

The Effect of *Interpersonal Communication* with Patient Satisfaction at the Pulo Brayan Health Center Dental Poly in 2023

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Keywords

respect, empathy,
audible, clarity,
humble, patient
satisfaction.

Abstract. Dental and oral hygiene is identified as an important factor in maintaining oral health. This importance is emphasized by government efforts, such as the provision of the dental clinics at Puskesmas (Community Health Centers). Dentist who work in dental clinic have a crucial role in providing care and its effects on patient satisfaction. Interpersonal communication between doctors and patients is a key factor in the success of treatment and in achieving patient satisfaction. The objective of this research is to analyze the effect of interpersonal communication on patient satisfaction at the dental clinic of Puskesmas Pulo Brayan in 2023. This is quantitative survey research design with a cross sectional approach. The number of samples is 93 people. The Data are collected using questionnaires and analyzed univariate, bivariate and multivariate analysis. The results of the research show that there is an effect of interpersonal communication dimension on patient satisfaction at Dental Clinic of Puskesmas Pulo Brayan in 2023 with the respect dimension (p-value = 0.005) OR = 4.557; empathy dimension (p-value = 0.001) OR = 5.614; audible dimension (p-value = 0.027) OR = 3.009; clarity dimension (p-value = 0.000) OR = 12.571; humble dimension (p-value = 0.009) OR = 3.600, and the most dominant dimension interpersonal communication dimension is the clarity dimension. It is recommended that the Puskesmas continue to improving its services in terms of interpersonal communication through training such as service excellence.

1 INTRODUCTION

According to the World Health Organization (WHO) in 2023, stated dental and oral health is a leading indicator of overall health, well-being, and quality of life. Dental and oral health is the state of the oral cavity, including the teeth and their supporting tissue structures free from pain and diseases such as mouth and throat cancer, oral wound infections, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity to bite, chew, smile, and speak (WHO, 2023).

Indonesian Basic Health Data in 2018 shows that most dental and oral problems are caries/toothache which is around 45.3%, and most oral problems are gingival inflammation or abscesses around 14% (Ministry of Health RI, 2020). The prevalence of dental and oral problems in North Sumatra is 19.4%. When the age is more than one year where the teeth begin to grow, the percentage of dental and oral problems continues to increase. Dental and oral diseases can occur both in urban and rural areas, with prevalence of 26% and 25.9% respectively (Riskasdas 2013).

Dental and oral hygiene in health is very important. Some dental and oral problems can occur due to lack of dental and oral hygiene. (Rachmat Hidayat, 2016). Government efforts to reduce the high number of dental and oral health problems by providing health facilities, one of which is in the form of dental poly in puskesmas. Dental poly has at least one dentist on duty. Dentists who act as health workers have a big role in the success of treatment. The success of this treatment will later have an impact on patient satisfaction. One of the things that affect patient satisfaction is the effectiveness of *interpersonal* communication carried out by doctors (Caresya, Meilawaty & Hadnyanawati, 2015). Satisfaction is a condition in which the wants, expectations and needs of patients for services are met. Patient satisfaction in health services is divided into the ability of officers to provide services to patients quickly, precisely, reliably, and able to foster good relationships with patients (Wahyuni, Yanis & Erly, 2013).

Communication carried out by doctors and patients belongs to the type of *interpersonal communication*. Interpersonal communication is communication that has a major effect in terms of influencing others, especially individuals. This is because, usually the parties involved in communication meet directly, do not use media in delivering their messages so that there is no distance separating the communicator from the communicant (*face to face*) (Cangara, 2006).

Communication between doctors and patients is one of the most important competencies and must be mastered by doctors. Communication competence determines success in helping to solve patients' health problems. Effective communication can reduce patient doubt, as well as increase patient compliance. Doctors and patients alike benefit from sharing in a close relationship. Every party feels understood. Patients feel safe and secure if the doctor who handles them does the best for their patients. When connected, doctors can understand and react better to changes in behavior and attention to patients at any time (Liow, Himpong, & Waleleng, 2020). Data obtained from the Indonesian Medical Council in 2011, there were 135 cases of complaints and 80 percent of them were due to poor communication between doctors and patients (KKI, 2011).

