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Perceived quality and patient experience as determinants of satisfaction and loyalty in dental services: a narrative literature review.

Perceived quality and patient experience as determinants of satisfaction and loyalty in dental services: a narrative literature review

Perceived quality and patient experience as determinants of satisfaction and loyalty in dental services: a narrative review of the literature

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SUMMARY

Perceived quality and patient experience have been recognized as legitimate dimensions of quality in healthcare, but their study in dentistry remains fragmented and conceptually imprecise. This article aims to analyze, in light of the scientific literature, the relationships between perceived quality, patient experience, satisfaction, and loyalty in dental services.
This is a narrative literature review, with searches in the PubMed/MEDLINE, SciELO, and LILACS databases, complemented by the analysis of seminal works on service marketing and quality assessment in healthcare. The material was organized into six thematic axes, addressing the theoretical foundations of service quality, the distinctions between satisfaction and experience, communication between dentist and patient, dental fear and anxiety, the environment and organization of care, and the behavioral consequences of satisfaction. The findings indicate that patients judge the service primarily by relational and organizational aspects, as they have difficulty evaluating the technical quality of procedures; that clinical communication is among the components with the most consistent evidence of association with adherence and outcomes; that dental anxiety modifies the level of expectations with which the patient arrives at the service; and that satisfaction and loyalty, although related, are not the same. It is concluded that patient experience should be treated as a structural component of quality in dentistry, with implications for clinical practice, service management, and professional training.

Keywords: Patient satisfaction; Quality of healthcare; Dentist-patient relationship; Anxiety about dental treatment; Loyalty.

ABSTRACT

Perceived quality and patient experience have been increasingly recognized as legitimate dimensions of healthcare quality, yet their study in dentistry remains fragmented and conceptually imprecise.
This article aims to analyze, in light of the scientific literature, the relationships between perceived quality, patient experience, satisfaction and loyalty in dental services. It is a narrative literature review, based on searches in the PubMed/MEDLINE, SciELO and LILACS databases, complemented by the analysis of seminal works in services marketing and healthcare quality assessment. The material was organized into six thematic axes addressing the theoretical foundations of service quality, the distinctions between satisfaction and experience, dentist-patient communication, dental fear and anxiety, the physical environment and the organization of care, and the behavioral consequences of satisfaction. The findings indicate that patients judge the service mainly through relational and organizational aspects, since they find it difficult to evaluate the technical quality of procedures; that clinical communication is among the components with the most consistent evidence of association with adherence and outcomes; that dental anxiety changes the level of expectations with which patients approach the service; and that satisfaction and loyalty, although related, are distinct constructs. It is concluded that patient experience should be treated as a structural

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component of quality in dentistry, with implications for clinical practice, service management and professional education.

Keywords: Patient satisfaction; Quality of health care; Dentist-patient relations; Dental anxiety; Customer loyalty.

1 INTRODUCTION

Contemporary dentistry grapples with a tension that traditional clinical training rarely addresses.
This makes it explicit. On one hand, the technical performance of the dental surgeon is evaluated by criteria.
biological and functional benefits, such as the longevity of restorations, the control of periodontal disease, and...
On the one hand, there is the patient, who most of the time does not have the necessary instruments.
To judge these results, form your opinion about the service based on what you are able to observe.
such as the clarity of the explanations received, the friendliness of the staff, the comfort of the environment, and the respect.
to the schedules and the feeling of having been treated as a person. Grönroos (1984) described this
This creates a duplication by separating technical quality, related to what is delivered, from functional quality, related to...
to the way the delivery happens, and noted that the second factor usually weighs decisively in
Consumer evaluation. In health services, characterized by significant information asymmetry.
Between professionals and users, this observation takes on particular relevance.
Academic interest in the patient perspective has grown as healthcare systems have evolved.
They began to incorporate user experience as a legitimate dimension of quality. The report
Crossing the Quality Chasm, published by the Institute of Medicine (2001), included centered care.
focusing on the patient is among the six objectives that should guide the reform of North American health services.
Americans, alongside security, effectiveness, opportunity, efficiency, and equity. In
In dentistry, however, the debate has progressed more slowly and in a fragmented way. Mills et al. (2014), in
A systematic review on patient-centered care in general dental practice identified
only three eligible studies, none of which were conducted in this environment or dedicated to investigating the
from the perspective of the patients themselves, and concluded that the concept was still poorly understood in
The literature in the field is limited, which makes it difficult to compare studies and translate the idea into clinical practice.
and consistent management.
Given this scenario, the present article aims to analyze, in light of the scientific literature,
In what way do perceived quality and patient experience relate to satisfaction and...
Customer loyalty in dental services. It starts from the premise that these relationships are not intuitive.
They are not linear, and understanding them requires dialogue between dentistry and research on...
Quality of care in healthcare and the literature on services marketing. The text is organized into six parts.
thematic axes, which deal with the theoretical foundations of quality in services, and the distinctions

