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Communication, Work Experience, Service Speed, and Patient Satisfaction at PTPN VIII Subang Hospital

Gideon Setiawan*
Universitas Sangga Buana, Indonesia

Taufik Zulfikar
Universitas Sangga Buana, Indonesia

Rukhiyat Syahidin
Universitas Sangga Buana, Indonesia

Ayu Laili Rahmiyati
Universitas Sangga Buana, Indonesia

Vip Paramarta
Universitas Sangga Buana, Indonesia

***Corresponding author:**
Gideon Setiawan, Universitas Sangga Buana, Indonesia. ✉gideonsetiawan@yahoo.com

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Abstract

Background: Medical staff communication and work experience are critical factors driving service speed, which directly impacts patient satisfaction at PTPN VIII Subang Hospital. Clear communication and clinical experience allow personnel to deliver efficient, accurate care.
Objective: To analyze the effects of medical staff communication and work experience on service speed and patient satisfaction, while evaluating the mediating role of service speed.
Methods: This quantitative cross-sectional study surveyed 125 purposively sampled patients across inpatient, outpatient, and emergency units at PTPN VIII Subang Hospital. Data collected via questionnaires were analyzed using path analysis and the Sobel test for mediation.
Results: Communication significantly increased service speed ($t = 4.965, p < 0.05$), as did work experience ($t = 4.228, p < 0.05$). Service speed significantly enhanced patient satisfaction ($t = 5.962, p < 0.05$). Furthermore, service speed successfully mediated the indirect effects of both communication and work experience on patient satisfaction.
Conclusion: Hospital management can boost patient satisfaction by improving medical staff communication skills and leveraging work experience, thereby optimizing service speed.

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INTRODUCTION

Health services are one of the important aspects of people's lives. In the context of hospitals, the speed of service and the level of patient satisfaction are very crucial factors in determining the quality and effectiveness of the health services provided (Permata, 2024). The speed of service, which includes waiting times for medical services, as well as patient satisfaction that includes their perception of the quality of service, has a direct impact on the image of the hospital itself (Jatmika & Abdurrahman, 2023). A phenomenon that often occurs in some hospitals is complaints about long waiting times and inadequate services, especially in situations with a high number of patients (Kartianah et al., 2024), which not only affects patient perception but also the patient's decision to choose a hospital in the future (Putra et al., 2024).

Two factors that are believed to affect the speed of service and patient satisfaction are communication and work experience. Effective communication between medical personnel, nurses, and patients can speed up the service process, reduce miscommunication, and create a better experience for patients (Xu et al., 2022). On the other hand, the work experience of medical

personnel speeds up the diagnosis process, provides confidence in medical decision-making, and reduces errors that can cause delays in services (Fitriah, 2023).

PTPN VIII Subang Hospital is a class C general hospital located on Jalan Otto Iskandardinata No.1, Subang Regency, West Java, managed by a subsidiary of PT Perkebunan Nusantara I as part of the state-owned health service development strategy and undergoing institutional transformation to improve the quality of health services to the general public, with a vision to become the best hospital in the Subang Regency area by 2027. This hospital is supported by more than 383 professional workers with an inpatient capacity of around 106 beds, including a 24-hour emergency room, specialist polyclinic, inpatient, laboratory, radiology, hemodialysis, medical rehabilitation, as well as digital services such as telemedicine and online registration through JKN Mobile (Subang, 2025).

Table 1
Bed Capacity Distribution of PTPN VIII Subang Hospital

Classroom / Inpatient Room	Number of beds
VVIP / Super VIP	4 Bed
VIP	10 Bed
Class I	22 Bed
Class II	23 Bed
Class III	22 Bed
ICU	6 Bed
HCU	2 Bed
Isolation Room	10 Bed

The larger the available bed capacity, the more complex the coordination of services needed, both in terms of communication between medical personnel and in the management of service time, so that the distribution of these beds is an initial description of hospital operational conditions that have the potential to affect medical personnel communication, work experience, service speed, and patient satisfaction (Indonesia, 2025).

