

Enhancing Healthcare Workers' Capacity in Implementing Service Excellence to Improve Inpatient Trust

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Introduction: Service excellence is an important component of quality healthcare, particularly in inpatient settings where patients have frequent interactions with healthcare workers. Effective communication, empathy, responsiveness, and professionalism can contribute to positive patient experiences and strengthen patient trust. This community service activity aimed to enhance healthcare workers' capacity to implement service excellence in improving inpatient trust at RSNU Tuban.

Methods: This activity was conducted at RSNU Tuban and involved 20 healthcare workers. The program consisted of educational sessions, interactive discussions, case-based learning, and simulations focusing on effective communication, empathy, responsiveness, professionalism, patient-centered care, and complaint handling. Participants' understanding and practical skills were evaluated through observation, discussion, and responses to case scenarios.

Results: The activity demonstrated active participation and improved understanding of service excellence principles among the participants. Healthcare workers were able to identify common challenges in inpatient services and demonstrated better responses to patient needs and complaints. Simulation activities also supported participants in practicing effective, empathetic, responsive, and professional communication.

Discussion: Capacity building through service excellence training can support patient-centered care and strengthen healthcare workers' ability to establish positive relationships with patients. Case-based learning and simulation provide practical opportunities to translate service excellence concepts into daily inpatient practice. Continuous training, supervision, and evaluation are recommended to sustain implementation and improve patient experiences.

1. INTRODUCTION

Hospitals play a vital role in providing healthcare services, particularly in inpatient care, where patients require continuous monitoring, professional treatment, and comprehensive support from healthcare workers.¹ In an increasingly

competitive healthcare environment, hospitals are expected not only to deliver effective medical treatment but also to provide high-quality services that meet patients' expectations.² Service excellence has therefore become an essential strategy for improving patient satisfaction, building trust, and strengthening long-term

relationships between healthcare providers and patients.³ The quality of hospital services is not determined solely by clinical outcomes but also by patients' experiences, perceptions, and interactions with healthcare professionals throughout their hospitalization.⁴

Service quality is commonly evaluated using the SERVQUAL model, which consists of five dimensions: tangibles, reliability, responsiveness, assurance, and empathy.⁵ These dimensions reflect different aspects of healthcare service delivery, including the physical environment, consistency of services, promptness of assistance, professional competence, and individualized attention.⁶ In inpatient settings, these dimensions are particularly important because patients spend extended periods in hospitals and interact regularly with doctors, nurses, and other healthcare personnel.⁷ The ability of healthcare workers to provide reliable, responsive, and trustworthy services can significantly influence patients' overall perceptions of healthcare quality and their willingness to return to the same healthcare facility.⁸

A study conducted by Martianawati, Sari, and Lathifi (2026), entitled Determinant Factors of Inpatient Revisit Intention Based on Service Quality, at Nahdlatul Ulama Hospital in Tuban, Indonesia, identified significant associations between three SERVQUAL dimensions—tangibles, reliability, and assurance—and patients' intention to revisit the hospital.⁹ Among these dimensions, assurance emerged as the most influential factor, with an odds ratio of 1.401. This finding highlights the importance of healthcare workers' professional competence, courtesy, communication skills, and ability to establish patient trust.¹⁰ The study also revealed that responsiveness and empathy received predominantly poor ratings, indicating areas that require further improvement in inpatient service delivery.¹¹

These findings suggest that improving service quality requires more than infrastructure development and the availability of medical equipment.¹² Healthcare workers must also possess adequate knowledge, practical skills, and professional attitudes to implement service excellence consistently. Effective communication, respectful interactions, clear explanations of medical procedures, appropriate informed consent practices, and adherence to patient safety principles are essential components of patient-centered care. Strengthening these competencies may help reduce patient anxiety, improve the hospital experience, and foster greater confidence in healthcare services.¹³

