

Dentists' Personal Characteristics And Patient Satisfaction In A Dental Hospital

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ABSTRACT

Background: The quality of dental care is determined not only by technical competence but also by dentists' personal characteristics that shape communication, patient safety, and trust. Objective: To analyze the association between dentists' personal characteristics and patient satisfaction at the Dental and Oral Hospital of Institut Ilmu Kesehatan Bhakti Wiyata, Kediri.

Method: This analytical cross-sectional study was conducted from February to March 2025. Ninety-five patients aged at least 17 years who had received care from general or specialist dentists were selected using random sampling. Dentists' personal characteristics were assessed using 15 items covering openness to criticism, stress management, self-control, self-confidence, and psychological awareness. Patient satisfaction was measured using a Likert scale. As both variables were non-normally distributed, Spearman correlation was applied.

Result: The mean personal-characteristics score was 70.03 ± 4.05 (range 57-75), and mean patient satisfaction was 4.39 ± 0.51 . Fifty-six patients (58.9%) were satisfied, 38 (40.0%) were very satisfied, and one (1.1%) was neutral. Dentists' personal characteristics were positively correlated with patient satisfaction ($r_s = 0.333$; $p = 0.001$).

Conclusion: Dentists' personal characteristics were positively associated with patient satisfaction, with a weak-to-moderate correlation. Communication, receptiveness to feedback, stress management, and empathy should be incorporated into service-quality improvement.

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INTRODUCTION

High-quality health services recognize patient experience as an important outcome alongside safety and clinical effectiveness. Patient experience is shaped by the ability of healthcare services to meet patients' needs appropriately, respect their preferences, and provide information that is understandable.(1)

In dental care, patient satisfaction is influenced by interactions throughout the service process, from reception and explanation of the diagnosis and treatment options to post-treatment evaluation. Studies in Indonesian dental clinics have shown that reliability, responsiveness, assurance, empathy, and tangible aspects contribute to patients' assessment of service quality.(2,3)

Dentist-patient communication is an integral clinical component of decision-making. Clear explanations, active listening, opportunities to ask questions, and patient involvement can build trust and improve acceptance of treatment plans.(4–7)

The personal characteristics evaluated in this study included openness to criticism, stress management, self-control, self-confidence, and understanding of patients' psychological conditions. These five aspects are reflected in professional behaviors that can be directly observed by patients. Empathy, for example, may help dentists understand patients' concerns and adapt the information provided, whereas self-control helps maintain calm communication in complex clinical situations.(8,9)

Dental teaching hospitals have distinctive service characteristics involving diverse cases, healthcare professionals, and educational needs. The high variability of interactions makes evaluation of dentists' personal characteristics and patient satisfaction

important as a basis for quality improvement. This study aimed to analyze the association between dentists' personal characteristics and patient satisfaction at the Dental and Oral Hospital of Institut Ilmu Kesehatan Bhakti Wiyata, Kediri.

METHODS

This analytical observational study used a cross-sectional design and was conducted at the Dental and Oral Hospital of Institut Ilmu Kesehatan Bhakti Wiyata, Kediri, from February to March 2025. The study population consisted of 124 patients who had received care from general dentists or dental specialists. The minimum sample size was calculated using the Slovin formula with a 5% margin of error, resulting in 95 respondents. Random sampling was used among patients who met the study criteria. Inclusion criteria were patients aged at least 17 years, having received dental care at least once, being able to provide an independent assessment, agreeing to participate, completing the questionnaire, and signing informed consent. Patients with cognitive impairment or physical conditions that prevented questionnaire completion were excluded.

The research instruments consisted of an informed consent form and structured questionnaires measuring dentists' personal characteristics and patient satisfaction. Dentists' personal characteristics were measured using 15 statements covering five aspects: openness to criticism, stress management, self-control, self-confidence, and understanding of patients' psychological conditions. Each statement was rated on a 1–5 Likert scale: 1=very poor, 2=poor, 3=neutral, 4=good, and 5=very good. The total score ranged from 15 to 75; scores of 15–45 were

categorized as poor personal characteristics and scores of 46–75 as good personal characteristics. Patient satisfaction was measured using a 1–5 Likert scale: 1=very dissatisfied, 2=dissatisfied, 3=neutral, 4=satisfied, and 5=very satisfied. For descriptive presentation, scores of 1–3 were categorized as dissatisfied and scores of 4–5 as satisfied.

