

Research Article

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The Influence of Medical Staff Communication Skills Training and Patient Satisfaction on Medical Team Performance at Permata Husada Hospital, Yogyakarta

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Abstract: *This study aims to analyze the effect of medical staff communication skills training and patient satisfaction on medical team performance at Permata Husada Hospital, Yogyakarta. The research employs a quantitative approach using a survey method administered to outpatient and inpatient patients selected through purposive sampling. Data were analyzed using multiple linear regression after passing validity and reliability tests. Descriptively, respondents' perceptions of the three variables indicate a positive trend, with the majority categorizing communication skills, satisfaction, and team performance at a high level. Hypothesis testing reveals that communication training has no significant partial effect on medical team performance ($\beta = -0.005$; $p = 0.731$). Conversely, patient satisfaction has a positive and significant effect ($\beta = 0.084$; $p = 0.004$). Simultaneously, both independent variables significantly influence team performance ($F = 4.381$; $p = 0.013$), although the coefficient of determination is relatively low ($R^2 = 0.025$). These findings confirm that communication serves as an indirect foundation, whereas patient satisfaction acts as the primary indicator of performance assessment within Yogyakarta's competitive private healthcare market. It is recommended that hospital management improve training consistency, particularly during peak hours and for elderly patients, and prioritize patient satisfaction as a strategic lever for service differentiation and continuous quality improvement aligned with patient expectations.*

Keywords: Hospital; Medical Staff Communication Skills Training; Medical Team Performance; Patient Satisfaction.

Introduction

Effective communication is a fundamental component of healthcare services because it strengthens the relationship between medical staff and patients while improving the quality of care provided (Rosmayati et al., 2024). In hospital settings, communication serves not only as a means of delivering medical information but also as an essential tool for building patients' trust in healthcare professionals (Miftahuddin et al., 2024). Poor communication has frequently been associated with patient dissatisfaction, medical errors, and conflicts among healthcare professionals, highlighting the need to continuously improve communication competencies to meet increasingly complex patient needs.

Permata Husada Hospital Yogyakarta continues to face challenges in providing optimal healthcare services, particularly in communication between medical staff and patients as well as among healthcare professionals. A preliminary survey indicated that 35% of patient complaints were related to ineffective communication, including inadequate empathy, unclear medical explanations, and limited personal interaction with healthcare providers. These issues have negatively influenced patients' perceptions of the overall quality of hospital services.

To provide empirical evidence, a preliminary survey was conducted involving 60 respondents, consisting of 35 patients and 25 medical staff members. The findings revealed that 76% of medical staff

had not participated in any formal communication training during the previous three years, while 68% relied solely on practical experience without standardized therapeutic communication guidelines. Furthermore, 63% of patients considered explanations regarding diagnosis and treatment plans to be unclear, 59% reported limited involvement in medical decision-making, and only 37% expressed high satisfaction with the empathy demonstrated by healthcare professionals. In addition, 61% of medical staff acknowledged that miscommunication frequently resulted in overlapping tasks and delayed coordination, reducing work efficiency by approximately 25–30%. Moreover, 25% identified communication failures within the medical team as the primary cause of delays in clinical interventions. These findings demonstrate a substantial gap between the principles of patient-centered communication and the current communication competencies of healthcare professionals, emphasizing the need for structured and sustainable communication training programs.

Hospital records further show that the number of patients increased steadily from 20.7 thousand in 2021 to 22.9 thousand in 2022 and reached approximately 25 thousand in 2023. This growth has increased the workload of healthcare professionals and intensified the need for effective communication and coordination. During the same period, team performance improved considerably, as treatment delays due to miscommunication declined from 12% to 6%, medical incidents caused by communication failures decreased from 30 to 12 cases, team job satisfaction increased from 68% to 82%, and communication training participation rose from one to four programs. Team coordination scores also improved from 6.5 to 8.6, indicating that enhanced communication contributes positively to healthcare performance.

