



Hippocratica: Journal of Modern Medicine and Healthcare Practice

Vol 1 No 3 September 2026, Hal 27-38
ISSN: 3125-1501 (Print) ISSN: 3125-1498 (Electronic)
Open Access <https://sovereignresearch.org/hippocratica>

An Overview of Communication in Outpatient Cashier Services at Dr. Hafiz Hospital, Cianjur Regency, 2025

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Article Info :

Received:
10-08-2026
Revised:
22-08-2026
Accepted:
10-09-2026

Abstract

Outpatient cashier services are an important component of hospital administration that require effective communication to facilitate transactions, minimize errors, and enhance patient comfort. However, many hospitals continue to encounter communication challenges that may affect service effectiveness. This study aimed to identify and analyze the implementation of communication among outpatient cashier staff at Dr. Hafiz Hospital, Cianjur Regency, in 2025. To describe the implementation of communication, including respect, empathy, clarity, verbal communication, and non-verbal communication, as well as its impact on the effectiveness of outpatient cashier services. This study employed a descriptive quantitative research design using a survey approach. The population consisted of all outpatients at Dr. Hafiz Hospital, totaling 6,924 patients. A sample of 90 respondents was selected using accidental sampling. The research instrument was a 4-point Likert-scale questionnaire that had been tested for validity and reliability, with a Cronbach's Alpha value of >0.80 . Data were analyzed using frequency distributions and percentages with SPSS. The findings showed that the implementation of communication among cashier staff was generally categorized as good, with a percentage of 98.0%. All communication dimensions, namely respect, empathy, clarity, verbal communication, and non-verbal communication, received positive perceptions from the respondents. Nevertheless, 26.3% of respondents perceived that the communication provided by cashier staff had not yet fully contributed to the effectiveness of outpatient cashier services. Conclusion communication among cashier staff at Dr. Hafiz Hospital, Cianjur Regency, was generally well implemented based on patients' perceptions. Nevertheless, continuous evaluation and improvement of service quality are still required, particularly regarding other factors that may influence service effectiveness, such as waiting time, administrative systems, and patients' ease of access to information.

Keywords: Communication, Outpatient Cashier Services, Patient Satisfaction, Hospital, Empathy.



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INTRODUCTION

High-quality hospital care is determined not only by the clinical competence of healthcare professionals but also by the quality of administrative services encountered by patients throughout the care process. Administrative communication constitutes an essential component of the patient experience because patients frequently depend on non-clinical staff to obtain accurate information regarding procedures, payments, documentation, and subsequent service steps. Effective communication can strengthen patient understanding, reduce uncertainty, and create a more respectful and reassuring service environment. Evidence from Indonesian healthcare settings indicates that communication quality is closely associated with patient satisfaction, while broader patient-centered communication research emphasizes the importance of clear, responsive, and understandable interactions in shaping patients' perceptions of care quality (Hasna et al., 2022; Kim et al., 2024).

Patient-centered communication requires service personnel to recognize that patients enter healthcare facilities with different informational needs, emotional conditions, educational backgrounds, and levels of familiarity with administrative procedures. Communication quality therefore extends beyond the transmission of factual information and includes respect, empathy, clarity, attentive verbal expression, and supportive non-verbal behavior. Sharkiya (2023) identifies high-quality communication as an important element of patient-centered healthcare outcomes, particularly when patients require

reassurance and assistance in understanding complex service information. Research on patient expectations also demonstrates that satisfaction is influenced by whether communication corresponds with patients' anticipated needs and enables them to participate meaningfully in the service encounter (Cao et al., 2022).

The outpatient cashier unit represents a particularly important administrative contact point because it often forms one of the final direct interactions between patients and hospital personnel before the completion of an outpatient visit. Cashier personnel are expected to explain service charges, payment procedures, administrative requirements, and follow-up instructions accurately while maintaining courtesy and responsiveness. Herdiati and Fitriyah (2024) highlight the importance of communication alongside service timeliness in strengthening patient satisfaction, suggesting that administrative interactions cannot be separated from the operational conditions under which services are delivered. Findings reported by Rangkuti et al. (2024) similarly demonstrate the relevance of communication among outpatient registration personnel to patient satisfaction, reinforcing the importance of interpersonal communication within non-clinical hospital services.

