



The Open Psychology Journal

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RESEARCH ARTICLE

Is Training Effective to Develop Individual's Soft Skills in Organizations? Emphatic Communication Training on Friendly and Helpful Behavior in Private Hospital

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Abstract:

Background:

Training is a common activity done in HR management practices. However, previous studies on the effectiveness of trainings show inconsistent results, in particular, on developing soft skills. Theoretically, achieving effectiveness is more difficult compared to hard skill training.

Objectives:

This study is aimed at examining whether training is effective to develop individual's competencies in an organization, especially in the area of soft skills.

Methods:

This research uses experimental method by *The Untreated Control Group Design with Pre-Post-Test*. The study was conducted at a private hospital X in Semarang city. The participants of this study comprised of 496 subjects, which were divided into experimental and control groups. The intervention given to the experimental group was emphatic communication training which is aimed at building *sumeh* (friendly) and *nulungan* (helpful) behavior, as the actualization of organizational values. The measurement of friendly and helpful behavior was done before and after the intervention, that was by post-test 1 and post-test 2.

Results:

There was a significant difference between the scores of pre-test and post-test 1 and there was no difference between the scores of post-test 1 and post-test 2 for experimental group. For the control group, there was no difference either between the scores of pre-test and post-test 1 or between post-test 1 and post-test 2.

Conclusion:

Emphatic communication training is effective to develop friendly and helpful behavior, where both of the behaviors are included in soft skills category.

Keywords: Emphatic communication, Soft skill, Training, Training effectiveness, Pre-test, Post-test.

Article History

Received: September 05, 2019

Revised: December 01, 2019

Accepted: December 26, 2019

1. INTRODUCTION

Soft skills have a very important role in determining the performance of individuals in an organization. The integration of soft skills into the workplace will greatly assist managers and subordinates to work more effectively through more harmonious team work, make employees more adaptive to various

changes that occur and able to build happiness and satisfaction in the workplace [1]. Besides, soft skills assist employees in understanding the work environment so that it will accelerate the achievement of shared goals [2]. Parente, Stephan & Brown in their research found that soft skills help managers carry their duties because high work pressure and the increasing level of differences in the world of work require managers not only to have strong hard skills for more effective performance, but the managers also really need soft skills in carrying out their duties [3]. Other findings stated by Garwood that successful

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professionals have good soft skills [4]. The importance of soft skills also arises when organization makes selection process of employee, managers still place soft skills as an important component [5, 6]. Furthermore, soft skills should have been developed since at school [7].

With those various reasons, organizations develop the soft skills of their employees through training methods. One of the advantages of training compared to other methods is because training can involve a large number of participants and it is more efficient in terms of time [8]. In the level of organizational practice, training is an activity with the largest portion in human resource management activities [9]. Due to the importance and strategic role of training, the organization allocates and invests its funds in organizing training programs for its HR. As an illustration, the Associations for Talent and Development (ATD) reported in 2018, out of 399 organizations in America invested an average of \$ 1,296 per employee with an allocation of 34.1 hours per year for each employee. Although no similar data has been found on organizations in Indonesia, it is assumed that organizations in Indonesia also allocate and invest their resources to carry out training to improve their HR soft skills. Is this large expenditure offset by equivalent benefits? Is training effective to develop the soft skills of the employees in the organization?.

From the review of various research results on training effectiveness, it is found that the training is beneficial for individuals, work teams, organizations and even the community [10]. Training is the creator of human resources quality in organizations that will guarantee long-term sustainability of the organization [11]. Training can also improve employee competencies through the development of various skills and as a form of support for the career development of employees in organizations [12]. Training which is conducted in accordance with educational principles will be able to increase productivity and organizations' profit in this third millennium [13]. Continuous learning and the development of various skills are the modern organization's way of life. They can be achieved through properly run training [14]. In Taiwan, training still becomes an effective strategy to improve the quality of human resources. In fact, the Taiwan government intervenes by launching the "Taiwan Train Quality System" to boost the quality of human resources through quality training [15]. Recent research has found that training is effective in enterprise resource planning system [16].

