

DOCTOR'S RHETORICAL STYLE IN CONVEYING CRITICAL ILLNESS DIAGNOSE TO THE PATIENT'S FAMILY

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ABSTRACT

Rhetoric is an art of speaking used by someone to convey knowledge, information, and issues to public with the intention of building trust, so that the initial goal will be achieved. Rhetoric is a field that studies and delves into how to speak in a charming manner, so that the audience can understand and be captivated by the conversation. In other words, rhetoric is the science of the art of speaking. The aim is to determine the rhetorical style of doctors in conveying diagnoses of critical illnesses to patient families. and how physicians can modify their rhetorical styles to achieve better understanding and support of patients and their families. Mixed methods is an approach where researchers use both qualitative data (such as interviews, observations) and quantitative data (such as surveys, experiments) to answer research questions. By using mixed methods, researcher can gain a more complete and in-depth understanding of the issue or research problem, blending statistical accuracy with richer social or behavioral context. By combining quantitative data (which is objective and measurable) with qualitative data (which is objective and measurable), researchers can obtain a more comprehensive picture of the phenomenon being studied. A doctor's rhetorical style, namely the way how the doctors communicate with patients, has a significant influence on the effectiveness of medical services. Good communication between doctors and patients is not just about conveying medical information, but also involves how the information is delivered so that the patient feels heard, appreciated and supported. Care for critical illnesses requires tight coordination between various specialists and medical disciplines to provide optimal and integrated care for patients. The goal is not only to prolong life but also to improve the quality of life of patients and their families. The relationship between rhetorical style, Newcomb ABX Theory, and critical illness is closely related to effective communication in a medical context, especially in treating patients with serious health conditions. Each of these elements plays an important role in ensuring that medical information is delivered in a way that supports patient understanding, shared decisions, and emotional management

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1. INTRODUCTION

Regional General Hospital (RSUD) is a health service facility managed by the regional or district government. RSUD has an important role in providing health services to the community at the local and regional levels. RSUD provides comprehensive health services, including out-patient, in-patient, emergency, and public health services. They

also provide diagnostic and therapeutic facilities. RSUD not only focuses on curative medical services, but is also involved in disease prevention efforts and public health education. This includes health campaigns, immunization, and health education. RSUD has a strategic role in the health service system, especially to meet the health needs of the community at the regional level and provide equitable accessibility to health services.

Tabel 1.1. Data Jumlah Pasien Penyakit Lima Kronik di RSUD Banten
 Tahun 2021-2022

| No. | Penyakit Kronik | Tahun | |
|-----|-------------------------------|---------------|---------------|
| | | 2021 | 2022 |
| 1 | Kanker | 45 Pasien | 57 Pasien |
| 2 | Diabetes | 14.589 Pasien | 15.634 Pasien |
| 3 | Hipertensi | 15.485 Pasien | 15.476 Pasien |
| 4 | Penyakit Jantung | 11.200 Pasien | 14.500 Pasien |
| 5 | Penyakit Paru Obtruksi Kronik | 789 Pasien | 766 Pasien |

Sumber : Bagian Rekam Medik RSUD Banten

Data on chronic disease patients at Banten Regional Hospital in 2021-2022 that experienced an increase such as cancer from 45 patients to 57 patients; diabetes 14,589 patients to 15,634 patients; heart disease from 11,200 patients to 14,500 patients. Meanwhile, those that experienced a decrease were hypertension 15,485 patients to 15,476 patients; and chronic obstructive pulmonary disease from 789 patients, down to 766 patients. The tendency for an increase in the number of chronic disease patients at Banten Regional Hospital indicates the need for a health communication strategy in providing optimal information to the public, especially patients with chronic diseases, and cancer is one of them.

Griffin, Ledbetter and Sparks (2019) state that communication is a relational process in creating and interpreting messages that produce responses. The expression in this working definition of communication shows that the content and form of a text are usually constructed, discovered, planned, created, formed, selected, or adopted by the communicator. The process of producing and interpreting messages and providing responses to others is called communication. In daily practice, a doctor has diagnosed cancer for a patient with existing supporting examinations. When it is about to be conveyed to the patient, there is hesitation to be conveyed immediately. This is related to the patient's acceptance of the cancer diagnosis. Based on experience, many patients do not want to accept the diagnosis, the diagnosis of cancer seems to make the patient die soon and close the recovery possibility for the disease they are suffering from. Patients with only mild complaints such as coughing and shortness of breath and feeling healthy when diagnosed with cancer will immediately reduce the patient's stamina and mental condition, so that there will be a drastic decline in the patient's physical condition.

The relationship between health communication and physician rhetorical style is crucial in shaping patient perception, understanding, and response to the health information being delivered. Doctors' rhetorical style encompasses how they use language, persuasion, and presentation to convey medical messages to patients. Doctors' rhetorical style has a major influence on health communication. By using rhetorical elements such as ethos, logos, and pathos, Doctor can more effectively convey health information, build stronger relationships with patients, and improve overall health outcomes.

This is based on the fact that many patients and their families have not received information about how a doctor's rhetorical style is in conveying a diagnosis of critical illness, especially cancer. In addition, to explore the impact of a doctor's rhetorical style in the context of conveying a cancer diagnosis, by focusing on how the message is received and processed by the patient and his family. Newcomb's model can be used as an analytical tool to understand how psychological factors and individual values can influence communicative interactions, and how doctors can modify their rhetorical style to achieve better understanding and support patients and their families.

2. LITERATURE REVIEW

1. Health Communication.

Health Communication is a branch of communication science that focuses on how communication can be used to influence the health behavior of individuals, groups, and communities. It includes a variety of approaches in disseminating health information, influencing perceptions and attitudes, and encouraging health-promoting actions. Health communication theory is a set of concepts, definitions, and frameworks that explain how communication affects health, both in individual and societal contexts. It includes the study of how health messages are designed, disseminated, received, and understood by various audiences.

