

Effect of Doctor's Interpersonal Communication on Patient Satisfaction at Royal Prima General Hospital Medan

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ABSTRACT

People's high expectation for qualified health care in a hospital has caused medical personnel to do their best. Doctors' good health care can increase patient satisfaction. Effective communication between doctors and patients will create comfort in patients, doctors' behavior toward patients, and the availability of accurate information, and patients' empathy and trust. These factors are the key which determines patients' comfort in receiving medical care. The objective of the research was to identify the influence of doctors' interpersonal communication on patient satisfaction at the Royal Prima Hospital, Medan. The research used descriptive quantitative method. The population was all inpatients in the hospital from January to April, 2019, and 80 of them treated in four inpatient wards were used as the samples. The data were analyzed by using chi square test. The result of the research showed that of the five interpersonal communication principles, none of them influenced patient satisfaction. It is recommended that the hospital management increase health care quality, especially in doctors' communication with patients in the inpatient wards and pay attention to doctors' communication while they are on duty at the hospital.

Keywords: Satisfaction, Interpersonal Communication, Doctor

INTRODUCTION

According to the Decree of the Minister of Health of the Republic of Indonesia No.340 / MENKES / PER / III / 2010 it explains that the hospital is a health service institution that conducts complete individual health services that provide inpatient, outpatient and emergency services". At present the hospital is in a very competitive global atmosphere that demands high quality hospital services on the basis of a clear and directed management concept, without a clear management concept, hospital development will proceed slowly. The hospital is a very important part of a health care system and always prioritizes excellent service as its main element. This is

the accountability of a hospital institution to be able to compete (competitive) with other hospitals. The hospital in the concept of providing health services to the community should be a complete personal service, health promotion efforts (promotive), prevention (preventive) by not ignoring curative-rehabilitative efforts, as well as providing inpatient, outpatient and emergency services units. All people who suffer from an illness would want to be healthy so that the hospital will have a very big role to improve the health status of patients in the hospital (Muninjaya, 2011).

Hospitals in the process must provide quality health services to the community. The fulfillment of community

or individual needs for health care services must be in accordance with the principles or standards of existing health professionals. The principle of health services is implemented by utilizing resources in a comprehensive, efficient and effective manner that is tailored to the limitations of the ability of the government and the community, and is held safely and can satisfy customers in accordance with applicable norms and ethics. This service limitation can be concluded that the quality of health services is a conformity of health services with professional standards by utilizing resources properly so that all patient needs are met and the goal of achieving optimal health degrees can be achieved (Bustami, 2011).

One of the current hospital service strategies is to approach a quality health service oriented to patient satisfaction. Patient satisfaction assessment strategies can be determined by the quality of health care that is felt by patients during the hospital. Patient satisfaction can be assessed starting from the reception of the patient when he first arrived until the patient came home from the hospital. Meeting the needs of these patients will have an impact on patient satisfaction with hospital health services, but health workers often do not realize that patient satisfaction with health care is a dimension of the assessment of hospital service quality.

According to Muninjaya (2011) states that patient satisfaction is a response of users of health services to the suitability between the level of importance or expectations (expectations) before patients get health care services and after getting health care services. To create patient satisfaction the hospital must create and manage a system that regulates how to get more patients while maintaining the quality of service. Health services are considered to be satisfying users or patients if the health services can meet the overall needs of patients. If the patient feels his needs are not met then there will be a sense of dissatisfaction so that the patient will leave

the health service and switch to other services. According to Nursalam (2012) satisfaction is someone's happy or disappointed feelings that arise after comparing between perceptions or impressions of the performance or results of a product and its expectations.

One factor that makes patients feel dissatisfied with the health services provided by hospitals is due to poor communication made by health workers. Amirah (2013) research results show that patient dissatisfaction with hospital services is due to poor communication between health workers, especially communication between doctors and nurses. The role of patients today has changed from passive to assertive, especially in terms of efforts to obtain medical information and medical decision making. Conditions like this require mastery of communication for a communicator in conveying messages to the communicant. There are several forms of communication that need to be known by a communicator so that he is able to choose the right form of communication when communicating. Broadly speaking, the form of communication is divided into 4 namely personal communication (intra-personal communication and interpersonal communication), group communication, mass communication, and media communication. (Liliweri, 2010).

Interpersonal communication is communication that occurs between communicators and communicants that occur directly by face to face or not face to face. This interpersonal communication is considered more effective than other forms of communication because both parties can exchange information in the communication process and there is direct feedback from both according to their respective functions (Cangara, 2011). So that the process of communication about health is effective and directed, it can be done through a form of interpersonal communication which is one of the most effective forms of communication, because between communicant and communicator can be

directly face to face, so that a stimulus arises, that is the message or information conveyed by the communicant, can immediately be responded to or responded at that time (Adhani, 2014).

Effective communication between health workers is communication that occurs between doctors and nurses with the aim of creating patient comfort for medical therapies provided by doctors, physician behavioral factors towards patients, the ability of doctors to get and respect patient attention, the availability of appropriate information and the emergence of empathy and building Patient trust turns out to be a decisive key in good comfort with medical therapy for patients in health care.

The Royal Prima Medan Hospital is one of the largest private hospitals and will be a reference center for the community especially Medan City and the people of North Sumatra in general. Royal Prima Medan General Hospital is developing rapidly, this can be seen with the opening of a new building with a capacity of 600 beds. The Royal Prima Medan General Hospital was inaugurated as a teaching hospital on June 24, 2016 and became a hospital for all types of referrals as well as Mandiri Health Insurance and general patients. Royal Prima Medan General Hospital has human resources (HR) consisting of 224 nurses, 110 general practitioners and specialists, 75 medical personnel and 210 paramedics..

Based on a preliminary survey conducted by researchers of 20 inpatients at the Royal Prima General Hospital Medan in January 2018, showed that out of 20 patients, 17 patients were dissatisfied with the services provided by doctors. This form of patient dissatisfaction contains the lack of openness of doctors (openness) in explaining the illness experienced by patients as well as the availability of very little doctor time in providing health services. The patient also explained that the lack of empathy (empathy) of the doctor to the problems experienced by the patient, the lack of supportive attitude and positive thinking (positiveness) from the doctor

towards the patient's recovery and the patient did not feel accepted by the doctor so the patient felt there was no equality between doctor and patient (equality).

Researchers also checked the data on the Royal Prima Hospital Medan. Based on data obtained by researchers from PMKP (Improved Quality and Patient Safety) in January and February 2019 it was found that more than 70% of the questionnaires that entered the hospital's PMKP Team contained patient complaints about hospital services. The patient's complaint was obtained based on a questionnaire filled out by the patient when the patient was going home from the hospital. Complaints of patients in the form of the questionnaire have increased from 2017 to 2018. In 2017 from 9,877 questionnaires collected there were as many as 30% questionnaires containing patient complaints about doctor services. In 2018 questionnaires containing patient complaints increased by more than 7,980 incoming questionnaires there were 50% containing patient complaints about doctor services.

The number of questionnaires that enter the hospital's PMKP about patient complaints letters to doctors is a big problem for the Royal Prima Hospital in Medan. The questionnaire was received and processed by the hospital management and followed up by the directorate of medical services at the Royal Prima Hospital in Medan. In February 2019 there were 120 questionnaires containing patient dissatisfaction with doctoral services during the examination. The number of patient complaint letters addressed to doctors shows that doctors have not yet provided optimal services to patients, the examination time seems like a rush, answering patients' questions is unclear and there is no eye contact.

The results of the recapitulation of patient questionnaires managed by the Quality Control Team of the Royal Prima General Hospital in Medan showed indications that the services provided by doctors were still inadequate, especially

with regard to openness of doctors and patients, empathy (empathy) of doctors and patients, supportive attitude (supportiveness) doctor with patient, positive attitude (positiveness) doctor with patient, and equality (equality) doctor with patient. These results will be processed and followed up by the hospital management to improve the quality of service at the hospital. Doctors as human resources have an important role in carrying out hospital operations and have a very important contribution in determining the quality of services in hospitals, for this reason doctors are required to have intellectual, interpersonal, technical ability, communication skills and have high moral values. Therefore health services provided by doctors are an integral part of hospital health services. The phenomenon of low patient satisfaction is based on patient complaint letters regarding health services provided by doctors, especially regarding communication made by doctors to patients. This study aims to analyze the doctor's interpersonal communication to patient satisfaction at the Royal Prima General Hospital Medan.