In order to see the initial condition of the four research variables, a pre-survey was carried out by distributing a temporary questionnaire to 30 respondents at PTPN VIII Subang Hospital. The results of the pre-survey are presented in Table 2.

Table 2
Recapitulation of Pre-Survey Results at PTPN VIII Subang Hospital (n=30)

Variable	Average "Yes" (%)	Average "No" (%)
Communication	43	57
Work Experience	47.2	52.8
Service Speed	33.6	66.4
Patient Satisfaction	38.4	61.6

Based on Table 2, the preliminary survey of 30 respondents showed that 57.0% gave negative assessments of communication, 52.8% of perceived staff work experience, 66.4% of service speed, and 61.6% of patient satisfaction. These figures describe the perceptions of the pre-survey respondents only and are used to identify an initial service issue; they are not generalized as estimates of hospital-wide conditions or as findings of the main study.

Previous studies consistently link communication with patient experience and satisfaction, and separately associate staff experience with clinical efficiency and service quality. However, fewer studies examine whether service speed is the operational mechanism connecting

both communication and experience-related staff competence to patient satisfaction within a single model. The scientific contribution of this study therefore lies in testing that integrated pathway in the specific operational context of PTPN VIII Subang Hospital, where the preliminary survey identified waiting-time and communication concerns.

Management is the process of coordinating and integrating work activities so that they can be completed effectively and efficiently through others (Desmond, 2023; Robbins & Coulter, 2018). Effectiveness refers to the organization's ability to achieve planned goals, while efficiency is related to the optimal use of resources without waste (Dianingsih et al., 2026). In general, management functions consist of planning, organizing, directing, and controlling, which in the context of hospitals translates into planning for medical personnel needs, division of tasks between service units, leadership that encourages a patient-oriented service culture, and periodic evaluation of patient quality and satisfaction (Atiyah & Wibowo, 2023; Biantara & Mulyanti, 2023; Wahdah et al., 2025).

Human resource management (HR) is a management function that focuses on managing the workforce in order to be able to make an optimal contribution to the achievement of organizational goals, including workforce needs planning, recruitment, training, development, and performance assessment. In healthcare organizations, the role of human resource management is very strategic because the quality of services is highly dependent on the competence, professionalism, and performance of medical personnel (Asti et al., 2025). The competence of medical personnel includes not only clinical technical skills, but also interpersonal skills in the form of effective communication and adequate work experience to handle various patient conditions, so that good human resource management has a direct impact on the speed and quality of service (Kusumaningrum et al., 2022; Margata, 2021; Prabawa et al., 2022).

In addition to human resource management, service marketing management is also an important foundation in understanding patient satisfaction as a health service user. Service marketing is a social and managerial process to create value for customers through the provision of quality services (Ghosh, 2026; Kotler & Keller, 2016), with distinctive characteristics in the form of intangibility, inseparability, variability, and perishability that make service quality a key factor for the success of a healthcare organization (Kusumaningrum et al., 2022). The SERVQUAL model explains that service quality is influenced by the dimensions of tangibles, communication, responsiveness, assurance, and empathy (Maharani & Aisah, 2024; Parasuraman et al., 1988), so that the responsiveness of medical personnel and the speed of service are important elements in building patient trust and loyalty to hospitals (Pratiwi & Nyorong, 2022).

At the middle theory level, hospital service management emphasizes the principles of effectiveness, efficiency, quality, safety, and patient satisfaction (Indonesia, 2025), whose success is determined by the competence of medical personnel, coordination between service units, operational system efficiency, and speed in providing medical care to patients (Salaam & Mulyadi, 2024; Xu et al., 2022). Coordination between units that does not run well can hinder the flow of services, resulting in a long waiting time and decreased patient satisfaction (Dianingsih et al., 2026), while the use of an integrated hospital management information system (SIMRS) can speed up the registration process, recording medical records, and coordination between units (Hidayah et al., 2022; Pahira & Rinaldy, 2023).

