American Journal of Humanities and Social Sciences Research (AJHSSR)
e-ISSN : 2378-703X
Volume-09, Issue-10, pp-115-124
www.ajhssr.com
Research Paper Open Access

The Influence of Service Delivery System on Hospital Image and Patient Trust at Taman Husada Regional Public Hospital Bontang

Tri Utami Pangestu[1], Saida Zainurossalamia[2], Wirasmi Wardhani[3]
[1](Master of Management, Mulawarman University, Indonesia)

ABSTRACT: The purpose of this study is to examine the influence of service delivery system (physical facilities and contact personnel) on hospital image and patient trust at Taman Husada Regional Public Hospital Bontang. The sampling technique in this research is non probability sampling, specifically purposive sampling with a total of 125 respondents selected through the direct distribution of questionnaires to inpatients covered by BPJS PBI class III. The data analysis technique utilizad is structural equation modeling (SEM) using smart PLS version 3.0. The results of the study show that out of seven hypotheses, four hypotheses to be positive and significant and three hypotheses positive but not significant.

KEYWORDS : *Physical Facilities, Contact Personnel, Hospital Image, Patient Trust.*

I. INTRODUCTION

Health is a fundamental human right and one of the elements of social welfare that must be realized. The government is obliged to make optimal efforts in the health sector by providing adequate healthcare services for the general public, with the aim of improving the overall health status of the population and ensuring equitable access to healthcare services for all citizens throughout Indonesia. One of the essential elements in delivering effective healthcare services is patient trust.

This indicates that the better the quality of healthcare services, the higher the level of patient trust (Suhermin & Hermawati, 2021). However, in reality, a study conducted by Li et al. (2022) at Primary Care Institutions (PCI) in China revealed that the level of patient trust in healthcare institutions remains low. Therefore, efforts are needed to enhance patient trust, particularly among undereducated populations and those with poor health conditions.

The Regulation of the Minister of Health of the Republic of Indonesia Number 40 of 2022 concerning "Technical Infrastructure and Medical Equipment in Hospitals" stipulates that the capability of hospital services must be supported by the availability of buildings, infrastructure, and medical equipment that meet technical requirements.

These provisions are essential to ensure the delivery of comprehensive individual healthcare services in inpatient care, outpatient care, and emergency services, in accordance with the classification of each hospital (Ministry of Health of the Republic of Indonesia, 2022). Furthermore, Article 1, page 2, point (b) of the regulation emphasizes the need to enhance the participation of the central government, regional governments, and the community in managing hospitals in accordance with technical standards.

Bontang has five hospital services, consisting of one public hospital managed by the local government—Taman Husada Bontang Regional Public Hospital (RSUD Taman Husada Bontang)—and four private hospitals, namely Pupuk Kalimantan Timur Hospital, Badak LNG Hospital, Amalia Hospital, and Yabis Islamic Hospital. All five hospitals serve and admit patients under various healthcare schemes, including BPJS PBI (subsidized), BPJS non-PBI (non-subsidized), private insurance, and out-of-pocket payments. Despite the availability of five hospital options to support public health services in Bontang, this study focuses specifically on the Regional Public Hospital (RSUD) as the object of research.

RSUD Taman Husada Bontang was selected due to its strategic role as a representative center for public healthcare services at the regional level, providing broad-based medical services to the community. Moreover, the selection of RSUD is also based on its relatively complete availability of healthcare professionals, including competent specialists and sub-specialists, as well as adequate medical facilities. In the context of academic research, choosing RSUD as the study site is expected to yield valuable insights for hospital management and local government, particularly for evaluating and improving healthcare policy. Additionally, one of the criteria for patient respondents in this study is inpatients covered under BPJS PBI Class III. The

rationale for selecting BPJS Class III patients is that they constitute the majority of BPJS PBI service users—individuals who receive government-subsidized health insurance and are registered under the Integrated Social Welfare Data (DTKS). These patients are exempt from paying monthly premiums, as all healthcare costs are fully covered by the government.

The fundamental principle underlying the provision of healthcare services in hospitals is the fulfillment of the needs of healthcare service users, namely the patients. Patients expect hospitals to resolve their health problems. Therefore, hospitals must be capable of delivering high-quality medical care that promotes healing and recovery, responding promptly to patient complaints, and providing comfortable healthcare facilities. A similar study conducted by Diah and Maurissa (2023) revealed that patient trust in the inpatient services of Meuraxa Hospital in Banda Aceh City was at a moderate level. The study recommended that hospital institutions enhance the quality of inpatient services in order to strengthen patient trust.

