The Effect of Doctor's Effective Communication on the Quality of Hospitalized Patient Services in Bhayangkara General Hospital Level II Medan

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ABSTRACT

The doctor is one of the health workers in the hospital and is the spearhead of service in the hospital, the doctor also has the greatest influence in the hospital so that effective doctor communication has an important impact on patients, doctors and others, based on research at Bhayangkara Hospital Kindergarten II Medan, the behavior of doctors who are less friendly, and less responsive to complaints from patients. In fact, patients always expect services that are ready, fast, responsive and comfortable for patient complaints. And one indicator of the quality of health services is customer satisfaction in inpatient services of 72%, has not reached the target of 75%. The purpose of the study was to analyze the effect of doctor’s communication (message, communication, environment and delivery method) on the quality of care for inpatients at the hospital. Bhayangkara Level II Medan. This type of research is an analytic survey with a cross sectional approach. The population in this study were all inpatients in May and June 2019 totaling 225 people. Data analysis was univariate, bivariate using chi-square and Pearson correlation and multivariate using multiple logistic regression analysis with a significance level of α = 0.05. The results of the bivariate study showed that there was an influence on the message aspect with the service quality p-value of 0.007 <0.05, communication with service quality 0.011 <0.05, environment 0.038 <0.05 and delivery method 0.000 <0.05, meaning that there was a significant influence. There is a significant relationship between messages, communication, environment and also the way of delivery on the quality of inpatient services in hospitals. Bhayangkara Level (level). II Medan. The conclusion of the study shows that there is an influence of communication aspects of the message, communication, environment and delivery method on the quality of service. The variable method of delivery in communicating dominantly affects the quality of service with a value of Exp (B)/OR = 3.163. It is recommended that the hospital leadership conduct an evaluation in improving the ability of doctors to implement effective communication by holding training on an ongoing basis. And hospitals require to provide an assessment of doctor’s communication to evaluate the quality of service.

Keywords: Effective Communication, Service Quality

I. INTRODUCTION

Advances in science and technology are so fast that it causes changes that occur in the external and internal environment in hospitals, causing hospital processors to change the paradigm / perspective that today’s hospitals are not merely social organizations. Improving medical technology with other components forces hospital managers to think and try socio-economically in managing their hospitals [1].

Hospital (RS) is a health service facility that aims to provide complete individual health services, focusing more on health promotion (promotive) and preventive (preventive) efforts by not neglecting curative-rehabilitative efforts that provide inpatient, outpatient services. And emergency department. The government is responsible for planning, regulating, organizing, fostering and supervising the implementation of health efforts that are equitable and affordable by the community.

Hospital services are one of the service sectors that play an important role. The main indicator to determine hospital standards is the quality of hospital services or patient satisfaction with hospital services. Quality of service is a service in a hospital that is provided to patients by health workers in a professional manner with empathy, attention,
and responsiveness to patient needs to improve the patient’s health status in accordance with applicable science, skills, and standards. If the patient feels that the quality of hospital services is not good, then the patient will feel dissatisfied with the health services provided to him. He must think and try socio-economically in managing his hospital.

One of the main ways of providing health services, including outpatient and inpatient services, is to consistently provide quality health services, higher than competitors. The key is to meet or exceed patient expectations about the quality of service they receive. After receiving health services, patients will compare the services they experience with the services they expect. If the services they experience are below the expected services, the patient will no longer be interested in health care providers. If the services they experience meet or exceed expectations, they will use the health service provider again [2].

Patients in choosing the services of a service will really consider the quality of medical services, location and affordable costs. It is very important for hospitals to maintain service quality and provide good perceptions for patients so that they can foster patient satisfaction and trust. If the quality of service is good, reliable, sophisticated, modern, complete and fast in responding to patients and the location can be reached easily and quickly. Strategically, the patient will decide to use the inpatient services offered and an attitude of satisfaction will arise [3].

Customer satisfaction will be able to provide many benefits and its impact in the long term will be more profitable for a company. A high level of satisfaction can make customers more loyal and can show good company performance, so analyzing the level of patient satisfaction is an important thing to do. In order to achieve patient-oriented health services.

According to Andaleeb et al. That knowing better patient satisfaction will be very helpful in making more effective policies to improve service quality [4].

While Lovelock suggests that customer satisfaction provides many benefits for the company, and the level of customer satisfaction is greater. In the long run, it is more profitable to retain good customers than to continually attract and cultivate new customers to replace those who leave. A very satisfied customer will spread positive word of mouth and will instead become a walking and talking advertisement for a company, which will lower the cost of attracting new customers.