LITERATURE REVIEW

Hospital

Hospital is a health facility that organizes health services equally by prioritizing efforts to cure disease and restore health, which is carried out in harmony and integrated with efforts to improve health and prevent disease in a referral setting, and can be utilized for personnel education and research. is an institution that can provide role models in a culture of clean and healthy living and environmental cleanliness (MOH, 2009). Decree of the Minister of Health of the Republic of Indonesia No. 340 / MENKES / PER / III / 2010 Hospital is a health service institution that conducts complete individual health services that provide inpatient, outpatient and emergency services. "While understanding of hospitals according to the Minister of Health Regulation of the

Republic of Indonesia No. 1204 / Menkes / SK / X / 2004 concerning Hospital Environmental Health Requirements, states that: "Hospitals are a means of health care, a gathering place for sick and healthy people, or can be a place of transmission of disease and allow environmental pollution and health problems" . Based on this understanding, the hospital performs several types of services including medical services, medical support services, care services, rehabilitation services, prevention and health improvement, as a place for medical and or medical training and education, as a place for research and development of science and technology in the health sector and to avoid risks and health problems as intended, so that there is a need for the organization of environmental health in accordance with health requirements.

Hospital functions and tasks.

According to Law No. 44 of 2009 the functions of a hospital are as follows:

1. Organization of medical services and health recovery in accordance with hospital service standards.
2. Maintenance and improvement of health through the second and third level plenary health services according to medical needs.
3. Providing education and training for human resources in the context of increasing the ability to provide health services.
4. Carrying out research and development as well as screening of health technology in the context of increasing the ability to provide health services.

Hospital Classification.

Republic of Indonesia Health Minister Regulation No. 56 of 2014 concerning the classification of hospitals is distinguished based on the type of service provided. Hospitals are categorized in General Hospitals and Special Hospitals:

a. Class A General Hospital

Services provided by Class A Public Hospitals include at least: medical services, pharmaceutical services, nursing and midwifery services, clinical support

services, non-clinical support services, inpatient services. Medical services consist of at least: emergency services, basic specialist medical services, supporting medical specialist services, other specialist medical services, subspecialty medical services, dental and oral specialist medical services. Emergency services must be held 24 (twenty four) hours a day continuously. Basic specialist medical services include internal medicine, pediatric health, surgery, and obstetrics and gynecology services. Supporting specialist medical services include anesthesiology, radiology, clinical pathology, anatomic pathology services and medical rehabilitation. Human resources class A General Hospital consists of: medical personnel, pharmaceutical personnel, nursing staff, other health workers, non-health personnel. Medical personnel consist of at least 18 (eighteen) general practitioners for basic medical services, 4 (four) general dentists for oral dental medical services, 6 (six) specialist doctors for each type of basic specialist medical services, 3 (three) specialist doctors for each type of supporting specialist medical services, 3 (three) specialist doctors for each type of other specialist medical services, 2 (two) subspecialist doctors for each type of subspecialty medical services, 1 (one) specialist dentist for each type of specialist medical services mouth teeth. Pharmaceutical staff consists of at least: 1 (one) pharmacist as the head of hospital pharmacy installation, 5 (five) pharmacists on duty in outpatient services assisted by at least 10 (ten) pharmacy technical personnel, 5 (five) pharmacists in hospitalization assisted by at least 10 (ten) pharmacy technical personnel, 1 (one) pharmacist in the emergency department assisted by a minimum of 2 (two) pharmaceutical technical personnel, 1 (one) pharmacist in the ICU room assisted by at least 2 (two)) pharmaceutical technical staff, 1 (one) pharmacist as reception and distribution coordinator who can concurrently perform clinical pharmacy services in inpatient or outpatient care and assisted by

pharmaceutical technical personnel whose numbers are adjusted to the hospital pharmacy service workload, 1 (one) pharmacist as a production coordinator who can concurrently conduct clinical pharmacy services inpatient or outpatient and assisted by pharmacy technical personnel the amount is adjusted to the hospital pharmacy workload.

b. Class B General Hospital

Services provided by Class B General Hospitals include at least: medical services, pharmaceutical services, nursing and midwifery services, clinical support services, non-clinical support services and inpatient services. Medical services consist of at least: emergency services, specialist medical services basic, supporting specialist medical services, other specialist medical services, subspecialty medical services, dental and oral specialist medical services. Emergency services, must be held 24 (twenty four) hours a day continuously.

c. Class C General Hospital

Services provided by Class C General Hospitals include at least: medical services, pharmaceutical services, nursing and midwifery services, clinical support services, non-clinical support services and inpatient services. Medical services consist of at least: emergency services, general medical services, basic specialist medical services, supporting specialist medical services, other specialist medical services, subspecialty medical services and dental and oral specialist medical services. Emergency services must be held 24 (twenty four) hours a day continuously. General medical services include basic medical services, oral health, maternal and child health, and family planning.

d. Class D General Hospital

The services provided by Class D General Hospitals include at least: medical services, pharmaceutical services, nursing and midwifery services, clinical support services, non-clinical support services; and inpatient services. Medical services consist of at least: emergency services, general medical services, basic specialist medical

services. medical services supporting specialists. Emergency services must be held 24 (twenty four) hours a day continuously. General medical services include basic medical services, oral health, maternal and child health, and family planning. Specialist medical services of at least 2 (two) out of 4 (four) basic specialist medical services covering internal medicine, pediatric health, surgical, and / or obstetrics and gynecology services. Supporting specialist medical services include radiology and laboratory services. Human resources class D public hospitals consist of: medical personnel, pharmacy personnel, nursing staff, other health workers, non-health personnel. Medical personnel consist of at least: a. 4 (four) general practitioners for basic medical services, 1 (one) general dentist for oral dental medical services, (one) specialist doctors for each type of basic specialist medical services. Pharmacy staff consists of at least: 1 (one) pharmacist as the head of the hospital pharmacy installation, 1 (one) pharmacist who is in charge of inpatient and outpatient services assisted by at least 2 (two) pharmacy technical personnel, 1 (one)) pharmacists as coordinators of reception, distribution and production who can concurrently carry out clinical pharmacy services in the inpatient or outpatient care and are assisted by pharmaceutical technical personnel whose numbers are adjusted to the workload of hospital pharmacy services.

e. Primary D Class General Hospital

Class D Pratama General Hospital was established and organized to ensure the availability and increase public accessibility to second level health services. Class D public hospitals can only be established and operated in disadvantaged areas, borders, or islands in accordance with statutory provisions. In addition to the area of class D pratama General Hospital can also be established in the district / city, if it meets the following criteria: Hospital is not yet available in the district / city concerned, Hospitals that have operated in the district / city in question are inadequate capacity,

location Hospitals that have been operating are geographically difficult to reach by some residents in the district / city concerned.

f. Special Hospital

Special Hospital includes special hospitals: mother and child, eyes, brain, teeth and mouth, cancer, heart and blood vessels, psyche, infection, lung, ear-nose-throat, surgery, drug and kidney dependence. Other Special Hospitals in the form of merging types of specificity or new types of specifics. Designation of new types of Special Hospitals is based on the results of studies and obtains recommendations from hospital associations and related professional organizations. Special Hospitals can only provide health services according to their specific fields and other fields that support these specificities. The delivery of health services outside of the area of specialty can only be done in emergency services.

Communication

Communication is the process of delivering a message using meaningful symbols from the communicator to the communicant with a specific purpose. The expected goals of the communication process are changes in the form of adding knowledge, changing opinions, strengthening opinions and changing attitudes and communicant behavior or known in three levels of change or effect of a communication process, namely: changes in the mind (cognitive) changes in feelings (affective) and changes in behavior (behavioral) (Siregar, 2016).

According to Winnet in Liliweri (2010), communication is all human interaction activities that are human relationships accompanied by a transition of a number of facts. Simply stated, communication is an interaction or transaction between two people (Liliweri, 2010). Humans are social creatures that live and run their entire lives as individuals in social groups, communities, organizations, and society. In everyday life every human

being interacts, builds relationships and social transactions with others. That is why humans cannot avoid interpersonal communication, communication in groups, communication in organizations and the public, and mass communication (Liliweri, 2010).

Interpersonal communication theory.

Interpersonal communication theory can generally be seen from two senses as:

1. Definition of communication etymologically. Communication comes from the Latin communication, and also comes from the word communis which means the same, in the sense of the same meaning. So communication takes place if between the people involved there is a common meaning about a thing being communicated.

2. Definition of communication in terminology. Communication means the delivery of a statement by one person to another person.

Communication is essentially a social process. As a social process, in communication in addition to relationships between people, interactions also affect each other. In other words communication is the essence of all social relations. If two or more people have entered into a social relationship, then the communication system they do will determine whether the system can strengthen or stretch the relationship, reduce or increase tension and increase trust or reduce it (Nasir, 2011).

Form of communication.

There are several forms of communication that need to be known by a communicator so that he is able to choose the right form of communication when communicating. Broadly speaking, the form of communication is divided into 4 (four) namely personal communication (intra-personal communication and interpersonal communication), group communication, mass communication, and media communication. (Nasir, 2011). Intrapersonal communication is communication done to

oneself, which consists of sensation, perception, memory and thinking. This communication is usually carried out by someone when pondering about himself or when doing self-evaluation. Interpersonal communication is communication made to other people or communication made by two or more people. Group communication consists of two forms, namely small group communication and large group communication (Nasir, 2011).