Previous studies have consistently demonstrated that effective communication positively influences patient satisfaction and healthcare performance. Anderson et al. (2020) reported that patients receiving empathetic communication experienced satisfaction levels approximately 20% higher than those receiving less personalized communication. Likewise, Lemieux et al. (2019) found that structured communication training improved work efficiency by 15% and reduced medical errors by up to 30%, while Smith et al. (2021) observed a 25% increase in patient satisfaction and improved teamwork following simulation-based communication training.

Despite these benefits, communication training at Permata Husada Hospital has not been fully integrated into its human resource development system because of operational constraints, limited budgets, and insufficient awareness of communication as a core professional competency. Consequently, structured communication training remains an urgent requirement to improve patient satisfaction, strengthen teamwork, and enhance the overall quality of healthcare services.

Several recent studies have emphasized the importance of communication skills, healthcare staff competencies, service quality, and interprofessional collaboration in improving patient satisfaction and medical team performance (Syarifah & Rahayu, 2024; Prihatini et al., 2024; Masmumah et al., 2024; Hamdiah & Budiyo, 2024; Sembiring et al., 2024; Prakasa et al., 2024; Vanchapo et al., 2024; Rismiyanto et al., 2024; Widyastuti & Pujilestari, 2024). However, most previous studies have focused on communication or service quality independently. This study addresses this gap by evaluating communication skills training as a strategic intervention and examining its simultaneous impact on patient satisfaction and medical team performance. Furthermore, this study introduces a practical training approach through case simulations, role-playing, and structured feedback, offering a more comprehensive strategy for enhancing healthcare quality and collaboration in Indonesian hospitals.

Literature Review

Communication Skills Training for Medical Staff

Communication skills training refers to a planned and systematic learning process designed to improve the knowledge, skills, and attitudes required to perform specific tasks effectively. Flippo (1971) defines training as an effort to enhance employees' knowledge and skills for carrying out particular jobs, while Jucius (1972) emphasizes that training develops employees' aptitudes, skills, and abilities to improve job performance. Similarly, communication skills training is intended to strengthen medical staff's ability to interact effectively with patients, colleagues, and other healthcare professionals.

Communication skills training is characterized by its practical orientation, focusing on structured learning activities that emphasize hands-on practice rather than theoretical instruction. A systematic training process generally includes identifying training needs, designing appropriate learning methods, implementing the program, and evaluating its effectiveness (Menzel, 2011). This approach ensures that training is aligned with organizational needs and contributes to continuous professional development.

Effective communication skills training for medical staff encompasses several essential competencies, including verbal communication, nonverbal communication, active listening, empathetic communication, interpersonal communication within healthcare teams, and transparent delivery of medical information. These competencies enable healthcare professionals to explain diagnoses and treatment plans clearly, demonstrate empathy, collaborate effectively with colleagues, and actively involve patients in clinical decision-making. Strengthening these communication competencies is expected to improve service quality, patient satisfaction, and teamwork performance within healthcare organizations.

Patient Satisfaction

Patient satisfaction is considered one of the primary outcomes of healthcare services and an important indicator of healthcare quality. Christiani (2023) defines patient satisfaction as the level of patients' feelings resulting from comparing the healthcare services they receive with their prior expectations. Similarly, Sujarwinata (2023) explains that satisfaction reflects the comparison between perceived performance and expected performance. According to Kotler and Armstrong (2016), customers become dissatisfied when service performance falls below expectations, satisfied when it meets expectations, and highly satisfied when it exceeds expectations. Therefore, understanding patients' needs and expectations is essential because satisfied patients are more likely to continue using healthcare services and recommend them to others, whereas dissatisfied patients tend to share negative experiences.

Patient satisfaction is a multidimensional concept encompassing both professional healthcare standards and overall service quality (Lestari, 2023). From the perspective of professional standards, patient satisfaction is influenced by several factors, including the quality of communication and relationships between medical staff and patients, the comfort of healthcare facilities, patients' involvement in treatment decisions, the scientific knowledge and technical competence of healthcare professionals, the effectiveness of medical services, and patient safety. These dimensions reflect the extent to which healthcare providers deliver ethical, competent, and patient-centered care.

