

The Effects of Responsiveness and Tangibles in Outpatient Services on Patient Comfort and Trust Among JKN-KIS Participants (Study at Dr. Soedibjo Sardadi Naval Hospital, Jayapura)

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ABSTRACT

The quality of outpatient services is an important factor in determining patient comfort and trust, particularly among JKN-KIS participants. Two aspects that contribute to service quality are responsiveness and tangibles. To determine the effect of responsiveness and tangibles of outpatient services on the comfort and trust of JKN-KIS participants at Rumkital Dr. Soedibjo Sardadi Jayapura. This study employed a quantitative approach with an observational analytical design. The sample consisted of 107 JKN-KIS participants receiving outpatient services. Data were collected using questionnaires. Data analysis was performed using multiple linear regression with t-tests, F-tests, and the coefficient of determination (R Square). Responsiveness had a significant effect on comfort ($t = 6.950$; $p = 0.000$) and trust ($t = 5.119$; $p = 0.000$). Tangibles also had a significant effect on comfort ($t = 3.849$; $p = 0.000$) and trust ($t = 4.701$; $p = 0.000$). Simultaneously, responsiveness and tangibles significantly affected comfort ($F = 181.513$; $p = 0.000$), with a contribution of 77.7%, and trust ($F = 149.051$; $p = 0.000$), with a contribution of 74.1%. Responsiveness and tangibles have both partial and simultaneous effects on the comfort and trust of JKN-KIS participants. Improving staff responsiveness and the quality-of-service facilities should therefore be prioritized to enhance patient experience and trust.

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1. INTRODUCTION

Patient comfort and trust are important outcomes in healthcare services because patients experience healthcare not only through clinical treatment but also through the physical environment and interactions with healthcare personnel. Comfort refers to a patient's perceived physical and psychological ease during the healthcare process, including feelings of safety, convenience, reduced anxiety, and freedom from discomfort. Meanwhile, patient trust reflects confidence in the competence, responsiveness, reliability, and integrity of healthcare providers. When these conditions are not adequately achieved, patients may experience anxiety, dissatisfaction, reduced adherence to medical

recommendations, and reluctance to return to the same healthcare facility (Rhamdani, 2021; Sembiring et al., 2025). Thus, service quality is not merely an organizational performance indicator but also an important factor shaping patients' experiences and perceptions of the healthcare institution.

Service quality in healthcare can be evaluated using the SERVQUAL framework developed by Parasuraman, Zeithaml, and Berry, which identifies five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. In healthcare settings, *tangibles* represent the physical evidence experienced directly by patients, including the cleanliness of facilities, waiting areas, equipment, and the appearance of healthcare personnel. *Responsiveness*, in contrast, refers to the willingness and promptness of healthcare personnel in assisting patients and responding to their needs. These two dimensions are particularly relevant to outpatient services because patients encounter the physical environment and service procedures immediately upon arrival, while waiting time and the promptness of personnel directly shape their experience during the service process. Previous research has shown that responsiveness can represent a substantial gap between patients' expectations and perceptions of hospital services, while tangibles remain relevant to patients' perceptions of facility adequacy and service quality (Sandhyaduhita et al., 2016; Siagian et al., 2023). More recent evidence also indicates that responsiveness is associated with patient trust in outpatient healthcare services, although the effect of tangibles on trust may vary across healthcare settings (Hapsari et al., 2025).

The relevance of *responsiveness* and *tangibles* becomes more evident when viewed from the perspective of patient comfort. In outpatient care, prolonged waiting, delayed responses, difficulty obtaining assistance, and uncertainty regarding service procedures can increase patients' physical and psychological discomfort. Conversely, prompt responses from healthcare personnel can reduce uncertainty and help patients feel that their needs are being recognized. Similarly, adequate, clean, and accessible physical facilities can reduce environmental discomfort and create a more supportive service experience. Thus, responsiveness primarily addresses the interpersonal and process-related aspects of comfort, whereas tangibles address the physical conditions in which healthcare is delivered. These dimensions are also connected to trust. Patients may interpret prompt responses as an indication that healthcare personnel are attentive and willing to assist, while appropriate facilities and professional physical environments can provide visible cues regarding the organization's readiness to deliver healthcare services. Recent research on hospital service quality has similarly emphasized that responsiveness, tangibility, assurance, and other SERVQUAL dimensions contribute to patients' perceptions of healthcare quality and experience.

The selection of these two dimensions in the present study is also grounded in the preliminary condition of outpatient services at Rumkital dr. Soedibjo Sardadi Jayapura. A preliminary assessment involving 30 JKN-KIS patients receiving outpatient services found that only 52% of respondents reported being satisfied, whereas 48% reported being less satisfied. In addition, 53.3% of respondents perceived the waiting time as relatively long, and 36.7% considered the waiting-room facilities to be not yet optimal. These initial findings point to two concrete service issues: the timeliness and promptness of service, which are closely related to the *responsiveness* dimension, and the adequacy of the physical service environment, which is represented by the *tangibles* dimension. Therefore, the focus on responsiveness and tangibles is not based solely on the theoretical classification of SERVQUAL but is specifically derived from the initial empirical conditions identified in the outpatient service setting. This provides a contextual basis for examining how these two dimensions relate to patient comfort and trust among JKN-KIS participants.

