

Communication Strategy for Health Workers in Hospitals in Serving Patients during the COVID-19 Pandemic in Indonesia

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Abstract

Health workers are the spearhead in ensuring the community health quality during the COVID-19 (C-19) pandemic. Due to the limitation caused by the C-19 health protocols they must comply with; they need to innovate in their communication strategies to ensure the quality of their services. This study aims to investigate the communication strategies while helping patients during the C-19 pandemic in Indonesia. The study is qualitative employing online questionnaire, consisting few semi-open questions, to collect data. Respondents were invited via social media administered among the health workers. There were 30 respondents who eventually gave their consents to answer the provided questions honestly and frankly. Data analysis is conducted by reducing data, displaying, verifying, then analyze them against symbolic interactionism, interaction involvement, social information processing theory, and producing research findings. The results of the study indicate that the communication strategy carried out by the health workers while serving patients during the C-19 pandemic; (1) communicating at a distance and by using personal protective equipment (PPE). (2) implementing therapeutic communication to reduce the psychological burden of the patients. (3) adapting online social media-based counseling technique. This health worker communication strategy provides a new direction in the field of health communication during the C-19 pandemic. Health communication requires continuous innovation in facing the unexpected future challenges and events.

1. Introduction

The COVID-19 (C-19) virus attacks all elements of society haphazardly; from low, middle and upper class people. This fact strongly urges that health workers must find the right strategy in dealing with C-19 soon, so that more and more people will not become the victims of a C-19 attack. Health workers are the main element and spearhead in handling C-19. Fortunately, they have to be at a greater risk of being exposed to C-19, even death. Based on data, the death rate of health workers in Indonesia due to C-19 exposure is the highest at the Asian level. The total number of health worker deaths in Indonesia on October 15, 2021 reached 2032 people. The highest death rate occurred in July 2021, which reached 502 people (COVID-19, 2021).

Since health workers face a high risk of death in handling C-19, they need to develop strategies in handling C-19 patients, including the communication strategies. The World Health Organization (WHO) provides guidance for health workers in dealing with C-19 by mapping the symptoms of C-19, and taking medical actions according to international health service standards (Organization, 2020). Nevertheless, since it is undeniable that the death rate for health workers is still relatively high. The choice of strategies in handling patients with symptoms of C-19 is the main key in breaking the chain of C-19 spread, especially for health workers. The strategy chosen by health workers must be coordinated across countries so that C-19 prevention can be carried out effectively (Goldfield et al., 2020).

The mental health of health workers and patients during the C-19 pandemic was under severe stress (Buselli et al., 2020). As humans, health workers also experience fear of being infected with C-19, fear if their family is infected, fear of seeing patients dead, co-workers infected, and even co-workers dead from C-19. This feeling of fear of C-19 puts a special burden on health workers in carrying out their duties to treat and heal patients: feelings of stress, anxiety, depression, insomnia, and even frequent expressions of anger (Roy et al., 2021). Health workers need moral support in carrying out health tasks that are at risk of being infected with C-19 (Wu et al., 2020).

Health workers have an important role in preventing the spread of C-19. In order to effectively play role as health services, health workers need be provided with guidelines for the protection of themselves and the prevention of the spread of c-19. Secondly, there should change in the pattern of health services during the C-19 outbreak, Thirdly, Stability in socio-economis field should be ensured (Ballard et al., 2020). Health workers need to reorganize patient care during the C-19 pandemic (Maciel et al., 2020). This reorganization of health services is important to facilitate the implementation of health protocols as mandated by the government. The health protocols includes maintaining; safe distance with and among patients, wearing face masks all the times, frequent hand washing, using hand sanitizers, and even using personal protective equipment (PPE) while serving patients. This service model is different from service standards before the C-19 pandemic. There is a change in the health service model which operationally requires support from various elements of health workers and all levels of society.