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Conceptual relationships between satisfaction and experience, clinical communication, fear, and anxiety.
dental care, the environment and organization of care, and finally, the consequences
behavioral and organizational aspects of patient satisfaction.

2 METHODOLOGY

This is a narrative literature review, descriptive and analytical in nature, outlined...
chosen for allowing the articulation of references from different areas of knowledge in
revolves around a broad conceptual issue. Unlike systematic reviews, whose purpose is
to answer delimited questions through reproducible protocols and, when possible, synthesis.
In quantitative terms, narrative review prioritizes critical interpretation and the construction of a theoretical framework.
coherent. Whittemore and Knafl (2005) observe that reviews that combine theoretical literature and
Empirical research, with studies employing different methodological designs, can make a significant contribution.
for the conceptual development of a field, provided that the selection and analysis process is
described transparently and with its limitations explicitly acknowledged.
The search for publications was conducted in the PubMed/MEDLINE, SciELO, and LILACS databases, the latter being the most recent example.
consulted through the Virtual Health Library portal, and supplemented by consultation with
Google Scholar and by manually checking the reference lists of the selected works.
The descriptors and free terms "patient satisfaction" were used, both individually and in combination.
patient experience, service quality, SERVQUAL, patient-centered care, dentist-patient
communication, dental anxiety, patient loyalty, and dental care, as well as their language equivalents.
Portuguese. No rigid time frame was established, since a relevant part of the reference
The theoretical work on service quality and customer satisfaction was published between the decades of
It emerged in the 1980s and 1990s and remains, to this day, the conceptual basis for research in the field.
Articles published in peer-reviewed scientific journals and reports were included.
technical staff from recognized institutions and regulatory documents relevant to the practice of
Dentistry in Brazil, written in Portuguese, English, or Spanish. Three types were prioritized.
production, namely, the seminal works that originated the theoretical models discussed, the reviews
Systematics and meta-analyses that synthesize evidence on the topics covered and empirical studies.
Texts specifically related to dental services were excluded. Opinion pieces without...
theoretical or empirical foundation, materials of a commercial nature and publications whose content
If the full version or summary was not available for verification, in order to ensure that all the
The information presented could be traced back to its original sources.
The selected material was subjected to analytical reading and organized into six thematic areas.

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defined based on the recurrence of topics in the literature and their relevance to the study's objective.
In each section, the aim was to present the central concepts, the main empirical findings, and the tensions.
or gaps pointed out by the authors themselves. It is recognized, as an inherent limitation of
design, the possibility of bias in the selection of sources, since narrative revision does not
It does not intend to exhaust existing research nor quantify the strength of available evidence. For this reason
Therefore, the conclusions presented here should be read as an interpretative synthesis, useful for guiding...
Future research and reflections on practice, and not recommendations derived from evaluation.
formal assessment of the methodological quality of the included studies.