So that the process of communication about health effectively and directed can be done through forms of interpersonal communication which is one of the most effective forms of communication, because between the communicant and the communicator can be directly face to face, so that arises a stimulus that is the message or information conveyed by the communicant, can directly be responded to or responded at a moment's notice. Therapeutic communication is a form of interpersonal communication carried out in the health field (Notoatmodjo, 2012). In the next discussion will be explained further about interpersonal communication.

Interpersonal communication.

Interpersonal communication is communication between people face to face that allows each participant to catch other people's reactions directly, both verbally and non-verbally. Interpersonal communication is communication that is only done by two people, such as husband and wife, two peers, two close friends, teacher with students, and so on (Mulyana, 2005). Interpersonal communication activities are the most common daily activities carried out by humans as social beings. Interpersonal communication (interpersonal communication) is communication that takes place in a face-to-face situation between two or more people. According to Effendi, interpersonal communication is essentially communication between communicator and communicant, this type of communication is considered to be the

most effective in changing one's attitudes, opinions or behavior, because of its dialogical nature in the form of conversation. Reverse flow is direct, the communicator knows the communicant's response right away. Interpersonal communication is a very unique process. That is, activities that occur in interpersonal communication are not like other activities, such as completing homework assignments, entering a quiz contest, writing articles. Interpersonal communication involves at least two people who have different and unique characteristics, values, opinions, attitudes, thoughts and behaviors. In addition, interpersonal communication also requires the act of giving and receiving among actors involved in communication. In other words the actors of communication exchange information, thoughts, ideas, and so on (Nasir, 2010).

This interpersonal communication continuously occurs during the process of human life. Interpersonal communication can be likened to the artery of human life. It cannot be imagined how the shape and pattern of human life in this world would be if there were no interpersonal communication between one person or a group of people.

Interpersonal communication has the following characteristics:

1. The parties conducting communication are in close proximity. Parties that can be said to do interpersonal communication must not be in a distance but close to each other / face to face. If one of the interlocutors uses the media in the delivery of messages because of differences in distance, it cannot be said to be interpersonal communication.
2. The parties that communicate send and receive messages spontaneously both verbally and non-verbally. In interpersonal reciprocal communication provided by the communicant is usually spontaneous as well as the response from the communicator. With the response that is given spontaneously can reduce the lies of one of

the interlocutors by looking at gestures when communicating.

3. The success of communication is the responsibility of communication participants. Understanding will be obtained in this interpersonal communication, if between the two parties can carry out and apply this communication by looking at the applicable conditions such as, knowing the time, place and interlocutor.

4. The closeness of the relationship between the parties of communication will be reflected in the types of messages or their nonverbal responses, such as touch, expressive gaze, and close physical distance. We can distinguish how close a person's relationship with the interlocutors, this can be seen from the response given. For example the closeness in communicating between a pair of lovers with a pair of friendship, through nonverbal responses we can see them as lovers or just ordinary friends.

Principles of interpersonal communication.

According to Devito in Adhani (2014) that to support the realization of good and harmonious interpersonal communication, the continuity of communication must meet the principles of interpersonal communication or interpersonal communication, namely:

1. Openness

Openness refers to at least three aspects of interpersonal communication. First, effective interpersonal communicators must be open to the people they interact with. This does not mean that one must immediately open all his life history. Indeed this might be interesting, but it usually doesn't help communication. Conversely, there must be a willingness to open up to reveal information that is usually hidden, as long as self-disclosure is appropriate. The second aspect of openness refers to the willingness of communicators to react honestly to the coming stimulus. People who are silent, uncritical, and unresponsive are generally boring participants in the

conversation. We want people to react openly to what we say, and we have the right to expect this. There is nothing worse than in difference, even non-dependability is far more pleasant. We show openness by reacting spontaneously to others. The third aspect concerns the "ownership" of feelings and thoughts. Open in this sense is to acknowledge that the feelings and thoughts that you speak are indeed yours and you are responsible for it.

2. Empathy

Sympathizing is feeling for others or feeling sorry. Whereas empathy is feeling something like the person who experienced it, being in the same situation and feeling the same feeling in the same way. Empathic people are able to understand the motivations and experiences of others, their feelings and attitudes, and their hopes and desires for the future. We can communicate empathy both verbally and non-verbally. Nonverbally, we can communicate empathy by showing active involvement with the person through appropriate facial expressions and gestures, centralized concentration including eye contact, attentive posture, and physical closeness and proper touch or caress.

3. Supportiveness

Open and empathic communication cannot take place in an unsupportive atmosphere. We show support by being descriptive, spontaneous, and proportional. A descriptive atmosphere will cause a supportive attitude compared to evaluative. That is, people who have these qualities ask for more information or descriptions about something. In an atmosphere like this, people usually don't feel insulted or challenged, but feel valued. People who are spontaneous in communication are open and frank about what they think. Usually people like that will be responded to in the same way, openly and frankly. Provisional is having an attitude of thinking, open, there is a willingness to hear different views and be willing to accept the opinions of others, if indeed their opinions are wrong.

4. Positive attitude (Positiveness)

We communicate positive attitudes in interpersonal communication by at least two ways of expressing positive attitudes and positively encouraging people to whom we interact. A positive attitude refers to at least two aspects of interpersonal communication. First, interpersonal communication is fostered if someone has a positive attitude towards themselves. Second, positive feelings for the communication situation in general are very important for effective interaction. Nothing is more fun than communicating with people who do not enjoy interaction or do not react pleasantly to situations or situations of interaction.

5. Equality

In each situation, there may be inequality. One may be smarter. Richer, more handsome or beautiful, or more athletic than others. There are never two people who are truly equal in all things. Apart from this inequality, interpersonal communication will be more effective if the atmosphere is equal. This means that there must be a tacit acknowledgment that both parties are equally valuable and valuable, and that each party has something important to contribute.

Doctor

According to the Indonesian Dictionary (KBBI) which states the doctor is a person who has a medical education graduate who is an expert in providing treatment. Damayanti and Muhriyah in Siregar (2016) also stated that doctors are health professionals who are graduates of education from the medical faculty who are experts in disease and treatment efforts. According to the Indonesian Law, a doctor is someone who has passed medical education that is recognized by the Government of the Republic of Indonesia in accordance with statutory regulations. A doctor will practice medicine, where medical practice is defined as a series of activities carried out by doctors and dentists to patients in carrying out health efforts. The implementation of medical practice is the core of various activities in the

implementation of health efforts must be carried out by doctors and dentists who have high ethics and morals, expertise and authority which must be continuously improved through continuous education and training, certification, registration, licensing, as well as guidance, supervision, and monitoring so that the implementation of medical practice is in accordance with the development of science and technology (RI Law No. 29 of 2004).

Doctor's characteristics.

In carrying out medical practice, there will be challenges in the medical profession, where the medical profession still requires strengthening in aspects of professional behavior, introspective, and personal development and effective communication as the basis of the competency building of Indonesian doctors. This is in accordance with the results of the ASEAN Medical Council meeting which formulates that the ideal physician characteristics, namely:

1. High Professionalism
2. Introspection and self-development
3. Effective communication
4. Management of information
5. The scientific foundation of medical science
6. Clinical skills
7. Management of health problems

Doctor competence

A doctor is expected to have effective communication competencies, doctors are expected to be able to explore and exchange information verbally and nonverbally with patients of all ages, family members, communities, colleagues, and other professions. A doctor must be able to communicate with patients and their families by building relationships through verbal and nonverbal communication. Build relationships through verbal and nonverbal communication, empathize verbally and nonverbally, listen actively to explore health problems holistically and comprehensively, convey health-related information

(including bad news, informed consent) and conduct counseling in a polite, good and correct manner, showing sensitivity to the biopsychosocio-cultural and spiritual aspects of patients and families (KKI, 2012).

Patient Satisfaction

Siregar (2016) defines satisfaction as a feeling of pleasure, a feeling of relief, joy and so on because his heart's desire has been fulfilled. Customer (patient) satisfaction depends on the perceived performance of the product (service) in delivering value relative to the expectations of the buyer (service user). If the performance or performance of health services meets or even exceeds expectations, the buyer (service user) will feel satisfied. Smart companies (industries) have a goal of making customers happy (patient), not only by promising what they have given but giving more than what has been promised. Patients are sick people treated by doctors and other health workers in hospitals. Satisfaction is a feeling of pleasure someone comes from the comparison between the pleasure of an activity and a product with expectations (Nursalam, 2012). Customer (patient) satisfaction is a function of the view of product performance and buyer expectations. To achieve patient satisfaction, the hospital must create and manage a system or a way to get more patients and have the ability to retain patients. Many companies aim at total customer satisfaction (TCS), based on these objectives making marketing managers have a responsibility centered on quality, that is they must participate in formulating strategies and policies designed to help companies excel in competition through total quality privileges. Based on the description above, it can be concluded that patient satisfaction is the result of an assessment in the form of emotional responses (feelings of pleasure and satisfaction) to patients because of the fulfillment of expectations or desires in using and receiving nurse services.