In Singapore, a qualitative study of 15 outpatient and inpatient informants in four hospitals found that there are five dimensions that contribute to the perception of good service quality, namely the technical dimension, the interpersonal dimension, the material dimension, the access dimension and the responsiveness dimension. In the same study, the interpersonal dimension is further described as consisting of four sub-dimensions, namely empathy, friendliness, usefulness, two-way communication and understanding (Budiwan, 2016). Another study conducted in the United States with audio recordings of 413 adult HIV-positive patients found that when doctors had higher respect for patients, they engaged in building better relationships, social chatting, positive talks, and giving more psychosocial information (Kee, et al, 2018). From the two studies above, it can be concluded that interpersonal communication between doctors and patients is still a health service problem in various countries and is an important indicator in increasing patient satisfaction.

In his book *Interpersonal Communication*, Suranto. AW (2011) says that the elements in effective communication are REACH, namely: Respect, Empathy, Audible (can be listened to and understood well), Clarity (clear), and Humble. According to Permenkes No. 74 of 2014, Puskesmas is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health in its work area. Puskesmas Pulo Brayan has 3 poly facilitated and provided to the community, two general poly and one dental poly. Based on the results of an initial survey conducted by researchers at the Pulo Brayan Health Center, the number of dental poly visits for the last 5 years was obtained, namely 2018-2022. The visit can be seen in the following table:

Table 1. Number of Dental Poly Visits at Puskesmas Pulo Brayan

No	Year	Number of Visits
1	2018	1630
2	2019	1453
3	2020	1195
4	2021	646
5	2022	1002

Based on the table above, it is known that from 2018-2022 the number of dental poly visits continues to decrease. In 2018, the number of 1630 visits decreased by 177 in 2019. In 2020, the number of visits decreased by 258 so that the number of visits only reached 1195. In 2021, the number of visits continued to experience a significant decline due to the pandemic. In 2022, it is still declining compared to 2020, which was 193.

Interviews were also conducted with 10 dental poly patients on June 8, 2023. 6 out of 10 dental poly patients admitted that they were reluctant to come back for treatment because the services provided were not optimal such as the length of waiting in line. 4 out of 10 dental poly patients also admit that when the doctor gives an explanation, the doctor seems rushed because there are many queues, so patients find it difficult to raise questions, concerns, or problems they have. And 3 out of 4 dental patients think that doctors don't use language that is easy for patients to understand or focus too much on complicated medical terms.

Hipotesis

Ha :

1. There is an influence of *interpersonal communication* from the dimension of *respect* with patient satisfaction at the dental poly Puskesmas Pulo Brayan Medan.
2. There is an influence of *interpersonal communication* from the *empathy dimension* with patient satisfaction at the dental poly of Puskesmas Pulo Brayan Medan.
3. There is an influence of *interpersonal communication* from the *audible dimension* with patient satisfaction at the dental poly of Puskesmas Pulo Brayan Medan.
4. There is an influence of *interpersonal communication* from the clarity dimension with patient satisfaction at the dental poly Puskesmas Pulo Brayan Medan.
5. There is an influence of *interpersonal communication* from the *humble dimension* with patient satisfaction at the dental poly Puskesmas Pulo Brayan Medan.

2 METHOD

The type of research used in this study is a *quantitative* survey research design with a *cross sectional approach*, which aims to analyze the effect of *interpersonal communication* with patient satisfaction at the dental poly Puskesmas Pulo Brayan Medan City. This research was conducted in March – August 2023. The population in this study is all patients who seek treatment at the Puskesmas Pulo Brayan dental poly in Medan City in March 2023-May 2023 with an average of 122 patients per month. The sample in this study used *accidental sampling technique*. *Accidental sampling* is a non-probability sampling method in which samples are randomly selected due to coincidence or availability encountered while conducting research with inclusion and exclusion criteria. The inclusion criteria in this study are:

Inclusion Criteria:

1. Patients who visit and check their teeth / mouth at the Pulo Brayan Health Center.
2. Residing in the working area of the Pulo Brayan Health Center.
3. Willing to be a respondent.

