

THE EFFECT OF COMMUNICATIVE SERVICES AND RESPONSIVE SERVICES ON PATIENT TRUST IN TELKOM'S SPECIAL HEALTH SERVICE CLINIC



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Abstract

This study aims to examine the influence of communicative service and responsive service on patient trust at the Telkom Special Health Care Clinic. Patient trust is recognized as a crucial component in sustaining healthcare services, as it reflects patients' confidence in the competence, integrity, and commitment of healthcare professionals to deliver safe, reliable, and professional medical care. Employing a quantitative approach with an explanatory research design, this study utilized Partial Least Squares Structural Equation Modeling (PLS-SEM) through SmartPLS software to test the proposed relationships among variables. The sample size was determined using the Slovin formula with a 5 percent margin of error and further strengthened through an oversampling strategy. As a result, more than 300 respondents who met the inclusion criteria as active clinic patients participated in the study. Data were collected using a structured questionnaire developed from indicators of communicative service, responsive service, and patient trust, all of which were measured using a five-point Likert scale. The findings reveal that communicative service has a positive and significant effect on patient trust. Responsive service also demonstrates a positive and significant influence on patient trust. In addition, communicative service significantly enhances responsive service. The mediation analysis further indicates that responsive service positively and significantly mediates the relationship between communicative service and patient trust. The coefficient of determination confirms that the proposed model possesses satisfactory predictive capability in explaining variations in patient trust. These findings highlight the importance of clear, empathetic, and transparent communication in improving patients' perceptions of service responsiveness, which subsequently strengthens their trust in healthcare institutions. From a theoretical perspective, this study contributes to the advancement of an integrated framework linking communication practices and healthcare service quality. Practically, the results provide valuable insights for clinic management in developing communication- and responsiveness-based service improvement strategies aimed at fostering and maintaining patient trust over the long term.

Keywords: Communicative Service, Responsive Service, Patient Trust, PLS-SEM, Healthcare Service Quality

INTRODUCTION

Patient trust constitutes a fundamental pillar in the sustainability of healthcare services, as it enables the establishment of therapeutic relationships through which patients are willing to accept medical diagnoses, comply with treatment recommendations, and maintain loyalty toward healthcare institutions. In an increasingly competitive healthcare environment, patient trust is shaped not only by clinical outcomes but also by the quality of interactions and the responsiveness demonstrated by healthcare providers in addressing patients' needs. Organizational trust is commonly conceptualized through three key dimensions: ability, benevolence, and integrity. Within healthcare settings, these dimensions are reflected in the professional competence of medical personnel, their concern for patients' well-being, and the consistency and ethical standards upheld by healthcare institutions. The ability dimension influences patients' perceptions of trust through the quality of care and communication provided (Bahari et al., 2024). Benevolence is associated with healthcare professionals' empathy and genuine concern in fostering therapeutic relationships (Lerch et al., 2024), while integrity represents transparency and consistency in service delivery that strengthen patients' confidence in healthcare organizations (Qiu et al., 2022). Empirical evidence further demonstrates that high-quality healthcare services significantly enhance patient trust in healthcare organizations (Wahyuningsih et al., 2023). Likewise, Singh, P. K., Singh, S., Kumari, V., and Tiwari, M. (2024) emphasize that patient trust develops through direct experiences involving effective communication, empathy, and consistency of care.

A Systematic Literature Review (SLR) of national and international studies published between 2019 and 2025 reveals a consistent pattern indicating that communication and service responsiveness are significant determinants of patient trust. Research conducted by Abidova et al. (2021) in the *International Journal of Medicine* found that communication quality and responsiveness exert direct effects on patient trust. Similar findings were reported by Jiang et al. (2024) in *Patient Education and Counseling*, demonstrating that effective communication enhances both patient trust and loyalty. Within primary healthcare settings, Lee et al. (2025) in *BMC Health Services Research* confirmed that the quality of physician–patient communication significantly improves trust and perceived quality of care. Domestic studies have also reported comparable results. Harahap et al. (2025), published in *Jurnal Ilmu Kesehatan Masyarakat*, identified responsiveness and assurance as primary determinants of trust among patients attending primary healthcare clinics. Rahayu and Surwanti (2022), in *Jurnal Media Publikasi Promosi Kesehatan Indonesia (MPPKI)*, reported that communication and responsiveness positively and significantly influence the trust of BPJS healthcare participants. Furthermore, Dharma et al. (2022) in *Jurnal Ilmiah Kesehatan (JIKA)* and Sihombing (2021) in *Jurnal Ayurveda Medistra* concluded that responsiveness and empathy represent dominant dimensions in shaping patient trust within private and specialist healthcare clinics.