Previous studies have examined service quality and patient satisfaction in various healthcare facilities. Research at Gunung Tua Community Health Center, for example, reported that all SERVQUAL dimensions influenced satisfaction among JKN-KIS participants, with responsiveness identified as the most dominant dimension (Dewi et al., 2022). Azzahra et al. (2025) likewise reported

a high level of patient satisfaction while identifying responsiveness as a prominent dimension and tangibles as an aspect requiring further attention. Other research has demonstrated that physical evidence, reliability, and responsiveness can be examined in relation to patient trust, although their effects are not necessarily uniform across different healthcare institutions (Hapsari et al., 2025). These findings indicate that the relationship between service quality and patient outcomes is context-dependent.

However, an important contextual gap remains. Existing studies have predominantly examined service quality in general hospitals, community health centers, or other civilian healthcare settings. Comparatively less attention has been given to healthcare services provided by military hospitals that also serve civilian JKN-KIS participants. Rumkital dr. Soedibjo Sardadi Jayapura represents a distinctive institutional context because it is a Class C general hospital owned by the Indonesian Navy (TNI AL) and provides a range of medical services in Jayapura. The official Ministry of Health hospital profile identifies the institution as a TNI AL-owned general hospital located in Hamadi, Jayapura. The coexistence of a military institutional identity with the provision of healthcare services to JKN-KIS participants creates a specific service context in which patients' perceptions of responsiveness, physical facilities, comfort, and trust may be shaped by characteristics that differ from those of conventional civilian hospitals.

This institutional context constitutes an important research gap because the experience of civilian JKN-KIS patients in a military hospital cannot necessarily be assumed to be identical to that of patients in public or private civilian hospitals. The organizational identity, service environment, interaction patterns, and characteristics of the patient population may influence how patients perceive the quality of services they receive. Nevertheless, the specific relationship between responsiveness and tangibles and the comfort and trust of JKN-KIS patients in a military hospital setting, particularly in Jayapura, has received limited empirical attention. Therefore, the present study focuses specifically on JKN-KIS patients receiving outpatient services at Rumkital dr. Soedibjo Sardadi Jayapura.

Based on this gap, this study aims to analyze the influence of *responsiveness* and *tangibles* on the comfort and trust of JKN-KIS patients receiving outpatient services at Rumkital dr. Soedibjo Sardadi Jayapura. By focusing on two service dimensions that are directly indicated by the preliminary field conditions and examining them in the distinctive context of a military hospital serving civilian JKN-KIS participants, this study is expected to provide context-specific evidence regarding how service responsiveness and physical service conditions are associated with patients' comfort and trust. The findings may contribute to the development of more patient-oriented outpatient services while providing empirical evidence for healthcare service quality improvement in military hospital settings.

2. METHOD

This study employed a quantitative approach with a causal-associative design to examine the relationships between service quality dimensions and patient outcomes based on numerical data. The study focused on two independent variables, namely *responsiveness* (X1) and *tangibles* (X2), and two dependent variables, namely patient comfort (Y1) and patient trust (Y2), among Jaminan Kesehatan Nasional-Kartu Indonesia Sehat (JKN-KIS) participants receiving outpatient services at Rumkital dr. Soedibjo Sardadi Jayapura. The selection of these variables was based on the preliminary findings indicating concerns regarding outpatient waiting time and the adequacy of waiting-room facilities. The causal-associative design was therefore used to examine whether variations in patients' perceptions of responsiveness and tangibles were associated with variations in their perceived comfort and trust.

The population consisted of JKN-KIS participants receiving outpatient medical services at Rumkital dr. Soedibjo Sardadi Jayapura. The minimum sample size was determined using the

Lemeshow formula for estimating a proportion in a population for which the exact population size was not used as the basis of calculation:

$$n = \frac{Z^2 P(1 - P)}{d^2}$$

where n represents the minimum required sample size, Z represents the standard normal value corresponding to the selected confidence level, P represents the estimated population proportion, and d represents the tolerated margin of error. A 95% confidence level was used, corresponding to $Z = 1.96$. Because a reliable prior estimate of the population proportion was not available, $P = 0.50$ was used to provide the maximum variability and a conservative sample-size estimate. The margin of error was set at $d = 0.095$. Based on these parameters, the calculation was:

$$n = \frac{(1.96)^2 (0.50)(0.50)}{(0.095)^2} = 106.42$$

The result was rounded upward to obtain a minimum sample size of 107 respondents. Respondents were selected using non-probability consecutive sampling according to predetermined inclusion and exclusion criteria. Respondents were eligible if they were JKN-KIS participants receiving outpatient services, had completed the service process sufficiently to evaluate the service experience, were willing to participate, and were able to complete the questionnaire independently or with standardized assistance when necessary. Respondents who did not complete the questionnaire or submitted substantially incomplete responses were excluded from the final analysis.