Exclusion Criteria:

1. Patients with mental disorders
2. Don't understand Indonesian very well.
3. Unable to read and write.
4. Patients with a great risk of transmission.
5. Not willing to be a respondent.

The sample size in this study was 93 people and was determined using the slovin formula.

Primary data were obtained directly from respondents using research instruments, namely questionnaires to patients who visited as well as checking their teeth / mouth at the Pulo Brayan Health Center in Medan City. Secondary data was obtained from the Pulo Brayan Health Center in Medan City which includes data on the number of dental poly visitors in March 2023-May 2023.

Validity tests are carried out to find out whether the measuring instruments that have been prepared are really able to measure what should be measured. In this study, the questionnaire used was adopted from Riries Choiru Pramulia Yudia's thesis in 2019 with the research title, "The Effect of Interpersonal Communication of Patient Doctors on Inpatient Satisfaction at A.W. Sjahranie Hospital Samarinda 2019." The results of the validity test found that there were 6 valid *question items on the respect* variable, 5 valid question items on the empathy variable, 7 valid question items on the *audible* variable, 6 valid question items on the *clarity* variable, 4 valid question items on the *humble* variable, and 6 valid question items on the *patient satisfaction* variable.

Reliability testing aims to determine whether the data collection tool basically shows the level of accuracy, accuracy, stability or consistency of the tool in revealing certain symptoms of a group of individuals, although carried out at different times. The dependent variable in this study is patient satisfaction. Patient satisfaction is a picture of the quality of health services carried out by a doctor that can cause satisfaction in patients. The independent variables in the study are:

1. *Respect* : Showing respect for the opinions, feelings, and dignity of others.

2. *Empathy* (putting oneself in other people's situations): Having the ability to understand and feel the feelings of others.
3. *Audible* (can be heard and understood well): Able to be heard well and clearly.
4. *Clarity* : Clarity and accuracy in communication.
5. *Humble* : Being humble and not arrogant in interactions with others.

The measurement aspect in this study is divided into two, namely the independent variable measurement aspect and the dependent variable measurement aspect. Both aspects of measuring dependent and independent variables use questionnaire measuring tools that have been used by previous researchers (Yudia, 2019). Interpersonal communication variables which include *respect, empathy, audible, humble, clarity* and patient satisfaction variables are each measured by alternative answers namely strongly agree, agree, disagree, disagree, strongly disagree. With the following assessment scores:

5= Strongly Agree,

4 = Agree,

3 = Disagree Less,

2 = Disagree,

1 = Strongly Disagree.

Data processing is carried out by:

1. *Editing*. At this stage, examination / examination of the data that has been obtained to correct incorrect / incorrect data and complete the missing data.
2. *Coding*. At this stage, a code is given to each answer to the questionnaire that has been filled. For age given code : < 20 years = "1"; 20-24 years = "2"; 25- 29 years = "3"; 30-34 years = "4"; 35-39 years = "5"; 40-44 years = "6"; 45-49 years = "7"; > 50 years = "8". For gender given code : Male = "1"; Female = "2". For the number of visits given code : 1 = "1"; 2 ="2"; 3 ="3". And for the whole variable given the code : good = "1"; not good = "2".
3. *Tabulating*. To facilitate data processing and conclusions, data is entered into frequency distribution tables and analyzed using SPSS.
4. *Analyze*. The data analysis stage is carried out after going through the data processing stage. The processed data will then be analyzed and interpreted so that the data can be understood as information. Data processing at this stage uses Chi-square statistical tests with the help of SPSS computerized programs.

Data Analysis

Univariate. The data collected is then analyzed to describe (describe) each variable using a frequency distribution table.

Bivariate. To see the effect between the independent variable and the dependent variable, a chi square (χ^2) statistical test was carried out. The basis for decision making can be done based on comparisons using a confidence level of 95% (0.05). Furthermore, independent variables that have a meaningful relationship with the dependent variable are included in the multivariate analysis, while variables that are not meaningful in the relationship are not included in the multivariate analysis.