Health communication theory plays an important role in various aspects of health. Effective communication can influence individual health decisions, improve adherence to treatment, and support public health interventions. For example, a good health communication campaign can help reduce the rate of infectious disease infections through education and increased public awareness. Thus, health communication is a key element in efforts to improve overall public health. Effective communication in the context of healthcare between doctors and patients is crucial, especially when doctors are making a diagnosis. The doctor's communication style can influence the patient's understanding, emotional response, and conformity toward recommended treatments.

2. Rhetorical Theory

Rhetoric comes from the word "rhetoric" in English and "rhetorica" in Latin, which means the science of speaking. As a science, rhetoric has rational, empirical, general, and accumulative properties. Rational means systematic and logical delivery, empirical means presenting facts that can be verified by the five senses, general means the truth conveyed is not confidential and has social value, and accumulative means rhetoric as public speaking or speaking in public. The definition of rhetoric can be seen narrowly as the art of speaking, or broadly as the use of language, both spoken and written. Rhetoric in common understanding is the art of speaking (Sulistiyani & Zainal, 2020).

Aristotle (384-322 BC) was the first person to introduce the term rhetoric. Since then, rhetoric has spread widely and been applied in various fields such as politics, economics, art, journalism, and education. Therefore, we often hear terms such as political rhetoric, trading rhetoric, and journalistic rhetoric. According to Aristotle's theory of rhetoric, there are two main assumptions: first, effective public speakers must consider their audience; second, effective public speakers must use evidence in their presentations. In the context of public speaking, Aristotle emphasized the importance of recognizing the relationship between the speaker and the audience. The second assumption in Aristotle's theory relates to the three rhetorical evidences: logic (logos), emotion (pathos), and ethics or credibility (ethos). Based on this, effective speakers use several evidences in their presentations. The evidence refers to the means of persuasion: ethos, pathos, and logos (Venus et al., 2019).

3. Inoculation Theory.

The Inoculation Theory, also known as the injection theory, was introduced by McGuire. This theory uses an analogy from the medical world, where individuals who are not physically ready to fight infectious diseases such as athlete's foot and hepatitis require inoculation (injection) of vaccines.

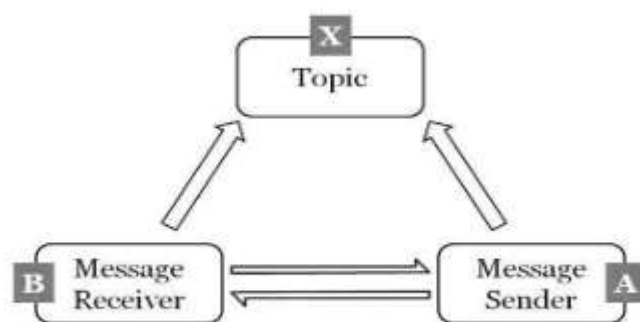
The goal is to stimulate the body's defense mechanisms to be able to fight the disease. Likewise, individuals who are less informed about something will be more easily persuaded. Therefore, the way to avoid persuasion is to provide counterargument. According to McGuire, people can be inoculated against persuasion (Safitri, 2021). Communication inoculation theory explains how to maintain initial attitudes and beliefs consistently amidst persuasion attempts. Its main argument is that attitudes are usually formed in environments where individuals are not exposed to counterarguments, so that individuals do not have the opportunity to develop resistance to future attacks. To prevent attitude change, the theory suggests reinforcing existing attitudes (Littlejohn & Foss, 2016).

According to inoculation theory, a weaker argument or a small dose of an opposing argument is called an inoculation message that is given to an individual. Individuals exposed to these weak arguments then develop a defense system that helps them maintain their beliefs and not change their attitudes when confronted with stronger arguments. According to Pfau (1997) there are four main components that are elements of success of the communication inoculation theory. These elements are threats, early rejection (refutational preemption), delay, and involvement (involvement).

4. New Comb Model in Communication.

Newcomb's communication model is an interpersonal communication model that describes the dynamics of the relationship between two individuals regarding an object. This model is known as the "balance model", where communication occurs between two individuals who have the same attitude towards an object. If there is a difference in attitude, the situation becomes unbalanced. This model involves object orientation, message, source, receiver, and feedback. For example, a source (A) sees an object or activity (X), creates a message about it (X'), and sends it to a receiver (B), who then provides feedback to the source (Handoko, Rubino, & Kustiawan, 2022). In an unstable situation, each party tries to reduce the differences to achieve balance. If the situation is balanced, they try to maintain it. According to Newcomb, maintaining balance is the main essence of interpersonal communication (Budi, 2010). Newcomb's communication model suggests that the balance of power is a characteristic of a system, and changes in any part of the system will disrupt the balance. This imbalance is psychologically unpleasant and creates pressure to restore balance (Karyaningsih, 2018).

Communication describes dynamic and complex events. Communication events are often influenced by several factors that do not always contribute greatly to the success of communication. There are several triggers that influence the interpersonal communication process, both directly and indirectly (Nabila, 2022). Newcomb's theory deals with the case of two people who have a happy or unhappy attitude towards each other and towards an external object. The sender of the message must have extensive knowledge about the recipient of the message and be able to position himself with the recipient of the message to create a balanced bond (Sahara, 2022). Newcomb's theory involves three elements: A and B representing two group members, and X as the topic of discussion. According to Newcomb, open communication between the communicator (A) and the communicant (B) must be carried out by collecting information about the problem (X) through interaction. The communicator (A) must be able to influence the communicant (B) to make self-improvements. Conversely, the communicator (A) can also be the communicant (B) when providing information about himself or the problems he is facing. In Newcomb's theory, a communicator can act as A and B simultaneously, while X is information or problems collected to be analyzed and solved by the communicator (A) (Ardiansyah, 2022).