Communication in healthcare functions to convey information clearly and effectively and build a good relationship between medical personnel and patients (Rothwell, 2013; Decker & Decker 2023). Good communication helps patients understand their health condition, available treatment options, and what can be expected during the treatment process, while creating a safe and comfortable environment for patients (Mahmoud, 2023; Toreh & Wuisan, 2024). Ineffective communication can cause patients to feel confused or anxious, while good communication reduces anxiety, speeds up medical decision-making, and increases patient satisfaction (Miller & Steinberg, 1975; Wu et al., 2023).

Hargie (2011) and Amelia et al. (2025) emphasized that effective communication includes three dimensions, namely verbal communication (delivering medical information in simple and easy-to-understand language), non-verbal communication (facial expressions, eye contact, and body language that supports verbal messages), and empathic communication (the ability to understand and respond to patients' feelings) (Kulińska et al., 2022). Rothwell (2013) and Decker

& Decker (2023) further formulated four indicators of effective communication in healthcare, namely clarity of information, responsiveness, timeliness, and empathy (Almunawar & Anshari, 2012; Niken Resnu Aprilia & Fitria Ridhaningsih, 2025), which together improve the quality of the relationship between medical personnel and patients and accelerate medical decision-making.

Work experience affects the skills of medical personnel in dealing with cases, from simple to complex (Benner, 1984; Wang et al., 2023). The longer a person works in the medical field, the sharper the clinical skills they have because experienced medical personnel interact with various medical conditions more often, making them faster and more accurate in diagnosing and treating patients (Su et al., 2022). More work experience also increases the confidence of medical personnel in making quick and appropriate medical decisions, especially in critical or emergency situations (Bandura, 1977; Bhati & Sethy, 2022), as well as improving the ability to solve unexpected or complex problems (Hiranrat et al., 2021; Schön, 1983).

Benner (1984) in From Novice to Expert explains that work experience forms three main dimensions, namely clinical skills, confidence in decision-making, and problem-solving ability (X. Liu et al., 2024; Primantoko et al., 2023). Based on the views of Benner (1984), Bandura (1977), Schön (1983) and Watson (2024), indicators of work experience of medical personnel include length of work experience, number of cases handled, level of confidence in decision-making, ability to deal with emergency cases, experience collaborating with medical teams, level of mastery of medical procedures and techniques, and the amount of training and further education followed (Dian, 2023).

Service speed is the time needed to provide medical services effectively and efficiently to patients, including waiting times, diagnostic processes, and treatment (Solikhah, 2023). Service speed is not only related to the time of medical procedures, but also the efficiency of administrative processes and communication between parties involved in care, as well as the ability of hospitals to manage medical resources and utilize technology such as hospital information systems (SIMRS) (Dalim, 2024; Su et al., 2022). Service speed dimensions include patient wait times, diagnostic processes, and administrative processes and interunit coordination (D. Liu et al., 2022), with indicators of average waiting time, diagnostic time required, number of patients that can be served at one time, and efficiency of administrative processes (Ayuningtiyas et al., 2023).

Patient satisfaction is the result of a comparison between the performance of the services received and the patient's expectations before receiving the service (Alvien Septian Haerisma et al., 2024). Oliver (1997) added that patient satisfaction is influenced by expectations formed from past experiences and the reality experienced by patients throughout the treatment process, starting from registration, waiting time, communication with medical personnel, to the medical care itself (Aiken et al., 2018; López Hernández et al., 2025). The empathy factors of medical personnel, speed of service, and quality of facilities also play a major role in shaping patient satisfaction (Asti et al., 2025; S. Liu et al., 2021).

Kotler et al. (2018) identified four main dimensions of patient satisfaction, namely the quality of medical care, interaction with medical personnel, comfort and hospital facilities, and speed of service (Asamrew et al., 2020; Heskett et al., 2008). Sureshchandar et al. (2002) and Agarwal & Dhingra (2023) formulated patient satisfaction indicators including perception of the quality of medical services, the quality of communication with medical personnel, waiting time and speed of services, comfort and cleanliness of hospital facilities, and response to patient complaints or problems (Febres-Ramos & Mercado-Rey, 2020; Gavurova et al., 2021; Wening Palupi Dewi et al., 2022).