Banyak masyarakat yang menilai masih rendahnya kualitas pelayanan medis di Indonesia sehingga banyak dari masyarakat Indonesia memutuskan untuk mendapakelayan pengobatan di Luar Negeri. Dapat terlihat 600.000 penduduk Indonesia yang melakukan pengobatan keluar negeri, pada tahun 2012 dengan biaya yang mencapai 1,4 miliar dollar Amerika Serikat atau setara dengan 13,5 Triliyun Rupiah. Selain itu, pada data tahun 2013 menunjukkan sekitar 600.000 kelompok menengah atas masyarakat Indonesia berobat keluar negeri dan jumlah ini akan terus bertambah seiring dengan bertambahnya orang kaya di Indonesia dalam beberapa tahun terakhir [5]

The factors that affect people for treatment abroad are: health services in Indonesia are not good, the rates or costs incurred are not comparable to the services received, hospital administrators in Indonesia have not prioritized patients as consumers, especially in terms of communication, waiting time time, and doctors in Indonesia do not give their patients time to consult or are in a hurry to deal with patients. Doctors in Indonesia are considered less friendly, curt and tend to be silent when dealing with their patients. This indicates poor communication between doctors and patients [6].

Patients’ perceptions of the quality of health services they receive are highly dependent on effective communication with doctors or other medical teams. The benefits of effective communication by health workers make patients feel they can recover from illness through health actions, comply with treatment and increase the patient’s willingness to recover quickly (self-management) [7].

In today’s global communication, the most frequent complaints raised by patients and the public regarding health workers are communication problems and not clinical competence. The most frequent complaint is that doctors do not want to listen to patients. This proves from the conclusion about the doctor’s communication with his patients which is doubted by the American Society of Internal Medicine, that good communication has succeeded in reducing the number of complaints and lawsuits against doctors. Some patients complain about health services not because the doctor’s ability is lacking, but they feel they are not being cared for. Doctors should not show a hasty attitude and are willing to listen to patient complaints properly [5].

Ways that can be done to make effective communicators in an effort to improve the quality of relationships between members and groups, and can improve communication skills by doing things such as frequency of communication, clear and direct communication, being a good listener, paying attention to non-verbal messages, and think positive.
Aspects that must be considered in order to create effective communication are often underestimated and even neglected. Aspects that support the effective communication of doctors based on the Indonesian Medical Council, namely: what information is conveyed, who is given the information, how much or to what extent, when to convey information immediately, if conditions and circumstances allow, where to convey it and how to convey it. Every doctor must have competence in communicating effectively with patients, partners (colleagues) and the community and the Indonesian Medical Council 2016.

Medical ethics is colored by an ethical obligation that puts forward the call of conscience in helping patients as humans who are suffering, as the highest obligation of doctors as professional service. Patients are individuals to be goals for their own lives, not as objects for intervention by doctors or other health workers. Respect for the rights of patients and colleagues who are part of the doctor’s obligations will maintain the patient’s trust, in order to speed up his recovery.

Positive health communication has an important impact on patients, doctors and others. A doctor is more likely to make a more accurate and comprehensive diagnosis in order to detect the patient’s pressure consisting of rates, nurses, doctors, services, facilities and marketing.

And the doctor’s obligations are also explained in article 10 of the medical code of ethics. Every doctor must be sincere and use all his knowledge and skills for the benefit of the patient. In this case he is unable to carry out an examination or treatment, then with the patient’s consent, he is obliged to refer the patient to a doctor who has expertise in the disease. So a doctor must use his knowledge well on his patients. And in Article 13 of the code of medical ethics, doctors must also provide emergency assistance to their patients, but now many patients are waiting too long for the arrival of their doctor. And a doctor must also provide an attractive and neat appearance to his patients. Because a neat and attractive appearance of a doctor will increase the authority of a doctor and increase his confidence in front of patients.

Ways that can be done to become an effective communicator in an effort to improve the quality of relations between members and groups, and can improve communication skills by doing things such as, frequency of communication, clear and direct communication, being a good listener, paying attention to non-verbal messages , and think positive. Aspects that must be considered in order to create effective communication are often underestimated and even neglected. Aspects that support the effective communication of doctors based on the Indonesian medical council are: 10 what information is conveyed, 2) who is given the information, 3) how much and to what extent, 4) when to convey information immediately, if the conditions and circumstances allow, 5 ) where to deliver it and 6) how to deliver it. Every doctor must have competence in communicating effectively with patients, work partners (colleagues) and the community.

Positive health communication has an important impact on patients, doctors and others. A doctor is more likely to make a more accurate and comprehensive diagnosis in order to detect the patient’s pressure consisting of rates, nurses, doctors, services, facilities and marketing [5].

Wulandari’s research explains that the level of communication between doctors and inpatients at Sukoharjo Hospital is in the high category with an empirical average of 102.26 and a hypothetical average of 75, and respondents also have high inpatient satisfaction with an empirical average of 148.99 and a hypothetical average of 115 [14]. Based on statistical tests, there is a very significant positive relationship between doctor-patient communication and inpatient satisfaction (p = 0.000 (p < 0.01). Determinant coefficient (r2) = 0.63 which shows that doctor-patient communication affects inpatients by 63% while the remaining 37% is influenced by the variables [2].

One of the police hospitals in North Sumatra Province is the Bhayangkara Hospital Level II Medan. Bhayangkara Hospital Level II Medan is one of the Level II hospitals owned by the Police in addition to Bandung, Surabaya and Makassar which is one of the health service providers for the National Health Insurance program in Medan City. Judging from the category of the Ministry of Health hospital organization, the level of this hospital is actually equivalent to class B, which is a hospital that has services with a minimum of eleven registered specialists and sub-specialists [8].