Primary data were collected using a structured closed-ended questionnaire measured on a five-point Likert scale. The questionnaire measured four constructs: *responsiveness*, *tangibles*, patient comfort, and patient trust. Secondary data were obtained from relevant hospital documentation and published literature. Before the questionnaire was administered to the study sample, the instrument was tested on 30 respondents who were not included in the final study sample. The validity test showed that all questionnaire items for *responsiveness* (16 items), *tangibles* (20 items), comfort (16 items), and trust (16 items) had calculated r values greater than the critical r value of 0.361. The obtained ranges were 0.366–0.711 for *responsiveness*, 0.373–0.756 for *tangibles*, 0.375–0.721 for comfort, and 0.391–0.763 for trust. Thus, all 68 questionnaire items met the predetermined validity criterion.

Instrument reliability was assessed using Cronbach's Alpha. The *responsiveness* variable obtained a Cronbach's Alpha value of 0.883, *tangibles* 0.894, comfort 0.870, and trust 0.859. All coefficients exceeded the minimum criterion of 0.60, indicating adequate internal consistency of the four constructs. Therefore, the questionnaire was considered sufficiently reliable for subsequent data collection.

To minimize *respondent fatigue* and potential response bias associated with questionnaire administration in the outpatient waiting area, several procedural measures were implemented. First, respondents were approached after they had completed the essential stages of their outpatient service whenever operationally feasible, rather than during urgent clinical procedures or while actively interacting with healthcare personnel. Second, the purpose of the study and the voluntary nature of participation were explained before questionnaire completion. Third, respondents were provided with clear instructions and sufficient space to complete the questionnaire without pressure from healthcare personnel. Fourth, the questionnaire was administered in a manner that minimized interruptions and encouraged respondents to answer independently based on their actual service experience. Fifth, completed questionnaires were checked for completeness immediately after submission, without directing respondents toward particular answers. These procedures were intended to reduce fatigue, rushed responses, social desirability, and incomplete questionnaire responses.

The data analysis was conducted in two separate multiple linear regression models because the study examined two conceptually distinct patient outcomes: comfort and trust. The first regression model examined the effects of *responsiveness* (X1) and *tangibles* (X2) on patient comfort (Y1):

$$Y_1 = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \varepsilon_1$$

The second regression model examined the effects of *responsiveness* (X1) and *tangibles* (X2) on patient trust (Y2):

$$Y_2 = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \varepsilon_2$$

The use of two separate regression models was based on the study objective, which was to estimate the direct contribution of the two service-quality dimensions to each patient outcome separately. Accordingly, comfort was treated as a dependent variable in the first model and trust as a dependent variable in the second model. The present analysis was not designed as a mediation analysis; therefore, no causal mediation effect of comfort on the relationship between service quality and trust was claimed.

Before hypothesis testing, classical assumption tests were performed, including normality, multicollinearity, and heteroscedasticity tests. Normality testing was used to assess whether the regression residuals met the normality assumption. Multicollinearity was assessed to determine whether excessive correlation existed between *responsiveness* and *tangibles*, while heteroscedasticity testing was performed to identify whether the variance of the residuals was constant across observations. The analysis was conducted using SPSS software. Hypothesis testing included the partial *t*-test to assess the individual effect of each independent variable, the simultaneous *F*-test to examine the joint effect of *responsiveness* and *tangibles*, and the coefficient of determination (R^2) to determine the proportion of variance in each dependent variable explained by the independent variables. Statistical significance was evaluated at an alpha level of 0.05.

3. FINDINGS AND DISCUSSION

Findings

Univariate Analysis

Table 1. Statistical Description of Research Variables

Variabel	N	Mean	Median	Modus	SD	Min	Max
Responsiveness (X1)	107	59,67	59,00	58	7,146	43	75
Tangibles (X2)	107	73,50	74,00	73	9,382	54	95
Kenyamanan (Y1)	107	61,39	61,00	61	7,280	39	80
Kepercayaan (Y2)	107	62,11	62,00	58	7,167	44	77

Based on the table above, the average responsiveness score is 59.67 with a standard deviation of 7.146, a minimum score of 43 and a maximum of 75. The tangibles variable has an average score of 73.50 with a standard deviation of 9.382, a minimum score of 54 and a maximum of 95. The comfort variable has an average score of 61.39 with a standard deviation of 7.280, while the confidence variable has an average score of 62.11 with a standard deviation of 7.167.

