



Service Quality as a Key Factor in the Marketing Promotion of Dental Services

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Abstract

This article presents an analysis of the role of service quality as a factor in the promotion of dental services. The study takes the form of a systematic review and analytical synthesis of academic publications focusing on the quality of dental services, patient experience, communication, and patient behavioural responses. The main focus is on the relationship between service characteristics, the structure of patient interaction with the clinic, and subsequent decisions regarding repeat visits and recommendations. The key parameters of service quality are examined. It has been established that the influence of service quality is indirect in nature and is realised through the patient's perception of the integrity of their interaction with the clinic. It is shown that isolated elements of service, even when delivered to a high standard, do not produce lasting behavioural effects unless they are consistent across all stages of the patient journey. An original model is proposed, reflecting the sequential transformation of service characteristics into the patient's experience, their psychological reactions and behavioural decisions. The results obtained make it possible to view service quality as a controllable factor determining the stability of patient flow and the effectiveness of a dental organisation's marketing activities. The article will be of use to managers of dental clinics, specialists in the field of healthcare marketing, and practising dentists interested in improving the quality of their interactions with patients.

Keywords: *Quality of Service, Dental Services, Patient Experience, Satisfaction, Trust, Repeat Visits, Healthcare Marketing.*

INTRODUCTION

The quality of dental care is determined by the outcome of treatment and by how the patient perceives their interaction with the clinic. This interaction encompasses explanations of the treatment, the organisation of appointments, staff behaviour, the availability of information, and post-visit support. These elements shape the patient's overall impression and are linked to their level of trust, commitment, and willingness to continue treatment [3]. In dental practice, the perception of quality is formed through the patient's successive interactions with the clinic and is not limited to the clinical outcome.

For a long time, the promotion of dental services has been viewed through the prism of advertising tools and patient acquisition channels. The stability of patient flow and repeat visits were attributed primarily to external factors. At the same time, empirical observations show that patients make decisions based on their own experience of interaction and recommendations formed after receiving the service. Consequently, there is a discrepancy between marketing models focused on patient acquisition and the actual mechanisms of patient retention. Quality of service is viewed as a combination of the clarity of explanations, staff attitude and the organisation of appointments. The patient's interaction with the clinic takes shape before the visit, during the appointment and afterwards [7]. The expansion of digital

tools increases the number of touchpoints and reinforces the importance of consistency across all stages.

Despite the significant body of research on patient satisfaction and the quality of dental services, these areas are often examined in isolation. Some studies analyse service characteristics, others focus on communication, and others still examine patients' behavioural responses. The link between the structure of patient interaction with the clinic and marketing outcomes, expressed in repeat visits and recommendations, remains insufficiently explored. Existing models do not account for the sequence of the patient experience and its transformation into behavioural decisions. This limits their application in the management of dental organisations.

The aim of this study is to develop an original model that reflects the role of service quality as a factor in the promotion of dental services. Within the framework of this aim, the following objectives have been set:

- to evaluate existing approaches to assessing the quality of dental services;
- to identify the characteristics of service that influence patients' perceptions;
- to analyse the relationship between service quality and patient satisfaction and repeat visits;
- to identify the stages of patient interaction with the clinic.

The research hypothesis is that service quality in dentistry exerts an indirect but significant influence on patient retention and recommendation behaviour through the mediating effects of patient experience consistency, trust formation, and perceived interaction coherence.

The scientific novelty of the study lies in conceptualising service quality as a dynamic, multi-stage system of interactions and in identifying the mediating role of perceived interaction coherence in transforming service characteristics into behavioural outcomes, which has not been sufficiently addressed in existing dental marketing research.

MATERIALS AND METHODS

The study employs methods of theoretical analysis of scientific publications, categorical classification of factors affecting the quality of dental services, and comparative analysis of the relationships between service characteristics, patient experience and behavioural responses. The analysis focuses on identifying links between service quality, patient satisfaction and repeat visits.