One of the medical personnel who plays a major role in providing health services to patients at health service facilities such as hospitals is a doctor. The role of doctors in the current condition and situation is more of an economic actor, namely as a service provider. When the services provided are not in accordance with the patient’s expectations, the patient has the right to submit his complaint even to a lawsuit to the court. This is related to the rise of malpractice demands in the community which shows a picture of ineffective communication between the community and health professionals or health workers, more specifically between patients and doctors.
Based on data and interviews conducted by researchers to 20 patients using national health insurance who were hospitalized at Bhayangkara Hospital Level II Medan, they asked about hospital services, especially doctor services, nursing services and patient comfort. The results of the interviews stated that 5 people said they were satisfactory, 15 people said they were not satisfactory and the doctor’s communication was not yet skilled with their patients in the inpatient room at the hospital, and sometimes doctors also came wearing only t-shirts and jeans so that sometimes patients and their families did not know that what was happening was come is the doctor.

Likewise, the doctor’s communication with his patient that the doctor when examining the patient seems to avoid questions from his patient with an unattractive tone of speech, the doctor also does not explain various medical actions related to the diagnosis of the patient’s disease with risks or side effects that may occur and the course of the disease. Patient. The doctor does not involve the family in taking the patient’s history or in obtaining information about the patient’s illness or the patient’s medical history. The doctor also did not give the family a chance to ask the doctor. And some doctors have not implemented a program of smiling, greeting and touching when communicating with patients such as holding a sick patient’s body part to reduce the patient’s worry. But sometimes some doctors provide moral support rather quickly get well.

The behavior of the doctor who is not friendly and patient in providing comfort to the patient and never recommends to the patient or family to ask the doctor if they meet at the hospital with the patient’s condition so that when the family meets the doctor in another room, they feel reluctant and embarrassed to say hello. Because of the perception of patients and their families that the doctor’s position is higher so that patients are passive when interacting with doctors and there is a tendency for patients to be afraid to start communication when dealing with doctors. Whereas a good doctor-patient interaction can reduce pain, anxiety, worry about the disease experienced by the patient.

When the doctor visits the room, information can be obtained that doctors tend not to have much time to talk with patients, so it is enough to just ask about the patient’s disease complaints. Doctors have other responsibilities or jobs when providing health services to their patients. Likewise, information on drug services, doctors are not complete in providing information and benefits of drugs to their patients.

Patients expect services that are ready, fast, responsive and comfortable for patient complaints. One of the health services helps patients to reduce the burden of feelings and thoughts and can help patients recover quickly by communicating effectively. Bhayangkara Level. II Medan 2017. The purpose of this study was to analyze the effect of doctor’s effective communication (message, communication, environment, delivery method) on the quality of care for inpatients at Bhayangkara Level General Hospital. II Medan.

II. METHODS

This type of research is an analytic survey with a cross-sectional approach (Cross-Sectional) research design by measuring or observing at the same time (one time) between risk factors/exposure and disease. In this study, the data collection process was carried out at the same time between the dependent variable and the independent variable on inpatients at Bhayangkara Hospital Medan. This research was conducted at the Bhayangkara Hospital Medan attached to Jl. K.H. Wahid Hasyim No.1, Merdeka, Medan Baru, Medan City, North Sumatra with the consideration that the communication of a doctor and the services of a doctor are not yet effective for inpatients at Bhayangkara Hospital Medan. The population in this study were all inpatients at Bhayangkara Hospital in May-June 2019. The research sample was patients who were being treated in the inpatient room at Bhayangkara Hospital Level II Medan during the study were selected by purposive sampling technique, namely taking samples by setting research criteria that are in accordance with the research objectives so that it is expected to be able to answer the research problem. This research uses interview and observation instruments.

III. RESULTS

Bivariate Analysis

In this study, to describe or explain the relationship, technical competence, access to services, effectiveness, human relations, efficiency, continuity of service, effectiveness, human relations, efficiency, continuity of service, security, and comfort to patient satisfaction, the Pearson Product Moment correlation test was carried out with the following results:

Table 1. Effect of Message on Doctors with Quality of Service in Hospitals. Bhayangkara Level. II Medan

<table>
<thead>
<tr>
<th>No</th>
<th>Message</th>
<th>Service Quality</th>
<th>Total</th>
<th>p=value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Not satisfied</td>
<td>Satisfied</td>
<td></td>
</tr>
</tbody>
</table>

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Table 1 shows that of the 121 respondents who stated that messages in effective communication were skilled and the majority were satisfied 65 people (53.8%) and the minority were dissatisfied as many as 56 respondents (46.2%). And it shows that there are 104 unskilled people with a satisfied minority of 37 people (35.6%) and the majority being dissatisfied as many as 67 people (64.4%).

