

## Inter-Trieval and Cultural Communication by Medical Personnel to Patients in the Health Service Process

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### ABSTRACT

Medan is the capital of the province of North Sumatra, Indonesia. This city is the third largest city in Indonesia after DKI Jakarta and Surabaya and the largest city outside Java, as well as the largest on the island of Sumatra. This research aims to find out what strategies are used by doctors with patients from different cultures at Medan City Hospital, during the health service process. The method used in this research is a qualitative method with an ethnographic approach. The research results found that First, the intercultural communication process carried out by doctors and patients occurs in the form of verbal and non-verbal communication. Second, Barriers that occur in intercultural communication are language, perception, and cultural barriers. Third, the strategy used to overcome this obstacle is to use translators, patient education, studying the patient's culture and character, and outreach to villages.

## **INTRODUCTION**

Medan is the capital city of North Sumatra Province. This city is the third largest city in Indonesia after Jakarta and Surabaya, and the largest city outside Java. Medan City is the gateway to western Indonesia with the presence of Belawan Port and Kuala Namu International Airport which is the second largest airport in Indonesia. Access from the city center to the port and airport is provided by toll roads and trains. Medan is the first city in Indonesia to integrate an airport with a train. Bordering the Malacca Strait makes Medan a very important trade, industrial, and business city in Indonesia.

**Architecture** This city has a mixture of Dutch colonial architecture which is still visible in several old buildings, as well as the influence of modern architecture in the development of the city. **Traditions and Customs:** Medan is also known for its rich cultural traditions, such as the celebration of Eid al-Fitr and Eid al-Adha, as well as various Batak traditional ceremonies that honor ancestors and religious traditions. The majority of the people of Medan City, especially in mountainous areas, cannot speak Indonesian. **Beliefs** These beliefs then shape ways of behaving, communicating, thinking patterns, perceptions, and ways of socializing as taught by the culture in which they live. Through the culture and language of the community. The culture they have greatly influences the communication they carry out, including the language they use. On the other hand, the language they use to communicate will influence the culture they have.

Intercultural communication can occur anywhere and at any time. Intercultural communication does not only occur between people of different nationalities, races, ethnicities, languages , and religions. However, it can also occur between people with different levels of education, social status, gender, and profession. One of the professions involved in intercultural communication is communication between doctors and patients.

Communication between doctors and patients that occurs at Medan City Hospital can be said to be intercultural communication because this communication is carried out by communication participants who have different cultural backgrounds. In this context, the doctors at Medan City Hospital come from Jogja, Jakarta, and several other cities around Medan. These doctors have diverse cultures. Some have Javanese cultural backgrounds, Sundanese culture, and other cultures. Meanwhile, most of the patients at this RSU come from Medan. This difference in cultural background is one of the factors that influences every communication event between doctors and patients.

Apart from cultural background, educational background is also another factor that influences every communication event between doctors and patients. Differences in cultural background and educational background have a very important role when symbolic processes and transactional processes occur in every communication event that occurs between doctors and patients. It is at this level that intercultural communication occurs. This is as stated by Gudykunst and Kim (1997 in Darmastuti, 2013: 63), that intercultural communication is a transactional process and a symbolic process that involves the attribution of meaning between individuals from different cultures.

Intercultural communication can be understood as a relationship or connection between individuals of different cultures, for example ethnic, racial, linguistic, and social groups. (Regar, Kawung, & Tangkudung, 2014). The communication that takes place is basically verbal so that the ideas conveyed are more direct and real (have a greater sense of communication). In communication, there is an important element that is a supporting factor for the success of communication, namely language. Language is an integral part of the culture of a society (Fauziah, 2015). Under certain conditions, language can influence and shape people's behavior and attitudes, especially in aspects of thought patterns, perceptions, perspectives, and ways of socializing. The cultural system possessed by a society is reflected in its language, thus creating a variety of languages that characterize its speech markers. In the future, this linguistic diversity can influence communication, especially interpersonal communication (between people) with different cultural and linguistic backgrounds (Venus, A., Syafirah, N. A. Salam, 2019).

In the intercultural communication approach, how do doctors understand how to communicate with patients from different cultures, and what barriers to intercultural communication influence doctors' health services to patients. The research findings show that there are still doctors who are very limited in providing explanations to patients, have minimal information, and seem to be in a hurry. The characteristics of doctors and patients as well as situational sectors also have an influence on the health service process.