Despite the importance of service excellence, its implementation may remain inconsistent due to differences in healthcare workers' competencies, communication practices, workload, and understanding of patient-centered care. Limited opportunities for continuous professional development can also affect the ability of healthcare personnel to maintain high standards of service.¹⁴ Therefore, structured training and mentoring programs are needed to enhance healthcare workers' capacity to deliver professional, compassionate, reliable, and patient-oriented services. Such programs should incorporate interactive learning, role-playing, case-based discussions, and practical simulations to ensure that participants can apply the principles of service excellence in their daily clinical practice.¹⁵

Community service initiatives focusing on healthcare workers' capacity building offer a practical approach to addressing these challenges. Through systematic training and mentoring, healthcare personnel can strengthen their communication skills, improve professional behavior, enhance their understanding of patient safety, and develop a stronger commitment to service quality. These efforts are expected to create a more supportive and

trustworthy healthcare environment, ultimately improving patients' perceptions of inpatient services.¹⁶

Based on these considerations, the community service program entitled "Enhancing Healthcare Workers' Capacity in Implementing Service Excellence to Improve Inpatient Trust" is designed to strengthen healthcare workers' knowledge, skills, and attitudes in delivering high-quality inpatient care. The program focuses on improving professional communication, strengthening patient trust, and promoting consistent implementation of service excellence principles. Through this initiative, healthcare workers are expected to become more competent in providing patient-centered services, while healthcare institutions can benefit from improved service quality, stronger patient relationships, and greater potential for long-term patient loyalty.

2. METODE

The community service program entitled "Enhancing Healthcare Workers' Capacity in Implementing Service Excellence to Improve Inpatient Trust" will employ a participatory, educational, and mentoring approach aimed at improving healthcare workers' knowledge, skills, and attitudes in delivering high-quality inpatient services. The program will be conducted through several systematic stages, including preparation, implementation, mentoring, and evaluation.

1. Preparation Stage

The preparation stage involves coordination with hospital management and relevant healthcare personnel to identify priority needs and establish the program's implementation plan. Initial assessments will be conducted to identify challenges related to service quality, patient communication, professional behavior, and patient trust in inpatient settings.

The activities at this stage include:

Coordinating with hospital management and inpatient unit coordinators. Identifying participants, primarily nurses and other healthcare workers involved in inpatient services. Conducting a preliminary assessment of healthcare workers' knowledge and understanding of service excellence. Developing training materials based on the SERVQUAL framework, with particular emphasis on assurance, reliability, and tangibles. Preparing training modules, presentations, case scenarios, pre-test and post-test questionnaires, and evaluation instruments.

2. Implementation Stage

The implementation stage consists of educational sessions, interactive training, and practical simulations designed to strengthen healthcare workers' competencies in applying service excellence principles.

The main activities include:

a. Educational Sessions

Participants will receive structured educational materials covering: Concepts and principles of service excellence in healthcare. The importance of patient trust and satisfaction in inpatient services. Effective communication and therapeutic communication techniques. Professional ethics, courtesy, and appropriate interpersonal behavior. Patient safety and informed consent. The application of SERVQUAL dimensions in improving inpatient service quality.

b. Interactive Training and Simulation

To strengthen practical competencies, participants will engage in interactive learning activities, including: Role-playing exercises involving healthcare workers, patients, and family members. Simulations of effective communication when explaining medical procedures and treatment plans. Case-based discussions addressing patient complaints and service-related challenges. Practical exercises on responding to patient needs professionally,

promptly, and empathetically. These activities are intended to help participants translate theoretical knowledge into practical skills applicable to daily inpatient care.

3. Mentoring and Assistance Stage

Following the training sessions, mentoring activities will be conducted to support the practical implementation of service excellence principles in inpatient care. Healthcare workers will receive guidance and constructive feedback while applying the skills acquired during the training.

The mentoring activities include: Providing on-the-job guidance to healthcare workers in implementing effective communication and professional service practices. Observing interactions between healthcare workers and patients to assess the application of service excellence principles. Providing feedback on communication techniques, responsiveness, professional attitudes, and patient-centered care. Encouraging healthcare workers to identify service challenges and develop practical solutions to improve patient experiences. Promoting continuous improvement through team discussions and reflective learning.

