



Interpersonal Communication And Patient Satisfaction With Midwifery Services

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ABSTRACT

Interpersonal communication is a crucial factor in determining the quality of the midwife-patient relationship. Effective communication in midwifery services can enhance patient comfort, trust, and satisfaction. This study aimed to determine the relationship between midwives' interpersonal communication and patient satisfaction with midwifery services at Community Health Center X.

This type of research is quantitative with a cross-sectional design. Sectional. The population in this study were all patients who received obstetric services at Community Health Center X during May–July 2025, totaling 80 people. The sample was taken using an *accidental sampling technique* of 67 respondents. The instruments used were a midwife interpersonal communication questionnaire (15 items) and a patient satisfaction questionnaire (15 items) that had been tested for validity and reliability. Data were analyzed using the Chi-Square statistical test with a significance level of 0.05.

The results showed that the majority of respondents rated midwives' interpersonal communication as good (71.6%) and patient satisfaction as satisfactory (68.7%). The Chi-Square test yielded a p-value of 0.002 (<0.05), indicating a significant relationship between midwives' interpersonal communication and patient satisfaction with midwifery services.

In conclusion, the better the interpersonal communication skills developed by midwives, the higher the patient satisfaction levels. Therefore, improving midwives' interpersonal communication skills through training and coaching should be a priority in efforts to improve the quality of midwifery services.

Keywords: Interpersonal Communication, Patient Satisfaction, Midwifery Services, Midwives

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1. Introduction

Midwifery services are a vital component of the healthcare system, focusing on maternal and child health. The quality of midwifery services is measured not only by the midwife's technical competence, but also by her ability to communicate effectively with patients.

According to the Indonesian Ministry of Health (2023), interpersonal communication between healthcare workers and patients is a crucial aspect in creating a therapeutic relationship that supports the healing process and increases patient satisfaction. Midwives who communicate empathetically, openly, and respectfully with patients can foster a sense of safety, comfort, and trust. Conversely, ineffective communication can lead to misunderstandings and patient dissatisfaction with care.

Patient satisfaction is a key indicator of the quality of obstetric care. According to Kotler (2020), satisfaction occurs when the service received meets or exceeds patient expectations. Factors influencing satisfaction include service quality, healthcare provider attitudes, facilities, and interpersonal communication.

The results of an initial survey at Community Health Center X showed that although most patients were satisfied with midwifery services, there were still complaints about midwives' attitudes and communication, which were considered unfriendly or did not provide adequate explanations. Based on these conditions, this study was conducted to analyze the relationship between midwives' interpersonal communication and patient satisfaction with midwifery services at Community Health Center X.

2. Research methodology

a. Types and Design of Research

This research uses a quantitative method with a *cross-sectional design*. *Sectional*, a research design that emphasizes observing independent and dependent variables simultaneously at a specific point in time.

This design was chosen because it allows researchers to determine the relationship between midwives' interpersonal communication (independent variable) and patient satisfaction with midwifery services (dependent variable) without having to intervene.

A quantitative approach is used because the data obtained is in the form of numbers and is processed statistically to test the hypothesis. According to Notoatmodjo (2018), *cross-sectional research Sectional* is suitable for assessing the relationship between variables in the context of public health services.

b. Location and Time of Research

The research was conducted at Community Health Center X, which is one of the first-level health service facilities in the coastal area.





The location selection was carried out purposively, with the consideration that this health center has a fairly high volume of obstetric services and has implemented a 24-hour outpatient and delivery service system.

The research period was carried out from May to July 2025, which included the preparation stage, data collection, processing, and analysis of results.

c. Research Population and Sample

1) Population

The population in this study was all patients who received obstetric services at Community Health Center X during May–July 2025, including antenatal care (ANC), delivery, and postpartum care. Based on medical record data, the population during that period was 80 patients.

2) Sample

The sample in this study was taken using the accidental sampling technique, namely sampling based on which patients came and met the inclusion criteria during the study.

Inclusion criteria include:

- Patients who receive obstetric services (ANC, delivery, or postpartum).
- Willing to be a respondent and fill out the questionnaire.
- Able to communicate well and understand the contents of the questionnaire.

Exclusion criteria:

- The patient is in an emergency condition or is unable to complete the questionnaire.
- Patients who refuse to participate.

The number of samples obtained was 67 respondents.

