

The Physician's Behavior in Therapeutic Communication based on Patient Perspective in Hospital Education Medan City

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Abstract: The physician's behavior in therapeutic communication is the process of the physician's interaction with each patient with the aim of assisting patients to feel comfortable and not afraid to express their feelings and thoughts at the beginning of the examination. However, health services provided by a physician, do not match patient expectations. Therefore, this study wants to find out the ideal therapeutic communication behavior of physicians. As a result those physicians can meet the needs and expectations of patients. This qualitative study was conducted at the Teaching Hospital in Medan in 2019. Research using in-depth interviews with 19 patients who were satisfied with the physician's therapeutic communication as data collection. Analysis of interview data using thematically inductive analysis. The results revealed the physician's behavior in therapeutic communication based on the patient's perspective was that the physician invites the patient or the patient's family to joke (pleasantry) and the physician does not discriminate patients based on their level of education (fairness). The physician's behavior in therapeutic communication based on the patient's perspective is that the physician's pleasantry and fairness, so the patient experiences well received.

1 INTRODUCTION

The physician's behavior in therapeutic communication is the process of the physician's interaction with each patient with the aim of helping patients feel comfortable and not afraid to express their feelings and thoughts at the beginning of the examination. The therapeutic communication step of the physician is that the physician makes preparations before the meeting. When meeting with patients, physician welcome patients, talk to them, listen actively, explain, and discuss stages of treatment. Therapeutic communication is closed by evaluating the effectiveness of communication (Lalongkoe and Edison, 2014; Mardjiko, et al., 2015; Claramita, et al., 2016; Erlina, 2016; Ganiem, 2018).

Ideally, a physician must be confident in his own abilities, feel what patient feel, underlying his actions with human essential nature, personal, honest, appreciate, and accurate. Patients expect their physicians to be competent clinically treating patients. In order to treat patients, physicians must

be able to act professionally, respectfully, politely and sincerely when with patients, interested in hearing patients' stories, having effective communication skills, both verbally, in writing, and non-verbal. Patients have a need to understand and understand their health, and then are offered hope for recovery (Ali, et al., 2006; Bendapudi, et al., 2006; Lypton, et al., 2013; Bressan, et al., 2017; Ganiem, 2018).

However, several studies in Medan (Panggabean, 2015; Syafitri, 2016; Anonymous, 2018; Ningsih, 2018) show that physicians do not give information needed by patients, are less able to foster confidence in patients, give less attention to patients, such as not handling the patient's complaints quickly and appropriately, and not understanding the patient's needs and expectations. Therefore this study wants to find out the ideal therapeutic communication behavior of physicians, so that physicians can meet the needs and expectations of patients.

It's just that not all patients want to express their feelings openly to physicians in consultation. Patients

feel ashamed and afraid if the disease is known to others, so physicians do not know the feelings, thoughts, needs, and expectations of patients to the physicians (Lalongkoe and Edison, 2014; Mardjiko, et al., 2015; Claramita, et al., 2016). Therefore, to find out the therapeutic communication behavior of physicians in this study was taken from the perspective of the patient alone.

Informants in this study are patients who are satisfied with the therapeutic communication behavior of the physicians in the hospital. This is because patients who are satisfied with the therapeutic communication behavior of the physician feel the reality is greater than the patient's expectations before meeting with the physician. This reality is beyond the expectations of these patients will be ideal expectations for the therapeutic communication behavior of physicians. The ideal expectation for physician's therapeutic communication behavior is what patients want the physician to do with excellence so that therapeutic communication can run more effectively and efficiently (Thompson and Sunol, 1995; Sangadji and Sopiah, 2013; Willis, et al., 2016).

