HEALTH COMMUNICATION: EFFECTIVE COMMUNICATION BETWEEN MEDICAL PERSONNEL AND PATIENT

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Abstract

The development of global media poses considerable impact on all sectors of human life. One of these impacts is health sector. The old fashioned one-way information used to be received from medical personnel to patients is no longer applicable. Patients as clients could no longer trust in only one source. Any inconvenience experience in health services is no longer tolerable by clients. This phenomenon is publicly noticeable in most electronic, printed media and the internet on patient's complaints or legal claims filed to medical personnel or health service providers. This complaint or claim arises due to, among other things, miscommunication of addressing any medical condition and action by medical personnel to the patient. Patient’s economic background represents the major factor that likely to trigger the occurrence of miscommunication. from the emotional side, a doctor or patient will determine the effectiveness of consultation or information delivery related problems that are faced by patients. emotional factors are closely related to attention, willingness to listen and deliver information accurately either from patients or doctors. The next factor is education. Different clients or patients will represent different education background and the level of acceptability to information. Consequently, the understanding of medical terms, causes and effects cannot be communicated properly. Another factor is the diversity of Indonesian cultures with different tribes and customs and culture that impede on the communication systems and approaches during recovery. There are communities that believe that mystic and holistic approaches play role to one’s healing. This study is aimed at exploring factors that lead to miscommunication in health services and further defining an effective communication between medical personnel and patients in term of medical services.

Keywords: Economy, Education, Culture, Medical Communication, Medical Personnel, Patient

I. Introduction

Health is a basic need in addition to clothing, food, shelter and education. Health has an important role in people’s lives. Health targets launched by the government through the MDGs are the ideas that should be appreciated.

Health development objective is to increase awareness, willingness and ability of healthy life for everyone in order to materialize the optimal degree of public health. To improve the health degree, there are still many things that need to be improved and

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enhanced. One is the increase in health services through improved communication skills for both medical personnel and doctors in particular.

Communication between doctor and patient is a bridge to deliver the completion of problems faced by the patient. Without effective communication, the right solution to address the problems faced by the patient will not reach. Disclosure of patient’s health information and medical knowledge, as well as the ability of doctors to understand their patients become the factors of success for medical information delivery. This communication will lead to a common perception between doctors and patients so there is the same understanding and perceptions that will facilitate the treatment process.

Perception is the essence of communication; without a careful perception, an effective communication will never be reached because the diagnosis is not made carefully, even in medical world, it will have an impact on errors in drug delivery, diagnosis and even other treatment measures. If this happens, it will have an impact on the patients’ health, and even can be fatal.

According Mulyana (2010), four hundred years before Hippocrates aware of the link between the doctor effective communication and a greater likelihood for patients to recover, Socrates even said that regardless of the patient’s condition, he will be able to heal and recover just because his satisfaction with the doctor’s goodness. The doctor effective communication that is sometimes only considered as an art is the most efficacious drug for the patient. The greater concern of a doctor to the patient is able to reduce anxiety, pain, blood pressure and raise the health in general.

One effort to improve doctor services is to improve communication skills and a bad habit of a doctor is when he is reluctant to listen to the patients. According Mulyana (2010) Health communication between doctors and patients in particular are influenced by beliefs, values and language (verbal and non verbal). Residents in Pagimana Sub-district, Banggai District, Central Sulawesi, who are accustomed to drink raw water, believe that boiled water tastes bad. Health workers of such area consider the belief as an obstacle to be overcome, because this habit can cause deadly diarrhea (Suartika in Mulyana (2010)). This does not only happen in Indonesia, in Peru, Los Molinas, the community does not want to consume boiled water also. They believe that boiled water is only for the sick. The community believes that boiled water has lost its strength and extract for human life, so it can make healthy people sluggish to try (Rogers in Mulyana (2010)).

Communication between doctor and patient will be effective if there is an agreement of understanding between them. The patient’s nod does not always means “yes” and shake of his head does also not necessarily mean “no”. Both patients and doctors must mutually provide accurate information and answers and description that does not lead to ambiguity.