At such particular situation, communication among health workers and patients needs be well adressed since it plays vital role in managing the delivery of health information during the C-19 pandemic. An effective communication strategy is needed to convey health information accurately in the midst of uncertain information of C-19. Health workers, especially, need right information and choose the right communication strategy. The right communication strategy is needed to reduce misinformation, and can implement the planned strategy appropriately (Zamberg et al., 2020). Communication strategies can be done passively, actively, and interactively in serving patients (Pramana et al., 2021). In addition, health workers may also develop communication strategy utilizing social media for providing valid, consistent, and sustainable information. Social media in this case, can be used as a medium for identifying problems, managing issues, and providing valid information (Abrams & Greenhawt, 2020). During the C-19 pandemic, health communications were in crisis. Choosing the right communication strategy in handling the risk of C-19 will facilitate building trust to and credibility of health workers in the community (Ataguba & Ataguba, 2020).

Health workers do not only choose strategies related to medical treatment of patients, but also need to choose ones related to effective communication for conveying information to patients. There is an integration of health aspects with the communication strategy chosen for the purpose of patient care. The service model for health workers during the C-19 pandemic was carried out by maintaining communication distances, prioritizing psychological therapeutic services by motivating patients to remain enthusiastic in dealing with illness, and even choosing internet-based communication strategies - augmenting health information through the internet network (Abrams & Greenhawt, 2020).

During the C-19 pandemic, there has been a communication change in patient care done by health workers. This change in the pattern of patient care is due to the implementation of health protocols in the patient service scheme in hospitals. Health workers are required to strictly adhere to the certain specifi rules for preventing the spread of C-19 during the pandemic such as maintaining a distance, using personal protective equipment, washing hands frequently, and using hand sanitizer.

Given the unusual situation in the health service context, this study aims to identify the communication strategies developed by health workers while serving patients during the COVID-19 pandemic in Indonesia. This study will specifically examine the communication strategy in regards to physical distancing, therapeutic communication strategy, and counseling communication strategy via social media.

2. Literature Review

During the C-19 pandemic, health workers are at the forefront of preventing the spread of the corona virus and other comorbidities. The corona virus can threaten a person's life at any time, even health workers who are directly dealing with every C-19 patient. The death rate of health workers in Indonesia reached 2032 people in

October 2021. This shows that the risk of work professionalism for health workers during the C-19 pandemic is high (COVID-19, 2021).

The death of C-19 patients in Indonesia reached its peak in June – July 2021. The corona virus, which continues to spread the threat of death, has made the Indonesian government improve services in the health sector such as adding facilities, increasing the ability to detect the corona virus for health workers, spreading information on C-19, and coordinating with related institutions (Aron et al., 2021).

The C-19 pandemic has limited the health workers in giving services for other patients in hospitals. A strategy in health communication is needed for health workers to serve patients during a pandemic. Health communication aims to share health information. Health communication studies the use of communication strategies to influence people to improve health. Health communication studies the techniques, arts, and strategies of conveying health information that can influence people's attitudes and behavior in the health sector (Schiavo, 2013). Health communication integrates multidisciplinary knowledge to understand the communication process and change human behavior in the health sector (Rimal & Lapinski, 2009).

Communication has an important role in managing health information. Source factors, messages, channels, and communication culture have different roles in each communication process (Kreuter & McClure, 2004). Health workers have competence regarding health information as a valid source of information. However, the strategy for message delivery, the selected channel, and the communication culture of health workers and the community are factors that can affect the effectiveness of communication. In the health communication process, appropriate communication strategy interventions are needed to help the effectiveness of communication. It means that health workers directly deal with patients who have different backgrounds. This difference affects the way the message is received and interpreted. Meanwhile, the communication process is dynamically carried out, and there is a continuous exchange of messages (Rimal & Lapinski, 2009).

The communication strategy of health workers in serving patients in hospitals can be seen in the perspective of symbolic interaction theory. The interaction between health workers and patients uses health language as a symbol of communication. According to Blumer, communication involves action on something that produces meaning (Nurdin, 2020). Health workers provide health information in the form of symbols which are interpreted together with patients. The involvement of the interaction between health workers and patients is the main key in interpreting symbols in health communication. Interaction involvement theory emphasizes the involvement of communication participants through the process of paying attention, making perceptions, and carrying out interactive responses to lead to communication effectiveness (West & Turner, 2007). Health workers and patients must be involved in health communication so that they can receive and interpret messages together.