Multivariate. Multivariate analysis is used to find out the most influential independent variable with the dependent variable. Multivariate analysis in this study includes analysis of independent variables, namely *interpersonal* communication consisting of *respect, empathy, audible, clarity and humble*. Of the five variables, it was determined which variable had the most influence on patient satisfaction tested by multiple *logistic regression*.

3 RESULTS AND DISCUSSION

Univariate Analysis

The study was conducted in July 2023. Data collected from 93 respondents (Patients visiting Puskesmas Pulo Brayan) will be presented as follows:

Table 3 Characteristics of Respondents

No	Characteristics of Respondents	f	%
1	Age		
	< 20 tahun	10	10,8
	20-24 tahun	12	12,9
	25-29 tahun	11	11,8
	30-34 tahun	9	9,7
	35-39 tahun	13	14
	40-44 tahun	14	15,1
	45-49 tahun	10	10,8
> 50 tahun	14	15,1	
2	Gender		
	Laki-Laki	45	48,4
	Perempuan	48	51,6
3	Visit to		
	1	48	51,6
	2	28	30,1
	>3	17	18,3

Table 3 shows that the majority of respondents' characteristics at age are 40-44 years (15.1%) and > 50 years (15.1%), gender is female (51.6%), and visit 1 (51.6%).

Table 4. Frequency distribution of respondents based on interpersonal communication dimensions

No	Dimensions of Interpersonal Communication	f	%
1	Respect		
	Good	72	77,4
	Bad	21	22,6
2	Emphaty		
	Good	69	74,2
	Bad	24	25,8
3	Audible		
	Good	62	66,7
	Bad	31	33,3
4	Clarity		
	Good	78	83,9
	Bad	15	16,1
5	Humble		
	Good	58	62,4
	Bad	35	37,6

Based on table 4, it is known that the respect dimension of the majority of the good category with the number of 72 respondents 77.4%, the emphaty dimension of the majority of the good category with the number of 69 respondents 74.2%, the audible dimension of the majority of the good category with the number of 62 respondents 66.7%, the clarity dimension of the majority of the good category with the number of 78 respondents 83.9%, the humble dimension of the majority of the good category with the number of 58 respondents 62.4 %.

Table 5 Frequency Distribution of Respondents Based on Patient Satisfaction

No	Patient Satisfaction	f	%
1	Good	68	73,1
2	Bad	25	26,9

Based on table 5, it is known that those who expressed good satisfaction as many as 68 respondents 73.1%, and those who expressed bad satisfaction as many as 25 respondents 26.9%.

Analyses Bivariat

- a. The Effect of Respect on Patient Satisfaction at the Dental Poly Puskesmas Pulo Brayon

Tabel 6. The Effect of Respect on Patient Satisfaction at the Dental Poly Puskesmas Pulo Brayan

<i>Respect</i>	Patient Satisfaction				Total		P-value	OR with 95% CI
	Good		Bad		f	%		
	f	%	f	%				
Good	58	62,4	14	15,1	72	77,4	0,005	4,557 (1,617-12,846)
Bad	10	10,8	11	11,8	21	22,6		
Total	68	73,1	25	26,9	93	100		

Berdasarkan tabel 6 diketahui bahwa sebanyak 77,4% responden menyatakan *respect* dalam kategori baik sebanyak 62,4% responden dalam kategori kepuasan baik dan sebanyak 15,1% responden dalam kategori kepuasan tidak baik. Dari 22,6% responden menyatakan *respect* dalam kategori tidak baik, sebanyak 10,8% responden dalam kategori kepuasan baik, dan sebanyak 11,8% responden dalam kategori kepuasan tidak baik. Berdasarkan hasil uji statistik diperoleh nilai $p = 0,005$ pada $\alpha = 0,05$. Karena nilai $p (0,005) \leq 0,05$ yang artinya bahwa terdapat pengaruh yang signifikan antara *respect* dokter dengan kepuasan pasien poli gigi Puskesmas Pulo Brayan. Nilai OR = 4,557 menunjukkan bahwa dokter yang memiliki komunikasi *interpersonal* dimensi *respect* baik mempengaruhi kepuasan pasien sebanyak 4,57 kali dibandingkan dengan komunikasi *interpersonal respect* yang tidak baik.