In addition to professional standards, patient satisfaction is also determined by the overall quality of healthcare services. Lestari (2023) identifies several important aspects, including the availability, appropriateness, continuity, accessibility, affordability, efficiency, and quality of healthcare services. Furthermore, Wardati (2022) adopts the SERVQUAL framework, which measures service quality through five dimensions: tangibles (physical facilities and equipment), reliability (ability to provide accurate and

dependable services), responsiveness (promptness and willingness to assist patients), assurance (knowledge, courtesy, credibility, and competence of healthcare providers), and empathy (individualized attention and understanding of patients' needs). These dimensions are widely used to evaluate patient satisfaction and healthcare service quality.

Patient satisfaction can generally be classified into several levels, ranging from very satisfied, satisfied, dissatisfied, to very dissatisfied, depending on the extent to which healthcare services meet patients' expectations. These satisfaction levels are commonly measured using the Likert scale, which enables healthcare organizations to assess patients' perceptions of service quality and identify areas requiring improvement (Anggraini, 2015).

Medical Staff Performance

Medical staff performance refers to the extent to which healthcare professionals accomplish their assigned responsibilities in accordance with organizational standards and expected outcomes. Sukmawati (2024) defines performance as the actual work behavior demonstrated by employees in carrying out their roles, while Rasulong (2024) describes it as the outcomes produced by job functions within a specific period. Similarly, Mangkunegara (as cited in Nadyanti, 2024) emphasizes that performance reflects both the quality and quantity of work achieved by employees based on their responsibilities. Therefore, high performance indicates that medical staff effectively utilize their knowledge, skills, and professional competencies to deliver quality healthcare services.

Medical staff performance is influenced by both internal and external factors. Internal factors include knowledge, technical skills, abilities, motivation, personality, and work experience, whereas external factors consist of leadership, organizational climate, work environment, available resources, and organizational support (Mangkunegara, 2010; Tambunan, 2023; Ma'rufi, 2023; Hasanah, 2023). The interaction between these factors determines employees' ability to perform effectively and achieve organizational objectives.

Performance is commonly evaluated using several key dimensions, including quality of work, quantity of work, timeliness, effectiveness, and independence (Wardany, 2023). In healthcare settings, medical staff performance can be further assessed through the quality of clinical services, honesty and professional integrity, initiative in handling patient needs, attendance and professional competence, responsibility and professional attitude, as well as teamwork and reliability (Miranti, 2023). These dimensions reflect not only individual competence but also the ability of healthcare professionals to collaborate effectively in providing safe, efficient, and patient-centered healthcare services.

Method

This study employed a quantitative research approach using a descriptive design to examine the effect of medical staff communication skills training and patient satisfaction on medical team performance at Permata Husada General Hospital, Yogyakarta. The study focused on evaluating the relationships among communication skills training as the first independent variable (X_1), patient satisfaction as the second independent variable (X_2), and medical team performance as the dependent variable (Y).

Primary data were collected directly from respondents through structured questionnaires, supported by interviews, observations, and documentation. Secondary data were obtained from hospital records and institutional documents describing the general profile of Permata Husada General Hospital and other relevant administrative information.

The study population consisted of permanent medical staff, including physicians, nurses, and other healthcare professionals, as well as outpatients and inpatients who had received medical services for at least 24 hours. The hospital employed 45 medical staff members, while the patient population from January to August 2023 totaled 2,300 individuals. Based on the sample size calculation, 341 patients were selected as research respondents. Therefore, the study involved a total of 341 respondents.