The study was conducted as a systematic review of open-access scientific publications from 2020 to 2023, published in international peer-reviewed journals and academic databases. The literature search was conducted in Google Scholar, ScienceDirect, SpringerLink and MDPI using combinations of the following keywords: ‘dental service quality’, ‘patient satisfaction dentistry’, ‘patient experience dental care’, ‘revisit intention dentistry’, ‘dental marketing’, ‘digital communication dentistry’, ‘SERVQUAL dental services’, with the logical operators AND/OR. The sample included publications in English containing empirical or review data on the quality of dental services, patient satisfaction and their behavioural responses. Studies focusing solely on the clinical aspects of treatment without analysing the interaction between the patient and the clinic were excluded.

During the identification phase, 38 publications were selected. Following the removal of duplicates and an initial analysis of titles and abstracts, irrelevant studies were excluded. A full-text analysis enabled the formation of a final sample of 15 studies that met the research objectives.

The analysis procedure comprised the following sequential stages: source search, removal of duplicates, selection based on thematic relevance, full-text analysis, and categorical classification of results. The following categories were

identified during the analysis: characteristics of service quality, parameters of patient interaction with the clinic, elements of communication, and patients’ behavioural responses. The results were compared by examining the identified factors and their influence on patients’ behaviour.

The limited sample size is due to the narrow focus of the study, as a significant proportion of publications in dentistry concentrate on the clinical aspects of treatment, whilst issues relating to service quality and patient behaviour are covered only in a piecemeal fashion. The studies analysed cover perceptions of quality, patient satisfaction, the influence of communication and digital tools, and factors determining repeat visits and loyalty.

The results obtained have been used to systematise service quality factors and develop an original model reflecting the relationship between service characteristics, patient experience and the marketing outcomes of dental services.

RESULTS

The quality of dental care is reflected in the differences between the characteristics perceived by the patient and the factors that influence their behaviour. The structure of the interaction with the clinic encompasses both organisational elements and the behavioural characteristics of the staff; however, their influence is distributed unevenly [9]. Some characteristics shape the overall impression, whilst others determine the patient’s subsequent decisions. The discrepancy becomes apparent when comparing service parameters and behavioural responses related to repeat visits and the choice of clinic [10].

The quality of service in dentistry does not have a linear structure. It is composed of interrelated characteristics, among which empathy, responsiveness, reliability and confidence in the dentist’s actions stand out [2]. These characteristics do not operate in isolation. Their significance is manifested through how the patient interprets the behaviour of the dentist and staff in a specific situation. Communication becomes a central element. It is through communication that the patient receives an explanation of what is happening and forms an attitude towards the treatment [4]. In the context of uncertainty, which is characteristic of dental care, the importance of clear explanations and attention to the patient’s condition increases. Table 1 examines the influence of individual service quality characteristics on satisfaction and repeat visits.

Table 1. Qualitative Impact of Service Quality Dimensions on Patient Satisfaction and Loyalty (Compiled by the author based on the source: [9])

Service Quality Dimension	Role in Patient Perception	Mechanism of Influence on Satisfaction	Role in Loyalty Formation
Tangibility	Forms initial impression of clinic professionalism	Enhances perceived credibility but remains secondary	Does not create long-term attachment independently
Responsiveness	Shapes interaction dynamics and perceived attentiveness	Reduces uncertainty and emotional tension	Supports willingness to continue treatment
Assurance	Builds confidence in clinical competence and safety	Strengthens trust in treatment decisions	Acts as a core driver of repeat visits

Empathy	Personalises the interaction and aligns with patient expectations	Creates emotional comfort and perceived care	Generates strong attachment and recommendation behaviour
Accountability	Reflects organisational reliability and responsibility	Influences perception of transparency and control	May negatively affect loyalty if perceived as rigid or impersonal

The correlation of indicators in the table shows that perceptions of quality do not align with the factors that actually influence patient behaviour. Elements of the physical environment are noted by patients but do not form the basis for developing a lasting relationship with the clinic. Conversely, characteristics related to staff behaviour prove to be more influential. They are directly linked to how the patient assesses the interaction. Empathy and confidence create a sense of control and security. Responsiveness sets the pace of the interaction and reduces tension. These factors work together to form a lasting impression of service quality that extends beyond a single visit.