From the above phenomenon, the writer assumes that communication is the soul that must be maintained and repaired between doctors and patients. Therefore, through this study, the writer sought to analyze the influence of educational, cultural, economical and emotional factors to the communication that occurs between doctors and patients. The case study was conducted in South Jakarta and Bogor. The writer hopes this paper can be a reference to the improved effectiveness of communication between doctors and patients; thus, the objectives of each party can be achieved.
II. Study of Literature

2.1. Basics of Health Communication

In the Indonesian medical council (2006), it is stated that communication is a tool that will expedite any job related to relationships with others in various fields. Communication talks about how to deliver and receive thoughts or information, feelings and even emotions, to a point of achieving the same sense between the messenger and the recipient.

According Nugroho (2006) all forms of communication are reciprocal relationships in the form of words, smile, nod of head, body posture, cast in the eye of the communicator to the communicant. Meanwhile, according to Liliweri (2002), communication is a “process”, because it is a dynamic activity, an on-going continuous activity so that it will continue to change. Communication can also be interpreted as a symbolic activity, because a communication activity uses meaningful symbols that are converted into words (verbal) to be written and spoken or “non verbal” symbols to be demonstrated. Communication is an exchange of meaning because the communication activities cover delivering and receiving messages, indeed, but in fact the message will not move, the message meaning will move. Meaning comes from each communicator, so the meaning is not just words or nonverbal symbols, but the meaning is the message intended by the sender and is expected to be understood by the communicant and the challenge is how the communicator makes the words and symbols meaningful.

Communication has a very important role in human life. According to Samovar, Porter and McDaniel (2010) communication functions consist of: first, communication allows the collection of information about other people. In this case, there are several benefits to gain; communication enables the parties involved to learn about each other. Second, communication will help someone fulfilling interpersonal needs. Human nature as social beings indicates that humans cannot live without the help of and interaction with others. This interaction definitely uses the communication system. Through communication, we will feel comfort, warmth, friendship and even escape. The point is communication is one way to meet social needs.

Third, communication will form a personal identity. Interaction will determine who are the communicant and the communicator and how their properties and it will be able to determine the identity of each party because identity is important in intercultural communication. Fourth, communication affects others. Communication process is intended to send verbal and nonverbal messages that can shape the behavior of others, even according to Adler and Proctor in Samovar, Porter and McDaniel (2010), by communicating, a communicator is able to make a communicant behave as he or she wishes.

2.2. Cultural factors and their effect on communication

The culture of an individual has a profound effect on the perspective from which they deal with health and illness. Culture has influenced peoples’ “convictions, attitudes, types of knowledge, and values; modes of behavior, habits and customs; language and tradition (Janelle & Celeste Mulry 2006).

Culture has been defined as the shares products of the society, including the ideas, norms and material objects that describe how people handle daily tasks and make sense of their experiences. Social scientist generally agree that culture is learned,
shared, transmitted internationally, and reflected in a group’s values, beliefs, norms, practices, patterns of communication, familial roles and other social regularities. Culture is also dynamic and adaptive (Carolyn according to Quynh Le (2006)).

According Sutrisno and Putranto (2005) the descriptive definition of culture tends to see culture as a comprehensive totality constituting the whole social life as well as showing a number of domains (field studies) that form culture. Historical definition tends to see culture as a converted heritage derived from one generation to the next generation, while the normative definition is the rule or way of life that shape patterns of behavior and concrete actions. In the psychological definition, it tends to give pressures on the role of culture as a problem solving tool that makes people can communicate, learn, or meet the material and emotional needs. Structural definition shows on the relationship or linkage between separate aspects of the culture as well as highlights the fact that culture is an abstraction that is different from the concrete behavior.

Franz Boas according to Liliweri (2002) defines culture as a way that becomes the basis of human life to the extent that the laws prevailing in the community are all sourced from the culture, which is displayed through unique cultural characteristics. The uniqueness can be seen from the behavior, customs, habits and especially dialect delivered by each individual who comes from a different culture. Each culture has different characteristics and even has become its own characteristics. Culture born in a society is not only formed by certain circles, but also the results from interaction of diverse groups of people and have one view, so as to give birth a culture that is applied in social life. Culture is developing along with the development of society. This happens because the culture will always be hereditary through the generations from parents to children, so it will always flow downward.

According to Ralph Linton in Ihromi (2006) culture is a whole way of life of any society and not only part of the way of life, which is part considered higher or more desirable by a society. Every society has a culture, how simply the culture is and every human is a civilized being, so that culture shows different aspects of life, including how to behave, believe and act. Therefore, culture is also a major factor to limit people’s behavior.