From a theoretical perspective, communicative service in healthcare originates from the concept of therapeutic communication, which emphasizes clarity of information, empathy, and active listening as essential foundations for building mutual trust between healthcare providers and patients (Arnold & Boggs, 2019). This perspective aligns with interpersonal communication theory, which argues that message openness, constructive feedback, and the creation of shared understanding are prerequisites for effective professional

communication (DeVito & DeVito, 2019). In contemporary healthcare settings, clear and empathetic communication has been shown to contribute significantly to higher levels of patient trust and satisfaction (Bahari et al., 2024). Therefore, communicative service extends beyond the mere transmission of medical information and reflects the quality of interpersonal relationships that reinforce perceptions of professionalism and institutional integrity.

Service responsiveness, within the service quality framework, refers to the willingness and readiness of service providers to assist patients promptly, accurately, and efficiently. Darsana et al. (2023) define responsiveness as an organization's capability to provide timely and effective assistance in accordance with customer needs. This perspective is reinforced by Zeithaml, Bitner, and Gremler (2020), who identify responsiveness as a core dimension of service quality encompassing prompt service delivery, readiness to help customers, and the ability to resolve problems professionally. In healthcare clinics, responsiveness is manifested through service speed, attentiveness to patient complaints, willingness to provide assistance, accuracy of medical actions, and accessibility of healthcare services. These factors have been empirically linked to the development of patient trust. Nevertheless, previous studies have primarily focused on general hospitals, primary healthcare clinics, and BPJS-related healthcare services. Research examining corporate-based specialized healthcare clinics remains relatively limited. This gap is particularly relevant in the context of the Telkom Special Health Care Clinic, which serves employees and their families and is characterized by a relatively homogeneous patient population with high expectations regarding professionalism, communication effectiveness, and service efficiency. Consequently, communicative and responsive services must be managed in an integrated and optimized manner to sustain and enhance patient trust over time.

Based on the synthesis of literature through the SLR approach, a research gap can be identified concerning corporate-based specialized healthcare clinics, particularly regarding the integration of communicative service and responsive service within a single empirical model explaining patient trust. Accordingly, this study aims to investigate the effects of communicative service and responsive service on patient trust at the Telkom Special Health Care Clinic in Bandung. The findings are expected to contribute not only to the advancement of healthcare service management literature but also to provide practical insights for developing communication- and responsiveness-based service improvement strategies aimed at strengthening patient trust in a sustainable manner.

Based on the theoretical framework and empirical evidence presented above, the proposed research model is illustrated as follows:

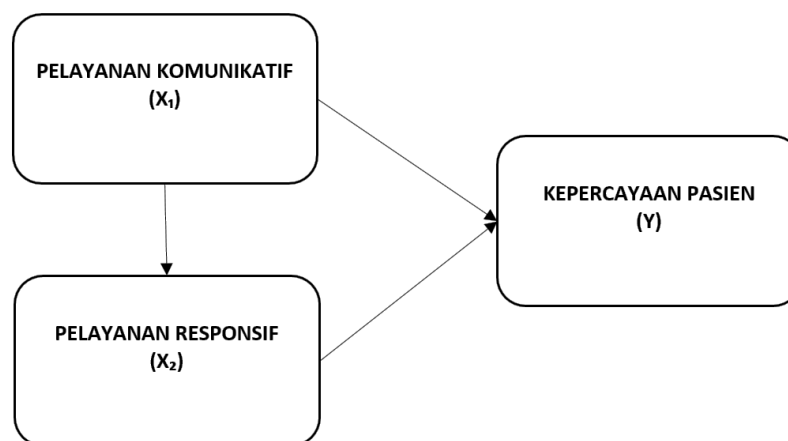


Figure 1.
Research Model

Based on the theoretical arguments and empirical evidence discussed above, the following research hypotheses are proposed:

- H₁: Communicative service (X₁) has a positive and significant effect on patient trust (Y) at the Telkom Special Health Care Clinic.
- H₂: Responsive service (X₂) has a positive and significant effect on patient trust (Y) at the Telkom Special Health Care Clinic.
- H₃: Communicative service (X₁) has a positive and significant effect on responsive service (X₂) at the Telkom Special Health Care Clinic.
- H₄: Responsive service (X₂) positively and significantly mediates the relationship between communicative service (X₁) and patient trust (Y) at the Telkom Special Health Care Clinic.

RESEARCH METHOD

This study employed a quantitative approach with an explanatory research design to examine the causal relationships among communicative service, responsive service, and patient trust at the Telkom Special Health Care Clinic. An explanatory approach was considered appropriate because the study sought not merely to describe healthcare service phenomena but also to explain the magnitude and direction of relationships among latent variables grounded in therapeutic communication theory, service quality theory, and trust theory within a corporate healthcare setting. The research focused on testing a predictive structural model; therefore, the analytical technique needed to accommodate reflective measurement models and assess both direct and indirect relationships among constructs.

The target population consisted of patients who had received medical services at the Telkom Special Health Care Clinic in Bandung during the designated research period. Individuals with direct service experience were considered capable of providing reliable

assessments regarding communication quality, service responsiveness, and the level of trust developed toward the clinic. The minimum sample size was determined using the Slovin formula with a 5% margin of error (Adam, 2020; Slovin, 1960), resulting in an estimated requirement of approximately 190 respondents. To enhance statistical power, improve parameter estimation stability, and minimize the potential impact of incomplete responses, an oversampling strategy was adopted, resulting in a final sample exceeding 300 respondents. Such a sample size is regarded as adequate for Partial Least Squares Structural Equation Modeling (PLS-SEM) analyses and aligns with recommendations provided in contemporary SEM methodology literature (Hair et al., 2023; Sarstedt et al., 2021). Participants were selected through purposive sampling based on several inclusion criteria: having utilized the clinic's services at least once during the previous six months, being at least 17 years of age, and voluntarily completing the questionnaire. These criteria ensured that the collected data accurately reflected actual patient experiences.

Data were gathered using a structured questionnaire developed from the operational definitions of the study variables, namely communicative service (X_1), responsive service (X_2), and patient trust (Y). All indicators were measured using a five-point Likert scale ranging from strongly disagree to strongly agree. Communicative service was assessed through indicators reflecting clarity of medical information, empathy demonstrated by healthcare professionals, active listening ability, openness in communication, and the ability to address patient inquiries. These indicators were derived from the therapeutic communication framework proposed by Mundakir (2016) and the interpersonal communication theory developed by Tubbs and Moss (1981). Responsive service was measured through indicators related to service promptness, responsiveness to complaints, willingness to assist patients, accuracy of medical actions, and accessibility of healthcare services. These dimensions were adapted from the responsiveness construct within the service quality framework proposed by Tjiptono (2022) and Zeithaml, Bitner, and Gremler (2016). Patient trust was operationalized using the dimensions of ability, benevolence, and integrity, which continue to serve as the dominant conceptual foundation for measuring trust in healthcare settings. These dimensions represent perceptions of professional competence, concern for patient welfare, and ethical integrity of healthcare providers (Karikumpu et al., 2025; Mayer et al., 1995). Their relevance has been reaffirmed by recent empirical studies identifying competence, goodwill, and integrity as key determinants of patient trust in contemporary healthcare environments (Zondag et al., 2024).

Data analysis was conducted using Partial Least Squares Structural Equation Modeling (PLS-SEM) with the latest version of SmartPLS software. This method was selected because of its suitability for predictive research, its capability to analyze mediation models, and its flexibility regarding multivariate normality assumptions compared with covariance-based SEM approaches. Following the methodological guidelines proposed by Hair et al. (2023) and Sarstedt et al. (2023), the analysis was carried out in two sequential stages: evaluation of the measurement model (outer model) and evaluation of the structural model (inner model).