Gao et al. (2024) found that the communication skills of medical personnel have a significant effect on the quality of service and patient satisfaction in primary health care, in line with Epstein & Jr. (2011) who emphasized effective communication as the core of patient-centered care, and Sharkiya (2023) who emphasized that quality communication improves patient-oriented health outcomes. Nonetheless, these studies generally place communication as a variable that directly affects patient satisfaction without considering the mechanisms of the service process, such as the speed of service, that may mediate the relationship.

On the other hand, research on the work experience of medical personnel Kulińska et al. (2022) tends to focus on clinical competence and service attitudes, without simultaneously

associating them with communication or operational variables such as service speed. Kyambille & Kalegele (2016) and Flores & Winegar (2026) show that digital systems can improve patient efficiency and satisfaction, but do not test the role of communication and work experience as antecedents. Based on the study, a research gap was identified in the absence of research that simultaneously integrates communication and work experience of medical personnel in a structural model that relates it to service speed as a mediating variable for patient satisfaction, especially in the context of PTPN VIII Subang Hospital.

Based on the grand theory of health management and services (Benner, 1984; Rothwell, 2013), middle theory of optimizing hospital services (Indonesia, 2025; Xu et al., 2022), as well as applied theories of communication, work experience, service speed, and patient satisfaction, this study places communication (X1) and work experience (X2) as exogenous variables that affect patient satisfaction (Y) either directly or indirectly through service speed (Z) as a mediating variable (Sharkiya, 2023). Based on this framework, the research hypothesis is formulated as follows:

H1: Communication affects the speed of service.
H2: Work experience affects the speed of service.
H3: Communication affects patient satisfaction.
H4: Work experience affects patient satisfaction.
H5: The speed of service affects patient satisfaction.
H6: The speed of service mediates the effect of communication on patient satisfaction.
H7: The speed of service mediates the influence of work experience on patient satisfaction.

METHOD

This study used a quantitative, cross-sectional, descriptive-verificative design. The analysis assessed statistical associations among communication, perceived work experience, service speed, and patient satisfaction and used path analysis to estimate direct and mediated relationships. Because all variables were measured at one time point, causal language is avoided in interpreting the findings.

The study was conducted at PTPN VIII Subang Hospital, Subang Regency, West Java, with patients from inpatient, outpatient, and Emergency Installation units as the unit of analysis. Eligible respondents were at least 17 years old, had received or were receiving services at the hospital, and consented to participate. Purposive sampling was used to obtain 125 respondents. The sample-size target was planned with reference to the number of indicators; because the total eligible patient population was not enumerated in the retained manuscript and sampling was nonprobabilistic, the sample is not claimed to be statistically representative of all hospital patients. The exact calendar period of main data collection is not specified in the retained source and is therefore not inferred.

Primary data were obtained through patient questionnaires, while secondary data came from hospital documents and relevant literature. The questionnaire used a five-category ordinal response scale. Communication was represented by clarity and empathy indicators; service speed by waiting time and process speed; patient satisfaction by evaluations of service, communication, and speed; and Work Experience (X2) was operationalized as patients' perceptions of experience-related staff competence, including case-handling skill and decision-making speed, rather than as objective staff tenure. This operational definition is used consistently when interpreting X2.

Table 3
Operational Research Variables

Variable	Dimensions	Indicator	Scale
Communication (X1)	Clarity of Information; Empathy	Explanation of the patient's condition in easy-to-understand language; completeness of information; attention to patient complaints	Ordinal (SS–STS)
Work Experience	Length of Experience;	Adequate work experience;	Ordinal (SS–

Variable	Dimensions	Indicator	Scale
(X2)	Clinical Skills	case-handling skills; decision-making speed	STS)
Service Speed (Z)	Waiting Time; Service Process	Relatively short lead time; speed of service after registration; speed of inspection process	Ordinal (SS–STS)
Patient Satisfaction (Y)	Quality of Service; Communication; Speed	Satisfaction with service; satisfaction with communication with medical personnel; satisfaction with the speed of service	Ordinal (SS–STS)