During the C-19 pandemic, communication patterns between health workers in patient care have shifted. Interaction involvement in health communication during the C-19 pandemic is no longer based on direct face-to-face interactions, but based on online media or social media. In social information processing theory, internet-based interaction phenomena can be carried out through the stages of interpersonal information, impression formation, and relationship development (Nurdin, 2020; West & Turner, 2007). First, health workers conduct interpersonal socialization with patients to equalize perceptions in health services. Second, interpersonal networking is done through online media as an impression formation strategy. Third, health workers and patients find shared meaning on the internet and develop relationships with other patients.

Serving patients during the C-19 pandemic needs the right choice of communication strategy so that health information can be understood by the public. Strategy is part of managing the delivery of ideas from individuals or institutions in the form of concrete actions (Steyn, 2003). Strategy is a choice used to deal with changes that occur. During the C-19 pandemic, health services have changed and required the right choice of communication strategy for C-19 prevention. Communication strategies are used to manage health information and implement it in operational actions (Jones, 2008). Health workers' choice of communication strategies in patient care during the C-19 pandemic is influenced by the information received, media information, and information interpretation (Rudeloff et al., 2021). Communication strategies have an important role in delivering health information to the public (McKee et al., 2014).

During the C-19 pandemic, the strategy chosen by the Indonesian government in preventing the spread of C-19 was the application of health protocols by maintaining physical distance, wearing masks, diligently washing hands with soap, and using hand sanitizer. The implementation of this health protocol is known as "physical distancing", which means that all human activities during the C-19 pandemic must be done by maintaining physical distance (Aziz, 2020). The application of this strict health protocol affects the communication pattern of patient services in hospitals. Communication between health workers and patients is carried out by maintaining physical distance and finding communication strategy options by maintaining physical distance.

The communication strategy by maintaining health workers' physical distance in patient care in hospitals is the right choice to prevent the spread of C-19, and is in accordance with guidelines from the World Health Organization (WHO) (Douglas et al., 2020). The application of health services to patients with physical distancing communication strategies, however in practice, have not worked well. The emergency implementation in health communication can be constrained by the limitations of computer-based internet networks, limited human

resources in mastering internet technology, and limitations of other supporting facilities (Arora et al., 2020). A person's emotional, personal, and motivational factors affect a person's communication behavior in the application of physical distancing (Alivernini et al., 2021).

Physical distancing communication strategies carried out by health workers to patients in hospitals need to be supported by the availability of internet network-based computer facilities, division of workplace, and a rest that pays attention to physical distance, division of work based on the fixed schedule, and adherence to the physical distancing measures (Keller et al., 2021).

A person's motivation in communication affects the effectiveness of communication. A diseased person faces difficult situations in his life, and cannot even control his communication. Situations and self-control in life affect the interpersonal communication practice (Rubin & Rubin, 1992). Social identity affects a person's motivation in health actions. Ethnic, racial, and educational background influences people's perception of health (Oyserman et al., 2007). Indonesians have diversity in ethnicity and language, which spread over thousands of islands. This reality impacts the implementation of the health system and one's motivation in the health sector (Agustina et al., 2019). This reality requires a health communication strategy through therapeutic communication strategies and counseling communication for the community.

Therapeutic communication strategies are ways of delivering messages that are used to improve patient's health (Rossiter, 1975). Therapeutic communication is carried out by building a harmonious relationship with patients so that the dialogical communication of health workers with patients can increase the patient's health motivation (Ritonga et al., 2020; Sherko et al., 2013). Therapeutic communication is carried out by building the basis of social bonds between health workers and patients so that they have a mutual understanding in health care (González Manzo, 2014). Therapeutic communication is aimed to increase the body's health immunity physically and non-physically through conveying messages and impressions on the patients.