Factors that influence patient satisfaction.

Factors that influence patient satisfaction according to Siregar (2016), namely:

1. The quality of the product or service. Patients will be satisfied if their evaluation results show that the product or service used is of high quality. Patients' perceptions of the quality of the product or service are influenced by two things, namely the reality of the quality of the product or service and company communication, in this case the hospital in advertising its place.
2. Quality of service. Patients will feel satisfied if they get good service or as expected.
3. Emotional factors, patients feel proud, satisfied and amazed at hospitals that are considered "expensive hospitals".
4. Price. The more expensive the price of treatment, the patient has greater expectations. Whereas hospitals that are of the same quality but are cheap, give a higher value to patients.
5. Costs. Patients who do not need to pay extra fees or do not need to waste time to get services, so patients tend to be satisfied with these services.

According to Moison, Walter and White (in Nooria; 2008) mention that the factors that influence patient satisfaction are as follows:

- a. Product Characteristics. Characteristics of hospital products include the appearance of hospital buildings, cleanliness and type of room class that is provided along with its accessories.
- b. Price. The more expensive the price of treatment, the patient has greater expectations.
- c. Service. This service includes hospital staff hospitality services, speed in service. The hospital is considered good if the service gives more attention to the needs of patients and other people visiting the hospital.
- d. Location. The location includes the location of the hospital, the location of the room and its environment. Is one

aspect that determines considerations in choosing a hospital. Generally the closer the hospital is to an urban center or easily accessible, the easy transportation and a good environment will increasingly be the choice for patients who need the hospital.

- e. Amenities. The completeness of hospital facilities also determines the assessment of patient satisfaction, for example good health facilities and infrastructure, parking lots, comfortable waiting rooms and inpatient rooms.
- f. Image. The image includes the image, reputation and care of the nurse for the environment.
- g. Visual design. Visual design includes the layout and decoration of a hospital which determines the comfort of a hospital, therefore design and visuals must be included in the preparation of strategies for patient or consumer satisfaction.
- h. Atmosphere. The atmosphere includes a hospital atmosphere that is calm, comfortable, cool and beautiful will greatly affect patient satisfaction in the healing process. In addition, not only for patients who enjoy it but other people who visit the hospital will be very happy and give a positive opinion so that it will be impressed by visitors to the hospital.
- i. Communication. Communication in the form of how complaints from patients quickly received by nurses.

According to Yazid (in Nursalam; 2011) factors that influence patient satisfaction are:

- a. Congruence between expectations and reality.
- b. Services during the process of enjoying services.
- c. Personnel behavior.
- d. The atmosphere and physical condition of the environment
- e. Cost.
- f. Promotions or advertisements that are true to reality.

According to Philip Kolter, 1988 in Supranto, 2006 states that there are five factors that can affect patient satisfaction with the service of health workers (Doctors):

1. Reliability.

Reliability is the ability of health workers (doctors) in providing health services to patients. This reliability can take the form of timeliness provided, services performed in a professional manner and services that are easily understood by patients.

2. Responsiveness. Responsiveness is the ability of health care workers to provide services quickly, deal with and make the right decisions and remain in the concept of ethics, friendly attitude and politeness that is owned by health workers (doctors).

3. Immediate evidence (respibles). Direct evidence is the availability of facilities and facilities that can be felt directly by the patient, that evidence can be in the form of a safe and comfortable feeling that the patient feels when utilizing medical services.

4. Guarantee. Assurance of knowledge and courtesy possessed by health workers will lead to confidence for patients in choosing health services and provide security for patients when they will undergo treatment.

5. Empathy (Emphaty). Empathy is a form of attention given by health workers to patients and is responsible for patient safety and comfort.

Based on the description of the factors that influence patient satisfaction it can be concluded that the factors that can affect patient satisfaction are service quality, care costs, location, facilities, images, visual design, atmosphere and communication.

Aspects of assessing patient satisfaction.

Patient assessment of nurse services comes from the patient's experience. Aspects of patient experience can be interpreted as a treatment or action of a nurse who is or has been experienced, felt and borne by someone who uses the services of nurses in the hospital.

According to Zeitham and Berry (in Tjiptono, 2002) aspects of patient satisfaction include:

- a. Idiosyncrasy. The specialty is where the patient feels treated preferably by the doctor to the patient during the service process at the hospital.
- b. Suitability. Compliance is the extent to which the services provided by doctors are in accordance with the wishes of the patient, besides that there is timeliness and price.
- c. Aesthetics. Aesthetics in service related to the suitability of the layout of the goods and the beauty of the room.

According to Krowinski (in Suryawati; 2004), there are two aspects of patient satisfaction, namely:

- a. Satisfaction refers only to the application of professional standards and ethical codes. Includes: service officer relations with patients, service convenience, freedom of choice, knowledge and technical competence, service effectiveness and safety of actions.
- b. Satisfaction that refers to the application of all health service requirements. Includes: availability, fairness, sustainability, acceptance, affordability, efficiency, and quality of health services.

According to Hinshaw and Atwood (in Hajinezhad; 2007), aspects of patient satisfaction are:

- a. Professional service engineering.
- b. Trust.
- c. Patient education.

Based on the description above, it can be concluded that the aspects used to measure patient satisfaction are privileges, appropriateness, constancy, and aesthetics.

Indicator of satisfaction.

The methods used to measure satisfaction include (Shinta, 2011):

- 1. System of complaints and suggestions; Example: provide suggestion and complaint boxes, comment cards, customer hot lines.
- 2. Customer satisfaction survey; For example: with a questioner whether sent

by post or given when a customer is shopping; private conversations by telephone or in person interviews.

3. Lost Customer Analysis; the company contacts customers who have stopped buying from the company or those who have turned to competitors.
4. Ghost Shopping: companies use Ghost Shopper to observe the strengths and weaknesses of the company's products and services and competitors.
5. Sales related method: customer satisfaction is measured by criteria for sales growth, market share and repurchase ratios.
6. Customer panels: the company forms a customer panel that will be periodically sampled to find out how they feel from the company and all company services.

MATERIALS & METHODS

This research will use a quantitative approach that aims to produce descriptive data in the form of written words from the subject to be studied and activities that can be observed based on the formulation of descriptive problems. This approach was chosen based on the consideration that this study requires quantitative data so that it can understand more deeply about the influence of doctor interpersonal communication on patient satisfaction at the Royal Prima General Hospital Medan. This research was conducted at the Royal Prima General Hospital, Medan. This study was carried out only in four inpatient rooms namely Surgical, Internal Medicine, Obgyn and inpatient rooms in first grade (1). The study is planned for June 2019. The study will be conducted for two weeks in the hope that the samples needed in the research will be fulfilled. The populations in this study were all inpatients at the Royal Prima General Hospital Medan. The population size cannot be known with certainty because in this case every patient who was admitted was included in the study population. Estimates of the population in this study were taken based on data from medical records in 2018 which found that the number of patients

who came for treatment at the Royal Prima General Hospital Medan was 73,980 patients. The sample size to be studied was taken using the Lemeshow formula with the value of n (population) unknown. After calculating using the formula above, a minimum sample size of 71 respondents was identified, the researchers took the number of study respondents to 80 patients spread over four inpatient rooms. The sampling technique is done consecutively namely. The researcher made inclusion and exclusion criteria in this study. The study inclusion criteria are:

1. Patients aged between 12 - 60 years
2. Patients can communicate smoothly
3. Inpatients for at least ≥ 3 days
4. Willing to be a research respondent
5. BPJS patients who are treated in Class 1 hospitalization for Surgery, Children, Obgyn and internal medicine.

The exclusion criteria of this study are:

1. Patients who are not admitted to the operating room, internal medicine and children's room.
2. Patients who have been in hospital for less than 3 days.
3. Patients outside BPJS

The type of data in this study consisted of primary data and secondary data. Primary data collection was carried out by structured interviews using questionnaires about physician interpersonal communication and inpatient satisfaction and also using interview guidelines to conduct in-depth interviews. Secondary data in this study are all data obtained from document records, reports, notebooks, archives, pictures, personal and official documentation relating to patient satisfaction and interpersonal communication of doctors at the Royal Prima Medan Hospital.

Statistical Analysis

Quantitative data analysis in this study includes:

1. Univariate analysis is carried out to describe singly the research variables both the independent and verifiable dependent variables in the form of a

frequency distribution and percentage calculation.

2. The bivariate analysis was conducted to examine whether there was an interpersonal communication relationship (openness, empathy, supportive attitude, positive attitude and equality) with inpatient satisfaction at the Royal Prima Medan General Hospital using the Chi Square test. If the value of $p < 0.05$, it is assumed that there is a relationship between doctor's interpersonal communication with inpatient satisfaction at the Royal Prima General Hospital, Medan.