Classic Assumption Test

Normality Test

Table 2. Normality Test Results

Model Regresi	Kolmogorov-Smirnov Sig.	Shapiro-Wilk Sig.	Keterangan
Responsiveness dan Tangibles → Kenyamanan	0,200	0,653	Normal
Responsiveness dan Tangibles → Kepercayaan	0,200	0,591	Normal

Based on the table above, the results of the residual normality test in the first model showed a significance value of Kolmogorov Smirnov of 0.200 and Shapiro-Wilk of 0.653. In the second model, the significance value of Kolmogorov-Smirnov was 0.200 and Shapiro-Wilk was 0.591. All significance values were greater than 0.05, so it can be concluded that the residual in both regression models is normally distributed and meets the assumption of normality.

Multicollinearity Test

Table 3. Results of the Mutlikolnearity Test

Model	Variabel	Tolerance	VIF	Keterangan
Kenyamanan (Y1)	Responsiveness (X1)	0,297	3,362	Tidak terjadi multikolinearitas
Kenyamanan (Y1)	Tangibles (X2)	0,297	3,362	Tidak terjadi multikolinearitas
Kepercayaan (Y2)	Responsiveness (X1)	0,297	3,362	Tidak terjadi multikolinearitas
Kepercayaan (Y2)	Tangibles (X2)	0,297	3,362	Tidak terjadi multikolinearitas

Based on the table above, the responsiveness and tangibles variables in both models have a tolerance value of 0.297 and VIF of 3.362. The tolerance value is greater than 0.10 and VIF is less than 10, so it can be concluded that there is no multicollinearity between the responsiveness and tangibles variables in the regression model.

Heteroscedasticity Test

Table 4. Heteroscedasticity Test Results

Model Regresi	Metode Pengujian	Hasil Pengamatan	Kesimpulan
Responsiveness dan Tangibles → Kenyamanan	Scatterplot ZPRED dan ZRESID	Titik residual menyebar secara acak di atas dan di bawah angka 0 serta tidak membentuk pola tertentu	Tidak terjadi heteroskedastisitas
Responsiveness dan Tangibles → Kepercayaan	Scatterplot ZPRED dan ZRESID	Titik residual menyebar secara acak di atas dan di bawah angka 0 serta tidak membentuk pola tertentu	Tidak terjadi heteroskedastisitas

Based on the table above, it can be seen that in the Comfort and Trust regression models, the dots on the scatterplot are randomly spread around the zero line and do not show a specific pattern. Therefore, both regression models are declared not to undergo heteroscedasticity, thus fulfilling one of the assumptions in multiple linear regression analysis.

Multiple Linear Regression Analysis

The Influence of Responsiveness and Tangibles on Comfort

Table 5. Results of Multiple Linear Regression Analysis on Comfort

Variabel	B	Std. Error	Beta	t hitung	Sig.
Konstanta	6,921	2,879	–	2,404	0,018
Responsiveness (X1)	0,601	0,086	0,590	6,950	0,000
Tangibles (X2)	0,253	0,066	0,327	3,849	0,000

The results of multiple linear regression analysis showed that the regression equation for the comfort variable was $Y_1 = 6.921 + 0.601X_1 + 0.253X_2$. The value of the responsiveness coefficient of 0.601 showed that every increase in one unit of responsiveness would increase the comfort score by 0.601 units assuming fixed tangibles. Meanwhile, a tangible coefficient of 0.253 showed that every increase in one unit of tangibles would increase the comfort score by 0.253 units assuming constant responsiveness. Both variables have a positive influence direction.

Convenience t-test

Table 6. Results of the t-test on the effect of responsiveness and tangibles on comfort

Variabel	t hitung	Sig.	Keputusan
Responsiveness (X1)	6,950	0,000	H ₀ ditolak
Tangibles (X2)	3,849	0,000	H ₀ ditolak

Responsiveness has a t-value of 6.950 with a significance value of $0.000 < 0.05$, so that responsiveness partially has a significant effect on patient comfort. Tangibles have a t-value of 3.849 with a significance value of $0.000 < 0.05$, so that tangibles partially also have a significant effect on patient comfort.

F Test and Coefficient of Determination for Comfort

Table 7. F Test Results and Comfort Model Determination Coefficient

R	R Square	Adjusted R Square	F hitung	Sig.
0,882	0,777	0,773	181,513	0,000

Based on the table above, an F value of 181.513 was obtained with a significance of $0.000 < 0.05$. This shows that responsiveness and tangibles simultaneously have a significant effect on the comfort of patients participating in JKN-KIS. The R Square value of 0.777 shows that 77.7% of the variation in comfort can be explained by responsiveness and tangibles, while 22.3% is influenced by other variables outside the research model.