According Ihromi (2006) in each community a series of ideal cultural patterns is developed and the patterns tend to be reinforced by the restrictions of culture. Ideal cultural patterns evolve into a norm performed and complied with and even becoming an obligation, which will impact on a sanction for those who do not carry it out.

Every culture in a particular society will inevitably change with the passage of time. In every culture there is always a certain freedom to the individual and the individual freedom introduces variations in behaving ways that will eventually become common property which will later become a culture. Even, several aspects of life will change and require adaptation to a new culture.
Directly or indirectly, cultural factors will greatly affect the attitudes, decisions and particularly health communication, especially between doctors and patients. The consultation process, provision and delivery of information have become important and very thick with an individual’s culture, especially language and dialect as noted Margareth and Iraj (2006).

The cultural characteristic of any given group may be directly associated with health-related priorities, decisions, behavior, and / or with acceptance and adoption of health education and health communication programs and messages. Thus, it is important for health workers in a multicultural discourse.

Culture embedded in society becomes a habit that even will be hereditary. as happened in Plered, Purwakarta, throughout 2010, it was recorded that there were 2,160 Pregnant women in Plered, Purwakarta, West Java. The majority of childbirth labor process was assisted by midwives and traditional birth attendances (paraji). For example Erna, a pregnant woman who always made effective communication with paraji, indicates that the confidence level of Plered people to paraji is very high, so they used their services for the birth process (Poskota, 2010).

Culture has a very important role in the communication process. According to Samovar, Porter and McDaniel (2010), culture is a view that aims to simplify life by “teaching” people how to adapt to certain ecology, where this involves knowledge needed so that people can play an active role in their social environment. Even with culture, we can know and understand our environment, as written by Haviland in Samovar, Porter and McDaniel (2010) “for humans, culture limits and directs behavior”. In fact, he also adds that “by culture, everything will be easy”. It is easy because culture protects people from those he does not know by offering them an overview of all life activities, ranging from how each person makes a living to how the economic system works, how to greet strange people, how to explain diseases, how to get a partner, culture will provide guidance for everyone. With culture, people can also share their thoughts, feelings and information.

Cultural characteristics will help humans to be better actors in intercultural communication. First, through the cultural characteristics, the relationship between culture and communication is closely visible. According to Huntington in Samovar,
Porter and McDaniel (2010) “The most important thing in a culture includes language, religion, traditions and customs”.

2.3. Educational and economic factors and the influence on communication

When people see or consult with a doctor, a transfer of information can be ascertained, either from the patient to the doctor or otherwise. A doctor who does have a health education background certainly has a good understanding. It is different from patients who have varied educational backgrounds. Some do not have a school experience, some are elementary school graduates, some are junior high school graduates and some are college graduates from various faculties. Because of these differences, there must be common ground of understanding between the patients and the doctors in order to avoid miscommunication, so the patients’ purposes to get treatment and solution for the problems are reached. Similarly, the doctors, with the ability to adjust education through the light delivery that is easily understood by common people, it becomes an immediate success for the doctors.

Information is resources. Information has a value, and information enables people to do things they cannot carry out without the presence of such information. The old adage states that knowledge is power, and this means that knowledge gives people an ability to do things and take advantage of opportunities. Knowledge is a wealth. Unfortunately, it has not been distributed equitably to people who are financially poor, who are also information poor. There are rich people and poor people regarding information as well as rich people and poor people with respect to material wealth (Severin & Tankard, 2005).

2.3.1. Role of mass media to communication

An attempt of use of mass communication to get information for less fortunate people is through TV programs, magazines, newspapers, flyers and advertisements on streets. Nevertheless, the gap between people in different social status still remains visible, and even it is striking today according to Tichenor, Donohue and Olien in Severin and Tankard (2005), which is known as a knowledge gap hypothesis:

> when the inclusion of mass media information into a social system increases, segments of population with a higher socioeconomic status tend to acquire such information faster than the segments of population with a lower socioeconomic status; thus, the knowledge gap between the segments tends to widen rather than narrow.

The hypothesis predicts that the people from both a higher socioeconomic status and a lower socioeconomic status will gain the knowledge as additional information but people with a higher socioeconomic status will get more information. This means that the relative gap in knowledge of rich people and poor people will increase.

