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The Effect of Technical Quality, Functional Quality, and Hospital Image on Patient Satisfaction Mediated by Patient Experience: A Study of Periodontics Specialist Services at *RSGMP* Unsoed

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Abstract
This study aims to analyse the effect of technical quality, functional quality, and hospital image on patient satisfaction, with patient experience as a mediating variable, in periodontics specialist services at *RSGMP* Unsoed. The study employs a quantitative approach using a survey method. The research population comprises all patients who have received periodontics specialist services, with a purposive sampling technique yielding a total of 120 respondents. Data collection was conducted using a structured questionnaire based on indicators of technical quality, functional quality, hospital image, patient experience, and patient satisfaction. Data were analysed using the Partial Least Squares–Structural Equation Modelling (PLS-SEM) method with the aid of SmartPLS software to test both the measurement model and the structural model. The results indicate that technical quality, functional quality, and hospital image each have a positive and significant effect on patient experience. Furthermore, patient experience has a positive and significant effect on patient satisfaction. The mediation test results demonstrate that patient experience significantly mediates the effect of technical quality, functional quality, and hospital image on patient satisfaction. These findings confirm that patient satisfaction is not solely determined by clinical outcomes, but also by the patient experience throughout the service process. Therefore, hospitals need to enhance the technical and functional quality of their services and maintain a consistent hospital image in order to cultivate a positive patient experience and continuously improve patient satisfaction.

Keywords: Technical Quality; Functional Quality; Hospital Image; Patient Experience; Patient Satisfaction

INTRODUCTION

The healthcare industry is characterized by fierce competition as well as rising patient expectations. Hospitals are required not only to provide proper medical care, but also high-quality services that are able to meet patients' expectations. Therefore, patient satisfaction is an important indicator in evaluating the performance of health services and the success of the institution. Satisfaction arises from the comparison between the patient's expectations and the service experience they experience. Satisfied patients are more likely to build trust, show loyalty, and create positive behaviors toward healthcare providers.

In general, patient satisfaction is greatly influenced by the quality of service. Grönroos (1984) Dividing service quality into two main dimensions, namely technical quality and functional quality. Technical quality relates to what the patient receives, such as the accuracy of the diagnosis, the effectiveness of the therapy, and the skills of the medical personnel. On the other hand, functional quality is related to the way services are provided, including communication, responsiveness, empathy, and interaction between health workers and patients.

In the context of health services, these two dimensions have an equally important role. However, patients often find it difficult to assess clinical elements directly, so they often rely more on functional qualities in building perceptions of satisfaction. However, a number of studies have shown that technical quality also has a significant effect on satisfaction, so both should be considered together (Alfatafta et al., 2025; Alwan & Rajab, 2021; Puspitasari et al., 2022).

In addition to the quality of service, the image of medical institutions also plays a role in determining the level of patient satisfaction. The image of a medical institution represents the patient's view of the reputation, integrity, and excellence of the services provided by a particular hospital. A positive image has the potential to increase trust from patients and directly contribute to their satisfaction (Wu, 2011). This image is formed through accumulated patient experience and consistency in service delivery over time.

The acceleration of the patient experience is currently considered a crucial factor that connects patients' views on technical quality, functional quality, and hospital image. The patient experience encompasses all patient relationships with the healthcare system, including medical, administrative, facility, and interpersonal communication (Wolf et al., 2014). A good experience can drive satisfaction as well as strengthen the image of the hospital, while a bad experience can negatively impact both (Al-Abri & Al-Balushi, 2013; Priyanto et al., 2025; Rachmatillah & Munawar, 2025).

Various studies have explored the relationship between the quality of service, the reputation of medical institutions, the patient experience, and the level of patient satisfaction. Wu (2011) indicated that patient experience serves as an intermediate variable in the relationship. However, studies that simultaneously assess functional quality, technical quality, reputation of medical institutions, and patient experience, especially in the field of dental health services, are still rare. Given the unique characteristics of dental health services that include direct interaction and intensive procedures, this study intends to analyze the impact of these three factors on patient satisfaction with the patient experience as an intermediate variable, in order to make a theoretical and practical contribution to the management of medical institutions.

