The Effect of Digital Service Quality on Consumer Satisfaction and Its Implications on Patient Trust at Pratama Aru Bitung Clinic

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ARTICLE INFO	ABSTRACT
	This study aims to analyze the influence of digital service quality on consumer satisfaction and its implications for patient trust at the Aru Bitung Primary Clinic, Bitung City. The research method used is a quantitative approach with an explanatory research type. Data were collected through questionnaires on 120 patients selected using purposive sampling techniques. Data analysis was carried out using Structural Equation Modeling based on Partial Least Square (PLS-SEM) with the help of SmartPLS software. The results of the study show that the quality of digital services has a positive and significant effect on consumer satisfaction, consumer satisfaction has a positive and significant effect on patient trust, and the quality of digital services also has a positive and significant effect on patient trust both directly and indirectly through satisfaction as a mediation variable. The conclusion of this study is that improving the quality of responsive, accurate, and accessible digital services is an important factor in building patient satisfaction and trust in first-tier health facilities. *This is an open access article under the CC BY license.*

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1. INTRODUCTION

Conventional public and commercial services (offline) have long been the main method of interaction between service providers and users, which require physical presence for administration, consultation, and transaction management (Darmawan et al., 2017). However, this model often faces obstacles in the form of long queues, limited-service times, and operational inefficiencies. The development of information and communication technology (ICT) opens up opportunities for service transformation towards a digital platform that is faster, more flexible, and responsive to people's needs (Pan et al., 2020).

Digital transformation has also had a significant impact on the health sector, including primary health care facilities such as primary clinics. The digitization of health services through mobile health (m-Health) allows for increased accessibility, efficiency, and continuity of services, especially in areas with limited medical personnel (Ilham & Zernelly, 2021). The high penetration of the internet in Indonesia (APJII, 2023) and the shift in people's behavior towards online-based health services (Katadata Insight Center, 2022) require clinics to adopt digital service systems to remain relevant and competitive. Klinik Pratama Aru Bitung as a basic health service provider in Bitung City also faces

demands to integrate digital technology in its service system. Data from the Ministry of Health of the Republic of Indonesia (2023) shows that most primary clinics in Indonesia are still operating conventionally, even though the adoption of digital technology has been proven to improve the quality of service and patient satisfaction, especially in developing countries (Zayyad & Toycan, 2018). Therefore, the implementation of digital services in clinics is a strategic step in improving the quality of interaction between patients and service providers.

The success of digital services is largely determined by system quality, information quality, and service quality as stated in the information system success model DeLone and McLean (2016). In the context of health services, this includes the ease of online registration, the accuracy of medical information, the security of patient data, and the responsiveness of health workers (Budiman, 2020). Good quality of digital services can increase consumer satisfaction, which further forms patient trust as the basis of a long-term relationship between patients and clinics (Anderson & Srinivasan, 2003). Although the relationship between service quality, satisfaction, and trust has been extensively researched, studies that specifically examine the influence of digital service quality on consumer satisfaction and its implications on patient trust in primary clinics, especially at Aru Bitung Primary Clinic, are still very limited. Previous research has tended to focus on large-scale hospitals or health services (Zahara, 2020; Darmawan et al., 2017). Thus, this research is useful to fill the research gap by providing an empirical table in the context of primary health services, as well as being the basis for the formulation of a strategy to improve the quality of digital services at the Aru Bitung Primary Clinic.