Dr. Hafiz Hospital in Cianjur Regency recorded 6,924 outpatient visits in 2025, creating a substantial volume of administrative interactions that must be managed by the outpatient cashier service. This service volume may increase workload intensity, particularly during peak periods when staff must simultaneously maintain transaction accuracy, process payments efficiently, and provide comprehensible explanations to patients. Service pressure may become especially important when patients require clarification regarding payment components or administrative procedures that are unfamiliar to them. Research on outpatient service quality in Indonesia shows that patients evaluate healthcare services through multiple interconnected dimensions, including interpersonal treatment, accessibility, information delivery, and the overall efficiency of the service process (Noviyani & Viwattanakulvanid, 2024).

Preliminary observations conducted in May 2025 among 10 outpatients at Dr. Hafiz Hospital identified several practical communication concerns within the cashier service. Four patients reported that the information provided by cashier personnel was not sufficiently clear, particularly in relation to service charges and payment procedures. Three patients expressed dissatisfaction with the length of the cashier queue, while the remaining three considered the service provided by the staff to be satisfactory. A preliminary interview with cashier personnel further indicated that high patient volumes during particular service hours required staff to work more rapidly, which sometimes limited the opportunity to communicate with patients as comprehensively as expected. Research on waiting-time management supports the importance of operational conditions in shaping patient perceptions because prolonged or poorly communicated waiting processes may influence satisfaction even when interpersonal communication is otherwise acceptable (Zhang et al., 2023).

Existing studies provide consistent evidence that effective communication contributes to favorable patient evaluations of healthcare services. Hasna et al. (2022) reported a relationship between communication quality and patient satisfaction in a hospital setting, while Anisrawati Mohi et al. (2025) found that effective communication by medical record and health information personnel was associated with outpatient satisfaction. Aini et al. (2025) also demonstrated the relevance of effective healthcare communication to patient satisfaction, strengthening the argument that communication is an important quality component across different service contexts. Most published evidence, nevertheless, has concentrated on communication involving doctors, nurses, registration personnel, medical record staff, or healthcare workers in general rather than on cashier personnel whose interactions specifically involve financial and administrative information.

Evidence specifically examining communication in outpatient cashier services remains comparatively limited, particularly within regional hospitals where patient volume, staffing conditions, payment mechanisms, and administrative resources may differ from those of larger referral institutions. The cashier interaction possesses distinctive communication demands because conversations may involve financial obligations, service costs, insurance arrangements, payment confirmation, and instructions for subsequent administrative procedures. Communication in such circumstances requires not only verbal accuracy but also respect, empathy, clarity, appropriate tone, eye contact, and other non-verbal behaviors capable of reducing uncertainty and preventing misunderstanding. A focused assessment of these dimensions can provide hospital management with a more precise description of

communication practices and identify aspects that may require strengthening to support service quality and patient comfort.

The central research problem concerns how patients perceive communication delivered by outpatient cashier personnel at Dr. Hafiz Hospital, Cianjur Regency, in 2025. The study seeks to describe the overall communication practices of cashier personnel and to examine patient perceptions of respect, empathy, clarity of information, verbal communication, and non-verbal communication during outpatient administrative services. Specific attention is also directed toward cultural and comfort-related aspects of interaction that may influence how patients receive and interpret communication during the payment process. The findings are expected to provide an empirical basis for describing current communication practices and supporting future improvements in outpatient cashier services at Dr. Hafiz Hospital.

RESEARCH METHODS

This study employed a descriptive quantitative design to systematically describe patients' perceptions of communication practices in outpatient cashier services without examining causal relationships between variables. The research was conducted at Dr. Hafiz Hospital, Cianjur Regency, from August to October 2025. The study population comprised 6,924 outpatients who used the outpatient cashier service. Sample size estimation was initially performed using the Slovin formula with a 10% margin of error, resulting in an estimated requirement of approximately 99 respondents; however, the methodological section states that the final sample was set at 90 respondents after considering the feasibility of field data collection. Respondents were recruited through accidental sampling, whereby eligible outpatients encountered during the study period were invited to participate. Inclusion criteria comprised outpatients who had completed a transaction at the cashier unit, were aged ≥ 17 years or accompanied by a family member or guardian, and voluntarily agreed to complete the questionnaire, while individuals who declined participation or submitted incomplete questionnaires were excluded.