Counseling is a form of communication that involves the process of interpersonal interaction (Sue, 1990). In counseling communication, health workers and patients must understand each other's verbal and non-verbal messages conveyed. Verbal messages conveyed must be supported by non-verbal language. Conveying verbal messages with a gentle hand touch to the patients can provide a better emotional atmosphere for the patients. Most patients want to get open information from health workers about their disease condition rather than waiting for further information with anxiety (Welsch & Gottschling, 2021). Thus, counseling communication strategies are very important to be understood by health workers in patient care in hospitals. Effective counseling communication can improve patient's recovery, self-awareness, and patient compliance (Adigwe & Okoro, 2016).

Based on interviews and literature reviews that have been conducted, the health workers' communication strategy in patient care in hospitals during the C-19 pandemic was carried out through *physical distancing* communication strategies, therapeutic communication strategies, and social media-based counseling communication strategies. These three communication strategies have a strong relationship with patient care success in hospitals during the COVID-19 pandemic in Indonesia. It is described in details in Figure 1 as follows:

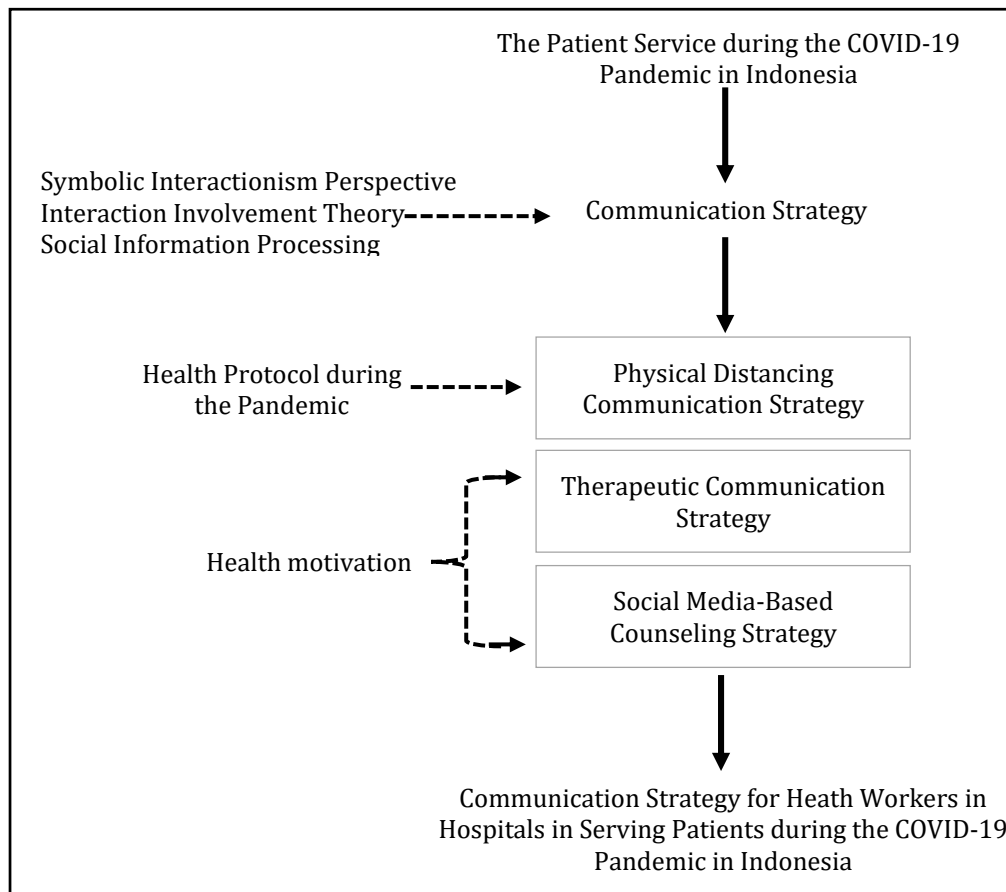


Figure 1: The relationship between health workers' communication strategies and patient care in hospitals during the C-19 pandemic in Indonesia