The knowledge gap hypothesis triggered by Donohue and Olien is driven by several reasons. First, there is a difference in communication skills between people from a lower socioeconomic status and some other people of a high socioeconomic status. Usually, there is a difference in education, and education prepares people for basic information processing tasks, such as reading, understanding and remembering.

Second, there is a difference between the amount of information stored or background knowledge previously acquired. Those coming from a higher
socioeconomic status may have known a topic through education, or perhaps they know
more about the related topic through the media.

Third, people of a higher socioeconomic status may have more relevant social
relationships. It means that they may be associated with people who are also exposed to
the problems associated with the community and may be involved in discussions on
related topics they face.

Fourth, the mechanism of acceptance, exposure, selective memory may work. People
of a lower economic status may not find information relating to issues associated
with the public or news on science in accordance with the values or attitudes, or they
may not be interested in such information.

Fifth, the nature of the media system is that it is adapted to the people of a higher
socioeconomic status. Many news on issues related to society and science are published
in print media, and print media is oriented to the interests and tastes of people of a
higher status.

Many factors cause dilation and closing of the knowledge gap. Perhaps the
knowledge gap can be overcome if the entry of information into a population is fairly
large. Or perhaps the community’s involvement in the information dissemination can
help achieving a broader “visibility” for information and information receipt (Severin
and Tankard, 2005).

The knowledge gap spreads due to certain circumstances and to closes because
of certain circumstances as well. Television can have a special power to close the
knowledge gap, or, if not closing it, it at least prevents it from widening (Severin
and Tankard, 2005).

2.4. Emotional and Communication Needs

Good communication is not always in the form of verbal communication, but
also can be nonverbal communication. Even by non-verbal communication and from the
expressions generated by the parties in communication, it provides facilities for
communication either with yourself or others, but it also can determine the attitudes and
actions that need to be done at the right time. Non-verbal communication is very closely
related to one’s emotional expression and communication (Hude, 2006).

According Soetjiningsih (2007) Nonverbal communication is everything that is
delivered by one person to another without words. Communication is demonstrated
through cues, facial expressions, body language and tone of voice. Ways of
communicating friendliness and warmth to the patient through nonverbal behaviors,
such as a smile, leaning forward and shaking hands can improve the communication
process. Expression of a person can also be seen from the tone of voice and facial
expressions that can communicate different emotions. Expression that accompanies the
tone of voice can also make it easier to understand emotions to be conveyed. Thus,
communication will be more effective.

According to Christensen and Kenny (1995) emotional communication refers to
the range and types of emotions and feelings expressed by the parties involved in
communication during the interaction, including joy, anger, happiness and sadness.

The rise of emotional reactions in a communication is influenced by
physiological aspects. The reaction will be visible from the face to the attitude and
behavior. This expression marks the course of a communication for oneself and others who are watching. This communication is easily understood by others because the same thing could be experienced many times. Aspects of physiological changes are one of the main components becoming the reference for determining the occurrence of emotions in human life. Therefore, emotions are categorized as psychophysical reactions involving the outer and inner side of the human.

III. Discussion and Analysis

This study is an analysis of health communication determination that will only be viewed from four factors: educational, economic, cultural and emotional level. This study used a qualitative method and was made through surveys conducted in South Jakarta and Bogor.

An important point of this analysis is the understanding of communication from doctors and patients. Doctors need to understand that communication is not just a verbal communication through conversation, but it also includes a thorough understanding of communication. According to the health council (2006), doctors need to have the ability to explore and exchange information verbally and nonverbally with the patients at all ages, family members, communities, colleagues and other professions.

3.1. Emotions Vs Health Communication

From the personal side of medical personnel, the level of public trust should be motivated to improve the self quality, in terms of both medical skills and communication. Patients in particular and society in general will be very happy to face medical personnel and doctors who have good communication skills. Even Mulyana (2010) reveals that a doctor’s friendliness is the best medicine for the patients. This friendliness is a proof of communication skills and a good adjustment performed by a doctor to the patient under any circumstances.

Dissatisfaction of patients to medical services is usually associated with hospital officials, delays in care of doctors and nurses, some doctors are difficult to see, less communicative and informative doctors, nurses who are less friendly and responsive to the needs of patients. From the writer’s surveys, respondents stated that of all doctors they met, only 40% of them gave good responses related to complaints they felt, and even they stated that 55% of doctors did not care with complaints of respondents. This becomes a proof that doctors and medical personnel should enhance the ability of services to patients.

