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The 5th International Conference on Entrepreneurship

Empowering Hospital Staff to Enhance Service Excellence: A Community-Based Intervention in Central Java

Community Service Activity

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ABSTRACT

This study reports on a community service project conducted at Rumah Sakit Baptis, Central Java, to improve hospital service excellence through staff empowerment. The project addressed key challenges, including weak interdepartmental collaboration, ineffective communication, difficulties in delivering sensitive information, and limited awareness of patient-centered service quality. Using a participatory approach, the intervention included workshops, role-playing exercises, counseling sessions, and the introduction of standardized communication protocols. The results showed clear improvements in staff competencies, particularly in empathy, teamwork, and communication with patients and families. Staff reported greater confidence in handling sensitive conversations, while patients observed a more approachable and responsive service. Cross-departmental collaboration also improved, resulting in reduced delays and enhanced coordination. Initial patient satisfaction surveys indicated a positive shift in perceptions of care quality. These findings highlight that even in resource-limited hospital contexts, meaningful improvements can be achieved through structured training and cultural change. The project contributes both practical recommendations for hospital management and theoretical insights by applying the SERVQUAL and patient-centered care frameworks to the Indonesian healthcare setting.

Keywords: Communication; Hospital Management; Patient Care; Satisfaction; Service Excellence Teamwork

Introduction

The healthcare sector in Indonesia continues to face increasing demands for quality and patient-centered services. Service excellence in hospitals is not only critical for patient satisfaction but also for maintaining trust and competitiveness in the healthcare market (Zeithaml et al., 2000). However, many hospitals in developing regions struggle with communication gaps, cross-departmental silos, and challenges in delivering sensitive information to patients. Addressing these issues is crucial for enhancing patient experiences and bolstering the institution's reputation.

The Indonesian healthcare system is undergoing rapid change due to demographic shifts, rising patient expectations, and the expansion of universal health coverage (BPJS Kesehatan). Patients are becoming increasingly aware of their rights and are demanding clear communication, empathy, and timely service. Hospitals are thus challenged to not only provide medical treatment but also deliver care that is holistic and patient-centered. Service failures, such as miscommunication or lack of empathy, can lead to dissatisfaction, mistrust, and reputational damage (Berry & Bendapudi, 2007).

In this context, communication and teamwork play a vital role in shaping patient experiences. Studies have shown that hospitals with stronger internal communication

and collaboration achieve better clinical outcomes, higher patient satisfaction, and improved staff morale (O'Daniel & Rosenstein, 2008). Unfortunately, in many Indonesian hospitals, staff members often lack adequate training in communication skills, particularly in delivering bad news or addressing patient complaints. This skill gap hinders the ability to consistently practice service excellence.

Rumah Sakit Baptis, a hospital in Central Java, identified weaknesses in internal communication and teamwork, which often led to inefficiencies and patient dissatisfaction. These issues are reflective of broader challenges in the Indonesian healthcare sector, where human resources and service management have not always kept pace with patient expectations. Recognizing the need to address these gaps, a structured community service project was designed to empower hospital staff with training in communication, empathy, and cross-functional collaboration. By enhancing staff capabilities, the project aimed to improve both internal service culture and patient experiences.

From a theoretical standpoint, this project draws upon the SERVQUAL model (Parasuraman et al., 1988), which measures service quality across five dimensions: reliability, assurance, tangibles, empathy, and responsiveness. Communication and teamwork directly affect assurance, empathy, and responsiveness, making them central to patient perceptions of quality. In addition, the patient-centered care framework (Institute of Medicine, 2001) emphasizes respect for patient values, needs, and preferences, as well as coordinated and integrated care. Both frameworks highlight the importance of communication and trust as drivers of satisfaction and loyalty in healthcare. These theories provide the conceptual basis for the interventions implemented in this project.

Problems of the Partner

The assessment conducted at Rumah Sakit Baptis in Central Java revealed a series of interconnected challenges that significantly limited the hospital's ability to deliver service excellence consistently. These problems were not only technical in nature but also deeply rooted in organizational culture, communication practices, and human resource management. Although the hospital has a long-standing reputation in the community, the internal dynamics of its staff operations have often undermined its potential to meet the expectations of increasingly demanding patients. Understanding these problems in detail is crucial because they reflect not just isolated shortcomings but systemic issues that, if left unresolved, can compromise both patient trust and institutional sustainability.

One of the most pressing problems identified was the lack of cross-functional teamwork. In many hospital contexts, especially those in developing regions, departmental silos become the norm rather than the exception. At Rumah Sakit Baptis, this meant that doctors, nurses, administrative staff, and support personnel tended to work within their own functional areas with minimal interaction or collaboration with colleagues from other units. While such specialization may seem efficient at first glance, in practice, it resulted in fragmented care delivery. Patients often reported that they had

to repeat their medical history to different staff members multiple times, which created frustration and inefficiency. This lack of integration not only slowed down service processes but also eroded patient confidence in the hospital's ability to provide seamless care. For instance, a patient visiting the outpatient department would sometimes experience delays because the laboratory results were not communicated effectively to the physician, or because administrative staff had not updated patient records in a timely manner. Such incidents highlight how poor teamwork across departments directly impacts the quality of patient care.