The results of statistical tests using chi-square obtained a p-value of 0.007 <0.05, meaning that there is a significant effect between messages on the quality of inpatient services at the hospital. Bhayangkara Level. II Medan in 2019.

Table 2. Effect of Communication on Doctors with Quality of Service in Hospitals. Bhayangkara Level. II Medan

<table>
<thead>
<tr>
<th>No</th>
<th>Message</th>
<th>Service Quality</th>
<th>Total</th>
<th>p=value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not satisfied</td>
<td>Satisfied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>1</td>
<td>Skilled</td>
<td>56</td>
<td>46.2</td>
<td>65</td>
</tr>
<tr>
<td>2</td>
<td>Unskilled</td>
<td>67</td>
<td>64.4</td>
<td>37</td>
</tr>
</tbody>
</table>

Table 2. Effect of Communication on Doctors with Quality of Service in Hospitals. Bhayangkara Level. II Medan

<table>
<thead>
<tr>
<th>No</th>
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<th>Total</th>
<th>p=value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not satisfied</td>
<td>Satisfied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>1</td>
<td>Skilled</td>
<td>45</td>
<td>45.0</td>
<td>55</td>
</tr>
<tr>
<td>2</td>
<td>Unskilled</td>
<td>78</td>
<td>62.4</td>
<td>47</td>
</tr>
</tbody>
</table>

Table 1 shows that of the 100 respondents who stated that communication in effective communication was skilled and the majority were satisfied 55 people (55.0%) and the minority was not satisfied as many as 45 respondents (45.0%). And it shows that 125 unskilled people with a satisfied minority of 47 people (37.6%) and the majority being dissatisfied as many as 78 people (62.4%).

The results of statistical tests using chi-square obtained a p-value of 0.011 <0.05, meaning that there is a significant influence between messages on the quality of inpatient services at the hospital. Bhayangkara Level. II Medan in 2019.

Table 3. Effect of Environment on Doctors with Quality of Service in Hospitals. Bhayangkara Level. II Medan

<table>
<thead>
<tr>
<th>No</th>
<th>Message</th>
<th>Service Quality</th>
<th>Total</th>
<th>p=value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not satisfied</td>
<td>Satisfied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>1</td>
<td>Skilled</td>
<td>38</td>
<td>45.2</td>
<td>46</td>
</tr>
<tr>
<td>2</td>
<td>Unskilled</td>
<td>85</td>
<td>60.2</td>
<td>56</td>
</tr>
</tbody>
</table>

Table 14 shows that of the 84 respondents who stated that the environment in effective communication was skilled and the majority were satisfied 46 people (54.8%) and the minority were not satisfied as many as 38 respondents (45.2%). And shows 141 unskilled people with 56 satisfied minority (39.8%) and 85 dissatisfied majority (60.2%).

The results of statistical tests using chi-square obtained a p-value of 0.038 <0.05, meaning that there is a significant effect between messages on the quality of inpatient services at the hospital. Bhayangkara Level. II Medan in 2019.

Table 4. The Effect of Delivery Methods on Doctors with Quality of Service in Hospitals. Bhayangkara Level. II Medan

<table>
<thead>
<tr>
<th>No</th>
<th>Message</th>
<th>Service Quality</th>
<th>Total</th>
<th>p=value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not satisfied</td>
<td>Satisfied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>1</td>
<td>Skilled</td>
<td>34</td>
<td>37.3</td>
<td>57</td>
</tr>
<tr>
<td>2</td>
<td>Unskilled</td>
<td>89</td>
<td>66.4</td>
<td>45</td>
</tr>
</tbody>
</table>

Table 15 shows that of the 91 respondents who stated that the method of delivery in effective communication was skilled and the majority were satisfied 57 people (62.7%) and the minority were not satisfied as many as 34 respondents (37.3%). And shows unskilled 134 people with a satisfied minority of 45 people (33.6%) and the majority are not satisfied as many as 89 people (66.4%).

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The results of statistical tests using chi-square obtained a p-value of 0.000 <0.05, meaning that there is a significant effect between messages on the quality of inpatient services at the hospital, Bhayangkara Level. II Medan in 2019.

### Table 5. Pearson Test Results Correlation of Variable Messages, Communications, Environment and Delivery Methods on Hospital Service Quality. Bhayangkara Level. II Medan

<table>
<thead>
<tr>
<th>No.</th>
<th>Variable</th>
<th>Pearson Correlation</th>
<th>P Value</th>
<th>INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Message</td>
<td>0.144</td>
<td>0.031</td>
<td>mean</td>
</tr>
<tr>
<td>2</td>
<td>Communication</td>
<td>0.174</td>
<td>0.009</td>
<td>mean</td>
</tr>
<tr>
<td>3</td>
<td>Environment</td>
<td>0.146</td>
<td>0.028</td>
<td>mean</td>
</tr>
<tr>
<td>4</td>
<td>Delivery Method</td>
<td>0.286</td>
<td>0.000</td>
<td>mean</td>
</tr>
</tbody>
</table>