3) Sample Calculation

The sample size is determined using the Slovin formula:

$$n = \frac{N}{1 + (N \times e^2)}$$

Information:

- N = population (80 people)
- e = error rate (0.05)

$$n = \frac{80}{1 + (80 \times 0,05^2)} = \frac{80}{1 + 0,2} = \frac{80}{1,2} = 66,6 \approx 67 \text{ responden}$$

4) Research Variables

- Independent (free) variable: Midwife's interpersonal communication.





- Dependent variable (bound): Patient satisfaction with obstetric services.

5) Operational Definition of Variables

No	Variables	Operational Definition	Measuring instrument	Scale	Category
1	Interpersonal Communication of Midwives	The two-way interaction process between midwife and patient includes empathy, openness, supportive attitude, and clarity of information during the provision of midwifery services.	15-item questionnaire (Likert 1–5)	Ordinal	Good ($\geq 76\%$), Sufficient (56–75%), Poor ($\leq 55\%$)
2	Patient Satisfaction	The level of patient satisfaction or dissatisfaction with the midwifery services received is measured by the dimensions of reliability, assurance, empathy, responsiveness and physical evidence.	15-item questionnaire (Likert 1–5)	Ordinal	Satisfied ($\geq 76\%$), Sufficient (56–75%), Dissatisfied ($\leq 55\%$)

6) Research Instruments

The main instrument used in this study was a structured questionnaire that had undergone validity and reliability tests.

- Midwife interpersonal communication questionnaire consists of 15 statements with five response alternatives (Strongly Agree – Strongly Disagree).
- The aspects assessed include:
 - a) Empathy (the midwife's ability to understand the patient's feelings)
 - b) Openness (ability to convey information clearly)
 - c) Supportive attitude (showing concern and respect)
 - d) Equality in communication
- **The patient satisfaction questionnaire** consists of 15 statements that assess five main dimensions of obstetric care:
 - a) *Reliability*
 - b) *Responsiveness*
 - c) *Assurance* (competence and security guarantee)
 - d) *Empathy* (caring)
 - e) *Tangibles* (physical facilities and comfort).





The questionnaire was tested for validity on 20 respondents outside the research sample and was declared valid ($r_{\text{count}} > r_{\text{table}}$) with high reliability (Cronbach's Alpha = 0.86).

7) Data collection technique

The data collection process is carried out through the following stages:

- a) Preparation
 - Manage research permits with relevant agencies.
 - Coordinate with the head of the health center and the coordinating midwife.
 - Develop a data collection schedule.
- b) Implementation
 - Explain the purpose of the research to respondents and ask for *informed consent*.
 - Provide questionnaires to patients after they have completed midwifery services.
 - Researchers provide assistance if respondents need assistance in filling out the questionnaire.
- c) Data Collection and Examination
 - The completed questionnaires were collected and checked for completeness.
 - Incomplete data were not included in the analysis.

8) Data Analysis Techniques

a) Univariate Analysis

Univariate analysis is used to determine the frequency distribution of each variable, namely:

- Interpersonal communication of midwives.
- Patient satisfaction with obstetric services.

Results are presented in tables and percentages.

b) Bivariate Analysis

Bivariate analysis was used to determine the relationship between two variables, namely midwife interpersonal communication (X) and patient satisfaction (Y).

The statistical test used was Chi-Square (χ^2) with a 95% confidence level ($\alpha = 0.05$).

Decision making criteria:

- If the *p-value* $< 0.05 \rightarrow$ there is a significant relationship.
- If the *p-value* $\geq 0.05 \rightarrow$ there is no significant relationship.

Data analysis was carried out using the SPSS version 26 program.

3. Results And Discussion





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**a. Results****1) Overview of Research Location**

This research was conducted at Community Health Center X in District Y, a primary healthcare facility covering four coastal villages. The community health center employs 24 health workers, including general practitioners, nurses, midwives, and nutritionists.

Midwifery services at Community Health Center X include antenatal care (ANC), normal delivery assistance, postpartum care, family planning, and home visits. On average, there are 60–80 midwifery visits per month. The community's socioeconomic status is classified as lower-middle class, with most working as fishermen, farmers, and small traders.