b. The Effect of Emphaty on Patient Satisfaction at Dental Poly Puskesmas Pulo Brayan

Table 7 The Effect of Emphaty on Patient Satisfaction at Dental Poly Puskesmas Pulo Brayan

<i>Emphaty</i>	Patient Satisfaction				Total		P-value	OR with 95% CI
	Good		Bad		f	%		
	f	%	f	%				
Good	57	61,3	12	12,9	69	74,2	0,001	5,614 (2,032-15,505)
Bad	11	11,8	13	14,0	24	25,8		
Total	68	73,1	25	26,9	93	100		

Based on table 7, it is known that as many as 74.2% of respondents stated *emphaty* in the good category, as many as 61.3% of respondents in the good satisfaction category and as many as 12.9% of respondents in the bad satisfaction category. Of the 25.8% of respondents stated *emphaty* in the bad category, as many as 11.8% of respondents in the good satisfaction category, and as many as 14.0% of respondents in the bad satisfaction category.

Based on the results of statistical tests, a p value = 0.001 was obtained at $\alpha = 0.05$. Because the p value (0.001) ≤ 0.05 which means that there is a significant influence between the doctor's *emphaty* and the satisfaction of dental poly patients at the Pulo Brayan Health Center. The value of OR = 5.614 indicates that doctors who have good *emphaty interpersonal* communication affect patient satisfaction by 5.61 times compared to poor *emphaty interpersonal* communication.

c. Audible Effect on Patient Satisfaction at Puskesmas Pulo Brayan Dental Poly

Table 8 The Effect of Audible on Patient Satisfaction at Puskesmas Pulo Brayan Dental Poly

<i>Audible</i>	Patient Satisfaction				Total		P-value	OR with 95% CI
	Good		Bad		f	%		
	f	%	f	%				
Good	50	53,8	12	12,9	62	66,7	0,027	3,009 (1,162-7,795)
Bad	18	19,4	13	14,0	31	33,3		
Total	68	73,1	25	26,9	93	100		

Based on Table 8, it was found that 66.7% of respondents indicated "audible" in the good category, with 53.8% of respondents in the satisfied category and 12.9% in the unsatisfied category. Of the 33.3% of respondents who stated "audible" in the not good category, 19.4% were in the satisfied category, and 14.0% were in the unsatisfied category. Based on the statistical test results, a p -value of 0.027 was obtained at $\alpha = 0.05$. Since the p -value (0.027) is ≤ 0.05 , it means there is a significant influence between the doctor's audibility and patient satisfaction in the dental department of Puskesmas Pulo Brayan. The OR value of 3.009 suggests that doctors with good audible *interpersonal* communication influence patient satisfaction 3.00 times more than those with poor audible *interpersonal* communication.

d. Clarity' s Effect on Patient Satisfaction at Dental Poly Puskesmas Pulo Brayan

Table 9 The Effect of *Clarity* on Patient Satisfaction at Dental Poly Puskesmas Pulo Brayan

<i>Clarity</i>	Patient Satisfaction				Total		P-value	OR with 95% CI
	Good		Bad		f	%		
	f	%	f	%				
Good	64	68,8	14	15,1	78	83,9	0,000	12,571 (3,488-45,314)
Bad	4	4,3	11	11,8	15	16,1		
Total	68	73,1	25	26,9	93	100		

Based on Table 9, it is identified that 83.9% of respondents indicated "clarity" in the good category, with 68.8% of respondents in the satisfied category and 15.1% in the unsatisfied category. Out of the 16.1% of respondents who stated "clarity" in the not good category, 4.3% were in the satisfied category, and 11.8% were in the unsatisfied category. From the statistical test results, a p-value of 0.000 was obtained at $\alpha = 0.05$. Since the p-value (0.000) is ≤ 0.05 , this means there is a significant influence between the doctor's clarity and patient satisfaction in the dental department of Puskesmas Pulo Brayan. The OR value of 12.571 indicates that doctors with good clarity in interpersonal communication influence patient satisfaction 12.57 times more than those with poor clarity interpersonal communication.