3. Method

This study is a qualitative study that aims to describe the communication strategies used by health workers in patient care in hospitals during the C-19 pandemic in Indonesia. Data was collected using an online questionnaire, consisting of several semi-open questions about the communication strategy of health workers in patient care. Respondents were invited through social media managed by several health workers. There were 30 respondents answered the questions honestly and openly. Results of the questionnaire were then analyzed descriptively. The data from the questionnaire was also analyzed by reducing unnecessary data, presenting it, verifying and eventually, analyzing it with symbolic interaction theory, interaction involvement theory, and social information processing theory.

4. Communication Strategy with Physical Distancing

Technological developments present a reality that is always dynamic. Technological determinism determines the direction of social change in society and influences the dynamics of communication. Communication takes place in traditional formats; face-to-face initially, then switching to digital formats; video and chat (Moffett et al., 2021). Every human activity is communication (Myers & Myers, 1992), including health activities. In everyday life, health workers give health information to their patients to give persuasion about health. Health workers carry out a symbolic process to convince and influence patients' attitudes and behavior to comply with health guidelines through certain strategy options (Perloff, 1993). In general, the choice of communication strategy for health workers in serving patients is face-to-face-based interpersonal communication. However, since the C-19 pandemic happened, the communication strategy that has been used by health workers in patient care has considerably changed. The C-19 pandemic has changed social communication patterns and prompted a change in new communication patterns (Fogel, 1992).

Based on an online survey involving 30 respondents, this study found a shift in the communication distance carried out by health workers in serving patients. Prior to the C-19 pandemic, the communication distance of

health workers in serving patients was between 50-150 cm, even without distance; however, during the C-19 pandemic, the communication distance in patient care by health workers has changed for the sake of implementing health protocols. The communication distance between health workers and patients during the C-19 pandemic was 50-200 cm. There are still some communicating without communication distance in serving patients, but the use personal protective equipment. Table 1 is a description of the shift in communication distance before and during the C-19 pandemic.

Table 1 : The shift of distance communication for health workers in patient services before and during the C-19 pandemic in Indonesia

Before the C-19 Pandemic	%	During the C-19 Pandemic	%
Without Distance	30.00	Without Distance	3.30
50 cm	40.00	50 cm	10.00
75 cm	6.70	100 cm	40.00
100 cm	20.00	150 cm	26.70
150 cm	3.30	200 cm	20.00

Table 1 shows that there is a shift in communication patterns carried out by health workers before and during the C-19 pandemic. Health workers' communication patterns in serving patients before the C-19 pandemic were done at a distance of 50 cm, even without interpersonal distance, namely communication with intimate distance. However, amidst C-19 pandemic, health workers have communicated with patients at a distance of 100-200 cm using personal protective equipment. An informant said:

"During the C-19 pandemic, in communicating with patients, we always use personal protective equipment (PPE) and maintain a distance. The message conveyed was more focused on providing information as needed and focused on the C-19 problem, such as symptoms and how to deal with it during the pandemic" (Interview with Informant_19, 15/07/2021).

Interpersonal communication distance determines a person's level of involvement in communication. Edward Hall (1959) divides communication distance into four categories, namely intimate distance, between 0-45 cm, personal distance, between 45-120 cm, social distance, between 120-360 cm, and public distance, between 360-750 cm (Devito, 2002). Intimate distance in communication is carried out by people who have close relationships and touching each other in communication is possible. In personal distance communication, there may be no mutual touch between communication participants. Social distance in communication is carried out in the context of business, meetings, and so on. Public distance in communication is carried out in the context of meetings that involve many people. The communication distance of health workers in patient care during the C-19 pandemic is categorized as intimate distance, personal distance, and social distance. Intimate and personal distance in communication between health workers and patients is carried out by implementing health protocols, namely wearing masks and personal protective equipment. The informant said:

"In serving patients, the important thing to do is touching the patient to show our care. We should provide education and health information directly to patients at a close (intimate) distance, but it depends on the patient's condition. The most important thing is to use personal protective equipment to avoid the spread of C-19" (Interview with Informant_29, 16/07/2021).