Closely related to the lack of teamwork was the weakness of the hospital's communication systems. Hospitals depend heavily on accurate, timely, and clear communication, both vertically and horizontally, to function effectively. However, at Rumah Sakit Baptis, communication between staff members, as well as between staff and patients, was inconsistent and often informal. Messages about critical medical updates were sometimes relayed verbally without proper documentation, increasing the risk of misunderstandings or errors. Moreover, the absence of standardized communication protocols meant that each department had its own way of passing information, leading to confusion when staff from different departments had to coordinate. This was especially evident in emergency cases, where delays in communication could lead to life-threatening consequences. Beyond internal staff interactions, communication with patients and families also posed challenges. Patients frequently expressed that instructions were unclear, medical jargon was not properly explained, and there was insufficient follow-up to ensure patient understanding. These weaknesses in communication not only compromised medical outcomes but also undermined the hospital's reputation as a caring and professional institution.

Another significant problem identified was the difficulty staff faced in delivering bad news to patients and their families. Healthcare professionals are often required to communicate sensitive information, such as terminal diagnoses, poor prognoses, or the failure of certain treatments. At Rumah Sakit Baptis, many staff members lacked the training and confidence to approach such conversations with empathy and professionalism. Instead, some staff either avoided the issue entirely, provided only partial information, or communicated in ways that were perceived as blunt or insensitive. Families reported feeling abandoned or disrespected when bad news was delivered without sufficient emotional support. This communication gap was not due to a lack of goodwill but rather a lack of structured training in skills such as active listening, empathy, and cultural sensitivity. The inability to deliver bad news effectively not only strained the relationship between patients and staff but also exposed the hospital to the risk of mistrust, complaints, and even legal challenges.

Equally important was the limited awareness of service excellence among hospital staff. While the term "service excellence" has become a popular concept in the healthcare sector globally, at Rumah Sakit Baptis many employees did not fully understand what it entailed in practice. Service excellence is not simply about providing medical care but also about ensuring that every aspect of the patient's journey—from admission to discharge—reflects professionalism, empathy, responsiveness, and reliability. However, the absence of formal training programs meant that staff often equated their responsibilities solely with clinical tasks, neglecting the softer aspects of

patient interaction. Nurses, for example, were technically competent in administering treatments but sometimes overlooked the importance of providing reassurance or explaining procedures to patients in simple terms. Similarly, administrative staff often failed to recognize how their interactions, such as handling billing queries or providing directions within the hospital, shaped the overall patient experience. This narrow understanding of their roles created service gaps that diminished patient satisfaction.

Beyond these four primary issues, the hospital also faced systemic challenges that compounded the situation. Human resource limitations, including understaffing and high workload, meant that even motivated employees often lacked the time to practice effective communication or teamwork. Staff burnout further exacerbated these problems, leading to short tempers, low morale, and a decline in the quality of service interactions. Additionally, the hospital's infrastructure and digital systems were underdeveloped, making it difficult to support efficient communication and information sharing. For example, patient records were not fully digitized, which contributed to delays and errors in information flow. These structural weaknesses reinforced the behavioral and cultural issues identified earlier, creating a cycle that was difficult to break without deliberate intervention.

The problems at Rumah Sakit Baptis are emblematic of broader challenges faced by many hospitals in Indonesia and other developing countries. In societies where healthcare institutions are under pressure to deliver more with limited resources, issues of communication, teamwork, and service excellence are often neglected in favor of technical or clinical priorities. Yet research consistently shows that non-clinical factors—such as how patients are spoken to, whether their concerns are acknowledged, and whether staff from different departments work together smoothly—are just as important as clinical treatment in shaping patient satisfaction and trust. Ignoring these elements places hospitals at a disadvantage, not only in terms of patient outcomes but also in terms of competitiveness in an increasingly consumer-oriented healthcare market.

Addressing these problems requires recognizing that service excellence is a holistic concept. It is not sufficient for doctors to provide accurate diagnoses if communication failures mean that patients do not understand their treatment plans. It is not enough for nurses to provide effective care if patients feel their emotional needs are neglected. And it is not enough for administrative staff to process paperwork efficiently if patients perceive them as unfriendly or unhelpful. At Rumah Sakit Baptis, the lack of integration among these different aspects of patient care meant that the hospital was failing to deliver a truly excellent service experience. Patients may have received appropriate clinical treatment, but the overall service journey left much to be desired. This gap between technical competence and holistic service excellence was at the heart of the hospital's challenges.

Furthermore, cultural factors also played a role in exacerbating these issues. In Indonesian society, where hierarchical structures are deeply embedded, junior staff often hesitated to speak up or challenge decisions made by senior doctors or administrators. This inhibited open communication and discouraged collaborative problem-solving. Staff members preferred to avoid conflict, even if it meant allowing

service failures to persist. Patients, on the other hand, often refrained from voicing complaints directly due to cultural norms that discourage confrontation with authority figures. As a result, systemic problems went unaddressed because neither staff nor patients felt empowered to raise their concerns. This cultural dynamic further entrenched the hospital's communication and service challenges.

