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Obstacle and Supporting Factors Analysis of the Medical Therapeutic Communication Effectiveness at Medan City Hospitals, Indonesia

Arfah Mardiana Lubis,[1] Harmein Nasution,[2] Zulfendri, [1] Juanita[1]

[1]Faculty of Public Health, Universitas Sumatera Utara, Medan, Indonesia
[2]Faculty of Engineering, Universitas Sumatera Utara, Medan, Indonesia
Correspondence: Arfah Mardiana Lubis, Fakultas Kesehatan Masyarakat, Universitas Sumatera Utara, Jalan Universitas No. 21 Kampus USU, postal code 20155, Medan, North Sumatra Province, Indonesia. Email: arfah@usu.ac.id

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Abstract

Medical therapeutic communication is the medical staff and patients' interaction process with the purpose to help patients express their feelings and thoughts comfortably. However, this process encountered obstacles, such as the patient ignoring the advice of the medical staff, the lack of understanding of the patient's language, hearing disorders, and the cognitive function decline of the elderly patient. However, not yet known exactly what obstacles are felt by medical personnel, how to overcome them, and the supporting factors so that the process runs effectively. Therefore, this study aims to analyze the

obstacle and supporting factors effectiveness of medical therapeutic communication, so that medical personnel can overcome these obstacles to increase the effectiveness of medical therapeutic communication at Medan City hospitals.

This research at three hospitals in Medan is qualitative research with a phenomenological approach. 33 informants were selected purposively. The data were analyzed by deductive and inductive thematic analysis.
Based on the results obtained three supporting and inhibiting factors. Barriers from medical personnel are knowledge, time, technology, psychology, and personal protective equipment. Barriers from patients are physical, personality, age, culture, and compliance. Barriers from hospitals are activities to increase the effectiveness of communication, patient screening, and consultation rooms. Supporters from medical personnel are motivation, time management, and health protocol compliance. Support from the patient is the patient's companion. Supporters from the hospital include activities related to communication, PPE, Covid-19 vaccination, patient screening, consultation rooms, information for patients, and internet networks. Therefore, it is concluded that obstacles can be overcome by strengthening the role of hospital management facilitators so that they can increase the effectiveness of medical therapeutic communication in Medan City hospitals.
Keywords: Obstacle Factors, Supporting Factors, Medical Therapeutic Communication Effectiveness, Medan City Hospital.

Introduction

Medical therapeutic communication is the interaction process between medical staff and patients individually to help patients feel comfortable and not afraid to express their feelings and thoughts at the beginning of the medical check-up. Medical therapeutic communication is said to be effective when communication has a direct impact on patients according to the purpose of medical therapeutic communication, namely the patient feels well-received, feels comfortable to express complaints, feels their complaints are heard, understands the stages of examination and treatment, believes the recommended treatment will succeed in treating themselves and agree to carry out the examination and treatment (Indonesian Medical Council, 2009; Redhono, Putranto, & Budiastuti, 2012; Adhani, 2014; Lalongkoe & Edison, 2014; Mardjikoen, Fadhilah, Auda, & Akbar, 2015; Claramita, Susilo, Rosenbaum, & Dalen, 2016; Kourakos, Fradelos, Papathanasiou, Saridi, & Kafkia, 2017; Martin, 2017; Pamungkasari, Prasetyawati, Budiastuti, & Putranto, 2017; Setyawan, 2017; Ganiem, 2018).

However, when carrying out this interaction process, various obstacles can be encountered so that the impact of therapeutic communication can not be felt by the patient. Based on several studies in the city of Medan, patients feel less well received by medical personnel, feel uncomfortable to submit complaints, feel that their complaints are not heard, feel that they do not understand the treatment that will be carried out, and patients feel less confident with the treatment provided by medical personnel. This causes many people in the city of Medan to go for treatment abroad, especially medical services for internal medicine, gynecology, and heart disease (Sarassati, 2008; Ombi, 2012; Panggabean, 2015; Salim, Sutarman, & Yulinda, 2016).

Barriers in the process of medical therapeutic communication can occur from both sides of the medical staff and the patient. Barriers from the side of medical staff, namely medical staff experience physical barriers such as fatigue and the environment where therapeutic communication is less comfortable, countertransference personality possessed by medical staff, and lack of knowledge of medical personnel on effective therapeutic communication. Barriers from the patient side, namely the patient experiencing physical barriers such as hearing loss and the environment where therapeutic communication is less comfortable, the patient's resistant and transference personality, age, culture and religion, and the patient's mastery of technology. These obstacles can be overcome by optimizing the factors that support medical therapeutic communication. Factors that

support the process of medical therapeutic communication are time management, patience, and motivation of medical personnel to communicate with patients, as well as social and cultural factors, education, and knowledge of patients (E. B. Herqutanto, Jauzi, & Mansyur, 2011; Lalongkoe & Edison, 2014; Agnena, 2015; Adriana & Sofiah, 2016; Aprilia, Winangsih, & Gumelar, 2016; Claramita, dkk., 2016; Syafitri, 2016; Ganiem, 2018; Kairupan, Pasiak, & Lumowa, 2018; Rahmania & Saragih, 2019; Shoya, 2019).

Based on the results of the researchers' initial interviews with four medical staff from January to February 2021 at the Royal Prima Hospital and Murni Teguh Memorial Hospital Medan revealed that the most frequent obstacle was that patients ignored the doctor's advice and suggestions. This was experienced by the four medical staff. Another obstacle is the language used by the patient is not understood by two medical staff, and hearing disorders and decreased cognitive function in elderly patients hinder therapeutic communication of medical staff. However, it is not yet known how medical staff overcomes these obstacles and what factors can support increasing the effectiveness of medical therapeutic communication in Medan City hospitals. Therefore, this study aims to analyze what factors can hinder and support the effectiveness of medical therapeutic communication in Medan City hospitals, so that medical staff can immediately overcome obstacles and strengthen these supporting factors to increase the effectiveness of medical therapeutic communication and medical services at home. Medan City Hospital.

Methods

Study design

Based on the purpose of this study, namely, to analyze what factors can hinder and support the effectiveness of medical therapeutic communication in Medan City hospitals, research was conducted in three Medan City hospitals that have internal, obstetric and cardiac medical services, namely Murni Teguh Memorial Hospitals, Dr. Pirngadi Regional General Hospital, and Royal Prima Hospital. This research is qualitative research with a phenomenological approach for 3 months (May to July 2021). This research had received ethical clearance from the Ethics Committee of the University of North Sumatra (Indonesia) Number 43/KEP/USU/2021.