2. METHODS

This study uses a quantitative approach with an explanatory research type that aims to examine the causal relationship between service quality, patient satisfaction, and patient trust at Aru Bitung Primary Clinic. The explanatory approach was chosen because it was able to explain the magnitude of the influence of independent variables on dependent variables and mediators through inferential statistical testing (Sugiyono, 2020). The unit of analysis in this study is patients who have received health services at the Aru Bitung Primary Clinic in the last three months. The study population amounted to around 600 patients, with a sample of 120 respondents determined using purposive sampling techniques based on criteria: over 18 years old, have received services at least once, are willing to be respondents, and are able to fill out questionnaires independently. The determination of the number of samples refers to the minimum requirement of SEM analysis, which is 5–10 times the number of indicators (Hair et al., 2010). The data collection technique was carried out through the distribution of closed questionnaires to patients after receiving services at the clinic. The questionnaire was compiled based on indicators of service quality variables that refer to the dimensions of SERVQUAL, namely tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988), as well as indicators of patient trust and satisfaction adapted from Kotler and Keller (2016). The measurement scale used is a 4-point Likert scale to avoid neutral choices and encourage clarity of respondents' attitudes. Before being used in the main data collection, the questionnaire instrument is first tested to ensure the validity of the content and reliability, so that the data obtained is suitable for statistical analysis.

The data analysis technique used Structural Equation Modeling based on Partial Least Square (PLS-SEM) with the help of SmartPLS software. The PLS-SEM method was chosen because it is suitable for predictive research with medium sample sizes and does not require normal data distribution (Ghozali & Latan, 2015). The analysis was carried out through two stages, namely the evaluation of the measurement model (outer model) to test the validity and reliability of the construct using the outer loading values, AVE, composite reliability, Cronbach's alpha, and HTMT, and the evaluation of the structural model (inner model) to test the relationship between variables through the R^2 value, path coefficient, effect size (f^2), and predictive relevance (Q^2). Hypothesis testing was carried out using a bootstrapping technique with a significance level of 5% (t-statistic ≥1.96; p-value ≤0.05) to assess the direct and indirect influence (mediation) between research variables (Hair et al., 2019).

3. FINDINGS AND DISCUSSION

Convergent and Discriminant Validity Test Results

Table 1. Loading Factor

	KEPERCAYAAN	KEPUASAN	KUALITAS
X_1			0.872
X_10			0.854
X_2			0.875
X_3			0.835
X_4			0.838
X_5			0.866
X_6			0.733
X_7			0.749
X_8			0.873
X_9			0.733
Y_1	0.857		
Y_10	0.817		
Y_2	0.904		
Y_3	0.864		
Y_4	0.861		
Y_5	0.926		
Y_6	0.814		
Y_7	0.855		
Y_8	0.892		
Y_9	0.918		
Z_1		0.848	
Z_10		0.856	
Z_2		0.800	
Z_3		0.858	
Z_4		0.903	
Z_5		0.917	
Z_6		0.834	
Z_7		0.877	
Z_8		0.846	
Z_9		0.832	

Based on Table 1 regarding the results of the convergent and discriminant validity test (loading factor), it can be explained that all indicators in the three research variables, namely Trust (X), Satisfaction (Y), and Service Quality (Z), have a loading factor value that is above 0.7. This is in accordance with the criteria stated by Hair et al. (2019) which states that the indicator is considered valid if it has a loading factor value of ≥ 0.7. In the Confidence variable, indicators X1 to X10 show a loading factor value ranging from 0.733 to 0.875, so all indicators are declared to meet convergent validity. The Satisfaction variable also showed excellent results, where indicators Y1 to Y10 had a loading factor value between 0.814 to 0.926, indicating that each question item was able to reflect the satisfaction construct well. Similarly, in the Quality-of-Service variable, indicators Z1 to Z10 show a loading factor value ranging from 0.800 to 0.917, which has also met the convergence validity requirements.