e. The Effect of *Humble* on Patient Satisfaction at the Dental Poly Puskesmas Pulo Brayan

Table 10 Pengaruh *Humble* Terhadap Kepuasan Pasien di Poli Gigi Puskesmas Pulo Brayan

<i>Humble</i>	Kepuasan Pasien				Total		P-value	OR dengan 95% CI
	Baik		Tidak Baik		f	%		
	f	%	f	%				
Good	48	51,6	10	10,8	58	62,4	0,009	3,600 (1,385-9357)
Bad	20	21,5	15	16,1	35	37,6		
Total	68	73,1	25	26,9	93	100		

Based on table 10, it is known that 62.4% of respondents stated *humble* in the good category, 51.6% of respondents in the good satisfaction category, and as many as 10.8% of respondents in the bad satisfaction category. Of the 37.6% of respondents stated *humble* in the bad category, as many as 21.5% of respondents in the good satisfaction category, and 16.1% of respondents in the bad satisfaction category. Based on the results of statistical tests, a p value = 0.009 was obtained at $\alpha = 0.05$. Because the p value (0.009) ≤ 0.05 which means that there is a significant influence between *the humble* doctor and the satisfaction of dental poly patients at the Pulo Brayan Health Center. The value of OR = 3,600 indicates that doctors who have good humble interpersonal communication affect patient satisfaction by 3.60 times compared to *poor humble interpersonal* communication.

Analyzes Multivariat

a. Candidate Variable Selection

Selection of candidates included in multivariate analysis through selection in bivariate analysis which has a p-value of < 0.25 . Based on logistic regression tests, it is known that the feasibility of the model is presented in table 11 below:

Table 11 Model Feasibility Test Results

No	Variable	P-value	Information
1	<i>Respect</i>	0,005	Fit Into Logistic Regression Model
2	<i>Emphaty</i>	0,001	Fit Into Logistic Regression Model
3	<i>Audible</i>	0,027	Fit Into Logistic Regression Model
4	<i>Clarity</i>	0,000	Fit Into Logistic Regression Model
5	<i>Humble</i>	0,009	Fit Into Logistic Regression Model

Table 12 Logistic Regression Test Results

	Variable	B	Sig	OR	95,0% C.I.for EXP(B)	
					Lower	Upper
Seleksi 1	<i>Respect</i>	2,172	0,006	8,779	1,840	41,878
	<i>Emphaty</i>	1,946	0,007	6,998	1,695	28,891
	<i>Audible</i>	0,970	0,145	2,637	0,715	9,727
	<i>Clarity</i>	2,509	0,003	12,290	2,296	65,784
	<i>Humble</i>	1,684	0,014	5,384	1,412	20,530
	<i>Constant</i>	-13,201	0,000	0,000		
Seleksi 2	<i>Respect</i>	2,060	0,007	7,842	1,734	35,469
	<i>Emphaty</i>	1,906	0,006	6,724	1,707	26,483
	<i>Clarity</i>	2,796	0,001	16,381	3,063	87,621
	<i>Humble</i>	1,753	0,009	5,774	1,535	21,723
	<i>Constant</i>	-12,098	0,000	0,000		

Table 12 shows that the last selection results obtained were the 4 interpersonal communication variables most influential on the satisfaction of dental poly patients at the Pulo Brayan Health Center, namely *respect* (exp: 7,842), *emphaty* (exp: 6,724), *clarity* (exp: 16,381), and *humble* (exp: 1,535). So it can be concluded that the clarity variable is the most influential interpersonal communication variable on the satisfaction of dental poly patients at the Pulo Brayan Health Center with an ODS Ratio (Exp. B) of 16,381 which means that doctors with good clarity dimension interpersonal communication have the potential to affect patient satisfaction compared to doctors with communication Interpersonal dimensions of clarity are not good.