Hospital image and patient trust are two interrelated elements. When a strong image is combined with a high level of patient trust, it creates a favorable perception of the hospital's reputation, while trust ensures that patients feel secure and confident in the services provided. Masitoh (2023) supports this finding, indicating that the combination of image and trust has a more significant impact. With strong trust, patients are more likely to remain loyal to the services offered (Veranita & Hatimatunnisani, 2021). A positive image and high level of trust indicate that the hospital has successfully maintained a significant competitive advantage. While image helps attract new patients through a good reputation, trust ensures that existing patients feel satisfied and comfortable in continuing to use the hospital's services.

II. LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

Service Marketing

Kotler & Keller (2016:422) A service is any act or performance one party can offer to another that is essentially intangible and does not result in the ownership of anything.

Consumer Behavior

Solomon (2015:28), consumer behavior is the study of the processes involved when individuals or groups select, purchase, use, or dispose of products, services, ideas, or experiences to satisfy needs and desires.

Service Delivery System

Lovelock and Wirtz (2016:112), the service delivery system is defined as a system or the entire service in which there is contact between the company and the consumer. This contact can begin with advertising, billing, and all matters related to the interaction during the provision of the service.

Physical Facilities

Zeithaml and Bitner (2013:296), there are three dimensions of physical facilities: Ambient Conditions, Spatial Layout and Functionality, and Signs, Symbols, and Artifacts. All facilities consist of physical equipment prepared by the service provider to support user comfort. Therefore, the overall facilities can be concluded to facilitate customers in utilizing all available infrastructure and amenities.

Contact Personnel

Gasperz (2012:87), there are three dimensions: Appearance, Competence, and Professionalism. The moment of truth occurs during the contact between employees and consumers. Personal contact is a key asset in the service industry, especially when involving high-performing employees. Consumers' demand for high-performing employees leads to greater satisfaction with the services provided by the industry.

The Relationship Between Physical Facilities and Hospital Image

Alomari (2022), in a study conducted on patients at a hospital in the capital city of Damascus, found that physical facilities have a significant effect on the hospital image. Similarly, Pathak and Pedroo (2024), in their study involving patients at a hospital in Pune City, India, demonstrated that physical facilities. **H1:** Physical Facilities Have a Positive and Significant Effect on Hospital Image.

The Relationship Between Contact Personnel and Hospital Image

Ferreira et al. (2023), in their study involving patients from hospitals in Europe and the United States, identified contact personnel as one of the key factors influencing healthcare services. This includes interpersonal interactions and social skills, such as those demonstrated in medical care. Therefore, the presence and performance of contact personnel in interactions between patients and healthcare professionals can significantly impact the overall image of healthcare services. A similar study conducted by Zubayer (2018) on inpatients at four hospitals in Dhaka Apollo, Labaid, Square, and United found that aspects of contact personnel, such as nurses attitudes and staff friendliness, had a significant effect on the hospital image.

H2: Contact personnel have a positive and significant effect on hospital image.

The Relationship Between Physical Facilities and Patient Trust

Physical healthcare facilities are considered one of the factors that can influence patient trust in healthcare services, as evidenced by the study conducted by Obubu et al. (2023). Similarly, Shie and Huang (2022), in a study involving 483 elderly patients in China, found that physical facilities also have a significant impact on patient trust.

H3: Physical facilities have a positive and significant effect on patient trust.

The Relationship Between Contact Personnel and Patient Trust

Conradsen et al. (2023), in a study involving patients receiving healthcare services in Norway, demonstrated that healthcare personnel significantly influence the overall image of the hospital. A positive relationship between patients and healthcare personnel can create a favorable experience for patients during their hospital stay.

H4: Contact personnel have a positive and significant effect on patient trust.

The Relationship Between Hospital Image and Patient Trust

A positive image increases consumer trust in services associated with the brand. A similar study by Ipo et al. (2021) on patients at Waetuno Health Center, Wakatobi Regency, showed that hospital image significantly affects patient trust. Sofia (2023), in a study involving patients who received treatment at RSGM Jakarta, found that hospital brand image has a significant impact on patient trust.

H5: Hospital image has a positive and significant effect on patient trust.

The Relationship Between Physical Facilities and Patient Trust Through Hospital Image

A study involving 212 patients at RSUD Taman Sari demonstrated that when physical facilities and services are good and satisfactory, the hospital image improves, thereby indirectly increasing patient trust (Wijaya et al., 2021). Another study with 100 patients at RSUD MA Sentot Indramayu found that, holistically, hospital physical facilities have a stronger influence on patient trust when mediated by hospital image. This suggests that physical facilities play an important role in creating a positive hospital image and strengthening patient trust (Jannah et al., 2024).

H6: Physical facilities have a positive and significant effect on patient trust through hospital image.