At Medan City General Hospital, doctors are medical personnel who have an important role in solving a patient's health problems. Communication is an important basis in the process of diagnosis, therapy, and disease prevention. Intercultural communication is an urgency in this healing process. It's just that the relationship between doctors and patients does not always run harmoniously.

In daily activities at the hospital in Medan city, when treating patients. *Three cultural elements have the potential to affect situations in which people from different backgrounds come together: (1) perception, (2) verbal processes, and (3) nonverbal processes*". According to Samovar and Porter, there are three cultural elements that society has and have great potential to influence the situation when people from that cultural backgrounds come together. The three elements are perception, verbal processes, and non-verbal processes. These three elements also influence when communication events between doctors and patients at the Medan City General Hospital occur.

In the context of being a communicator in intercultural communication with patients, doctors often do not understand the meaning of the messages conveyed by patients as communicants. This is due to differences in culture and language used by patients. At this level, doctors do not yet have accurate tips and appropriate strategies for communicating with patients who have different cultural backgrounds from their patients. So far, the strategy used by doctors is to interpret and predict the attitudes of their patients. One of the benchmarks

used is information related to the patient's age and education, as well as which area the patient comes from.

The Medan City community's belief in Batak culture shapes behavior, ways of communicating, and also thought patterns which ultimately have an impact on the health service process at the Medan City General Hospital as well as medical understanding. Many of the people of Medan City still believe that the illnesses they suffer from are not caused by medical reasons, but are more influenced by other things around their lives. The limited information available to the public means that people are too quick to make decisions about alternative treatment without consulting a doctor about their condition first. To treat their illnesses, they will choose to go to shamans and the like, rather than going to doctors. This makes medical treatment of the patient's health ultimately hampered. It is not uncommon for patients who come for treatment at the Medan City General Hospital to experience delays in medical treatment.

Doctors at Medan City Hospital do not pay much attention to folklore that smells of superstition or the beliefs of some Medan City residents in traditional medicines. In fact, a personal approach to the community by understanding their culture and understanding the folklore and beliefs they adhere to can be an effective approach for healing patients at the Medan City General Hospital. At this level, it is necessary to think about communication strategies or ways of communicating between doctors and patients based on an understanding of intercultural communication. The goal is to build a common understanding between doctors and patients when communicating and to reduce uncertainty when communicating. Based on this background, the question is, "What is the intercultural communication strategy from doctors to patients in the health service process at the Medan City General Hospital". This question can be formulated in the problem statement:

1. How does intercultural communication occur between doctors and Batak patients at the Medan City General Hospital?
2. What are the inhibiting factors in the communication process?
3. What communication strategies do doctors use in carrying out the health service process for Batak patients?

This article is based on the results of research which is based on the results of previous studies. The author uses these previous studies as a basis for understanding intercultural communication and to develop the author's insight regarding intercultural communication. Some of the previous research that became the basis for the author's understanding of intercultural communication was research with the title "Intercultural Communication Strategies in Reducing Negative Stereotypes of the Batak Tribe." To treat their illnesses, they will choose to go to shamans and the like, rather than going to doctors. This makes medical treatment of the patient's health ultimately hampered. It is not uncommon for patients who come for treatment at the Medan City General Hospital to experience delays in medical treatment.

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Some previous research that is the basis for the author's understanding of intercultural communication is research with the title "Intercultural Communication Strategy in Reducing Negative Stereotypes of the Batak Tribe in Rusunawa Keudah, Banda Aceh". The research conducted by Putri (Putri, 2014) aims to determine the obstacles experienced by Batak ethnic residents in communicating in Rusunawa Keudah and the intercultural communication strategies used by Batak ethnic residents in reducing negative stereotypes. The results of this research are that Batak residents in Rusunawa Keudah use accommodation communication strategies to reduce negative stereotypes.

The second research is Dorothy Simanjuntak's research (Simanjuntak, 2016) with the title "Health Services in an Intercultural Communication Approach (Phenomenological Study of Doctors' Health Services to Patients at H. Adam Malik Hospital Medan)". This research aims to determine the process of doctor's health services to patients at the H. Adam Malik Hospital Outpatient Installation using an intercultural communication approach. The findings of this research were that doctors were very limited in providing explanations to patients, had minimal information, and seemed rushed. In the event of intercultural communication between doctors and patients, language, experience, physical barriers, competition, and nonverbal barriers are obstacles that arise in this intercultural communication.