Before data analysis, the research instrument was tested through a validity test using the Pearson Product Moment correlation (an item is declared valid if r counts > r of the table and a significance < 0.05) and a reliability test using Cronbach's Alpha (declared reliable if the value ≥ 0.70) (Ghozali, 2021; Surya et al., 2026). Hypothesis testing was carried out through path analysis with two sub-structures, namely the influence of communication (X1) and work experience (X2) on service speed (Z), as well as the effect of communication, work experience, and service speed on patient satisfaction (Y). Testing was carried out through a t-test to see the partial effect and the F test to see a simultaneous effect, with the hypothesis criteria accepted if the significance value < 0.05. The available instrument summary reports Cronbach's Alpha values of 0.856 for communication, 0.832 for perceived work experience, 0.845 for service speed, and 0.868 for patient satisfaction. Item-level coefficients are not reproduced because they are not available in the retained manuscript output.

The test of the role of service speed mediation was carried out using the Sobel test, with the formula $Z = ab / \sqrt{(b^2Sa^2 + a^2Sb^2)}$, where a is the coefficient of the path X to Z, b is the coefficient of the path Z to Y, and Sa and Sb are the standard error of each coefficient. The effect of mediation is stated to be significant if the value of Z is calculated to be greater than the critical value of 1.96 at a significance level of 5%.

RESULTS AND DISCUSSION

Results

Respondent Characteristics

Table 4
Characteristics of Respondents (n=125)

Characteristics	Categories	Quantity	Percentage
Age	≤25 years old	25	20.0%
	26–35 years old	22	17.6%
	36–45 years old	25	20.0%
	46–55 years old	25	20.0%
	>55 years old	28	22.4%
Gender	Male	68	54.4%
	Women	57	45.6%
Jobs	Housewives	33	26.4%
	Student/Student	27	21.6%
	Self-employed	25	20.0%
	Private Employees	22	17.6%

Characteristics	Categories	Quantity	Percentage
	PNS	18	14.4%

The study included 125 patients with varied age, gender, and occupational characteristics. The largest age category was >55 years (22.4%); 54.4% were male and 45.6% female. The distribution broadens the descriptive coverage of the sample, but because participants were selected purposively from a single hospital, heterogeneity of respondent characteristics does not establish population representativeness or external validity.

Descriptive Analysis of Variables

Table 5
Descriptive Recapitulation of Research Variables

Variable	Red	Std. Deviation	Categories
Communication (X1)	4.23	0.59	Very High
Work Experience (X2)	4.16	0.65	Height
Service Speed (Z)	4.13	0.66	Height
Patient Satisfaction (Y)	4.28	0.57	Very High

The results of the descriptive analysis showed that the four research variables were in the high to very high category. The indicator with the highest score in the communication variable was the explanation of the patient's condition in easy-to-understand language (mean = 4.28), while in the work experience variable was the skill of medical personnel in handling patient cases (mean = 4.21). In the service speed variable, the highest indicator was the speed of the examination process (mean = 4.17), while service waiting time (mean = 4.08) was still an aspect that needed improvement. The patient satisfaction variable obtained the highest average score among all variables (mean = 4.28), with the indicator of satisfaction with service speed (mean = 4.24) being the aspect with the lowest value.

The descriptive means were high to very high: communication 4.23, perceived work experience 4.16, service speed 4.13, and patient satisfaction 4.28. Within the retained indicator summaries, service waiting time had the lowest service-speed score (mean = 4.08), and satisfaction with service speed was the lowest satisfaction indicator (mean = 4.24). The clustering of means near the upper end of the response scale suggests a possible ceiling effect or restricted variance, which should temper interpretation of the strength and generalizability of the modeled relationships.

Validity and Reliability Tests

The results of the validity test showed that all statement items on the communication variables, work experience, speed of service, and patient satisfaction had a calculated r-value ranging from 0.764 to 0.852, greater than the r of the table of 0.1966, with a significance of 0.000 (< 0.05), so that all items were declared valid. The results of the reliability test showed that Cronbach's Alpha value for the communication variable was 0.856, work experience 0.832, service speed 0.845, and patient satisfaction 0.868 all above the threshold value of 0.70, so that all instruments were declared reliable and suitable for further analysis.