Table 2. Average Variance Extracted (AVE)
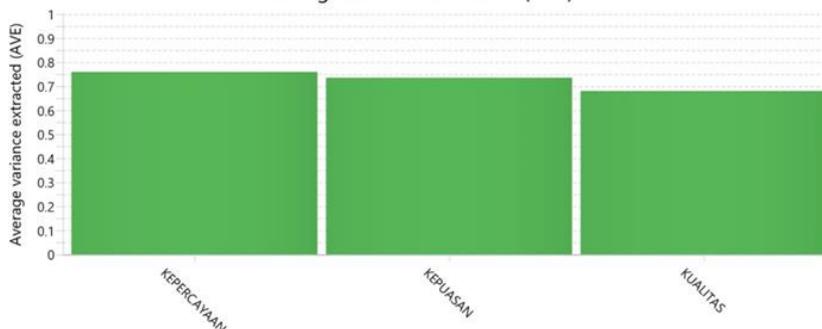
Based on Table 2 regarding Average Variance Extracted (AVE), it can be seen that the three research variables, namely Trust, Satisfaction, and Service Quality, have AVE values that are all above 0.5. In detail, the Trust variable shows an AVE value of around 0.77, the Satisfaction variable around

0.75, and the Service Quality variable around 0.70. The value confirms that each variable meets the criteria for convergent validity.

Table 3. Reabilitas Composite

Based on Table 3 regarding Composite Reliability (rho_A), it can be seen that all research variables, namely Trust, Satisfaction, and Service Quality, have a very high composite reliability value, which is in the range of 0.90 and above. This shows that each indicator in each variable has a very strong internal consistency in measuring the construct in question.

Structural Model Evaluation

Table 4. R Square

	R-square	R-square adjusted
KEPERCAYAAN	0.746	0.744
KEPUASAN	0.799	0.796

Based on Table 4 regarding the R-Square value, it is known that the Trust variable has an R-Square value of 0.746 and an adjusted R-Square value of 0.744. This shows that 74.6% of the variation in Trust can be explained by the Quality-of-Service variable, while the remaining 25.4% is explained by factors outside the model. Meanwhile, the Satisfaction variable has an R-Square value of 0.799 and an adjusted R-Square of 0.796. This means that 79.9% of the variation in Satisfaction can be explained by Trust and Quality of Service, while 20.1% is influenced by other variables that are not included in this study model. An R-Square value above 0.67 indicates a strong category, so it can be concluded that this structural model has high explanatory power.

Table 5. Path Coefficient

	Path coefficients
KEPERCAYAAN -> KEPUASAN	0.752
KUALITAS -> KEPERCAYAAN	0.864
KUALITAS -> KEPUASAN	0.160

In Table 5 regarding the Path Coefficient, it was found that the effect of Service Quality on Trust had a coefficient value of 0.864. This indicates that the higher the quality of service felt by the patient, the higher the level of trust given to the clinic. The relationship of Trust to Satisfaction shows a coefficient value of 0.752, which means that the trust that the patient has will significantly increase satisfaction. Meanwhile, the direct effect of Service Quality on Satisfaction was only 0.160, showing that the effect of service quality on satisfaction was more dominant through the variable of Trust as a mediator.

Table 6. Total Effect

	Original sample (O)	Sample mean (M)	Standard deviation (ST...	T statistics (|O/STDEV|)	P values
KEPERCAYAAN -> KEPU...	0.752	0.756	0.055	13.641	0.000
KUALITAS -> KEPERCAY...	0.864	0.866	0.030	28.852	0.000
KUALITAS -> KEPUASAN	0.809	0.811	0.048	16.920	0.000

Based on Table 4.7 regarding Total Effects, where the Original Sample (O) value for the relationship between Trust to Satisfaction is 0.752 with T-Statistics of 13.641 and P-Value is 0.000. This confirms that the influence of Trust on Satisfaction is significant. Likewise, the effect of Service Quality on Trust has an Original Sample value of 0.864 with a T-Statistics of 28.852 and a P-Value of 0.000, which shows a very significant influence. In addition, the effect of Service Quality on Satisfaction in total has an Original Sample value of 0.809 with a T-Statistics of 16.920 and a P-Value of 0.000, which is also significant.