4. Evaluation Stage

Program evaluation will be conducted to measure the effectiveness of the training and mentoring activities in improving healthcare workers' competencies and supporting patient trust.

Evaluation will be carried out through the following methods:

a. Knowledge Evaluation

Pre-tests and post-tests will be administered before and after the educational sessions to measure changes in healthcare workers' knowledge of service excellence, patient trust, communication, and service quality.

b. Skills Evaluation

Practical skills will be assessed through observation checklists during role-

playing exercises and mentoring activities. The assessment will focus on communication effectiveness, professional behavior, responsiveness, and the application of patient-centered care principles.

c. Attitude Evaluation

Participants' attitudes toward service excellence and patient-centered care will be evaluated using structured questionnaires to identify changes in their professional commitment and orientation toward quality service delivery.

d. Patient Trust Evaluation

Patient trust will be assessed using a structured questionnaire administered before and after the intervention, where feasible. The questionnaire will explore patients' perceptions of healthcare workers' competence, communication, courtesy, reliability, and confidence in the services provided.

e. Program Feedback

Participants will complete an evaluation questionnaire to assess the relevance, usefulness, and feasibility of the training and mentoring activities. Feedback will be used to identify opportunities for future program improvement.

5. Data Analysis

Quantitative data obtained from pre-tests and post-tests will be analyzed using descriptive statistics, including frequencies, percentages, means, and standard deviations. Differences in knowledge and skills assessment scores before and after the intervention will be analyzed using the paired t-test or Wilcoxon signed-rank test, depending on data distribution.

Changes in patient trust scores will also be analyzed using appropriate statistical tests when pre-intervention and post-intervention data are available. Qualitative feedback from participants and observations during mentoring will be summarized descriptively to identify improvements, challenges, and recommendations for sustainable implementation.

6. Expected Outcomes

The community service program is expected to achieve the following outcomes:

Increased knowledge and understanding of service excellence among healthcare workers.

Improved communication skills and professional behavior in inpatient care.

Enhanced ability to implement patient safety principles and build patient trust.

Improved patient perceptions of service quality and confidence in healthcare workers.

Development of sustainable service excellence practices within inpatient units.

Proposed implementation schedule

Activity	Duration
Coordination and needs assessment	1 week
Preparation of training materials and instruments	1 week
Educational sessions and interactive training	1 day
Practical simulation and skills assessment	1 day
Mentoring and implementation assistance	2 weeks
Final evaluation and reporting	1 week

3. RESULTS AND DISCUSSION

Results

The community service activity was conducted at RSNU Tuban and involved 20 healthcare workers who directly provide services to inpatient patients. The activity aimed to enhance participants' capacity to implement service excellence as an approach to improving the quality of interpersonal interactions and strengthening patient trust.

The activity consisted of several stages, including an initial assessment, educational sessions, interactive discussions,

case-based learning, and practical exercises related to service excellence. The educational materials focused on effective communication, empathy, responsiveness, professionalism, patient-centered care, and strategies for handling patient complaints.

The participants demonstrated active engagement throughout the program. During the discussion and case-based sessions, participants were able to identify common challenges in inpatient services, particularly those related to communication, responsiveness to patient needs, information delivery, and management of patient expectations. Participants also practiced appropriate communication strategies through simulations of common inpatient situations.

Following the training, participants demonstrated improved understanding of the principles of service excellence and their application in daily healthcare services. Participants were able to explain the importance of empathy, clear communication, responsiveness, and professional attitudes in establishing positive relationships with patients and their families.

The results also indicated that the training provided participants with practical strategies for improving interactions with inpatients. Participants reported that the case-based approach and simulation activities were particularly useful because they allowed them to practice responding to situations that frequently occur in inpatient settings.

Overall, the activity showed that capacity-building interventions focusing on service excellence can strengthen healthcare workers' awareness and practical skills in delivering patient-centered services. The program also encouraged participants to recognize that patient trust is not only influenced by clinical competence but also by the quality of communication, responsiveness, and professional behavior demonstrated by healthcare workers.