Data were collected primarily through a structured questionnaire using a four-point Likert scale, supplemented by observation and documentation to provide contextual information regarding service flow, cashier–patient interactions, hospital characteristics, and outpatient visits. The questionnaire assessed five principal communication dimensions: respect, empathy, clarity, verbal communication, and non-verbal communication. Data processing was conducted using the Statistical Package for the Social Sciences (SPSS) and involved data entry, cleaning, coding, and descriptive statistical analysis. Frequencies, percentages, means, medians, modes, and standard deviations were used to summarize respondents' assessments of each communication indicator, with the findings subsequently presented in tables and narrative form. Instrument validity was tested using Pearson Product-Moment correlation among 30 respondents with characteristics comparable to those of the study population; all 30 questionnaire items exceeded the critical r value of 0.361 and were therefore considered valid. Reliability testing using Cronbach's alpha produced a coefficient of 0.842, indicating that the instrument had satisfactory internal consistency and was suitable for data collection.

RESULTS AND DISCUSSION

Respondent Characteristics

A total of 99 respondents who met the inclusion criteria participated in the study. All respondents were outpatients who had received cashier services at Dr. Hafiz Hospital, Cianjur Regency. Respondent characteristics were classified according to sex, age, educational attainment, and patient category.

Table 1. Respondent Characteristics

Variable	Category	Frequency (n)	Percentage (%)
Sex	Male	38	38,4
	Female	61	61,6
Age	< 25 Years	7	7,1
	26–35 Years	33	33,3
	36–45 Years	25	25,3

Variable	Category	Frequency (n)	Percentage (%)
Education	46–55 Years	20	20,2
	>55 Years	14	14,1
	Elementary School	7	7,1
	Junior High School	12	12,1
	Senior High School/Vocational High School	41	41,4
	Diploma/Bachelor's Degree	34	34,3
	Master's/Doctoral Degree	5	5,1
Patient Type	General	28	28,3
	BPJS	66	66,7
	Insurance	5	5,1

Source: Primary data processed using SPSS, 2025

Female respondents constituted the majority at 61.6%, while the largest age group was 26–35 years at 33.3%. Senior high school/vocational high school graduates represented 41.4% of the sample, followed by diploma/bachelor's degree holders at 34.3%. BPJS patients accounted for the largest patient category at 66.7%.

Frequency Distribution of Communication Implementation in Outpatient Cashier Services

Table 2. Frequency Distribution of Communication Implementation in Outpatient Cashier Services

Category	Frequency (n)	Percentage (%)
Poor	0	0
Adequate	2	2,0
Good	97	98,0
Total	99	100,0

Source: Primary data processed using SPSS, 2025

Communication implementation in outpatient cashier services was rated as good by 97 respondents (98.0%). Two respondents (2.0%) placed it in the adequate category, and no respondent rated communication as poor.

Frequency Distribution of *Respect* (Respectful Attitude)

Table 3. Frequency Distribution of Respect

Category	Frequency (n)	Percentage (%)
Strongly Disagree (SD)	0	0
Disagree (D)	0	0
Agree (A)	46	46,5
Strongly Agree (SA)	53	53,5
Total	99	100,0

Source: Primary data processed using SPSS, 2025

All respondents provided positive assessments of the *respect* dimension. A total of 53 respondents (53.5%) strongly agreed and 46 respondents (46.5%) agreed, while no respondent selected either disagreement category.

Frequency Distribution of *Empathy*

Table 4. Frequency Distribution of Empathy

Category	Frequency (n)	Percentage (%)
Strongly Disagree (SD)	0	0
Disagree (D)	0	0
Agree (A)	41	41,4
Strongly Agree (SA)	58	58,6
Total	99	100,0

Source: Primary data processed using SPSS, 2025

The *empathy* dimension also received entirely positive assessments. Strong agreement was reported by 58 respondents (58.6%), while 41 respondents (41.4%) agreed with the statements measuring empathetic communication.

Frequency Distribution of *Clarity* (Clarity of Information)

Table 5. Frequency Distribution of Clarity

Category	Frequency (n)	Percentage (%)
Strongly Disagree (SD)	0	0
Disagree (D)	0	0
Agree (A)	50	50,5
Strongly Agree (SA)	49	49,5
Total	99	100,0

Source: Primary data processed using SPSS, 2025

The *clarity* dimension showed a nearly balanced distribution between the two positive response categories. Fifty respondents (50.5%) agreed and 49 respondents (49.5%) strongly agreed that cashier personnel provided clear information, while no negative responses were recorded.

