

The Effects of Doctors' Interpersonal Communication on Low-Income Inpatients' Satisfaction Level

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ABSTRACT

Doctors' interpersonal communication skill is an integral part of health services and become one of the main indicators of patients' satisfaction towards healthcare provider. This study aims at examining the influence of doctors' interpersonal communication on the satisfaction levels of class III (low income) inpatients at Hasan Sadikin Hospital, Bandung, Indonesia. The method applied in this study is quantitative method utilizing survey as study instrument and tool of analysis. There were 261 patients as the study population, and 72 randomly selected respondents were taken as the study sample. The authors used simple random sampling method in carrying out selection of patients in this study. The data were analyzed using the continuum line and multiple linear regression analysis, either simultaneously or partially. In the hypothesis test, F-test was conducted, and H1 was accepted. The results of the study indicated that there was an influence between the two variables. The respondents' responses indicated that the doctors' interpersonal communication was in the category of a very high interpersonal skill. Moreover, the respondents also had a very high level of satisfaction with the health service. Thus, based on the findings, the doctors' interpersonal communication skills had a significant effect on low-income patients' satisfaction levels simultaneously.

Keywords: *Health communication, interpersonal communication, Indonesia, low-income patients, satisfaction.*

INTRODUCTION

As a health care service business, a hospital is not only regarded based on the completeness of its facilities but also based on the services. In particular, it is undeniable that the services provided by a hospital also have a quite important role. Most people need hospital services for the sake of their health treatment. In general, the need of consumers regarding health include the need to access health services, reliable services, effective and efficient services, feasible and proper services, safe environment, and honors as well as respects (Zaluchu & Sarumpaet, 2010).

However, in reality, there are still several crucial issues regarding the dissatisfaction of the public as patients with the services provided by the hospital. As an example, there are complaints addressed to medical staff who are responsible for the services. Based on the results of a descriptive analysis carried out for a year, it was found that 39% of the complaints were caused by the attitude of the staff, 26% caused by the clinical case and the attitude of other patients, and 16% caused by the physical environment and facilities (Sunaringtyas & Sulisno, 2016). Another study conducted in 2018 indicated that patient satisfaction is essential and commonly used indicator for measuring the quality of a health institution and its health care (Widayanti, 2018). Patient satisfaction affects clinical outcomes, patient

retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care.

Empirical literature reveals that dissatisfied patients are more likely to cease seeking medical care with a physician whom they perceive as incompetent and does not have a proper interpersonal communication skill (Shilling et al., 2003). Jalil et al. (2017) stated in their study that patients' satisfaction with doctor-patient interactions is an indicator of physicians' competence. They analysed the association between patient satisfaction and five dimensions of medical interaction: technical expertise, interpersonal aspects, communication, consultation time, and access/availability. They concluded that doctors' incompetence, such as inappropriate handling of critical cases, unclear communicating method, the absence of physical examination, and ambiguous counseling delivery method were related to patient dissatisfaction.

Regarding the low-income patients, they have concerns about the medical care they will receive due to their low-income level. The authors conducted a pilot study by conducting interviews with low-income patients to learn about their fundamental concerns toward the health service in Indonesian public health institutions. For the participants, negligence in medical care services was their primary concern. Participants felt they were treated with less sufficient attention from the medical staff because of their income and insurance status.

In line with this, Duke and Stanik (2016) argued that the main issue for lower-income patients was the distrust from vulnerable patients including low-income patients toward the health care system and the feeling that they were seen as "less than" by health care professionals. The issue is consistent with a survey conducted by Lewis et al. (2017), the results of the survey indicated that low-income patients have had poor experiences with care in the past and do not trust health providers to continue helping them. Several people questioned providers' motives, calling health care professionals "pill-pushers" more interested in making money than getting to know or care for patients.

In addition, the problem regarding low-income patients' complaints and concerns lies in how medical staff communicates and interact with their patients. Despite the patients' socioeconomic status, health care providers should have proper interpersonal communication skills in order to connect with their patients. Doctor-Patient communication should be performed professionally without any discrimination.

The professionalism of doctors can be seen when doctors perform their tasks. In this case, the doctors are expected to fulfill their tasks by their roles and functions. In addition, they are also encouraged to manage themselves in terms of punctuality, job divisions between professional and personal tasks, and at the same time they are also encouraged to have the ability to face the patients psychologically and to have the ability to cooperate with other health professionals (Wasisto B., 2006).