However, some research results show that training is not always effective. The results of Fitzpatrick's research show that only 10 percent of what is learned in training can be applied to work [17]. A study by Saks & Belcourt's on 150 companies indicates a different number, that is 46.6 percent for the transfer of training [18]. A different analysis is also proposed by Nikols who states that so far the effectiveness of training is mostly measured through the participants' reactions to the trainings that they follow [19]. Nikols calls the evaluation of the reactions as "smile test", which does not reveal the effectiveness even more often "plunge", because often the results are very good but do not reveal the real effectiveness. The findings and analysis above are certainly a very serious problem for all parties including the training organizer,

academicians, researchers and especially for organizations.

The writer's preliminary studies confirm that the training is less effective. The author conducted research in a company that had held Agent of Change training programs and found that the four stakeholders in the training stated that the results of the training have not been effective yet even though it has cost a lot. From the results of the interview and focus group discussions, the training participants, supervisors of training participants, HRD managers and company leaders stated that the implementation of training results was not optimal [20]. Some recent research findings have found that training is not always effective in increasing competencies, including cognitive skills [21, 22]. Baldwin, Ford & Blume stated that over the past 30 years, there has been an explosion of research in the Human Resource Development (HRD) literature devoted to transfer of training – and much has been learned. Yet despite recent demands for evidence-based practice, too little of the science of transfer is informing professionals in their design and execution of training initiatives [23]. Ford, Baldwin & Prasad stated that there are still 3 challenges in research on the transfer of training: (1) what is now reliably known with respect to the generalization and retention of learned knowledge and skills to work contexts; (2) on what is unknown-the significant gaps in our knowledge where we believe new directions in our research strategies are warranted; (3) shifting the operative paradigm of research to examine contemporary learning from a problem-centered perspective [24].

What about the effectiveness of training to develop soft skills? The effectiveness of training within the soft skill area is relatively more difficult to achieve. It is indeed not easy to achieve effectiveness in design, delivery and measurement of the effectiveness of soft skill training. The results of soft skill training are not always concrete. It is in contrast with hard skill training the results of which are easier to observe and measure [25]. One reason for the difficulty of transferring in soft skills training is because soft skills are included in the category of far transfer. It is in contrast with hard skill training. Adjust the suitability of the learning situation and the situation at work is relatively easy for hard skills training. For example, in a training to operate a machine, it will be very easy if the machine used in the learning context is the same as the one that participants used in daily work. This is a contrast to soft skill training. For example, in a training for excellent service to customers. The situations faced at work will vary greatly and these situations are not easily provided in the learning context [26].

Another reason why soft skills training is difficult to achieve effectiveness is the type of skills. There are two types of skills that have consequences for different transfer processes, namely open skills and closed skills. Open skills refer to training materials that allow participants to use a number of ways to be applied at work, whereas closed skills refer to strict procedures for participants to apply at work. According to Yelon & Ford, the transfer process is easier for closed skills, as it has been strictly limited by the implementation procedures. In contrast, in open skills, there are various ways that participants can choose when applying them

at work. Referring to Yelon & Ford's opinion above, the soft skill training is included in the category of open skills, hence the challenges for transfer become greater [27].

Laker and Powell in their article identify at least there are nine differences between soft skill training and hard skill training. From those nine dimensions, both of them conclude that soft skill training has a higher level of difficulties in terms of training needs identification, training objective formulation, method use, effectiveness measurement and implementation in the work contexts. In other words, the transfer of training within the soft skill domain is more difficult to achieve [28].

However, a variety of recent research results indicate that training is effective in developing soft skills. Van de Geer, Vegeer, & Groot found that multidisciplinary training for spiritual care can improve the attitudes and competencies of medical staff in hospitals [29]. Communication training can improve communication skills in healthcare professionals working with people who have cancer [30]. Slade *et al.* found that health care communication training can improve nurses' ability to conduct bedside handovers in hospitals [31]. Therefore the research question raised is whether the training is effective for developing soft skills?

