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Interpersonal Communication Skills of Doctors in Serving Patients: Case Study at Community Health Center X in Tangerang-Banten

Yulianto

STIAMI - Institute of Social Sciences and Management Jakarta, Indonesia

yulianto2367@gmail.com

Abstract. Interpersonal communication is very important for every doctor to develop with their patients because it can create improvements in the patient's psychological condition thereby speeding up their recovery. However, there are still many complaints from patients regarding the attitude of doctors who are less communicative and do not try to build good interactions with patients. This is a qualitative research with a case study approach. Data collection was carried out through semi-structured interviews with patients at community health centers in Tangerang City. The results of the study showed that the interpersonal communication implemented by doctors at Community Health Center X in Tangerang City, Banten was not effective. This is proven by the need for improvements in attitudes of openness, empathy, supportiveness, positivity and equality.

Keywords. Interpersonal Communication, doctors and patients, community health center

Introduction

Interpersonal communication is communication between two or more people which can occur either directly (face to face) or indirectly with the aim of conveying messages and receiving reciprocity (Mulyana in Panitra and Tamburian, 2019). Communication between doctors and patients is a very important competency and must be mastered by doctors. Communication between doctors and patients is very necessary to obtain optimal results, in the form of solutions to health problems that can be resolved and patient recovery (Mardona Y. 2005:35). Time for conversation between the doctor and the patient is very necessary, don't rush or limit time which results in the doctor having insufficient information about the disease the patient is suffering from, resulting in a misdiagnosis or the next action that must be taken.

Communication competence determines success in helping resolve patient health problems. Effective communication can reduce patient doubts and increase patient compliance. Doctors and patients both benefit from sharing in a close relationship. Each party feels understood. Patients feel safe and protected if the doctor treating them does what is best for the patient. When connected, the doctor can better understand and react to changes in the patient's behavior and concern over time.

Viewed from a communication science perspective, the relationship between doctors and patients is included in interpersonal (interpersonal) communication, or from a health communication perspective, namely therapeutic communication. By studying the elements contained in the communication process, we can see whether a communication is successful or not. The doctor (communicator) carries out the stages of examination of the patient (communicant) face to face (media). During the stages of the examination, messages are exchanged between the doctor and the patient, the doctor asks the patient questions related to the disease he is suffering from to help determine the diagnosis and appropriate medical action (message). Then the patient answers the questions asked by the doctor (feedback). In the communication process between doctors and patients, opinions are exchanged, information is conveyed and attitudes and behavior change. In the communication process itself, efforts are also made to ensure communication effectiveness.

In the context of communication, it is important for a doctor to have effective communication skills. According to Dianne Berry, in health services, one of the most important things is to have good communication skills because a doctor's communication ability with his patient has a significant relationship in the patient's recovery efforts. Doctor-patient communication is a relationship that takes place between a doctor and his patient during the examination/treatment/care process that occurs in individual practice rooms, polyclinics, hospitals and health centers in order to help resolve patient health problems (Berry, 2007).

According to Guastello, Planetree and Hale, patient-centered communication is a collaborative, two-way process of exchanging information between doctors and patients, which differs from the patriarchal model that has been perpetuated for generations through health care practices that create a formal impression of intimacy between patients and doctor (Guastello, Hale, 2014). Meanwhile Smith RC et.al. (2010) suggested that patient-centered communication is communication that has been described as communication between health care providers and patients that combines perspective, psychosocial context and the patient's decision-making power in clinical care. Interpersonal, verbal and nonverbal and therapeutic communication practices can clearly be found in hospitals and other health care settings. Doctors at hospitals are required to have the ability to communicate with their patients in addition to providing medical care. The large role of doctors in treating a patient is of particular interest for researchers to explore more deeply the interpersonal communication activities that occur between doctors and patients in helping patients heal.

A doctor's communication skills to have good communication skills with his patients have different goals. Dianne Berry revealed that there are 3 (three) goals of doctor and patient communication, namely: (1) creating a good interpersonal relationship, (2) exchanging information (exchange of information), and (3) decision making medical (medical decision making) (Payne S, Horn S, 2007).