These three studies became the basis for the author's understanding and insight in writing this article. Even though this article is based on the three studies above, there is a novelty in this article, namely the discussion related to communication strategies in intercultural communication carried out in the world of health using an ethnographic approach. The novelty of this article in the study of health communication is not only discussing the doctor's service process

and its obstacles as done by Simanjuntak, but also discussing intercultural communication strategies in the medical world.

Another novelty, this research not only discusses intercultural communication strategies related to negative stereotypes as done by Putri (2014), but is also related to the beliefs and language possessed by each communication participant as important factors in intercultural communication.

## **THEORETICAL REVIEW**

### ***Cultural Identity***

Etymologically, the word identity comes from the word identity, which means (1) the condition or condition of the same thing, a situation that is similar to each other; (2) conditions or facts about something that exists between two people or two objects; (3) conditions or facts that describe something that is the same between two people (individuality) or two groups or objects (*Webster New World Dictionary* in Darmastuti, 2013:94).

According to Ting-Toomey (in Darmastuti, 2013:94) cultural or cultural identity is a feeling (*emotional significance*) from someone to share ownership (*sense of belonging*) affiliated with a particular culture. People who are divided into groups then carry out cultural identification (*cultural identification*, as a representation of a particular culture). The cultural identity formed in the life of a society will influence the self-perception of each member of society. How they see themselves, how they behave and behave, is greatly influenced by their own cultural identity.

If the identity of a society is not used carefully, it will become a shackle or even a prison for that society. This is as stated by Murathan Mungan (in Samovar, Porter, and Daniel, 2012: 81

### ***Symbolic Interactionism***

Symbolic interactionism is a movement in sociology that focuses on the ways humans form meaning and structure in society through conversation. Barbara Ballis Lal summarizes the basic thinking of this movement as follows (Littlejohn, 2012:231):

- a. Humans make decisions and act according to the subjective understanding they find of themselves
- b. Social life consists of interaction processes from order, until it continues to change
- c. Humans understand their experiences through the meanings found in the symbols of their primary group and language is an important part of social life
- d. The world is formed from social objects that have socially determined names and meanings
- e. The world is formed from social objects that have socially determined names and meanings
- f. Human actions are based on their interpretation, where objects and actions related to the situation are considered and interpreted
- g. A person's self is a significant object and, like all social objects, is known through social interaction with other people.

The three main concepts in the theory created by Mead are written in his famous work, namely society, self, and mind. According to this understanding, in its basic form, a social action involves a relationship of three parts, namely the initial body movement of one individual, the response of another person to that movement, and an outcome. The result is the meaning of the action for the communicator. Meaning does not lie solely in each of these things but in the relationship of these three things.

According to Blumer, there are 3 main principles contained in the theory of symbolic interactionism, namely meaning, language, and thought (Griffin, 2003: 56). Meaning in symbolic interactionism, according to Herbert Blumer (Soeprapto, 2002:120) is understood by relying on 3 main premises, namely:

- a. Humans act towards things based on the meanings that something has for them.
- b. Meaning is obtained from the results of social interactions with other people.
- c. These meanings are refined while the social interaction process is taking place.

### ***Communication Strategy***

Communication strategy is a combination of communication planning and management to achieve a goal. To achieve this goal, the communication strategy must be able to show how tactical operations must be carried out, in the sense of the word depending on the situation (Effendy, 2004:29). As with communication strategies in any field, communication strategies must be supported by theory, because it is knowledge based on experience that has been tested for truth. There are many communication theories that have been put forward by experts, but for communication strategy perhaps the best one to support communication strategy is what was put forward by Harold D. Lasswell. According to Laswell as quoted in (Effendy, 2011:11) the best way to explain communication activities is to answer the question "Who Says What Which Channel To Whom With What Effect?". For a strong communication strategy, everything must be linked to the components which are the answers to the questions in Laswell's formula.

- a. Who? (Who is the communicator)
- b. Says What? (What message does it use)
- c. In which channel? (What media does he use)
- d. To whom (Who is communicating)
- e. With what effect? (What effect does he expect)

The aim of communication strategies according to Liliwari (Liliwari, 2011:248-249) is to inform (announce), motivate (motivate), educate (educate), disseminate information (informing), and support decision-making (supporting decision marketing). The factors that influence communication strategies so that they are right on target according to (Effendy, 2011:35-39) are:

1. Recognizing Communication Targets

Before planning communication, you should understand the person who will be the target of communication first. One factors that need to be considered in communication are the frame of reference factor, a person's frame of reference is formed from the results of experience, education, lifestyle, living norms, social status, and others. The second factor is the situation and conditions when the communicant will receive the message conveyed and the physical and psychological condition of the communicant when receiving the message.