The Influence of Responsiveness and Tangibles on Trust

Table 8. Results of Multiple Linear Regression Analysis on Confidence

Variabel	B	Std. Error	Beta	t hitung	Sig.
Konstanta	9,961	3,055	–	3,261	0,002
Responsiveness (X1)	0,469	0,092	0,468	5,119	0,000
Tangibles (X2)	0,328	0,070	0,430	4,701	0,000

The results of multiple linear regression analysis showed that the regression equation for the confidence variable was $Y_2 = 9.961 + 0.469X_1 + 0.328X_2$. The responsiveness coefficient of 0.469 showed that an increase in responsiveness by one unit would increase confidence by 0.469 units assuming fixed tangibles. Meanwhile, a tangibles coefficient of 0.328 showed that an increase in tangibles by one unit would increase confidence by 0.328 units assuming fixed responsiveness. Both variables showed a positive relationship direction to trust.

Trust t-test**Table 9. Results of the Responsiveness and Tangibles Test on Trust**

Variabel	t hitung	Sig.	Keputusan
Responsiveness (X1)	5,119	0,000	H ₀ ditolak
Tangibles (X2)	4,701	0,000	H ₀ ditolak

The results of the t-test showed that responsiveness had a t-value of 5.119 with a significance of $0.000 < 0.05$, so that responsiveness partially had a significant effect on patient confidence. Tangibles had a t-value of 4.701 with a significance of $0.000 < 0.05$, so that tangibles partially also had a significant effect on patient confidence.

F Test and Coefficient of Determination for Trust**Table 10. F Test Results and Reliability Model Determination Coefficient**

R	R Square	Adjusted R Square	F hitung	Sig.
0,861	0,741	0,736	149,051	0,000

Based on the above, an F-value of 149.051 was obtained with a significance of $0.000 < 0.05$. These results show that responsiveness and tangibles simultaneously have a significant effect on the confidence of patients participating in JKN KIS. The R Square value of 0.741 shows that 74.1% of the variation in confidence can be explained by responsiveness and tangibles, while 25.9% is explained by other variables outside the research model.

Hypothesis Test**Table 11. Hypothesis Testing Results**

No.	Hipotesis	Hasil	Keputusan
H1	Responsiveness berpengaruh terhadap kenyamanan	t = 6,950; p = 0,000	Diterima
H2	Tangibles berpengaruh terhadap kenyamanan	t = 3,849; p = 0,000	Diterima
H3	Responsiveness dan Tangibles secara simultan berpengaruh terhadap kenyamanan	F = 181,513; p = 0,000	Diterima
H4	Responsiveness berpengaruh terhadap kepercayaan	t = 5,119; p = 0,000	Diterima
H5	Tangibles berpengaruh terhadap kepercayaan	t = 4,701; p = 0,000	Diterima
H6	Responsiveness dan Tangibles secara simultan berpengaruh terhadap kepercayaan	F = 149,051; p = 0,000	Diterima

Overall, the results showed that responsiveness and tangibles of outpatient services had a positive and significant effect both partially and simultaneously on the comfort and trust of patients participating in JKN-KIS at Rumkital dr. Soedibjo Sardadi Jayapura. The simultaneous influence on comfort was shown by the value of F of 181.513 with R Square of 77.7%, while on trust was shown by F of 149.051 with R Square of 74.1%. From the Standardized Beta value, responsiveness was the more dominant variable for comfort ($\beta = 0.590$), while tangibles were more dominant for trust ($\beta = 0.430$).

Discussion

The Effect of Responsiveness on the Comfort of JKN-KIS Participant Patients

Based on the results of the multiple linear regression analysis, *responsiveness* was found to have an effect on the comfort of JKN-KIS patients at Rumkital Dr. Soedibjo Sardadi Jayapura. The partial test produced a *t*-value of 6.950 with a significance value of 0.000. Since the significance value was less than 0.05, the first hypothesis (H1) was accepted. The regression coefficient for *responsiveness* was 0.601, indicating a positive relationship. This means that better responsiveness from healthcare staff in providing services is associated with higher levels of patient comfort. The standardized beta coefficient of 0.590 indicates that *responsiveness* made a substantial contribution to patient comfort in this research model.

In the SERVQUAL concept, *responsiveness* refers to the willingness and ability of service providers to assist customers and deliver services promptly and accurately (Parasuraman, Zeithaml, & Berry, 1988). In outpatient services, this dimension can be reflected in the speed at which staff serve patients, their willingness to assist patients experiencing difficulties, their responsiveness to complaints, and their ability to provide clear information. These conditions are closely related to patient comfort because patients need certainty throughout the service process. Slow or unresponsive services may create uncertainty and increase patient discomfort, whereas prompt and responsive services can provide patients with a greater sense of security throughout the healthcare service process.

The findings of this study are consistent with those of Dewi et al. (2022), who examined JKN/KIS participants at Gunung Tua Community Health Center and reported an effect of service quality on patient experience, with *responsiveness* being one of the important dimensions of healthcare services. Dewi et al. (2022) explained that the ability of healthcare staff to provide services promptly and respond to patients' needs plays a determining role in patients' assessment of the services they receive. The findings of Handayani et al. (2024) also demonstrated that *responsiveness* was associated with patient comfort among BPJS participants receiving outpatient services.