The Indonesian Medical Council, based on research, conveys four benefits of doctor-patient communication, namely: (1). Increasing patient satisfaction in receiving medical services from doctors or medical service institutions, (2). Increasing patient trust in doctors which is the basis of a good doctor-patient relationship, (3). Increasing the success of therapeutic diagnosis and medical treatment, (4). Increasing self-confidence and resilience in terminal phase patients in dealing with their illness (Indonesian Medical Council, 2006).

In Indonesia, doctors not only work in hospitals, but also in community health centers. But unfortunately, up to now, there are still many complaints from patients about the attitude of the doctors who treat them, especially in terms of communication. Many patients think that the doctors at the community health center think that the patients are people with low

education so that even if they explain anything about the disease, the patient will not understand. In fact, many patients are afraid to ask a doctor because the doctor who treats them doesn't say anything to the patient, only examines them and then gives a prescription. It can be seen that doctors do not have a sense of empathy (Djauli and Supartondo, 2004).

Based on the problems above, this research is aimed at answering the question of how interpersonal communication is built between doctors and patients at Community Health Center. The results of this research will be useful not only for medical personnel, but also policy makers in the health sector so that they can improve the services of doctors through the quality of their interpersonal communication so that it meets the expectations of patients at health centers.

Literature review

Definition of Interpersonal Communication

DeVito's Interpersonal Communication Theory (2011:33) suggests that Communication effectiveness factors are as follows:

(a) Openness

The quality of openness refers to at least three aspects of interpersonal communication. First, an effective interpersonal communicator must be open to the people he interacts with. This does not mean that people must immediately reveal their entire life history. This is interesting, but usually doesn't help communication. On the contrary, there must be a willingness to open oneself up to reveal information that is usually hidden, as long as this self-disclosure is appropriate. The second aspect of openness refers to the communicator's willingness to react honestly to incoming stimuli. People who are silent, uncritical, and unresponsive are generally boring conversation participants. We want people to react openly to what we say. And we have every right to expect this. There is nothing worse than indifference, in fact disagreeing is much more pleasant. We show openness by reacting spontaneously to other people.

(b) Empathy

Empathy is a person's ability to 'know' what another person is experiencing at a certain moment, from that other person's point of view, through that other person's eyes. To sympathize, on the other hand, is to feel for another person or feel sorry for someone else. Meanwhile, empathizing is feeling something like the person experiencing it, being in the same boat and feeling the same feelings in the same way. Empathetic people are able to understand other people's motivations and experiences, their feelings and attitudes, and their hopes and desires for the future.

(c) Supportiveness

Effective interpersonal relationships are relationships where there is a supportive attitude. A concept whose formulation is based on the work of Jack Gibb. Open and empathetic communication cannot take place in an unsupportive atmosphere.

(d) Positiveness

We communicate a positive attitude in interpersonal communication in at least two ways:

(1) expressing a positive attitude and (2) positively encouraging the person we are interacting with. A positive attitude refers to at least two aspects of interpersonal communication. First, interpersonal communication is fostered if someone has a positive attitude towards themselves. Second, positive feelings for the communication situation in general are essential for effective interactions.

(e) Equality

In every situation, there may be inequality. One person may be smarter, richer, more handsome or beautiful, or more athletic than the other. There are never two people who are truly equal in everything. Despite this inequality, interpersonal communication will be more effective when the atmosphere is equal. This means that there must be a tacit recognition that both parties are equally worthy and valuable, and that each party has something important to contribute.

Interpersonal communication between doctors and patients

Hardjana (2003: 45) says that effective communication occurs when both parties can understand each other. If the recipient of the message does not understand what is conveyed by the sender of the message then effective communication will not be created. In other words, it is said that if the intended message is not in accordance with the interlocutor's understanding, it will most likely lead to miscommunication. Communication can be effective if the message is received and understood as intended by the sender of the message, the message is followed up with an action by the recipient of the message and there are no obstacles to this.