Taken together, the problems of the partner hospital can be understood as a complex interplay of organizational, communicational, and cultural factors. Each problem—silos in teamwork, weak communication systems, lack of skills in delivering bad news, and limited awareness of service excellence—feeds into the others, creating a web of challenges that no single intervention can resolve. For instance, even if staff were trained in communication skills, the persistence of departmental silos would still limit their effectiveness. Similarly, even if teamwork improved, the absence of a service excellence culture would prevent these gains from being translated into patient satisfaction. The interdependence of these problems underscores the need for a holistic approach to intervention, one that addresses both structural and behavioral dimensions of hospital service delivery.

Ultimately, the problems identified at Rumah Sakit Baptis highlight the urgent need for comprehensive staff empowerment initiatives. These initiatives must go beyond technical training to include communication, empathy, and teamwork as core competencies. They must also address systemic issues such as workload, documentation practices, and digital infrastructure. Only by tackling the full spectrum of challenges can the hospital move toward achieving genuine service excellence. The problems of the partner thus provide both a diagnosis of the hospital's current weaknesses and a roadmap for the kinds of interventions that are necessary to transform its service culture. By confronting these challenges directly, Rumah Sakit Baptis has the opportunity to not only improve its internal operations but also to set a model for other hospitals in Indonesia facing similar obstacles.

Solutions and Target Outcomes

Having identified the pressing challenges faced by Rumah Sakit Baptis, the next step was to design solutions that would not only address these immediate issues but also create sustainable improvements in the hospital's service delivery. The solutions were developed through a participatory approach, involving both hospital leadership and frontline staff, to ensure that interventions were practical, contextually appropriate, and aligned with the realities of daily hospital operations. The underlying philosophy was empowerment: rather than imposing external prescriptions, the project aimed to build staff capacity to take ownership of their service culture and continuously improve it.

The first major solution focused on strengthening cross-functional teamwork. To dismantle the entrenched silos that hindered cooperation, the project introduced structured opportunities for interdepartmental collaboration. Workshops were designed to bring together staff from different units—doctors, nurses, administrative personnel, and support staff—to discuss case studies, simulate emergency scenarios, and jointly develop action plans. These exercises were not merely theoretical; they mirrored real hospital challenges, such as coordinating patient discharge between the medical team, pharmacy, and billing department. Through guided facilitation, participants were

encouraged to appreciate the interconnectedness of their roles and to recognize that effective service delivery depended on collective, not individual, performance. The target outcome of these initiatives was to foster a culture of mutual respect and shared responsibility, where departments no longer operated as isolated islands but as integral parts of a coordinated healthcare system.

The second solution centered on improving the hospital's communication systems. Recognizing that inconsistent communication protocols were at the heart of many service failures, the project developed standardized communication guidelines tailored to the hospital's context. This included introducing structured handover formats, checklists for patient updates, and clear documentation protocols for critical information. Training sessions emphasized the importance of clarity, brevity, and accuracy in both oral and written communication. Additionally, staff were introduced to empathy-focused communication strategies, which stressed the need to avoid jargon, to confirm patient understanding, and to engage in active listening. The target outcome here was twofold: internally, to ensure that information between departments flowed seamlessly and without ambiguity; and externally, to ensure that patients and families received communication that was both comprehensible and compassionate. These changes were expected to reduce errors, minimize delays, and significantly improve patient perceptions of professionalism within the hospital.

Another important solution addressed the difficulty of delivering bad news. Recognizing the cultural and emotional complexity of this task, the project implemented role-play sessions and counseling workshops where staff could practice these conversations in a safe, supportive environment. Guided by professional trainers, staff were taught to balance honesty with empathy, to provide clear explanations while acknowledging emotional distress, and to create space for patients and families to ask questions. These sessions drew upon established frameworks such as the SPIKES protocol, a widely used method for breaking bad news in healthcare. Staff also engaged in reflective discussions about their own anxieties and cultural norms that shaped their communication behaviors. The target outcome of this intervention was to build confidence among staff, enabling them to approach sensitive conversations with professionalism and compassion. By mastering these skills, staff could reduce the psychological burden on families, strengthen trust in the hospital, and mitigate the risk of complaints or misunderstandings.

Equally critical was the need to raise awareness of service excellence as a holistic concept. To this end, the project organized seminars and workshops that explicitly defined what service excellence means in a hospital context. These sessions emphasized that service excellence goes beyond technical proficiency and includes aspects such as responsiveness, empathy, reliability, and assurance—dimensions closely linked to the SERVQUAL framework. Case examples were used to demonstrate how small gestures, such as a nurse taking time to explain a procedure in simple terms or a receptionist greeting patients warmly, could significantly enhance the overall patient experience. The hospital's leadership played a crucial role in these sessions by articulating a vision of service excellence and demonstrating commitment to making it a core institutional value. The target outcome was cultural transformation: to embed

service excellence into the daily practices and mindsets of staff so that it became an instinctive part of patient interactions, rather than an abstract concept.