2 METHOD

This research was conducted at the Teaching Hospital in Medan in 2019. The selected hospital was a teaching hospital, because the results of this study could be used by physicians who are also lecturers at the hospital as an example for medical students about therapeutic communication behavior ideal. The research method used is qualitative research in order to obtain an in-depth understanding of the ideal therapeutic communication behavior based on the patient's perspective. Informants were 19 patients who were satisfied with the therapeutic communication behavior of the physicians from 63 patients who had received therapeutic communication from the physician. Informants were obtained incidentally. Informants were interviewed in depth using sheets containing questions related to the therapeutic communication of physicians who deal directly with patients (physician welcome patients, talk to them, listen actively, explain, discuss stages of treatment, and evaluate effective communication) openly. Interview data were analyzed using thematic analysis inductively, ie themes that emerge outside existing theories (Boyatzis in Poerwandari, 2017).

3 RESULT AND DISCUSSION

The ideal hope for physician's therapeutic communication behavior is what the patient wants the physician to do with excellence so that therapeutic communication can run effectively and efficiently. However, high patient expectations for the ideal physician therapeutic communication behavior cause patient dissatisfaction (Thompson and Sunol, 1995; Willis, et al., 2016). This has led to 63 patients who received therapeutic communication behavior; only 19 were satisfied with the physician's therapeutic communication behavior.

The analysis results, from the six steps of the physician's therapeutic communication dealing directly with patients, only the first step when the physician welcomes patients whose themes appear outside the existing theory. When doctors welcome patients with excellence, it can make patients feel well received by doctors. This patient's feeling is one indicator of the effectiveness of therapeutic communication carried out by doctors (Ganiem, 2018). Here are the results of the data analysis.

Of the 19 patients who were satisfied with the physician's therapeutic communication, only 2 person raised a theme that emerged outside the first step theory when the physician welcomed the patient, the physician took the patient or patient's family to joke and (pleasantry) and the physician does not discriminate patients based on their level of education (fairness). The following is an excerpt from an in-depth interview with the informant.

"Physician joke with patients so patients are entertained"

"Even though patients only have a junior high school level, there is no hope of a difference in treatment"

The use of jokes or humor when welcoming patients will cut the tension and pain felt by the patient. The use of jokes or humor can also build closeness between doctors and patients, thereby increasing the doctor's success in helping patients feel comfortable expressing their feelings and thoughts at the beginning of the examination. But the use of jokes or humor must also be done carefully and pay attention to the limits of values and norms, so as not to offend the patient or the patient's family. Even a smile in an inappropriate situation can also offend the patient and the patient feels the doctor does not empathize with him (Berger, et al., 2004; Pramujiono, 2008; Lalongkoe and Edison, 2014; Wild, 2017; Ganiem, 2018).

While the theme of this level of education does not exist in the therapeutic communication pattern of

physician based on the opinions of some experts (Lalongkoe and Edison, 2014; Mardjiko, et al., 2015; Claramita, et al., 2016; Ganiem, 2018) but there are factors which influences therapeutic communication from Lalongkoe and Edison (2014). When patients have an inadequate educational background and knowledge, physician use words and language that are easily understood, understood and digested by patients, while patients have adequate educational background and knowledge, physicians use words and language that are appropriate so the patient does not feel dictated or patronized. This is contrary to the wishes of the informants who do not want to be differentiated based on their level of education. Therefore, although this is an important aspect for physicians to consider when communicating with patients, do not let this offend the patient.

However, if the results of this study are applied in a hospital and become a minimum standard of patient expectations, it will be more difficult for the hospital to satisfy the same patient when the patient comes back to the hospital. Therefore, the results of this study can be the highest standard that can be achieved by a physician when communicating with patients, not the minimum standard that must be achieved by a physician. However, if the patient forgets this ideal expectation, the hospital can use this expectation standard and have the same impact repeatedly when the patient comes back, ie the patient is satisfied with the therapeutic communication behavior of the physician every time the patient comes to the hospital (Rust and Oliver, 2000).

4 CONCLUSION

Therefore, the physician's behavior in therapeutic communication based on the patient's perspective was that the physician invites the patient or the patient's family to joke (pleasantry) and the physician does not discriminate patients based on their level of education (fairness).

Physicians and hospitals can use this patient's expectations as the highest standard that physicians can meet when communicating with patients. The lecturer can make this patient's hope an example for medical students about the ideal therapeutic communication behavior. If the physician performs with excellence of these two things, then the patient will feel well received by the doctor at the beginning of the examination.

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