3. Theoretical Foundations of Quality in Services and its Application to HEALTH

The discussion about quality in services has become established as its own field of research since...
from the realization that the models developed for manufactured goods were not adequate for
characteristics of services, such as intangibility, simultaneity between production and consumption, and
heterogeneity of delivery. Grönroos (1984) proposed that the consumer evaluates the service in two ways.
dimensions, technical quality, which corresponds to the result obtained, and functional quality, which says
with respect to the interaction process with the service provider, both filtered by the image that the client has of
organization. The author argued that when technical quality reaches an acceptable level and
Similar among competitors, it is the functional quality that tends to differentiate the perception of the service.
This formulation has since been frequently revisited in studies on health services.
Parasuraman, Zeithaml and Berry (1985) advanced in this direction by proposing the so-called model of
gaps, according to which perceived quality results from the difference between expectations of
The model identifies five...
gaps, four of them located within the organization, such as the distance between what managers
They assume what the customer expects and what they actually expect, or what falls within the standards defined by...
The company and the service actually delivered. The fifth gap, perceived by the client, would be...
as a consequence of the previous ones. This formulation shifted the focus from quality to the relationship between
expectation and perception, and indicated that flaws visible to the user often originate from problems.
management, internal communication and process standardization.
In later work, the same authors developed the SERVQUAL scale, an instrument of 22
items distributed across five dimensions, namely, tangibility, reliability, responsiveness,
safety and empathy, which resulted from the statistical refinement of the ten dimensions initially.
proposals (PARASURAMAN; ZEITHAML; BERRY, 1988). The instrument is applied in two

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The stages, one focused on expectations and the other on perceptions, and the difference between them expresses the gap. Quality in each dimension. Negative values indicate that perceived performance fell short. as expected. Table 1 summarizes the dimensions of the scale, their original definitions, and examples of manifestation in the dental context, developed based on studies that applied the tool for users of dental services.

Table 1 – Dimensions of the SERVQUAL scale and examples of its manifestation in services dental

Dimension	Original definition	Examples in the dental context
Tangibility	Appearance of physical facilities, equipment, personnel, and communication materials.	Cleanliness and organization of the clinic, maintenance of equipment, team presentation, comfort of the reception area, and visible signs of biosafety.
Reliability	Ability to perform the promised service safely and accurately.	Punctuality, execution of the treatment plan as agreed, and consistency between budget and procedures performed.
Responsiveness	Willingness to help customers and provide prompt service.	Fast scheduling, quick responses to questions and issues, and reduced waiting times.
Security	The knowledge and courtesy of the employees and their ability to inspire confidence.	Technical expertise demonstrated in explanations, adherence to antisepsis and sterilization standards, and courtesy of the staff.
Empathy	Personalized and careful attention given to clients.	Listening to the patient's concerns, consideration of fear and pain, flexible scheduling, and information tailored to each case.

Source: prepared by the author based on Parasuraman, Zeithaml and Berry (1988), Karydis et al. (2001) and Gonçalves et al. (2017).

The scale was not immune to criticism. Cronin and Taylor (1992) questioned the need to measure expectations and proposed the SERVPERF scale, based solely on perceptions of performance, arguing that it would better explain the variation in perceived overall quality and avoid Psychometric problems associated with calculating differences. In the dental context, however, The approach based on comparing expectations and perceptions has produced results. informative. Karydis et al. (2001), in a study with Greek patients that organized the characteristics Regarding service in the dimensions of safety, empathy, reliability, and responsiveness, they observed that the highest expectations focused on compliance with antiseptic standards and

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sterilization and aspects of empathy and safety, and that the biggest gap is between expectation and perception. It concerned the information provided on oral diseases and oral hygiene, with significant gaps. also in the items related to responsiveness.

In Brazil, Gonçalves et al. (2017) applied SERVQUAL to workers of client companies of a dental plan in the states of São Paulo and Minas Gerais and found differences. statistically significant differences exist between expectations and perceptions across all dimensions, with the reliability is that with the biggest gap. The authors also found that women They expressed greater dissatisfaction in the dimensions of tangibility and reliability and recommended Attention should be paid to the physical characteristics of the facilities and the interaction of the staff with the users. In parallel, Donabedian's model (1988), which organizes the evaluation of the quality of care into a structure, Process and outcome, it offers a complementary framework to that of services marketing, by situating the patient satisfaction as one of the desirable outcomes of care and as a legitimate source of Information about the care process.