Beyond these specific interventions, the project also addressed systemic issues that threatened to undermine progress. For example, the hospital's lack of digitized patient records was identified as a barrier to efficient communication. While a full-scale digital transformation was beyond the scope of this project, incremental steps were taken, such as introducing simple shared spreadsheets and standardized paper forms to streamline information flow. Staff were trained in using these tools consistently, with the target outcome of reducing delays and ensuring that all departments had access to accurate, up-to-date information. Additionally, the project encouraged hospital leadership to consider long-term investments in digital health systems as part of their strategic planning.

The solutions were also designed to tackle the issue of staff burnout and low morale, which had been identified as underlying factors in poor service delivery. Stress management workshops, peer-support groups, and recognition programs were introduced to create a more supportive work environment. By acknowledging the emotional toll of healthcare work and providing staff with coping strategies, the project sought to improve overall well-being. The target outcome was to boost staff morale, reduce turnover, and create a positive feedback loop where satisfied employees were better able to deliver compassionate care.

Crucially, all these solutions were linked to measurable outcomes. The project established baseline metrics for patient satisfaction, staff communication effectiveness, and teamwork performance. Post-intervention surveys and feedback sessions were conducted to track progress. The target outcomes were not limited to short-term gains but aimed at establishing a foundation for continuous improvement. Staff were encouraged to view service excellence as a journey rather than a destination, with regular reflection and adaptation built into their routines.

In summary, the solutions implemented at Rumah Sakit Baptis represented a comprehensive, multi-dimensional approach to addressing the hospital's challenges. By focusing on teamwork, communication, empathy in delivering bad news, service excellence awareness, and systemic improvements, the project sought to empower staff and transform the hospital's service culture. The target outcomes included improved staff competencies, stronger cross-departmental collaboration, enhanced patient satisfaction, and a more resilient organizational culture. These outcomes, if sustained, would not only elevate the hospital's reputation but also contribute to the broader national agenda of strengthening healthcare quality in Indonesia.

The solutions also carried broader implications. They demonstrated that even in resource-constrained settings, meaningful improvements in service delivery can be achieved through strategic focus on human resource empowerment and cultural change. By leveraging training, reflection, and participatory methods, the hospital was able to overcome many of the systemic barriers that had previously hindered progress. The target outcomes of this project thus extended beyond the immediate partner institution, offering lessons and models that can be applied in other hospitals across Indonesia facing similar challenges.

Implementation Method

The implementation of the community service project at Rumah Sakit Baptis was carefully structured to ensure that the interventions addressed the hospital's identified challenges in a systematic and sustainable manner. The method adopted combined elements of participatory action research, adult learning theory, and capacity-building approaches, ensuring that staff members were not passive recipients of training but active participants in a process of transformation. The design recognized that real change in healthcare settings requires more than the transmission of knowledge; it requires shifts in attitudes, behaviors, and organizational culture. Accordingly, the implementation unfolded across several phases, each building upon the previous one to create a coherent and impactful intervention.

The first phase focused on needs assessment and stakeholder engagement. Before designing training modules, the project team conducted interviews, focus group discussions, and observations involving staff across different departments. This ensured that the interventions were grounded in the actual lived experiences of staff rather than externally imposed assumptions. Hospital leadership, including department heads and senior administrators, were actively engaged in this stage to secure buy-in and to align the project with the hospital's strategic priorities. This phase also helped to identify staff members who could serve as "champions of change," individuals who were motivated to lead by example and support their peers throughout the training process. By involving stakeholders early, the project established trust and increased the likelihood of long-term adoption of the initiatives.

The second phase involved the development of training content and tools. Based on the needs assessment, the project team designed a curriculum that addressed communication, teamwork, empathy, and service excellence. The content was contextualized to reflect Indonesian cultural norms, particularly the hierarchical dynamics and indirect communication styles that often influence hospital interactions. International frameworks such as SERVQUAL and patient-centered care were adapted to make them relevant and practical for staff. Training materials included case studies drawn from real incidents at Rumah Sakit Baptis, role-play scenarios tailored to common challenges, and simple visual aids to reinforce key messages. The team also developed standardized forms and communication protocols to support consistency across departments.

The third phase was the delivery of training sessions and workshops. The training was rolled out in multiple sessions to accommodate different staff schedules and to ensure maximum participation. Each session was highly interactive, combining lectures with group discussions, role-playing, and problem-solving exercises. For example, in the workshops on teamwork, participants were divided into cross-functional groups and asked to work together on simulated patient cases, where they had to coordinate care across medical, nursing, administrative, and support functions. These exercises not only reinforced the theoretical importance of collaboration but also gave staff the opportunity to practice new behaviors in a controlled environment. Similarly, communication training included exercises where staff practiced explaining medical

procedures in simple language, delivering bad news using the SPIKES protocol, and responding empathetically to patient complaints. Trainers provided immediate feedback, helping participants to refine their skills.