To be able to optimally achieve its effectiveness, it is necessary to design training that facilitates the transfer of training, or what is known as transfer design, the degree into which the training is designed and delivered so that participants can apply the results of the training and instructions. It is given in accordance with the situation that will be encountered at work [32]. Transfer design has two main constructions: content design and instructional methods. Content design is to prepare the contents of training materials that are in accordance with the real situation which will be faced by participants in their work, including general principles in application and the examples of specific behaviors and procedures that must be carried out when the participants apply them at work [33]. The method of instruction includes the use of various methods that allow participants to experience learning and gain experience to apply training material at work, for example, the method of conducting sample demonstration exercises, using analogies, and simulations. This is in line with the findings of Lynch, Leo & Downing which show that learning in the workplace will be more optimal if the material and methods used are always contextual [26]. To ensure the transfer of training, trainers must provide opportunities for participants to practice so as to demonstrate the relevance of training content to its application at the work place [34]. A study by Velada *et al.* finds that the transfer design had a strong effect on the transfer of training, with the r value = 0.87. Therefore, there are two keys for organizations to have effective training programs: training must be designed in accordance with the ability of participants to learn the material and how to apply it in real work situations [35]. If the soft skill training is properly designed both the material and the method, the effectiveness of the training will be achieved. Therefore, the hypothesis proposed in this study says that training is effective to develop an individual's soft skills.

1.1. The Current Study

This study examines the effectiveness of training, especially in the soft skill domain. Considering inconsistency in previous studies on soft skills training effectiveness, testing the effectiveness of soft skills training is still relevant and urgent because soft skills have an important role in determining individual performance in organizations. The novelty of this research are: (1) testing the effectiveness of soft skill training using the experimental method with an experimental group and control group. Most of the previous studies used more survey methods [9, 13, 15, 16, 18, 22, 30, 31, 35]. According to Cascio [36], the experimental method is the best method for evaluating the effectiveness of a training program (2) this research was conducted on participants from 1 organization who participated in the same training program. Therefore, it could control the effects of factors that theoretically affect the effectiveness of training, namely: social support, organizational support, transfer design and perceived content validity.

The experiment for this research was carried out in the hospital organization. The choice of organization is based on the argument that individual employees in hospital organizations are required to have strong soft skills in carrying out their work. The most essential competency for hospital employees is the soft skills aspect. The ability to empathize and communicate is the most fundamental aspect for individuals who work in hospitals [37]. The ability to empathize requires intrapersonal skills or very strong self-management, as well as in communication that requires strong interpersonal skills. A similar opinion was expressed by Ray & Overman which states that the most difficult thing in carrying out tasks in a hospital is related to the aspects of soft skills. Competence in mastering technology and operating medical devices is much easier to develop compared to the aspects of soft skills [38].

Soft skills of this study are represented in friendly and helpful behavior. Both behaviors theoretically fit the definition stated by De Janasz, Dowd and Scheineder: that soft skills that are divided into intrapersonal and interpersonal dimensions have a very strong influence on one's performance. The intrapersonal skills dimension refers to a person's skills in managing themselves. Intrapersonal attributes include: self awareness, self management, adaptability, resilience, enthusiasm, discipline, integrity, confidence, making decisions. The interpersonal skills dimension refers to skills in dealing with others. Interpersonal attributes include communication, empathy, negotiation, serving customers, cooperation, networking, leadership. Both dimensions of soft skills are interrelated and influence each other. Intrapersonal skills are placed as basic capital that will determine the quality of one's interpersonal skills. Instead, the activities of individuals interacting with others can be a source of evaluation and development of their intrapersonal skills [39, 40].

2. MATERIAL AND METHODS

2.1. Research Design

This research applies *The Untreated Control Group Design with Pre- Test – Post-Test* method [40]. It is described in Fig. (1).

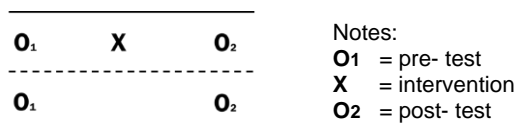


Fig. (1). The Untreated Control Group Design with Pre Test - Post Test.

In the design of this research, participants are divided into 2 groups, experimental and control. The intervention was only given to the experimental group. Measurement of dependent variables is done 3 times, pre test – post test 1 and post test 2. Pre-test is used to test the dependent variables. It is conducted before the intervention. Both for experimental and control groups. Empathic communication training was given to the experimental group. The control group received training interventions after the research was completed. Meanwhile, post-tests are done twice, one and two months after the intervention.

2.2. Internal Experiment Validity

To maintain the internal experiment validity, there are some anticipatory steps taken in this research as described in Table 1.

Another effort to prevent bias in drawing conclusions is that the researcher was not involved either as a trainer or in the process of data collection. The trainer and data collectors are not aware of the objective and hypothesis of the research.