The Relationship Between Contact Personnel and Patient Trust Through Hospital Image

Ramadhani and Sediawan (2022) found that improvements in the quality of medical personnel and interpersonal services positively affect the hospital image and increase patient trust. Another study involving patients at RSUD Ryacudu Kotabumi, North Lampung, indicated that hospital image is shaped by patients' experiences with medical personnel services and serves as a mediator that strengthens the influence of medical personnel on patient trust (Ginting et al., 2025).

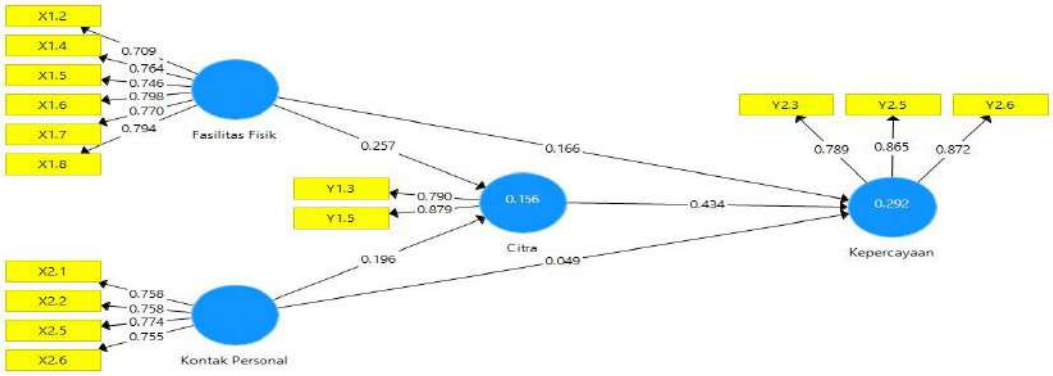
H7: Contact personnel have a positive and significant effect on patient trust through hospital image.

III. RESEARCH METHOD

This study was conducted at RSUD Taman Husada Bontang. The research employed a quantitative approach. The population consisted of 125 inpatient participants covered by BPJS PBI Class III health insurance. A non-probability sampling technique with purposive sampling method was applied. To determine the sample, data were collected through the direct and structured distribution of questionnaires to respondents.

The data analysis technique used in this study was Structural Equation Modeling (SEM) with Partial Least Squares (PLS) using the SmartPLS Version 3.0 software. According to Hair et al. (2019:764), SEM-PLS is a statistical modeling method aimed at explaining the relationships among variables simultaneously. Partial Least Squares (PLS) consists of two models: the measurement model as the outer model (which represents how observed variables reflect the constructs) and the structural model as the inner model (which shows how the constructs relate to one another).

IV. RESULT AND DISCUSSION



Source: SmartPLS 3.0, processed by the researcher, 2025.

Measurement Model (Outer Model)

Cross Loadings

Source: SmartPLS 3.0, processed by the researcher, 2025.

1. The physical facilities variable (X1) has cross-loading values of X1.2 (0.709), X1.4 (0.764), X1.5 (0.746), X1.6 (0.798), X1.7 (0.770), and X1.8 (0.794), which exceed the loading values of other latent constructs and are also greater than 0.7 within the same variable. Therefore, it can be concluded that all indicators meet the requirements for discriminant validity.
2. The contact personnel variable (X2) has cross-loading values of X2.1 (0.758), X2.2 (0.758), X2.5 (0.774), and X2.6 (0.755), which exceed the loading values of other latent constructs and are also greater than 0.7 within the same variable. Therefore, it can be concluded that all indicators meet the requirements for discriminant validity.
3. The hospital image variable (Y1) has cross-loading values of Y1.3 (0.790) and Y1.5 (0.879), which exceed the loading values of other latent constructs and are also greater than 0.7 within the same variable. Therefore, it can be concluded that all indicators meet the requirements for discriminant validity.
4. The patient trust variable (Y2) has cross-loading values of Y2.3 (0.789), Y2.5 (0.865), and Y2.6 (0.872), which exceed the loading values of other latent constructs and are also greater than 0.7 within the same variable. Therefore, it can be concluded that all indicators meet the requirements for discriminant validity.

Average Variance Extracted (AVE)

Construct	***Average Variance Extracted* (AVE)**
Physical Facilities (X1)	**0.584**
Contact Personnel (X2)	**0.579**
Hospital Image (Y1)	**0.698**
Patient Trust (Y2)	**0.711**

Source: SmartPLS 3.0, processed by the researcher, 2025.

Discriminant validity can also be assessed by comparing the Average Variance Extracted (AVE) values with the correlations between constructs within the model. In the study on the effect of physical facilities and contact personnel on the image and trust of inpatient patients at RSUD Taman Husada Bontang, the results showed that the AVE values were greater than 0.5, indicating that discriminant validity.