Informant

Informants in this study were medical staff who carried out effective medical therapeutic communication, teaching staff at the Faculty of Medicine USU who taught about medical therapeutic communication, and hospital management at the research site who is responsible for increasing the effectiveness of medical therapeutic communication in hospitals. Based on the results of research conducted by researchers from February to May 2021 quantitatively, were obtained 25 medical staff who met the criteria and were willing to be interviewed in-depth. There are 2 teaching staffs at the Faculty of Medicine USU who teach about medical therapeutic communication and are willing to be interviewed in-depth. There are 5 hospital managements in the research area that are responsible for increasing the effectiveness of medical therapeutic communication in the hospital. Therefore, the total informants in this study were 33 persons.

Data analysis

Data analysis using thematic analysis. Themes were identified and coded deductively (theory-driven) from lens theory and the results of previous research, and also inductively (data-driven) from raw interview data. Both methods of thematic analysis are modified and used to obtain uniqueness or specificity that has not been discussed in previous theories and research (Poerwandari, 2017).

Results and Discussion

In accordance with the purpose of qualitative research, namely to analyze what factors can hinder and support the effectiveness of medical therapeutic communication in hospitals in Medan City, the following is an explanation of the results of the qualitative data analysis. Based on the results of interviews with 25 medical staff informants, there are three sources of factors that support and hinder the effectiveness of medical therapeutic communication. The following is an explanation of the three sources of these factors.

Supporting and inhibiting factors of medical therapeutic communication from medical staff.

Based on the results of interviews with three informants, medical staff has not received knowledge about medical therapeutic communication. The following are excerpts from interviews with the three informants.

> “Previously, we had not received education regarding communication. I entered the Faculty of Medicine in 1986.” (KS, W1)
>
> "We don't even have it in our study …” (AA,W1)
> "
> Here (in Faculty of Medicine USU), entered in 1994, finished 2000. In our era, there was no one" (OY, W1)

The results of this interview are in line with the results of informal interviews with two teaching staff at the Faculty of Medicine at the Universitas Sumatera Utara (FK USU), medical therapeutic communication was only taught in 2006. Therefore, medical staff who entered the Faculty of Medicine USU before 2006, have little knowledge about effective medical therapeutic communication. This is also in line with the results of research from Herqutanto (2011) which revealed that there are many medical staffs have little knowledge and skills regarding doctor-patient communication.

Lack of knowledge and skills of the medical staff regarding effective medical therapeutic communication can be the biggest obstacle when communicating with patients. This is in line with the opinion of Herqutanto (2009) and Ganiem (2018), that the lack of communication skills of medical

staff is a major obstacle in the communication process of medical staff with patients. This is because the basic skill that forms the clinical competence of medical staff is communication.

This lack of knowledge of medical staff regarding effective medical therapeutic communication is overcome by medical staff by discussing (with more senior medical personnel and with other medical personnel) and attending training, webinars, or other activities related to medical therapeutic communication. Then medical staff hones their communication skills by applying this knowledge into their activities when communicating with patients so that it becomes a routine. This activity is supported by the motivation of medical staff to learn, especially regarding effective medical therapeutic communication.

“Doctors must keep to update their knowledge…” (DF, W1)

“For us (especially the old generation) only use the potential that we have... every time there is an event... there is a session that reminds us of communication, professionalism. There is even a study conducted by IDI, shows that the most frequent complaints from patients are communication problems.” (KS,W1)

“Discuss with seniors and colleagues about medical communication with patients” (RR,W1)

“Reading journals, discussing with other colleagues about their experiences” (JH,W1)
“Communication training… there used to be… as I practiced… it's been a while… so I'm used to it… to deliver (bad) news to patients…” (RE,W1)
“Practice make perfect”’(FRS,W1)
“When I was in medical UI, I was taught “you should ask open questions with patients, not yes or no closed questions”… Practice as much as possible and see how to communicate with patients, by seeing a lot of doctors. Practice by asking the patient open-ended questions. Maybe we'll meet… say the wrong thing… ask the wrong thing… but if we don't talk, we don't know if it's right or wrong, that's how it is. … Because communicating really has to be practiced, it's impossible to just put it into theory” (FR,W1)

Activities related to medical therapeutic communication are rarely carried out by hospital management and the information is not spread evenly. The following are excerpts from interviews with four informants.

"No, the hospital (RSU. Murni Teguh) has accepted it" (KS,W1)
“(From the hospital (RSU. Royal Prima), is there any training or activity to improve doctor's communication?) nothing… that's why it will be included later” (AA,W1)
"(Is there a doctor from the hospital (RSUD. Pringadi)?) Yesterday at the accreditation ... there was communication training to patients." (FR,W1)

The results of interviews with medical personnel are in line with the results of interviews with hospital management. The Royal Prima General Hospital and Murni Teguh General Hospital have never held communication training for medical staff. At the Pringadi Regional General Hospital,

Medan, communication training was carried out for medical staff, but it was a long time ago and was carried out in preparation for hospital accreditation.

When going to apply this knowledge in hospitals, medical personnel experience several obstacles. One of them is the schedule of medical personnel serving patients in hospitals is limited (only about two hours).

"(Explain the barriers that doctors feel when communicating with patients BEFORE the Covid-19 pandemic!) time constraints" (DMS,W1)

"because there is a schedule… so the meetings and patients are limited…" (RE,W1)

"(Explain the barriers that doctors feel when communicating with patients DURING the Covid-19 pandemic!) Time and protection" (BIS,W1) "khususnya yang setelah pandemi this, at least for the face-to-face schedule, it's really reduced… Actually, it's not reduced… it's too reduced….but usually, we are the ones who are treated on stand-by there, right? right now... before the pandemic, the patients were more crowded, maybe... that was the same factor, so the examination of the patient was faster, less than 5 minutes" (AN,W1)

"Duration (time) huh… because we can't stay long…. maybe it didn't reach the patient or maybe the doctor didn't have time…. maybe I was in a hurry, the patient was in a hurry, or maybe I was in a hurry because the queue was long. So it's an open question... so it's time-limited." (FR,W1) Therefore, medical personnel arranges the time, so that all patients can be served.

Medical staff limits the number of patients they serve, especially at the BPJS Clinic at the Murni Teguh General Hospital, one day only serving 10 patients. On average, one patient is served at least three to 10 minutes to communicate with the doctor, apart from examinations. For patients who are meeting medical personnel for the first time, or need a more detailed examination, the consultation time will be longer. Patients in general poly, about 10 to 15 minutes per patient. This is because patients in general polyclinics are not as many as patients in BPJS poly, so the time can be longer than in BPJS poly. Even so, in terms of quality, medical personnel strive to provide the same medical services. The following is an excerpt from an interview from an informant who works at the Murni Teguh General Hospital.