Hypothesis Test Results

Table 7. Hypothesis Test Results

	Original sample (O)	Sample mean (M)	Standard deviation (ST...	T statistics (|O/STDEV|)	P values
KEPERCAYAAN -> KEPU...	0.752	0.756	0.055	13.641	0.000
KUALITAS -> KEPERCAY...	0.864	0.866	0.030	28.852	0.000
KUALITAS -> KEPUASAN	0.809	0.811	0.048	16.920	0.000

Based on the results of the analysis in Table 4.8 Hypothesis Test, it can be concluded that all paths of relationships between research variables show a positive and significant influence. The relationship between Trust to Satisfaction has an original sample value of 0.752 with a T-Statistic of 13.641 and a P-Value of 0.000, which means that the higher the patient's confidence, the higher the level of satisfaction felt. Furthermore, the Quality of Service to Trust shows an original sample value of 0.864 with a T-Statistics of 28.852 and a P-Value of 0.000, so it can be concluded that the better the quality of service provided, the higher the patient's trust in the clinic. The effect of Service Quality on Satisfaction shows an original sample value of 0.809 with a T-Score of 16.920 and a P-Value of 0.000, which indicates that service quality also has a direct effect on patient satisfaction. Thus, the entire research hypothesis is accepted, and these results confirm that improving the quality of service not only has an impact on increasing trust, but also directly improves patient satisfaction.

Discussion
The Effect of Service Quality on Patient Satisfaction
The results showed that the quality of service had a positive and significant effect on patient satisfaction with an original sample value of 0.809, T-statistics of 16.920, and a P-value of 0.000 ($p < 0.05$). This finding confirms that the better the quality of service provided by Aru Bitung Primary Clinic, the higher the level of patient satisfaction. These results are in line with the SERVQUAL theory which emphasizes the five main dimensions of service quality, namely reliability, responsiveness, assurance, empathy, and tangibles (Parasuraman et al., 2020), and is supported by the theory of Expectation Disconfirmation which states that satisfaction arises when service performance meets or exceeds patient expectations (Oliver, 2020). These findings are consistent with various previous studies that show that service quality is the main determinant of patient satisfaction, both in hospitals and clinics (Susanti & Kurniawan, 2021; Putri & Rahmawati, 2022; Sari & Pramono, 2020; Pratiwi & Santoso, 2023). However, in contrast to studies on digital-based services such as telemedicine which emphasize data security factors and system response speed (Zhang et al., 2021), in the context of first-level clinics in Indonesia, interpersonal aspects such as empathy, friendliness, and direct communication are more dominant in shaping patient satisfaction. This difference shows the influence of social and cultural context on the perception of service quality.

The results showed that the quality of service had a positive and significant effect on patient satisfaction with an original sample value of 0.809, T-statistics of 16.920, and a P-value of 0.000 (p < 0.05). This finding confirms that the better the quality of service provided by Aru Bitung Primary Clinic, the higher the level of patient satisfaction. These results are in line with the SERVQUAL theory which emphasizes the five main dimensions of service quality, namely reliability, responsiveness, assurance, empathy, and tangibles (Parasuraman et al., 2020), and is supported by the theory of Expectation Disconfirmation which states that satisfaction arises when service performance meets or exceeds patient expectations (Oliver, 2020). These findings are consistent with various previous studies that show that service quality is the main determinant of patient satisfaction, both in hospitals and clinics (Susanti & Kurniawan, 2021; Putri & Rahmawati, 2022; Sari & Pramono, 2020; Pratiwi & Santoso, 2023). However, in contrast to studies on digital-based services such as telemedicine which emphasize data security factors and system response speed (Zhang et al., 2021), in the context of first-level clinics in Indonesia, interpersonal aspects such as empathy, friendliness, and direct communication are more dominant in shaping patient satisfaction. This difference shows the influence of social and cultural context on the perception of service quality.