A patient’s behavioural responses do not develop immediately. They arise as a result of the cumulative perception of their interaction with the clinic. First, an overall impression of the consultation is formed. Then, trust in the doctor and in the treatment process develops [11]. Following this, a willingness to return and to recommend the clinic emerges. In this context, service quality is not treated as a standalone indicator, but as a connecting element between the patient’s experience and their subsequent actions. Table 2 examines the influence of service quality factors on the patient’s intention to return to the clinic.

Table 2. Structural Influence of Service Quality Factors on Patients’ Revisit Intention (Compiled by the author based on the source: [12])

Factor Category	Nature of Influence	Mechanism of Action	Role in Behavioural Outcome
Staff-related factors	Primary driver	Shapes emotional and cognitive evaluation of the interaction	Determines decision to return and recommend
Responsiveness	Reinforcing factor	Regulates speed and adequacy of clinic reactions	Enhances continuity of interaction
Cost-related factors	Conditional factor	Evaluated rationally rather than emotionally	Influences choice but does not ensure loyalty
Demographic factors	Contextual factor	Defines baseline expectations and preferences	Moderates perception but does not determine behaviour
Integrated service experience	Systemic factor	Reflects coherence across all interaction stages	Drives stable revisit intention and long-term loyalty

The structure of the factors’ influence shows that patient behaviour is determined not so much by external conditions as by the quality of the interaction. Factors relating to staff form the basis for the decision to return for a follow-up visit. They shape the emotional and cognitive assessment of the experience. Responsiveness amplifies this influence, as it determines how quickly and appropriately the clinic responds to a patient’s request. Economic factors are perceived differently. They are assessed but do not foster a lasting attachment to the clinic. Patient behaviour is more closely linked to how they feel during treatment than to how much they pay. Further details are presented through the structure of the patient’s interaction with the clinic. Table 3 examines the factors influencing the patient experience at different stages of the treatment process.

Table 3. Key Patient Experience Factors Influencing Repeat Visits in Dental Services (Compiled by the author based on the source: [8])

Stage of Interaction	Service Quality Factor	Impact on Perception of Dental Service
Before visit	Online access and digital communication	Reduces stress, facilitates clinic choice, increases trust
Before visit	Convenient appointment scheduling and reminders	Reduces missed visits, improves accessibility
During visit	Communication and staff attitude	Increases comfort, trust, and satisfaction
During visit	Cleanliness, comfort, and clinic environment	Enhances perceived quality of care
After visit	Follow-up, instructions, and payment transparency	Strengthens loyalty and repeat visit intention

The breakdown of factors by stage shows that the perception of quality is formed as a continuous process. Expectations and a level of trust are established prior to the visit. The main assessment of the interaction takes place during the appointment. After the visit, the patient’s attitude towards the clinic is cemented, and communication remains crucial at every stage. It links the individual elements into a coherent whole. Digital tools increase the number of touchpoints, but their impact depends on how well they are integrated into the overall interaction process [3]. If there is a disconnect between stages, the overall perception of quality declines, even when individual service elements are of a high standard.

DISCUSSION

The findings allow us to consider the quality of service in dentistry in broader terms than is usually the case in clinical management practice. In day-to-day operations, it is often reduced to the organisation of appointments, the speed of booking, or the general standard of service. However, this understanding proves to be too narrow. In reality, service quality influences how a patient perceives the clinic, how long they remain connected to it, and whether they are willing to return [9]. For this reason, service quality should be viewed as an asset that directly influences the stability of patient flow and the clinic’s financial performance.