"Many patients with limited space and time..because before me, there are other doctors' schedules, and after me, there are other doctors' schedules…. Limiting the number of patients so that the time for communication can be optimal" (DF,W1)

"One day there is usually… we limit… 10 (patients at the BPJS Poly) not much in general poly. One patient for about 15 minutes. (That's the same general poly as the one in BPJS doc?) Yes… it's faster here (BPJS poly). We're only here for 2 hours, at most… seven minutes… one patient, plus check here and there. yes, understand. if it is announced in the poly, it will be looser, so it can take longer" (SPS,W1)

"About 15 minutes, huh…. maybe if there is a new patient, it could be longer. because we are taking anamnesis again, explaining what procedure to do. But, if the repeated patient is usually they are not asked again, they go up immediately…. "let's go up" so..." (EG,W1)

"It can take five minutes, the patient repeats just taking medicine for example. new patients, an average of at least 15 minutes, can also be half an hour, even up to an hour, depending on the difficulty level of diagnosis. … Or the diagnosis is not difficult but it takes a long time to make a decision" (KS,W1)

"Five to 15 minutes at most… I guess…. faster on BPJS, because there are a lot of patients. Depending on the condition of the patient… sometimes one day is limited, there are 10 patients… 1 patient 10 minutes… Actually, there is no difference, yes, serving BPJS and non BPJS patients. It's just because the position of BPJS patients is crowded, huh…. maybe if the communication is lacking, the patient also doesn't understand it. Yes, it should be served." (IP,W1)

"(Before the covid pandemic?) 5-10 minutes (During the covid pandemic?) If the pandemic is 3-5 minutes (is this BPJS or general doc?) BPJS. In general, it can take 15 minutes. It's just education, I haven't checked (If it's the same, check the doc, how many minutes, doc?) If BPJS is 10 minutes." (ASP,W1)

"If only consultation 10 to 15 minutes. if it's the same as 15-20 minutes of action (if BPJS doc?) the average is 10 to 15 minutes. not too much of a difference. just because we have more BPJS patients, the waiting list is longer, so we usually shorten it more." (ANL,W1)

This time management is in line with the opinion of Adhani (2014) and Marsis in Ganiem (2018) which states that sufficient time for medical staff to meet face-to-face with patients is about 15-20 minutes per patient. In fact, during the Covid-19 pandemic, based on recommendations from the Mitigation Team for Doctors in the Covid-19 Pandemic and the Executive Board of the Indonesian Doctors Association (2020), the maximum communication time with patients is 15 minutes.

However, the difference in face-to-face time between BPJS patients and general patients causes dissatisfaction from BPJS patients. This can be seen from the results of research from Rambey, Satria, Simarmata, Parinduri, and Tarigan (2021) which revealed that patients at BPJS felt that medical personnel did not have time to listen to patient complaints and paid less attention to patient complaints. This causes a difference in the level of satisfaction of BPJS patients with general patients based on empathy ($p = 0.002$). This is in line with the results of research by Novita, Yenni, and Syafruddin (2021) which revealed that limited doctor visit time and short doctor communication in explaining the patient's illness led to patient dissatisfaction.

The difference in face-to-face time between BPJS patients and the general patients only occurs at the Murni Teguh General Hospital, not at the Royal Prima General Hospital and the Pirngadi Regional General Hospital in Medan. The consultation rooms at the Royal Prima General Hospital and the Pirngadi Regional General Hospital Medan are the same for general and BPJS patients so that medical staff does not distinguish the face-to-face time between BPJS and general patients. It's just that the medical personnel of the Royal Prima General Hospital limit the number of patients they treat, while at the Pirngadi Regional General Hospital Medan they do not. The following are the results of interviews with medical personnel at the Royal Prima General Hospital.

"(The consultation time for BPJS patients and the general public is the same, doc?) Yes, it's the same" (AN,W1)

"Actually it's the same..., just the status, one BPJS patient and the other general... or... company patient... the time is also the same, (usually how many minutes for one patient?) it's usually 10 minutes before the pandemic 15 to 20 minutes.. (if the room is here too or under the doc?) here too. If the heart is only here." (HA,W1)

> “We usually set up a time for each patient. Almost 40 minutes. For pregnant women… you can… 10 minutes to an hour… 30 minutes. so he must be limited (number of patients), in order for him to be effective. Prepare time for patients, limit the number of patients (So BPJS and non BPJS patients, how do you communicate, doc?) same, must be the same.” (AA,W1)
>
> "Not too long. If it's not enough, WhatsApp or call at night (1 patient, how many minutes, doc?) 10. (Is this a BPJS patient or a general patient, doc?) It's the same thing. Few patients” (TAM,W1)
>
> “(1 patient how many minutes doc?) … 10 to 15 minutes” (SH,W1)
>
> “at least 5 to 10 minutes. depending on the case. if the BPJS patient only comes to him, there are no complaints "the doctor's medicine is suitable, continue, the medicine doc". we give you the medicine. if someone says " it seems not appropriate, doc". do we need to change the drug, yes… we will of course re-evaluate the previous diagnosis. what are their latest complaints (OY,W1)

The following are the results of interviews with medical staff in Dr. Pringadi Regional General Hospital Medan.

> “(One patient, how many minutes, doc?) It depends, yes, about 5 minutes. but if the new patient takes longer. longer ... can be up to 10-15 minutes, yes. (If the number of patients is limited, Doc?) If the number of patients, no, because there are not many patients here. According to BPJS. At the most, the time limit for registration is from 8 to 12. After 12 no one registers, there are no more patients. (Here only serves BPJS patients or is there a general doctor?) Both, so the time is the same, close at 12 o'clock” (FR,W1)

Based on the results of interviews with the management of the Dr. Pringadi Regional General Hospital Medan, Royal Prima General Hospital, and Murni Teguh General Hospital, the number of patients treated by medical personnel is left to the medical personnel themselves, the most important thing is that medical personnel can provide maximum health services.

Based on the opinion of the Indonesian Medical Council (2009), effective medical therapeutic communication does not require much time, if it is accompanied by the skills of medical personnel to explore good patient health problems and involve all parties, one of which is the hospital, so that medical therapeutic communication can run. effectively. This is because not all the information needed by the patient can be provided by medical personnel in a limited consultation time.