The urgency of this research is underscored by several converging factors. First, increasing competition among healthcare providers requires hospitals to understand satisfaction determinants to maintain patient loyalty and positive word-of-mouth. Second, patient-centered care paradigms emphasize experience quality as essential for positive health outcomes and patient engagement. Third, teaching hospitals face particular challenges in balancing educational missions with service quality expectations, requiring evidence-based insights for optimal management. Fourth, dental healthcare in Indonesia is experiencing growth in specialized services, creating demand for understanding factors driving patient satisfaction in this expanding sector. Fifth, RSGMP Unsoed's recent accreditation achievements and service development initiatives necessitate empirical evidence to guide quality improvement efforts.

The novelty of this research lies in its comprehensive examination of technical quality, functional quality, and hospital image as antecedents of patient satisfaction, with patient experience as a mediating mechanism, within the specific context of periodontics specialist services at an Indonesian teaching hospital. Unlike previous studies examining these relationships in isolation or in general medical contexts, this research provides an integrated model tested in specialized dental services where technical precision and interpersonal interaction intersect uniquely. The focus on periodontics services captures the distinctive characteristics of dental specialist care, including procedure intensity, patient anxiety management, and the importance of clinical outcomes for long-term oral health. The teaching hospital context adds further novelty, as patient perceptions may be influenced by the presence of students and educational activities alongside clinical care.

This research aims to analyze the effect of technical quality, functional quality, and hospital image on patient satisfaction, with patient experience as a mediating variable, in periodontics specialist services at RSGMP Unsoed. The specific objectives are to: (1) examine the direct effect of technical quality on patient experience; (2) examine the direct effect of functional quality on patient experience; (3) examine the direct effect of hospital image on patient experience; (4) examine the direct effect of patient experience on patient satisfaction; (5) assess the mediating role of patient experience in the technical quality-satisfaction relationship; (6) assess the mediating role of patient experience in the functional quality-satisfaction relationship; and (7) assess the mediating role of patient experience in the hospital image-satisfaction relationship.

The contributions of this research are both theoretical and practical. Theoretically, it extends service quality theory (Grönroos, 1984) by demonstrating how technical and functional quality operate through patient experience mechanisms in specialized healthcare contexts. The findings contribute to satisfaction literature by elucidating the mediating processes through which quality perceptions translate into satisfaction outcomes. The research also advances understanding of hospital image effects by demonstrating how image influences satisfaction through experiential mechanisms. Practically, the findings provide actionable insights for hospital management at RSGMP Unsoed and similar institutions regarding quality improvement priorities and patient experience management strategies. For healthcare policymakers, the research informs understanding of factors driving patient satisfaction in specialized dental services, supporting evidence-based quality assurance frameworks. Ultimately, this research contributes to the broader goal of enhancing healthcare quality and patient-centered outcomes in Indonesian dental healthcare settings.

METHOD

This research was carried out at RSGMP Unsoed which was the subject of the study. The selection of the research location was based on the significance of service quality and patient experience in the field of dental and oral health, where there is direct interaction between patients and medical personnel and service mechanisms. The population in this study included all patients who received dental and oral health services in hospitals during the data collection period. The study sample consisted of patients who had completed treatment and were willing to participate, who were selected using purposive sampling techniques based on certain criteria, namely patients who had received hospital services at least once and were able to provide an assessment of service quality and overall satisfaction.

Data is collected through a structured questionnaire that is shared directly with patients. The measurements were taken using a five-point Likert scale, ranging from "strongly disagree" to "strongly agree". Functional quality is measured through indicators related to the process of service delivery, communication, responsiveness, and empathy of medical personnel and administrative staff. Technical quality is measured based on patients' perceptions of the accuracy of treatment, professional competence of health workers, and the effectiveness of dental and oral care received. A hospital's image is measured through indicators that reflect reputation, credibility, and overall impression of the hospital. Patient experience is assessed based on patient interactions with healthcare workers, administrative services, and support facilities, while patient satisfaction is measured through indicators that reflect the overall level

of satisfaction with the services received.