Based on the regulation of medical staff in Indonesia, as stated in Articles 50 and 51 of the Act No. 29 of 2004 regarding Medical Practices, a doctor is included as medical staff. In particular, the regulation states that "one of the obligations of doctors is to provide medical services by professional standards, standard operating procedures, and medical needs." In this case, the ability of the doctors in communication is also included within professional standards and operational standards for medical services in order to uphold professionalism and treat the patients equally.

Through this study, the authors attempted to analyze the correlations of doctors' interpersonal communication skills on low-income patients' satisfaction level. The authors chose Hasan Sadikin Hospital as a research site. This hospital, which has the motto of "Your

Health is Our Priority," is one of the oldest and biggest health-based state-owned enterprises (RSHS official website, 2015). Since Hasan Sadikin Hospital is well-known as a referral hospital in West Java Province, the Central General Hospital, as well as a hospital equipped with the International Standards, the authors were motivated to choose this hospital as the research site to conduct the study. It is assumed that as one of the most well-known hospitals in the country, Hasan Sadikin Hospital has high standards in their operational activities and their medical staff, including doctors, to ensure the satisfaction level of their patients including the low-income patients.

LITERATURE REVIEW

This study is established based on four theories as for the basis for constructing the framework. First, a socio-psychological tradition which claims that man as a person has realizing characteristics. It further says that human beings are part of a community bound by social interaction. Therefore, this theory comes up with the idea that human beings have a particular approach as an individual, object, as well as subject who strives to understand and to process information, as well as to produce a message finally. In line with Littlejohn and Foss (2014), this view involves an interaction between a human being and other human beings and results in the effect of information on the humans' mind).

Second is a middle theory, or also known as social penetration theory. This theory was created to explore the idea that interpersonal communication process is analogical to the process of looking at human individuals as a sphere or a ball. In the perspective of social penetration theory, communication process and knowing other people are regarded as a way to "penetrate" the ball up into its core. In fact, in the process of knowing other people, a person firstly will only see the part of the "leather layer" of a ball or the outer layer of the interlocutor. The outer layer of the ball is the most natural part to be identified by others. Specifically, it can be seen from the way people dress, style, behave and act in order to be recognized by others (Littlejohn & Foss, 2014).

The next theory that shape this study is interpersonal communication theory, which is regarded as one of the contexts in a communication process. In order to apply the theory, it is necessary to have an applied theory in an attempt to examine the relational process towards the satisfaction of the interaction among individuals. Moreover, interpersonal communication is regarded as one of the strategies to build and maintain effective relationships between an organization and the public. As stated in the study conducted by Awad and Alhashemi (2012), communication is commenced through a motive in order to identify the reasons people communicate with one another and the ways they interact with one another. In terms of health communication, the doctors' interpersonal skills serve as communication strategies to inform and influence individual and community decisions that enhance health (Mohamad & Wan, 2017)

In this case, interpersonal communication functions to help gather information of an individual in order to predict the future response. Besides, as a support to the claim above, De Vito (as cited in Suranto, 2011) states that interpersonal communication is communication among people in a face-to-face way. Therefore, it is possible for those involved in the communication process to capture the reactions of other people directly. De Vito then added that in interpersonal communication, there are five factors of the positive attitude that can affect the attempt to create effective interpersonal communication. In detail, those five aspects cover openness, empathy, supportiveness, positiveness, and equality.

Then, the last one is the theory of satisfaction which is defined as an effort to fulfill something or make something adequate. The patient's satisfaction measured here is the satisfaction of communication between patient and doctor. According to Mirnawati (2014), satisfaction is an exciting psychological state, which is perceived relatively due to the fulfillment of all needs. She further says that these needs include a sense of security, fun environments, attractive and good social circumstances, respect as well as a sense of self-recognition, and usefulness in an environment. Furthermore, Wood (2010) argues that there are four factors that can influence the achievement of satisfactory communication. The four factors as mentioned above cover investment, commitment, trust, and comfort with relational dialectics". When these four factors are fulfilled, it will create a satisfying relationship in personal communication or even professional communication.