The questionnaire on dentists' personal characteristics was pilot-tested on 20 respondents outside the study sample to assess clarity, validity, and reliability. Item validity was tested using Pearson Product-Moment correlation. All 15 items were valid, with item-total correlation coefficients ranging from 0.473 to 0.823, exceeding the *r*-table value of 0.444. Internal reliability was assessed using Cronbach's alpha and yielded a value of 0.892, indicating good internal consistency. Data collection was conducted after respondents had completed dental treatment. The researchers explained the study objectives and procedures, obtained written consent, and then asked respondents to complete the questionnaire independently in a comfortable setting. Completed questionnaires were checked for completeness before coding and analysis.

Data were analyzed using the Statistical Package for the Social Sciences (SPSS). Respondent characteristics and variable distributions were presented as frequencies, percentages, means, standard deviations, minimum values, and maximum values. Distribution normality was tested using the Kolmogorov–Smirnov test. Pearson correlation was planned for normally distributed data,

whereas Spearman rank correlation was used for non-normally distributed data. Because the scores for dentists' personal characteristics and patient satisfaction were not normally distributed ($p < 0.001$), the hypothesis was tested using Spearman rank correlation at a significance level of 0.05. Results were reported as the Spearman correlation coefficient (r_s) and *p*-value.

The study received ethical approval from the Research Ethics Committee of Institut Ilmu Kesehatan Bhakti Wiyata, Kediri (No. 351/FKG/EP/II/2025) and the Health Research Ethics Team of the Dental and Oral Hospital of IIK Bhakti Wiyata (No. 016/RSGM/AK.8/II/2025). All respondents received information regarding the study objectives, procedures, benefits, data confidentiality, and their right to refuse or withdraw without affecting the care they received. Written informed consent was obtained before data collection, and respondent identities were kept confidential throughout data processing and reporting.

RESULTS

A total of 95 respondents participated in the study, and all questionnaires were eligible for analysis. Respondent characteristics according to sex, age, and type of payment are presented in Table 1. Most respondents were female and belonged to the 18–27-year age group.

Table 1. Respondent Characteristics

Characteristics	n	%
Sex		
Male	24	25.3
Female	71	74.7
Age (years)		
18–27	48	50.5
28–37	27	28.4
38–47	14	14.7
48–57	5	5.3
68–77	1	1.1
Payment Type		
National Health Insurance (BPJS)	35	36.8
Self-pay	60	63.2

Table 2. Distribution of Dentists' Personal-Characteristic Aspect Scores

Aspect	Total Score	Proportion (%)
Openness to criticism	1,299	19.5
Stress management	1,328	20.0
Self-control	1,349	20.3
Self-confidence	1,352	20.3
Understanding patients' psychological conditions	1,321	19.9
Total	6,649	100

Among the five aspects of personal characteristics, self-confidence and self-control had the highest score proportions, each at 20.3%. Openness to criticism had the lowest proportion (19.5%), although differences among the aspects were relatively small.

A total of 94 respondents (98.9%) reported being satisfied or very satisfied. No respondents reported being dissatisfied or very dissatisfied.

Table 3. Patient Satisfaction Level

Satisfaction Level	n	(%)
Very dissatisfied	0	0
Dissatisfied	0	0
Neutral	1	1.1
Satisfied	56	58.9
Very satisfied	38	40.0

Total

95

100

The mean score for dentists' personal characteristics was 70.03 ± 4.05 , with a range of 57–75. The mean patient-satisfaction score was 4.39 ± 0.51 , with a range of 3–5. Spearman analysis produced a positive correlation

coefficient of 0.333 with $p=0.001$, indicating that better-rated personal characteristics were associated with higher patient satisfaction.

Table 4. Descriptive Statistics and Spearman Correlation

Variable	Mean $\pm$ SD	Min–Max	r_s	p
Personal characteristics	70.03 $\pm$ 4.05	57–75	0.333	0.001
Patient satisfaction	4.39 $\pm$ 0.51	3–5		

DISCUSSION

This study found a positive and significant association between dentists' personal characteristics and patient satisfaction ($r_s=0.333$; $p=0.001$). The modest correlation indicates that better-rated personal characteristics tend to accompany higher satisfaction, but they are not the only contributing factor. Satisfaction may also reflect clinical outcomes, waiting time, facilities, cost, accessibility, previous experiences, and whether care meets patient expectations.