#### 2. Selection of Communication Media

There are many forms of communication media, such as written or printed media, visual, aural, and audio-visual. To achieve communication targets, a communicator can choose the appropriate media depending on the goals achieved, the message to be conveyed and the techniques to be used.

#### 3. Assessment of Message Purpose

Communication messages have a specific purpose, communication messages consist of the content of the message and symbols. The content of the communication message can be one, but the symbols used can vary, such as language, images, colors, gestures, and so on. The symbol most widely used in communication is language because language can express thoughts and feelings, facts, and opinions.

#### 4. The Role of the Communicator in Communication

Important factors in the communicator are source attractiveness and source credibility. A communicator will be successful in communication if the communicant feels that there is a similarity between the communicators so that the communicator is willing to obey the message conveyed by the communicator.

### **METHODOLOGY**

This research uses qualitative research methods with an ethnographic approach. Qualitative research is research conducted in certain settings in real life with the aim of investigating and understanding what phenomena occur, why they occur, and how they occur (Fitrah & Luthfiyah, 2017:45). Meanwhile, ethnography is a building of knowledge that includes research techniques, ethnographic theory, and various kinds of cultural descriptions (Spradley, 1997: 12).

Ethnographic research according to Spadley (Spradley, 1997) begins with selecting an ethnographic project, collecting ethnographic data, making ethnographic notes, and analyzing ethnographic data. The implementation of this research began by choosing an ethnographic project, namely conducting direct observations at the Medan City General Hospital.

The resource persons in this research were para-medical staff consisting of 2 specialist doctors, 3 nurses, and 3 patients.

The data collection techniques used as the basis for this research is direct observation and in-depth interviews. In this research, the author made direct observations at the RSU, as well as conducting in-depth interviews with key persons, namely doctors and patients. Apart from that, the author also conducted in-depth interviews with nurses and security guards to complete the data and in order to triangulate sources as one of the triangulation techniques in the research that the author conducted.



The data analysis technique that the author uses in this research is the Spadley analysis model. The qualitative data analysis model proposed by Spradley (in Sugiyono, 2012) has four stages in data analysis, namely domain analysis, taxonomic analysis, componential analysis, and cultural theme analysis. In the first stage, the author carries out domain analysis. At this stage, the author tries to get a general picture of the Medan City RSU to get an idea of how intercultural communication occurs between doctors and patients at the Medan City RSU. At the taxonomic analysis stage, the author began to carry out an analysis that centered on communication between doctors and patients by focusing on intercultural communication. In the next stage, the author starts to do it analysis of intercultural communication that occurs between doctors and patients who have different cultural, language, and educational backgrounds and explore the obstacles that occur in this intercultural communication. Based on the results of data analysis carried out at several levels, the author then tried to map out an intercultural communication strategy between doctors and patients at the Medan City General Hospital.

## RESULTS AND DISCUSSION

### *Culture of the People of Medan City*

Gudykunst and Kim (1992 in (Tubbs & Sylvia, 2008:19) provide an understanding of culture as a way of life that is developed and owned by a group of people and passed down from generation to generation. In this context, culture is understood as rules for living together and having a role that is very big in a society. At this level, culture provides the rules for playing the game of life. This is as stated by Samovar (2012: 8), "*Culture provides the rules for playing the game of life*, The actions carried out by each individual in all fields (from the social, economic, and even health fields) will be determined by the meaning that emerges from the social interactions carried out.

Edward T. Hall (in Liliweri, 2003:21) said that culture and communication can be likened to two coins that cannot be separated. There will never be communication without culture, and there will be no culture without communication. This also happens to the people of the city of Medan. The culture they have greatly influences the communication they carry out. On the contrary, the communication they carry out greatly influences the culture that is formed. This influence between culture and communication also has an impact when people in the city of Medan communicate with other individuals, both those from Medan itself and with people outside the city of Medan in the context of intercultural communication.