With this approach, the very logic of assessing a dental practice’s effectiveness changes. The focus shifts to how well the clinic is able to retain a patient after their first visit. Trust, predictability of interaction and the sense of confidence the patient gains during treatment become the most important factors. It is precisely these characteristics that shape the clinic’s reputation. They also form the basis for repeat visits. In this model, revenue is the result not of a one-off attraction, but of the sustained retention of the patient.

It is important to note one further point here. In dentistry, attracting patients is an expensive business. Therefore, relying solely on external promotion makes marketing dependent on ongoing costs. Conversely, high-quality service reduces this dependency, as the patient themselves begins to fulfil part of the marketing function through repeat visits and recommendations. This is the practical value of service

quality. It shifts the focus from acquisition to retention. And it is precisely this shift that appears to be the most significant.

The changing role of service quality also leads to a change in the very model of dental marketing. Advertising continues to play its part, but it can no longer be regarded as the main source of sustainable growth. Its influence is limited to the moment of first contact [1]. The patient’s subsequent decision depends on what their actual experience of interacting with the clinic was like. For this reason, the focus of marketing is gradually shifting towards managing the patient experience.

Digital tools reinforce this shift. Their value lies not in replacing face-to-face interaction, but in expanding and supporting it [3]. Electronic records, remote consultations and digital reminders improve the clinic’s accessibility. Online communication makes contact more continuous. This lowers the barriers to seeking care. At the same time, the digital environment does not in itself create trust. It works only when integrated into the overall service framework. The same principle applies to artificial intelligence technologies. Their role is to speed up responses, increase personalisation and reduce administrative burdens, but not to replace the doctor or face-to-face communication [5]. The same applies to teledentistry. It enhances accessibility and convenience, but does not negate the importance of clinical contact. Figure 1 illustrates the author’s model, in which service quality is linked to the patient’s experience, their psychological reactions, behavioural decisions and the clinic’s marketing outcomes.