Suranto (2011 :80-82) said that the elements of effective communication are REACH, namely Respect, Empathy, Audible, Clarity and Humble.

(a) Respect (Appreciative Attitude)

An attitude of respect refers to the process of respecting each individual who is the target of the message conveyed by the communicator. If individuals build communication with a sense and attitude of mutual respect and respect, then cooperation that produces synergy can be built, which will increase the effectiveness of performance, both as individuals and as a whole.

(b) Empathy (Putting Yourself in Other People's Situations)

Empathy is an individual's ability to place oneself in the situation or conditions faced by other people. One of the main prerequisites for having an empathetic attitude is the ability to listen or understand first before being heard or understood by others. A sense of empathy helps individuals convey messages in a way and attitude that will make it easier for the recipient of the message to receive them. So before building communication or sending a message, individuals need to understand and understand with empathy the potential recipient of the message. So that later the message from the communicator will be conveyed without any psychological obstacles or resistance from the recipient.

(c) Audible (Can be Listened to and Understand Well)

The meaning of audible is that it can be heard or understood well by the recipient of the message. If empathy means that we have to listen first or be able to receive feedback well, then audible means that the message we convey can be received by the recipient of the message.

(d) Clarity (Clear)

Clarity is related to the clarity of the message itself so that it does not give rise to multiple interpretations or different interpretations. Clarity also means openness and transparency. In communicating, individuals need to develop an open attitude, so that they can create a sense of trust from the recipient of the message

(e) Humble

A humble attitude refers to an attitude that is full of service, respectful, willing to hear and accept criticism, not arrogant and looking down on others, brave to admit mistakes, willing to forgive, gentle and full of self-control, and prioritizing greater interests.

Both doctors and patients can act as sources or senders of messages and recipients of messages alternately. The patient as the sender of the message, conveys what he feels or answers the doctor's questions according to his knowledge. Meanwhile, the doctor, as the sender of the

message, plays a role in conveying an explanation of the disease, treatment or therapy plans, possible side effects of the drug, as well as the impact of carrying out or not carrying out certain therapies. Doctors must make efforts so that patients can understand and comprehend what is being conveyed. As the recipient of the message, the doctor needs to concentrate and pay attention to each patient's statement. To confirm what the patient means, the doctor can take an active role in asking again what the patient feels. And when the patient is in the position of receiving the message, the doctor needs to proactively ensure whether the patient really understands the message that has been conveyed.

Methodology

This is qualitative research with a case study approach. Qualitative research is a method for understanding and exploring meanings that are considered to originate from social or humanitarian problems (Creswell, 2013). Patton (2003) defines qualitative research as a simple interpretative that is centered on the researcher's understanding or interpretation of a particular problem. The data collected is usually in the form of words, not numbers, including interview transcripts, field notes, photography, video recordings, personal documents, memos, and other official records. Patton divides three types of qualitative data collection methods, namely in-depth interviews, direct observation, and written documents (Patton, 2003).

According to Sugiarto (2017:12) case studies are a type of in-depth qualitative research about individuals, groups, institutions and so on at a certain time. This was also stated by Sugiyono (2016: 15), namely that the qualitative research method is "an artistic method because the research process is more artistic (less patterned), and is called an interpretive method because the research data is related to the interpretation of data found in the field. "