Table 1. Anticipatory steps to minimize internal validity threats [40].

Weaknesses	Things done to minimize weaknesses
History	Agreement with the hospital management that there was no other treatment between <i>pre</i> and <i>post test</i> .
Maturation	The time gap between pre and post was only two months.
Testing	Measurement of dependent variables was carried out by the observer instead of the self report.
Instrumentation	Pre- test and post- test observations were carried out by different rater

2.3. Research Variables

The research variables are the following:

2.3.1. Dependent Variable:

The effectiveness of soft skills training is measured by friendly and helpful behavior. Both of these behaviors are as a representative of soft skills and actualizations of the organizational culture developed by hospital X.

2.3.2. Independent Variable:

Empathic communication training intervention, given for 7 effective hours to participants and divided into 5 training batches. Empathic communication material was developed from research conducted by Plotkin and Schochet, that is serving behavior that is based on empathy for others [41].

2.4. Research Procedures

The research is conducted following these procedures:

- *Developing training designs*, it includes formulating training objectives, training materials, training methods, training time, training schedule, and distribution of training participants in order not to disturb the operational hospital service. The agreed training objectives enable participants to actualize the hospital's values through empathy communication: friendly and helpful behavior. The preparation of training material is carried out jointly by researchers and the hospital's training managers and is approved by the board of directors. The materials are mentioned in Table 2.

Table 2. Material, Method, and Training Duration

Session	Material	Method	Duration
1.	Organization values	Presentation - Question & Answer	90 minutes
2.	I-CARE values	Simulation with outbound method	150 minutes
3.	Debriefing on the simulation	Discussion & presentation	60 minutes
4.	I-CARE implementation at work situation	Discussion	60 minutes
5.	I-CARE implementation with friendly and helpful behavior	Role play	60 minutes

- *Measuring the dependent variables before the intervention* (pre-test), is conducted before the training intervention.

- *Doing intervention*, conducted the emphatic communication training which consists of 5 batches.

- *Measuring the dependent variables after the treatment* (post-test), conducted twice, 1 month after the training and 2 months after the training. Determination of the time of two months after training in accordance with the recommendations given by Lancaster, Milia & Cameron which in the results of his study recommends the time to measure the impact of training between two months to one year [42].

2.5. Participants

This research was conducted in a private hospital X which is the largest private hospital in the Semarang city with A accreditation from the ministry of health, and employs 1231 medical and non-medical staff. The participants of this research consisted of 496 employees both the medical and non-medical staff. The participants were divided into two groups. The experimental group consisted of 250 people and the control group consisted of 246 people. Non-random sampling is used in this study. Research participants were appointed by the human resource department by considering the composition of medical personnel - non-medical so that it does not interfere with service to customers. Assignments to participants are mandatory. participants were not given incentives to avoid bias in the results of this study. Participants who were included in the control group received the intervention after the study was completed.

2.6. Measurement

The measurement of friendly and helpful behaviors, which is the representative of training effectiveness, was done by rating scales observation method, quantified by the observed behaviors by making the degree or quantity of those behaviors [43]. The observation scale was arranged by the researcher himself. Each behavior consists of 3 items that indicate the degrees of intensity of the behavior: 1) rarely do, if the participant had done but not at any time, only at certain times or only to certain people; 2) often do, if participants had often done but not always; 3) consistently do, if the participant must do it at any time, under any conditions and to anyone.

To avoid subjectivity in the assessment as well as to increase the reliability, the assessment of participant behavior was carried out by three co-workers who were in the same work unit. Three assessors were appointed by the researcher and the participants did not know who assessed them.

2.7. Instrument Validity

The validity of the measuring instrument was tested by a content validity test using the Aiken formula V. The index V = 0.82 was obtained from the test. The reliability was tested using Intraclass Correlation Coefficients (ICC), with results for *sumeh* behavior $\alpha = 0.820$ and *nulungan* behavior $\alpha = 0.814$.