4. SATISFACTION, PATIENT EXPERIENCE, AND PERSON-CENTERED CARE

Although often treated as synonyms, satisfaction, perceived quality, and experience of The terms "patient" and "patient" correspond to distinct constructs, and confusion between them compromises research. Regarding the managerial use of information. In the literature on consumer behavior, the model The most influential explanation for satisfaction is that of the disconfirmation of expectations, formulated by Oliver. (1980). According to this model, the consumer forms expectations before consumption and, after the experience compares perceived performance with these expectations. Positive disconfirmation, When performance exceeds expectations, it tends to generate satisfaction, while disconfirmation Negative experiences tend to generate dissatisfaction. Satisfaction, in turn, influences attitudes and intentions. Repurchase, fueling a cycle that renews itself with each new contact with the service provider.

Newsome and Wright (1999), when examining the concepts of satisfaction applied to dentistry, They emphasized that the patient assessment process is not simply a mechanical comparison between expectations and perceptions. The authors resorted to the notion of a zone of tolerance, according to which the Consumers recognize that service performance can vary and establish a range of... The variation that is considered acceptable. Performances within this range tend to be low. noted, while those who surpass it, to a greater or lesser extent, gain prominence in patient memory. This perspective helps to understand why specific episodes, such as a A prolonged delay or a particularly careful explanation can weigh heavily. disproportionate in the overall assessment of the service received.

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Davies and Ware (1982) developed, within the framework of the Health Insurance Experiment conducted by RAND Corporation, one of the first questionnaires specifically designed to measure... satisfaction with dental care, with scales dedicated to access, availability and Convenience, costs, pain management, quality, and continuity of care. The literature Later, however, he began to point out limitations of satisfaction surveys, especially the tendency to producing high and poorly discriminating indices, in addition to a strong dependence on expectations. prior knowledge of respondents. Black and Jenkinson (2009) argued that measures of experience, in which the patient recounts what actually happened during their care, such as having received Comprehensible explanations, or having been involved in the decisions, offer more objective information. and more useful for guiding improvements than generic questions about how satisfied he was. with the service.

This conceptual distinction was further developed by Wolf et al. (2014), who reviewed the definitions. employed in the literature and taking as their starting point the formulation of The Beryl Institute, according to which the patient experience corresponds to the sum of all interactions, shaped by organizational culture, which influences patient perceptions throughout their entire journey. Caution. The authors emphasize that experience is broader than satisfaction, as it encompasses... events that occur before, during, and after the clinical encounter and that depend on both The individual behavior of the professionals, as well as the way the service is organized, are all factors. Dental clinics, this includes everything from the first phone or digital contact to the... Follow-up care is offered after the completion of treatment.

The concept of patient-centered care, formalized by the Institute of Medicine (2001) as the care that respects and responds to individual preferences, needs and values and ensures that These values guide clinical decisions and provide the normative basis for this debate. Epstein and Street (2011) emphasize that patient-centered care is not the same as fulfilling all desires. from the user's perspective, but it involves getting to know the person in their context, sharing information and decisions, and cultivate the therapeutic relationship. In dentistry, Mills et al. (2015), in a qualitative study with patients From southwest England, they identified that the relational aspects of care, described as Connection, attitude, communication, empowerment, and a feeling of being valued occupied a prominent position. central to the perception of high-quality service, while functional aspects, such as the The health system and the physical environment exerted varying degrees of influence.

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5. Communication between dentist and patient as the central axis of

PERCEIVED QUALITY

Among the components of the patient experience, communication between professional and user is...
among those that gather the most consistent evidence in the literature. Stewart (1995), in a review of 21
Studies that examined the relationship between medical communication and health outcomes found
of which 16 reported positive results, with observed effects, in order of frequency, on
emotional state, symptom resolution, functionality, physiological measures such as blood pressure
arterial and glycemic control and pain management. The author identified that the quality of communication mattered.
both during the anamnesis phase and during the discussion of the treatment plan, which indicates
that communication is not merely an accessory to the clinical relationship.