Chi Square test results can be seen in the "Chi Square Test" box. The rules that apply to Chi Square are as follows:

- a. If the Expected value is less than 5, then the Fisher's Exact Test is used.
- b. If the table is 2 x 2, and there is no value of $E < 5$, then the test used should be Continuity Correction (a).

- c. If the table is more than 2 x 2, for example 3 x 2, 3 x 3 etc., then the Pearson Chi Square test is used

3. Multivariate analysis is used to find out which independent variable most influences the dependent variable. In this multivariate analysis the test used is the Multiple Logistic Regression test with the Enter method, it can be used to analyze data sets with more than one independent / independent variable on a nominal / ordinal scale against one dependent variable dependent on a dichotomic scale.

RESULT

Royal Prima Medan Hospital has human resources (HR) consisting of 224 nurses, 310 doctors and specialists, 152 doctors, 106 nurses, 102 non nurses paramedics, non nurses 200 medical personnel and 123 nutrition workers.

Table 1. Distribution of Specialist Doctors at Medan Royal Prima Hospital in 2018

No	Specialist type	Number of Specialists
1	Orthopedic Specialist	4
2	Eye specialist	8
3	Neurologist	6
4	Internal Medicine Specialist	12
5	Obstetrics and Gynecology Specialist	6
6	Cardiologist	8
7	Neurosurgeon	2
8	ENT-KI	8
9	Urologist	7
10	General Surgeon	12
11	Plastic Specialist	4
12	Oncologist	4
13	Dental and Mouth Specialist	12
14	Psychiatrist Specialist	6
15	Cardiovascular Thorax Surgeon	4
16	Skin and Gender Specialist	13
17	Oncologist	10
18	Specialist in Endocrine Diabetic Metabolism	5
19	Child Specialist	8
20	Digestive Specialist	6
21	Lung Specialist	12

Number of beds.

The number of places in the Royal Prima Hospital Medan as many as 625 beds consisting of 225 beds in building A and 400 beds in building B, LOS (Leng of Stay) 5 days, TOI (Turn Over Internal) 3 days and BOR (Bed Occupancy) Ratio) 67%.

Deskripsi Karakteristik Responden.

Table 3 below shows that the majority of respondents are in the 1-17 years age range of 21 people (26%), the age range of 26-40 years are 11 people (14%) and respondents with an age range of 26-40 years are 7 people (9%). Based on the sex of the majority of respondents were female as many as 55 people (68.7%) and male sex as many as 25 people (31.3%).

Table 2. Frequency Distribution of Respondent Characteristics

No	Characteristics	N	%
1	Age		
	1-17 years	21	25
	18-25 years	7	9
	years > 40 years	11	14
	amount	41	52
		80	100
2	Gender		
	Male	25	31,3
	Female	55	68,7
	amount	80	100

Descriptions of Characteristics of Respondents Based on Variables of Openness Principle.

The results of the analysis of the principle of openness variables indicate that, the majority of respondents answered that it is not good, there are 51 people (63.8 percent), in detail can be seen in the table below.

Table 3. Distribution of Categories Based on the Openness Principle

Interpersonal Communication	F	%
The Principle of Openness		
Not good	51	63,8
Good	29	36,2
Total	80	100

Description of Respondent Characteristics Based on Empathy Principle Variables.

The results of the analysis of the empathy principle variable show that, the majority of respondents answered that it is not good, there are 55 people (68.8 percent), in detail can be seen in the table below.

Table 4. Distribution of Categories Based on the Principle of Empathy

Interpersonal Communication	F	%
Principle of Empathy		
Not good	55	68,8
Good	25	31,2
Total	80	100

Description of Respondent Characteristics Based on Variable Principles of Supporting Attitudes.

The results of the analysis on the principle of supporting attitude variables indicate that, the majority of respondents answered that it

is not good that there are as many as 44 people (55.0 percent), in detail can be seen in the table below.

Table 5. Distribution of Categories Based on Principles of Supporting Attitudes

Interpersonal Communication	F	%
Principles of Supporting Attitudes		
Not good	44	55,0
Good	36	45,0
Total	80	100

Descriptions of Characteristics of Respondents Based on the Variables Principle of Positive Attitudes.

The results of the analysis of the positive attitude principle variables indicate that, the majority of respondents answered poorly, there are 48 people (60.0 percent), in detail can be seen in the table below.

Table 6. Distribution of Categories Based on the Principle of Positive Attitudes

Interpersonal Communication	F	%
The Principle of Positive Attitudes		
Not good	48	60,0
Good	32	40,0
Total	80	100

Descriptions of Characteristics of Respondents Based on the Variable Principle of Equality.

The results of the analysis of the equality principle variable indicate that, the majority of respondents answered poorly, there are 50 people (62.5 percent), in detail, it can be seen in the table below.

Table 7. Distribution of Categories Based on the Principle of Equality

Interpersonal Communication	F	%
The Principle of Equality		
Not good	50	62,5
Good	30	37,5
Total	80	100

Distribution of Characteristics of Respondents' Answers Based on the Openness Principle.

This analysis was carried out to see the respondent's answer data based on the variable principle of openness at the Royal Prima Medan General Hospital.

Table 8. Frequency Distribution of Characteristics Based on the Openness Principle

No	Question	The answer			
		Yes		No	
		f	%	f	%
1	Did the doctor introduce his identity to you during your spatial visit	28	35,0	52	65,0

2	Is the communication made by the doctor feels clear and easy to understand	38	47,5	42	52,5
3	Do you know the message sent by the doctor about your health complaints?	38	47,5	42	52,5
4	Do you know the contents of the message sent by the doctor about your health complaints?	38	47,5	42	52,5
5	Does the doctor provide the right and clear solution to the problem you are feeling.	33	41,3	47	58,8

The results of the overall analysis above were obtained from 5 questions related to the interpersonal communication variables of the physician's principle of openness, among others, questions about the doctor introducing his identity when making a spatial visit, the majority of respondents answered "no" i.e. there were 52 respondents (65.0 percent), questions about the communication made by the doctor was clear and easy to understand, the majority of respondents answered "no" ie there were 42 respondents (52.5 percent), questions about knowing the message the doctor delivered about health complaints, the majority of respondents answered "no" ie there were 42 respondents (52.5 percent), questions about

understanding the contents of messages sent by doctors about health complaints, the majority of respondents answered "no" ie there were 42 respondents (52.5 percent), and the last question about doctors providing appropriate and clear solutions of perceived problems, the majority of respondent answered "no" i.e. as many as 47 respondents (58.8 percent).

Distribution of Characteristics of Respondents' Answers Based on the Principle of Empathy.

This analysis was conducted to see the respondent's answer data based on the variable principle of empathy at the Royal Prima General Hospital Medan.

Table 9. Frequency Distribution of Characteristics of Respondents Based on the Principle of Empathy

No	Question	The answer			
		Yes		No	
		f	%	f	%
1	Do doctors look at Mr / Mrs while talking	38	47,5	42	52,5
2	Do doctors listen to you when you are talking?	38	47,5	42	52,5
3	Does the doctor respond to you every time you ask a question	38	47,5	42	52,5
4	Does the doctor ask about your condition related to the implementation of your health complaints?	38	47,5	42	52,5
5	Does the doctor display an attitude of understanding feelings about the problems you are experiencing while you are being treated in hospital.	36	45,0	44	55,0

The results of the overall analysis above were obtained from 5 questions related to the interpersonal communication variables of the physician's principle of empathy, among others, questions about doctors seeing when talking, the majority of respondents answered "no" ie there were 42 people (52.5 percent), questions about doctors listening when talking, the majority of respondents answered "no" ie there were 42 people (52.5 percent), questions about doctors responding to each asking questions, the majority of respondents answered "no" ie there were 42 people (52.5 percent), questions about doctors asking about conditions related to the implementation of

health complaints, the majority of respondents answered "no" ie there were 42 people (52.5 percent), and the last question regarding doctors showed an attitude of understanding feelings towards the problems being experienced while being treated in hospital, the majority of respondents answered "No", there are 44 people (55.0 percent).

Distribution of Characteristics of Respondents' Answers Based on Principles of Supporting Attitudes.

This analysis was conducted to see the respondent's answer data based on the variable principle of supportive attitude at Royal Prima Medan General Hospital.