Fred E. Jandt said "Intercultural communication generally refers to face-to-face interaction among people of diverse cultures" (Jandt, 1998:36). In Jandt's view, intercultural communication is communication that occurs between people who have different cultural backgrounds and occurs face-to-face. According to Joseph A Devito, intercultural communication occurs when the people involved in the communication have different cultural beliefs, values , or ways of behaving (Devito, 1997:479).

Referring to Jandt and Devito's opinion, intercultural communication carried out by the people of the city of Medan is greatly influenced by the geographical position of this sub-district city. Medan is located in the province of North Sumatra. This geographical position puts the people of Medan City in a condition to interact and communicate with people who have different cultures. On the one hand, at certain times the people of Medan are in a position to have to communicate with people who have other cultures, on the other hand, the people of Medan are conditioned to communicate with people who have a Sundanese cultural background. At this level, there is a meeting between Javanese culture and Sundanese culture which ultimately forms the intercultural communication that occurs in the lives of people in the city of Medan.

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Intercultural communication is carried out in all fields because culture itself has a very large role in all areas of human life. This is as said by (Samovar, 2012),

“Culture is an extremely popular and increasingly overused term in contemporary society. Culture has been linked to such fields as corporate, management, health care, psychology, education, public relations, marketing, and advertising”

According to Samovar, culture has an important role in health services, this is because health services can run effectively when the service is carried out using an approach appropriate to the patient's culture. It is at this level that intercultural communication becomes a very important thing, between paramedics and patients.

### *Doctors as Communicators in the Health Service Process*

Intercultural communication also occurs between doctors and patients at Medan City Hospital. What is interesting about the intercultural communication that occurs in this hospital is the cultural differences between doctors and patients. Most of the doctors at this hospital come from cities around Medan City and other cities. Nurses and other medical personnel come from the city of Medan, while the patients who come for treatment at this hospital mostly come from people living in the mountains who speak the Batak language. This condition gives rise to intercultural communication between doctors and patients.

Charley H Dood (in Darmastuti, 2013: 64) said that intercultural communication includes communication that involves communication participants who represent individuals, individuals, or groups by emphasizing differences in cultural backgrounds that influence the communication of the participants or communication participants. The intercultural communication that occurs at the Medan City Hospital also involves communication participants representing individuals, interpersonal, and groups with an emphasis on differences in cultural backgrounds which ultimately influence the participants or communication participants when they communicate. We can see this from the communication actions carried out by each communication participant when they are communicating, both in interpersonal communication and in group communication.

The acts of communication that occur between doctors and patients at RSU Raffa occur in two forms of communication, namely verbal and non-verbal communication. Verbal communication is communication that conveys its message using oral and written means (Effendy, 1998:7). The verbal communication process between doctors and patients begins in the inpatient room. The verbal communication process that occurs between the doctor and the patient begins with the doctor saying hello, asking about news, and checking the patient's condition. This is in accordance with what Doctor Dh said in an in-depth interview on January 21, 2020, who is one of the bone specialist doctors at this hospital.

*"Usually when I visit the ward I first say greetings like "Good morning or good afternoon sir/madam? how are things?" Then I continued by checking the patient's condition and then I told him about the progress of his health. As for the language, I use Indonesian, I can't speak Javanese Ngapak, but sometimes I slip in a few Javanese Ngapak words like "inyong" which means I, then "kencot" which means hungry. Yes, just basic words."*

According to Doctor Dh, verbal communication in intercultural communication with patients is by giving attention by saying good morning and using Indonesian interspersed with ngapak, even if it is only a basic language. The goal is to build closeness with the patient. This verbal communication was also carried out by Doctor Artt, one of the surgical specialists at Medan City Hospital.

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The use of regional languages in addition to Indonesian used by doctors is one of the ways of intercultural communication between doctors and patients. This step is taken to build closeness and so that the patient feels comfortable. Doctors use Indonesian, this is as stated in the results of research conducted by (Hadi, 2017), every actor of intercultural communication should always instill an attitude of tolerance and positive thinking between each other.

The second form of communication in intercultural communication between doctors and patients at RSU Raffa is non-verbal communication. Non-verbal communication is communication using symptoms related to movements (gestures), attitudes (postures, facial expressions, symbolic clothing, signs, and similar symptoms that do not use spoken and written language (Effendy, 2004:28).