The relationship between communication and adherence to treatment was quantified by Zolnierek and DiMatteo (2009).
in a meta-analysis that combined correlational and experimental studies. The authors estimated that the risk
Non-adherence is 19% higher among patients whose doctor communicates poorly and that
Training in communication skills increases patient adherence by 1.62 times.
attended by trained professionals. These results were obtained predominantly in
medical contexts, but they can be relevant to dentistry, insofar as a large part of
Dental treatments depend on the patient's own behavior, such as attendance.
to follow-up appointments, home hygiene care, proper use of equipment, and return visits.
for periodic maintenance.

In the dental literature, Sondell and Söderfeldt (1997) reviewed the models of the relationship between dentists
and patients and classified them as empirical and normative, examining them with an emphasis on communication.
and in the external factors that shape each type of relationship. The authors proposed a model in which
What is done and said during the clinical encounter influences treatment outcomes, and they discussed...
the purposes of dental communication and the means of achieving them. At the same time, they pointed out
that the dental context lacked a proper theory of communication, as well as
Reliable and valid systems for analyzing interaction are a gap that helps explain why the topic...
It remained, for a long period, on the margins of dental education and research, still
focused on the technical and biological aspects of care.

Trust is the element that connects communication and perceived quality. Hall et al. (2001), to
In examining patients' trust in doctors and healthcare institutions, they described it as
a multidimensional construct, which involves the perception of fidelity to the patient's interests,
Competence, honesty, and confidentiality, in addition to a global component. The authors
They argued that trust matters because it is associated with behaviors such as seeking...

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Care, adherence to recommendations, and continued contact with the professional. In services at
which the patient has difficulty directly assessing the technical quality, as occurs in most
In dental procedures, trust acts as a substitute for this assessment and is...
built, above all, by the way the professional communicates.
Patient information also has an ethical and normative dimension. The Code of Ethics
Dental practice, as approved by Resolution CFO-118/2012, considers it an ethical infraction to fail to clarify
adequately consider the purposes, risks, costs, and alternatives of the treatment, which gives the
Communication has the character of a professional obligation, and not merely a relationship strategy.
(FEDERAL COUNCIL OF DENTISTRY, 2012). The study by Karydis et al. (2001), discussed
Previously, it identified information on oral diseases and oral hygiene as the most important point.
The distance between what patients expected and what they perceived they received. This result indicates that the
Educational communication can represent a significant opportunity for quality improvement.
perceived in dental services.

6. Fear and Anxiety Regarding Dentistry as Modulators of Experience
OF THE PATIENT

Fear and anxiety related to dentistry constitute a particular characteristic that distinguishes the experience of
The patient in dentistry, unlike most other health services, expects pain, the
a feeling of loss of control, the position in the chair, the noises of the rotating instruments and the
Previous negative experiences make up a repertoire of stimuli capable of transforming the
consultation in a situation perceived as threatening. Silveira et al. (2021), in a systematic review with
A meta-analysis that compiled 31 publications and data from over 72,000 adults estimated the prevalence at 15.3%.
Globally, regarding fear and anxiety related to dentistry, 12.4% reported a high level and 3.3% reported a severe level.
with higher prevalence rates among women and younger adults, and with varying estimates.
depending on the measuring instrument used.
The measurement of this construct has a long tradition in dental research. Corah (1969)
He developed the Dental Anxiety Scale, composed of four questions about the patient's reactions.
in situations related to treatment, such as the day before the appointment, waiting in the reception area, and the
use of instruments during care. Humphris, Morrison and Lindsay (1995) proposed a
A modified version, the Modified Dental Anxiety Scale, which added an item about local anesthesia.
and standardized the response options, and presented reference norms for the population of the Kingdom.
United. The existence of brief and validated instruments is relevant for managing the experience of
This is beneficial for patients, as it allows for the early identification of anxious patients and the adaptation of care accordingly.

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that fear compromises the consultation.

