be satisfied. Then, they will develop the loyalty and advocacy attitudes needed to give dental clinics a competitive edge. Therefore, all stakeholders have to ensure that the values of dental care service are delivered to the

patients to achieve patient satisfaction. Practically, clinicians should consider the patient's perspective. They should adjust their care based on it. This can involve checking with the patient about the desired speed for scheduling referrals or ensuring that a scheduled appointment meets their needs. Healthcare providers should focus on: highlighting and repeating actions that help their patients. They should also avoid or correct actions that are less effective. The clinician should continually evaluate their actions. They should also evaluate the patient's reactions. They should make adjustments as needed to show their compassionate nature effectively. This type of constant reflection highlights the complexity and context-dependent nature of caring skills. The physician's communication of caring is a carefully crafted and creative exchange. It aims to use evidence-based medicine to help patients make health decisions. These decisions should align with their individual needs and values.

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