On the patients’ side, they tend to always get the attention from the doctors, especially when they are hospitalized, although it is expressed only by asking the patients’ condition. Even from the surveys conducted by the writer, the respondents stated that the attention of doctors have a very large (70%) influence to the treatment process. The patient needs are the rights that must be met by the doctors; if the rights are not met, the respondents said they would perform some reaction as a response to their unmet rights.

From the foregoing, it can be concluded that the attention of a doctor is a spirit in the treatment process. In addition as a form of improved service facilities, it is an effort to meet the obligations of doctors and hospitals to patients.
3.2. Culture Vs Health Communication

In aggregate, the level of patient confidence to medical treatment is very large by 80.67%. With this confidence level, medical / health institutions have a challenge to prove their quality, in terms of both services and facilities.

As in a childbirth case, the MDGs notes that approximately 60% of births in Indonesia took place at home, in this case mothers needed the help of “skilled attendants”. This is a proof that the community requires health facilities and adequate quality to be distributed to regions. For various reasons, several people choose to ask for help from traditional birth attendants. It is generally considered that their services are less expensive and can be paid by rice or other items, more readily available and considered to be able to provide personal care. From such description, at least there is a picture that facilities intended by the people are also associated with the payment and the availability of medical personnel in regions, so that medical personnel should also be always ready to be assigned in local areas and ready to serve patients at all times.

The level of patient satisfaction becomes the focus of hospital services / health institutions. The level of satisfaction is strongly associated with quality of services. According to Suryawati (2004), there are four aspects of service quality of a hospital, which is the appearance of professionalism in hospitals (clinical aspects), efficiency and effectiveness of service delivery based on aspects of resource usage, safety, security and patient comfort, satisfaction and patients served.

Satisfaction of patients will have positive impacts for both hospitals and the patients concerned. The positive impacts for hospitals according to Suryawati (2004) include, first, medical recommendations to cure the patient will be happily followed by patients who are satisfied with the services. This is also evidenced by the writer in the surveys that 53.33% of people would try to follow the advice of doctors and were willing to spend the funds to get a cure. Second, the creation of positive image and good name of a hospital because patients who are dissatisfied will be inform the satisfaction to others. This will be an indirect marketing system for the hospital. Moreover, in fact, people tend to be more confidence and follow the reference of their environment and other communities to determine treatment decisions. As the writer’s surveys, 64% of the people stated that they would follow the reference of others in determining treatment decisions. In addition, environment also affects by 54% in determining public preferences for treatment. So there is no other reason for hospitals and health institutions but to raise the health services to patients, because patients are clients that must taken as precedence. 74%, of other and self treatment experience becomes the basis of their subsequent treatment decisions.

Public confidence in the alternative medicine system is also quite high. From the writer’s surveys, the confidence level is at 52%. The alternative treatment indicates the high influence of culture and customs of society. However, forms of critical illness or complications shall be aware of and require treatment as intensive as possible.

Modern medicine and alternative medicine shall not compete in the treatment system, but they can complement each other. People’s tendency to choose alternative treatment is solely due to natural sources, inexpensiveness and accessibility. Nevertheless, they still consider a modern medical treatment as a more practical,
effective and highly proven treatment system. Even according to Walcott (2004) people turn to alternative medicine after they are medically declared to be unable to take medication.

3.3. Education VS Health Communication

According to Erawatyningsih, Purwanta and Subekti (2009) the lower the education level, the more non-compliance the patients to seek treatment will be because low education greatly affect a person’s absorption in receiving information, so that it can affect their level of understanding about the illness, treatments, and the hazards of irregular medication. Conversely, the higher one’s education, the greater their ability to absorb, accept or adopt information will be.

This statement is reinforced by the research of Masduki (1993), which states that groups of people who have attended schools have a higher treatment compliance rate than groups who have never attended schools. Public ignorance of health-related information, which one of them due to low education, lead to a patient’s tendency and focus to question very simple things, such as treatment systems and the use of drugs, and in this research a tendency to ask is by 66.67%.

Given the community is getting smarter and can get various information faster will facilitate the treatment systems of patients. Of the respondents analyzed by the writer, it is stated that 42.67% of respondents obtained health information through the internet, indicating a technological development. People even make consultation online even if the presentation is relatively small (22%). However, with the Technological developments, especially in business world, such system will possibly develop later. To compensate for this development, either doctors or hospitals should always be ready to respond to community consultation through any channels, or even make time to respond to consultation online.