Table 10. Frequency Distribution of Respondent Characteristics Based on Doctor's Interpersonal Communication Principles of Supporting Attitudes

No	Question	The answer			
		Yes		No	
		f	%	f	%
1	Do doctors respect each father / mother speak	36	45,5	44	55,0

2	Do doctors treat you with respect when communicating	35	43,8	45	56,2
3	Does the doctor support you when you issue an opinion that you want to treat the illness that you are suffering from	41	51,2	39	48,8
4	Do doctors show enthusiasm about the conversation?	30	37,5	50	62,5
5	Does the doctor provide reinforcement and motivation that inspires you to recover	36	45,0	44	55,0

The results of the overall analysis above were obtained from 5 questions related to interpersonal communication variables. The doctor's principle of supportive attitude is, among others, questions about doctors respecting each talk, the majority of respondents answered "no" ie there were 44 respondents (55.0 percent), questions about doctors treating with respect when communicating, the majority of respondents answered "no" ie there were as many as 45 respondents (56.2 percent), Question about doctors supporting when issuing an opinion wanting to treat the illness, respondents answered "no" ie there were 39 respondents (48.8 percent), Questions about doctors showing

enthusiastic attitude towards the conversation conducted, the majority of respondents answered "no" ie there were 50 respondents (62.5 percent), and Questions about doctors providing reinforcement and motivation that arouse enthusiasm for recovery, the majority of respondents answered " no "ie there are 44 respondents (55.0 percent).

Distribution of Characteristics of Respondents' answer Based on the Principle of Positive Attitudes.

This analysis was conducted to see the answer data of respondents based on the principle of positive attitude at the Royal Prima Medan General Hospital.

Table 11. Frequency Distribution of Respondent Characteristics Based on Doctor's Interpersonal Communication Principles of Positive Attitudes

No	Question	The answer			
		Yes		No	
		f	%	f	%
1	Is the communication made by doctors can increase the confidence of Mr / Mrs about treatment	30	37,5	50	62,5
2	Does the doctor present examples of actions that may or may not be done related to your health complaints?	30	37,5	50	62,5
3	Does the doctor convey the impact that will occur if you do prohibited actions related to your health complaints?	38	47,5	42	52,
4	Do you and your doctor discuss the agreement that must be made to reduce the pain caused by your health complaints?	37	46,2	43	53,8
5	Do doctors always listen to your complaints and look for positive solutions to your illness	36	45,0	44	55,0

The results of the overall analysis above were obtained from 5 Questions related to interpersonal communication variables of the physician's principle of positive attitude, among others, Question about communication by doctors can increase confidence about treatment, the majority of respondents answered "no" ie there were 50 people (62.5 percent), Question about doctors presenting examples of actions that may or may not be carried out related to health complaints, the majority of respondents answered "no" ie there are 50 people (62.5 percent), Questions about doctors conveying the impact that would occur if taking action prohibited related to health complaints, the majority of respondents answered "no" ie as

many as 42 people (52.5 percent), Question about doctors discussing the agreement that must be done to reduce pain due to health complaints, the majority of respondents answered "no" ie there were 43 people (53.8 percent), and the last question Regarding doctors always listening to complaints and looking for positive solutions to the disease, the majority of respondents answered "no" ie there were 44 people (55.0 percent).

Distribution of Characteristics of Respondents' answer Based on the Principle of Equality.

This analysis was conducted to see the answer data of respondents based on the principle of equality variables at the Royal Prima Medan General Hospital.

Table 12. Frequency Distribution of Respondent Characteristics Based on the Interpersonal Communication of the Doctor on Equality Principle

No	Question	The answer			
		Yes		No	
		f	%	f	%
1	When communicating, the doctor conveys a message about your health complaints that shows that he is no smarter than you	40	50,0	40	50,0
2	Does the doctor's speaking style when delivering messages about your health complaints make you feel comfortable	45	56,2	35	43,8
3	Do doctors always check you by not closing your mouth	45	56,2	35	43,8
4	Do you and your doctor discuss various things that need to be done to reduce the pain caused by the health complaints you feel?	40	50,0	40	50,0
5	Do doctors always shake hands with you when visiting	42	52,5	38	47,5

The results of the overall analysis above were obtained from 5 Questions related to interpersonal communication variables of the doctor on the principle of equality, among others, Question about when communicating doctors delivered messages about health complaints that showed an attitude that doctors were not smarter than patients, respondents answered "no" ie there were 40 people (50.0 percent), Questions about doctor's speaking style when delivering messages about health complaints make patients feel comfortable, respondents answered "no" ie there were 35 people (43.8 percent), Questions about doctors always checking by not closing their mouths, respondents answered "no" ie there were 35 people (43.8 percent), Question about doctors discussing various things that need to be done to reduce the pain caused by perceived health complaints, respondents answered "no" ie there were as many as 40 people (50, 0 percent), and the last question about doctors is always shaking hands with patients when visiting, respondents

answered "no" ie as many as 38 people (47.5 percent).

Description of Characteristics of Inpatient Satisfaction at Royal Prima Hospital Medan in 2019.

Table 13 explains that the patient satisfaction of the majority of respondents was in the dissatisfied category of 44 people (55.0 percent).

Table 13 Description of Frequency of Inpatient Satisfaction at Royal Prima Hospital Medan in 2019

Satisfaction	f	%
Not satisfied	49	61,2
Satisfied	31	38,8
amount	80	100

Distribution of Characteristics of Respondents' answer Based on Patient Satisfaction Communication.

The following table 14 describes the distribution of patient satisfaction characteristics based on the patient satisfaction questionnaire at the Royal Prima Medan General Hospital.

Table 14. Distribution of Respondents' answer Based on Patient Satisfaction Variables

No	Question	The answer			
		Yes		No	
		f	%	f	%
1	Are you satisfied with the doctor's explanation about your illness?	36	45,0	44	55,0
2	Are you satisfied with your doctor's time during your visit to the hospital?	40	50,0	40	50,0
3	Are you satisfied with the attitude the doctor has during your visit?	34	42,5	46	57,5
4	Are you satisfied asking questions related to the disease you are experiencing while you are hospitalized.	33	41,2	47	58,8
5	Are you satisfied with the answer given by the doctor regarding your illness?	39	48,8	41	51,2

The results of the overall analysis above were obtained from 5 Questions related to patient satisfaction variables, among others, Question about patients

satisfied with the doctor's explanation about the disease, the majority of respondents answered "no" ie as many as 44 people (55.0 percent), Question about patients

being satisfied with time visiting doctors while being treated at the hospital, respondents answered "no" ie there were 40 people (50.0 percent), Question about patients being satisfied with the attitudes that doctors had during their visit, the majority of respondents answered "no" ie there were 46 people (57.5 percent), Question about patients being satisfied giving questions related to the disease being experienced while being treated in hospital, the majority of respondents answered "no" ie as many as 47 people (58.8 percent), and the last Question about patients being satisfied with The answer given by doctors related to the illness, the majority of respondents answered "no" ie there were 41 people (51, 2 percent),

The Relationship Principle of Openness, Empathy, Supporting Attitudes, Positive Attitudes and Equality with Patient Satisfaction.

The bivariate analysis aims to find out whether there is a relationship between physician interpersonal communication (openness, empathy, supportive attitude, positive attitude and equality) towards inpatient satisfaction at Royal Prima General Hospital in 2019. Bivariate analysis in the study is the analysis of the data used to see the relationship between doctor interpersonal communication variables (openness, empathy, supportive attitude, positive attitude and equality) to inpatient satisfaction at the Royal Prima General Hospital in 2019 using the fisher exact test. Bivariate analysis is presented in tabular and narrative form.

Relationship of openness with patient satisfaction.

Based on Table 15, it can be seen that the frequency distribution of respondents according to the principle of openness to patient satisfaction shows that of the 80 respondents observed, there were 51 respondents who thought openness was not good, the majority of patient satisfaction was not satisfied, there were 40 respondents (78.4 percent), whereas satisfied there were

only 11 respondents (26.6 percent). Then, from 29 respondents with good openness, it was found 9 respondents (31.0 percent) patient satisfaction was not satisfied and there were 20 respondents (69.0 percent) who were satisfied.

Table 15. Cross Tabulation Between Openness Variables and Patient Satisfaction

Openness	Patient Satisfaction				Total		Value of p
	Not satisfied		Satisfied		f	%	
	f	%	F	%			
Not good	40	78,4	11	21,6	51	100	<0,001
good	9	31,0	20	69,0	29	100	

Based on the analysis results, it can be seen that the openness variable has a value of p = <0.001, it can be concluded that the openness variable is significantly related to patient satisfaction.

Relationship of empathy with patient satisfaction.

Based on Table 16 it can be seen the frequency distribution of respondents according to the principle of empathy for patient satisfaction that of the 80 respondents observed, there were 55 respondents who felt empathy was not good, the majority of patient satisfaction was not satisfied, there were 41 respondents (74.5 percent), while those satisfied there were only 14 respondents (25.5 percent). Then, from 25 respondents with good empathy, found 8 respondents (32.0 percent) patient satisfaction was not satisfied and there were 17 respondents (68.0 percent) who were satisfied.