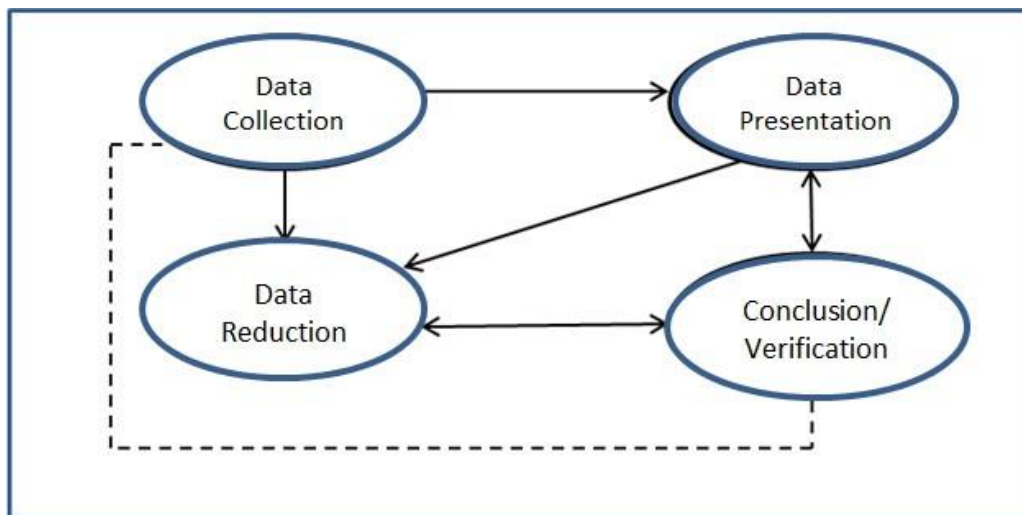
The research method used by the author is the case study method. According to Sugiyono (2016: 17) states that: Case study method research is where researchers carry out in-depth exploration of programs, events, processes, activities, with one or more people. A case is bound by time and activities and researchers carry out detailed data collection using various data collection procedures and over a continuous period of time. One of the main purposes of using case study research is to explore information that can be learned from a case. As stated by Stake (1995), the aim is to reveal the unique characteristics of a problem. The research object is a phenomenon in a real life context, making case studies able to describe the actual reality found in the field. Therefore, in this research, researchers use a case study approach because they will see the reality in the field of how interpersonal communication is implemented by doctors in serving their patients.

In this research, data collection was carried out through interviews with people who had been patients at Community Health Center X, Tangerang City. Researchers interviewed 10 patients consisting of 5 housewives, 3 teachers and 2 employees with different educational backgrounds, namely 5 secondary school graduates (junior and senior) and 3 university graduate teachers and 2 university graduate employees. This classification is intended to see whether there are differences in doctors' services to their patients in terms of interpersonal communication. In this study, researchers also triangulated sources, namely by interviewing representatives from the community health center. This is to find out whether there is an evaluation or assessment regarding the doctor's services to his patients at the X Tangerang-Banten health center.

Data analysis according to Sugiyono (2018:482) is the process of systematically searching and compiling data obtained from interviews, field notes and documentation, by organizing data into categories, describing it into units, synthesizing it, arranging it into patterns,

choose what is important and what will be studied, and make conclusions so that they are easily understood by yourself and others. Meanwhile, according to Moleong (2017:280-281) data analysis is the process of organizing and sorting data into patterns, categories and basic units of description so that themes can be found and working hypotheses can be formulated as suggested by the data. Data analysis in qualitative research is carried out during data collection and after data collection has been completed within a certain period. Activities in qualitative data analysis are carried out interactively and continue continuously until completion, so that the data is saturated. Miles and Huberman offer a general pattern of analysis following the interactive model as follows:

Figure 1 Component in Data Analysis



Source: Sugiyono (2018)

1. Data Reduction

According to Sugiyono (2018:247-249) Data reduction is summarizing, selecting the main things, focusing on important things that are in accordance with the research topic, looking for themes and patterns, in the end providing a clearer picture and making it easier to carry out further data collection. In reducing data, you will be guided by the objectives to be achieved and have been determined previously. Data

reduction is also a critical thinking process that requires intelligence and a high depth of insight.

2. Data Display

After reducing the data, the next step is to present the data. In qualitative research, data presentation can be done in the form of tables, graphs, flowcharts, pictograms and the like. By presenting this data, the data can be organized, arranged in a relationship pattern, so that it is easy to understand. Apart from that, in qualitative research, data presentation can be done in the form of brief descriptions, charts, relationships between categories, flowcharts, and the like, but what is often used to present data in qualitative research is narrative text. Through presenting this data, the data is organized and structured so that it is easier to understand (Sugiyono, 2018:249).