Discussion

The findings of this community service activity demonstrate the importance of strengthening healthcare workers, capacity in implementing service excellence in inpatient settings. Healthcare services are increasingly evaluated not only based on clinical outcomes but also on patients' experiences during their interaction with healthcare providers.¹⁷ In inpatient care, where patients generally have more frequent and prolonged interactions with healthcare workers, communication and interpersonal behavior become important components of service quality.¹⁸

The increased understanding observed among the 20 participants suggests that structured education and practical training can help healthcare workers recognize the relationship between service excellence and patient trust.¹⁹ Service excellence emphasizes patient-centered interactions through effective communication, empathy, responsiveness, reliability, and professionalism. These components are particularly important in inpatient settings because patients and families may experience anxiety, uncertainty, and dependence on healthcare workers during hospitalization.²⁰

Effective communication is one of the most important elements in establishing patient trust. Healthcare workers need to provide information in a clear, understandable, and respectful manner while allowing patients and families opportunities to ask questions and express concerns.²¹ Poor communication may result in misunderstanding, dissatisfaction, and reduced confidence in healthcare services. Therefore, improving communication skills through simulation and case-based learning may help healthcare workers respond more appropriately to patient's needs.²²

Empathy is also an essential component of service excellence. Patients tend to develop greater confidence in

healthcare providers when they feel listened to, respected, and understood. The training encouraged participants to consider patients' emotional and psychological needs in addition to their physical needs.²³ This approach supports the concept of patient-centered care, in which patients are actively recognized as individuals with unique needs, preferences, expectations, and experiences.²⁴

The case-based and simulation approaches used in this activity were particularly relevant because they allowed participants to translate theoretical concepts into practical behaviors. Rather than focusing solely on theoretical knowledge, participants were encouraged to analyze realistic inpatient situations and practice appropriate responses. This learning approach can facilitate the development of communication, problem-solving, and interpersonal skills that are directly applicable to clinical practice.²⁵

The activity also highlighted the importance of responsiveness in maintaining patient trust. In an inpatient environment, delays in responding to patient requests, insufficient explanations, or inappropriate responses to complaints may negatively influence patients' perceptions of service quality. Healthcare workers therefore need to develop a proactive attitude by identifying patient needs, responding promptly, and communicating clearly when immediate solutions cannot be provided.²⁶

From an institutional perspective, improving service excellence should not be considered solely as an individual responsibility of healthcare workers. Sustainable implementation requires organizational support through clear service standards, continuous training, supervision, feedback mechanisms, and evaluation of patient experiences. The training conducted at RSNU Tuban can therefore serve as an initial intervention for developing a stronger service-oriented culture among healthcare workers.²⁷

Although the activity involved only 20 participants and primarily evaluated changes in knowledge, understanding, and practical skills, the findings provide an important basis for further development. Future programs should involve a larger number of healthcare workers and incorporate objective pre-test and post-test measurements, patient satisfaction assessments, and patient trust indicators. Follow-up evaluations are also recommended to determine whether the knowledge and skills gained through training are consistently implemented in daily inpatient services.

Overall, this community service activity indicates that strengthening healthcare workers' capacity in service excellence is a relevant strategy for supporting patient-centered care and fostering patient trust. Continuous training combined with institutional monitoring and evaluation is expected to contribute to improved patient experiences and the development of higher-quality inpatient services at RSNU Tuban.

4. CONCLUSION

The community service activity conducted at RSNU Tuban involving 20 healthcare workers demonstrated that service excellence training can strengthen healthcare workers' understanding and practical capacity in delivering patient-centered inpatient services. Through educational sessions, interactive discussions, case-based learning, and simulations, participants gained a better understanding of the importance of effective communication, empathy, responsiveness, professionalism, and patient-centered care in building patient trust.

The activity also highlighted that patient trust is strongly supported by the quality of interactions between healthcare workers and patients. Therefore, continuous capacity building in service excellence is recommended as part of efforts to improve

the quality of inpatient services at RSNU Tuban. Future programs should include regular training, supervision, and evaluation involving patient feedback to assess the sustained implementation of service excellence and its impact on patient trust and satisfaction.

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