The measurement model assessment began with convergent validity testing through the examination of outer loadings and Average Variance Extracted (AVE). Outer loading values of 0.70 or higher and AVE values above 0.50 were considered evidence that each construct adequately explained the variance of its indicators. Discriminant validity was

subsequently evaluated using the Fornell–Larcker criterion and the Heterotrait–Monotrait Ratio (HTMT), with HTMT values below 0.85 indicating satisfactory conceptual distinctiveness among constructs. Reliability was assessed through Cronbach’s Alpha and Composite Reliability (CR), where values exceeding 0.70 indicated acceptable internal consistency. Composite Reliability was given greater emphasis because it accounts for the actual contribution of individual indicators to the latent construct.

Once the measurement model met all validity and reliability requirements, the structural model was evaluated by examining path coefficients to determine the direction and strength of relationships among variables. The coefficient of determination (R^2) was analyzed to assess the predictive power of exogenous variables in explaining endogenous constructs, while effect size (f^2) was calculated to determine the relative contribution of each predictor to changes in R^2 values. In addition, predictive relevance (Q^2) was assessed through the blindfolding procedure, with Q^2 values greater than zero indicating satisfactory predictive capability. Hypothesis testing was conducted using a bootstrapping procedure with a minimum of 5,000 resamples to generate robust estimates of t-statistics and p-values. Mediation effects were examined through specific indirect effect analysis to determine whether responsive service functioned as a partial or full mediator in the relationship between communicative service and patient trust, following recommendations for mediation analysis in PLS-SEM research (Edeh et al., 2022).

Through this systematic and rigorous analytical procedure, the study is expected to produce an empirical model characterized by strong validity, reliability, and predictive capability. Ultimately, the findings are anticipated to contribute both theoretically and practically to the advancement of communication- and responsiveness-based healthcare service management aimed at strengthening patient trust.

RESULTS AND DISCUSSION

Respondent Profile

The study data were collected from 190 respondents who had received healthcare services at the Telkom Special Health Care Clinic in Bandung. Participants were selected using a purposive sampling technique based on several inclusion criteria: having utilized the clinic’s services at least once within the previous six months, being at least 17 years of age, and voluntarily agreeing to provide information by completing the questionnaire. Data collection was conducted between January and March 2026.

The demographic profile of the respondents indicates that the clinic’s patients were predominantly drawn from the productive-age population, reflecting a relatively high level of healthcare service utilization. The gender distribution was also relatively balanced between male and female respondents, providing a representative overview of patients’ perceptions regarding the quality of services delivered by the clinic.

The diversity of respondent characteristics provides a solid empirical basis for examining the influence of communicative service and responsive service on patient trust at the Telkom Special Health Care Clinic in Bandung. Such variation enhances the robustness of the analysis by capturing perspectives from patients with different demographic backgrounds and service experiences, thereby strengthening the validity of the study findings.

Table 1.

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std, Deviation
Communicative Service	190	1,00	5,00	4,12	0,63
Responsive Service	190	1,00	5,00	4,18	0,58
Patient Trust	190	1,00	5,00	4,09	0,61
Valid N (listwise)	190				

Source: Data processed (2025)

The descriptive analysis revealed that all study variables achieved mean scores within the high category. Responsive service recorded the highest mean value ($M = 4.18$), indicating that patients perceived healthcare professionals and the clinic's service system as highly responsive in addressing their needs and concerns. Communicative service achieved a mean score of 4.12, suggesting that interactions between healthcare providers and patients were generally effective, characterized by clear information delivery, empathetic communication, and the ability to adequately address patients' questions. Patient trust obtained a mean score of 4.09, indicating that most respondents demonstrated a high level of confidence in the competence, integrity, and benevolence of healthcare professionals. These findings suggest that communication quality and service responsiveness play important roles in creating positive and sustainable healthcare experiences.

The measurement model assessment demonstrated that all indicators satisfied the validity and reliability criteria recommended for Partial Least Squares Structural Equation Modeling (PLS-SEM). All indicator loadings exceeded the minimum threshold of 0.70, confirming that the observed indicators adequately represented their respective latent constructs. Convergent validity was assessed using the Average Variance Extracted (AVE) criterion. The results showed AVE values of 0.692 for communicative service, 0.794 for responsive service, and 0.716 for patient trust. Since all values were above the recommended threshold of 0.50, each construct was considered capable of explaining more than 50% of the variance of its associated indicators.