Validity coefficients for the retained items ranged from 0.764 to 0.852 and exceeded the reported r-table value of 0.1966. Reliability was acceptable for all constructs: communication α = 0.856, perceived work experience α = 0.832, service speed α = 0.845, and patient satisfaction α = 0.868. These summary statistics support internal consistency, although item-level validity coefficients are not individually reproduced in the source manuscript.

Path Analysis Results

Structural Model 1 analysis tested the influence of communication (X1) and work experience (X2) on service speed (Z).

Table 6

Results of the t-test of the Structure Model 1 (Dependent Variable: Service Speed)

Variable	Beta Coefficient	t count	Sig.	Remarks
Communication (X1)	0.401	4.965	0.000	Significant
Work Experience (X2)	0.352	4.228	0.000	Significant

The t-value of communication (4.965) and work experience (4.228) is greater than the t-table (1.979) with a significance of 0.000 (< 0.05), so H1 and H2 are accepted: communication and work experience have a positive and significant effect on the speed of service, respectively. The results of the F test show a calculated F value of 96.452 with a significance of 0.000, greater than the F of the table (3.07), which proves that communication and work experience simultaneously have a significant effect on the speed of service. The R^2 value of 0.612 indicates that 61.2% of the variation in service speed is explained by the two variables, while the remaining 38.8% is explained by factors other than the model.

Communication ($\beta = 0.401$, $t = 4.965$, $p < 0.001$) and perceived work experience ($\beta = 0.352$, $t = 4.228$, $p < 0.001$) were positively associated with service speed. The model explained 61.2% of the variance in service speed ($R^2 = 0.612$), leaving 38.8% attributable to factors not included in the model. These results support H1 and H2 as statistical associations within the cross-sectional path model.

Furthermore, Structure Models 2 and 3 test the influence of service speed, communication, and work experience on patient satisfaction.

Table 7

Results of Structure Model t-Tests 2 and 3 (Dependent Variables: Patient Satisfaction)

Variable	Beta Coefficient	t count	Sig.	Remarks
Service Speed (Z)	0.503	5.962	0.000	Significant
Communication (X1)	0.221	3.135	0.002	Significant
Work Experience (X2)	0.176	2.329	0.022	Significant

Service speed had the largest t-count value (5.962; sig. 0.000), indicating that service speed was the most dominant variable influencing patient satisfaction, so H5 was accepted. Communication (t = 3.135; sig. 0.002) and work experience (t = 2.329; sig. 0.022) were also shown to have a positive and significant effect on patient satisfaction, so H3 and H4 were accepted. An R^2 value of 0.731 showed that 73.1% of the variation in patient satisfaction was explained by these three variables, while the remaining 26.9% was influenced by other factors such as facilities, empathy, and medical quality.

Service speed had the largest standardized coefficient among the predictors of patient satisfaction ($\beta = 0.503$, $t = 5.962$, $p < 0.001$), followed by communication ($\beta = 0.221$, $p = 0.002$) and perceived work experience ($\beta = 0.176$, $p = 0.022$). The model explained 73.1% of the variance in patient satisfaction ($R^2 = 0.731$), while 26.9% remained unexplained and may relate to factors not included in the model, such as facilities, clinical quality, administrative systems, workload, and other dimensions of service quality.

The recapitulation of the direct and indirect effects between variables is presented as follows: (a) the direct effect of communication on patient satisfaction is 0.401 (40.1%); (b) the direct effect of work experience on patient satisfaction is 0.352 (35.2%); (c) the direct effect of communication on service speed is 0.221 (22.1%); (d) the direct effect of work experience on service speed is 0.176 (17.6%); (e) the indirect effect of communication on patient satisfaction through service speed is 0.401 × 0.221 = 0.088 (8.8%); and (f) the indirect effect of work

experience on patient satisfaction through service speed is 0.352 × 0.176 = 0.062 (6.2%). The path coefficients indicate direct associations of communication and perceived work experience with patient satisfaction of β = 0.221 and β = 0.176, respectively. Their associations with service speed were β = 0.401 and β = 0.352, while service speed was associated with patient satisfaction at β = 0.503. Accordingly, the standardized indirect effects through service speed are approximately 0.401 x 0.503 = 0.202 for communication and 0.352 x 0.503 = 0.177 for perceived work experience. These calculations replace the earlier cross-products that incorrectly multiplied the direct satisfaction paths by the antecedent-to-mediator paths.