The fourth phase focused on counseling and role-play in sensitive communication. Recognizing the particular difficulty staff faced in delivering bad news, the project devoted additional time to this area. Staff engaged in role-play scenarios where they acted as both healthcare providers and patients, giving them the opportunity to experience communication from both perspectives. This empathetic role reversal helped participants appreciate the emotional impact of their words and behaviors. Professional counselors facilitated these sessions, guiding staff in managing their own emotions while delivering difficult messages. Reflection exercises allowed participants to process their experiences and to share strategies for improvement. The target here was not only to equip staff with practical tools but also to build emotional resilience and confidence.

The fifth phase emphasized cross-functional group work and breaking silos. Beyond workshops, the project created opportunities for staff from different departments to collaborate on small projects, such as streamlining patient admission processes or improving discharge coordination. These projects required input from multiple units and encouraged staff to move beyond their traditional boundaries. By working together on tangible tasks, staff developed a greater appreciation for one another's roles and began to build trust across departments. The hospital leadership supported these initiatives by adjusting workflows to encourage collaboration and by recognizing teams that demonstrated exemplary cross-departmental cooperation.

The sixth phase was the introduction of standardized communication systems and feedback mechanisms. Staff were trained in using newly developed tools such as structured handover forms, patient update checklists, and standardized complaint-handling procedures. These tools were integrated into daily routines to ensure sustainability. In addition, feedback mechanisms were introduced to monitor progress. Staff were encouraged to provide feedback on the training and to share their experiences of applying new skills in practice. Patients and families were also surveyed to assess whether they noticed improvements in communication, empathy, and service quality. This feedback loop ensured that the project remained adaptive and responsive to emerging needs.

The seventh phase involved monitoring, evaluation, and reflection. The project team collected both qualitative and quantitative data to assess the impact of the interventions. Pre- and post-training surveys measured changes in staff confidence, communication skills, and teamwork attitudes. Patient satisfaction scores were tracked to identify improvements in service quality. Focus groups with staff provided insights into the challenges and successes of applying new skills in practice. Regular reflection meetings were held, where staff and leadership discussed progress, celebrated successes, and identified areas for further improvement. This continuous cycle of monitoring and reflection reinforced the message that service excellence is an ongoing journey rather than a one-time achievement.

The final phase of implementation focused on institutionalization and sustainability. Recognizing that training interventions often lose impact without long-term reinforcement, the project worked closely with hospital leadership to embed the changes into organizational policies and routines. For instance, communication training was incorporated into staff orientation programs for new employees. Standardized protocols were codified into hospital guidelines. Staff "champions of change" were given ongoing responsibilities to mentor their peers and to lead by example in promoting service excellence. Leadership committed to conducting regular refresher workshops and to integrating patient feedback into quality improvement processes. By embedding these practices into the hospital's structures, the project sought to ensure that the gains made would be sustained over time.

In addition to these structured phases, the implementation method also paid attention to cultural sensitivity and local adaptation. Indonesia's collectivist culture and respect for hierarchy required careful navigation in training and facilitation. Trainers were mindful of creating safe spaces where junior staff felt comfortable speaking up, and role-play exercises were designed to challenge but not embarrass participants. By respecting cultural norms while gently encouraging new behaviors, the project was able to introduce change without provoking resistance. This culturally sensitive approach was a critical factor in the project's success.

In summary, the implementation method combined structured training, participatory engagement, practical tools, and continuous feedback to create a comprehensive approach to staff empowerment. It addressed both the technical and emotional dimensions of service excellence, ensuring that staff were not only equipped with new skills but also motivated and supported to apply them in practice. The phased approach allowed for gradual but sustainable change, while the emphasis on institutionalization ensured long-term impact. The method demonstrated that even in resource-constrained hospital settings, meaningful improvements in service quality can be achieved when interventions are carefully designed, culturally sensitive, and rooted in the active participation of staff at all levels.

Results and Discussion

The implementation of the community service project at Rumah Sakit Baptis yielded a wide range of outcomes that provided evidence of both immediate improvements and long-term potential for organizational transformation. These results can be grouped into several major areas: staff competencies, cross-departmental collaboration, communication with patients and families, staff morale, and patient satisfaction. Beyond these direct outcomes, the project also contributed to broader institutional learning and offered insights into how hospitals in similar contexts can improve service excellence.

Improvements in Staff Competencies

One of the most noticeable results of the project was the improvement in staff communication and teamwork competencies. Pre- and post-training surveys showed a significant increase in staff confidence in handling patient interactions, especially in situations requiring empathy or the delivery of bad news. Staff who initially reported feeling anxious or unprepared to communicate difficult messages began to describe themselves as more capable and professional after the workshops. During focus group discussions, many participants reflected on how role-playing and counseling exercises allowed them to practice communication techniques they had never been taught during their formal medical or nursing education. This finding underscores the importance of practical, experiential training in complementing technical knowledge.