The Newcomb's Model

5. Critical Illness.

Critical illness is a very dangerous condition that requires intensive care, thorough observation, and special care. Critically ill patients experience various physical, psychological, and social problems known as post-ICU syndrome (Risal, Syafitri, & Sholichin, 2021). Critical patients have high morbidity and mortality rates, which are exacerbated by prolonged immobilization. Unstable hemodynamic changes are often the reason for ICU nurses to stop mobilization activities. Critical illness is a life-threatening condition in which patients require intensive medical support to maintain vital organ function (Mebis and Van den Berghe, 2009). Common problems that often occur in patients with critical illness include neurological disorders, bleeding, hemodynamic and electrolyte fluid instability, shock, acute and chronic respiratory failure, nosocomial infections, kidney failure, chest pain, sepsis, and Multiple Organ Dysfunction Syndrome (MODS) (Berger & Pichard, 2012).

Critical patients are individuals who experience rapid physiological decline, with physiological damage to one or more organs that can lead to critical condition and death. In everyday terms, critical patients are those who experience rapidly deteriorating pathophysiological changes, with physiological damage to one or more organs that can lead to death (Rahmanti, 2021). According to the American Association of Critical Nursing (AACN), critical patients are those who are at high risk for experiencing life-threatening health problems, either existing or potential. The more critical the patient's condition, the more likely they are to be very vulnerable, unstable, and complex, requiring intensive therapy and careful nursing care (Nurhadi, 2014). Morton (2013) stated that critical patients not only experience physiological changes, but also psychosocial, developmental, and spiritual changes.

According to Mc. Adam et al. (2008), the family has several important roles in critical care, namely: 1) active presence, where the family is always by the patient's side; 2) protector, ensuring that the patient receives the best care; 3) facilitator, helping to meet the patient's needs through nurses; 4) historian, providing important information about the patient's history; and 5) coach, providing encouragement and support to the patient. Patients in critical care feel that the presence of family members is very valuable in reducing anxiety and increasing their comfort (Bailey et al., 2010). Family participation is an important value in caring for critically ill patients. Nurses can facilitate family involvement to prevent problems such as anxiety, stress, and panic in patients (Rustam & Chaidir, 2022).

3. RESEARCH METHODS

This study uses a mixed approach (quantitative and qualitative). Mixed methods are research approaches that generally collect and analyze quantitative and qualitative data to explain and understand various human behaviors and

experiences (Sugiyono, 2019). This method can be wrapped in theory, philosophy, or world perspective. According to Moleong (2017), qualitative research is research that aims to understand the phenomena experienced by research subjects, such as behavior, perception, motivation, actions, etc., comprehensively and in a way that is described in words and language, in a natural context and with some natural techniques. Data collected from direct observation, questionnaires, interviews, and other related official documents are quality, and qualitative research emphasizes quality rather than quantity. Qualitative research also pays more attention to the process than the result. This is due to the fact that the relationship between the components being studied will be clearer if observed during the process.

While questionnaires are more commonly used in quantitative research, they can also be used in qualitative research, depending on the purpose of the research and how the questionnaire is designed and used. Qualitative research may use open-ended questionnaires that allow respondents to provide in-depth responses. This allows researchers to collect rich and varied qualitative data. Questionnaires can also be used as a guide for in-depth interviews or focus groups, where initial responses from the questionnaire can form the basis for further exploration during face-to-face interactions. Researchers can ensure that the data collected is more valid, accurate, and rich by combining questionnaires, interviews, and direct observation to gain a broader understanding of the phenomenon being studied. Interviews are often used to deepen the information obtained from the questionnaire. For example, if the questionnaire indicates a particular issue, interviews can dig deeper into the issue to understand the context, reasons, and feelings of the respondents. Interviews can also complement data from direct observations by gaining perspective. Subjective from respondents. Direct observation provides empirical data about how a phenomenon occurs in the real world. It can be used to verify or contrast information obtained from questionnaires and interviews. Observation helps researchers understand context and dynamics that may not be revealed through questionnaires or interviews. For example, interviews may reveal what respondents say, while observations show what is actually done.

This study uses a transcendent/descriptive phenomenological approach, which focuses on various universal individual experiences experienced by a person towards everyday life phenomena. This study uses this approach because they want to obtain data by understanding the form of the respondent's life experience as an individual who experiences the actual situation, namely about the rhetorical style used by doctors to convey their condition. Researchers can enter the world of doctors by using a phenomenological approach. This allows researchers to get an idea of what doctors think about everyday events in the Banten Regional General Hospital's (RSUD) environment. Purposive sampling technique, the sampling criteria are that preliminary studies must be carried out carefully to identify the characteristics of the population; the subjects selected as samples must truly combine all the characteristics of the population. Inclusion criteria 1. Doctors who treat critically ill patients. 2. Doctors who work at RSUD Banten. Exclusion criteria There are no exclusion criteria in this study.

The postpositivism paradigm is used in this study because it offers a more critical and critical thinking approach compared to positivism. It allows researchers to acknowledge the limitations of knowledge and the influence of subjectivity, while still trying to understand reality in a systematic and scientific way. This paradigm is often used in the social sciences and humanities, where the complexity of humans and society makes a completely objective and deterministic approach impractical.

4. FINDING AND DISCUSSION

1. Respondent Characteristics by Gender

Shows that the number of male doctors have the highest gender that is 16 people, or 67%, while female doctors have the highest gender that is 8 people, or 33%. Thus, doctors at Banten Regional Hospital are dominated by male doctors. This is because the professional identity of doctors and the structure of medical organizations are determined by masculine norms such as authority and assertiveness. Gender as a social, cultural, and structural variable continues to influence the workforce of doctors, especially those who are male. Work burnout among female doctors is much higher than among men and comes from various factors. Male and female doctors practice differently, and these differences may lead to different outcomes. According to research in the field of health care, the gender of doctors can affect patient outcomes. The gender of doctors can also affect how doctors work in hospitals.