Sobel Test (Mediation Test)

Table 8
Sobel Test Results

Mediation Pathway	Z Sobel	p-value	Remarks
Communication → Speed of Service → Patient Satisfaction	3.72	< 0.05	Significant Mediation
Work Experience → Service Speed → Patient Satisfaction	3.41	< 0.05	Significant Mediation

The results of the Sobel test showed a Z-value of 3.72 (> 1.96) for the communication line, and 3.41 (> 1.96) for the work experience line, both with a p-value < 0.05. These results prove that the speed of service significantly mediates the influence of communication and work experience on patient satisfaction, so H6 and H7 are accepted. This means that good communication and adequate work experience increase the speed of service first, which further increases patient satisfaction.

The reported Sobel statistics were z = 3.72 for the communication pathway and z = 3.41 for the perceived-work-experience pathway, both with p < 0.05, supporting statistically significant mediation by service speed. The standard errors used in the Sobel calculations are not displayed in the retained table, so the z values are reported as provided and cannot be independently recomputed from the manuscript alone.

Discussion

In general, the results of this study are consistent with a framework of thought built based on the grand theory of management and health services, the middle theory of optimizing hospital services, and the applied theory of communication, work experience, service speed, and patient satisfaction. The seven research hypotheses are proven to be accepted, which shows that communication and work experience of medical personnel are human resource factors that not only directly affect patient satisfaction, but also work through increasing the speed of service as a process mechanism that bridges the quality of human resources with the perception of patient satisfaction. The following discussion outlines the findings for each hypothesis in more detail. The findings support an integrated service-process interpretation: communication and experience-related staff competence are associated with faster service, and faster service is associated with higher patient satisfaction. In the context of PTPN VIII Subang Hospital, the preliminary concern regarding waiting time makes service speed a plausible operational mechanism, but the cross-sectional design does not establish temporal causality. The discussion therefore distinguishes statistical associations from causal explanations and focuses on how clearer information exchange, more efficient case handling, and reduced waiting may jointly shape patient evaluations.

Communication Affects Service Speed

Communication has been proven to have a positive and significant effect on the speed of service. Good communication includes information openness, clarity of instructions, and quick feedback between medical personnel and patients as well as between medical personnel, so that the flow of services becomes more efficient (Alves-Nogueira et al., 2024). At PTPN VIII Subang

Hospital, effective communication helps reduce delays due to unclear administrative and clinical information, as well as accelerating coordination between service units such as registration, triage, laboratories, and medical procedures (Andi & Arham, 2024). Clear communication also increases the psychological readiness of patients so that the service process runs smoothly, which as a whole emphasizes the strategic role of communication as a determinant of health service efficiency.

Work Experience Affects Service Speed

Work experience has been shown to have a significant effect on the speed of service because it reflects the accumulation of technical skills and the speed of clinical decision-making of medical personnel (Ramdani et al., 2025; Soola et al., 2022). Experienced medical personnel are faster to recognize symptoms and determine intervention steps, reducing the need for repeated consultations (Ramdani et al., 2025). A strong procedural understanding due to work experience also reduces administrative errors that often cause delays, while increasing the adaptability of medical personnel to high work pressure Ramdani et al. (2025) and confidence in performing clinical actions quickly.

Communication Affects Patient Satisfaction

Communication also has a positive effect on patient satisfaction, in line with the findings that the quality of doctor-patient communication has a significant effect on inpatient satisfaction (Wulandari, 2023). Empathetic communication increases patient trust and perception of care quality, while clarity of medical information reduces patient uncertainty and anxiety (Lestari et al., 2024). Interpersonal communication training has been shown to significantly increase patient satisfaction scores, while strengthening patient loyalty to hospitals.