The role-play sessions also revealed measurable progress in empathy and active listening skills. Trainers observed that by the final round of workshops, staff were better able to paraphrase patient concerns, provide reassurance without offering false hope, and tailor their communication to the patient's or family's emotional state. These competencies, while difficult to quantify, were evident in patient feedback collected after the intervention. Patients and families began to report that staff appeared more approachable, understanding, and willing to listen to their concerns.

Another significant outcome was the improvement in teamwork and collaboration across departments. Prior to the intervention, staff reported frequent miscommunication and delays when coordinating tasks between units. Post-intervention observations showed that staff became more proactive in reaching out to colleagues in other departments and were more willing to share responsibility for patient care. For example, administrative staff began to work more closely with medical teams to ensure that discharge procedures were handled smoothly and without unnecessary delays. Nurses reported feeling more supported by doctors when clarifying treatment instructions, and laboratory staff observed faster turnaround times due to clearer information flow.

The collaborative projects introduced during the intervention served as important catalysts for breaking down silos. Teams that had previously operated independently now began to recognize the interdependence of their roles. In reflection sessions, staff highlighted that they gained a deeper appreciation for the challenges faced by colleagues in other departments. This awareness created a sense of solidarity, replacing the blame culture that had previously existed with a more cooperative atmosphere.

Communication with Patients and Families

The project also led to notable improvements in how staff communicated with patients and their families. One of the most transformative results was the staff's ability to deliver bad news more effectively. While initial role-play sessions revealed discomfort and avoidance behaviors, subsequent sessions and post-intervention observations indicated that staff were able to approach these conversations with greater composure and sensitivity. Families who received bad news reported feeling that staff

took the time to explain the situation clearly, answered their questions patiently, and demonstrated empathy for their emotional state.

Beyond delivering bad news, staff also improved in everyday communication with patients. Patients noted that medical staff were more consistent in explaining procedures, treatment options, and follow-up steps. Nurses in particular reported adopting simpler language and checking for patient understanding, practices that had not been common prior to the training. This shift reduced patient confusion and increased trust in the hospital.

Staff Morale and Job Satisfaction

Moreover, this project has contributed to improved staff morale and job satisfaction. By addressing burnout through stress management workshops and peer-support activities, staff reported feeling more valued and supported by the institution. The recognition programs introduced during the intervention encouraged healthy competition and motivated staff to embody service excellence in their daily practices. Many participants expressed that the training helped them not only professionally but also personally, as they applied communication and empathy skills in interactions with their families and communities.

Improved morale also created a positive ripple effect in the hospital environment. Staff began to display greater enthusiasm and pride in their work, which in turn was perceived by patients. A more motivated workforce was better able to sustain the changes introduced by the project, reducing the risk of reverting to old habits.

Perhaps the most important outcome was the improvement in patient satisfaction. Surveys conducted after the intervention indicated an upward trend in satisfaction scores, particularly in areas related to communication, empathy, and responsiveness. Patients described staff as more attentive, approachable, and respectful compared to their experiences prior to the project. While clinical outcomes such as recovery rates were not within the scope of this project, the improved patient perceptions highlighted that service excellence is a critical component of overall healthcare quality.

These improvements in patient satisfaction are consistent with global research showing that non-clinical aspects of care—such as communication, empathy, and responsiveness—are among the strongest predictors of patient loyalty and trust (Berry & Bendapudi, 2007). For Rumah Sakit Baptis, these results represented not only better service outcomes but also enhanced competitiveness in an increasingly consumer-driven healthcare market.

Beyond individual and departmental improvements, the project fostered broader institutional learning. Hospital leadership began to recognize that service excellence required consistent reinforcement and integration into policies and systems. The inclusion of communication protocols into hospital guidelines and the incorporation of training into staff orientation programs reflected this shift toward institutionalization. Staff champions who emerged during the project became informal leaders and role models, sustaining momentum and encouraging peers to adopt new practices.

The project also provided the hospital with a model for continuous improvement. The feedback loops established during the intervention created a culture of reflection and adaptation, where staff and leadership could identify areas for further development. This shift toward a learning organization is critical for long-term sustainability, as it allows the hospital to respond dynamically to changing patient expectations and healthcare challenges.

The results of this project demonstrate that even in resource-constrained settings, meaningful improvements in healthcare service excellence can be achieved through targeted interventions that prioritize communication, teamwork, and empathy. The project not only addressed immediate problems at Rumah Sakit Baptis but also laid the foundation for a sustainable culture of service excellence. The positive outcomes observed—ranging from improved staff competencies to higher patient satisfaction—illustrate the transformative potential of community-based empowerment projects in healthcare institutions. At the same time, the limitations identified provide valuable lessons for future initiatives, reinforcing the need for ongoing evaluation, institutionalization, and adaptation.

Conclusion

This community service project at Rumah Sakit Baptis demonstrated that improving communication, teamwork, and empathy can significantly enhance hospital service excellence. Through structured training, role-play, and cross-functional collaboration, staff developed greater confidence in delivering sensitive information, improved interdepartmental coordination, and adopted more patient-centered communication practices. These changes contributed to improved morale among staff and higher patient satisfaction levels.