The role of hospital management to improve the effectiveness of therapeutic communication can be done by providing the information needed by patients when consulting with medical personnel. The following is an excerpt from an interview with an informant.

> “The information must be held… in… the lobbies of hospitals that need to be informed before communicating with the doctor… to doctor… so that… the patient comes… he can first see the information there… and communication with the doctor can be found… meet …” (EA,W3)

Provision of information needed by patients when consulting with medical personnel can be in the form of flipcharts, leaflets, posters, flyers, and booklets. This information can be placed in the hospital lobby or waiting room so that patients can freely read it before meeting with medical personnel. Based on the results of the researchers' observations at the three research hospitals (Appendix 12), the hospital management has provided posters, flyers, and leaflets and contains information needed by patients when consulting with medical personnel.

Based on recommendations from the Ministry of Health of the Republic of Indonesia (2020) and the Mitigation Team for Doctors in the Covid-19 Pandemic and the Executive Board of the Indonesian Doctors Association (2020), if it takes more time, you can use online media or telemedicine to avoid contracting the Covid-19 virus. This is in line with the results of an interview with an informant.

> "The professional organization recommends that we are allowed to telemedicine, then it is also recommended to use PPE, then it is recommended to reduce working hours for those who have comorbidities." (AN, W1)

The support from this professional organization is strengthened by the Indonesian Medical Council Regulation number 74 of 2020 concerning Clinical Authority and Medical Practice through Telemedicine during the Corona Virus Disease 2019 (Covid-19) Pandemic in Indonesia. In article 3 paragraph 1 of the regulation, medical personnel can use telemedicine, as long as they maintain the effectiveness of the medical therapeutic communication used.

The use of telemedicine can also increase the number of patients that can be handled by medical staff. However, telemedicine has limitations, such as not being able to directly see and examine patients. If medical staff feel they have to see and examine the patient's condition directly, the patient is directed to come to the hospital or the medical staff's private practice. The following are excerpts from interviews with five informants.

> “Patients can video call.. chat…send pictures… video…so if through telemedicine…we can receive a lot of patients for consultation with us. to the hospital, that's all. Or to the practice” (RE,W1)
> “Initially, what did I use… telemedicine… or did I use video calls or something?” (HA,W1)
> "The solution is to hold telemedicine like that" (AN,W1)
> “It can be done anywhere at any time if telemedicine…. Difficult communication especially if telemedicine” (JW,W1)
> “Telemedicine during a pandemic” (NA,W1

This limitation of telemedicine is in line with the opinion of Romanick-Schmied and Raghu (2020), Smith, et al (2020) which states that when using telemedicine, medical personnel and patients must ensure the stability of the internet network and patients can use telemedicine technology properly. Therefore, technological support from hospital management is needed so that medical staff can use telemedicine properly.

"hospital-provided technology supports communication" (ASP,W1)

Based on the results of interviews with the management of Murni Teguh General Hospital and Royal Prima General Hospital, the hospital is equipped with a fast internet network to support communication between medical staff and patients.

Based on the results of interviews with three informants, patients at a young age are more proficient in information technology and keep abreast of Covid-19 information, so they understand more about health protocols and are more proactive in explaining the complaints they feel, and the things they have done. The following are excerpts from interviews with these three informants.

"Sometimes the young ones ask, "Is there something like this medicine?"… "How's the language, doc?"… "Let me see the medicine" … "Yes, please… just go ahead" " (EA,W2)
"The patient explained…the patient was more familial…he explained everything…what had been done and what were the symptoms…was familiar…because he was not afraid of this facility…. yes… it's more familiar… he follows health developments… so the communication is good…" (EA,W3)
"When the patient knows about his illness because he reads it" (TAM,W1)

This is contrary to the opinion of Ganiem (2018) which states that the mastery of technology from the patient is one of the barriers to medical therapeutic communication. The patient's mastery of technology can be an obstacle if health information from the internet is incomplete and the patient performs self-medication based on that information without prior consultation with medical staff. This can cause self-medication errors. Patients can become excessively worried because of information from the internet that makes their disease worse. This is how one informant felt.

"People who half know that so they know they are not medically basic but they feel that by reading books or articles on the internet they feel they already know how to handle patients" (AN,W1)

Based on the opinion of Romanick-Schmied and Raghu (2020), Smith, et al (2020), telemedicine is only used for patients who have been treated and experience the same disease as those who have been treated previously. New patients should be treated face-to-face. This is because the healing effect of the medical therapeutic communication process comes from touching and direct face-to-face interactions between medical staff and patients, while telemedicine can hinder the process of building trust between medical staff and patients.

Old patients with new illnesses should also be treated face-to-face. This is done to maintain the existing trust. Emergency patients, such as patients suffering from acute illness or whose disease has the potential to become more severe, should also be treated face-to-face (Romanick-Schmied & Raghu, 2020; Smith, et al., 2020).

When face-to-face communication is needed, medical personnel feel anxious about contracting the Covid-19 virus. This anxiety is overcome by medical personnel by carrying out Health Protocols (Prokes) while communicating with patients (wearing Personal Protective Equipment (PPE) and maintaining distance). The following are excerpts from interviews with informants.

"Discipline of health protocols from all parties involved" (JH,W1;DF,W1;SPS,W1)

"If we are not vigilant and not careful…. don't prioritize the health of the sufferer or ourselves…..then at some point, we will also get infected (infected with the covid virus)… Yes… that's why the communication… talk… we have to take care… (showing face shields, masks… and the distance between researchers and medical personnel during the interview)… must be on full alert" (EA,W3)

"During a pandemic… we're afraid of getting infected, aren't we… afraid of being exposed to more viruses…" (RE,W1) "I have to take care of myself, contact with patients should be minimal." (FR,W1)

"We assume our patient has Covid, that's why I use this (showing mask and face shield)" (AA,W1)

Based on the opinion of the Mitigation Team for Doctors in the Covid-19 Pandemic and the Executive Board of the Indonesian Doctors Association (2020), the PPE that can be used by medical personnel in the outpatient poly room (non-covid) is level two PPE, such as headgear, eye and face protection, surgical masks, scrub or protective clothing, gowns, latex gloves, and gaiters. However, the use of PPE is felt to hinder medical personnel from communicating with patients. The medical staff complained of feeling hot and had to make a louder voice so that the patient could hear what the medical staff said. This causes fatigue in medical personnel and pain in the throat after communicating with patients. Medical personnel are also less able to know the patient's feelings because part of the patient's face is covered with a mask. The following are excerpts from interviews with informants.