The variables analyzed in this study include functional quality, technical quality, hospital image, patient experience, and patient satisfaction. Based on the conceptual model of the research, several hypotheses were formulated to be tested empirically, both the direct relationship and the mediating relationship between variables. The hypotheses proposed in this study are as follows: (H1) technical quality has a positive effect on patient experience; (H2) functional quality has a positive effect on patient experience; (H3) hospital image has a positive effect on patient experience; (H4) patient experience has a positive effect on patient satisfaction; (H5) patient experience mediates the relationship between technical quality and patient satisfaction; (H6) patient experience mediates the relationship between functional quality and patient satisfaction; and (H7) patient experience mediates the relationship between hospital image and patient satisfaction.

Data were analyzed using the Structural Equation Modeling (SEM) method with the Partial Least Squares (PLS) approach to test the direct influence of service quality variables and hospital image on patient satisfaction, as well as the mediating role of patient experience. Hypothesis testing was carried out by evaluating the value of the path coefficient and the value of p, with a significance level of 0.05 as the basis for determining statistical significance.

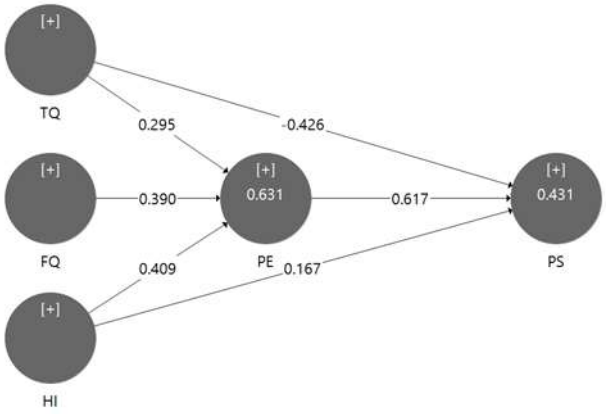

Figure 1 Research Model

RESULTS AND DISCUSSION

Overview of Research Objects

RSGMP Unsoed is a dental and oral specialist teaching hospital managed by Jenderal Soedirman University and located in Purwokerto, Central Java. This hospital began operating in 2012 and currently has Class B status with Plenary accreditation. As a teaching hospital, RSGMP Unsoed carries out a dual function, namely as a clinical education center for dental students and as a provider of dental and oral health services for the general public.

RSGMP Unsoed is supported by multidisciplinary medical personnel that include general practitioners, dentists, and various dental specialties, and provides a wide range of health services, including outpatient services, dental specialist services, radiology facilities, and pharmaceuticals. From a management perspective, this hospital is managed in a structured manner to support health service and clinical education activities in an ongoing manner.

As the object of the research, RSGMP Unsoed has comprehensive service

characteristics as well as intensive interaction between patients and health workers, thus making it a relevant context to examine the influence of functional quality, technical quality, hospital image, and patient experience on patient satisfaction.

Overview of Research Data

Demographic Profile

Researchers can find respondents' features with their demographic data. The profiles of the respondents in this study are presented in Table 1. Most respondents aged 20–29 years, accounting for 61%, followed by respondents aged 30–39 years at 18%, while respondents aged 50 and above made up the smallest proportion at 4%. By gender, most respondents were female (74%). Based on educational background, most of the respondents were high school graduates (44%), followed by respondents who had a bachelor's degree (37%). Regarding employment, most respondents were students (57%), followed by private employees (16%) and government employees (15%). Most respondents had visited the Periodontology Clinic at RSGMP Unsoed two to three times (52%), with regular dental check-ups (48%) and dental cleanings (41%) as the main reasons for visits, while information about the clinic was mostly obtained through word of mouth (41%) and social media (35%).