2. Respondent Characteristics based on Specialist Doctors.

Shows that there are 6 or 25% of Internal Medicine Doctors, 5 or 21% of Surgeons, 4 or 17% of Lung Specialists, 3 or 13% of Obstetricians, 3 or 13% of Pediatricians, 2 or 8% of Eye Specialists, and 1 or 4% of ENT Specialists. The total number of doctors who participated as respondents was 24 people. The largest number was for Internal Medicine Doctors (6 or 25%), while the lowest was for ENT Specialists (1 or 4%). This is due to the fact that the number of hospital specialist doctors in Indonesia is 43,558, down from 44,158 in the previous year. Doctors are not interested in spending much time in the hospital.

3. Diseases reported by specialist doctors.

Shows that the diseases reported by Internal Medicine Doctors were 6 (25%) cases, with details of Leukemia 3 cases, Thalassemia 2 cases, and carcinoma colon 1 case. Surgical Specialists were 5 (21%) cases with details of Breast Cancer 4 cases, and Rectal Cancer 1 case. Lung Specialists were 4 (17%) cases with details of Adenocarcinoma 3 cases, and Kss 1 case. Obstetricians were 3 (13%) cases with details of Cervical Cancer 3 cases. Pediatricians were 3 (13%) cases with details of Leukemia 1 case and Bone Cancer 2 cases. Eye Specialists were 2 (8%) cases with details of Retinoblastoma 2 cases. ENT Specialists were 1 (4%) case, namely Lymphoma (Lymph Node Cancer). Thus, the highest reported disease by Internal Medicine Doctors was 6 (25%) cases, with details of Leukemia 3 cases, Thalassemia 2 cases, and carcinoma colon 1 case. While the lowest reported disease by ENT Specialists was 1 (4%) case, namely Lymphoma (Lymph Node Cancer).

Critical illness management involves not only medical aspects, but also communication aspects that play an important role in ensuring understanding, compliance, and emotional support for patients and their families. Some important aspects of communication in critical illness management are: Clear and Open Explanation, The DPJP must provide clear and easy-to-understand information about the diagnosis, treatment options, risks, and prognosis. Avoiding complicated medical jargon can help patients and families understand the situation better. Empathy and Emotional Support, Showing empathy and providing emotional support are key in communicating with patients and families who are facing critical conditions. Shared Decision Making: Inviting patients and their families to be involved in the medical decision-making process. This includes discussing the benefits and risks of each treatment option and respecting their preferences.

4. Patients' Familiarity with Specialist Doctors

Shows that the answer "Not familiar at all" 14 people or 58%, "Quite familiar" 5 people or 21%, "Not very familiar" 4 people or 17%, "Know well" 1 person or 4%, and "Know very well" 0 people or 0%. Thus, the highest number of answers "Not familiar at all" Patients towards Specialist Doctors (14 people or 58%), while the lowest number of answers "Know very well" Patients towards Specialist Doctors 0%. The highest number of questionnaire answers on "Not familiar at all" Patients towards Specialist Doctors is 58%, while the lowest number of answers "Know very well" Patients towards Specialist Doctors 0%. Due to the lack of socialization and interpersonal communication between specialist doctors and patients. Some obstacles in doctor-patient communication via telemedicine include the possibility of misunderstanding and limitations in conducting a thorough physical examination (including if additional examinations such as radiology, laboratory, or certain procedural actions are needed).

According to Suzanne Kurtz, Jonathan Silverman, in the medical field, 2 communication methods are used, they are: 1) Disease centered communication style; the communication that accordance to the doctor's business when establishing a diagnosis, such as checking symptoms and signs known by the patient. sufferers. 2) Illness centered communication style: interaction/communication that accordance to the things experienced by the patient regarding their disorder and making it a unique experience in their life. The existence of mutual trust and understanding between doctors and patients results in a sense of comfort and satisfaction, which is a sign of successful communication between doctors and patients (Athallah & Mahadian, 2024).

With the process that occurs in doctor-patient communication, it can certainly have an impact on increasing the patient's health literacy as impact of the information or direction provided. regarding health provided by doctors to patients during consultations via the Halodoc application, so that patients will carry out health behaviors such as following the directions or information provided by the doctor during the consultation to improve the health condition of the patient (Athallah & Mahadian, 2024).

6. Communication Relationship between Specialist Doctors and Critical Patients.

This is understandable because many doctors losing self awareness and lack of communications when treating patients. Factors that cause doctors lose themselves when treating patients are often related to heavy workloads, emotional stress, and work environments that do not support well-being. Self-reflection and mental well-being are important aspects that need to be considered to improve the quality of doctor-patient interactions and care outcomes. Shanafelt, et al., (2009) examined the relationship between resident doctors' burnout and perceptions of the quality of care provided. Burnout often causes a lack of self-reflection and empathy. West, Dyrbye, & Shanafelt (2018), discussed factors that contribute to physician burnout, including high workloads and stressful work environments, disrupting doctors' ability to stay connected to themselves and their patients. Wallace, Lemaire, & Ghali (2009) highlighted the importance of well-being doctor as an indicator of the quality of medical care. Lack of well-being can cause doctors to lose self-awareness and reduce the quality of interactions with patients.

Knowing the doctor who is treating the patient has many benefits both medically and psychologically. Here are some reasons why it is important for patients to know their doctors, Increasing Patient Trust and Satisfaction, Better Communication, Compliance with Treatment, Joint Decision Making, Emotional and Psychological Support, Thus,

providing a comprehensive view of the importance of patients knowing their treating doctors, as well as how this can impact treatment outcomes and the patient's overall experience of care.

7. Logos (Intellectual) Dimension.

Logos (intellectual) is the tendency or ability of a doctor to use and develop knowledge, critical analysis, and complex thinking when making a diagnosis. The physician's approach to explaining a cancer diagnosis should be empathetic, clear, and supportive. The physician should provide comprehensive information in language that the patient can understand, and provide the necessary emotional support. Levinson, Roter, & Mullooly (1997) reviewed the impact of effective communication between doctors and patients on health outcomes, emphasizing the importance of clear and empathetic communication in the diagnosis of cancer. Baile, et. al., (1995) provided guidance on how doctors should deliver bad news, such as a cancer diagnosis, in a sensitive and supportive manner.