Discussion

The Effect of *Respect* on Patient Satisfaction

Based on Table 6, 77.4% of respondents rated the doctor's respect as good, with 62.4% expressing satisfaction. However, 15.1% were dissatisfied. This dissatisfaction stems from the responses on the questionnaire where respondents disagreed with the doctor's gesture of greeting or smiling at the patient. Additionally, some respondents noted the lack of attentive body language during their meeting with the doctor. Conversely, 22.6% of respondents rated respect as not good, but among them, 10.8% expressed good satisfaction. This paradox might result from doctors addressing medical concerns well, but lacking mutual respect in interactions. This aligns with Sarah's 2008 study which suggested that unequal communication often leads to misunderstandings and overlooked messages. Statistical tests show a significant influence ($p=0.005$ at $\alpha=0.05$) between a doctor's respect and patient satisfaction at Pulo Brayan's dental clinic. This is consistent with Breen's 2009 study on the importance of mutual respect in doctor-patient communication and Thistlethwaite's 2003 research on communication's role in establishing a positive conversation. However, it contrasts with Yuliana, Amelia & Handoko's 2020 study which found no link between respect and patient satisfaction. The respect demonstrated by a doctor, seen through greetings, facial expressions, and body language, impacts a patient's initial judgment. Positive initial impressions lead to patient trust, making them more receptive and compliant to medical advice, potentially influencing their decision to return for further consultations.

The Effect of *Emphaty* on Patient Satisfaction

Another essential factor for effective doctor-patient communication in Puskesmas Pulo Brayan is empathy. It requires doctors to position themselves in the patient's shoes to tailor their communication approach. According to Table 7, 74.2% of respondents perceived doctors as empathetic, with 61.3% being satisfied. However, 12.9% were unsatisfied, feeling the information provided was inadequate or that the doctor didn't grasp their issues. Of the 25.8% who perceived low empathy, 11.8% were satisfied due to the quality of information, even if doctors appeared rushed or impatient. Statistical tests indicate a significant relationship between doctor empathy and patient satisfaction ($p=0.001$ at $\alpha=0.05$).

Consistent with Duffy et al.'s 2010 study, high patient satisfaction is achieved when doctors understand and respond to patients' feelings. Maximized empathy can deepen patient trust, serving as

a powerful therapeutic tool. Mirnawati's 2013 research aligns with this, suggesting attentive and nondiscriminatory care leads to patient satisfaction. In contrast, Jannah, Darmini & Rochmayanti's 2017 study found no significant impact of empathy on satisfaction.

Empathy fosters mutual trust, communicating the doctor's understanding and acceptance of the patient. Before diving deep into the patient's issues, doctors need to approach with empathy to ensure effective communication, as supported by Sulastris's 2009 study. In healthcare, empathy involves emotionally connecting with patients, understanding their feelings, and concerns. It differs from respect, which implies non-discrimination. Effective healthcare workers listen attentively, communicate politely, and convey clear information, highlighting the role of both empathy and respect in patient care.

Audible 's Impact on Patient Satisfaction

"Audible" is understood as being clearly heard or understood. While empathy emphasizes listening and being receptive to feedback, audible ensures that the delivered message is understood by the recipient. Based on Table 8, 66.7% of respondents rated the "audibility" of doctors at Puskesmas Pulo Brayan as good. However, 12.9% were unsatisfied because even if the doctor explained things clearly, their problems remained unresolved. This aligns with a 2017 study by Jannah, Darmini, & Rochmayanti showing a correlation between audibility and patient satisfaction.

Conversely, 33.3% found the audible factor unsatisfactory. Their positive satisfaction came from doctors resolving their issues but felt the environment was too noisy due to crowded waiting areas. Audibility also affected the perception of the doctor's friendliness and the use of explanatory illustrations. Statistical tests revealed a significant influence between a doctor's audibility and patient satisfaction ($p=0.027$ at $\alpha=0.05$).

This research supports Wulandari's 2014 study, suggesting successful interpersonal communication hinges on active listening. Sari's 2016 study agreed, emphasizing the importance of effective listening in building trust. However, it contrasts with Hardiyanta's 2013 study which found no significant relationship between audibility and patient satisfaction.