Frequency Distribution of Verbal Communication

Table 6. Frequency Distribution of Verbal Communication

Category	Frequency (n)	Percentage (%)
Strongly Disagree (SD)	0	0
Disagree (D)	0	0
Agree (A)	34	34,3
Strongly Agree (SA)	65	65,7
Total	99	100,0

Source: Primary data processed using SPSS, 2025

Verbal communication received a highly favorable assessment. Sixty-five respondents (65.7%) strongly agreed and 34 respondents (34.3%) agreed with the verbal communication indicators, with no respondents selecting disagree or strongly disagree.

Frequency Distribution of Non-Verbal Communication

Table 7. Frequency Distribution of Non-Verbal Communication

Category	Frequency (n)	Percentage (%)
Strongly Disagree (SD)	0	0
Disagree (D)	0	0
Agree (A)	34	34,3
Strongly Agree (SA)	65	65,7
Total	99	100,0

Source: Primary data processed using SPSS, 2025

Non-verbal communication showed the same distribution as verbal communication. Sixty-five respondents (65.7%) strongly agreed and 34 respondents (34.3%) agreed that cashier personnel demonstrated positive non-verbal communication.

Frequency Distribution of the Impact of Communication on Outpatient Cashier Service Effectiveness

Table 8. Frequency Distribution of the Impact of Communication on Outpatient Cashier Service Effectiveness

Category	Frequency (n)	Percentage (%)
Strongly Disagree (SD)	6	6,1
Disagree (D)	20	20,2
Agree (A)	40	40,4
Strongly Agree (SA)	33	33,3
Total	99	100,0

Source: Primary data processed using SPSS, 2025

Perceptions of the impact of communication on service effectiveness were more heterogeneous. Positive responses comprised 73 respondents (73.7%), consisting of 40.4% who agreed and 33.3% who strongly agreed. Negative responses were reported by 26 respondents (26.3%), including 20.2% who disagreed and 6.1% who strongly disagreed.

Communication Implementation by Outpatient Cashier Personnel

The finding that 98.0% of respondents classified communication implementation as good demonstrates a highly favorable perception of outpatient cashier communication at Dr. Hafiz Hospital. Communication in an administrative healthcare setting extends beyond the mechanical exchange of payment-related information because patients also evaluate responsiveness, comprehensibility, courtesy, and interpersonal treatment during the encounter. Hasna et al. (2022) reported an association between communication quality and patient satisfaction, while Aini et al. (2025) similarly demonstrated the importance of effective communication in shaping favorable patient evaluations. The present pattern suggests that cashier communication had become an established component of the service experience rather than merely an auxiliary administrative function.

Administrative communication acquires particular importance when patients must navigate several service points within a hospital. Anisrawati Mohi et al. (2025) found that effective communication by medical record and health information personnel was associated with outpatient satisfaction, demonstrating that communication quality is relevant across non-clinical hospital units. Juwita and Santoso (2023) similarly positioned effective communication as an element supporting healthcare service performance. The predominance of the good category in the present study therefore

indicates that most respondents perceived the cashier interaction as consistent with the communication standards expected in patient-oriented administrative services.

Patient-centered communication provides a broader conceptual framework for interpreting these findings. Kim et al. (2024) emphasize that effective patient-centered communication involves understandable information, reciprocal interaction, respect for patient needs, and responsiveness to individual circumstances. Yuningsar et al. (2026) likewise identify communication, information, and education as important components of healthcare service quality. The findings at Dr. Hafiz Hospital are consistent with this perspective because patients generally perceived communication across the cashier service as effective and appropriate.

The 2.0% of respondents who rated communication as only adequate remains important despite the overwhelmingly positive distribution. Hartanti and Antonio (2022) demonstrate that healthcare service quality is multidimensional, meaning that positive communication should be maintained alongside reliability, responsiveness, and other elements of service delivery. Sunaryo et al. (2021) also place effective communication within the broader relationship between healthcare service quality and patient satisfaction. Continuous monitoring of cashier interactions is therefore warranted to preserve communication quality and identify situations in which patient expectations are not fully met.