#### Multivariate Analysis

Multivariate analysis in this research uses multiple logistic regression test, which is one of the mathematical model approaches to analyze the effect of several independent variables on the categorical dependent variable that is dichotomous or binary. The variables included in the logistic regression prediction model are variables that have a p value <0.25 in the bivariate analysis. Based on the bivariate analysis using the chi square test, it is known that the four independent variables (message, communicant, environment, delivery method) have a p value <0.25 so that the variable becomes a model candidate. The results of the multiple logistic regression test using the enter method are as follows:

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>B Value</th>
<th>p Value</th>
<th>Exp (B)</th>
<th>95% C.I for Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>Message</td>
<td>0.605</td>
<td>0.038</td>
<td>1.831</td>
<td>1.034</td>
</tr>
<tr>
<td>Communicate</td>
<td>0.594</td>
<td>0.041</td>
<td>1.812</td>
<td>1.023</td>
</tr>
<tr>
<td>Environment</td>
<td>0.613</td>
<td>0.041</td>
<td>1.846</td>
<td>1.024</td>
</tr>
<tr>
<td>Delivery Method</td>
<td>1.151</td>
<td>0.000</td>
<td>3.163</td>
<td>1.1774</td>
</tr>
<tr>
<td>Constant</td>
<td>-4.443</td>
<td>0.012</td>
<td>0.000</td>
<td></td>
</tr>
</tbody>
</table>

Based on the results of the study, it is known that from the four independent variables, namely effective communication aspects of the message, p value (0.038 <0.05), communicant (0.041 <0.05), environment (0.041 <0.05) and delivery method (0.000 <0.05), it means that the message has a significant effect on the quality of service because the value of p <0.05.

The message variable obtained an Exp (B)/OR value of 1.831, meaning that a skilled doctor delivered the message of leaving 1.831 times that the patient was satisfied with the quality of service than the unskilled doctor. The communicant variable has an Exp (B)/OR value of 1.812, meaning that doctors are skilled at communicating with patients/families with a chance of 1.831 times that patients are satisfied with the quality of service.

The environmental variable obtained an Exp (B)/OR value of 1.846, meaning that doctors who are skilled in communicating with regard to the environment have a chance of 1.846 times that patients are satisfied with the quality of service than unskilled doctors. The variable of delivery method obtained an Exp (B) / OR value of 3.136, meaning that doctors communicate in a skilled way have a chance of 3.136 times, patients are satisfied with the quality of service.

### IV. DISCUSSION

**Effect of Effective Communication of Doctors on Service Quality in Hospitals. Bhayangkara Level. II Medan**

Based on the results of the research data shows that 67.5% of respondents stated that the communication of doctors in providing health services based on aspects of the message, communicant, environment and delivery method was not satisfactory. Judging from the results of bivariate analysis using the Pearson Correlation test, all aspects of effective communication by the doctor had a p value of <0.25, so that aspects of message, communication, environment and delivery methods were followed in the multivariate analysis model. The results of the multiple logistic regression test showed that the probability or opportunity value of the message, communicant, environment and delivery method <0.05 had an effect on service quality. II Medan.
This is in line with Tiara Wahyuni's research at RSUP DR. M. Djamil Padang that the relationship between doctor-patient communication on patient satisfaction with treatment at the hospital polyclinic, based on statistical tests, showed that there was a very significant positive relationship between doctor-patient communication and inpatient satisfaction \( p = 0.000 \) \( (p < 0.01) \) (Tiara, 2015).

According to the researcher's assumption, Service Quality is the first service seen by patients and their families (First Impression) at a hospital before using other services, and the reason for returning to the hospital. Therefore, technical competence, especially the performance of both medical and non-medical officers Attention must be paid to ensuring the quality of service to patients, and the importance of maintaining quality in services both in communication and delivery methods.

**The Effect of Messages on Service Quality in Hospitals. Bhayangkara Level. II Medan**

Based on the results of the study, it is known that there is an effect of effective communication on the message aspect of doctors on the quality of service in hospitals. Bhayangkara Level. II Medan with \( p \) value 0.038 <0.05. And \( \text{Exp B 1,831/OR} \) This illustrates that there is a relationship between messages and service quality.

In line with Wulandari's 2016 research, it explains that the level of communication between doctors and inpatients at Sukoharjo Hospital is classified as high. Based on statistical tests, it shows that there is a very significant positive relationship between doctor-patient communication and inpatient satisfaction \( p = 0.000 \) \( (p<0,01) \) [2] [13].

This research is in line with Yuyun's research (2018) which was conducted at the Haji Regional General Hospital of Makassar City, where the results of the study were obtained from 100 respondents, 30% stated they were not satisfied or in the bad category, where the results of the regression test in his research had a strong influence on technical competence, with patient satisfaction with \( p \) value: 0.045 \( (p<0.05) \) [9].

The results of the research conducted by Siregar, it was found that there were 125 respondents with a 48% result level where the results of the regression test obtained the results of the influence of technical competence with patient satisfaction with a \( p \) value of 0.005 \( (p <0.05) \) [10]. This study is also in line with Anjaswarni's research on the analysis of the quality of outpatient services at Panti Rapih Hospital Yogyakarta, which found that technical competence was related to patient satisfaction with a \( p \) value of 0.000 \( (p <0.05) \) [11].