Table 1 Demographic Profile

Yes	Respondent Characteristics	Frequency (n=people)	Percentage (%)
1.	Gender		
	a. Man	31	26%
	b. Woman	89	74%
	Total	**120**	**100%**
2.	Age		
	a. < 20 years old	10	8%
	b. 20-29 years old	73	61%
	c. 30-39 years old	22	18%
	d. 40-49 years old	10	8%
	e. ≥ 50 years old	5	4%
	Total	**120**	**100%**
3.	Last Education Level		
	a. SD	0	0%
	b. SMP	3	3%
	c. High School/High School	53	44%
	d. Diploma	5	4%
	e. S1	44	37%
	f. S2/S3	15	13%
	Total	**120**	**100%**
4.	Occupation		
	a. Student	68	57%
	b. Housewife	9	8%
	c. Government Employee	18	15%
	d. Private Employee	19	16%
	e. Entrepreneur	4	3%
	f. Others	2	2%
	Total	**120**	**100%**
5.	Frequency of Visits to the Periodontics Clinic at RSGMP Unsoed		
	a. First time	29	24%
	b. 2–3 times	62	52%
	c. > 3 times	29	24%
	Total	**120**	**100%**
6.	Respondents Based on Reasons for Visiting the Periodontics Clinic		

	a. Routine dental check-up	58	48%
	b. Bleeding gums	3	3%
	c. Dental scaling	49	41%
	d. Periodontitis / Periodontal inflammation	4	3%
	e. Others	6	5%
	Total	**120**	**100%**
7.	Source of Information about the Periodontics Clinic at RSGMP Unsoed		
	a. Social media	42	35%
	b. Word of mouth	49	41%
	c. Brochure/Banner	3	3%
	d. Healthcare personnel	26	22%
	e. Others	0	0%
	Total	**120**	**100%**
8.	Healthcare Service Financing		
	a. Out-of-pocket / Personal	120	100%
	b. Insurance	0	0%
	Total	**120**	**100%**

Source: Processed Data, 2026.

Descriptive Analysis of Research Variables

Based on the descriptive analysis presented in Table X, all research variables obtained an average score in the high category. Patient Experience recorded the highest average score (3.88), followed by Hospital Image (3.84), indicating that respondents generally viewed positive experiences and a good image of the hospital. Functional Quality also showed a high average score (3.63), reflecting a positive assessment of service processes and interactions. Patient Satisfaction achieved an average score of 3.61, indicating that patients were generally satisfied with the services received. Meanwhile, Technical Quality obtained the lowest average score among the variables (3.59), although it was still in the high category, indicating that the technical aspects of the treatment were positively perceived by respondents.

Table 2 Descriptive Analysis of Research Variables

Yes	Variables	Average	Criteria
1.	Technical Quality	3,59	High
2.	Functional Quality	3,63	High
3.	Hospital Image	3,84	High
4.	Patient Experience	3,88	High
5.	Patient Satisfaction	3,61	High

Source: Processed Data, 2026.

Data Analysis

Measurement Model Evaluation (Outer Model)

Convergent Validity

Convergent validity was assessed using factor loading values. An indicator is considered valid if it has a loading value greater than 0.70. The results show that all indicators met the convergent validity criteria.

Table 3 Convergent Validity

Variable	Indicator	Loading Factor Value	Description
Technical Quality	1	0,798	Valid
	2	0,764	Valid
	3	0,843	Valid

	4	0,764	Valid
	5	0,765	Valid
Functional Quality	1	0,714	Valid
	2	0,823	Valid
	3	0,776	Valid
	4	0,757	Valid
	5	0,810	Valid
Hospital Image	1	0,790	Valid
	2	0,834	Valid
	3	0,779	Valid
	4	0,822	Valid
	5	0,718	Valid
Patient Experience	1	0,842	Valid
	2	0,844	Valid
	3	0,874	Valid
	4	0,810	Valid
	5	0,817	Valid
Patient Satisfaction	1	0,776	Valid
	2	0,824	Valid
	3	0,778	Pains
	4	0,743	Valid
	5	0,814	Valid

Source: Processed Data, 2026.

Based on table 3, it can be seen that the entire indicator shows a load value higher than the minimum required limit, which is 0.70. Thus, it can be concluded that all indicators have met one of the conditions of convergent validity.

Discriminant Validity

Fornell–Larcker criteria and cross-loadings analysis were used to evaluate discriminant validity. The Fornell–Larcker criterion is assessed by comparing the square root of AVE of each construct with the correlation between constructs; discriminant validity is fulfilled when the square root value of AVE is higher than the correlation with other constructs (Henseler et al., 2015). In addition, discriminant validity is also tested through cross-loadings, where each indicator must have a higher loading value on its construct compared to other constructs (Purwanto & Sudargini, 2021).