2.8. Data Analysis

The data of this study were analyzed in two stages. First, we apply normality test using Kolmogorov Smirnov. The basic concept of Kolmogorov Simrnov is to compare the data distribution (which will be tested for normality) with the standard normal distribution. The standard normal distribution is data that has been transformed into Z-scores and assumed to be normal. If the significance is below 0.05, there is a significant difference, and if the significance is above 0.05, no significant difference occurs. If the significance is below 0.05, it means that the data to be tested has a significant difference from the standard normal data, it means that the data is not normal [44]. Furthermore, if the significance is above 0.05, it means that there is no significant difference between the data to be tested with standard normal data. Second, we use Wilcoxon Signed Rank Test. that is a nonparametric test that can be used to determine whether two dependent samples were selected from populations having the same distribution. A Wilcoxon signed-rank test can be used as an alternative to the paired Student's t-test (also known as “t-test for matched pairs” or “t-test for dependent samples”) when the sample size is small and the population cannot be assumed to be normally distributed [44].

3. RESULT

3.1. The Participants' Characteristics

The participants' characteristic demography of this research are described in Table 3:

3.2. The Results of Hypotheses Analysis for Experimental Group

From Table 4 above, it is known that both the friendly and

helpful behavior have p values <0.05. It means that the data are not normal. Thus, a mean difference test was carried out using the Wilcoxon technique, with the following results:.

From the data in Table 5 above it is known that the p value <0.05. It means that there is a very significant difference between the pre-test scores and post-test 1 on friendly and helpful behavior.

Table 3. Participants' Demography from the Experimental Group.

-					Total
Sex	Male		Female		
	26		224		250
Type of work	Medical		Non-medical		
	221		29		250
Age	>50	40-49	30-39	<30	
	41	44	55	110	250
Education Level	Senior High School	Diploma	Profession	Under graduate	
	158	56	29	7	250

Table 4. Result of Kolmogorov-Smirnov Test from Pre test & Post test 1.

-		Friendly Behavior	Helpful Behavior
N		250	250
Normal Parameters ^{ab}	Mean	1,3320	1,2920
	Std. Deviation	1,00490	1,00936
Most Extreme Differences	Absolute	,195	,198
	Positive	,181	,198
	Negative	-,195	-,174
Kolmogorov-Smirnov Z		3,082	3,128
Asymp. Sig. (2-tailed)		,000	,000

a. Test distribution is not normal.
b. Calculated from data.

Table 5. Wilcoxon sign rank test results of pre-test and post-test 1.

-	Friendly Behavior	Helpful Behavior
Z	-12,185 ^b	-12,117 ^b
Asymp. Sig. (2-tailed)	,000	,000

a. Wilcoxon Signed Ranks Test
b. Based on negative ranks.

From Table 6 above it is known that both friendly and helpful behavior have p values <0.05. It means that the data are not normal. Thus, a mean difference test was carried out using the Wilcoxon technique, with the following results:

From Table 7 above, it is known that the p value on friendly behavior is 0.315 (> 0.05) means there is no difference between friendly behavior values at post-test 1 and post-test 2. Likewise, the p value of helpful behavior score is 0.725 (> 0.05) which means that there is no difference of helpful

behavior values in post- test 1 and post- test 2.

Table 6. Kolmogorov-Smirnov Test Result from Post- test 1 & Post-test 2

–		Friendly Behavior	Helpful Behavior
N		250	250
Normal Parameters ^{a,b}	Mean	-,0120	,0080
	Std. Deviation	,59098	,56676
Most Extreme Differences	Absolute	,488	,418
	Positive	,444	,386
	Negative	-,488	-,418
Kolmogorov-Smirnov Z		7,718	6,615
Asymp. Sig. (2-tailed)		,000	,000

a. Test distribution is not normal.

b. Calculated from data.

Table 7. Wilcoxon sign rank test result of post- test 1 and post- test 2.

–	Freindly behavior	Helpful behavior
Z	-1,005 ^b	-,351 ^b
Asymp. Sig. (2-tailed)	,315	,725

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

3.3. The Result of Hypotheses Test for the Control Group

From Table 8 above, it is known that the p value <0.05, means that the data are not normal either friendly behavior or helpful behavior. Thus a mean difference test with Wilcoxon technique is done, with the following results:

From Table 9 above, it can be seen that the p value in friendly behavior is 0.525 (>0.05). It means that there is no difference between the values of friendly behavior in the pre-test and post-test 1. Meanwhile, the p value of helpful behavioral is 0.803 (>0.05) which means there is no difference in helpful behavior in pre-test and post-test 1.