Discriminant validity was evaluated using the Fornell–Larcker criterion. The results indicated that the square root of the AVE for each construct exceeded its correlations with other constructs in the model. This finding confirms that each variable possesses adequate discriminant validity and is empirically distinct from the other constructs included in the research framework.

Reliability testing further demonstrated excellent internal consistency across all constructs. The Composite Reliability values were 0.957 for communicative service, 0.975 for responsive service, and 0.962 for patient trust. These values substantially exceeded the minimum recommended threshold of 0.70 (Hair et al., 2023), indicating a high degree of measurement stability and consistency. Therefore, the research instrument can be considered reliable and appropriate for subsequent structural model evaluation and hypothesis testing.

Tabel 2.
Coefficient of Determination (R^2) Results

Endogenous Variables	R Square
Responsive Service	0,271
Patient Trust	0,619

Source: Data processed (2026)

The coefficient of determination (R^2) analysis was conducted to assess the predictive power of the structural model in explaining the variance of the endogenous constructs. The results indicate that communicative service explains 27.1% of the variance in responsive service ($R^2 = 0.271$), while the remaining 72.9% is attributable to other factors not included in the present model. This finding suggests that communicative service contributes meaningfully to the development of service responsiveness, although additional organizational and operational factors may also influence the responsiveness of healthcare services.

Furthermore, communicative service and responsive service jointly explain 61.9% of the variance in patient trust ($R^2 = 0.619$). According to commonly accepted PLS-SEM guidelines, this value indicates substantial predictive power and demonstrates that the proposed model is capable of explaining a considerable proportion of patient trust. In practical terms, more than half of the variation in patient trust can be accounted for by the two exogenous variables examined in this study.

The remaining 38.1% of the variance in patient trust is likely influenced by factors beyond the scope of the current research model. These factors may include healthcare facility quality, institutional reputation, previous service experiences, patient satisfaction, perceived treatment outcomes, and individual psychological characteristics. Nevertheless, the relatively high R^2 value confirms the important role of communicative and responsive services in fostering trust within healthcare settings and supports the adequacy of the proposed structural model.

Tabel 3.
Hypothesis Testing Results

Relationships Between Variables	Path Coefficient (β)	t-Statistic	p-Value	Decision
Communicative Service → Patient Trust	0,048	0,732	0,464	Rejected
Communicative Service → Responsive Service	0,52	9,195	0	Accepted
Responsive Service → Patient Trust	0,761	15,143	0	Accepted

Source: SmartPLS data processing results (2026)

The analysis shows that responsiveness positively and significantly influences customer satisfaction with telecommunication services. Based on the t-test, the responsiveness variable (Total X_1) has a regression coefficient of 1.229 with a calculated t-

value of 12.187 and a significance of 0.000. Since the significance value is smaller than 0.05, the first hypothesis (H1) is accepted, which means that the higher the service responsiveness, the higher the level of customer satisfaction. Conversely, empathy does not have a significant effect on customer satisfaction. The t-test results show that the empathy variable (Total_X₂) has a regression coefficient of -0.100 with a calculated t-value of -0.707 and a significance value of 0.480. Because the significance value is greater than 0.05, the second hypothesis (H₂) is rejected, which indicates that empathy does not directly increase customer satisfaction. Likewise, with interpersonal, the analysis results show that this variable has no significant effect on customer satisfaction. With a regression coefficient of 0.052, a calculated t-value of 0.696, and a significance value of 0.488, the third hypothesis (H₃) is rejected because the significance value is greater than 0.05.

Table 4.
ANOVA (F test)
ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2578,680	2	1289,340	27,757	,000 ^b
	Residual	4830,946	104	46,451		
	Total	7409,626	106			

a. Dependent Variable: Employee Performance

b. Predictors: (Constant), Quiet Quitting, Leadership Style

Source: Data processed (2025)

The results of the ANOVA test as presented in Table 4 further confirm the adequacy of the proposed model. The analysis yields an F value of 27.757 with a significance level of 0.000, indicating that the third hypothesis (H₃), which posits that the two independent variables simultaneously exert a significant influence on employee performance, is accepted. This finding is consistent with previous studies by Dewi and Suwandana (2024) as well as Guo and Hou (2023), which emphasize that leadership constructs and disengagement behaviors can interact in shaping individual work performance (Susita et al., 2023; Wu & Li, 2023).