Armfield and Heaton (2013) highlight that about one in seven people experience anxiety.
high in relation to dental treatment and that the management of these patients requires, first and foremost,
Identifying fear and understanding its origins, nature, and components.

The authors describe a set of non-pharmacological approaches ranging from basic techniques to
communication and relationship building, as well as more structured interventions such as desensitization.
Systematic therapy and hypnosis, some of which require specialized training. Many of these
According to them, these strategies are appropriate for all patients, regardless of the degree of
anxiety, which brings the management of fear closer to the broader notion of patient-centered care.
and the creation of a positive experience.

The relationship between anxiety and patient experience is bidirectional. Anxious patients tend to avoid
consultations, postponing treatments and seeking the service only in emergency situations, when
These procedures tend to be more invasive and uncomfortable, which reinforces the negative perception and
It fuels a cycle of avoidance. Armfield, Stewart, and Spencer (2007), in a survey of over 6,000
Australians found statistical support for this vicious cycle, in which fear leads to
Postponement of appointments, worsening oral health, and treatments motivated by symptoms, which due to
In turn, they maintain or intensify the fear. On the other hand, experiences in which the patient feels
Being heard, informed, and in control of the situation can lessen fear over time. Armfield and
Heaton (2013) argues that care for the anxious patient should be organized in stages, combining
better understanding of the problem, clear communication and progressive treatment planning, of
so that trust is built with each new clinical encounter.

From the perspective of perceived quality, anxiety alters the very level of expectations.
with what the patient arrives at the service. For those who anticipate pain and discomfort, the absence of these
Sensations and the care taken in explaining each step can lead to intense disconfirmation.
positive, in terms of Oliver's model (1980). The findings of Karydis et al. (2001), which place the
Empathy and safety are among the priorities of patients, and the model proposed by Mills et al. (2015),
which places connection and the feeling of being valued at the center of care, converge with this
From this perspective, anxiety management goes beyond the strictly clinical sphere and integrates...
to the experience offered by the dental service.

7. PHYSICAL ENVIRONMENT, WAITING TIME AND ORGANIZATION OF SERVICE

Bitner (1992) coined the term servicescape to designate the physical environment built in which the
The service is provided and it was proposed that this environment simultaneously influences the behavior of

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Customers and employees. The author's model organizes the elements of the environment into three groups, environmental conditions, such as temperature, lighting, noise, music and odor, spatial arrangement and functionality, and the signs, symbols, and artifacts that communicate implicit messages about it. organization. These elements produce cognitive, emotional, and physiological responses that, in turn, In turn, they affect the willingness to stay, return, and recommend the service. In health services, in which the user frequently finds themselves in a vulnerable state, the effect of the environment tends to be even more pronounced.

In dentistry, there is experimental evidence that simple interventions in the environment can affect the patient's emotional state. Lehrner et al. (2005) distributed 200 adult patients who They were waiting for treatment in a dental office in four conditions, with an aroma of orange, lavender scent, music, and control without scent and without music, and they observed that both Aromas were associated with lower anxiety and better mood compared to the control group. Although the study does not warrant broad generalizations about the use of aromas in healthcare services, It illustrates Bitner's (1992) premise that seemingly secondary environmental conditions They participate in the construction of experience, especially in contexts marked by tension, such as waiting. through a dental procedure.

The tangibility dimension of SERVQUAL captures some of these elements, and studies applied to Dentistry studies indicate that it should not be underestimated. Gonçalves et al. (2017) pointed out that physical characteristics of the facilities, along with the interaction of the staff with patients, such as priorities for improving perceived quality. Karydis et al. (2001) showed that the Adherence to antiseptic and sterilization standards was paramount in patients' expectations. which reveals that, in dentistry, tangibility is partly confused with visible signs of biosecurity. It can be interpreted, from these findings, that environmental cleanliness and the Biosafety procedures visible to the patient serve as tangible evidence of a A technical attribute that the user cannot verify directly.