In the present study, the four theories are applied by the authors as a reference and guidance to determine the research indicators as well as to answer the research questions. In order to limit the scope of the present study, three research questions have been formulated. First, how high is the level of doctors' interpersonal communication at Hasan Sadikin Hospital? How high is the level of the inpatients' satisfaction in class III wards at the hospital? Moreover, how significantly does the doctors' interpersonal communication influence the level of low-income inpatients' satisfaction at the hospital? By conducting this study, the authors would like to know the level of doctors' interpersonal communication and its effect on the level of low-income inpatients' satisfaction in a public hospital in Indonesia.

METHODOLOGY

The method used in the present study is quantitative approach, particularly a correlational study. The population involved was the inpatients in class III wards at Hasan Sadikin Hospital, Bandung Indonesia. The patients were categorised as homogeneous participants who were placed in the same room, namely the class III wards. It is said that they shared the same features in the case that class III is specialized for those who come from the lower economic class or have access to *Badan Penyelenggara Jaminan Sosial (BPJS)* or Indonesian Social Security Agency. The total number of participants were 261 patients in class III wards, and the samples taken in this study were 72 participants, using Yamane formula as postulated by Bungin (2010):

$$n = \frac{N}{N(d)^2 + 1}$$

Information:

n : Searched sample number

N : Number of populations

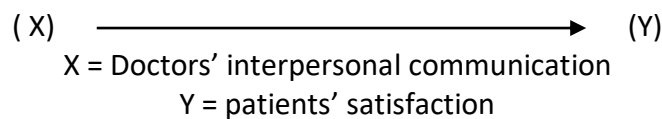
d : Determining precision value is 90% or d = 0.1

$$n = \frac{261}{261(0.1)^2 + 1} = 72.29$$

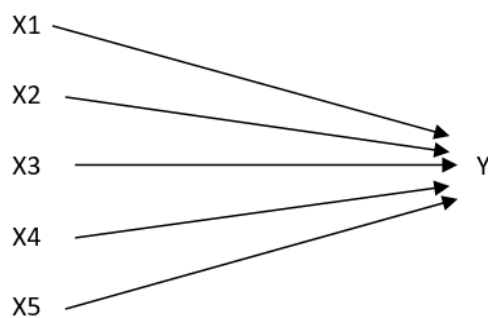
or rounded off to 72.

Selection of the participants in this study was carried out by simple random sampling; more specifically, the samples were taken based on homogenous characteristics.

The instrument used in this study is a survey questionnaire. The concept of the statements developed from the theoretical statement on variable X was interpersonal communication, and on variable Y was satisfaction. The sub-variables of interpersonal communication cover openness, empathy, supportiveness, positiveness, and equality. On the other hand, the sub-variables of satisfaction include investment, commitment, trust, and comfort with relational dialectics. The relationship between the independent variable (X) and the dependent variable (Y) is simultaneously described as follows:



The partial relationship between sub-variables X to variable Y can be described in the following figure:



X1= openness, X2 = empathy, X3= supportiveness, X4 = positiveness, X5 = equality, Y = Satisfaction

Figure 1: The partial relationship between X1, X2, X3, X4, X5 variable to Y Variable.

In this study, a questionnaire was used to determine the position statement of the Likert scale that was provided. In collecting the data, the questionnaire was constructed in the form of scores ranging from strongly agree, agree, neutral, disagree, and strongly disagree. The reliability of the scales used (Cronbach α) is 0.859. The scales are considered highly reliable since the corresponding Cronbach Alpha value for satisfaction is 0.6.

Once the data were collected, they were then analysed using multiple regression analysis. In the general equation of multiple linear regression as proposed by Sugiyono (2012), multiple regression analysis is used when the authors intend to predict how the situation (fluctuation) of a dependent variable is, especially if two or more independent variables function as redactor factors (fluctuation of values). Hence, the multiple regression analysis will be implemented in the case where the number of independent variables is at least two or more. The general equation of linear regression was:

$$Y = a + b_1X_1 + b_2X_2 + \dots + b_nX_n$$

The following formula was used to carry out the multiple coefficient significance tests:

$$F = \frac{R^2/k}{(1 - R^2)/(n - k - 1)}$$

Where:

R^2 = multiple correlation coefficient squared

k = number of independent variables

n = the number of sample members

FINDINGS AND DISCUSSION

The results of this study showed that the effect of the doctors' interpersonal communication on the level of patients' satisfaction was significant. Analysis and multiple regressions were carried out simultaneously and partially. In regards to the explanation of the level of doctors' interpersonal communication and patients' satisfaction levels, the findings are as follows:

Simultaneous Determination Coefficient

In order to figure out how significant the influence of independent variable (openness, empathy, supportive attitude, positive attitude, and equality) toward patient's satisfaction level, Determination Coefficient (CD) should be calculated, by the following formula:

$$CD = R^2 \times 100\%.$$

The value (Correlation Coefficient) can be seen in the Model Summary table as follow:

Table 1: Model Summary.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.771 ^a	.595	.564	3.791

a. Predictors: (Constant), X5, X4, X2, X3, X1

The results of data computation in table 1 show a double correlation coefficient (R) as much as 0,771. Based on the value of correlation coefficient in the table above, determination coefficient (DC) can be determined as follow:

$$DC = 0,771^2 \times 100\% = 0,595 \times 100\% = 59,5\%.$$

According to the calculation above, it is obtained that CD=0,595 or 59, 5%. This value shows how significant the effect of openness, empathy, supportive attitude, positive attitude and equality toward the patient's satisfaction as much as 59,5%, or in other words, 59,5% of patient's progress was caused by the changes of openness, empathy, supportive attitude, positive attitude and equality made by doctor to the patient. Meanwhile, the impact of other factors that were not observed by the researcher was as much as 40, 5%. The hypotheses used in the study were as follow:

H0: $\beta_1\beta_2 = 0$, there is no significant relationship between openness, empathy, supportive attitude, positive attitude and equality toward patient's satisfaction level

H1: $\beta_1\beta_2 \neq 0$, there is a significant relationship between openness, empathy, supportive attitude, positive attitude and equality toward patient's satisfaction level

The hypotheses above were tested to figure out if they are accepted or rejected by applying the multiple correlation coefficient significance testing. Thus, F distribution can be obtained with the numerator (K) and denominator (n-k -1) with the following conditions:

Reject H0 if $F_{observed} > F_{table}$ – H1 accepted (significant)
 Accept H0 If $F_{observed} < F_{table}$ – H1 rejected (not significant)

Based on the result of the data testing, it is known that $F_{observed}$ is 19,388 with a significant value of 0,000. The results of the data computation of F_{table} are as follow. Degree of Freedom (DF) $K^2=n-2$ or $72-5$, with the level of significance of $\alpha = 5\%$, thus it is obtained that $F_{observed}$ is as 2, 354.

Based on the results of data computation, thus, it can be compared that $F_{observed}$ is bigger than F_{table} ($19,388 > 2,354$) and the significance level is smaller than 5% (0,000) so that H_0 was rejected and H_1 was accepted. Thus, it can be concluded that if all the sub-variables were observed at the same time, there is a significant relationship between openness, empathy, supportive attitude, positive attitude and equality made by the doctors to the patient at Hasan Sadikin Hospital. The value of the positive coefficient is directly proportional. It means that if doctors can practice their service with a suitable level of openness, empathy, supportive attitude, positive attitude and equality, the patients' satisfaction toward the service will improve. The data rejection and acceptance distribution can be visualized in the following graph:

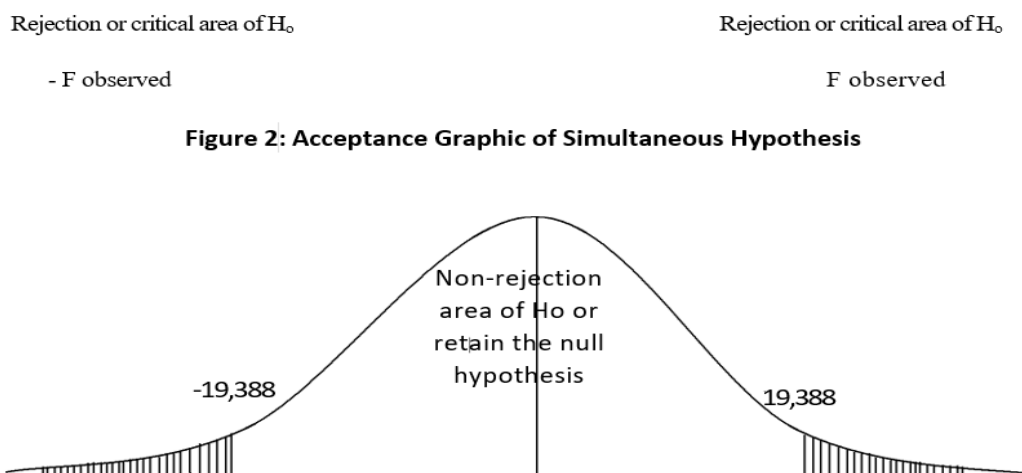


Figure 2: Acceptance Graphic of Simultaneous Hypothesis.