Cross Loading Fornell-Lacker's

	Hospital Image (Y1)	**Physical Failities (X1)**	**Patient Trust (Y2)**	**Contact Personnel (X2)**
Hospital Image (Y1)	**0.836**			
Physical Failities (X1)	0.357	**0.764**		
Patient Trust (Y2)	0.510	0.347	**0.843**	
Contact Personnel (X2)	0.327	0.513	0.277	**0.761**

Source: SmartPLS 3.0, processed by the researcher, 2025.

Indicator has the highest loading factor value on the latent construct being tested compared to other latent constructs. This means that each indicator can be well predicted by its respective latent construct; in other words, discriminant validity has been established.

Reliability Test

Construct	*Composite Reliability*
Physical Facilities (X1)	**0.894**
Contact Personnel (X2)	**0.846**
Hospital Image (Y1)	**0.822**
Patient Trust (Y2)	**0.880**

Source: SmartPLS 3.0, processed by the researcher, 2025

All variables met the requirements in this study. The highest composite reliability value was found in the physical facilities variable (X1) at 0.894, while the lowest value was in the hospital image variable (Y1) at 0.822. Based on Table 5.10 above, it can be seen that the composite reliability values for all variables exceed 0.7. This indicates that the exploratory research using the instruments to measure the constructs or variables in this study has performed well and is considered reliable.

R-Square Test (Coefficient of Determination Test)

Endogenous Variable	R-square	R-square adjusted	Description
Hospital Image (Y1)	0.156	0.142	The results showed a weak correlation
Patient Trust (Y2)	0.292	0.275	The results showed a weak correlation

Source: SmartPLS 3.0, processed by the researcher, 2025.

1. The R^2 value for the hospital image variable (Y1) is 0.156 or 15.6%. This result indicates that the coefficient of determination is 15.6%, which is influenced by physical facilities (X1) and contact personnel (X2), while the remaining 84.4% is affected by factors not accounted for in this study's variables.
2. The R^2 value for the patient trust variable (Y2) is 0.292 or 29.2%. This result indicates that the coefficient of determination is 29.2%, influenced by physical facilities (X1), contact personnel (X2), and hospital image (Y1), while the remaining 70.8% is affected by factors not included in the variables of this study.

F^2 Test (Effect Size)

	f-square
H1: Physical Facilities -> Hospital Image	0.058
H2: Contact Personnel -> Hospital Image	0.033
H3: Physical Facilities -> Patient Trust	0.027
H4:Contact Personnel-> Patient Trust	0.002
H5: Hospital Image -> Patient Trust	0.225

Source: SmartPLS 3.0, processed by the researcher, 2025.

1. The F^2 effect size value for the construct model of the physical facilities variable (X1) influencing hospital image (Y1) is 0.058, which is considered to have a small effect size.
2. The F^2 effect size value for the construct model of the contact personnel variable (X2) influencing hospital image (Y1) is 0.033, which is classified as a small effect size.
3. The F^2 effect size value for the construct model of the physical facilities variable (X1) influencing patient trust (Y2) is 0.027, which is considered a small effect size.
4. The F^2 effect size value for the construct model of the contact personnel variable (X2) influencing patient trust (Y2) is 0.002, which is classified as a small effect size.
5. The F^2 effect size value for the construct model of the hospital image variable (Y1) influencing patient trust (Y2) is 0.225, which is classified as a medium effect size.

Goodness of Fit (GOF) is used to test the feasibility of a model, serving as a validation of the model as a whole. The GOF value in Partial Least Squares (PLS) analysis can be assessed through the predictive relevance (Q^2), also known as Stone-Geisser's Q^2. The Q^2 value is calculated based on the R^2 values of each endogenous variable.