Table 4 Fornell-Larcker Criterio

	FQ	HI	OR	PS	TQ
FQ	0,777				
HI	0,409	0,790			
OR	0,538	0,702	0,838		
PS	0,995	0,407	0,540	0,787	
TQ	-0,066	0,454	0,455	-0,070	0,787

Source: Processed Data, 2026.

From table 4, it can be seen that each AVE square root value of each construct or variable is higher than the correlation value between the construct and the other constructs in the model. Thus, it can be concluded that this model meets the Fornell-Larcker criteria and is declared valid. Next, a table of cross-loads will be shown.

Table 5 Cross-loadings Factor

	FQ	HI	OR	PS
FQ1	0,714	0,236	0,325	0,709
FQ2	0,823	0,239	0,434	0,820
FQ3	0,776	0,399	0,457	0,778
FQ4	0,757	0,351	0,403	0,743
FQ5	0,810	0,345	0,451	0,810
HI1	0,376	0,790	0,511	0,372
HI2	0,281	0,834	0,495	0,277
HI3	0,276	0,779	0,457	0,276
HI4	0,296	0,822	0,479	0,289
HI5	0,350	0,718	0,730	0,355
PE1	0,416	0,539	0,842	0,421
PE2	0,422	0,698	0,844	0,419
PE3	0,468	0,659	0,874	0,466
PE4	0,445	0,507	0,810	0,453
PE5	0,500	0,526	0,817	0,505
PS1	0,747	0,282	0,364	0,776
PS4	0,824	0,231	0,441	0,824
PS5	0,776	0,399	0,457	0,778
TQ1	0,757	0,351	0,403	0,743
TQ2	0,810	0,338	0,457	0,814
TQ4	-0,091	0,448	0,359	-0,085
TQ5	-0,084	0,286	0,320	-0,086

Source: Processed Data, 2026.

Based on the results of cross-loading in Table 5, each indicator shows the highest loading value in its respective construct compared to other constructs. The Functional Quality (FQ), Hospital Image (HI), Patient Experience (PE), and Patient Satisfaction (PS) indicators consistently have higher loads on the measured constructs, thus demonstrating the indicator's ability to effectively distinguish latent variables. Thus, the measurement model has met the criteria of discriminant validity and all constructs in this study are declared valid and empirically different.

Reliability Test

The reliability of the construct was evaluated using Cronbach's Alpha (CA), Composite Reliability (CR), and Average Variance Extracted (AVE). A construct is considered reliable if the values of CA and CR exceed 0.70, and the AVE exceeds 0.50.

Table 6 Reliability Test

	Cronbanch's Alpha	rho_A	Composite Reliablity (rho_c)	Average Variance Extracted (AVE)	Description
FQ	0,836	0,843	0,884	0,604	Reliable
HI	0,850	0,857	0,892	0,624	Reliable
OR	0,893	0,895	0,922	0,702	Reliable
PS	0,846	0,849	0,891	0,620	Reliable
TQ	0,846	0,848	0,891	0,620	Reliable

Source: Processed Data, 2026.

Based on Table 6, all constructs show Cronbach's alpha value above 0.70 as well as composite reliability values that meet the minimum criteria (Ghozali, 2015; Hair et al., 2021). In addition, the AVE value for all constructs is also above the 0.50 limit. These results show that all indicators have met the reliability criteria and have sufficient consistency and accuracy in measuring the research construct.

Structural Model Evaluation (Inner Model)

Coefficient of Determination (R^2)

The evaluation of the structural model in PLS was carried out by assessing the R-square (R^2) value on the endogenous latent variable to see the predictive ability of the model. The R^2 value indicates the extent to which the exogenous variable is able to explain the endogenous variable, where the value of 0.75 indicates a strong model, 0.50 a medium model, and 0.25 a weak model (Ghozali, 2015).

Table 7 R-square

	R-square	Description
OR	0,631	Moderate
PS	0,431	Moderate

Source: Processed Data, 2026.