Partial Effect Testing

In order to figure out the partial influence of openness, empathy, supportive attitude, positive attitude and equality toward the patient's satisfaction, partial testing was carried out (T-test). The partial hypothesis can be described in the following statements:

1. $H_0 : \beta_1 = 0$, there is no relationship between the independent variable toward the patient's satisfaction.
2. $H_0 : \beta_1 \neq 0$, there is a significant relationship between the independent variable toward the patient's satisfaction.

From there on, a t-test was conducted with a significance level of 5% or with the level of confidence as much as 95%. After that, the results of $t_{observed}$ are compared with t_{table} with the following conditions:

- Reject H_0 If $t_{observed} < t_{table}$ – H_1 accepted (Significant)
- Accept H_0 If $t_{observed} > t_{table}$ – H_1 rejected (Not significant)
- The value of t_{table} is obtained with the formula: $\alpha/2; n - k - 1$
- α = level of confidence, which is 0,05
- n = the amount of respondent
- k = the total of independent variables

Based on the aforementioned formula, thus, the value t_{table} is 0,025; $66 - 1 = 1,997$. The value of $t_{observed}$ are presented as follow:

Table 2: Partial Hypothesis Testing.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
	B	Std. Error	Beta			Zero-order	Partial	Part
1 (Constant)	13.973	4.457		3.135	.003			
Openness	-.577	.367	-.167	-1.575	.120	.222	-.190	-.123
Empathy	.878	.296	.283	2.968	.004	.594	.343	.233
Supportive attitude	.809	.297	.297	2.724	.008	.461	.318	.213
Positive attitude	.745	.294	.260	2.535	.014	.595	.298	.199
Equality	.842	.341	.267	2.470	.016	.643	.291	.193

a. Dependent Variable: Patient's Satisfaction

Based on the results of the data computation as presented in table 4.41, it can be said that each of the $t_{observed}$ in every testing is -1,575 (X1 to Y), 2,968 (X2 to Y), 2,724 (X3 to Y), 2,535 (X4 to Y) and 2,470 (X5 to Y).

The effect of Sub-Variable of Doctor's Openness (X1) toward Patient's Satisfaction (Y) According to table 4.41, it is obtained that $t_{observed}$ of the effect of doctor's openness (X1) toward Patient's Satisfaction (Y) is -1,575. The value is smaller than t_{table} ($1,575 < -1,997$), with significance level of 0,05. Based on the computation data above, it can be assumed that there is no significant effect of the doctor's openness toward the patients' satisfaction. The negative

t_{observed} shows that the greater the doctor's openness, the lower the patient's satisfaction will be.

To identify the degree of difference (determination coefficient) from sub-variable of doctor's openness (X1) toward patient's satisfaction (Y), the researcher multiplied beta coefficient with a correlation coefficient (*zero-order correlation*), then multiplied by 100%. Based on the output served in table 4.41, determination coefficient can be figured out as follow:

$$DC = (-1,575 \times 0,222) \times 100\% = -3,71\%$$

About the results given, it is reported that the value of the determination coefficient of the effect of doctor's openness (X1) toward patient's satisfaction (Y) is 3, 71%. This result shows how big the development of doctors' openness can affect the patients' satisfaction, which is 3, 71%, or in other words, about 3, 71% of the decreasing patient's satisfaction.

The Effect of Sub-Variable of Empathy (X2) toward Patient's Satisfaction (Y)

As presented in table 2, it is given that t_{observed} of the effect of doctor's empathy (X2) toward Patient's Satisfaction (Y) is 2,968. This value is more significant than t_{table} (2,968 > 1,997), with a significance level of 0,004, smaller than standard probability, which is 0,05. Based on this data computation, therefore, it can be stated that there is a significant effect of the doctor's empathy toward the patient's satisfaction. A positive t_{observed} shows that the greater or higher doctor's empathy, the better the patient's satisfaction is.