The finding is consistent with Öz and Saygılı, who reported positive associations among trust-based communication, perceived service quality, and satisfaction in dental services.(6) Effective dentist-patient communication can improve understanding, trust, participation in decision-making, adherence, and satisfaction.(5) Patients evaluate not only technical care but also how dentists listen, explain, respond to concerns, and respect patient choices; therefore, personal characteristics may influence satisfaction through the quality of interpersonal interaction.

Most respondents were satisfied or very satisfied. A similarly high satisfaction level was reported at the Dental Polyclinic of Hermina Hospital, Manado, although direct comparison is limited by differences in patients, facilities, instruments, and categorization methods.(2) Other studies also show

that satisfaction depends on interactions and service processes, not only physical facilities.(10–12) The high satisfaction in this study may additionally reflect socially desirable responses, reluctance to criticize, or completion of questionnaires within the care setting.

Self-confidence and self-control had the highest score proportions. Dentists who appear confident, calm, and emotionally controlled may increase patients' sense of security and perceived professional competence, especially during uncomfortable procedures. However, confidence should be accompanied by understandable explanations, opportunities for questions, and respect for patient decisions; without two-way communication, it may be perceived as dominance. Openness to criticism had the lowest score proportion, although the difference was small. This suggests room for improvement in receiving and managing patient feedback. Feedback may reveal communication needs or service barriers not detected through clinical evaluation. Hospitals can support this through anonymous surveys, accessible complaint mechanisms, regular patient-experience evaluation, and transparent follow-up. Understanding patients' psychological conditions and stress management had intermediate scores. These aspects remain important because dental patients vary in anxiety, pain tolerance, information

needs, and previous experiences. Empathic communication can strengthen therapeutic relationships and is associated with better satisfaction and outcomes.(9) Effective stress management may also help dentists maintain calm and consistent communication under time pressure, complex cases, or complaints. Both should therefore be treated as trainable professional competencies.

A distinctive feature of this study is the assessment of five patient-observable personal characteristics in a dental teaching hospital. Previous studies more often examined SERVQUAL dimensions or communication in general.(3,10,11) The present findings identify interpersonal strengths and areas requiring attention. Because of the cross-sectional design, the association should not be interpreted as causal; rather, it can guide interpersonal development and service-quality evaluation.

Clinically, quality-improvement programs should balance technical and interpersonal competence. Training may include active listening, simple explanations, validation of concerns, shared decision-making, receptiveness to criticism, stress management, and difficult conversations. Evaluation can use structured observation, anonymous patient feedback, simulation, and reflection. These initiatives should accompany improvements in scheduling, facilities, service flow, and consistency because patient satisfaction is multidimensional.

This study has limitations. Its cross-sectional design cannot establish causality. Personal characteristics were assessed from patient perceptions and may have been influenced by treatment outcomes, emotional state, previous experiences, or overall impressions of the facility. A single general satisfaction scale did not capture specific satisfaction dimensions, while the very high satisfaction rate may have produced a ceiling effect.

As the study involved one hospital and a limited sample, generalizability is restricted.

Future studies should include multiple hospitals or clinics, validated multidimensional satisfaction instruments, and potential confounders such as procedure type, waiting time, payment method, clinical outcomes, previous experience, and patient characteristics. Longitudinal designs could assess changes after communication interventions, and multivariable analysis could estimate the independent contribution of dentists' personal characteristics after other service-quality factors are controlled.

CONCLUSION

Dentists' personal characteristics were positively and significantly associated with patient satisfaction at the Dental and Oral Hospital of Institut Ilmu Kesehatan Bhakti Wiyata, Kediri ($r_s=0.333$; $p=0.001$). The association was weak to moderate; therefore, the findings should not be interpreted as indicating that personal characteristics are the sole determinant of satisfaction. Strengthening communication, receptiveness to feedback, stress management, self-control, appropriately expressed self-confidence, and empathy may be considered in service-quality improvement programs.

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