These findings can be understood based on the characteristics of outpatient services, which require the service process to be delivered effectively. Patients seeking healthcare services need clear information regarding the registration process, medical examinations, and procedures they will receive. When healthcare staff are able to provide assistance and information promptly, patients are less likely to experience confusion while navigating the service process. Therefore, efforts to improve *responsiveness* should focus on service speed, prompt responses to patient complaints, and the provision of information that is easy for patients to understand. These aspects should be maintained because *responsiveness* made a relatively greater contribution to patient comfort than *tangibles* in this study.

The Influence of Tangibles on the Comfort of JKN KIS Participants

The results of the second hypothesis test showed that *tangibles* had an effect on the comfort of JKN-KIS patients. The calculated *t*-value was 3.849, with a significance value of 0.000; therefore, H2 was accepted. The regression coefficient of 0.253 indicated a positive effect of *tangibles* on patient comfort. This means that improvements in the physical aspects of healthcare services are associated with increased levels of comfort perceived by patients.

Tangibles is a service quality dimension related to the physical evidence of service delivery, including facility conditions, environmental cleanliness, waiting-room comfort, equipment availability, and staff appearance (Parasuraman, Zeithaml, & Berry, 1988). In healthcare services, these aspects are directly observable by patients from the moment they arrive at the hospital. The condition of the waiting room, environmental cleanliness, availability of seating, and adequacy of facilities can create different experiences for patients while waiting for and receiving healthcare services.

The physical condition of the service environment is closely related to patient comfort because most of the time spent by outpatients is within the hospital service environment. Clean, well-organized, and adequate facilities can create a more comfortable service atmosphere. Conversely, poorly maintained environments or inadequate facilities may cause discomfort even when healthcare staff have provided good services.

The findings of this study are consistent with Handayani et al. (2024), who found that *tangibles* and *responsiveness* influenced the comfort of BPJS patients. Their study identified the condition of physical facilities and waiting rooms as important aspects in shaping patient comfort. Pratama and Siregar (2025) also found that *tangibles* influenced patient experience and were associated with the development of comfort in healthcare services.

Patient comfort in the outpatient department is therefore not only related to how healthcare staff deliver services but also to the condition of the environment where the services are provided. Maintaining cleanliness, ensuring the availability of facilities, providing comfortable waiting rooms, and maintaining equipment conditions should be given attention as part of efforts to maintain the comfort of JKN-KIS patients.

The Effect of Responsiveness and Tangibles Simultaneously on the Comfort of JKN-KIS Participant Patients

The simultaneous test showed that *responsiveness* and *tangibles* jointly influenced the comfort of JKN-KIS patients. The *F*-value of 181.513 with a significance value of 0.000 indicates that the regression model consisting of *responsiveness* and *tangibles* was statistically capable of explaining variations in patient comfort. Since the significance value was less than 0.05, H3 was accepted.

The R Square value of 0.777 indicates that 77.7% of the variation in patient comfort could be explained by *responsiveness* and *tangibles*, while the remaining 22.3% was associated with other factors not examined in this study. This value indicates that the model had a relatively strong explanatory capacity for patient comfort. Between the two variables, *responsiveness* had a standardized beta coefficient of 0.590, whereas *tangibles* had a value of 0.327. This indicates that *responsiveness* made a greater contribution to patient comfort than *tangibles*.

Patient comfort is essentially shaped by the overall experience during the provision of healthcare services. Kolcaba (2003) explained that comfort is a condition encompassing physical, psychospiritual, environmental, and social aspects. In outpatient services, these conditions can be influenced by patients' interactions with healthcare staff as well as the environment where services are provided. *Responsiveness* is associated with patients' experiences when interacting with healthcare staff, whereas *tangibles* are associated with the physical environment perceived by patients.

The findings of this study are consistent with Nugroho (2024), who found that healthcare facilities and staff responsiveness jointly influenced the comfort of National Health Insurance patients. Handayani et al. (2024) also found that *tangibles* and *responsiveness* were important components in the formation of comfort among BPJS patients.

These findings indicate that improving patient comfort cannot be achieved solely by improving physical facilities. Service speed, staff readiness to assist patients, complaint handling, and clarity of information also require attention. Both aspects need to operate simultaneously so that patients can experience comfortable healthcare services from the registration process through the completion of their care.

The Effect of Responsiveness on Patient Trust of JKN-KIS Participants

The partial test results showed that *responsiveness* had an effect on the trust of JKN-KIS patients. The *t*-value of 5.119 with a significance value of 0.000 indicates that H4 was accepted. The regression

coefficient of 0.469 indicates a positive direction of the effect. This means that an improvement in the quality of *responsiveness* is accompanied by an increase in patient trust in outpatient services.