"1. The patient does not understand what is being said. 2. Wearing masks, face shields, being far apart requires extra effort to listen and speak" (RR,W1)

"Health protocols and verbal communication disorders due to masks, distance and barriers" (JH,W1)

"It's hard to hear the patient's voice because I wear a mask and the patient can't hear our voices... the patient also wears a mask" (AN,W1)

"By wearing layered masks and layered PPE, it is rather difficult to give a long explanation to the patient" (DMS,W1)

"masks and PPE. Hot. The sound is not optimal. I'm tired anyway" (TAM,W1)

"(Explain the barriers that doctors feel when communicating with patients DURING the Covid-19 pandemic!) Time and protection" (BIS,W1)

"PPE usage … limited sound" (ASP,W1)

"must have a strong voice" (SPS,W1)

"I'm currently experiencing sensory loss. We have to look at the patient's eyes, the patient's voice. How to hold. Well, holding is the most difficult because you have to wash your hands, the facilities are lacking, there is no hand sanitizer available, or unfortunately, I forgot.. maybe. that's the hard one. because in my opinion, touching is important, yes. to hold him hot or not, his heart. and others. wearing a face shield is also annoying. Especially, if you use your handscoon… it's so difficult… during this pandemic. … Masks too… the sound is low… have to repeat back and forth…" (FR,W1)

"hot ...., difficult to move, difficult to breathe, sore throat. because our voice must be stronger." (AA,W1)
"Tightness and heat due to PPE" (DF,W1)
"It's been more than an hour at the poly. already tired huh… it's not comfortable anymore." (IP,W1)
"We get tired easily, don't we" (EG,W1)
"For example, the patient is sad… we don't know… because his face is covered by a mask. or the patient is happy, or angry" (HA,W1)

Based on the results of the researcher's observations during interviews with informants, medical personnel have used the PPE. However, some medical personnel wears masks that are not surgical masks, but N95 masks or other masks that can filter smaller air particles than surgical masks. Communication barriers caused by the use of masks are in line with the opinion of WHO (2020). WHO states that the use of masks can cause difficulties in communicating clearly and can cause discomfort such as headaches and/or difficulty breathing due to the type of mask used.

Based on the results of several studies (Roberson, Kikutani, Döge, Whitaker, & Majid, 2012; Carbon, 2020; Corey, Jones, & Singer, 2020) revealed that difficulty communicating clearly when wearing a mask is caused by sound waves blocked by the mask. The recipient of the message also cannot read the lips and facial expressions, the facial emotions of the message sender as confirmation of his verbal communication. This causes the contents of the message to not reach the recipient's ears properly. Facial expressions and voice are also positively related to patient satisfaction (Herqutanto, 2009).

Even so, medical personnel continue to carry out their obligations sincerely and dedicate themselves to curing patients' illnesses. The following are excerpts from interviews with informants.

"Doctors when asked... all kinds of atmosphere... he's still good... because basically, he's sincere..." (EA,W3)
"We are… for example… Arfah becomes a doctor… works in a poly… there is no correct psychological test… it should have been given… her soul is not this soul (the soul of a doctor)…(So, for a doctor, what kind of soul is suitable, doc?) yes, a social spirit… a dedicated soul… we don't have this right now… that's why we are… difficult… we can't…" (AA,W1)
"Interest is very important if you're not interested, it's over… so a doctor, he's only ordered from parents… done… very difficult. It is very difficult (emphasis of words) because there is so much to understand" (FR,W1)
"I am satisfied because I can help patients to get a definite and clinical diagnosis according to the histopathological results" (JH,W1)
"Glad to see patients understand with explanation… Self-satisfaction" (FRS,W1)
"Patient Satisfaction and healing from Allah" (TAM,W1)
"His quality of life is getting better, isn't it. At home, many can carry out activities without the tightness that arises, they can walk again, for example, yes. that's our target. that's actually what motivates. That's one, the second is trying to extend life expectancy. That's the long-term effect. But if the Quality of life is within a few weeks after treatment." (ANL,W1)

Medical personnel who carry out their profession sincerely, will patiently deal with patient complaints, continue to strive so that patients can understand the explanations given by medical personnel, and strive for the best treatment until the treatment is successful and the patient is declared cured, reducing the symptoms that appear, or the disease. controlled, so as to create comfort in living their lives.

"(What did the doctor think at that time?) Wish the patient a speedy recovery" (JF,W2)
"Which are fun…. The patient has recovered, right?" (RE, W1)
"if it heals "yes… the doctor is good, huh"…" (SPS,W1)
"When it was the patient's case that came to me… managed to get pregnant… it was a great joy for me. It's priceless." (AA,W1)
"The patient's healing… can be from communication… Because if… he feels the communication is good… it will help the healing process" (HA,W1)
"If the patient initially refuses, then he is very grateful for being cured" (NA,W1)
"Depending on the disease, not all medications can cure sometimes reduce symptoms" (ASP,W1)
"If he has fewer complaints, of course, we will be happy..." (OY,W1)
"Hopefully the patient's disease can be controlled…. Symptoms of the disease are reduced… Most heart diseases can only be controlled, not cured" (JW,W1)
"The previous patient… came with a severe complaint and type of illness. Suddenly it came to us, it's been checked several times, yes… we evaluated it… the results are good… clinically good and the family is very helpful" (ANL,W1)

The results of this interview are in line with the opinion of the Pakistan Medical and Dental Council and Higher Education Commission Islamabad (2011) and Ariyananda (2014), as well as the results of several studies (Löffler-Stastka, et al., 2016; Razzaghi & Afshar, 2016; Siregar, 2016; Prasanti , 2017; Kim & White, 2018; Kersting, 2019) who revealed that sincerity (altruism) is one of the traits that must be possessed by a medical worker. Effective medical therapeutic communication based on sincerity will make it easier for patients to accept the information conveyed by medical personnel and increase the patient's motivation to recover.

Patient recovery is the greatest motivation of medical personnel when conducting therapeutic communication. This is in line with the opinion of Lalongkoe and Edison (2014) that medical staff who serve patients with the motivation that patients recover quickly is a high-value service and according to the main goal of medical therapeutic communication itself, namely patient healing.

Supporting and inhibiting factors of medical therapeutic communication from patients.

Based on the results of interviews with three informants, the educational and socio-cultural factors of the patients become barriers to medical therapeutic communication. The following is an excerpt from the interview.