The Effect of Trust on Patient Satisfaction

The results showed that trust had a positive and significant effect on patient satisfaction with an original sample value of 0.752, T-statistics of 13.641, and a P-value of 0.000 (p < 0.05). The high value of the pathway coefficient shows that trust is a strong predictor of patient satisfaction at Aru Bitung Primary Clinic. These findings support the Relationship Marketing theory which places trust as a key element in building long-term relationships between service providers and users, as trust is able to reduce the perception of risk and increase the perception of value towards the services received (Kotler & Keller, 2022). Empirically, these results are in line with the research of Agustina et al. (2025), Luthfiana et al. (2024), and Mandagi et al. (2025) which affirm that trust plays an important role in shaping patient satisfaction, both directly and as a mediator between service quality and satisfaction. However, in contrast to several studies that emphasize trust in the competence of medical personnel alone (Nurdiansyah et al., 2025), this study shows that trust is also formed from the integrity, consistency, and reliability of the clinical service system as a whole. This indicates that institutional trust has an equally important role as interpersonal trust in the context of primary health services. When compared to cross-country research, the relationship between trust and satisfaction remained consistent, although the sources of trust formation differed according to the context of the service. In telemedicine services, trust is more influenced by data security and technological reliability (Orrange et al., 2021), while in conventional clinics, direct interaction, empathy, and communication of medical personnel are the dominant factors. Thus, improving patient satisfaction requires not only improving the technical quality of services, but also a systematic strategy to build an ecosystem of trust through transparency, effective communication, and consistency of service across the clinic line.

The Influence of Service Quality on Patient Trust

The results showed that the quality of service had a positive and significant effect on patient trust with an original sample value of 0.864, T-statistics of 28.852, and a P-value of 0.000 (p < 0.05). This very high coefficient value shows that service quality is the dominant factor in shaping patient trust in the Aru Bitung Pratama Clinic. This means that the better the quality of service felt by patients, both in terms of reliability, accuracy, and attitude of officers, the higher the level of patient trust in health service institutions. Theoretically, these findings reinforce the SERVQUAL model which states that the dimensions of reliability, responsiveness, assurance, empathy, and tangibles are the basis for the formation of customer perception of quality and trust (Zeithaml et al., 1996). In the context of health services, the dimensions of reliability and assurance play a major role in lowering patients' risk perceptions, while empathy and communication quality strengthen the emotional bond between patients and medical personnel (WHO, 2020). This is in line with signaling theory which states that

service quality is a positive signal for professionalism and institutional integrity, thereby increasing patient safety and trust (Kotler & Keller, 2022). Empirically, these results are consistent with national and international research that shows that service quality is the main predictor of patient trust, both in conventional and digital services (Susanti & Kurniawan, 2021; Agustina et al., 2025; Orrange et al., 2021; Ali et al., 2021). However, in the context of first-level clinics in Indonesia, interpersonal interaction, friendliness, and empathic communication tend to be more dominant than technological factors or physical facilities. Therefore, increasing patient trust needs to be directed not only at improving systems and procedures, but also at strengthening communication competence, empathy, and consistency of service across all clinical lines.

4. CONCLUSION

Based on the results of the study, it can be concluded that the quality of digital services has a positive and significant effect on consumer satisfaction, consumer satisfaction has a positive and significant effect on patient trust, and the quality of digital services also has a positive and significant effect on patient trust both directly and through satisfaction as a mediation variable at the Aru Bitung Primary Clinic, Bitung City. Therefore, it is recommended that clinics continue to improve the quality of responsive, efficient, and secure digital services, especially in the registration system, online consultation, and digital medical record management to strengthen patient satisfaction and trust. In addition, the next research is expected to add other variables such as loyalty, institutional image, or the quality of interaction of medical personnel to enrich the study of health service marketing, while for health service managers and local governments, the results of this research can be used as the basis for the formulation of the first level of health service digitization policy oriented towards improving patient experience and equitable access to modern health services.

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