2) Respondent Characteristics

The following table shows the distribution of characteristics of the 67 respondents who were the research sample:

Table 1.
Frequency Distribution of Respondent Characteristics (n = 67)

Characteristics	Category	Frequency (f)	Percentage (%)
Age (years)	< 20	5	7.5
	20–35	52	77.6
	> 35	10	14.9
last education	Elementary School	7	10.4
	JUNIOR HIGH SCHOOL	18	26.9
	SENIOR HIGH SCHOOL	32	47.8
	College	10	14.9
Work	Housewife	39	58.2
	Farmers/Fishermen	16	23.9
	Self-employed	8	11.9
	Employee	4	6.0
Type of service received	ANC	33	49.3
	Labor	20	29.9
	Postpartum	14	20.8
Total		67	100

Interpretation:





Most respondents were in the productive age group (20–35 years), had secondary education (high school), and were housewives. This indicates that most respondents had direct experience as recipients of midwifery services at various stages (pregnancy, childbirth, and postpartum).

3) Univariate Analysis

a) Interpersonal Communication of Midwives

Interpersonal communication based on respondents' assessments:

Table 2.

**Frequency Distribution of Midwife's
Interpersonal Communication (n = 67)**

Category	Frequency (f)	Percentage (%)
Good	48	71.6
Enough	14	20.9
Not enough	5	7.5
Total	67	100

Interpretation:

Most respondents (71.6%) rated the midwives' interpersonal communication as good. This indicates that midwives at Community Health Center X have implemented effective communication principles, such as greeting patients in a friendly manner, explaining medical procedures, and actively listening to patient complaints.

b) Patient Satisfaction with Midwifery Services

Table 3.

Frequency Distribution of Patient Satisfaction (n = 67)

Category	Frequency (f)	Percentage (%)
Satisfied	46	68.7
Quite Satisfied	15	22.4
Not satisfied	6	8.9
Total	67	100

Interpretation:

The majority of respondents (68.7%) were satisfied with the midwifery services provided. This satisfaction was primarily related to the friendliness of the midwives, the clarity of information, and their responsiveness in providing assistance. However, a small proportion (8.9%) were dissatisfied, citing long waiting times and limited physical facilities.





4) Bivariate Analysis

Bivariate analysis was conducted to determine the relationship between midwife interpersonal communication (variable X) and patient satisfaction (variable Y) using the Chi- Square (χ^2) test at a significance level of 0.05.

Table 4.

Relationship between Midwives' Interpersonal Communication and Patient Satisfaction with Midwifery Services at Community Health Center X

Interpersonal Communication of Midwives	Patient Satisfaction Satisfied (n)	Dissatisfied (n)	Total	p-value
Good	42	6	48	
Enough	8	6	14	
Not enough	2	3	5	0.002
Total	52	15	67	

Statistical test results:

Square test, the p value was obtained = 0.002 (<0.05), so it can be concluded that there is a significant relationship between midwife interpersonal communication and patient satisfaction with midwifery services.

b. Discussion

1) Interpersonal Communication and Patient Satisfaction

The results of the study showed that most respondents rated the midwives' interpersonal communication in the good category (71.6%), and the level of patient satisfaction with midwifery services was also classified as satisfactory (68.7%). The Chi- Square test showed a p value = 0.002 (<0.05), meaning that there is a significant relationship between midwives' interpersonal communication and patient satisfaction.

These results demonstrate that the better the midwife's interpersonal communication, the higher the patient's satisfaction with the care they receive. Interpersonal communication is a crucial factor in building a trusting relationship between midwife and patient, which ultimately improves the patient's perception of the quality of midwifery care.

According to Devito (2017), interpersonal communication is the process of sending and receiving messages between two interacting individuals, with the aim of building relationships and mutual understanding. In the context of obstetric care, this communication encompasses verbal and nonverbal aspects such as facial expressions, vocal intonation, body language, and empathetic touch that provide comfort to patients.





2) Interpersonal Communication Aspects

Good interpersonal communication of midwives in this study is demonstrated through:

- Empathetic and friendly attitude towards patients.
- Transparency of information about the condition of the mother and baby.
- Attitude of supporting and respecting patients during the service process.
- Consistency of professional behavior when providing action.

Patients feel more satisfied when midwives use easy-to-understand language, provide opportunities for questions, and respond patiently. This aligns with research by Sari & Kurniawati (2021), which found that interpersonal communication plays a significant role in increasing patient satisfaction in primary healthcare, particularly for pregnant and postpartum women.

Conversely, poor communication (such as a high-pitched tone of voice, not answering patient questions, or rushing) can lead to dissatisfaction and even reduce patient trust in healthcare professionals. This condition was also identified by the WHO (2021), which found that negative patient experiences are often not caused by medical issues, but rather by a lack of attention and empathy from healthcare professionals.