Frequency Distribution of *Respect* (Respect and Appreciation) and Its Implementation by Cashier Personnel

The *respect* dimension received 100% positive responses, with 53.5% strongly agreeing and 46.5% agreeing. This pattern indicates that respondents consistently perceived cashier personnel as treating patients respectfully during administrative interactions. Respect in this context includes appropriate forms of address, patience, willingness to listen, protection of privacy, and recognition of patients as individuals rather than merely as administrative cases. Such behavior is especially relevant when financial or administrative information may create uncertainty or vulnerability among patients.

Respect constitutes a fundamental element of patient-centered communication because it affirms patient dignity and creates psychological safety during service encounters. Sharkiya (2023) highlights the importance of quality communication for patient-centered outcomes, particularly when interactions require recognition of patient needs and perspectives. Fraditha (2024) similarly identifies positive attitudes, equality, and interpersonal support as important characteristics of public-service communication in outpatient settings. The complete absence of negative responses in the present study reflects a strong perception that these interpersonal qualities were evident in cashier services.

Hospital encounters are evaluated not only according to technical accuracy but also according to how patients are treated personally. Mas Manik Astawastini et al. (2024) demonstrate the relevance of caring behavior and risk communication to patient satisfaction, while Noviyani and Viwattanakulvanid (2024) show that outpatient service quality is experienced through a combination of interpersonal and organizational dimensions. The high *respect* scores at Dr. Hafiz Hospital therefore represent an important relational strength. The descriptive design of this study nevertheless means that respect should be interpreted as a favorable patient perception rather than as evidence of a causal effect on satisfaction.

Sustaining respectful behavior becomes particularly important during periods of high patient volume. Rangkuti et al. (2024) demonstrate the relevance of communication among outpatient registration staff to patient satisfaction, underscoring the importance of maintaining interpersonal quality even in administrative settings. Cashier personnel need to preserve courtesy, patient privacy, attentive listening, and appropriate verbal responses when queues are long or transactions become complex. Periodic observation and communication training may help maintain this favorable performance under varying service pressures.

Frequency Distribution of *Empathy*

The *empathy* dimension was positively assessed by every respondent, with 58.6% strongly agreeing and 41.4% agreeing. The proportion of strong agreement exceeded that observed for *respect* and *clarity*, indicating that patients particularly valued the perceived concern and attentiveness demonstrated by cashier personnel. Empathetic communication in this service context may include recognizing signs of confusion or fatigue, listening to questions without interruption, responding calmly to concerns about costs, and showing willingness to help resolve administrative difficulties.

Healthcare communication becomes more meaningful when personnel recognize both informational and emotional needs. Prasasta et al. (2022) illustrate the relevance of therapeutic communication to patient satisfaction, showing that communication quality involves more than factual information exchange. Aini et al. (2025) similarly reinforce the relationship between effective communication and favorable patient evaluations. The present findings suggest that cashier personnel were perceived as communicating in a manner that acknowledged patients' concerns rather than treating the transaction as purely procedural.

Patient characteristics may influence the extent of empathetic communication required. Gaffney and Hamiduzzaman (2022) found that participation in healthcare communication can be influenced by age and contextual factors, particularly among older patients who may require greater support in understanding information. The study population included patients across a wide age range and different educational backgrounds, making communication adaptability relevant to the cashier encounter. Sharkiya (2023) also emphasizes that communication tailored to patient needs can support patient-centered outcomes, particularly among populations requiring greater reassurance or assistance.

Caring behavior provides an additional interpretive lens for the strong empathy findings. Mas Manik Astawastini et al. (2024) connect caring-oriented interaction with patient satisfaction in an Indonesian hospital context, suggesting that attention and concern can shape the broader service experience. Cashier personnel at Dr. Hafiz Hospital should therefore preserve empathetic listening and supportive explanations as routine service behaviors. Structured communication training may help ensure that these behaviors remain consistent during high workload periods and difficult administrative interactions.

Frequency Distribution of *Clarity* (Clarity of Information)

The *clarity* dimension received entirely positive responses, although agreement at 50.5% slightly exceeded strong agreement at 49.5%. This distribution indicates that patients generally considered cashier information understandable but perceived slightly less intensity of excellence in clarity than in empathy, verbal communication, or non-verbal communication. Clear information is essential in cashier services because patients must understand payment procedures, cost components, administrative requirements, and subsequent service steps. Ambiguity in any of these areas can create repeated questions, confusion, or dissatisfaction even when interpersonal treatment is courteous.