Based on Table 7, the R-square value for Patient Experience (PE) is 0.631 which indicates a medium category predictability, where 63.1% of PE variations can be explained by variables in the model. Meanwhile, the R-square value of Patient Satisfaction (PS) of 0.431 was also in the medium category, meaning that 43.1% of the PS variation was explained by the model, while the rest was influenced by variables outside the study.

Effect Size (f2)

Effect size (f^2) is used to assess the magnitude of the influence of exogenous variables on endogenous variables, where values of 0.02 indicate small effects, 0.15 medium effects, and 0.35 large effects.

Table 8 Effect Size

	FQ	HI	OR	PS	TQ
FQ			0,311		
HI			0,273	0,024	
OR				0,324	
PS					
TQ			0,169	0,242	

Source: Processed Data, 2026.

Based on Table 8, Functional Quality (FQ) and Hospital Image (HI) showed the effect size of the medium category on Patient Experience (PE), 0.311 and 0.273, respectively. Technical Quality (TQ) also had a medium category influence on PE (0.169) and Patient Satisfaction (PS) (0.242), while Patient Experience (PE) had a medium influence on PS (0.324). On the other hand, the influence of Hospital Image (HI) on PS was relatively small with an f^2 value of 0.024. Overall, these results show that most exogenous variables make a significant contribution in explaining endogenous variables in the research model.

Hypothesis Testing

Hypothesis tests were carried out to assess the significance of the influence of

independent variables on dependent variables through a bootstrapping procedure with a significance level of 5% (Hair et al., 2021). Direct effect testing was carried out based on the path coefficient value, where the hypothesis is declared acceptable if the p value < 0.05, which indicates a statistically significant direct influence.

Table 9 Hypothesis Testing

	Original sample (O)	T statistics (O/STDEV)	P values
FQ -> PE	0,390	6,594	0,000
HI -> PE	0,241	3,792	0,000
PE -> PS	0,409	6,630	0,000
TQ -> PE	0,419	6,894	0,000

Source: Processed Data, 2026.

Based on the results of the hypothesis testing presented in the table, all hypotheses in this study were declared accepted, because each relationship between variables showed a p< value of 0.05. These results indicate that independent variables have a significant influence on dependent variables according to the proposed research model.

Mediation Testing

The mediation test was carried out using the Specific Indirect Effects table on SmartPLS to assess the significance of the indirect influence of independent variables on dependent variables through mediation variables based on t-statistical values, so that it can be determined whether the mediation that occurs is full or partial.

Table 10 Mediation Testing

	Original sample (O)	T statistics (O/STDEV)	P values
FQ -> PE -> PS	0,241	3,792	0,000
HI -> PE -> PS	0,253	5,347	0,000
TQ -> PE -> PS	0,182	3,795	0,000

Source: Processed Data, 2026.

Based on the results of the mediation test, all mediation pathways in this study were declared accepted, which was shown by the t-statistical value > 1.96 and the p-value < 0.05, so that the mediation variable was proven to play a significant role in the relationship between independent and dependent variables.

Technical Quality toward Patient Experience

The results of the analysis show that Technical Quality has a positive and significant effect on the Patient Experience at RSGMP Unsoed. Clinical excellence and medical professionalism shape the emotional and cognitive perceptions of patients during treatment. When the technical quality of a periodonist is assessed, patients feel more confident, safe, and confident because the results of the medical procedure meet their basic expectations of hospital services.

Indicators such as the accuracy of the diagnosis, the technical skills of the doctor, the timeliness of the service, and the accuracy of the procedure play a role in shaping the experience. Accurate diagnosis provides comfort, doctor competence increases confidence, timely service reduces anxiety, and meticulousness of action ensures that the procedure runs

meticulously. The combination of these elements not only supports physical recovery, but also presents an efficient and professional treatment process.

These findings are in line with various studies. Bastemeijer et al. (2019) stating that improving technical quality through clinical training and auditing has a positive impact on the patient experience, while Alwan & Rajab (2021) find a correlation between the doctor's technical skills and patient satisfaction. Arah et al. (2013) emphasizing that technical aspects affect clinical outcomes and patient-health worker relationships, while Lu et al. (2021) and Emon (2023) highlighting technological reliability as well as high technical standards as a key driver of a better patient experience.