Interpersonal communication in terms of audibility relates to the doctor's volume and tone. Adjustments based on a patient's age are crucial, as a tone too soft may not suit the elderly and vice versa. Appropriate tone and volume are vital. This is in line with Callinan & Brandt's 2015 study highlighting communication techniques for the elderly and Kurniati's 2016 research on the emotional impact of tone in communication. Effective communication also depends on appropriate speaking speed and rhythm, ensuring clarity for the patient.

Clarity' s Effect on Patient Satisfaction

The dimension "clarity" implies that the message content should be well-understood, preventing multiple interpretations or varied interpretations. Clarity can also denote openness and transparency. For effective interpersonal communication, a transparent attitude (with no hidden agendas) is essential, fostering trust in the message recipient. Based on Table 4.7, 83.9% of respondents rated the clarity in communication as good, yet 15.1% were unsatisfied even though they received clear explanations. This dissatisfaction was linked to perceptions of the doctor not being responsive or proactive.

Of the 16.1% who found clarity unsatisfactory, 4.3% were satisfied, while 11.8% were not. This discrepancy was due to ambiguous information and an environment lacking in fostering patient confidence. Syagitta's 2017 study supports this, emphasizing clear messages to prevent misunderstandings and to ensure client satisfaction in healthcare. A statistical test result ($p=0.000$ at $\alpha=0.05$) indicated a significant relationship between doctor's clarity and patient satisfaction at Puskesmas Pulo Brayan.

This research aligns with Rashid and Amina's 2014 study, suggesting patient satisfaction surveys emphasizing clear information bridge the gap between doctors and patients, resulting in effective healthcare actions. Similarly, Nurcahyarini's 2017 study highlighted the importance of honest, accurate information. In contrast, Lochman's 1983 study found no significant relationship between clarity and patient satisfaction.

Clear information provided by doctors enhances patient satisfaction and influences their likelihood to return. Pohan's 2007 study affirms this, suggesting healthcare quality is influenced by clear information regarding the doctor and the patient's condition. Effective clarity in communication bridges gaps and misunderstandings, underscoring the need for openness and transparency between doctors and patients.

The Effect of Humble on Patient Satisfaction

Based on Table 10, 62.4% of respondents indicated that the doctors were "humble," with 51.6% of these respondents being satisfied and 10.8% not. Unsatisfaction arose due to insufficient patient problem handling and doctor responsiveness. Additionally, respondents complained about doctors providing only brief explanations and hurried services due to patient queues. This was a common experience for first-time visitors at Puskesmas Pulo Brayan. The questionnaire results also showed some respondents disagreed with the statement that the doctor provided quality service and felt doctors didn't offer information whenever needed.

Of the respondents, 37.6% rated the doctor's humility as unsatisfactory. However, 21.5% of these were still satisfied, primarily valuing healing and the treatment provided by the doctor. These respondents, often repeat visitors, were familiar with the doctors' attitudes and character. Statistical testing resulted in a p-value of 0.009 at $\alpha = 0.05$, signifying a significant influence between a doctor's humility and patient satisfaction at Puskesmas Pulo Brayan.

This study aligns with Carrol's 2011 research, suggesting that an equal or humble relationship between doctors and patients is essential for communication efficacy and satisfaction. Grace's 2009 theory supports this, stating that when healthcare professionals don't communicate politely with patients, it's perceived as unusual due to cultural expectations. However, a 2020 study by Yuliana, Amelia, & Handoko found no significant relation between a doctor's humility and patient satisfaction. The "humble" dimension signifies equality, which can flourish with a sense of fairness. Here, doctors must treat all patients equally without discrimination. This aligns with the 2006 Indonesian Medical Council Journal, emphasizing that while professional statuses might differ, communication shouldn't be hierarchical. Through equality, medical professionals communicate respect and appreciation for differing views and beliefs.

4 CONCLUSION

Based on the research findings, it can be concluded that interpersonal communication in the dimensions of respect, empathy, audible, clarity, and humble all influence patient satisfaction in the dental clinic of Puskesmas Pulo Brayan. Among these dimensions, clarity stands out as the most influential factor in determining patient satisfaction.

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