Rhetoric is the art of speaking or writing effectively, and logos is one of the three main forms of persuasion in classical rhetoric, along with ethos (credibility) and pathos (emotion). Logos is defined as logic or reason, namely the use of facts, data, and logical arguments to support a statement or opinion. In the context of medical communication, the use of Logos is key to being able to provide clear, logical, and evidence-based information to patients. Here is how Logos plays a role in communication with patients, Clear and Accurate Delivery of Information Data and Facts. Doctors use medical data and facts to explain health conditions, diagnoses, and treatment plans to patients.

Questions about how the doctor's arguments or answers in conveying the patient's diagnosis asked by the patient received another portion, because 13 people did not state that they would strongly agree/Very Good with the doctor's answer. This is in accordance with communication between doctors and patients regarding cancer diagnosis is a critical aspect in medical care. Doctors need to be clear, transparent, and empathetic to help patients understand their condition and the necessary treatment decisions. The doctor's approach to explain a cancer diagnosis should be empathetic, clear, and supportive. The physician should provide comprehensive information in language that the patient can understand, and provide the emotional support needed. Levinson, Roter, & Mullooly (1997) reviewed the impact of effective communication between doctors and patients on health outcomes, emphasizing the importance of clear and empathetic communication in the diagnosis of cancer. Baile, et. al., (1995) provided guidance on how physicians should deliver bad news, such as a cancer diagnosis, in a sensitive and supportive manner.

Rhetorical style is the art of speaking or writing effectively, while logos is one of the three main forms of persuasion in classical rhetorical style, along with ethos (credibility) and pathos (emotion). Logos is also defined as logic or reason, namely the use of facts, data and logical arguments to support a statement or opinion. In the context of medical communication, the use of Logos is key to being able to provide clear, logical, and evidence-based information to patients. Here is how Logos plays a role in communication with patients is the Delivery of Clear and Accurate Information, Improving Patient Understanding, Supporting Rational Medical Decisions, Overcoming Miscommunication and Myths, Building Trust. In this regard, it provides guidance and evidence on how the use of logos rhetoric can improve good communication between doctors and patients, which ultimately results in better care outcomes and higher patient satisfaction (Makoul, 2001).

1. The relationship between observations and interviews with the doctor's answers or arguments/opinions in conveying the patient's disease diagnosis as asked by the patient.

The relationship between observation and interview with the way doctors convey disease diagnoses to patients is very close, especially in the context of medical communication. Observation helps doctors identify physical and non-verbal signs that may not be directly expressed by the patient. For example, a patient's body movements, facial expressions, or tone of voice can provide additional clues about the patient's emotional state or level of discomfort. Good observation allows doctors to adjust the way they convey information based on the patient's emotional and physical state, so they can provide a more empathetic and appropriate explanation for the patient's condition.

Interviews help doctors gain a deeper understanding of the patient's complaints, medical history, and other factors relevant to the diagnosis process. Open-ended and closed-ended questions are used to elicit specific and in-depth information. The results of the interview provide the doctor with a more complete picture of the patient's perception of their illness, allowing the doctor to convey the diagnosis in a way that is easy for the patient to understand. It also helps the doctor assess the patient's level of understanding, which is essential for delivering medical explanations effectively.

Observation and interviews help the doctor determine the patient's level of understanding, concerns, and expectations. With this information, the doctor can adjust the language, tone, and delivery of the diagnosis to be more appropriate and acceptable to the patient. By combining observation and interviews, the doctor can deliver the diagnosis more empathically, acknowledge the patient's feelings, and offer a more personal and relevant explanation. A doctor observes that a patient appears anxious when talking about her symptoms. Through the interview, the doctor learns that the patient is worried about the possibility of a serious illness.

Based on these observations and interviews, the doctor chooses to convey the diagnosis carefully, using simple language, and emphasizing steps that can be taken for treatment or prevention, as well as providing emotional support. Observations and interviews are important tools in the medical diagnosis process, allowing the doctor to focus not only on the patient's disease aspects, but also on the patient's emotional and psychological aspects, which affect how the diagnosis is conveyed and accepted by the patient.

2. Pathos Dimension (Emotion/ Feeling)

Pathos (Emotion/ Feeling) is the Doctor's consideration, whether the speaker's emotional appeal enhances the argument/opinion on the question of whether the doctor uses good language or images that arouse certain emotions in conveying information about the disease. Question about whether doctors use visual images in communicating the disease to patients. **The answers to questions asked of 15 people were not clearly expressed or were not answered well.** The use of visual images by doctors in communicating a cancer diagnosis can significantly improve understanding, reduce anxiety, and increase patient involvement in patient care. The references presented provide further guidance on the effectiveness and implementation of visual aids in medical communication. The doctor's approach in explaining a cancer diagnosis should be empathetic, clear, and supportive. The doctors should provide comprehensive information, use language that the patient can understand, and provide the emotional support the patient needs.

Wilson & Gallant (2017) discuss how visual aids can be used in patient education and their impact on patient comprehension. Garcia-Retamero & Cokely (2013) evaluate different types of visual aids and how they can improve patient comprehension of health information. The journal references mentioned above can provide further guidance on best practices in doctor-patient communication in the context of a cancer diagnosis. The use of visual images in medical explanations to patients is one of the effective communication strategies in medical rhetoric. Visual images can help convey complex information in a way that is easier to understand and more interesting to patients. In the context of rhetorical communication, the use of visual images can increase the effectiveness of the elements of logos (logic and data), ethos (credibility), and pathos (emotion), including the following: Facilitate Understanding, Improving Communication Effectiveness, Supporting Decision Making, Increasing Trust and Satisfaction, Reducing Miscommunication, The use of visual aids in medical explanations is an important element of effective rhetorical communication. It helps ensure that patients understand complex information, increases trust, and supports better decision-making. (Houts, Doak, & Loscalzo, 2006).