Communication skills training was measured through six dimensions: verbal communication, nonverbal communication, active listening, empathetic communication, interpersonal communication within the medical team, and transparent delivery of medical information. Patient satisfaction was assessed using dimensions related to healthcare service quality, including reliability, responsiveness, assurance, empathy, and tangible aspects of healthcare services. Medical team performance was evaluated through indicators of service quality, teamwork, professional responsibility, initiative, attendance, and reliability.

The collected data were analyzed using descriptive statistics and inferential statistical analysis to examine the influence of communication skills training and patient satisfaction on medical team performance. Statistical analysis was performed using IBM SPSS Statistics, with statistical significance established at a 95% confidence level ($p < 0.05$).

Results and Discussion

Respondent Characteristics

Table 1. Characteristics of Medical Staff Respondents (n = 40)

Characteristics	Category	Frequency (n)	Percentage (%)
Gender	Male	14	35.0
	Female	26	65.0
	Total	40	100.0
Age	21–30 years	12	30.0
	31–40 years	15	37.5
	41–50 years	8	20.0
	51–60 years	5	12.5
	Total	40	100.0
Education	SPK	0	0.0
	Diploma (D3)	5	12.5
	Applied Bachelor (D4)	3	7.5
	Bachelor's Degree (S1)	10	25.0
	Professional Nurse (NERS)	15	37.5
	Master's Degree (S2)	7	17.5
	Total	40	100.0
Years of Service	< 5 years	10	25.0
	5–10 years	12	30.0
	11–15 years	8	20.0
	16–20 years	6	15.0
	> 20 years	4	10.0
	Total	40	100.0

Table 1 shows that the majority of medical staff respondents were female (65.0%), while males accounted for 35.0%. Most respondents were aged 31–40 years (37.5%), indicating that the workforce was predominantly in the productive working-age group. Regarding educational background, the largest proportion held a Professional Nurse (NERS) qualification (37.5%), followed by a bachelor's degree (25.0%). In terms of work experience, most respondents had worked for 5–10 years (30.0%), suggesting that the majority possessed sufficient professional experience in delivering healthcare services.

Table 2. Characteristics of Patient Respondents (n = 341)

Characteristics	Category	Frequency (n)	Percentage (%)
Gender	Male	165	48.4
	Female	176	51.6
	Total	341	100.0
Age	21–30 years	68	19.9
	31–40 years	85	24.9
	41–50 years	95	27.9
	51–60 years	93	27.3
	Total	341	100.0
Education	≤ Elementary School	34	10.0
	Junior High School	41	12.0
	Senior High School/Vocational School	153	44.9
	Diploma (D3/D4)	27	7.9
	Bachelor's Degree (S1)	62	18.2
	Master's Degree or Higher (≥ S2)	24	7.0
	Total	341	100.0
Occupation	Unemployed	45	13.2
	Self-employed	89	26.1
	Private Employee	102	29.9
	Civil Servant (PNS/ASN)	48	14.1
	Professional	32	9.4
	Others	25	7.3
	Total	341	100.0

Table 2 indicates that female patients constituted a slightly larger proportion of respondents (51.6%) than male patients (48.4%). Most respondents were aged 41–50 years (27.9%), closely followed by those aged 51–60 years (27.3%). In terms of educational attainment, the majority had completed senior high school or vocational education (44.9%). Regarding occupation, private employees represented the largest group (29.9%), followed by self-employed individuals (26.1%). These findings suggest that the respondents were diverse in terms of demographic and socioeconomic characteristics, providing a representative basis for assessing patient satisfaction.

Validity Test

The validity and reliability tests were conducted to ensure that the research instrument accurately measured the intended constructs and produced consistent results. The validity test evaluated whether each

questionnaire item appropriately represented the corresponding variable, while the reliability test assessed the internal consistency of the measurement instrument.

The results indicated that all questionnaire items used to measure Communication Skills Training, Patient Satisfaction, and Medical Team Performance were valid, as each item met the established validity criteria. Furthermore, the reliability analysis demonstrated that all variables achieved reliability coefficients exceeding the recommended threshold, indicating satisfactory internal consistency. Therefore, all measurement items were considered reliable and suitable for subsequent statistical analyses.