According to the Researcher's Assumptions, if the patient easily understands the health information material conveyed by the doctor, the patient feels more aware of the diagnosis, type of disease, intervention and action as well as the therapy that will be carried out in the process of healing the disease.

If patients are satisfied with health services, they tend to come back to get the level of health services they need. For this reason, doctors need to maintain and improve the quality of delivering health messages to patients and families so that they feel satisfied with the health services provided by doctors and recommend their feelings to others or friends and are interested in using them again if they need these services.

The results of this study also explain that doctors in delivering health information materials tend to be skilled (51.6%) because doctors have attended effective communication training and are one of the competencies that doctors must master. However, the percentage of doctors who are less skilled at conveying health information messages is quite high (48.4%) because doctors feel they already know the health information material such as side effects of therapy that will be carried out because they are worried that the patient refuses to undergo a nurse at the hospital. When viewed from the quality of service based on the Minimum Service Standards indicator that the doctor in charge of inpatients is 100% (100% target) and the visiting hours for specialist doctors is 95% (95% target).

According to Wijono, effective communication between doctors and patients is one of the most important competencies and must be mastered by doctors. Communication competence determines success in helping to solve patient's health problems. Effective communication can reduce patient doubts, and increase patient compliance. Doctors and patients alike benefit from sharing a close relationship. Everyone feels understood. Patients feel safe and protected if the doctors who treat them do what is best for their patients. When connected, the doctor can understand and react better to changes in behavior and concern for the patient over time. Effective communication between doctors and patients is needed to obtain optimal results, in the form of health problems that can be resolved and patient recovery problems [12].

**The Effect of Communication on Service Quality in Hospitals. Bhayangkara Level II Medan**

Based on the results of the study, it is known that there is an effect of effective communication on the communicant aspect of doctors on the quality of service in hospitals. Bhayangkara Level. II Medan \( p \) \( (0.041<0.05) \) and \( \text{Exp B/OR} \)

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The extent to which the patient/family understands the message that has been conveyed. According to Rusmana 2015 that there are four wishes of patients that must be fulfilled to build a good relationship between doctors and patients, namely: (1) Feeling that there is a connection with doctors and knowing that patients receive full attention from doctors; (2) Knowing that doctors can focus on each treatment action and its interactions; (3) Feel relaxed and free from worries in the atmosphere of the practice room; (4) Knowing that the doctor can be relied on.

In this assessment, doctors have not focused on providing interactions to patients/families so that their assessment of doctors is of poor quality. The doctor did not ask the patient and the patient's family about the patient's daily habits (57.8%), did not ask the patient and family and then recorded it on the envy data or patient card (66.2%), and did not provide opportunities for the patient and family to ask about his illness (51.1%).

Whereas the purpose of effective communication according to the Indonesian Medical Council is to achieve effective medical services based on mutual trust and respect, good communication between patients and doctors is needed by listening to complaints, digging up information, and respecting the views and beliefs of patients related to their complaints.

Doctors tend not to ask patients/families about health information in the form of disease complaints, patients' daily habits related to illness complaints. The doctor also does not provide feedback by asking the patient/family about their illness because the doctor has not been able to provide a diagnosis of the patient's illness. However, the doctor provides feedback by providing the opportunity to ask questions about the medical and therapeutic actions that will be carried out. This may be due to the fact that patients/families can be more calm during the patient care process and are ready to undergo treatment.

To be able to create effective communication, especially conveying messages, there are conditions that must be met, namely: positiveness (positive attitude) empathy (feeling the feelings of others) supportiveness (supportive attitude) equality (balance between communicators) openness (attitude and desire to be open) [15]

Doctors who are less skilled in effective communication with patients/families (communicants) can make them feel dissatisfied with the quality of health services because the health information conveyed by doctors is only one-way, meaning that patients do not have to be told everything that doctors think is not. need to know something that doctors don't need to know. According to Diskson that the reason the patient is not satisfied is because; (1) Poor communication with clinical staff; (2) The information conveyed is not enough

In this study, the patient's understanding showed that: (1) Patients often do not know the terms conveyed by the medical team; (2) Patients have their own ideas about their illness, for example with alternative medicine; (3) Patients are reluctant to ask further [15]

According to the inpatient's answer that the doctor never contacted the patient/family to inquire about the patient's health condition and the doctor did not say how long the treatment process would take at the hospital, the doctor felt that one communication was sufficient to diagnose the disease or the patient/family would agree with what the doctor said in the process of curing patients because they as medical personnel already have competence in their
According to the researcher's assumption, this means that the doctor's communication behavior is considered very important by a patient, especially a patient undergoing hospitalization, the doctor is expected to communicate as effectively as possible to a patient so that the patient gets a level of satisfaction that can support the healing process.