Table 16. Cross Tabulation Between Empathy Variables and Patient Satisfaction

Empathize	Patient Satisfaction				Total		Value of p
	Not satisfied		Satisfied		f	%	
	f	%	F	%			
Not good	41	74,5	14	25,5	55	100	0,001
Good	8	32,0	17	68,0	25	100	

Based on the analysis, it can be seen that the empathy variable has a Value of p = 0.001, it can be concluded that the empathy variable is significantly related to Patient Satisfaction.

Relationship with supporting attitude with Patient Satisfaction.

Based on Table 17 it can be seen that the frequency distribution of respondents according to the principle of openness to Patient Satisfaction that out of the 80 respondents observed, there were 44 respondents who thought they were not supportive, the majority of Patient Satisfaction Not satisfied, there were 35 respondents (79.5 percent), while satisfied only 9 respondents (20.5 percent). Then, from 36 respondents with good attitude, 14 respondents (38.9 percent) received Patient Satisfaction Not satisfied and 22 respondents (61.1 percent) were satisfied.

Table 17. Cross Tabulation Between Supporting Attitude Variables and Patient Satisfaction

Supporting attitude	Patient Satisfaction				Total		Value of p
	Not satisfied		Satisfied				
	f	%	F	%	F	%	
Not good	35	79,5	9	20,5	44	100	<0,001
Good	14	38,9	22	61,1	36	100	

Based on the results of the analysis, it can be seen that the supportive attitude variable has a Value of $p = <0.001$, it can be concluded that the supportive attitude variable is significantly related to Patient Satisfaction.

Relationship of Positive Attitudes with Patient Satisfaction.

Based on Table 18, it can be seen that the frequency distribution of respondents according to the principle of openness to Patient Satisfaction that of the 80 respondents observed, there were 48 respondents who perceived a positive attitude Not good, the majority of Patient Satisfaction Not satisfied, there were 38 respondents (79.2 percent), while satisfied only there were 10 respondents (20.8 percent). Then, from 32 respondents with positive attitude, 11 respondents (34.4 percent) Patient Satisfaction Not satisfied and 21 respondents (65.6 percent) satisfied.

Table 18. Cross Tabulation between Positive Attitude Variables and Patient Satisfaction

Positive attitude	Patient Satisfaction				Total		Value of p
	Not satisfied		Satisfied				
	f	%	F	%	f	%	
Not good	38	79,2	10	20,8	48	100	<0,001
Good	11	34,4	21	65,6	32	100	

Berdasarkan hasil analisis, dapat diketahui bahwa variabel sikap positif memiliki Value of $p = <0,001$ maka dapat disimpulkan bahwa variabel sikap positif berhubungan secara signifikan dengan Patient Satisfaction.

Relationship equality with Patient Satisfaction.

Based on Table 19, it can be seen that the frequency distribution of respondents according to the principle of openness to Patient Satisfaction that of the 80 respondents observed, there were 50 respondents who considered Not Good openness, the majority of Patient Satisfaction Not satisfied that there were 36 respondents (79.2 percent), while those satisfied there were only 10 respondents (20.8 percent). Then, from 30 respondents with good openness, 13 respondents (43.3 percent) obtained Patient Satisfaction Not satisfied and 17 respondents (56.7 percent) who were satisfied.

Table 19. Cross Tabulation Between Equality Variables and Patient Satisfaction

Equality	Kesatisfieda Pasien				Total		Value of p
	Not satisfied		Satisfied				
	f	%	F	%	F	%	
Not good	36	72	14	28	50	100	0,011
Good	13	43,3	17	56,7	30	100	

Based on the results of the analysis, it can be seen that the equality variable has a Value of $p = 0.011$, so it can be concluded that the equality variable is significantly related to Patient Satisfaction.

The Influence of Openness, Empathy, Supporting Attitudes, Positive Attitudes and Equality with Patient Satisfaction.

Multivariate analysis is used to find out which independent variable most influences the dependent variable. Logistic Regression can be used to analyze data sets with more than one independent / independent variable on a nominal / ordinal scale with a nominal scale dependent variable. Multivariate analysis in this study using logistic regression analysis and presented in tabular and narrative form.

The variables included in the logistic regression test are variables that have a Value of $p < 0.25$ as in table 20 below.

Table 20. Variable Selection Results That Can Be Included in the Multiple Logistic Regression Model

Variable	p value	Score Provision	Modeling
Openness	<0,001	p<0,25	Enter modeling
Empathize	<0,001	P<0,25	Enter modeling

Supporting attitude	<0,001	P<0,25	Enter modeling
Positive attitude	<0,001	p<0,25	Enter modeling
Equality	0,011	p<0,25	Enter modeling

Table 21 shows that all variables have a Value of $p < 0.25$ so that they can be included in the multiple logistic regression model.

Logistic Regression Model for Patient Satisfaction

Table 21. The First Stage Logistics Regression Model for Patient Satisfaction

Variabel	B	Value of p	Exp(B)	95% C.I	
				Lower	Upper
Openness	1.170	0.140	3.222	0.681	15.241
Empathize	1.392	0.077	4.024	0.862	18.794
Supporting attitude	1.557	0.040	4.743	1.070	21.022
Positive attitude	1.573	0.046	4.822	1.025	22.681
Equality	1.096	0.100	2.993	0.810	11.056
Constant	-10.153	0.000	0.000		

Table 21 shows that the variables of supportive attitude and positive attitude have a Value of $p < 0.05$ while the variables of openness, empathy and equality have a Value of $p > 0.05$ so that these variables are phased out in the following two logistic regression models.

Table 22. Second Stage Logistics Regression Model for Patient Satisfaction

Variable	B	Value of p	Exp(B)	95% C.I	
				Lower	Upper
Empathize	1.316	0.084	3.728	.837	16.610
Supporting attitude	1.610	0.031	5.005	1.160	21.602
Positive attitude	2.248	0.001	9.473	2.618	34.278
Equality	1.286	0.049	3.619	1.008	12.992
Constant	-9.747	0.000	0.000		

Table 22 shows that the variables of supportive attitude, positive attitude and equality have a Value of $p < 0.05$ while the empathy variable has a Value of $p > 0.05$ so that these variables are issued in stages in the following three logistic regression models.

Table 23. Third Stage Logistics Regression Model for Patient Satisfaction

Variable	B	Value of p	Exp(B)	95% C.I	
				Lower	Upper
Sikap Mendukung	2.288	0.000	9.859	2.730	35.603
Sikap Positif	2.105	0.001	8.206	2.440	27.598
Kesetaraan	1.572	0.014	4.815	1.384	16.760
Constant	-9.155	0.000	0.000		

Table 23 shows that the variables of supportive attitude, positive attitude and equality have a Value of $p < 0.05$, then the dominant variable influencing Patient Satisfaction is the supporting attitude variable ($p = < 0.001$; $\text{Exp}(B) = 9.85$ 95% CI 2 -730-35,603) means that the interpersonal communication principle of supporting attitude that is not good has a chance of 9.8 times greater than patients Not satisfied compared to the attitude of supporting good.

DISCUSSION

Interpersonal Communication of Doctors Based on Perceptions of Inpatients at the Royal Prima Medan General Hospital in 2019.

Based on the results of research conducted at the Royal Prima General Hospital in Medan in 2019 about physician interpersonal communication based on perceptions of hospitalized patients, the majority of doctors had 58 persons of interpersonal communication and a minority of doctors had 22 doctors interpersonal

communication. Communication is the process of delivering a message using meaningful symbols from the communicator to the communicant with a specific purpose. The expected goals of the communication process are changes in the form of adding knowledge, changing opinions, strengthening opinions and changing attitudes and communicant behavior or known in three levels of change or effect of a communication process, namely: changes in the mind (cognitive) changes in feelings (affective) and changes in behavior (behavioral) (Siregar, 2016). Interpersonal communication is communication that occurs between communicators and communicants that occur directly by face to face or not face to face. This interpersonal communication is considered more effective than other forms of communication because both parties can exchange information in the communication process and there is direct feedback from both according to their respective functions (Cangara, 2011).

So that the process of communication about health is effective and directed, it can be done through a form of interpersonal communication which is one of the most effective forms of communication, because between communicant and communicator can be directly face to face, so that a stimulus arises that the message or information conveyed by the communicant, can immediately be responded to or responded at that time (Adhani, 2014). Based on a questionnaire that has been distributed to inpatients explained that interpersonal communication of doctors is not good, it is seen in the questionnaire items that describe interpersonal communication of doctors from the aspects of openness and empathy are at the highest value, as many as 74 inpatients stated Not good. The lowest value for physician interpersonal communication from the aspect of openness is in the good category of 6 patients.

The results of interviews conducted by researchers of inpatients explained that the interpersonal communication of doctors

performed on patients was still not good, this was seen when the doctor made a visit and examination of the patient's health seemed like there was distance so that the patient did not feel comfortable to ask questions and convey something to doctor. The doctor was also impressed as limiting the time to visit so as not to want to listen longer about the problems being faced by patients. This is also in line with the questionnaire distributed to patients about equality and openness. Most patients answer the Not good category. According to the researchers' assumptions about physician interpersonal communication more in the Not good category because of the doctor's workload that is too much, empathy is still lacking and very little visit time. This often happens when the doctor makes a visit or examination of inpatients.