From the degree of difference (determination coefficient) from sub-variable of doctor's empathy (X2) toward patient's satisfaction (Y), the determination coefficient can be formulated as follow:

$$DC = (0,283 \times 0,594) \times 100\% = 16, 81\%$$

Based on the results above, it is given that the determination coefficient of the effect of doctor's empathy (X2) toward patient's satisfaction (Y) is 16,81%. This result shows how significant the effect of doctor's empathy toward patient's satisfaction, which is as much as 16,81, or in other words, about 16,81% of the changes in patients' satisfaction was caused by the positive development of the doctor's empathy.

The Effect of Sub-Variable of Supportive Attitude (X3) toward Patient's Satisfaction (Y)

As reported in table 2, it is obtained that t_{observed} of the effect of doctor's supportive attitude toward Patient's Satisfaction (Y) is as much as 2,724. This value is more prominent compared to t_{table} with the level significance of 0,008, smaller than standard probability, which is 0, 05. Based on this computation, thus, it can be said that there is a significant relationship between doctor's supportive attitude and patient's satisfaction. A positive t_{observed} shows that the better or higher the doctor's supportive attitude is, the higher the patient's satisfaction will be.

The degree of difference (determination coefficient) from sub-variable doctor's supportive attitude toward patient's satisfaction (Y), determination coefficient can be computed as follow:

$$DC = (0,297 \times 0,461) \times 100\% = 13,69\%$$

As mentioned in the calculation, it is obtained that the determination coefficient of the effect of sub-variable doctor's supportive attitude (X3) toward patient's satisfaction (Y) is 13, 69%. This result shows that the effect of doctor's supportive attitude toward patient's satisfaction is 13, 69%, or in other words, about 13, 69% of the changes made in patient's satisfaction were caused by the doctor's supportive attitude.

The Effect of Sub-Variable Positive Attitude (X4) toward Patient's Satisfaction (Y)

As presented in table 4.41, it is given that t_{observed} of the effect of the doctor's positive attitude (X4) toward Patient's Satisfaction (Y) is as much as 2,535. This value is more significant than t_{table} (2,535 > 1,997), with a significance level of 0,014, smaller than standard probability, which is 0,05. Based on this data computation, thus, it can be stated that there is a significant effect of the doctor's positive attitude toward the patients' satisfaction. A positive t_{observed} shows that the greater or higher doctor's positive attitude, the better the patient's satisfaction will be.

From the degree of difference (determination coefficient) from sub-variable doctor's positive attitude toward patient's satisfaction (Y), determination coefficient can be computed as follow:

$$DC = (0,26 \times 0,595) \times 100\% = 15,47\%$$

As given in the calculation, it is obtained that the determination coefficient of the effect of sub-variable doctor's positive attitude (X4) toward patient's satisfaction (Y) is 15, 47%. This result shows that the effect of doctor's positive attitude toward patient's satisfaction is 15, 47%, or in other words, about 15, 47% of the changes made in patient's satisfaction were caused by the doctor's positive attitude.

The Effect of Sub-Variable of Doctor's Equality (X5) toward Patient's Satisfaction (Y)

As presented in table 4.41, it is known that t_{observed} of the effect of equality (X5) toward Patient's Satisfaction (Y) is as much as 2, 47. This value is higher than t_{table} (2,47 > 1,997), with a significance level of 0,016 smaller than standard probability, which is 0,05. Based on this data computation, thus, it can be stated that there is a significant effect of equality toward the patients' satisfaction. A positive t_{observed} shows that the greater or higher doctor's equality, the better the patient's satisfaction is.

From the degree of difference (determination coefficient) of sub-variable equality toward patient's satisfaction (Y), the determination coefficient can be computed as follow:

$$CD = (0,267 \times 0,643) \times 100\% = 17,17\%$$

Based on the results, it is obtained that the determination coefficient of the effect of sub-variable of doctor's supportive attitude (X5) toward patient's satisfaction (Y) is 17,17%. This result shows that the effect of equality toward patient's satisfaction is 17,17%, or in other words, about 17,17%, of the changes in patient's satisfaction were caused by equality.

According to all the aforementioned data computation, it is known that the most significant influence toward patient's satisfaction is caused by equality (X5) with the influence value of 17,17%, meanwhile, openness attitude (X1) gives the least influence toward the patients' satisfaction, in which the value of difference is only -3,71%.