According to the Researcher's Assumptions, there is an influence of communictants on the quality of services in hospitals because patients feel that there is no place to tell their feelings or complaints, so they tend to undergo the process of health services provided by doctors. In addition, it may be caused by feelings of fear or anxiety to reach dissatisfaction with the doctor's health services. For this reason, there is a need for a suggestion box in every ward or other room as an evaluation material for leaders in implementing effective communication for health workers, especially doctors because the principle of quality of service is based on prioritizing the interests or complaints of patients.

The Effect of Environment on Service Quality in Hospitals. Bhayangkara Level II Medan

Based on the results of the study, it is known that there is an effect of effective doctor communication on environmental aspects on the quality of service at Bhayangkara Level Hospital. II Medan p (0.041<0.05), and Exp B/OR 1.846. This explains that doctors are skilled at seeing situations and conditions when communicating can increase the level of satisfaction of inpatients with the quality of service.

In line with research conducted by [16] conducted at Pandan Arang General Hospital, Boyolali Regency, stated that there is a relationship between effectiveness and service quality. in a study conducted on 100 respondents, the results of statistical tests found that the chi-square value was 0.009) p-value 0.009 < 0.05). This means that the effectiveness variable has an effect on patient satisfaction.

Research conducted at the Karangdowo Health Center, Klaten Regency, found that the chi-square value was 0.000 p-value 0.000 <0.05). This means that the effectiveness variable affects the quality of service [17].

In the Analysis of Outpatient and Inpatient Satisfaction at the Regional Hospital of Bojonegoro Regency, the chi-square value was 0.002) p-value 0.002 < 0.05). This means that the effectiveness variable has an effect on service quality.

Corrosive research on the relationship between doctor-patient communication and the level of satisfaction of inpatients at Prof. Hospital. DR. R.D. Kandou Manado, found that verbal communication is related to the level of satisfaction of inpatients, non-verbal communication is related to the level of satisfaction of inpatients.

The Indonesian Medical Council explained that it is important to note that doctors are effective in communicating with patients, namely how much or to what extent patients and families need health information, and where is the appropriate place to convey this information or in a place that has been approved by the patient and doctor 2016)

In this study doctors tend to be less skilled in paying attention to the environment when conveying health information with patients at a distance that is too far so that the information to be conveyed is not clearly accepted by the patient (50.7%), does not recommend to patients or families to come to the doctor's room if there is any it is important to convey (62.7%), not suggesting to the patient (family) to ask him about the patient's condition when meeting at this hospital (71.1%) and never suggesting to contact the patient to find out the patient's condition (58.7%).

It is not easy for a doctor to pay attention to his environment to implement effective communication to patients/families. Setting the atmosphere when communicating takes place such as privacy, a comfortable environment, and proper seating arrangements. This is, of course, related to experience and years of service as a provider (health care provider). According to Gunawan, the performance of doctors in implementing communication can be influenced by years of service and experience [18]

The quality and quality of health services is very important in increasing the level of patient satisfaction because the patient is the final judge of quality. The factors that influence the quality of service/quality dimensions that are felt and experienced by patients when patients seek treatment determine the patient's perception of service quality. If the reality of the service that is felt / received by the patient is in accordance with the patient's expectations, the patient has the perception that the service received is of high quality. On the other hand, if the service perceived/received by the patient is not in accordance with the patient's expectations, the patient has the perception that the service received is of poor quality [17].
There is an influence of environmental aspects on the quality of service in hospitals because doctors who have just completed their degree do not have experience in implementing effective communication to patients. In addition, the doctor has never worked in another hospital in providing services, causing a perception that is not satisfactory to the patient. For doctors who are not skilled in effective communication with patients, it is necessary to provide ongoing training so that the quality of service in the view of the patient's needs is in accordance with their expectations and becomes one of the mainstays of the hospital. Bhayangkara Level. II Medan in improving the image of the hospital in the eyes of the public.

According to the Researcher's assumption, the above conditions indicate that doctors have not implemented a culture of closeness between doctors and patients. This means that doctors must be able to make patients/families feel happy and comfortable when conveying health information. This can be done if the doctor has a sense of concern (empathy) for the complaints felt by the patient, that aspects that can measure patient satisfaction in hospitals, one of which is the relationship between patients and hospital staff. Aspects of patient satisfaction can be in the form of service doctors and health facilities.

**The Influence of Delivery Methods on Service Quality in Hospitals. Bhayangkara Level II Medan**

Based on the results of the study, it is known that there is an effect of effective doctor communication in the delivery method on the quality of service in hospitals. Bhayangkara Level. II Medan p (0.000<0.05), and Exp B/OR 3.163. This illustrates that skilled doctors communicate by using techniques or delivery methods to patients/families can increase inpatient satisfaction levels with service quality.

This research is in line with [19] research conducted at the Simelue Health Center, based on research on 94 respondents, it is known that 61% of respondents stated that there is a delivery method with the quality of patient care, where the results of the regression test in his research got a p value level: 0.000 (p <0.05).