3. The relationship between observations and interviews regarding doctors' use of visual images in conveying patient illnesses.

Observation and interviews have a strong relationship with the use of visual images by doctors in communicating disease diagnoses to patients. Through observation, doctors can assess whether patients have difficulty understanding verbal explanations or feel anxious about the information being conveyed. If patients appear confused or do not understand, doctors may decide to use visual images such as diagrams, organ pictures, or medical illustrations to clarify the explanation. Observation also allows doctors to adjust communication in real time. If doctors observe that visual explanations help patients better understand their condition, they can continue to use visual aids to improve understanding.

Interviews are a method of gathering information through direct conversation. Doctors use interviews to understand patients' complaints, medical history, and perceptions of their illness. During the interview, the doctor can assess the patient's level of understanding and detect whether there is a need to use visual images. For example, if the patient shows difficulty understanding medical terminology or the mechanism of the disease, the doctor can use visualization to explain the processes occurring in the body. Interviews also allow the patient to directly ask for clarification or additional explanations.

Some patients may be more comfortable or helped by visual explanations than by verbal explanations alone. Visual images such as anatomical diagrams, graphs, 3D models, or presentation slides are used by physicians to provide a clearer, more concrete explanation of a disease. This helps patients understand the location, process, or mechanism of a disease that may be difficult to explain in words. Visual images such as anatomical diagrams, graphs, 3D models, or presentation slides are used by physicians to provide a clearer, more concrete explanation of a disease. This can help patients understand the location, process, or mechanism of a disease that may be difficult to explain in words. In addition, visual explanations can help reduce patient anxiety by providing a clear, organized picture of their condition. Patients feel more in control of the situation because they can "see" what is happening.

Visualization allows patients to be more actively involved in conversations about their health. Patients can point, ask questions, and demonstrate areas they do not understand, which increases their interaction and involvement in the diagnostic process. Interviews also

allows patients to directly ask for clarification or additional explanation. Some patients may be more comfortable or helped by visual explanations than by verbal explanations alone. Interviews are a method of gathering

information through direct conversation. Doctors use interviews to understand patients' complaints, medical history, and perceptions of their illness.

Suppose a patient comes in with a vague complaint of abdominal pain. Through observation, the doctor notices that the patient appears confused when discussing their symptoms. During the interview, the patient expresses difficulty understanding complex medical explanations. The doctor then uses visual representations, such as a diagram of the digestive system, to show where the problem may be occurring. This explanation helps the patient better understand their condition and helps reduce anxiety by providing a better picture of their current body condition. Therefore, it can be concluded that observation and interviews help doctors identify patients' communication needs and preferences. If verbal explanations are not effective enough, the use of visualization can be a very useful tool to clarify patient understanding. This shows how a holistic and adaptive approach to medical communication can improve patient experience and the effectiveness of delivering health information.

4. Ethos Dimension (Trust and Authority)

Ethos (Trust and Authority) is an appeal to the patient's perception of the credibility, authority, and trustworthiness of the doctor. Patient's answer to the question of the specialist doctor's Ethos (Trust and Authority), how doctors respond to patients' emotions related to a diagnosis of disease, highlights the importance of doctors' ability to understand and manage patients' emotions after receiving a cancer diagnosis. Doctors need to develop empathy, active listening, and provide appropriate support to help patients cope with frightening news and manage their emotions. Here are some ways doctors can understand and respond to patients' emotions and relevant journal references. The SPIKES Protocol is a method used to deliver bad news with a structure that involves Setting up the interview, assessing the patient's Perception, obtaining the patient's Invitation, giving Knowledge and information, addressing Emotions with empathic responses, and strategy and summary. Baile, et. al., (2000) describes the SPIKES protocol for delivering bad news effectively and empathetically, with a specific focus on cancer patients.

Brown, et. al., (2009) discusses various communication approaches used in delivering bad news to cancer patients and provides evidence of their effectiveness. Physicians can understand and respond to patients' emotions after delivering a cancer diagnosis through empathetic communication, active listening, observing nonverbal cues, and using proven techniques such as the SPIKES protocol. The SPIKES protocol is a systematic method for delivering bad news, particularly in a medical context such as a cancer diagnosis. SPIKES stands for six steps designed to help physicians deliver sensitive information in an empathetic and supportive manner. The following is a detailed explanation of each step in the SPIKES protocol. This can provide insight and practical guidance for physicians and health professionals in using the SPIKES protocol to manage sensitive and difficult communications with patients and their families (Baile, et.al., 2000).

5. The relationship between observation and interviews with efforts to build emotional or personal relationships with patients as part of efforts to strengthen trust in disease information.

Observation and interviews play a significant role in establishing an emotional and personal relationship between the doctor and the patient, thereby strengthening the patient's trust in the medical information provided, including the diagnosis of the disease. Careful observation shows that the doctor is paying attention to the patient's needs as a whole, including not only physical symptoms but also emotional conditions. This reinforces a sense of being valued and heard, which is essential in building trust.

Interviews allow patients to share their feelings, fears, and hopes. The doctor's empathetic response during the interview helps create a safe and comfortable atmosphere, which strengthens trust. A patient diagnosed with a chronic disease may show fear and confusion. Through observation, the doctor sees that the patient appears anxious, and through the interview, the patient expresses his/her concerns about the future. The doctor then tries to build a personal relationship by taking more time to listen to the patient's story, showing empathy with a calming delivery, and providing emotional support. In addition, the doctor also explains the diagnosis in a simpler way and invites the patient to discuss the treatment steps that can be taken together.

Observation and interviews are not only tools for collecting data, but also a means to improve emotional and personal relationships with patients. This effort is very important because it strengthens patient trust in the medical information provided, makes patients more likely to follow medical advice, and builds more optimal communication between doctors and patients. By understanding the emotional needs of patients, doctors can communicate more effectively and supportively, thereby improving the quality of care and patient satisfaction.