3.4. Economy VS Health Communication

Community as patients has rights and obligations in the treatment process, in which the obligations will be the rights of hospitals or doctors in charge. According to Suryawatati (2004), the obligations of patients include: patients and their families should obey the rules and regulations of hospitals, patients must tell truthfully everything about the diseases, patients must comply with all the doctor instructions in the context of treating their diseases, patients / patient families must bear the costs of all services provided by the hospital and patients and the insurers shall comply with all agreements signed.

Cost is one of the obligations of patients that often become one of the causes of problems and also a consideration in selecting the treatment place. From the respondents analyzed by the writer, it is stated that their tendency to seek treatment in private hospitals is very small (39.33%), regional general hospitals (20%), public health centers (43.33%), private physicians (33.33%) and clinics (56.67%). Considerations in determining the treatment selection are motivated by the income / economic level they have. 24-hour clinics commonly existing in local areas still become the best option for respondents for initial treatment. It is because in addition to the proximity, the costs specified in clinics are still affordable. Even according to Erawatyningsih, Purwanta and Subekti (2009) a very low family income can determine non-compliance with treatment, because the allocation of income is more likely to meet the daily needs and it causes the
patient’s non-compliance with treatment. In determining treatment decisions, the majority of respondents, who had middle economic background, did not highly consider the prestige of a doctor; they emphasized on their goals and tried to obtain maximum services, although it was not from a private doctor or not a well-known doctor.

IV. Conclusions and Suggestions

4.1. Conclusions

From the above analysis, it can be concluded that in order to improve public health services, several factors that include educational, emotional, economical and cultural factors need to be considered. The data obtained from the respondents prove that:

a. Patients still trust medical personnel to perform the treatment, although some of them also still attend alternative treatment, because both these treatment systems will not be competitors but rather as complements and shall be complementary.

b. The trends of treatment made patients are still influenced by the environment, community references and previous treatment experience.

In terms of education, the data prove that:

a. With the level of public confidence in medical treatment, it shows also that the public is also often to directly consult with a doctor.

b. With technological developments, the public has started to conduct online consultations and seek medical information through the Internet.

c. Public dissatisfaction against the system of doctor services and hospitals will lead to a reaction from the public as a form of dissatisfaction.

d. Increasing public education and more easily ways to get information by society encourage people to ask for details of the treatment system and the use of drugs to doctors and medical personnel concerned.

From the economic side, the data prove that:

a. People are more likely to seek treatment to clinics than to private hospitals, private doctors and regional general hospitals, by considering a more affordable cost and nearer location.

b. People also recognize that they still often take generic drugs compared with patent drugs because the price is likely to be more affordable and easily obtained.

c. Associated with the illness, people will not hesitate to incur expenses to follow the doctors’ advice related to their disease treatment system.

From the emotional side, the data prove that:

a. People tend to try to get attention from the doctors of their illnesses.

b. People still find many doctors who pay less attention to the patients.

c. People and patients in particular stated that touch of doctors during examination is very important in the examination process.

4.2. Suggestion

The coming of a patient is with purposes to get answers and solutions to their health problems. Furthermore, a patient’s meeting with a doctor will affect the patient’s decision to continue the treatment or not. The influential aspect of such decision is communication, especially the attitude of the doctor in having communication with the patient. From the research findings obtained, the writer recommends several solutions
from multiple submissions of respondents to doctors and medical personnel. Whereas, doctors and medical personnel should pay attention to:

a. Reliability: the ability to display the promised services promptly and accurately.

b. Responsiveness and concern: the ability to help patients and increase the speed of services. This capability is obtained when a doctor has the ability to listen and provide information and good descriptions to the patients. Communication skill becomes one basis to improve responsiveness to patients.

c. Assurance: A competency owned that the patients will feel safe, free from danger, risk or doubt and get assurance which includes knowledge, attitudes and trustable characters.

d. Empathy: A character and ability to pay full attention to the patients, ease of making contact and good communication, and a form of efforts to help patients, honor and respect of patients regardless of socioeconomic status. Be fair in providing medical services and avoid discriminatory treatment against patients.

e. Tangibles: The physical appearance of facilities, equipment, means, information or communication and ready personnel or medical personnel.

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