3. Drawing conclusions

The final step in analyzing qualitative research is drawing conclusions. According to Sugiyono (2018:252-253) conclusions in qualitative research can answer the problem formulation formulated from the start, but maybe not, because as has been stated, problems and problem formulation in qualitative research are still temporary and will develop after the research is in the field. Conclusions in qualitative research are new findings that have not previously existed. Findings can be in the form of a description or picture of an object that was previously unclear so that after research it becomes clear.

Results and discussion

From interviews conducted by researchers with 10 patients consisting of 5 housewives with secondary school educational backgrounds, 3 teachers and 2 employees with higher educational backgrounds, the results obtained were as described below.

1. Openness

The patients interviewed said that the doctors serving at Community Health Center X Tangerang-Banten were not open enough. Starting from the patient entering his practice room and saying "Good morning", "Good afternoon", or "Good afternoon", the doctor answers not wholeheartedly, and tends not to even look at the patient. There are doctors who answer while writing, there are also those who answer in a curt voice. This has a great influence on the psychological condition of the patient who will be treated.

"I have been a patient at this health center for 2 years. I routinely take my child for immunizations. When my child has a fever, I am very worried. Therefore, I took my child to the community health center. There I met an unfriendly female doctor. When I asked about my child's condition, he didn't show any serious concern at all. He also answered my questions briefly and didn't seem to feel the need to explain in detail, so I was reluctant to have further consultation." (EN- housewife).

"The doctor who examined me at the community health center never gave a detailed explanation about my illness. If I don't ask, he doesn't provide any information. Just check, then write down the recipe. When I entered his room and said "Good Morning", he didn't look at me, instead he answered while writing. Like a lack of respect for the patient." (AT – teacher).

The patient's answer above shows that the patient's psychological condition is largely determined by the doctor's attitude and communication style. Doctors who do not want to provide explanations to patients and are not friendly make patients feel reluctant to talk, let alone explain their complaints openly. This is in accordance with De Vito's (2011) statement. Apart from that, doctors must also be able to provide explanations patiently and use language that the patient understands so that the patient does not feel awkward communicating with him (Suranto, 2011).

2. Empathy

An empathetic attitude is expected from every doctor so that they can feel what their patients feel. Doctors who empathize with patients will motivate patients to feel calmer, can be helped and have hope of returning to health. However, based on interviews with patients, data was obtained that not all doctors at Community Health Center X Kota Tangerang, Banten had a sense of empathy. There are still those who actually blame the patient and are often unfriendly, and seem to pay less attention and don't want to listen to what the patient has to say, and even tend to interrupt the patient's conversation.

"I have come to this health center twice, but I am not satisfied with the service from the doctor. "The doctor was not friendly and seemed to be in a rush to serve the patient, even when I was telling him the chronology of the pain I was feeling, instead of listening, he interrupted my conversation." (RI- employee)

"The doctor who treats me often comes later than scheduled. In fact, patients once had to wait up to an hour. After arriving in the work room, he also seemed to be in a hurry to examine the patient. I just conveyed my complaint, he already concluded it. I was reluctant to ask. (EH-housewife)

These two answers show that doctors at Community Health Center X Kota Tangerang still lack empathy for their patients. The doctor could not understand the feelings of the patient who had been waiting for a long time and even after arriving at his office, he still seemed to rush in treating the patient and did not change the atmosphere to a better and calmer one. This is in line with Suranto's (2011) statement which says that before building communication or sending a message, individuals need to understand and understand with empathy the potential recipient of the message. So that later the message from the communicator will be conveyed without any psychological obstacles or resistance from the recipient.