Patient trust is formed through patients' experiences when interacting with healthcare professionals and healthcare service institutions. Hall et al. (2001) explained that trust is an important component of the relationship between patients and healthcare providers. In healthcare service situations, patients are in a condition where they require assistance and information from healthcare staff. Therefore, the ability of healthcare staff to respond quickly, accurately, and clearly can serve as a basis for patients in assessing whether the services they receive can be relied upon.

Responsiveness is also related to communication between healthcare staff and patients. Staff who are willing to listen to questions and complaints, provide clear explanations, and assist patients when they encounter difficulties can provide a positive experience. Such experiences can develop a belief that the hospital pays attention to patients' needs. Jiang et al. (2024) explained that patient-centered communication plays a role in building better relationships between patients and healthcare professionals and strengthening patient trust.

The findings of this study are consistent with Setiawan et al. (2023), who found that *responsiveness* and service speed were among the factors associated with patient trust. Lestari and Wijaya (2023) also showed that *responsiveness* had a positive effect on the trust of JKN patients. These findings reinforce the results of this study, indicating that patients' experiences of receiving prompt and responsive services can shape their confidence in the hospital's ability to meet their needs.

At Rumkital Dr. Soedibjo Sardadi Jayapura, increasing patient trust can be achieved by ensuring that healthcare staff consistently respond to patients' needs. Responsiveness in providing information, handling complaints, and assisting patients in following the service process are aspects that need to be maintained because they are directly related to patients' experiences while receiving healthcare services.

The Effect of Tangibles on the Trust of JKN-KIS Patients

Based on the partial test results, *tangibles* had a positive and significant effect on the trust of JKN-KIS patients. The *t*-value of 4.701 with a significance value of 0.000 indicates that H5 was accepted. The regression coefficient of 0.328 indicates that an improvement in the quality of the physical evidence of healthcare services is accompanied by an increase in patient trust.

Tangibles are among the first aspects assessed by patients when they are in the hospital environment. Parasuraman, Zeithaml, and Berry (1988) explained that *tangibles* include physical facilities, equipment, personnel, and communication materials used in service delivery. These conditions provide patients with an initial impression of the quality of services provided by an organization. In outpatient services, clean and well-maintained facilities, comfortable waiting rooms, adequate equipment, and neat staff appearance can create an impression that services are well managed. This impression can then develop into patients' confidence in the hospital's ability to provide healthcare services. Conversely, poor facility conditions may raise doubts about the quality of services that will be received.

The findings of this study are consistent with Lestari and Wijaya (2023), who found that *tangibles* had a positive and significant effect on the trust of JKN patients. Pratama and Siregar (2025) also found an association between *tangibles*, comfort, and patient trust. These findings demonstrate that the physical aspects of healthcare services are not only related to comfort but can also shape patients' perceptions of the professionalism and credibility of healthcare facilities.

Therefore, *tangibles* should be regarded as part of efforts to build patient trust. Environmental cleanliness, waiting-room comfort, facility completeness, equipment conditions, and staff appearance

need to be consistently maintained. Patients who see and experience good service conditions will have a stronger basis for trusting the services provided by the hospital.

The Simultaneous Effect of Responsiveness and Tangibles on the Trust of JKN-KIS Patients

The *F*-test results showed that *responsiveness* and *tangibles* jointly had a significant effect on the trust of JKN-KIS patients. The *F*-value of 149.051 with a significance value of 0.000 indicates that *H*₀ was accepted. The *R* Square value of 0.741 indicates that *responsiveness* and *tangibles* jointly explained 74.1% of the variation in patient trust, while the remaining 25.9% was associated with other factors outside the variables examined.

Patient trust is not formed from a single experience during the service process. Patients assess services based on their interactions with healthcare staff as well as the condition of the environment where services are provided. *Responsiveness* provides an indication of the willingness and ability of healthcare staff to meet patients' needs, whereas *tangibles* provide an indication of the physical condition and readiness of service facilities. When both aspects are in good condition, patients' experiences of hospital services become more positive.

The standardized beta value for *responsiveness* of 0.468 and for *tangibles* of 0.430 indicates that both variables made relatively similar contributions to patient trust. *Responsiveness* had a slightly greater contribution, but the difference was not substantial. This condition indicates that the trust of JKN-KIS patients at Rumkital Dr. Soedibjo Sardadi Jayapura is shaped by a combination of the quality of service interactions and the quality of the physical evidence of service delivery.

These findings are consistent with Lestari and Wijaya (2023), who showed that *responsiveness* and *tangibles* jointly played a role in increasing the trust of JKN patients. Rahmawati (2022) also showed that SERVQUAL-based service quality was associated with the formation of trust among JKN outpatient patients. Meanwhile, Ramadhan et al. (2024) found that *responsiveness* was one of the factors associated with the trust of BPJS Kesehatan patients receiving outpatient services.