The community service highlights that even in resource-constrained hospitals, service quality can be strengthened through empowerment and participatory methods. By embedding communication protocols, cultivating a culture of empathy, and institutionalizing training, the hospital took important steps toward sustainable improvement. While challenges such as digital infrastructure and long-term monitoring remain, this initiative provides a practical model for other healthcare institutions in Indonesia.

Ultimately, the experience at Rumah Sakit Baptis underscores that service excellence is not solely about medical expertise but also about how patients are treated as human beings. By bridging gaps in communication and teamwork, hospitals can foster trust, enhance patient outcomes, and make a meaningful contribution to the broader goal of improving healthcare quality in Indonesia.

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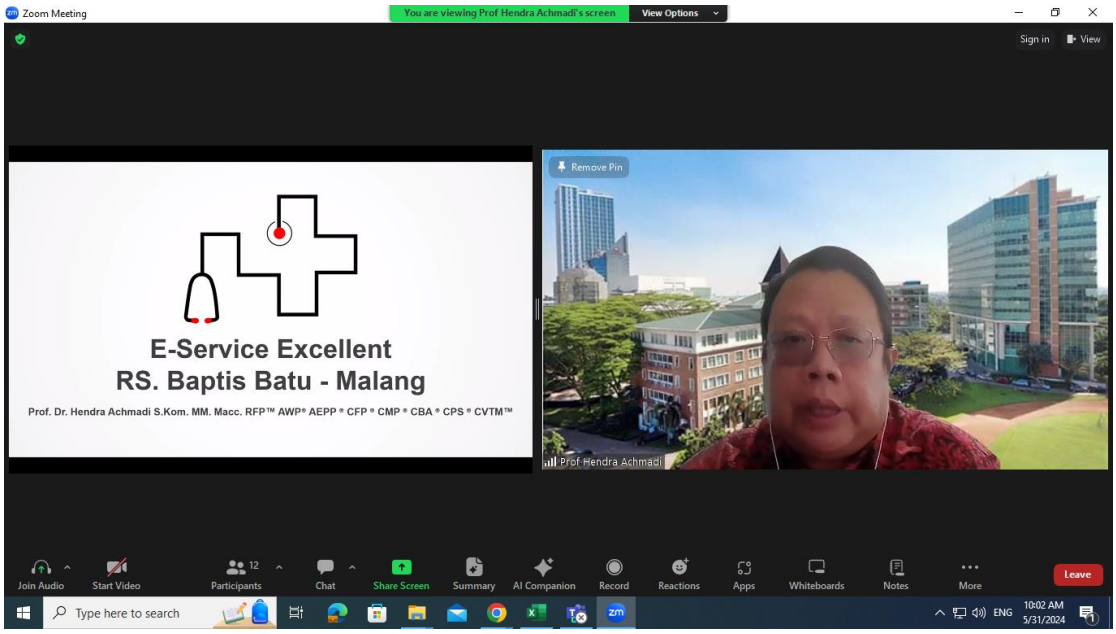
Appendix



DAFTAR HADIR PESERTA
PELATIHAN INTERNAL SERVICE EXCELENT

RUANG SERBA GUNA
BATCH I : Rabu, 29-05-2024 PUKUL 07:30 – 16:30 WIB

No	Nama Pegawai	Unit Kerja	Jabatan	Kelompok	Tanda Tangan
1	Sonya Octaviany, S.AB	Bagian Administrasi	Adm Umum	1	
2	Purwanti Setyarini, S.E.	Bagian Akuntansi	Adm Akuntansi	1	
3	Hargono Putro	Bagian Humas - Sub Unit Informasi	Operator - Informasi	1	
4	Twinarni Gita Anggrahini, S.KL.	Bagian Kesehatan Lingkungan	Petugas Kesling	1	
5	Kusetyo Purnomo, S.Kom.	Bagian Pemeliharaan Sarana	Teknisi	1	
6	Hendra Pria Histara, S. Kom.	Bagian Pusat Data dan Informasi	Programer	1	
7	Diba Yusanto,S.Kep. Ns.	Bagian SDM	Admin SDM	1	
8	Pdt.DR.Djoko Santoso,M.Th	Chaplain	Chaplain	1	
9	Toufik Nurwigianto, S.Th.	Bagian Pastoral	Petugas Pastoral	1	
10	Dwi Ratnasari	Bagian Keuangan	Adm. Pembayaran	1	
1	~~Antok Subagio~~	Bagian Humas - Sub Unit Transportasi	Sopir	2	
2	Bison Titti	Bagian Humas - Sub Unit Transportasi	Sopir	2	
3	Yafed Budi Prasetyo	Bagian Humas - Sub Unit Transportasi	Sopir	2	
4	Ardyan Kusuma Candra	Bagian Keuangan - Kasir	Kasir	2	
5	Dwi Wahyuni	Bagian Keuangan - Kasir	Kasir	2	
6	Evi Wahyuni	Bagian Keuangan - Kasir	Kasir	2	
7	Merry Deritawati	Bagian Keuangan - Kasir	Kasir	2	
8	Desi Arista, S.H.	Bagian Humas dan Pemasaran	Humas	2	
9	Sri Andari,S.E.	Bagian Humas dan Pemasaran	Humas Pemasaran	2	
10	Wiwin Tri Sujarwati, S.E.	Bagian Humas dan Pemasaran	Adm. Pemasaran	2	
1	apt. Ayun Suherweni.,S.Farm.	Instalasi Farmasi	Apoteker	3	
2	apt. Ida Ayu Yunita,S.Farm.	Instalasi Farmasi	Apoteker	3	
3	apt. Kartika Febrianti, S.Farm.	Instalasi Farmasi	Apoteker	3	