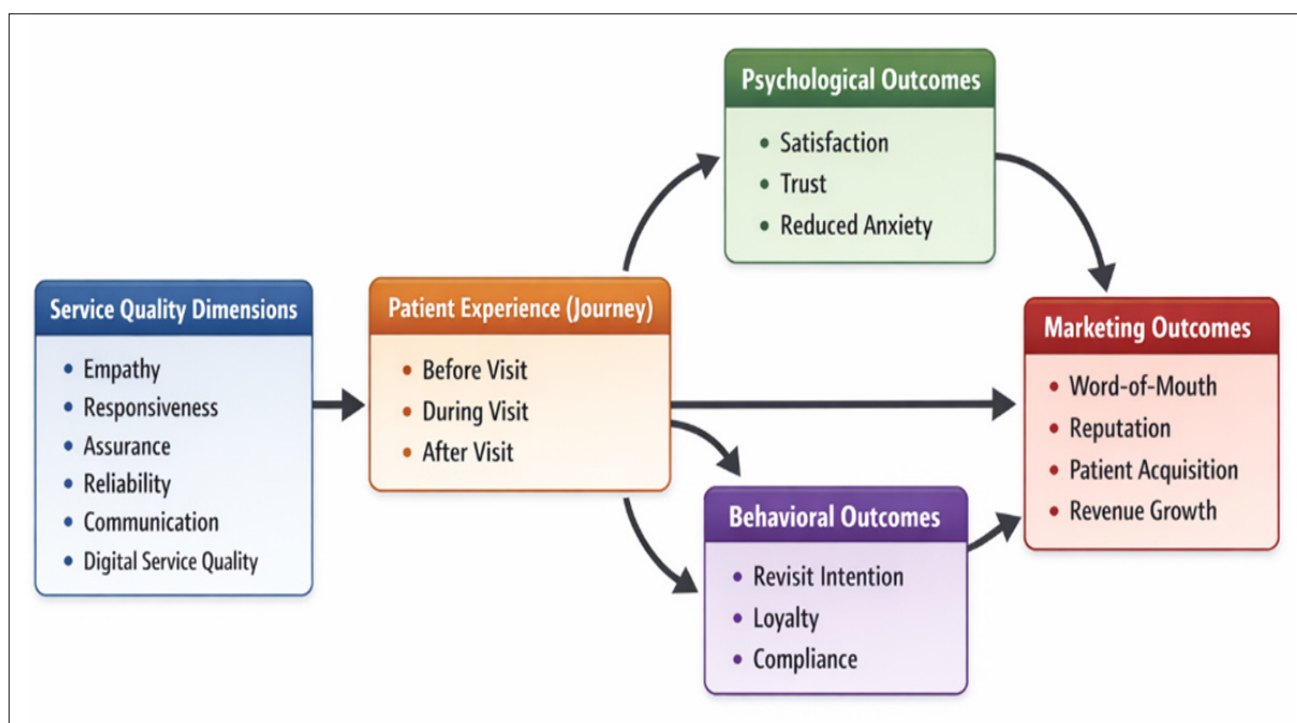


Figure 1. Model of the Impact of Service Quality on the Promotion of Dental Services (Author’s elaboration)

The proposed model allows us to view the quality of care as a sequential process, within which individual elements of patient interaction give rise to more enduring behavioural effects. In this regard, it is particularly important that the

impact of service quality is not limited to the moment of the visit. It retains its significance even after treatment has concluded, as it is at this stage that trust in the clinic, a willingness to return, and a propensity to recommend it

to others are formed. For this reason, it seems justified to view service quality as a factor that influences the patient's subsequent behaviour.

It should be emphasised that the model refines existing understandings of the link between service quality and marketing outcomes. In most approaches, this link is interpreted as direct, where improved service implies increased satisfaction and, consequently, loyalty. However, the results obtained point to a more complex mechanism. Behavioral effects arise from how the patient perceives the coherence of the interaction. This suggests that even with high levels of individual service parameters, the effect may remain limited if the interaction is not perceived as consistent and coherent. This constitutes the fundamental difference of the proposed model.

The consistency of service elements is of particular importance. Convenient booking, clear explanations, attentive care and post-visit follow-up may all be present in a clinic individually. However, their impact on patient behaviour remains inconsistent. In dentistry, patients do not evaluate individual actions, but rather the entire journey of their interaction with the clinic. This is precisely why consistency between the stages of interaction proves to be more significant than the level of individual characteristics.

The model makes it possible to define the role of digital tools more precisely. Their significance lies in their ability to maintain continuity of interaction. In the absence of a coherent service structure, digital solutions do not produce a lasting effect, despite improving accessibility and the speed of communication. In this respect, digital channels do not replace the service, but rather highlight its strengths and weaknesses.

The results presented here enable us to view service quality as a mechanism through which patient behaviour in dentistry is shaped. Unlike approaches that focus on promotional tools or individual service characteristics, this model demonstrates that sustainable marketing effects arise at the level of how the overall interaction is perceived. This shifts the focus from individual management decisions to the structure of the interaction as a whole and establishes a different level of analysis when assessing the effectiveness of dental marketing.

CONCLUSION

The findings allow us to view the promotion of dental services as a process that takes shape within the healthcare delivery system itself. Patient behaviour develops through interaction with the clinic and is linked to the extent to which this interaction is perceived as consistent and understandable.

The coherence of service elements over time plays a decisive role. Even where individual aspects of the service are of a high standard, the overall perception may remain unstable if the interaction appears fragmented. When, however, all stages are interconnected, a sense of coherence is formed,

upon which trust is built and further decisions are made. In these circumstances, the quality of service becomes a factor influencing patient behaviour.

The practical implication is that approaches to managing a dental practice need to be reviewed. The stability of the patient flow is determined by the clinic's ability to establish predictable and consistent interactions. External marketing channels remain important, but their influence is limited to the initial contact, whereas the further development of the relationship with the patient depends on the interaction experience itself.

Prospects for further research involve a detailed study of how perceptions are formed at different stages of interaction, as well as the development of tools to measure the consistency of service processes and assess their impact on patient behaviour over the long term.

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