8. Hope for Doctors' Services

The doctor or hospital service that patients expect usually includes several important aspects that ensure they feel valued, supported, and well cared for. Here are some of the main elements of medical service that patients expect, Clear and Transparent Communication, Empathy and Emotional Support, Medical Competence and Professionalism,

Accessibility and Availability, Comfortable Facilities and Environment, Coordinated Care, Respect for Patient Privacy and Decisions.

Ware & Snyder (1975) explored the various factors that influence patient satisfaction with medical services. Epstein & Street (2011) defined patient-centered care and the essential elements that accompany it. Patients expect medical services that involve clear communication, empathy, professionalism, accessibility, comfort, good coordination, and respect for their privacy and decisions. Meeting these expectations can increase patient satisfaction, improve the quality of care, and resulting in better health.

9. Rhetorical Style of Doctors at RSUD Banten.

There are 3 things that we get in assessing the Rhetoric of specialist doctors in carrying out their duties as DPJP doctors. First, doctor conducts a physical examination, then conducts supporting examinations and establishes a diagnosis and conveys the diagnosis to the patient and the patient's family. To assess these factors, using a research instrument in the form of questions about the doctor's rhetoric.

In the first Rhetorical question regarding Logos (Intellectual) from 10 questions consisting of the Doctor introducing himself, conducting anamnesis, conducting a physical examination, explaining the results of the examination, delivering a diagnosis, answering patient questions about what the doctor said, providing arguments, providing reasons for the diagnosis problem, providing evidence of the examination results and providing a follow-up thought process from the diagnosis of the disease to the patient. Of the 10 questions regarding logos, there is something interesting, namely question no. 7 regarding how the Answer or Argument/Opinion of the doctor in conveying the diagnosis of the patient's disease asked by the patient? This was chosen because respondents who did not answer strongly agree were 13 people or 54.16%. In rhetoric, the word "logos" refers to the use of logic and reason to convince an audience. This term comes from Aristotle who identified three modes of persuasion: ethos (credibility), pathos (emotion), and logos (logic). Logos relates to the structure of arguments, the use of evidence, and the power of logic in building a convincing case.

In the second question regarding Pathos related to emotions or feelings, there are 11 questions answered by the patient or the patient's family. The questions concern the narrative or words spoken to the patient, word choice, use of visual images, creating a sense of solidarity, use of language, sympathy and empathy, intonation of voice, use of phrases, doctor's experience in treating critical patients, responding to patient emotions and efforts to manipulate patient emotions. What is interesting about this Pathos, 15 respondents or 62.5% answered that the doctor did not use visual images to explain the patient's diagnosis so that the patient did not understand the extent to which the patient's critical illness was understood. The relationship between visual imagery and rhetorical style in conveying a message is important in understanding how messages can be conveyed effectively through a combination of visuals and verbals. Visual imagery can enhance or clarify information conveyed verbally, as well as help capture the audience's attention, trigger emotions, and strengthen arguments. Here are some concepts that connect visual imagery and rhetorical style in communication.

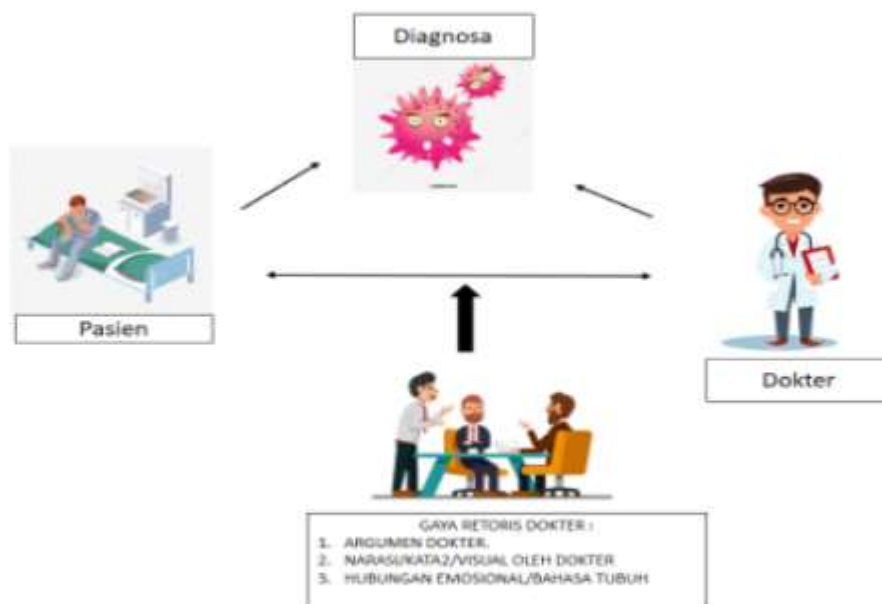
In the third question regarding Ethos (trust and authority) from 12 questions, consisting of the doctor's expertise or experience, character, competence, appearance, morality, body language, efforts to build emotion, how the doctor uses polite, appropriate, and professional language and clarity about the doctor's motives or intentions in conveying the information, and how it affects the perception of patient trust. Almost as many as 13 people or 54.16% felt that the doctor did not build an emotional or personal relationship with the patient as part of an effort to strengthen trust in the information about the disease. The relationship of Ethos in rhetoric refers to the credibility or character of the speaker that helps convince the audience. When ethos is connected to the emotional or personal aspect, it becomes stronger and more effective in building trust and influencing the audience. The relationship between ethos and the emotional or personal aspect in rhetoric can be explained through several concepts, Emotional Credibility, Personal Experience, Honesty and Authenticity, Emotional Connection, Alignment of Values. By utilizing a strong ethos that relates to emotional and personal aspects, speakers can create a greater impact on the audience, build deeper trust, and increase the effectiveness of the message delivered. (Fisher, 1987).

Thus, it can be concluded that the rhetorical style of doctors in conveying critical illness diagnoses to patients and their families must pay attention to the use of logic and reason to convince the audience, understand and apply the principles of visual rhetoric. Thus, communicators can convey more effective and persuasive messages, combining the power of images and words to influence the audience more deeply. In addition, by utilizing a strong ethos associated with emotional and personal elements, speakers can create a greater impact on the audience, build deep trust, and increase the effectiveness of the message delivered.