$$Q^2 = 1 - ((1 - R1^2) \times (1 - R2^2))$$

$$= 1 - ((1 - 0{,}156) \times (1 - 0{,}292))$$

$$= 1 - (0{,}844 \times 0{,}708)$$

$$= 1 - 0{,}597$$

$$= 0{,}403$$

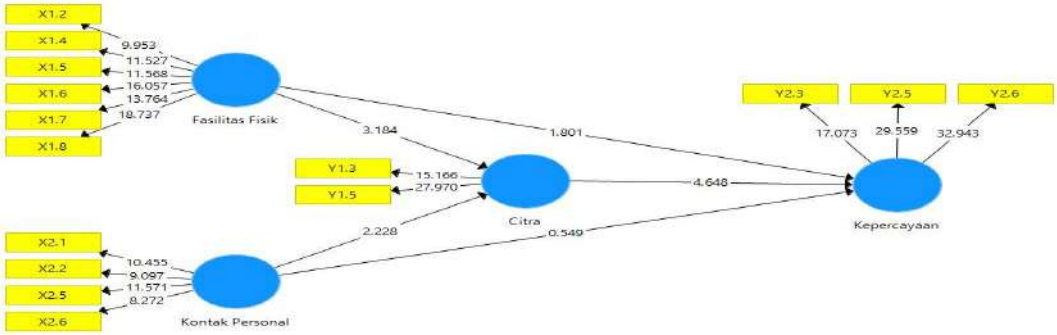
The Q^2 value is 0.403, which represents 40%. This predictive relevance value of 40% indicates that the variance in the data that can be explained by the model is 40%, meaning that the information captured by this research accounts for 40%, while the remaining 60% is explained by other variables not included in the model or by error. Since the Q^2 value is 0.403 > 0, the predictive capability of the model is considered relevant.

Hypothesis Test

Hypothesis testing was conducted using t-statistic values and their corresponding probabilities. The criteria for hypothesis acceptance are as follows: (the hypothesis is accepted if the t-statistic value is >1.96) and (the hypothesis is accepted if the p-value is < 0.05) .

PLS *Boothstrapping*

Source: SmartPLS 3.0, processed by the researcher, 2025.



	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T-statistics	P values
H1: Physical Facilities -> Hospital Image	0.257	0.273	0.081	3.184	0.002
H2: Contact Personnel -> Hospital Image	0.196	0.201	0.088	2.228	**0.026**

H3: Physical Facilities -> Patient Trust	0.166	0.169	0.092	1.801	**0.072**
H4: Contact Personnel -> Patient Trust	0.049	0.054	0.090	0.549	**0.584**
H5: Hospital Image -> Patient Trust	0.434	0.435	0.093	4.648	0.000

Source: SmartPLS 3.0, processed by the researcher, 2025.

	Original sample (O)	**Sample mean (M)**	**Standard deviation (STDEV)**	**T-statistics**	**P values**
Physical Facilities -> Hospital Image -> Patient Trust	0,111	0,116	0,041	2,688	0,007
Contact Personnel -> Hospital Image -> Patient Trust	0,085	0,086	0,045	1,892	**0,059**

Source: SmartPLS 3.0, processed by the researcher, 2025.

The results of the hypothesis:

1. The results of the first hypothesis test indicate a positive influence of physical facilities on hospital image, with an original sample estimate value of 0.257, demonstrating a unidirectional relationship. Furthermore, the relationship between physical facilities and hospital image is significant, as evidenced by a t-statistic value of 3.184 (> 1.96) and a p-value of 0.002 (< 0.05). Therefore, these findings support the first hypothesis, which states that physical facilities have a positive and significant effect on hospital image. Hypothesis 1 is accepted.
2. The results of the second hypothesis test indicate a positive influence of contact personnel on hospital image, with an original sample estimate value of 0.196, demonstrating a unidirectional relationship. Furthermore, the relationship between contact personnel and hospital image is significant, as evidenced by a t-statistic value of 2.228 (> 1.96) and a p-value of 0.026 (< 0.05). Therefore, these findings support the second hypothesis, which states that contact personnel have a positive and significant effect on hospital image. Hypothesis 2 is accepted.
3. The results of the third hypothesis test indicate a positive influence of physical facilities on patient trust, with an original sample estimate value of 0.166, demonstrating a unidirectional relationship. However, it was found that the influence of physical facilities on patient trust is not significant, as indicated by a t-statistic value of 1.801 (< 1.96) and a p-value of 0.072 (> 0.05). Therefore, these findings do not support the third hypothesis, which states that physical facilities have a positive effect on patient trust. Hypothesis 3 is rejected.
4. The results of the fourth hypothesis test indicate a positive influence of contact personnel on patient trust, with an original sample estimate value of 0.049, demonstrating a unidirectional relationship. However, it was found that the influence of contact personnel on patient trust is not significant, as indicated by a t-statistic value of 0.549 (< 1.96) and a p-value of 0.584 (> 0.05). Therefore, these findings do not support the fourth hypothesis, which states that contact personnel have a positive effect on patient trust. Hypothesis 4 is rejected.
5. The results of the fifth hypothesis test indicate a positive influence of hospital image on patient trust, with an original sample estimate value of 0.434, demonstrating a unidirectional relationship. Furthermore, it was found that the influence of hospital image on patient trust is significant, as indicated by a t-statistic value of 4.648 (> 1.96) and a p-value of 0.000 (< 0.05). Therefore, these findings support the fifth hypothesis, which states that hospital image has a positive and significant effect on patient trust. Hypothesis 5 is accepted.
6. The results of the sixth hypothesis test indicate a positive influence of physical facilities on patient trust mediated by hospital image, with an original sample estimate value of 0.111, showing a unidirectional relationship. Furthermore, it was found that the influence of physical facilities on patient trust mediated

by hospital image is significant, as evidenced by a t-statistic value of 2.688 (> 1.96) and a p-value of 0.007 (< 0.05). Therefore, these findings support the sixth hypothesis, which states that physical facilities have a positive and significant effect on patient trust mediated by hospital image. Hypothesis 6 is accepted.