3. Supportiveness

Effective interpersonal relationships are relationships where there is a supportive attitude. Professional doctors must be able to provide support to their patients. Strive to provide appropriate drug prescriptions and provide fast service to patients, especially those who need to receive treatment quickly. However, at Community Health Center X Kota Tangerang, there are still doctors who do not provide enough support to their patients.

"I am not satisfied with the doctor's services at Puskesmas X. When I was seeking treatment for high blood pressure which caused my head to feel dizzy, I asked what foods I shouldn't eat, but the doctor's response was surprising because he only said that I could eat anything as long as I took medicine."

(TA – employee)

"Doctors at this health center do not support patients to recover. They seem to just work without thinking about whether the patient understands what can be consumed and what cannot be consumed. You have to be diligent in taking medicine to get well quickly. The point is that doctors don't want to communicate too much with patients." (RD – teacher)

The interview results also showed that doctors had not shown a supportive attitude towards patients in curing their illnesses. Doctors do not even provide information regarding what they can and cannot consume to speed up their patients' healing process. In fact, as a doctor, your job is not only to prescribe medication, but also to provide advice and input so that patients can speed up their healing process. Effective interpersonal relationships are relationships where there is a supportive attitude (De Vito, 2011).

4. Positiveness

Doctors must show a positive attitude to their patients so that patients are not afraid to complain about their illness and patients are not too worried about their illness. However, from interviews with patients, information was obtained that there were still doctors who did not show a positive attitude.

“The doctor I met at this clinic was not friendly. He also never wanted to listen to patient complaints. He thought, just by examining his patient's condition, he could immediately conclude what we were feeling, without having to ask, let alone listen to our complaints.” (FF-housewife).

"From the moment I entered the room, the doctor didn't seem very pleasant. I wanted to check the condition of my three year old child and had been complaining of stomach ache for two days. In the doctor's office, my child kept crying and holding his stomach. But the doctor didn't seem to like it. "Instead of helping to calm my child, he instead grumbled and asked the nurse to hold my child's hands and feet so he wouldn't move when he was examined." (SS – housewife)

Doctors at Puskesmas X Kota Tangerang also do not have a positive attitude towards their patients. From the answers to interviews with patients, it can be seen that doctors are not friendly and cannot provide the best service to patients who are in pain. Even doctors don't want to listen to their patients' complaints and immediately jump to conclusions about their illness. Doctors should be able to positively encourage the people they interact with (De Vito, 2011).

5. Equality

Interpersonal communication will be effective if there is equality between doctors and patients. Doctors cannot consider themselves to be the ones who should be heard the most, and neither can patients. Because doctors and patients must both listen to each other so that they can get a good solution in dealing with the patient's illness. However, data from the interviews also showed that not all doctors value their patients well. There are still doctors who think that their patients are uneducated people so that no matter what they explain, they still won't understand.

“Many of the doctors at this health center are still young. Maybe just graduated from Medical Faculty. They seem to be very proud of their doctor's clothes and

often consider patients to be people with less education than them. Doctors here seem reluctant to explain the illnesses their patients suffer from because they think we won't understand. They think people who go to the health center for treatment are poor and uneducated people.” (RU – employee)

"Doctors should be able to put themselves at the same level as their patients so that patients do not feel afraid to talk and be open about their illness. But here, there are still doctors who seem to belittle their patients. Doctors also seem reluctant to communicate too much. Maybe they think it's a waste of time talking to uneducated people.” (AD- teacher)

From the answers of these patients, data was obtained that there were still doctors at Community Health Center X, Tangerang City who considered patients to be inferior to doctors themselves. They feel that doctors have higher education than their patients, which causes inequality. Effective communication occurs if both parties can understand each other (Harjana, 2003) and if individuals build communication with a sense and attitude of mutual respect and respect, then cooperation that produces synergy can be built. Apart from that, doctors should not be arrogant and look down on other people (Suranto, 2011).