3) Interpersonal Communication on Patient Satisfaction

Patient satisfaction is a key indicator of the quality of obstetric care. Kotler (2020) defines satisfaction as a person's feelings of pleasure or disappointment that arise from comparing expectations with reality. If the care provided meets or exceeds expectations, the patient will be satisfied.

In this study, midwives' interpersonal communication was the most influential variable on patient satisfaction. A well-established relationship fosters feelings of appreciation, care, and understanding from healthcare professionals. Satisfied patients are more likely to comply with medical recommendations, return for follow-up visits, and recommend the service to others.

This finding is consistent with research by Yuliana & Setyawati (2022) at the Bantul Community Health Center, which showed that patients who felt emotionally comfortable with midwives had a satisfaction level 2.5 times higher than patients who felt that communication with midwives was poor.

4) Factors Influencing Research Results

Several factors that influence the results of this study include:

- a) Respondent characteristics





The majority of respondents were aged 20–35 years and had secondary education, so they had a fairly good understanding of health services and could assess midwives' communication objectively.

b) Midwife workload

During peak hours, midwives often deal with a large number of patients, limiting communication time. This can potentially reduce satisfaction levels for some patients who require more attention.

c) Communication culture in coastal communities

Patients in coastal areas generally have a simple communication style and value hospitality. Therefore, a personal approach and the use of the local language are key to successful interpersonal communication.

d) Service facilities

Despite good communication from midwives, some patients still complain about limited facilities, such as cramped waiting rooms and long wait times. These factors can also impact overall perceptions of satisfaction.

4. Conclusion and Suggestions

a. Conclusion

Based on the results of the research and discussions that have been carried out, several things can be concluded as follows:

- 1) Interpersonal communication of midwives at Community Health Center X is generally in the good category (71.6%), which is shown through the midwives' ability to interact empathetically, politely, openly and professionally with patients.
- 2) The level of patient satisfaction with midwifery services is relatively high (68.7%), reflecting that the majority of patients feel satisfied with the services provided, especially in terms of friendliness, attention and clear explanations from the midwife.
- 3) The statistical test results showed a p-value of 0.002 (<0.05), indicating a significant relationship between midwives' interpersonal communication and patient satisfaction with midwifery services. The better the midwives' interpersonal communication, the higher the patient satisfaction level.
- 4) The aspects of communication that have the most influence on patient satisfaction include active listening skills, providing clear information, being empathetic, and using language that is easy to understand.
- 5) Other factors such as midwife workload, service time, and physical facilities at the community health center also influence patient perceptions of service quality, although interpersonal communication remains the dominant factor.

Overall, this study confirms that interpersonal communication is an essential component in improving the quality of obstetric care. Good communication not only





impacts patient satisfaction but also strengthens trust, emotional closeness, and patient compliance with medical recommendations.

b. Suggestion

1) For Midwives

- Midwives are expected to improve their interpersonal communication skills, especially in the aspects of empathy, patience, and clarity of information to patients.
- Need to implement a *patient-centered approach communication*, where patients are positioned as active partners in the health care process.
- Midwives need to undergo training in therapeutic communication and emotional management to be able to interact more effectively with patients from diverse social and psychological backgrounds.

2) For Community Health Centers

- The health center management needs to make interpersonal communication one of the indicators for assessing midwife performance.
- Regular training programs are needed regarding communication ethics, excellent service, and time management so that midwifery services become more optimal.
- Community health centers need to improve facilities and infrastructure that support patient comfort, such as waiting rooms, queuing systems, and privacy in examination rooms.

3) For Patients

- Patients are expected to be more active in communicating with midwives, expressing complaints, and asking questions if there is something they do not understand.
- Cooperation and openness will help midwives provide more appropriate and needed services.

4) For Educational Institutions

- The results of this study can be used as learning materials and references in midwifery communication or professional ethics courses.
- Midwifery educational institutions need to strengthen the interpersonal communication skills curriculum as an integral part of midwives' professional competencies.

5) For Further Researchers

- It is recommended to conduct further research using a qualitative or *mixed approach. methods* to delve deeper into the emotional experiences of patients in interacting with midwives.
- Research in various service settings (hospitals, clinics, remote areas) is also important to see variations in interpersonal communication in different contexts.





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