"(Explain the barriers that doctors feel when communicating with patients BEFORE the Covid-19 pandemic!) Usually because of educational and socio-cultural background factors" (JH,W1)
"Level of patient education requiring extra effort to communicate" (FRS,W1)
"Different cultures, they're outspoken here… frankly… kind… but can fight, right… one is explosive… According to him, it's normal, yes… but according to other people, he's angry, but he's not…. if the people of Medan are like that huh…" (FR,W1)

This contradicts the opinion of Lalongkoe and Edison (2014) which state that patient education, social and culture are factors that can support the effectiveness of medical therapeutic communication. Medical personnel who know and understand the educational, social, and cultural levels of their patients, can adjust the use of language and words when communicating with patients. However, based on the opinion of Lalongkoe and Edison (2014) and Ganiem (2018), patient culture can be an obstacle when therapeutic communication is carried out. This is because, when the patient uses a regional language that is different from the language understood by medical personnel, the patient does not understand how to convey his complaint. The medical staff themselves also have difficulty understanding the complaints felt by the patient and also have difficulty ensuring that the patient understands well the things explained by the medical staff.

"If the patient cannot use Indonesian" (DF,W1)
"At least it's Indonesian… if those who don't understand Indonesian… use a translator…" (JF,W1)
"If you have a different language… it interferes with your concentration… it's all dispersed… what you want to convey becomes difficult, I want to discuss it… I'm not confident because I'm afraid to say the wrong thing. Use an interpreter, nurse, or the patient brings his brother, bring his family who understands" (FR,W1)
"Secondly, the regional language, the obstacle, eee… I don't understand the regional language either… Allo… Alloanamnesa… (How is that doc?) His family calls him… translator… the villagers local language… the villagers somehow doesn't understand him… (With family, family communicating?) He-em (nodding), yes…" (EA,W2)
"Explanations are given to the patient or patient's family who understands so there is no need to explain repeatedly for the same question" (DMS,W1)

Based on the results of the interview with the informant, it was the patient's family/companion who explained the complaints felt by the patient to the medical staff. The method used by medical personnel is called Alloanamnesis. Alloanamnesis is a medical interview conducted by medical personnel with the patient's family/companion. Alloanamnesis is performed when autoanamnesis (direct interview of medical personnel with patients) cannot be performed (Indonesian Medical Council, 2012).

The medical staff then explains to the patient's family/companion about the disease, the stages of treatment, and the examination that the patient will undergo. It is the patient's family who conveys the explanation from the medical staff in a language that the patient can understand. This is not in line with the policy of the Quality Improvement and Change Management Unit of the Department of Health Western Australia (2016) which states that, although family and friends can

help explain to patients, it is only simple health information. Meanwhile, health information that is more complicated in nature requires an interpreter who understands health problems.

Based on the opinion of Susilo (2021), due to limited human resources, this cannot be done in Indonesia. Therefore, medical staff should learn the languages used by patients, such as Javanese, Toba Batak, and Mandailing. This is because, if seen from Table 1 above, these three ethnic groups are the three largest respondent tribes who seek treatment at the poly.

Another alternative is hospital management placing nurses who understand the patient's language so that they can help medical staff when explaining to patients about the disease, the stages of examination, and treatment. The following are excerpts from interviews with two informants.

> "The hospital supports other health workers who can help with better communication… (Can the doctor mention which health worker, doc?) Nurse" (ASP,W1)
> "Use an interpreter, nurse, … Nurses are usually local people, right? (FR,W1)

The use of language that is understood by the patient is also done to create a relaxed and intimate atmosphere between medical staff and patients. This is in accordance with several research results (Wong, et al., 2014; Andriani, Wardiani, & Astuti, 2021) which reveal that medical personnel perform code-switching or change words or terms in Indonesian to another language, or vice versa, to facilitate communication between medical personnel, make the atmosphere more relaxed and intimate, and patients are more confident in expressing their health complaints.

Based on the results of an interview with an informant, the patient's age becomes an obstacle to the effectiveness of medical therapeutic communication. Medical staff experience difficulties communicating with elderly patients, because these patients do not understand how to convey their complaints to medical personnel and do not understand the explanations given by medical personnel. This is in line with the opinion of Lalongkoe and Edison (2014) and Ganiem (2018) which stated that elderly patients experienced decreased hearing, memory, and experienced emotional changes such as refusing their health conditions. The following is an excerpt from an interview with a medical professional.

> "one of them is the old man" (EA,W2)

In addition to age, based on the opinion of Lalongkoe and Edison (2014) and Ganiem (2018), the patient's personality is also an obstacle to the effectiveness of medical therapeutic communication. Based on the results of interviews with informants, the patient's personality who is resistant or unwilling to accept input and explanations from medical personnel is an obstacle to effective medical therapeutic communication. Patients who are too dominant or talk too much, like to command, or manage medical personnel, patients who are passive or just silent are also obstacles to effective medical therapeutic communication. The following is an excerpt from the interview with the informant.

> "At the very least… he doesn't know what he's talking to, yells, doesn't connect… what the patient wants to do is follow…" (JF,W1)
> "The patient becomes resistant… so ANGRY (emphasis on words) "Ah, even the doctor just ordered me… the doctor didn't understand my condition"… well… that's why he didn't obey.

He doesn't care what we direct him to… so if the patient talks a lot… the doctor understands better, right…" (RE,W1)
"Sometimes the patient is still not sure, still nagging, even though she already knows which one is right but still nagging….sometimes the patient just ignores him. can't express what she feels, and she always represents it to other people. it's always her husband who talks, she just keeps quiet…." (KS,W1)
"There is one patient who doesn't understand. there is one patient, he is the one who talks more. depending on the character. Sometimes there are patients who are too long to explain, it's too much…" (EG,W1)
"Sometimes the patient argues and knows more… more than the doctor… so I won't argue… won't be able to win… if I explain, I'm still annoying…" (HA,W1)
"Patients feel more aware of their illness" (NA,W1)
"Patients talk pointing and say my name, some have been educated and still blame me when their family died" (ASP,W1)
"or the bossy patient." (DMS,W1)
"Sometimes I tell us Oh it should be like this oh he doesn't accept that sometimes even to the point of getting angry" (AN,W1)
"Patients and families do not accept the diagnosis I made… I hope the patient can go through the denial phase and accept the objective results of the examination" (FRS,W1)
"Patients complain about their illness and don't accept it" (JW,W1)
"He violated what we forbid. So it's as if he's blaming us. our medicine is not good. but he himself is the problem. (OY,W1)
"Our communication is one-way, yes… rarely is it two-way……..we say "your wife is like this… this is what you can do from the results of the medical examination"… she just says "yes, ready sir"…" (SPS,W1)
"We want to explain it well, right, "it's up to the doctor"… the patient is silent when he uses open sentences. That's… the level of education, I don't understand when given an open sentence. but if the question is yes or no… he can…" (FR,W1)
"Well, we've had a good education, but the patient is stubborn…. ordered to seek treatment, two months to come, it's ready. "no doc. My sugar is safe, Doc, it's under control." After that, he didn't eat medicine…. As a result, the symptoms come back again, right?" (ANL,W1)

Based on the opinion of experts (Supriyanto & Ernawaty, 2010; Claramita, et al., 2016; Ganiem, 2018; Susilo, 2021) stated that in Indonesia, hierarchical culture plays a strong role. Medical personnel is seen as someone with a higher level of social hierarchy than patients. This causes the patient to be more passive and if there is a question or refusal, the patient just keeps it in his heart.