Therefore, increasing patient trust at Rumkital Dr. Soedibjo Sardadi Jayapura needs to be carried out through comprehensive improvements in service quality. Improvements in service speed and staff responsiveness need to be accompanied by the maintenance of facilities, environmental cleanliness, waiting-room comfort, and equipment readiness. This approach is more consistent with the characteristics of healthcare services because patients assess service quality based on what they experience through interactions and what they directly see and feel while they are at the hospital.

4. CONCLUSION

This study concludes that the quality of outpatient services experienced by JKN-KIS patients at Rumkital dr. Soedibjo Sardadi Jayapura is closely related to two important service dimensions, namely *responsiveness* and *tangibles*. Responsiveness addresses the promptness and willingness of healthcare staff to respond to patients' needs, while tangibles reflect the physical conditions of the healthcare environment and supporting facilities. The findings indicate that these two dimensions are relevant to patients' perceptions of comfort and trust in outpatient services.

From the perspective of the service problems identified at the beginning of the study, improvements in staff responsiveness are important for addressing patients' concerns regarding waiting time and service response. Meanwhile, improvements in physical facilities, cleanliness, and the adequacy of the waiting environment are important for reducing physical discomfort and creating a more positive service experience. Thus, improving both the service process and the physical environment represents an important direction for addressing the outpatient service issues identified among JKN-KIS patients.

Overall, the findings provide context-specific evidence that service quality should be considered not only in terms of the clinical services provided but also in terms of how promptly patients are assisted and how comfortable the physical service environment is. In the context of a military hospital serving JKN-KIS participants, maintaining responsive interactions and adequate physical facilities is therefore relevant to strengthening patients' comfort and confidence in the healthcare services they receive.

The findings have several practical implications for the management of outpatient services at Rumkital dr. Soedibjo Sardadi Jayapura. First, the outpatient registration and queue system should be periodically evaluated to identify unnecessary waiting points and overlapping procedures. The hospital can improve the flow from registration to clinical examination by clarifying service stages, providing clear queue information, and monitoring waiting times at each stage. Where feasible, queue information can also be communicated through digital or visual displays so that patients have clearer expectations regarding the service process.

Second, the hospital should strengthen staff responsiveness by establishing clear service-response standards for registration officers, nurses, and other frontline personnel. Staff should provide timely information when delays occur, respond to patient questions promptly, and direct patients to the appropriate service unit when assistance is required. Routine monitoring of waiting time and patient complaints can be used as an internal evaluation mechanism to identify recurring service-response problems.

Third, improvements to the physical service environment should receive continuous attention. Particular priority can be given to the cleanliness and sanitation of waiting areas, availability and condition of seating, ventilation, lighting, toilet facilities, and other supporting amenities. Regular inspection schedules can help ensure that these facilities remain clean, functional, and accessible throughout operating hours.

Fourth, staff appearance and professional interaction should be maintained consistently because these elements form part of the visible service experience perceived by patients. Brief periodic service-quality training can be provided to frontline personnel to reinforce communication, responsiveness, and patient-oriented service practices.

Finally, the hospital can integrate these indicators into routine outpatient service evaluation. Waiting time, response time, facility cleanliness, patient complaints, and patient feedback can be monitored periodically to identify areas requiring corrective action. Such monitoring can help translate the findings of this study into continuous service-quality improvement rather than treating patient satisfaction and trust as one-time evaluation outcomes.

This study has several limitations that should be considered when interpreting its findings. First, the study focused only on two SERVQUAL dimensions, namely *responsiveness* and *tangibles*. Consequently, other dimensions of service quality, such as reliability, assurance, and empathy, were not examined even though they may also contribute to patient comfort and trust. Second, the use of consecutive sampling as a non-probability sampling technique limits the extent to which the findings can be generalized to all JKN-KIS patients or to other healthcare institutions. Third, the data were collected using a self-administered questionnaire, meaning that responses may have been influenced by individual perceptions, recall, or social desirability. Fourth, the cross-sectional nature of the study limits the ability to establish temporal relationships among service quality, comfort, and trust.

Future studies can address these limitations by examining all relevant SERVQUAL dimensions and incorporating additional variables that may explain the relationship between service quality and patient trust. In particular, future research could test patient comfort as a mediating variable between service quality and trust using path analysis or structural equation modeling. Such an approach would allow researchers to examine both direct and indirect relationships among the variables. Qualitative

studies, including interviews or observations of outpatient service processes, could also be conducted to explore in greater depth why patients perceive waiting time, staff responsiveness, and physical facilities in particular ways. A mixed-methods approach may further provide a more comprehensive understanding by combining measurable patterns from quantitative data with patients' detailed experiences and explanations. Future studies may also use probability sampling and involve multiple hospitals or healthcare facilities to improve the generalizability and comparative value of the findings.

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