This study is also in line with the results of research conducted by which was conducted at the Halmahera Health Center Semarang on 69 respondents, it is known that 80% of respondents said they were satisfied and 20% said they were not satisfied with the services provided at the Halmahera Health Center [20]. It is known at the level that there is a way of delivery on the quality of patient care with a p value of 0.001 (p <0.05) from this result it can be concluded that there is an effect of the delivery method on the quality of service.

The effect of service quality and satisfaction on the loyalty of outpatients and inpatients at the Batam Authority Hospital, found that there was an influence between the delivery method and the quality of patient care with a p value of 0.000 (p <0.05).

This is in accordance with the opinion of Ellis et al that there are five factors that influence patient satisfaction, one of which is the doctor's communication behavior [21].

Patient-centered communication has positive impacts, including patient satisfaction, adherence to recommended medication and self-management of chronic diseases [23].

According to research by Ali-Abri and Al-Balushi in a United States hospital using a sample of 202 patients undergoing acute care, it concluded that most of the determinants of patient satisfaction were communication, empathy and caring attitudes of hospital staff, especially doctors and nurses.

The main purpose of the doctor-patient delivery method is to create good interpersonal relationships, facilitate the exchange of information, and include patients in decision making [22].

The Indonesian Medical Council explained the important things to note in order to be effective in communicating with patients, namely how to convey the message so that the patient can understand. The doctor must be able to explain that the material to be conveyed (if the diagnosis is medical, the prognosis has been agreed by the team), sufficient time, explores the patient's understanding of the health information that has been provided and provides feedback to the patient.

Doctor-patient communication summarized by the American Society of Internal Medicine, that good communication has succeeded in reducing the number of complaints and lawsuits against doctors. Some patients complain about health services not because the doctor's ability is lacking, but they feel they are not being cared for. Physicians should not be hasty and be willing to listen carefully (American Society, 2012).

In accordance with the results of the study, it shows that doctors are skilled at using techniques or methods in conveying health information can make patients feel satisfied so that patients follow the treatment process according to the therapy recommended by the doctor. In this study, it can be seen from the statements of inpatients that doctors
spend sufficient time in communicating with patients (82.7%), and doctors are not in a hurry when communicating (82.7%), good at choosing words in explaining patient treatment (73.8%) and notify the patient when they will finish the conversation (86.2%).

This condition is in accordance with the opinion of that the professional attitude of doctors can increase the level of service quality in hospitals, that attitudes that indicate the ability of doctors to complete tasks according to their roles and functions, are able to regulate themselves such as timing, and are able to deal with various types of patients, and able to collaborate with other health professionals [5]. Doctors are also able to carry out effective communication steps, which consist of greeting, talking to, explaining and improving patients [24].

However, the quality of health services is considered unsatisfactory for inpatients due to unskilled techniques or ways of conveying health information. In accordance with their statement that the doctor did not explain the results of the diagnosis, it was the decision of the other team of doctors (56%), the course of the disease (67.6%), the therapy to be carried out (62.2%), and not turning off the cellphone telecommunications equipment while communicating (61.3%). This causes the doctor not to take the time to visit the patient's room and the doctor does not say how long the treatment process will take for the patient. When viewed from the quality of service based on indicators of minimum service standards that customer satisfaction in inpatient services, namely 72%, has not reached the target of 75%.

According to the Indonesian Medical Council, based on research, the benefits of effective doctor-patient communication are; (1) Increasing the level of patient satisfaction in receiving medical services from doctors or medical service institutions; (2) Increasing the level of patient trust in doctors which is the basis of a good doctor-patient relationship; (3) Increasing the level of success of therapeutic diagnoses and medical actions; (4) Increasing the level of self-confidence of resilience in terminal phase patients in dealing with their illness.

There is an influence of the delivery of communication on the quality of hospital services due to lack of understanding or knowledge of doctors about the application of effective communication. In addition, doctors also practice at other hospitals which also require a work schedule in providing health services so that doctors do not apply good communication techniques. In fact, doctors have participated in effective communication training as a requirement for doctor's competence.

By applying these effective communication techniques and methods, doctors can fully understand the patient's condition and their families have full trust in doctors. These conditions can affect the patient's subsequent healing process. Patients feel safe and receive intensive treatment by doctors, so patients will obey the doctor's instructions and advice because they believe that everything is done for the good of the patient. For this reason, hospital leaders need to hold meetings between doctors and coffee mornings while sharing experiences about effective communication between doctors and patients which is held once a week.

V. CONCLUSION

Based on the results of research that has been carried out to find the quality of outpatient services on BPJS outpatient satisfaction at the Colonel Abunjani Hospital Bangko in 2019. Then several conclusions can be drawn, namely; (1) There is an influence between messages on the quality of services in hospitals. Bhayangkara Level. II Medan 2019; (2) There is an Influence between Communication on Service Quality in Hospitals. Bhayangkara Level. II Medan 2019; (3) There is an influence between the environment on the quality of service at the hospital. Bhayangkara Level. II Medan 2019; (4) There is an influence between the method of delivery on the quality of service at the hospital. Bhayangkara Level. II Medan 2019; (5) The most influential variable on service quality is the method of delivery.

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