Patient expectations provide an important explanation for variation in perceptions of clarity. Cao et al. (2022) demonstrate that expectations influence satisfaction with patient-provider communication, suggesting that the same explanation may be evaluated differently depending on prior experiences and informational needs. Liu et al. (2022) similarly show that satisfaction with communication is related to whether information supports understanding and participation. The almost equal distribution between agree and strongly agree in the present study may therefore indicate that information was generally adequate but not uniformly perceived as exceptionally clear.

Administrative communication requires language that is concise, accessible, and adapted to patients' levels of understanding. Rangkuti et al. (2024) highlight the relevance of outpatient administrative communication to patient satisfaction, while Yuningsar et al. (2026) emphasize the combined importance of communication, information, and education in healthcare quality. Cashier personnel may strengthen clarity by organizing explanations sequentially, avoiding unnecessary technical terminology, confirming patient understanding, and repeating important information when necessary. Such measures are particularly relevant in a sample with substantial variation in education levels.

Information clarity also depends on how well operational systems support the staff member delivering the message. Juwita and Santoso (2023) frame effective communication as part of healthcare performance rather than an isolated interpersonal skill. Fraditha (2024) further demonstrates that communication quality in outpatient public services is embedded within the wider service process. The present findings indicate that clarity was already strong, but its slightly lower strong-agreement proportion suggests that standardized payment explanations and visual information support could further strengthen consistency.

Frequency Distribution of Verbal Communication

Verbal communication was among the strongest dimensions, with 65.7% of respondents strongly agreeing and 34.3% agreeing. This finding indicates that patients generally perceived cashier personnel as speaking clearly, politely, and in an understandable manner. Verbal communication in cashier services encompasses word choice, volume, tone, directness, consistency, and the ability to answer questions without creating additional confusion. The absence of negative responses suggests that these elements were favorably experienced across the study sample.

Interpersonal communication at hospital service counters depends heavily on the quality of spoken interaction. Baiti et al. (2020) identify interpersonal communication at hospital front desks as an important component of patients' service perceptions. Gabriel et al. (2022) further demonstrate that verbal and non-verbal communication are relevant to patient satisfaction in healthcare encounters. The strong verbal ratings in the current study support the importance of spoken communication beyond purely clinical interactions.

The distinction between verbal communication and *clarity* is notable because verbal communication received 65.7% strong agreement while *clarity* received 49.5%. Verbal communication captures interpersonal features such as tone, politeness, audibility, and responsiveness, whereas clarity is more directly concerned with whether the substantive information itself is easily understood. Hasna et al. (2022) demonstrate the broader importance of communication quality to patient satisfaction, while Anisrawati Mohi et al. (2025) show comparable relevance within outpatient administrative services. The observed difference may therefore indicate that cashier personnel were particularly strong in interpersonal delivery even though technical information could still be simplified further.

Effective verbal communication should remain consistent during periods of workload pressure. Sunaryo et al. (2021) emphasize the importance of effective communication alongside service quality, and Prasasta et al. (2022) show that communication processes influence patient experience within healthcare interactions. Staff development should therefore reinforce appropriate volume, respectful diction, concise explanations, and calm responses during crowded service periods. Such practices can preserve the favorable verbal communication profile observed in this study.

Frequency Distribution of Non-Verbal Communication

Non-verbal communication showed the same distribution as verbal communication, with 65.7% strongly agreeing and 34.3% agreeing. This identical distribution indicates that patients perceived both communication channels favorably. Non-verbal communication includes facial expressions, eye contact, body orientation, attentiveness, and behavioral signs of willingness to assist. Positive non-verbal behavior can strengthen spoken messages and make brief administrative encounters feel more attentive and patient-centered.

Healthcare interactions frequently rely on non-verbal cues to convey sincerity and responsiveness. Gabriel et al. (2022) explicitly demonstrate the relevance of verbal and non-verbal communication to patient satisfaction. Baiti et al. (2020) also show that interpersonal communication at the hospital front desk shapes patient perceptions of service quality. The findings at Dr. Hafiz Hospital suggest that cashier personnel generally displayed behavioral cues that were congruent with their spoken communication.