7. The results of the seventh hypothesis test indicate a positive influence of contact personnel on patient trust mediated by hospital image, with an original sample estimate value of 0.085, showing a unidirectional relationship. However, there is no significant influence of personal contact on patient trust mediated by hospital image, as evidenced by a t-statistic value of 1.892 (< 1.96) and a p-value of 0.059 (> 0.05). Therefore, these findings do not support the seventh hypothesis, which states that contact personnel has a positive and significant effect on patient trust mediated by hospital image. Hypothesis 7 is rejected.

Discussion

The results of this analysis, physical facilities have a positive and significant influence on the hospital image at RSUD Taman Husada Bontang. Therefore, H1 (the first hypothesis) in this study is accepted. The results of this hypothesis testing align with Alomari (2022), whose research on patients at a hospital in the capital city of Damascus showed that physical facilities significantly affect the hospital image. Similarly, the study conducted by Pathak & Pedro (2024) on patients at a hospital in Pune City, urban India, found that physical facilities play an important role in shaping the hospital image.

The variable contact personnel has a positive and significant influence on the hospital image at RSUD Taman Husada Bontang. Therefore, H2 (the second hypothesis) in this study is accepted. The results of this hypothesis testing are consistent with the research conducted by Ferreira et al. (2023) on patients in hospitals in Europe and the United States, which highlighted that the aspect of personal contact is one of the factors influencing healthcare services. Similar research was conducted by Zubayer (2018) on inpatient patients in four hospitals in Dhaka, namely Apollo, Labaid, Square, and United.

The results, the physical facilities variable has a positive but not significant effect on patient trust at RSUD Taman Husada Bontang. Therefore, H3 (the third hypothesis) in this study is rejected. This hypothesis is not consistent and does not confirm the research conducted by Shie & Huang (2022), which found that physical facilities also affect trust among 483 elderly patients in China. Research by Obubu et al. (2023) showed that healthcare personnel have a positive relationship with patient trust.

The contact personnel variable has a positive but insignificant effect on patient trust at RSUD Taman Husada Bontang. Therefore, H4 (the fourth hypothesis) in this study is rejected. The results of hypothesis 4 analysis do not align with and do not confirm the findings of Conradsen et al. (2023), who conducted research on patients receiving healthcare in Norway, which showed that healthcare personnel have an influence on the overall hospital image.

Based on calculations using bootstrap or resampling, it is concluded that the hospital image variable has a positive and significant effect on patient trust at RSUD Taman Husada Bontang. Therefore, H5 (the fifth hypothesis) in this study is accepted. Similar research by Ipo et al. (2021) on patients at Puskesmas Waetuno, Kabupaten Wakatobi, showed that image influences patient trust. Sofia (2023), in her study on patients who underwent treatment at RSGM Jakarta, also found that hospital brand image has an impact on patient trust.

Physical facilities have a positive and significant effect on patient trust through hospital image at RSUD Taman Husada Bontang. Therefore, H6 (the sixth hypothesis) in this study is accepted. Another study conducted on patients at RSUD Taman Sari demonstrated that if services and physical facilities are good and satisfactory, the hospital image will improve, thereby indirectly increasing patient trust (Wijaya et al., 2021). Furthermore, research on patients at RSUD MA Sentot Indramayu found that holistically, hospital physical facilities have a stronger influence on patient trust when mediated by hospital image, making physical facilities an important contribution in creating a good hospital image and strengthening patient trust (Jannah et al., 2024).

Based on the results of this analysis, the contact personnel variable has a positive but insignificant effect on patient trust through hospital image at RSUD Taman Husada Bontang. Therefore, H7 (the seventh hypothesis) in this study is rejected. This hypothesis is not in line with the research by Ramadhani & Sediawan (2022), which found that improvements in the quality of medical personnel and interpersonal services positively impact hospital image and increase patient trust. Another study conducted on patients at RSUD Ryacudu Kotabumi Lampung Utara also stated that the hospital image is shaped by patients' experiences with medical personnel services, and hospital image acts as a mediator strengthening the influence of medical personnel on patient trust (Ginting et al., 2025).