Based on the results of interviews with several sources in this research, intercultural communication that takes place between doctors and patients is carried out in two forms of communication, namely verbal and non-verbal communication. Verbal communication occurs using Indonesian interspersed with Batak language. The use of Batak language in Indonesian is done as a way to build closeness between doctors and patients. Non-verbal communication is carried out using expressions, eye contact, attitudes, and body movements (*gestures*). This non-verbal communication is carried out with the aim of building patient trust, motivating, encouraging and even giving awards. The relaxed atmosphere created in every communication event between doctors and patients is carried out in order to build a conducive atmosphere so that the patient feels calm and comfortable so that there is no tension so that the patient recovers quickly.

### ***Inhibiting Factors in the Health Service Process at Medan City Hospital***

Chaney & Martin (2004:11) say there are several obstacles that often occur in intercultural communication, namely physical barriers (*Physical*), cultural barriers (*cultural*), perception barriers (*motivational*), experience barriers (*experiential*), emotional blocks (*emotional*), language barrier (*linguistic*), nonverbal barriers and competition barriers (*competition*). These obstacles also occur in intercultural communication between doctors and patients at Medan City Hospital.

Novinger (in Ridwan, 2016: 114) said that in the process of intercultural communication, negative reactions and individual evaluations of a culture can create communication barriers. That is why, understanding other cultures owned by communication participants when we communicate in intercultural communication is very important. The knowledge we have about intercultural

communication, as well as our ability to use intercultural communication effectively can help bridge cultural differences, reduce problems and help achieve more harmonious and productive relationships. It is as Samovar said,

A knowledge of intercultural communication, and the ability to use it effectively, can help bridge cultural differences, mitigate problem and assist in achieving more harmonious, productive relations (Samovar, 2012:8)

### *Language Barrier*

Language barrier (*linguistic*), occurs because the sender of the message (*sender*), and the recipient of the message (*receiver*) use different language or words that are not understood by the recipient of the message (Chaney & Martin, 2004:11). In the health service process at Medan City Hospital, the most frequently encountered barrier is language. According to (Keraf & Gorys, 1997: 1) language is a means of communication between members of society in the form of sound symbols produced by human speech organs. Language makes it easier for someone to communicate both with people of the same culture and with people from different cultures. If communication does not achieve a common meaning of the message, then language can become an obstacle in communication. This is also experienced by Medan City Hospital doctors who always interact with Javanese patients who do not speak Indonesian well. As a result, in the health service process, doctors who serve patients have difficulty conveying information. This is as stated by Doctor Dh, a doctor who often meets patients with different cultural backgrounds from him. In an interview, he said:

"During my practice at Medan City Hospital, the most frequent obstacles encountered were due to language differences. The majority of patients who come here (Medan City Hospital) come from the mountains there and many of them don't speak Indonesian, while the majority of us on the medical team here also come from outside the region and we also don't really speak Batak.

When communicating with patients, doctors experience difficulties in conveying information related to the patient's health condition because the patient can only speak Javanese Ngapak and does not understand when the doctor explains. This is because the majority of doctors on duty at the Medan City Hospital are immigrants and not native Medan residents. Therefore, the information conveyed by doctors is hampered.

Mr. As also conveyed a similar response in an interview, saying:

"It's difficult if you want to talk directly to the doctor, sometimes the language is the doctor's language, and it's hard to understand, especially since I'm not fluent in Indonesian, if for example, I have a child, I can help. But if it's not there, I'll just nod-ngan-ngan-guk"

Barbara Ballis Lal (in Littlejohn, 2012: 231) said that humans understand their experiences through the meanings found in the symbols of their main group and language is an important part of social life. Referring to Barbara Ballis Lal's opinion, language is a very important part of social life, including intercultural communication between doctors and patients. When language cannot be a medium that connects the communicator and the communicant, what happens is

that the communication process stops. This is as said by Mrs. Ar, one of the patients at Medan City Hospital who said:

"When you chat with the doctor, the doctor doesn't speak Javanese fluently so he's a bit confused when he wants to tell you something."

The area of origin of this ethnic group is also quite far from the city of Medan and is centered in the Tapanuli area. However, Malays as the original ethnic group are also not the dominant tribe in Medan today. There is no single ethnic group that dominates Medan today. The dominance of Malay culture slowly faded after the post-independence Social Revolution. After independence, the immigration of the Batak tribe: Toba Batak to Medan was very massive. The number living in this city even multiplied more than 20 times from just under 0.2 percent to 11 percent. Based on the 1930 census, the Batak population in Medan was only 1.07 percent. The number doubled in 1980 to 14.11 percent. Then in 2000, it became 19.21 percent. Not only Batak people, but other tribes also migrated to Medan from outside the province, such as Java, Aceh, and Minangkabau.