From Table 10 above, it is known that p value <0.05, means that the data are not normal both friendly behavior and helpful behavior, so a mean difference test with Wilcoxon technique is carried out, with the following results:

Table 8. The result of Kolmogorov-Smirnov test from pre-test– post test 1

–		Friendly Behavior	Helpful Behavior
N		245	245
Normal Parameters ^{a,b}	Mean	,0204	,0082
	Std. Deviation	,48290	,52002
Most Extreme Differences	Absolute	,419	,388
	Positive	,419	,388
	Negative	-,410	-,379
Kolmogorov-Smirnov Z		6,557	6,072
Asymp. Sig. (2-tailed)		,000	,000

a. Test distribution is not normal.

b. Calculated from data

From Table 11 above, it is known that the p value of friendly behavior is 0.446 (> 0.05) which means there is no difference between the values of friendly behavior in post-test 1 and post-test 2. Likewise, the p value of the helpful behavior is 0.629 (> 0.05) which means that there is no difference in helpful behavior in post-test 1 and post-test 2.

Table 9. Wilcoxon sign rank test result of pre-test and post-test 1:

–	Friendly Behavior	Helpful Behavior
Z	-,636 ^b	-,250 ^b
Asymp. Sig. (2-tailed)	,525	,803

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

Table 10. Kolmogorov-Smirnov Result from post-test 1 & post-test 2

–		Friendly Behavior	Helpful Behavior
N		245	245
Normal Parameters ^{a,b}	Mean	,0204	,0082
	Std. Deviation	,48290	,52002
Most Extreme Differences	Absolute	,419	,388
	Positive	,419	,388
	Negative	-,410	-,379
Kolmogorov-Smirnov Z		6,557	6,072
Asymp. Sig. (2-tailed)		,000	,000

a. Test distribution is not normal.

b. Calculated from data.

Table 11. Wilcoxon sign rank test results of post-test 1 and post- test 2.

–	Friendly Behavior	Helpful Behavior
Z	-,762 ^b	-,482 ^b
Asymp. Sig. (2-tailed)	,446	,629

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

4. DISSCUSSION

The research hypothesis proposed in this study is accepted. Training is effective to develop an individual’s soft skills, which in this case are friendly and helpful behaviors. The results of this study are in line with several results of research in the hospital setting. For example, research conducted by NaShao *et al.* of 32 nurses in Chinese hospital who participated in simulation-based training for empathic communication skills. A quasi-experimental with single group pre-test post-test used in the study. They found that the behaviors of nurses toward communicating empathetically improved significantly after undergoing the simulation training [45]. There are many similarities in this study with research conducted by NaSaho *et al.* in terms of research methods, research settings and the intervention.

Yamada *et al.* found that the intrapersonal empathy of oncologists in Japan increased after a two-day Communication Skill Training (CST) workshop. The study was conducted on

383 respondents three or more years of clinical experience in oncology [46]. Yamada's research uses an oncologist as a participant. The results of this study indicate that empathic communication can be developed both in doctors, nurses and support staff in hospitals. Other findings that are in line with the results of this study are stated by Van Beusekom *et al.* who found that Communication Skill Training (CST) improves emotional conversations between radio therapy members and patients [47].

The above research findings strengthen the findings of this study that empathic communication training is effective for developing service behavior in a hospital setting. The effectiveness of training to develop soft skills in this research is largely determined by the transfer design that is designed as an intervention. In the implementation of empathic communication training interventions, 70% of the time was allocated for simulation, practice and role play to apply empathic communication in the workplace. For material presentations, although in smaller portions, many concrete examples of organizational values and empathic communication were given. The first session was a material presentation about the role of values in organizations both for individuals and organizations. This session provided examples of organizations that were able to live the values through concrete actions in their daily work. Meanwhile, the example of an organization that was unable to live its values effectively was also given. In the second session, the simulation method through several games was applied to give an understanding of emphatic communication. Following this activity, debriefing was given through the photos of the participants while playing the game.

In the next session, the implementation of emphatic communication was presented through two behaviors, friendly and helpful. The material presentation was continued with a group discussion session. In this discussion, participants were asked to identify situations that often occur in hospitals and the reactions they should give in such situations. Next, it was continued with a role play with a variety of situations that were predicted to occur in the hospital. The situations were raised from the results of the discussions and other situations that had not been identified by the participants.