10. Implementation of the Rhetorical Style of Doctors in the Field of Medical Services

Medical services refer to the range of services provided by medical professionals, such as physicians and other health care workers, to diagnose, treat, and prevent disease and maintain the health of individuals and communities. These services include: various aspects, from direct patient care to preventive efforts and health

education. Medical services involve various types of services designed to meet the health needs of individuals and communities holistically, from prevention to treatment and rehabilitation. Care for critical illness requires close coordination between various specialists and medical disciplines to provide optimal and integrated care for patients. The goal is not only to prolong life, but also to improve the quality of life of patients and even their families.



Gambar 4.5 Model Implementasi Retoris Dokter

Patients suffering from one of the diseases will receive a diagnosis that will be delivered by a doctor, where the doctor in establishing a diagnosis of the disease to the patient will perform the doctor's function well. Starting with Anamnesis, Physical Examination and Supporting Examination. The doctor will deliver the diagnosis of course with a variety of styles, but it should be remembered that the doctor will deliver the diagnosis by considering arguments that can be accounted for with narratives or words and even if necessary, a visual image is given so that the patient understands and comprehends the diagnosis. After the diagnosis is delivered, the doctor must have a good emotional relationship with the patient in the context of critical care for the patient by showing good body language, this is the concept of the ABX Newcomb modification model.

The doctor's rhetorical style, namely the way the doctor communicates with the patient, greatly influences the effectiveness of medical services. Where effective communication between the doctor and the patient is not only about conveying medical information, but also involves how the information is conveyed so that the patient feels heard, appreciated, and supported. Here are some ways the doctor's rhetorical style influences medical services, they are Creating Patient Trust, Providing Patient Understanding, Creating Patient Engagement and Satisfaction, Providing Compliance with Treatment, Reducing Conflict and Misunderstanding, Reducing Patient Anxiety and Stress, Facilitating Joint Decision Making, Making Consultations Effective. Overall, a physician's rhetorical style is a key component of medical care that have a significant impact on health outcomes, patient satisfaction, and the quality of the doctor-patient relationship. An appropriate and effective communication style can improve a patient's overall experience of receiving medical care.

4. CONCLUSION

From the results and discussions explained, it can be concluded in this study as follows. If observed carefully, regarding how the doctor's arguments or answers in conveying the patient's diagnosis asked by the patient get another portion, because 13 people or 54.16% stated that communication between doctors and patients in conveying a cancer diagnosis is a critical aspect in medical care. Doctors must provide clear, open, and empathetic explanations so that patients can understand their condition and the treatment decisions needed. The doctor's approach in explaining a cancer diagnosis must be empathetic, clear, and supportive. Doctors must provide comprehensive information, use language that is easy to understand, and provide the emotional support needed by patients, using visual images in conveying the disease to patients. This is known from the answer to the question which said that 15 people did not

express it clearly. The use of visual images by doctors in conveying a cancer diagnosis can significantly improve understanding, reduce anxiety, and increase patient involvement in care

them. The references presented provide further guidance on the effectiveness and implementation of visual aids in medical communication. Doctors' approach in explaining a cancer diagnosis should be empathetic, clear, and supportive. They should provide comprehensive information, use language that is easy to understand, and provide the emotional support needed by the patient. In addition, guidance on best practices in doctor-patient communication in the context of a cancer diagnosis. The problem of question 10 which contains how doctors respond to emotions felt by patients towards their disease diagnosis, understanding and handling patient emotions after delivering a cancer diagnosis is an important skill that must be possessed by doctors. Doctors need to develop empathy, active listening, and provide appropriate support to help patients cope with frightening news and process their emotions. Here are some ways doctors can understand and respond to patient emotions.

SPIKES Protocol, is a method used to deliver bad news with a structure that involves setting up the interview, assessing the patient's Perception, obtaining the patient's Invitation, giving Knowledge and information, addressing Emotions with emphatic responses, and Strategy and Summary. The SPIKES protocol is a systematic method for delivering bad news, especially in a medical context such as a cancer diagnosis. SPIKES is an acronym for six steps designed to help clinicians deliver sensitive information in an empathetic and supportive manner.

Communication Model with ABX Newcom Concept modified and delivered via Protocol

SPIKES is a systematic method for delivering bad news, especially in a medical context such as a cancer diagnosis. SPIKES is an acronym for six steps designed to help clinicians deliver sensitive information in an empathetic and supportive manner, involving Setting up the interview, assessing the patient's Perception, obtaining the patient's Invitation, giving Knowledge and information, addressing Emotions with empathic responses, and Strategy and Summary. Overall, SPIKES and ABX New Comb complements each other in critical illness management. SPIKES provides a critical communication tool to convey information and support patients emotionally, while ABX New Comb offers innovative and complex treatment options to address difficult-to-treat infections. The combination of the two can help ensure that patients receive medical care that is not only clinically effective, but also managed with empathy and attention to their emotional needs.

A physician's rhetorical style, when communicating a diagnosis of a serious illness to a patient or their family, must be careful to include the use of logic and reason to persuade the audience. This increases the impact the physician has on the patient audience, builds deep trust, and enhances the effectiveness of our message. The relationship between rhetorical style, Newcomb's ABX Theory, and critical illness is closely related to effective communication in the medical context, particularly in the care of patients with serious health conditions. Each of these elements has a critical role to play in ensuring that medical information is delivered in a way that supports patient understanding, shared decision-making, and emotional management. Rhetorical style and Newcomb's ABX Theory complement each other in the context of critical care medicine. Good rhetorical style supports effective communication and can help achieve the communication balance outlined in Newcomb's ABX Theory. This is particularly important in the management of critical illness, where clear, empathetic, and structured communication can have a significant impact on patient understanding, adherence to treatment, and emotional well-being.

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