Waiting time is another organizational component with a documented effect on the perception of Caution. Bleustein et al. (2014) analyzed more than 11,000 questionnaires completed by patients. A study of 44 outpatient clinics at a US academic medical center found that waiting times were longer. Longer periods were associated with lower scores not only for satisfaction, but also for confidence in... professional and perception of the quality of care. According to the authors' model, the probability The percentage of patients giving the highest rating to the intention to recommend the service dropped from about 77% with The total waiting time was 10 minutes, with approximately 53% waiting a maximum of 60 minutes. This finding indicates... that the delay is perceived not only as inconvenient, but interferes with judgment about the competence of the person providing the service.

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These results are consistent with the structural component of Donabedian's (1988) model, which
It brings together the material, human, and organizational resources of the service, and with the dimension of
SERVQUAL responsiveness. In dental clinics, appointment management, realistic estimation.
the duration of procedures, advance communication about potential delays, and integration between
Reception and clinical team decisions are administrative aspects that directly translate into experience.
for the patient. Pine and Gilmore (1998), in describing the so-called experience economy,
They observed that companies can differentiate themselves by deliberately staging experiences.
memorable for your clients. Translated with due health precautions, this idea reinforces
that experience does not result solely from individual attitudes, but from an intentional design of
service.

8. FROM SATISFACTION TO LOYALTY: BEHAVIORAL CONSEQUENCES AND ORGANIZATIONAL

The importance attributed to satisfaction and perceived quality stems, to a large extent, from their
consequences for future user behavior. Zeithaml, Berry and Parasuraman (1996)
They proposed a model in which service quality influences behavioral intentions.
Positive actions, such as speaking positively about the company, recommending it to others, and remaining positive.
Loyalty and accepting to pay higher, unfavorable prices, such as complaining or switching suppliers.
The authors found empirical evidence of this association in different sectors and argued that
The measurement of behavioral intentions should be integrated into quality assessment systems, therefore...
to provide a bridge between customer perception and the organization's financial performance.
Loyalty, however, is not to be confused with simply repeat purchases. Dick and Basu (1994)
They proposed a conceptual framework that combines the consumer's relative attitude toward
Provider with a repurchase agreement, distinguishing true loyalty, which brings together a favorable attitude.
and high repurchase, latent loyalty, spurious loyalty, and lack of loyalty. Loyalty
Spurious behavior, characterized by repurchase without a favorable attitude, may be relevant to the analysis of
health services, as they tend to reflect barriers to change, such as plan coverage.
dental or geographical proximity. Oliver (1999), in turn, described loyalty as
a process that evolves in cognitive, affective, conative, and action phases, and warned that satisfaction,
While necessary, it is not sufficient on its own to generate lasting loyalty.
The economic implications of customer retention were highlighted by Reichheld and Sasser.
(1990), who, when analyzing companies from different service sectors, estimated that the reduction of
A 5% reduction in customer churn rate could increase profits by between 25% and 85%, depending on the industry.

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Anderson, Fornell and Lehmann (1994), using data from the national consumer satisfaction barometer
Researchers from Sweden found an association between job satisfaction and economic return for companies, and highlighted...
that the financial effects of satisfaction tend to manifest themselves over time, and not in a single step.
immediate. In dental clinics, whose sustainability depends on long-term treatments,
of periodic maintenance consultations and the spontaneous referral of new patients, the logic of these
Studies apply this with particular clarity.

The profit chain in services, described by Heskett et al. (1994), adds to this reasoning a
internal element within organizations. According to the model, the quality of internal service, understood as
Working conditions, tools, and support offered to employees influence the...
Team satisfaction and retention, which in turn affect the value of the service delivered to the customer, their
Customer satisfaction and loyalty, culminating in revenue growth and profitability. Translated to the
In dentistry, the model suggests that the patient experience can hardly be dissociated from
The team's experience is crucial, as receptionists, assistants, and technicians participate in a large part of the process.
from the interactions experienced by the user, and suggests that staff retention favors continuity.
and the predictability of the service.