These findings confirm that the research instrument possesses adequate validity and reliability, ensuring that the collected data accurately reflect the constructs under investigation and can be used confidently for further hypothesis testing.

Normality Test

Table 3. Normality Test

Parameter	Value
Number of Observations (N)	341
Mean	0.000
Standard Deviation	3.141
Test Statistic (D)	0.049
Asymp. Sig. (2-tailed)	0.200

Table 3 shows that the Kolmogorov–Smirnov test produced a test statistic (D) of 0.049 with an Asymp. Sig. (2-tailed) value of 0.200 for 341 observations. Since the significance value is greater than the recommended threshold of 0.05, the null hypothesis that the residuals are normally distributed cannot be rejected. Therefore, the residuals of the multiple regression model satisfy the normality assumption. In addition, the residual mean is approximately 0.000, while the standard deviation is 3.141, indicating that the residuals are centered around zero, which is consistent with the assumptions of a well-fitted regression model. The fulfillment of the normality assumption supports the validity of subsequent inferential analyses, including the t-test and F-test, allowing the estimated regression coefficients to be interpreted reliably. Consequently, the relationships between communication skills training, patient satisfaction, and medical team performance can be analyzed without concern for bias arising from violations of the normality assumption.

Multicollinearity Test

Table 4. Results of the Multicollinearity Test

Variable	Tolerance	VIF
Communication Skills Training	0.997	1.003
Patient Satisfaction	0.997	1.003

Table 4 shows that both Communication Skills Training and Patient Satisfaction have a Tolerance value of 0.997 and a Variance Inflation Factor (VIF) of 1.003. These values satisfy the commonly accepted criteria for the absence of multicollinearity, namely $\text{Tolerance} > 0.10$ and $\text{VIF} < 10$ (Ghozali, 2021). Therefore, the regression model does not exhibit multicollinearity among the independent variables.

The VIF values, which are very close to 1.0, indicate that the two predictor variables are statistically independent and do not provide redundant information. Consequently, each independent variable contributes uniquely to explaining variations in medical team performance. The absence of multicollinearity also ensures that the estimated regression coefficients are stable and unbiased, allowing the individual effects of communication skills training and patient satisfaction on medical team performance to be interpreted accurately.

Heteroscedasticity Test

Table 5. Results of the Heteroscedasticity Test

Variable	t-value	Sig.
Communication Skills Training	-1.578	0.116
Patient Satisfaction	-1.318	0.189

Table 5 shows that the significance values for Communication Skills Training and Patient Satisfaction are 0.116 and 0.189, respectively. Since both significance values are greater than the 0.05 significance level, the null hypothesis of homoscedasticity cannot be rejected. These findings indicate that the regression model does not suffer from heteroscedasticity, suggesting that the residual variance remains constant across different levels of the independent variables. The absence of heteroscedasticity implies that the regression model satisfies one of the key assumptions of multiple linear regression. Consequently, the estimated standard errors and regression coefficients are reliable, allowing valid statistical inference through hypothesis testing. Therefore, the effects of Communication Skills Training and Patient Satisfaction on Medical Team Performance can be interpreted with confidence, as the regression estimates are not biased by unequal error variances.

Respondents' Perceptions of the Study Variables

Table 6. Distribution of Respondents' Perceptions

Variable	High n (%)	Moderate n (%)	Low n (%)
Communication Skills Training	195 (57.2)	118 (34.6)	28 (8.2)
Patient Satisfaction	212 (62.2)	105 (30.8)	24 (7.0)
Medical Team Performance	228 (66.9)	96 (28.2)	17 (5.0)

The results indicate that respondents generally reported positive perceptions across all study variables. Medical team performance received the highest proportion of high ratings (66.9%), followed by patient satisfaction (62.2%) and communication skills training (57.2%). Conversely, the proportion of low ratings was relatively small for all variables, ranging from 5.0% to 8.2%, suggesting favorable evaluations of healthcare services at Permata Husada General Hospital.