The purpose of role play was to enable participants to give an appropriate response that was friendly and helpful behavior when dealing with these situations. For example, a situation when a patient was confused to look for a particular room when a patient's family complained about a doctor's examination schedule that changed, a situation when a patient asked to upgrade the service class, a situation when the doctor explained something to the patient, a situation when there was a queue at the pharmacy, a situation when the patient's belongings or his family were left in the hospital, a situation when facing an angry and panicked patient. Role play was also performed to deal with situations relating to coworkers. For example:, situations when there was a build-up of patients, situations when there were new employees, situations when there were internship students, situations when there were overloaded colleagues. In the role play, participants were trained to provide appropriate responses through friendly and helpful behavior. In each situation exhibited through role play,

the trainer gave feedback related to the response that had been appropriate and the response that had not been appropriate.

Theoretically, the training design as described above must be done at the soft skill training level, and the results of the study show that the transfer design had a significant direct effect on the effectiveness of soft skill training. The results of this study further strengthen the assumption of experiential learning theory put forward by David Kolb, that learning through concrete experiences will help participants in making generalizations and implementations in the workplace [48].

The findings of this study are in line with the results of research conducted by Lynch, Leo & Downing, which reveal that learning for individuals who have worked will be more optimal if the material and methods used are contextual [26]. In line with these findings, Velada *et al.* state that if the training participants have got knowledge background and practiced how to apply it in the workplace, and the methods and instructions in the training describe the situation to be faced at work, the chances of transfer of training will increase [35]. The results of a recent study conducted by Chauhan *et al.* also found almost the same thing, that was if the training participants believed that the trainer provided a variety of exercises on how to apply training results to the job, the opportunity for transfer of training would be very large [49].

The training design as described above, is very appropriate for the implementation of soft skill training, considering that soft skill training is included in the far transfer category. The training design which provides material that illustrates the work situation accompanied by concrete examples and simulations and role play will be a bridge of transfer experienced by trainees. Simulations and role play with a variety of situations really help participants to anticipate various obstacles when applying training results at work. Considering that soft skills are an open skill type, the method can be a reinforcement of transfers and help participants deal with various situations at work.

CONCLUSION

This study is aimed to examine whether training is effective in developing individual's soft skills in organizations. From the results of the data analysis, training has proven to be effective in developing individual's soft skills. The design of training that facilitates the transfer is a very determining factor in achieving effectiveness. Material that is appropriate to the situation at work, accompanied by concrete examples, simulations and role play that illustrates behavior at work is crucial to the transfer.

Implication of Current Study

The results of this study have several implications. Theoretically, it strengthens the conceptual belief that training is still effective in developing an individual's soft skills in organizations. Although the effectiveness of soft skills training is more difficult to achieve than hard skills training caused by the type of far transfer and open skills, however, if the training is designed appropriately by giving trainees the opportunity to practice the behavior to be formed, the training can achieve its effectiveness. Practically, training can still be used as an

effective medium for organizations to develop their HR competencies, especially in the soft skill level if it is done with appropriate design.

Limitation and Future Direction

This research has some weaknesses in which this study only focused on one attribute of soft skills namely empathic communication, which was actualized through friendly and helpful behavior. It was specified in accordance with the context and formulation of the policy of the organization where the research was conducted, so it cannot be generalized to other organizations and soft skills attributes. Conceptually, soft skills have many attributes. Therefore, research on the effectiveness of soft skill training can be done on more general soft skill attributes, either intrapersonal attributes such as integrity, discipline, fighting spirit, toughness, and or interpersonal attributes such as leadership attributes, communication, cooperation and so on.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study was approved by the Research Ethic Commission Faculty of Psychology Gadjah Mada University, Indonesia.

HUMAN AND ANIMAL RIGHTS

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

CONSENT FOR PUBLICATION

Informed consent was taken from all the participants when they were enrolled.

AVAILABILITY OF DATA AND MATERIALS

The authors confirm that the data supporting the findings of this research are available within the article.

FUNDING

This research was funded by LPDP, Ministry of finance Indonesia under grant number FR1432019172846.

CONFLICT OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publications of this article.

ACKNOWLEDGEMENTS

The researchers would like to express their deepest gratitude to all participants, to X hospital which has provided opportunities and facilitated the researcher, and to the Psychology Faculty of Gajah Mada University which has encouraged and assisted the researcher in this research.

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