Functional Quality toward Patient Experience

Based on the analysis, functional quality has a positive and significant effect on the patient experience at the Periodontal Poly of RSGMP Unsoed. This shows that the way services are delivered is an important factor in shaping the patient's memory and perception, not just the final outcome of the treatment. Very high variable values indicate that the interaction between healthcare workers and patients is going very well, creating a meaningful and satisfying treatment experience.

Functional qualities are reflected through clear communication, staff responsiveness, polite and professional attitude, empathy, and assurance through competence and politeness. Communication reduces uncertainty, quick responses make patients feel valued, a friendly attitude creates comfort, empathy brings emotional attention, and reassurance increases a sense of security and trust. The combination of these indicators creates a service experience that is both human and convincing.

These findings are in line with Grönroos (1984) who emphasized the importance of how services are delivered, Rust & Oliver (1994) who highlighted the influence of non-technical elements on the service experience, as well as Amponsah & Adams (2016) that states friendliness and speed of service builds a long-term patient-provider relationship. Overall, the functional quality at RSGMP Unsoed confirms that the interpersonal aspect is just as important as the clinical aspect in creating a positive and memorable patient experience.

Hospital Image toward Patient Experience

Based on hypothesis testing, the image of the hospital had a positive and significant effect on the patient experience at the Periodontal Polytechnic of RSGMP Unsoed. Reputation and public perception shape patients' initial expectations and influence how they interpret the services they receive. A professional image makes patients more trusting, feel safe, and tend to assess the treatment experience more positively.

This image is realized through reputation, service quality, institutional identity, workforce professionalism, and clear management policies. A high reputation fosters pride and trust, service quality ensures expectations are met, strong branding gives an organized impression, competent medical personnel reflect real excellence, and a well-organized management system makes the flow of services feel safe and easy for patients to understand.

These findings are in line with Nguyen & Leblanc (2001) and Bravo et al. (2012) who affirmed that the image of the company influenced the perception of the customer, and Wu (2011) who showed that the image of the hospital had a psychological impact on the patient experience. Thus, a positive image becomes a strategic asset of RSGMP Unsoed to build trust, strengthen relationships with patients, and support the creation of a comprehensive and

meaningful treatment experience.

Patient Experience toward Patient Satisfaction

Based on hypothesis analysis, patient experience has a positive and significant effect on patient satisfaction at the Periodontal Polyclinic of RSGMP Unsoed. Satisfaction is formed from the entire service journey, not only from the success of the medical procedure, but also from how the patient interprets every interaction from registration to post-treatment.

Satisfaction is built through five dimensions of experience: sense (a clean and comfortable clinical environment), emotional (feeling calm and appreciated), thinking (involvement in medical decisions), acting (encouragement of healthy living behaviors), and relationships (social connections with the hospital). The synergy of these five aspects forms complete physical, emotional, and cognitive satisfaction.

These findings are in line with Schmitt (2009) about the strategic experience module, Tjiptono (2014) which emphasizes the importance of experience in service satisfaction, as well as Al-Abri & Al-Balushi (2013) and Boulding et al. (1993) which points to patient experience as a major predictor of satisfaction. With patient-focused experience management, RSGMP Unsoed can maintain high satisfaction while strengthening loyalty and service competitiveness.

Technical Quality toward Patient Satisfaction through Patient Experience

The test results showed that Patient Experience significantly mediated the relationship between Technical Quality and Patient Satisfaction at the Periodontal Polytechnic of RSGMP Unsoed. This means that high clinical quality does not automatically produce satisfaction if it is not translated first into a patient-felt experience. Technical quality is the basis of service, while patient experience acts as an emotional link that transforms medical quality into real satisfaction.

In this mediation path, the precision of action, technical skills, and timeliness have a stronger impact when perceived through the dimension of the patient's experience. Professional and unimpeded service fosters a sense of calm, trust, and intellectual confidence, so that the treatment journey is perceived as a positive experience. It is this perception of experience that ultimately encourages the formation of high satisfaction.