No	Nama Pegawai	Unit Kerja	Jabatan	Kelompok	Tanda Tangan
4	apt. Novia Dwi Purwanti, S.Farm.	Instalasi Farmasi	Apoteker	3	
5	apt. Ruth Agustina Rahadi, S.Farm.	Instalasi Farmasi	Apoteker	3	
6	Bagus Prabowo Putra, A.Md. Farm.	Instalasi Farmasi	Tenaga Teknis Kefarmasian	3	
7	Delvia Widy Alfiana, A.Md. Farm.	Instalasi Farmasi	Tenaga Teknis Kefarmasian	3	
8	Dwi Hartanti	Instalasi Farmasi	Pekarya Farmasi	3	
9	Feby Kusuma Pratiwi, A.Md. Farm.	Instalasi Farmasi	Tenaga Teknis Kefarmasian	3	
10	Herinda Prima Rahajeng, A.Md. Farm.	Instalasi Farmasi	Tenaga Teknis Kefarmasian	3	
1	Sri Erni Widiyawati	Instalasi Farmasi	Pekarya Farmasi	4	
2	Oven Sihombing	Instalasi Farmasi-Pengantar Obat	Petugas Pengantar Obat	4	
3	Dianing Susanti	Instalasi Gizi	Penyaji	4	
4	Ellen Ernesta Bela Sappu, S.Gz.	Instalasi Gizi	Tenaga Gizi *Nutrisionis Registered*	4	
5	Titin Naluri Dibyani, AMG	Instalasi Gizi	Tenaga Gizi *Technical Registered Dietisien*	4	
6	Anggaratri Putri Utami, S.Tr. Keb.	IRNA I	Bidan	4	
7	Eva Yuliatin, S.Kep., Ns.	IRNA II	Perawat	4	
8	Anik Wahyuni, S.Kep.,Ns	IRNA III	Perawat	4	
9	Dwi Wicaksana S., S.Kep.,Ns	Instalasi Kamar Operasi - Sub Unit Anestesi	Perawat - Penata Anestesi	4	
1	Catur Suko Rahayu	Instalasi Medical Record	Petugas Pendaftaran	5	
2	Debby Widyawati	Instalasi Medical Record	Petugas Pendaftaran	5	
3	Epa Dwi Harianti, A.Md. RMIK	Instalasi Medical Record	Perekam Medis dan Informasi Kesehatan	5	
4	Ita Sri Wulandari	Instalasi Medical Record	Petugas Pendaftaran	5	
5	Makrus Rois, S.Th.	Instalasi Medical Record	Petugas Pendaftaran	5	
6	Sisilia Alit Roro Tyasti, A.Md. P.K.	Instalasi Medical Record	Perekam Medis dan Informasi Kesehatan	5	
7	Yogi Satrio Wibowo, A.Md., A.Md.RMIK., S.AB	Instalasi Medical Record	Perekam Medis dan Informasi Kesehatan	5	

No	Nama Pegawai	Unit Kerja	Jabatan	Kelompok	Tanda Tangan
8	Ria Natalia	IGD	Pekarya Kesehatan	5	
9	Catur Ester Pertiwi	Bagian LPA	Verifikator Klaim Rawat Jalan	5	
10	Mohammad Yusuf. E, A.Md. RMIK.	Bagian LPA	Verifikator Klaim Rawat Inap	5	
1	Kristela Primas Artivianti	Instalasi Laboratorium	Adm. Instalasi Laboratorium	6	
2	Sri Wulandari, A.Md. A.K.	Instalasi Laboratorium	Ahli Teknologi Laboratorium Medik	6	
3	Delvy Amelya Rizha, A.Md. Rad.	Instalasi Radiologi	Radiografer	6	
4	Moch. Ilham Ilahiyah, A.Md.Rad	Instalasi Radiologi	Radiografer	6	
5	Rio Satrio, A.Md Rad	Instalasi Radiologi	Radiografer	6	
6	Basuki Suseno	Instalasi Rawat Jalan	Pekarya Kesehatan	6	
7	Tri Sumarni Lotok	Instalasi Rawat Jalan	Adm. Instalasi Rawat Jalan	6	
8	Trianang Marwoko, S. Kep. Ns.	Instalasi Rawat Jalan	Perawat	6	
9	Adrianus Tarigan,A.Md. Fis.	Instalasi Rehabilitasi Medik	Fisioterapis	6	

Narasumber,

Dr. Danet Arya Patria, S.E., M.B.A.