V. CONCLUSION

Based on the results of analysis, hypothesis testing, and the preceding discussion, several conclusions can be drawn:

1. Based on the test results, physical facilities have a positive and significant effect on the hospital image. This means that the physical facilities at RSUD Taman Husada Bontang have been able to significantly improve the hospital image among inpatient patients with BPJS Class III PBI insurance. The indicator with the highest correlation from physical facilities to the hospital image is the sign, symbol, and artifact.
2. Based on the test results, contact personnel has a positive and significant effect on the hospital image. This means that the contact personnel provided by RSUD Taman Husada Bontang has been able to significantly improve the hospital image among inpatient patients with BPJS Class III PBI insurance. The indicator with the highest correlation from personal contact to the hospital image is professionalism.
3. Based on the test results, physical facilities have a positive but not significant effect on patient trust. This means that the physical facilities at RSUD Taman Husada Bontang have been able to increase the trust of inpatient patients with BPJS Class III PBI insurance, although the effect is small.
4. Based on the test results, contact peronnel has a positive but not significant effect on patient trust. This means that the personal contact from RSUD Taman Husada Bontang has been able to increase the trust of inpatient patients with BPJS Class III PBI insurance, although the effect is small.
5. Based on the test results, hospital image has a positive and significant effect on patient trust. The indicator with the highest correlation from hospital image to patient trust is Favorable.
6. Based on the test results, physical facilities have a positive and significant effect on patient trust through the hospital image. This means that the high quality of physical facilities at RSUD Taman Husada Bontang is able to improve the hospital's image, thereby significantly encouraging an increase in trust among inpatient patients with BPJS Class III PBI insurance.
7. Based on the test results, contact personnel has a positive but not significant effect on patient trust through the hospital image. This means that a high level of personal liaison at RSUD Taman Husada Bontang is able to improve the hospital's image, thereby encouraging an increase in trust among inpatient patients with BPJS Class III PBI insurance, although the effect is small.

Contribution and Implication

Based on the conclusions of this study, the researcher offers several recommendations that may be beneficial for relevant stakeholders:

1. Based on the results of Hypothesis 3 testing, future researchers are encouraged to re-examine the influence of physical facilities on patient trust in hospital service delivery or other types of service industries. This can be conducted by employing alternative indicators or measurement tools to ensure the presence or absence of a significant relationship between physical facilities and patient trust.
2. Based on the results of Hypothesis 4 testing, future researchers are advised to re-examine the influence of contact personnel on patient trust in hospital service delivery or in different types of service sectors. This can be carried out using alternative indicators or measurement approaches to verify whether a significant relationship exists between contact personnel and patient trust.
3. The next researchers are encouraged to use this study as a reference for conducting subsequent research by incorporating additional variables and employing different analytical methods to obtain more varied results. Moreover, it is recommended to select a broader research population, not limited solely to inpatient respondents.

REFERENCES

Books:

[1] Gaspersz, V. (2012). *All In One: Production and Inventori Management*, Edisi 8, Bogor.

[2] Hair J.F., *et al*. (2019). *Multivariate Data Analysis. Eighth Edition.* Canada: Cengage.

[3] Kotler, P., & Keller, K. (2016). *Marketing Management (15th Edition). England: Pearson Education Limited*

[4] Solomon, M. R. (2015). *Consumer Behavior: Buying, Having, and Being, Eleventh Edition*. Upper Saddle River: Pearson Education, Inc

[5] Zeithaml, V.A & Bitner, M.J (2013). *Services Marketing:* Integrating Customer Focus Across the Firm. 6th Edition. Boston: Mc.Graw-Hill.

Journal Papers:

[6] Alomari, F. (2022). *The mediating Role of Hospital Image: The Inpact of Care Cost and Service Quality on Patient Sarisfaction*. Journal of Innovation In Business and Economics, Vol.6(1),pp.1-16,P-ISSN:2580-9431,E-ISSN:2581-2025. https://doi.org/10.22219/jibe.v6i01.18475.

[7] Conradsen,S. *et al*.(2023). *Patient Knowledge and Trust in Health Care. A Theoretical Discussion on The Relationship Between Patient' Knowledge and Their Trust in Health Care Personnel High Modernity.* Health Care Analysis, Vol.32, pp.73-87. https://doi.org/10.1007/s10728-023-00467-7

[8] Diah & Maurissa. (2023). Gambaran Kepercayaan Pasien Terhadap Pelayanan Asuhan Keperawatan Di Ruang Rawat Inap. JIM FKep, Vol.7 (4), pp.1-7. https://jim.usk.ac.id

[9] Ferreira *et al* . (2023). *Patient Satisfaction with Healthcare Services and the TechniquesUsedforitsAssessment:ASystematicLiteratureReviewandaBibliometricAnalysis*.Healthcare,pp.1-31. https://doi.org/10.3390/healthcare11050639

[10] Ginting *et al*. (2025). *The Mediating Effect of Patient Trust on the Influence of Service Quality and Patient Satisfaction on Patient Loyalty (Research Study at Ryacudu Kotabumi Regional Hospital, North Lampung Regency).* Community Engagement & Emergence Journal. Vol.6, No (4),pp.2636-2657. e-ISSN:2715-9752, https://journal.yrpipku.com/index.php/ceej .