These findings are in line with Wolf et al. (2014) who refer to patient experience as a bridge between clinical quality and patient outcomes, Bleich et al. (2009) that emphasizes the need for positive experiences to form satisfaction, as well as Brizuela et al. (2019) which shows that satisfaction with specialist services is influenced by how technical quality is delivered and perceived. Thus, RSGMP Unsoed needs to integrate technical excellence with patient experience management so that satisfaction can be achieved in a sustainable manner.

Functional Quality toward Patient Satisfaction through Patient Experience

The results of the analysis showed that Patient Experience significantly mediated the influence of Functional Quality on Patient Satisfaction at the Periodontal Polytechnic of RSGMP Unsoed. The way staff and doctors are treated does not directly produce satisfaction, but first forms a positive subjective experience. Friendliness, quick response, and attitude help become functional elements that the patient translates into a pleasant experience, which then gives rise to a sense of satisfaction.

Indicators such as good communication, responsiveness, empathy, and attention build emotional comfort and relational closeness. Patients who feel treated as individuals will have a more meaningful experience than just a quick but less warm service. This experience that

touches the psychological side has a great influence on the formation of patient satisfaction.

These findings are supported by Sheikh et al. (2022) emphasizing the importance of quality of interaction in building positive experiences, Parasuraman et al. (1988) through the SERVQUAL framework on the role of empathy and assurance, and Rosilawati et al. (2025) which shows the close relationship between patient experience, quality of service, and satisfaction. Thus, improving the interpersonal skills of health workers is key so that functional qualities can be translated into positive experiences and continuous satisfaction.

Hospital Image toward Patient Satisfaction through Patient Experience

The test results showed that Patient Experience played a significant role as a mediator between Hospital Image and Patient Satisfaction at the Periodontal Poly of RSGMP Unsoed. Positive imagery does shape initial trust and expectations, but satisfaction is only achieved when those expectations are confirmed through real experience during treatment. In other words, the image becomes a promise, while the patient's experience determines whether the promise is fulfilled.

A good reputation, strong institutional identity, staff professionalism, and organized management create expectations of quality service. When patients perceive the service that fits that image, their cognitive and emotional experiences are strengthened, so the gap between the initial perception and the reality of the service is getting smaller. This conformity is what encourages the formation of higher satisfaction.

These findings are consistent with Siddiqui (2025) emphasizing the role of experience in strengthening the influence of image on satisfaction, Nguyen & Leblanc (2001) on image as a shaping of quality perception, and Safira et al. (2025) which shows a professional image built through positive experiences correlates with satisfaction and loyalty. Therefore, RSGMP Unsoed needs to maintain harmony between the image communicated and the real service experience so that patient satisfaction can be realized optimally.

CONCLUSION

Based on the objectives and results of hypothesis testing, this study concludes that patient satisfaction of Poly Periodontia RSGMP Unsoed is formed through an integrated service process, with patient experience as a key factor that bridges the influence of service quality and hospital image. Technical quality, functional quality, and hospital image have proven to be instrumental in shaping the patient experience, which further significantly determines the level of patient satisfaction with the services received. These findings confirm that patient satisfaction does not only depend on the technical aspects of the medical alone, but also on how services are provided and how the hospital is perceived as a whole. Thus, the patient experience becomes a central element that connects technical capabilities, the quality of service interactions, and the institution's reputation in creating optimal patient satisfaction. The results of this study provide justification that efforts to improve patient satisfaction need to be carried out holistically through the management of service quality and hospital image that is consistently oriented towards patient experience. This research has several limitations that need to be considered in interpreting the research results. First, the scope of the study is only limited to periodontics specialist services at RSGMP Unsoed, so the findings of this study cannot be generalized to other types of health services or to hospitals with different characteristics. Second, this study did not distinguish between new and old patients, even

though differences in the frequency of visits have the potential to affect patient expectations, experiences, and satisfaction levels. Third, this study did not measure patient expectations before receiving services, so the assessment of experience and satisfaction was entirely based on the patient's perception after the service took place. These limitations open up opportunities for future research to develop more comprehensive models taking into account variations in service contexts and patient characteristics.

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