Almost the same thing happened in West Sweden. Based on the results of research from Wolf, et al. (2017) revealed that during discussions, medical staff answered all questions from patients and medical staff also explained everything about the disease and its treatment. However, patients leave all treatment decisions in the hands of medical personnel for practical reasons.

Therefore, medical personnel needs to encourage patients to be more open to medical personnel so that medical personnel can understand the health complaints experienced by patients more clearly. This is in line with the results of research from Cobos, Haskard-Zolnierek, and Howard (2015) and Situmeang (2021) which revealed that patient-centered communication of medical

personnel can make medical personnel understand complaints, concerns, thoughts, hopes, needs, and the patient's feelings so that medical staff can reduce the patient's level of anxiety about the disease. This is also consistent with the results of interviews with two informants.

> "So the tips are two-way communication. As clear as possible we convey" (EG,W1)
> "and two-way communication can be established" (DMS,W1)

Vita (2021) states that the method used by medical personnel so that patients can be more open to medical personnel so that medical personnel can understand health complaints experienced by patients more clearly is called dialogic therapeutic communication (open and easy to understand). This communication is carried out by medical personnel in Malaysia.

Based on the results of interviews with informants, the personality of the family/patient companion who is too dominant or talks too much is also an obstacle to the effectiveness of medical therapeutic communication. The following are excerpts from interviews with these five informants.

> "Her husband is very dominant or she is introverted, I don't know. (KS,W1)
> "It's not the patients who ask a lot, but the family… Sometimes, we've explained… he said he understood… but he kept asking…. and sometimes that is annoying" (SH,W1)
> "The third person who came from nowhere, suddenly appeared as if he knew it, even though he didn't understand the course of the patient's illness," (DMS,W1)
> "Sometimes there is a family, which is not a close family or nuclear family, who lives with the patient who pretends to know. come here and complain." (OY,W1)
> "Patients are more according to the layman's words, so the medicine stops all. As a result, the symptoms came back, did they come again?" (ANL,W1)

Based on the opinion of Claramita (2016) and Susilo (2021) state that Indonesia still holds communal culture. Family influence in patient decision-making is very strong. However, sometimes it overrides patient autonomy so that it can threaten patient safety. Therefore, medical staff must be able to control the patient's family/companion who talks too much by giving the patient the opportunity to express their own opinion.

During the Covid-19 pandemic, patient compliance with health protocol when communicating with medical personnel was still weak. Based on the results of research from Riyanto and Panggabean (2021), patients who do not obey the advice and instructions of medical personnel to comply with health procedures when communicating with medical personnel can transmit the Covid-19 virus to medical personnel and other health workers which can cause death (contribution negligence). the patient is at fault). This raises concern for medical staff will be infected with Covid-19. Therefore, medical personnel patiently educate patients about the Covid-19 virus and its prevention. The following are excerpts from interviews with these two informants.

> "Then, the problem of wearing masks, washing hands, and maintaining distance and avoiding crowds, yes, patients come here sometimes opened their masks" (EG,W1)
> "not to mention the patients who don't wear masks… "wear masks" education again "don't take off the mask" (FR,W1)

The weak patient compliance in carrying out this health protocol can be overcome by screening and triage of patients, as well as providing a comfortable consultation room to minimize the spread of the Covid-19 virus. This is in line with recommendations from the Ministry of Health of the Republic of Indonesia (2020), the Mitigation Team for Doctors in the Covid-19 Pandemic and the Executive Board of the Indonesian Doctors Association (2020), and the Ministry of Health of the Republic of Indonesia and the Healthy Living Community Movement (2021) that there are several ways to minimize the spread of the Covid-19 virus in hospitals that serve Covid-19 and non-Covid-19. These methods include vaccinating against Covid-19 for health human resources in hospitals, screening, and triage of patients, and adjusting the room to the risk of transmission.

Vaccination for medical personnel has been carried out since January 2021. After receiving a vaccination, the anxiety of medical personnel when communicating with patients is reduced. The following is the result of an interview with an informant.

> "Now it's vaccinated. So after being vaccinated it's even better. So the communication is better" (HA,W1)

However, based on the results of interviews with three informants, before meeting with medical personnel, no screening or screening of Covid-19 and non-Covid-19 patients was carried out.

> "…should have been screened first and then we have observed…we will treat this first then screening" (EA,W3)
> "(So we just met the patient's doctor right away?) Yes, so it's like we're meeting someone who doesn't know… suddenly after here… he's been swab… it's positive… so we don't know… we can't control it…. so… yes… the communication with the patient is a little bit… yes… that's how it is…" (HA,W1)
> "Yes, but that's for those who are hospitalized or want action. if poly does not exist" (ANL,W1)

Based on the results of the researchers' observations in front of the hospital entrance to the RSU. Royal Prima and RSU. Murni Teguh, the security guard checks the use of masks for patients and visitors, then checks body temperature using a thermal gun. Patients and visitors are allowed to enter after using the hand sanitizer provided near the security desk. At Pringadi Hospital Medan, the body temperature check is carried out by the security guard when the patient is about to enter the patient registration area.

Based on the results of interviews with hospital management, questions about clinical symptoms, epidemiological history, and a history of previous Covid-19 tests were carried out by nurses at the RSU. Royal Prima and at the general poly of the RSU. Murni Teguh, while at the hospital. Pirngadi Medan is carried out by a doctor who stands guard in the patient registration room. However, this process is not known by some medical personnel, thus causing anxiety for medical staff to be infected with Covid-19.