The link between patient experience and clinical outcomes offers a further argument, which
It goes beyond economic rationality. Doyle, Lennox, and Bell (2013), in a systematic review of 55
Studies have found a predominance of positive associations between patient experience and
Safety and clinical effectiveness indicators, including adherence to treatments and recommendations, the
The use of preventive care and health outcomes, and concluded that the experience should be...
considered one of the pillars of quality, and not a secondary dimension. For dentistry, whose
Effectiveness depends heavily on the continuity of the relationship and the active participation of the patient; this
The finding suggests that satisfaction, loyalty, and good clinical outcomes tend to reinforce each other.
provided that the pursuit of satisfaction does not become detached from evidence-based clinical indications.

CONCLUSION

The review undertaken allows us to affirm that the quality perceived by the dental patient results
from a combination of technical and relational elements, in which the latter take on greater weight.
considerable precisely because the user has difficulty evaluating the first ones. The distinction of
Grönroos (1984) discusses the relationship between technical quality and functional quality, formulated within the context of marketing.
of services, it finds in dentistry a particularly suitable field of application, given the
information asymmetry that characterizes the relationship between professional and patient and that tends to displace
The user's judgment is based on what they are able to observe.

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Gap models and the SERVQUAL scale offer useful tools for identifying where...
In some cases, the service falls short of user expectations. Studies applied to dentistry,
Studies conducted in contexts as distinct as Greece and Brazil have revealed significant gaps in
different dimensions were highlighted, and attention was drawn, in particular, to the information provided to the patient.
for the reliability of the service and for the tangible aspects related to the facilities and to
biosecurity. These results indicate that the problems perceived by patients tend to
to repeat itself in different realities.

From a conceptual point of view, the literature indicates the need to clearly distinguish between satisfaction,
Perceived quality and patient experience. Satisfaction, as explained by the model of
The disconfirmation of expectations depends heavily on what the patient expected to find, when...
whereas experience refers to the set of interactions actually lived throughout the trajectory.
of care. Experience measures tend to be more informative for service management than
generic satisfaction indexes, which often produce high results and little...
discriminatory.

Communication between dentist and patient appears among the components with the most evidence.
consistent associations with outcomes, including treatment adherence and trust building. Furthermore, this
is an ethical obligation stipulated in the Code of Dental Ethics, which
It reinforces that investment in clear, educational, and shared communication should not be understood
not as a means of commercial persuasion, but as a constitutive part of quality care and...
Respect for patient autonomy in decisions about their own health.

Dental fear and anxiety, which affect a significant portion of the adult population, confer
The patient experience in dentistry is a specific aspect that cannot be ignored.
prior identification of anxious patients through validated instruments and the adoption of
Non-pharmacological management strategies offer ways to reduce consultation avoidance.
and transform the perception of care, with effects on both oral health and...
long-term relationship that the patient establishes with the service and the professional.

The physical environment and the organization of care are often treated as issues.
purely administrative, they participate directly in the construction of the experience. Conditions
Environmental factors, visible signs of biosecurity, punctuality, and waiting time management influence...
not only satisfaction, but also judgment about the professional's competence, such as
Studies on waiting times and service environment models discussed here demonstrate this.
Throughout the text, management decisions, in this sense, are also decisions about perceived quality.
of care.

The consequences of perceived quality and experience extend to customer loyalty and recommendations.

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and to the economic sustainability of services, as suggested by studies on intentions.
Behavioral factors, loyalty, and the profit chain in services. The literature also warns, however, that
Satisfaction does not automatically equate to loyalty, and patient experience is linked to...
team experience, which transfers some of the responsibility for perceived quality to the
Human resource management, for leadership and for the organizational culture of dental clinics.
As a limitation, it is acknowledged that this narrative review does not exhaust the scientific production on the subject.
the topic and what relevant part of the evidence discussed was produced in medical contexts or in
These are distinct service sectors outside of dentistry, which requires caution when extrapolating the findings.
It is recommended that future research validate instruments for measuring patient experience.
In Brazilian dental services, longitudinally investigate the relationships between experience,
adherence and clinical outcomes and examine how dental education can incorporate,
In a systematic way, the relational and managerial skills discussed here.

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