[11] Ipo, *et al*. (2021). Pengaruh Kualitas Layanan, Kepercayaan Dan Citra Puskesmas Terhadap Loyalitas Pasien Melalui Kepuasan (Studi Pada Puskesmas Waetuno Kec. Wangi-Wangi Kab. Wakatobi). *Jurnal Manajemen, Bisnis Dan Organisasi*,Vol.5(2),pp.74-89,E-ISSN:2502-4175. http://ojs.uho.ac.id/index.php/JUMBO

[12] Jannah, *et al*.(2024). Pengaruh Kualitas Pelayanan Dan Fasilitas Rumah Sakit Terhadap Citra Rumah Sakit Yang Di Mediasi Oleh Kepuasan Pasien. YUME: *Journal of Management*. Vol.7, No(1),pp.330-336. ISSN: 2614-851X (Online). DOI: https://doi.org/10.37531/yum.v7i1.6346

[13] Kemenkes RI (2022). Peraturan Menteri Kesehatan Repubkik Indonesia Nomor 40 Tahun 2022 Tentang Persyaratan Teknis Bangunan, Prasarana dan Peralatan Kesehatan Rumah Sakit. https://peraturan.bpk.go.id

[14] Li *et al* (2022) *Patients trust and associated factors among primary care institutions in China: a cross-sectional study. BMC Primary Care*, pp.1-9. https://doi.org/10.1186/s12875-022-01709-8

[15] Masitoh, D. (2023). Pengaruh Brand Experince Terhadap Brand Loyalty Melalui Perceived Quality Dan Brand Trust Pada Pengguna EWallet Di Indonesia. Jurnal Ekonomi Trisakti,3(1), 1133–1146.

[16] Obubu,M *et al*. (2023). *Evaluation of Healthcare Facilities and Personnel Distribution in Lagos State: Implications on Universal Health Coverage.* Hospital Practice, Vol.51 (2), pp.64-75. https://doi.org/10.1080/21548331.2023.2170651

[17] Ramadhani & Sediawan (2022). Kepercayaan Pasien Terhadap Layanan Kesehatan Suatu Studi Tinjauan Sistematis. Jurnal Ilmiah Media Husada. Vol.11, No(1),pp.71-83. ISSN: 2655-4917. https://doi.org/10.33475/jikmh.v7i2.21

[18] Shie & Huang. (2022). *Exploring The Relationship Between Hospital Service Quality, Patient Trust, and Loyalty From a Service Encounter Perspective in Elderly With Chronic Diseases.* Frontiers in Public Health, Vol.10, pp. 1-17. https://doi.org/10.3389/fbubh.2022.876266

[19] Sofia, T.A. (2023). *The Effect Of Patient Satisfaction On Patient Loyalty MediatedByPatientTrustAndHospitalBrandImage At The Jakarta Education Dental And Oral Hospital.* Journal of Social Research, pp. 765-780, P-ISSN:2827-9832,E-ISSN:2828-335x. http://ijsr.internationaljournallabs.com/index.php/ijsr

[20] Suhermin & Hermawati. (2021). Membangun Kepercayaan Kepada Rumah Sakit Berdasarkan Kualitas Layanan dan Kepuasan Pasien. Equilibrium: Jurnal Ilmiah Ekonomi, Manajemen dan Akuntansi, Vol.10 (1), pp. 51-59, E-ISSN :2684-9313,P-ISSN:2088-7485. https://journal.stiem.ac.id

[21] Veranita, M., & Hatimatunnisani, H. (2021). Kualitas pelayanan publik pengaruhnya terhadap kepuasan pelanggan pt pln (persero) rayon bandung selatan. Jurnal E-Bis, 5(1), 249–259.

[22] Wijaya, *et al*. (2021). Kepercayaan Dimediasi Kepuasan Pasien terhadap Citra Rumah Sakit. Jurnal Manajemen Kesehatan Indonesia. Vol.9 No.(1), pp.59-71. Apr. 2021. https://doi.org/10.14710/jmki.9.1.2021.59-71

[23] Zubayer, M. (2018). *Influence Of Healthcare Service Quality On Patients'Trust : An Analysis On The Elite Private Hospital Of Dhaka*. *In Official Journal of National Research Council of ThailandinconjunctionwithABACJournal*.Vol.4(1). https://www.researchgate.net/publication/337196669