Language barriers are obstacles that often occur in health services. This is as written from the results of research conducted by Simanjuntak in 2016 with the title '*Health Services in an Intercultural Communication Approach (Phenomenological Study of Doctors' Health Services to Patients at H. Adam Malik Hospital Medan)*'. The results of this research show that intercultural barriers such as language, experience, physical barriers, competition, and non-verbal barriers are barriers that arise in health services at H. Adam Malik Regional Hospital. The character of the doctor and patient as well as situational factors also influence the health service process (Simanjuntak, 2016).

Perceptual barriers (*motivational*), relate to the level of motivation of the listener. This means that the listener who receives the message wants to receive the message or does not have the motivation so it can become a communication barrier (Chaney, 2004: 11). Perception is an observation about objects, events, or relationships obtained by concluding information and interpreting messages (Rakhmat, 2007). In an interview conducted with researchers on January 22, 2020, Doctor Art said:

"Patients think that when they enter the hospital, they think they should recover in just a few days, whereas medically the healing process takes a long time. Well, the impact will be if, for example, after three or four days we haven't been able to go home, in the end, the patient or his family will terrorize us (doctors or nurses) with all kinds of questions such as "when will we go home", "why isn't he getting better", and so on. We usually comfort them by saying that they will definitely recover as long as they take their medicine regularly."

The actions taken by patients undergoing treatment at hospitals in the city of Medan cannot be separated from their understanding and interpretation of hospitals, treatment, and the healing process. Their understanding and interpretation are closely related to the knowledge they have. Human actions are based on their interpretation, where objects and actions related to the situation are considered and interpreted (Barbara Ballis Lal in Littlejohn, 2012). At this level, perception has a very determining role. Perception is an internal process

that individuals recognize in selecting and organizing stimuli that come from outside. Stimuli are captured by the senses, spontaneously our thoughts and feelings will give meaning to these stimuli. In simple terms, perception can be said to be an individual's process of understanding contact or relationships with the world around him (Aw, 2010: 107)

Perception is a very important thing in communication, including in the communication process that occurs between doctors and patients at Medan City Hospital. This is shown by the fact that every symbol sent by the communicator (in this case the doctor) cannot be immediately received and easily understood by the communicant. The process of interpreting and learning from experience is the main thing in understanding the communication or symbols conveyed.

In addition, differences in perception often occur due to negative views held by other communication participants due to unclear meanings.

because the patient does not understand the message conveyed by the doctor. To overcome this difference in perception, Maya Hervia Putri in her research conducted in 2014 with the title 'Intercultural Communication Strategy in reducing negative stereotypes of the Batak tribe in Rusunawa Keudah, Banda Aceh' said that this perception barrier was caused by the response of communication participants. The results of this research state that in the process of intercultural communication, each individual tends to draw conclusions about their interlocutor based on the initial perception they receive as a form of interpretation of the meaning they get from the communication process between communication participants (Putri, 2014: 81)

Intercultural Communication Patterns explain the degree of differences between individuals originating from cultural group membership factors, such as beliefs, norms, and ways of interacting. Intercultural Communication Patterns create values to determine what is appropriate and what is acceptable to people from other cultures.

### ***Cultural Barriers***

Cultural barriers (*cultural*), come from different ethnicities, religions, and social differences between one culture and another (Chaney & Martin, 2004:11). Koentjaraningrat (Warsito, 2012: 99) said that cultural values consist of conceptions that live in the minds of the majority of citizens regarding things that they consider to be very noble. The value system that exists in a society is used as an orientation and reference in acting. Therefore, a person's cultural values influence him in taking available alternatives, methods, tools, and manufacturing goals. The trust of people in the city of Medan towards shamans is one of the factors that influences the health service process at Medan city hospitals. For example, in everyday life in the people of Medan who live in the mountains, when one of them is sick, the first action they take is to go to a shaman. In development, after they go to a shaman and they are not cured, or even get worse, they then decide to go to the hospital for treatment.