Table 5.
Partial Significance Test Analysis (t test)
Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	55,617	10,834		5,133	,000
	Leadership Style	,165	,185	,113	,894	,373
	Quiet Quitting	-,568	,143	-,498	-3,958	,000

a. Dependent Variable: Employee Performance

Source: Data processed (2025)

The analysis results indicate that leadership style does not have a significant direct effect on employee performance despite exhibiting a positive coefficient of 0.165 with a t

value of 0.894 and a significance level of 0.373. The strong negative correlation between leadership style and quiet quitting amounting to -0.777 suggests a substantial interaction in which much of the leadership effect is transmitted through disengagement mechanisms. This finding is consistent with prior studies indicating that the influence of leadership on employee performance often emerges indirectly through levels of work engagement perceptions of organizational support or fairness and psychological workload conditions. Several empirical studies in both public and private organizational contexts demonstrate that leadership enhances engagement which in turn is positively associated with performance while workload and perceptions of organizational support may modify or weaken the direct effect of leadership on performance outcomes (Mon et al., 2021; Prawibowo & Prapanca, 2024; Taşova et al., 2023). This interpretation is also closely aligned with the findings of Tarigan (2025) who suggests that leadership particularly empowering leadership does not always exert a direct influence on quiet quitting intentions but is frequently mediated by other variables such as job satisfaction or contextual factors (br Tarigan, 2025).

Partial testing of the quiet quitting variable reveals a significant negative effect on employee performance as reflected by a regression coefficient of -0.568 a t value of -3.958 and a significance level of 0.000. This negative effect indicates that an increasing tendency to perform work at a minimal level progressively weakens employee performance. This finding is consistent with recent studies demonstrating that disengagement behavior or quiet quitting is strongly associated with declines in work quality and productivity. Empirical evidence from organizational contexts in Indonesia and other Asian countries (K. T. Kim & Sohn, 2024; Permana et al., 2024) as well as scoping reviews among healthcare professionals (Mawarti et al., 2025) consistently show that reduced work engagement negatively affects performance and therefore requires strategic managerial attention (Gabelaia & Bagociunaite, 2023; Rahmadara & Rachmawati, 2025).

Overall the results of this study indicate that quiet quitting serves as a more dominant predictor of employee performance than structural factors such as leadership style. This finding underscores the importance of organizational focus on strategies aimed at strengthening employee engagement including the provision of a supportive work environment proportional reward systems and opportunities for personal and professional development. While leadership development remains essential such efforts should be directed toward fostering work relationships that suppress the emergence of disengagement behaviors as these behaviors have been empirically shown to exert a direct negative impact on productivity. Accordingly the relationship among leadership quiet quitting and performance should not be viewed as separate domains but rather as an interconnected continuum that shapes both psychological and organizational constructs determining overall employee performance quality.

CONCLUSION

Based on the research findings H_1 leadership style demonstrates a positive but statistically insignificant effect on employee performance indicating that improvements in leaders' capacity to provide direction support and role modeling tend to enhance the performance of non medical employees at Pindad Hospital and Clinics Bandung although the effect is not strong enough to be considered significant. For H_2 the hypothesis is accepted confirming that quiet quitting has a negative and significant effect on employee performance

in which increasing levels of psychological withdrawal such as declining initiative engagement and work participation directly contribute to reduced work effectiveness. Meanwhile H₃ is also accepted indicating a significant negative relationship between leadership style and quiet quitting. The more supportive communicative and participative the leadership style applied the lower the tendency of employees to engage in quiet quitting behaviors.

Based on these results several recommendations are proposed to improve employee performance including strengthening leadership competencies through coaching based and communicative training programs fostering a work culture that values employee contributions through consistent recognition systems, providing two way feedback mechanisms so that employees feel heard and conducting regular monitoring of work engagement levels to detect potential quiet quitting at an early stage. These efforts are expected to create a healthy work environment, encourage improved employee performance and ultimately strengthen overall organizational performance.

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