Doctor's Interpersonal Communication Based on Openness Inpatient Principles at the Royal Prima Medan General Hospital in 2019.

Based on the results of research conducted at the Royal Prima General Hospital in Medan in 2019 about interpersonal communication based on the principle of openness, the majority are in the Not good category, as many as 51 patients and fewer in the good category, as many as 29 patients. Openness refers to at least three aspects of interpersonal communication. First, effective interpersonal communicators must be open to the people they interact with. The second refers to the willingness of the communicator to react honestly to the stimulus that comes. The third concerns the "ownership" of feelings and thoughts. Open in this sense is to acknowledge that the feelings and thoughts that you speak are indeed yours and you are responsible for it. According to the researchers' assumptions, openness is a very important attitude carried out by a doctor in conducting interpersonal communication to patients. With the principle of openness will make the patient feel comfortable with the doctor who

examined him when he was sick in the hospital.

Doctor's Interpersonal Communication Based on Principles of Inpatient Empathy at Royal Prima Medan General Hospital in 2019.

Based on the results of research conducted at the Royal Prima General Hospital Medan in 2019 about interpersonal communication based on the principle of empathy, the majority are in the Not good category, as many as 55 patients and fewer in the good category as many as 25 patients. Sympathizing is feeling for others or feeling sorry. Whereas empathy is feeling something like the person who experienced it, being in the same situation and feeling the same feeling in the same way. Empathic people are able to understand the motivations and experiences of others, their feelings and attitudes, and their hopes and desires for the future. We can communicate empathy both verbally and non-verbally. Nonverbally, we can communicate empathy by showing active involvement with the person through appropriate facial expressions and gestures, centralized concentration including eye contact, attentive posture, and physical closeness and proper touch or caress. According to the researchers' assumptions, empathy is very necessary to be applied in interpersonal communication with patients, because empathy will make patients feel more comfortable in expressing the problems that are being faced. By implementing empathy attitude will increase Patient Satisfaction towards doctor's interpersonal communication services at the hospital.

Doctor's Interpersonal Communication Based on Principles of Attitude Supporting Inpatients at the Royal Prima Medan General Hospital in 2019.

Based on the results of research conducted at the Royal Prima General Hospital Medan in 2019 regarding the distribution of medical services based on the principle of supportive attitude, the majorities are in the Not good category, as

many as 44 patients and fewer are in the good category, as many as 36 patients. Supporting attitude is by being descriptive, spontaneous, and proportional. A descriptive atmosphere will cause a supportive attitude compared to evaluative. Provisional is having an attitude of thinking, open, there is a willingness to hear different views and be willing to accept the opinions of others, if indeed their opinions are wrong. According to the researchers' assumptions is a supportive attitude that doctors do while implementing interpersonal communication will increase the patient's enthusiasm to recover from the problems being faced. Supporting attitude possessed by doctors will make patients feel cared for during the treatment process.

Doctor's Interpersonal Communication Based on Principles of Positive Inpatient Attention at the Royal Prima General Hospital Medan in 2019.

Based on the results of research conducted at the Royal Prima General Hospital in Medan in 2019 about interpersonal communication based on the principle of a positive attitude is the majority in the Not good category, which is as much as 48 patients and fewer in the good category as many as 32 patients. A positive attitude in interpersonal communication with at least two ways of expressing a positive attitude and positively encouraging people to be our friends interact. A positive attitude refers to at least two aspects of interpersonal communication. First, interpersonal communication is fostered if someone has a positive attitude towards themselves. Second, positive feelings for the communication situation in general are very important for effective interaction. Nothing is more fun than communicating with people who do not enjoy interaction or do not react pleasantly to situations or situations of interaction. According to the researchers' assumptions a positive attitude is very important in implementing interpersonal communication, because a

positive attitude can have an impact on the patient's mindset towards his illness. The positive attitude adopted by the doctor will have an impact on the patient's confidence to recover from his illness.

Interpersonal Communication of Doctors Based on the Principles of Inpatient Equality at the Royal Prima Medan General Hospital in 2019.

Based on the results of research conducted at the Royal Prima Medan General Hospital in 2019 about interpersonal communication based on the principle of equality, the majority are in the Not good category, as many as 50 patients and fewer in the good category, as many as 30 patients. Equality is an attitude of equal equality between individuals in each situation. One may be smarter. Richer, more handsome or beautiful, or more athletic than others. There are never two people who are truly equal in all things. Apart from this inequality, interpersonal communication will be more effective if the atmosphere is equal. This means that there must be a tacit acknowledgment that both parties are equally valuable and valuable, and that each party has something important to contribute. According to the researchers' assumptions about the distribution of medical services based on the principle of justice is in the distribution of medical services nurses must be fair among fellow nurses so that there are no gaps that will impact on nurse performance. The principle of justice also needs to be socialized to nurses to avoid nurses' prejudices about hospital selection. According to the researchers' assumption is the attitude of equality is something that considers an equivalent patient is an attitude that will have an impact on the patient's comfort towards the doctor who will examine it. Equality will affect the patient in determining what therapy he will run without feeling there is a difference between one patient and another patient.

Patient Satisfaction Hospitalization for Interpersonal Communication Doctors at royal Prima Hospital Medan in 2019.

The results showed that Patient Satisfaction inpatients at the Royal Prima General Hospital in 2019 were more in the Not satisfied category as many as 49 people and fewer were in the satisfied category as many as 31 people. Siregar (2016) defines satisfaction as feeling happy, feeling relieved, happy and so on because his heart's desire has been fulfilled. Customer satisfaction (patient) depends on the perceived performance of the product (service) in delivering value relative to the expectations of the buyer (service user). One factor that makes patients feel Not satisfied with the health services provided by hospitals is caused by poor communication made by health workers. Based on the questionnaire that was distributed to inpatients explained that more patients stated Not satisfied with the doctor's interpersonal communication when visiting or examining patients, it is seen in the questionnaire items explaining that almost all of the answers on the questionnaire were in compliance with The answer no as many as 52 people. The lowest score for patient satisfaction was in the satisfied category of 28 people. The results of interviews conducted by researchers of inpatients explained that the patient was still not satisfied with the doctor's interpersonal communication, this was seen when the doctor made a visit and an examination of the patient's health seemed to limit himself to examining the patient. The patient feels like the doctor does not want to touch the patient. Most doctors who come to examine the patient never greet with the patient or examine the patient's body as a whole. The patient said the doctor who examined them only came and did not provide clarity about the disease so that the patient felt less satisfied with the doctor's visit. According to researchers' assumptions about Patient Satisfaction is satisfaction and will be achieved if the objectives are achieved. Most patients feel satisfied with the doctor's

communication at the visit if the patient's goal can be achieved, namely to get the results of the examination and an explanation of what is being experienced by the patient to the conditions faced, but in reality patients do not accept it so when the doctor comes to visit most patients like not too concerned with the arrival of a doctor in the room.

Effect of Doctor Interpersonal Communication on Patient Satisfaction in Royal Prima General Hospital Medan.

The results of the analysis explain that there is an influence between physician interpersonal communication based on the principle of supportive attitude towards Patient Satisfaction at the Royal Prima General Hospital Medan with $p = <0.001$ meaning that there is a very significant influence between interpersonal communication of the doctor based on the principle of supporting attitude with Patient Satisfaction. According to the researchers' assumptions, interpersonal communication physicians are a value that must be maintained because interpersonal communication is a tool that can affect the quality of health services, if health services increase affect patient inpatient satisfaction. When Patient Satisfaction is achieved it will increase the number of patients who come for treatment at Royal Prima General Hospital Medan.

Research Implications

The implications of this research are as follows:

1. Interpersonal communication of doctors is still not good at the time the study was conducted, this has an impact on health users. It is expected that the doctor who visits the patient to better maintain the communication carried out because it will have an impact on the quality of health services at the Royal Prima General Hospital.
2. Patient Satisfaction hospitalization at the Royal Prima General Hospital was in the Not satisfied category at the time of the study. This has an impact on the number of

patient visits coming to the Royal Prima General Hospital in Medan. It is hoped that the increase in Patient Satisfaction will increase hospital revenue by the number of visits which will have an impact on hospital revenue and accreditation..

CONCLUSION

Based on research that has been done on 80 people at the Royal Prima Medan General Hospital, it can be concluded that:

1. There is a significant relationship between doctor's interpersonal communication based on the principles of openness, empathy, positive attitude, supportive attitude and equality towards Patient Satisfaction in Royal Prima General Hospital Medan.
2. There is a significant influence between physician interpersonal communication based on the principle of supportive attitude towards Patient Satisfaction at the Royal Prima General Hospital, Medan.

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