### ***Intercultural Communication Strategy between doctors and patients***

Liliweri (2003:5) says that the essence of communication lies in the process, namely an activity that 'serves' the relationship between the sender and recipient of the message beyond space and time. When this process experiences an obstacle, the process will not run well. The same thing happens in intercultural communication between doctors and patients at Medan City Hospital. When the intercultural communication process that occurs experiences obstacles, the communication that occurs between paramedics and patients at the Medan City Hospital will also not run effectively. Therefore, we think about ways to organize how the message can reach the patient because actually communication itself is message management with the aim of creating meaning. This is as Griffin said, "Communication is the management of messages with the objective of creating meaning" (Griffin, 2003).

The communication strategies used by doctors to patients in intercultural communication in hospitals in the city of Medan are: *First*, strategies for overcoming language barriers; *second*, strategies for overcoming cultural barriers and *third*, strategies for overcoming perceptual barriers.

### **CONCLUSIONS**

As a hospital located in the North Sumatra region, the hospital is a meeting place for cultural diversity in the medical world. Communication that exists between doctors and patients uses verbal and non-verbal communication. Verbal communication used is by saying hello, asking about the patient's condition, and asking what the patient's activities are at home. In carrying out the health service process, doctors use Indonesian and patients use Batak. Non-verbal communication contained in the communication process between doctors and patients at Medan City Hospital is smiles (facial expressions), body movements (*gestures*), and doing physical touches such as touching the patient's forehead and patting the patient's shoulder. There are several obstacles that occur in intercultural communication between doctors and patients, these obstacles are cultural barriers (*cultural*), Language barriers (*linguistic*), and Perception barriers (*motivational*), namely differences in perception in understanding the process of healing diseases and the beliefs of people who still trust shamans.

### **RECOMMENDATIONS**

Effective communication is essential for ensuring quality healthcare delivery, patient satisfaction, and overall health outcomes. In Medan, with its rich cultural tapestry and linguistic diversity, addressing these aspects becomes even more critical. Implement comprehensive training programs for doctors and staff to enhance understanding of cultural differences and improve communication skills, Encourage doctors to adopt patient-centered communication strategies, such as active listening and clear, understandable explanations, Establish reliable interpreter services and utilize technology for language support to overcome linguistic barriers, Employ cultural liaison officers to facilitate communication and provide cultural insights to medical staff., Engage with the local community to better understand their needs and expectations, fostering trust and collaboration, Implement feedback mechanisms to continuously improve intercultural communication practices based on patient and community feedback, Promote ongoing professional development on intercultural communication



and cultural competence for medical staff., and develop and enforce policies that support culturally sensitive healthcare practices and ensure adherence to standards. By implementing these recommendations, Medan City General Hospital can create a more inclusive and effective healthcare environment, where cultural diversity is respected, and patient care is enhanced through improved communication and understanding. This approach not only improves health outcomes but also strengthens community relationships and trust in healthcare services.

### **FURTHER STUDY**

Further studies in the context of intercultural communication in healthcare at Medan City General Hospital could explore several key areas, such as Conduct research to assess the impact of cultural competence training on doctors' communication skills, patient satisfaction, and health outcomes. This could involve longitudinal studies and comparison with control groups to measure improvements, Investigate specific barriers that hinder effective communication between doctors and patients from different cultural backgrounds. This could include language barriers, cultural misunderstandings, and socio-economic factor, Explore the effectiveness of technology, such as telemedicine platforms and translation apps, in facilitating communication between doctors and patients who speak different languages. Evaluate patient acceptance and usability of these technologies, Conduct qualitative research to gather insights from patients and community members about their experiences with healthcare services at Medan City General Hospital. Explore perceptions of cultural sensitivity in healthcare delivery, Evaluate the role and effectiveness of cultural liaison officers in bridging cultural gaps and improving communication between medical staff and patients, Investigate how cultural beliefs, practices, and traditions influence health-seeking behaviors, treatment adherence, and overall health outcomes among patients at the hospital, Compare intercultural communication practices and healthcare outcomes at Medan City General Hospital with other hospitals in Indonesia or globally. Identify best practices and areas for improvement, Examine hospital policies and organizational culture to assess their alignment with promoting cultural competence and patient-centered care. Identify barriers within the organizational structure that hinder effective intercultural communication. By addressing these research areas, Medan City General Hospital can further enhance its healthcare services by developing evidence-based strategies to improve intercultural communication, promote patient-centered care, and ultimately, achieve better health outcomes for its diverse patient population.

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