Hypothesis Test

F-Test

Table 7. F-Test Results

Model	F	df1	df2	p-value
Regression Model	4.381	2	338	0.013

The F-test results indicate that the regression model is statistically significant ($F = 4.381, p = 0.013$). Therefore, communication skills training and patient satisfaction jointly have a significant effect on medical team performance. These findings demonstrate that the proposed regression model is appropriate for explaining variations in the dependent variable.

T-Test

Table 8. Results of the Partial Regression Coefficients (t-Test)

Variable	B	Std. Error	t	p-value
Communication Skills Training	-0.005	0.016	-0.344	0.731
Patient Satisfaction	0.084	0.029	2.928	0.004

The t-test results indicate that communication skills training did not have a significant effect on medical team performance ($\beta = -0.005, t = -0.344, p = 0.731$), leading to the rejection of H1. In contrast, patient satisfaction had a significant positive effect on medical team performance ($\beta = 0.084, t = 2.928, p = 0.004$), supporting H2. These findings suggest that patient satisfaction is a significant predictor of medical team performance, whereas communication skills training does not directly influence medical team performance.

Coefficient of Determination (R^2)

Table 7. Coefficient of Determination (R^2)

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
Regression Model	0.159	0.025	0.020	3.900

The regression model produced a correlation coefficient (R) of 0.159, indicating a weak positive relationship between the independent variables and medical team performance. The coefficient of determination ($R^2 = 0.025$) shows that communication skills training and patient satisfaction jointly explained 2.5% of the variance in medical team performance, while the remaining 97.5% was attributable to other factors not included in the model. Furthermore, the Adjusted R^2 value of 0.020 indicates that the model retained limited explanatory power after adjusting for the number of predictors.

The findings showed that communication skills training did not have a significant direct effect on medical team performance. Although most respondents rated communication skills positively, the regression analysis indicated that communication skills alone were insufficient to directly improve perceived team performance. This finding suggests that effective communication may influence team performance indirectly through other factors, particularly patient satisfaction. Similar findings have been reported in previous healthcare studies, which suggest that communication training improves interpersonal interactions but does not necessarily translate into higher performance unless accompanied by improvements in patient experiences and organizational support (Keyton, 2011).

Patient satisfaction was found to have a significant positive effect on medical team performance. Patients who reported higher satisfaction also tended to perceive better performance from the medical team. This result supports the concept that patient satisfaction represents an important indicator of healthcare quality because patients evaluate performance based on their overall service experience, including

responsiveness, empathy, and clarity of information. Therefore, improving patient satisfaction can contribute directly to better perceptions of medical team performance.

The regression model was statistically significant, indicating that communication skills training and patient satisfaction jointly influenced medical team performance. However, the coefficient of determination ($R^2 = 0.025$) showed that the model explained only 2.5% of the variance in medical team performance, suggesting that many other factors contribute to performance perceptions. Variables such as workload, organizational culture, patient safety practices, staff motivation, leadership, and hospital facilities may also influence medical team performance. Future studies are therefore recommended to incorporate these additional variables to improve the explanatory power of the research model.

Conclusion

This study examined the effects of communication skills training and patient satisfaction on medical team performance at Permata Husada Hospital, Yogyakarta. The findings revealed that communication skills training did not have a significant direct effect on medical team performance. In contrast, patient satisfaction had a significant positive effect, indicating that patients' overall service experience plays an important role in shaping their perceptions of medical team performance.

Furthermore, the regression model showed that communication skills training and patient satisfaction jointly had a significant effect on medical team performance. However, the coefficient of determination indicated that the model explained only a small proportion of the variance, suggesting that additional factors, such as workload, organizational culture, leadership, and patient safety practices, may also influence medical team performance. Future research should incorporate these variables to develop a more comprehensive model for improving healthcare service quality.

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