As previously mentioned, the doctors' interpersonal communication was observed from the sub-variable tests on the patients. Interpersonal communication is elaborated in the sub-variables of openness, empathy, supportiveness, positiveness, and equality. These variables are prominent indicators of patients trust. Since the trust for the quality of care and patients' experience of health services are completely related to a patient's satisfaction (Mohammad Ali Moslehifar et al., 2016)

In general, the sub-variables of doctors' interpersonal communication were considered to be good or high. It indicates that as interpersonal communication develops, the process of communication becomes more intimate and open. Then, those five aspects above, especially the aspect of openness, could become the initial process in finding information from the two parties, which in this case, the doctors and the patients. In general, the process of finding such information is related to the patient's medical history. Therefore, the medical history can be made the basis for the doctors to analyze and diagnose the patient's illness. Openness is an essential part of the interpersonal relationships between doctors and patients. This argument is also supported by Johnson (1972) who says that "without self-disclosure, a person cannot form a close personal relationship with another person. A relationship between two individuals develops as the two become more open about themselves and more self-disclosing.

The findings as a whole indicate that there was a significant influence of openness, empathy, supportiveness, positiveness, and equality on the patients' satisfaction in class III wards at Hasan Sadikin Hospital. The positive coefficient value indicated the same direction of influence. It means that as the openness, empathy, supportiveness, positiveness, and equality of the doctors towards the patients increase and become better, the patients' satisfaction also increases and becomes better. Concerning the process of interpersonal communication, it emphasizes a relationship. This inference is also strengthened by the social penetration theory. This theory is defined as a process in which people get to know each other. This model does involve not only self-disclosure but also an explanation in the moment of self-disclosure that takes place as the relations develop. Also, social penetration is a gradual process, starting from the nice ties communication that is not familiar and keeps continuing up to involving more private/intimate conversation, as the relations develop (Altman & Taylor in Komala, 2009)

Based on the social penetration theory, an interpersonal relationship is viewed as a process of knowing each other. In this case, it is possible to initiate the development of satisfaction factors in a relationship. In the present study, the doctors' interpersonal communication is viewed as a relationship, which in its implementation affects the level of satisfaction of the low-income patients at Hasan Sadikin Hospital, Bandung. The interpersonal communication applied by the doctors was face-to-face communication or direct communication to the patient. Simply stated, the interpersonal communication aspects, in this case, were the sub-variables which cover: openness, empathy, supportiveness, positiveness, and equality. These aspects were applied in the direct interpersonal communication between the doctors and patients.

Similar to the study conducted by Siburian (2013), using a survey approach, it was shown that interpersonal communication influenced satisfaction and commitment. The study implies that commitment and satisfaction can increase as interpersonal communication develops. The findings in the study are in line with other studies from Siburian (2016) with Fauziah and Bahiyah (2018). They reported that the patients' satisfaction would get higher as

a result from a high level of doctors' interpersonal communication skill. Hence, in this study the authors found that interpersonal communication had a significant effect on the satisfaction level of the inpatients in class III wards at Hasan Sadikin Hospital, Bandung.

In general, the level of doctors' interpersonal communication at Hasan Sadikin Hospital in Bandung was categorised as very high. Among the aspects of doctors' interpersonal communication, the sub-variable of Positiveness (X4) had the highest score, while the sub-variable of Openness (X1) had the lowest one. Moreover, the level of patients' satisfaction at Hasan Sadikin Hospital was mainly categorised as high and good. Among the aspects of patients' satisfaction, the indicator with the highest score could be found in the sub-variable of Comfort with Relational Dialectics (Y4), while the indicator with the lowest one could be found in the sub-variable of Commitment (Y2).

CONCLUSION

Based on the results of the hypothesis test, it can be concluded that the interpersonal communication of the doctors was considered to be very high and very good. Then, the satisfaction level of the low-income inpatients at Hasan Sadikin Hospital, Bandung, was high or good. Also, based on the results of the hypothesis test, it is also found that there was a significant effect of the variable of interpersonal communication levels on the satisfaction level of the patients simultaneously (collectively). To some extent, there was a significant effect of the sub-variables of empathy, supportiveness, positiveness, and equality of the doctors on the patients' satisfaction. However, the sub-variables of openness did not have a significant impact on the patients' satisfaction. The sub-variable that greatly affected the patients' satisfaction was the attitude of doctors' about equality. On the other hand, the attitude of openness is the sub-variable that has a lesser influence on the patients' satisfaction.

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