Meanwhile, the results of the researcher's interview with representatives of Community Health Centers tend to only accept assignments from doctors from related agencies and according to them, those agencies are also entitled to assess them. In fact, it would be very good if the Community Health Center at least provided questionnaires to patients regarding services in all respects, including medical and paramedical personnel, so that they could serve as a reference for the relevant agencies to make improvements. From an equality perspective, it can be seen that there are still doctors at Community Health Center X Tangerang who consider patients to be inferior to doctors. They feel that doctors have higher education than their

patients, which causes inequality. The interview results also showed that there had never been any evaluation regarding the services provided by medical and paramedical personnel. For future research, researchers suggest that research can be carried out related to evaluation or assessment of the services of medical and paramedical personnel and also non-medical staff so that the quality of services at community health centers can be improved.

Conclusion

The results of this research indicate that in Community Health Center Tangerang there are still doctors who have not been able to build good interpersonal communication with their patients. This can be seen from the lack of openness from doctors in explaining their patients' illnesses, doctors are still considered less friendly towards patients. Doctors also do not have a sense of empathy for patients by coming to the Community Health Center late from the schedule and not changing the atmosphere to be better and calmer. In terms of supportiveness, doctors also have not shown an attitude that supports patients in healing their illnesses. Doctors do not even provide information regarding what they can and cannot consume to speed up their patients' healing process. In terms of positiveness, doctors are also not friendly and cannot provide the best service to patients who are in pain. Even doctors don't want to listen to their patients' complaints and immediately jump to conclusions about their illness.

References

- [1] Berry, Dianne. (2007). *Health Communication: Theory and Practice*. New York, NY: McGraw-Hill Education.
- [2] Creswell W. John. (2013). *Research Design Pendekatan Kualitatif, Kuantitatif, dan Mixed*. Yogyakarta : Pustaka Pelajar.
- [3] Devito, Joseph A. (2011). *Komunikasi Antarmanusia*. Tangerang Selatan: KARISMA. Publishing Group.
- [4] Guastello BS, Hale M. (2014). Patient-centered communication strategies. *Hospital NW* 2014;(6):1-5.
- [5] Hardjana, Agus, M. (2003). *Komunikasi intrapersonal & Komunikasi Interpersonal*. Yogyakarta: Penerbit Kanisius.
- [6] Mardona Y. 2005. *Hubungan dimensi mutu pelayanan dokter dan perawat dengan tingkat kepuasan pasien di ruang rawat Inap bedah RS dr. M. Djamil Padang*.
- [7] Moleong, L. J. (2017). *Metode Penelitian Kualitatif*. Bandung: PT. Remaja Rosdakarya. Panitra Tommy Dwi, dan H.H. Daniel Tamburian: Komunikasi Antarpribadi Dokter dengan Pasien dalam Membantu Penyembuhan Pasien di Klinik Cendana. *KONEKSI*. Vol. 3, No. 1, Juli 2019, Hal 71-76. EISSN 2598-0785.
- [8] Patton, M.Q. (2003). *Qualitative Research and Evaluation Methods* (3rd ed.). Thousand. Oaks
- [9] Payne, S. & Horn, S. (Eds.). (2007). *Health communication theory and practice*. England: Open University Press.
- [10] Samsuridjal Djauli dan Supartondo. (2004). *Komunikasi dan Empati dalam hubungan Dokter-Pasien*. Jakarta: Balai Penerbit FKUI.
- [11] Smith RC, Dwamena FC, Grover M, Coffey J, Frankel RM.(2010). Behaviorally Defined Patient-Centered Communication-A Narrative Review of the Literature. *Semantic Scholar*-2010.
- [12] Stake, R. (1995). *The art of case study research*. Thousand Oaks, CA: Sage. pp. 49-68. Sugiarto. (2017). *Metodologi Penelitian Bisnis*. Yogyakarta: Andi.

- [13] Sugiyono. (2016). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*, Cetakan ke-24. Bandung: Alfabeta.
- [14] Sugiyono. 2018. *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*, penerbit. Alfabeta, Bandung.
- [15] Suranto. Aw. (2011). *Komunikasi Interpersonal*. Yogyakarta: Graha Ilmu.