Especially at Poli BPJS RSU. Murni Teguh has been done at the beginning of the COVID-19 pandemic. However, after being evaluated it turned out to be ineffective because there were too many patients so that if asked directly one by one it would cause discomfort because it would take a longer time to get the health services that the patient needed. Therefore, at the Poly of BPJS RSU.

Murni Teguh did not ask questions about clinical symptoms, epidemiological history, and history of Covid-19 testing.

When going to the hospital, there are patients who are accompanied by their families. The patient's accompanying family is also not screened and triaged, so it is possible that the patient's accompanying family can carry the Covid-19 virus that can transmit to medical personnel. Therefore, the outpatient room is included in the room at moderate risk. This is in accordance with the opinion of the Mitigation Team for Doctors in the Covid-19 Pandemic and the Executive Board of the Indonesian Doctors Association (2020) which stated that the room used by medical personnel to provide direct services to patients whose status was not known to be infected with Covid-19 was included in the room category at risk currently.

Rooms that have a moderate risk of transmission, based on recommendations from the Doctor Mitigation Team in the Covid-19 Pandemic and the Executive Board of the Indonesian Doctors Association (2020) must have a mica barrier on the medical staff's examination table, a one-meter distance marker between the medical staff and patient tables, ventilation good room and airflow direction (minimum six air changes per hour), portable High-Efficiency Particulate Air (HEPA) filter, UV-C lamp, maintain an HVAC system, segregation of place to put on and take off PPE, and triage patients with history and temperature check. Based on the results of an interview with an informant, the room has been equipped with a mica barrier on the medical staff's examination table.

> “The hospital facilitates this (shows table divider). I'm not afraid, yes, but, at least, are the barriers that reduce the risk of transmission." (EG,W1)

Based on the results of the researchers' observations at the time of the interview at the RSU. Murni Teguh and RSU. Royal Prima (Appendix 12), there is no one-meter distance marker between the table of medical staff and patients as in the RSUD. Pirngadi Medan. However, the chairs were set at a distance of half a meter from the edge of the medical staff's desk, and the medical staff's desk was almost half a meter wide. Therefore, it can be said that there is a one-meter distance between medical personnel and patients. The following is an image that researchers can provide regarding the results of these observations.

However, based on the results of an interview with an informant, the distance and the table divider are barriers to communication. Medical staff and patients feel that they can't be close like before there were distance and table dividers.

> “Before covid… there was no barrier, right…. patients can't be as close as they used to be" (HA,W1)

This is in line with the opinion of Ganiem (2018) which states that the presence of distance and barriers when medical personnel communicates with patients can affect the effectiveness of medical therapeutic communication. Patients feel uncomfortable when communicating with medical personnel. Based on the opinion of Mulyana and Ganiem (2021), which states that although medical personnel maintains a physical distance from patients during the Covid-19 pandemic, it does not automatically hinder the social closeness of medical staff and patients. Medical staff can build social closeness with patients with effective medical therapeutic communication.

Based on the results of interviews with four informants, the consultation room at the RSUD. Pringadi Medan and RSU. Murni Teguh is not equipped with good ventilation and HEPA filters. In fact, there is a gynecology specialist consultation room for BPJS patients at the RSU. Murni Teguh only 1 room (room no.14). This causes the use of the room to be done alternately and waiting in line to use the room. While the consultation room at the RSU. Royal Prima, feels noisy because there are many patients in the waiting room, which disturbs the communication between medical staff and patients.

> "Worried about communicating for a long time because there is no good ventilation and a HEPA filter in the examination room" (DF,W1)
> "But because of the pandemic, we can't close the door, because our ventilation is also not that ideal, so we have to open it (the door)." (FR,W1)
> "Because when we arrived, we couldn't serve patients, because the previous doctor hadn't come out yet." (KS,W1)
> "The room where explaining to patients should not be too crowded or not noisy. So there is no need to shout or repeatedly remember the masks that are in layers today." (DMS,W1)

Based on the results of interviews with hospital management. Pringadi Medan and RSU. Royal Prima, outpatient poly rooms are not equipped with HEPA filters because they are mostly in the open position, while HEPA filters are used for more rooms in the closed position. At the hospital. Murni Teguh, HEPA filters are only provided in poly rooms that have a high risk of Covid-19 transmission, and cardiac clinics are one of these rooms. However, in the internal medicine and gynecology polyclinic, especially the BPJS poly, there is no HEPA filter provided, only Air conditioners (AC) and Hexos Fan. There is also air conditioning in the patient waiting room. It's just that because there are so many BPJS patients, the existing air conditioner feels hot.

Therefore, the role of hospital management is very important in providing a comfortable consultation room along with supporting equipment so that medical personnel does not have to worry when communicating in the consultation room. This is in line with the results of research from Mosadeghrad (2014) in Iran which revealed that in addition to individual factors of medical personnel, organizational and environmental factors can affect the quality of medical services.

Conclusion

Therefore, it can be concluded that there are three sources of factors that hinder the effectiveness of medical therapeutic communication, namely from medical personnel, patients, and hospitals. Barriers from medical personnel are knowledge, time, technology (telemedicine), psychological (anxiety of contracting the covid-19 virus), and personal protective equipment (masks). Barriers from patients are physical barriers, personality, age, culture (language), and adherence to health protocol. Obstacles from hospitals are obstacles to activities that can improve the knowledge and skills of medical personnel, increase the effectiveness of their communication, non-standard patient screening, and consultation rooms that are less comfortable and not minimally infected with the COVID-19 virus. However, there are several strategies used by medical personnel to overcome these obstacles.

The strategy used by medical staff is to increase their motivation to improve and increase the effectiveness of medical therapeutic communication by attending training and seminars on medical therapeutic communication and then applying it when communicating with patients. The second

strategy is to limit the number of patients, limited consultation time, and use telemedicine. When dealing directly with patients, medical personnel sincerely comply with health procedures and keep their distance from patients in order to see the patient's recovery and patients live a comfortable life after recovering.

Medical personnel expects patients to be accompanied by their family or patient companions or nurses who understand the patient's complaints and language so that the explanation given is understood by the patient. Medical personnel also hope that hospital management is quick to respond and facilitate (facilitators) the need for medical personnel to increase their knowledge and skills in effective medical therapeutic communication, provide appropriate PPE, provide Covid-19 vaccinations to medical staff, screen, and triage patients according to standards. , a comfortable and free consultation room from the covid-19 virus, providing information for patients in the lobby or waiting room, and the stability of the internet network so that medical staff can improve the effectiveness of medical therapeutic communication in Medan City hospitals.

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Conflict of Interest
The authors have no conflict of interest to declare.

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