Work Experience Affects Patient Satisfaction

The work experience of medical personnel has a positive effect on patient satisfaction through improving the quality of service interactions (Zakaria et al., 2024). Experienced medical personnel have a higher accuracy of initial diagnosis so that patients feel more confident in service, and are better able to manage communication with anxious patients through a more empathetic approach (Arshad et al., 2024). Understanding service standards formed from work experience also increases service consistency and responsiveness.

Service Speed Affects Patient Satisfaction

Service speed is the variable with the most dominant influence on patient satisfaction, in line with the findings that service wait time has a significant effect on patient satisfaction in regional hospitals Wulandari et al. (2020) and Wiryansyah & Yusrina (2024) that the responsiveness dimension is the main predictor of patient satisfaction (Wiryansyah & Yusrina, 2024; Wulandari et al., 2020). The perception of service time efficiency is positively correlated with outpatient satisfaction, while the reduction of waiting time has been shown to significantly increase patient satisfaction scores. Optimizing the queue system and digitizing administration are important strategies to maintain service speed Putra et al. (2024) Service speed had the largest standardized coefficient in the patient-satisfaction model ($\beta = 0.503$), exceeding the coefficients for communication ($\beta = 0.221$) and perceived work experience ($\beta = 0.176$). This supports describing service speed as the strongest predictor among the variables included in the model, rather than inferring dominance from t-statistics alone. The result is consistent with prior evidence that waiting time and responsiveness are important components of patient satisfaction (Alfauzain et al., 2024; Ratna Sari et al., 2021; Wulandari et al., 2020).

The Role of Service Speed Mediation

The results of the Sobel test confirm that service speed plays a significant role as a mediator between communication and work experience on patient satisfaction. Good internal communication increases service time efficiency, which further increases patient satisfaction (Mu et al., 2025) , while standardized communication is able to significantly speed up the service process (Aslinda & Siraj, 2024; Lo et al., 2021) . Similarly, work experience accelerates the

decision-making process and medical actions (Gunawan & Ul Hasanah, 2024; Hasanah & Putra, 2024) , and helps medical personnel anticipate service obstacles so that the process remains stable despite high work pressure (Hasanah & Putra, 2024; Potts et al., 2018) . These findings confirm that the quality of human resources translates into patient satisfaction through the efficiency of the service process as a connecting mechanism.

The mediation results indicate that service speed carries part of the statistical association between communication or perceived work experience and patient satisfaction. The corrected standardized indirect effects are approximately 0.202 for communication and 0.177 for perceived work experience. In operational terms, clearer communication may reduce avoidable delays and repeated clarification, while experience-related competence may support faster case handling; both pathways are consistent with greater satisfaction when patients perceive timely care. These interpretations remain conditional on the single-hospital, purposive, cross-sectional design.

CONCLUSION

Testing of the seven hypotheses shows that medical staff communication and work experience positively and significantly impact both service speed and patient satisfaction at PTPN VIII Subang Hospital, with service speed serving as a key mediating variable. However, the study is constrained by limitations such as single-site purposive sampling, potential ceiling effects, and incomplete statistical reporting; future research should utilize multi-site probability sampling and incorporate additional variables like facility quality and workload.

Practically, hospital management should prioritize reducing patient waiting times and improving satisfaction with service speed through workflow optimization, queue management, and information system integration. Additionally, staff development must focus on clear, responsive communication training and competency enhancements in case-handling and decision-making to streamline care delivery.

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AUTHOR CONTRIBUTION STATEMENT

Gideon Setiawan: Conceptualization, methodology, investigation, data collection, formal analysis, and writing original draft. Taufik Zulfikar: Conceptualization, methodology, supervision, validation, and writing review and editing. Rukhiyat Syahidin: Methodology, formal analysis, validation, and writing review and editing. Ayu Laili Rahmiyati: Literature review, data interpretation, validation, and writing review and editing. Vip Paramarta: Supervision, conceptualization, validation, and critical review of the manuscript. All authors reviewed and approved the final version of the manuscript and agreed to be accountable for the integrity and accuracy of the work.

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