Patient-centered communication benefits from consistency between what staff say and how they behave during interaction. Kim et al. (2024) conceptualize patient-centered communication as a multidimensional process involving responsiveness, interpersonal engagement, and understanding. Mas Manik Astawastini et al. (2024) similarly emphasize caring behavior as an important component of the patient experience. Friendly facial expressions, attentive posture, and appropriate eye contact can therefore reinforce the credibility and emotional tone of administrative explanations.

Non-verbal communication may be especially important for patients who need additional reassurance or who experience difficulty processing verbal information. Gaffney and Hamiduzzaman (2022) identify patient characteristics and contextual conditions as factors affecting participation in healthcare communication. Positive body language can signal availability for questions and reduce interpersonal barriers in brief service encounters. Continued monitoring of facial expression, eye contact, and attentive posture can help maintain the strong non-verbal communication profile documented in this study.

Frequency Distribution of the Impact of Communication on Outpatient Cashier Service Effectiveness

The perceived impact of communication on service effectiveness displayed a markedly different pattern from the five communication dimensions. A total of 73.7% of respondents provided positive responses, while 26.3% reported negative assessments. This contrast indicates that favorable interpersonal communication did not automatically produce an equally favorable perception of service effectiveness. Patients may appreciate how cashier staff communicate while still experiencing delays, complex procedures, or administrative obstacles that influence their overall assessment of service performance.

Waiting time represents a plausible operational factor underlying this difference. Herdiati and Fitriyah (2024) demonstrate that shorter waiting times and improved communication jointly support patient satisfaction, indicating that communication cannot fully compensate for inefficient service processes. Zhang et al. (2023) similarly show that expected waiting time is relevant to patient satisfaction, particularly when actual waiting experiences do not correspond with expectations. The 26.3% negative assessment in the present study is therefore compatible with a multidimensional interpretation of service effectiveness in which communication and operational efficiency function together.

Patient satisfaction is also shaped by broader dimensions of service quality. Hartanti and Antonio (2022) show that multiple service-quality dimensions contribute to patient satisfaction in Indonesian healthcare, while Noviyani and Viwattanakulvanid (2024) describe outpatient service quality as encompassing several interconnected experiences. Cao et al. (2022) further demonstrate that individual expectations affect communication satisfaction, and Liu et al. (2022) indicate that communication is more effective when it facilitates understanding and supports meaningful engagement. The current findings consequently suggest that positive communication alone cannot ensure that all patients perceive payment and administrative processes as efficient.

Service improvement should therefore integrate interpersonal communication with operational redesign. Herdiati and Fitriyah (2024) support the simultaneous improvement of communication and waiting-time management, while Juwita and Santoso (2023) situate effective communication within broader service performance. Rangkuti et al. (2024) also reinforce the importance of administrative communication within outpatient service pathways. Dr. Hafiz Hospital may strengthen the perceived effectiveness of cashier services by maintaining its favorable communication practices while improving queue management, administrative flow, information consistency, and the accessibility of payment-related guidance.

CONCLUSION

The study concludes that communication practices among outpatient cashier personnel at Dr. Hafiz Hospital, Cianjur Regency, in 2025 were generally perceived positively by patients across all measured dimensions. Respect, empathy, clarity, verbal communication, and non-verbal communication all received favorable assessments, with no respondents reporting negative evaluations for these five dimensions. Verbal and non-verbal communication emerged as particularly strong aspects, with 65.7% of respondents strongly agreeing and 34.3% agreeing that cashier personnel communicated appropriately, while empathy also showed a high level of strong agreement at 58.6%, followed by respect at 53.5% and clarity at 49.5%. Overall communication performance was categorized as good by 97 respondents (98.0%) and adequate by only 2 respondents (2.0%). Patient perceptions of the impact of communication on outpatient cashier service effectiveness were more varied, with 73.7% reporting a positive assessment and 26.3% expressing disagreement or strong disagreement. These findings indicate that strong interpersonal communication does not necessarily correspond to an equally favorable perception of overall service effectiveness, which may also be shaped by waiting time, administrative procedures, service systems, and differences in individual patient expectations and experiences. Outpatient cashier communication at Dr. Hafiz Hospital was well implemented and represents an important strength of administrative service delivery, although continued improvement in operational efficiency and information delivery remains necessary to provide a consistently effective and patient-centered service experience.

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