Another informant also said that the communication distance done by health workers in serving patients during the C-19 pandemic was carried out by considering the patient's condition. The informant said:

"The condition of the patient affects the communication distance chosen by health workers. However, the most important thing is to continue to wear masks, maintain distance, and if the patient care requires the use of personal protective equipment, we use them, and it depends on the patient's condition, maintain a distance of 100 - 200 cm" (Interview with Informant_05, 14/07/2021).

The majority of informants said that during the C-19 pandemic, health workers in patient care implemented health protocols by maintaining a communication distance with patients. In the perspective of interaction involvement theory, a person in communication requires the involvement of communication participants to provide attention, perception, and responsiveness (West & Turner, 2007). Aspects of attention must be possessed by both health workers and patients involved in communication. The aspect of attention is the key in delivering

the message purpose, and becomes a perception for health workers and patients. Involvement between health workers and patients during communication is a form of responsiveness of communication participants.

The involvement of interactions between both participants indicates a process of giving influence by health workers to patients to change their attitudes and behavior during the C-19 pandemic. Elements of attention, perception, and response between communication participants become the key to effective communication (West & Turner, 2007). Health education messages are given by health workers in an effort to convince patients. The informant said:

“During the C-19 pandemic, when serving patients who came, we always advised patients to always wear masks, maintain physical distance, and wash their hands diligently, and advised patients to seek treatment regularly” (Interview with Informant_08, 14/07/2021).

Shifting the communication distance of health workers in patient care during the C-19 pandemic reduces the involvement of interactions between health workers and patients. The communication distance in the health protocol provisions is set between 150 – 200 cm in each communication involvement. According to Devito (2002), this communication distance is categorized into personal distance and social distance. Personal and social distance avoids touching and embracing as a form of personal closeness between health workers and patients. During the C-19 pandemic, intimate distance in communication that involves aspects of physical touch is avoided to prevent transmission of C-19. Nevertheless, health workers under certain conditions still communicate at an intimate distance and can touch as a form of persuasion by using personal protective equipment. Aspects of 'physical touch' in interpersonal communication under certain conditions lead to motivation to be healthy for patients. According to the theory of interaction involvement (West & Turner, 2007), the more intimate the distance of communication, the higher the level of interaction engagement involving attention, perception, and responsiveness. Conversely, the farther the communication distance between the communication participants, the further the level of interaction involvement between the communication participants.

The communication strategy in serving patients during the C-19 pandemic by maintaining a communication distance and using personal protective equipment (PPE) is the best alternative communication that can be done by health workers. Communication barriers due to the application of health protocols are the difficulty of implementing non-verbal cues through the mouth and facial expression movements because they are covered by masks and personal protective equipment used by health workers, and the loss of health workers' hand touch to patients as a form of emotional motivation. Communication with the application of health protocols during the C-19 pandemic can be optimized through eye cues, eyebrows, tone of voice, and body movements (Kaul et al., 2021). During the C-19 pandemic, the application of health protocols is a procedure that must be done by health workers in serving patients. However, the application of this health protocol implies communication distance and loss of non-verbal cues in communication. Communication by keeping a distance can eliminate the closeness and emotional touch for the patient. Communication without non-verbal cues degrades the substance of the core of communication.

5. Therapeutic Communication Strategy

Communication and therapeutic are two different terms. However, these two terms tend to be associated with health. If it is associated with health communication then therapeutic communication is a message delivery technique to improve patient's health (Rossiter, 1975). Therapeutic communication focuses on improving the patient's physical and non-physical (mental) health by searching for data and analyzing it to determine his/her disease, influence patient's attitudes and behavior, and convey health information to patients. Therapeutic communication is done by building a good relationship with the patient, identifying the disease and what the patient needs, and diagnosing perceptions and what the patient should do (Sherko et al., 2013). Therapeutic communication is used as a communication strategy to reduce the patient's physical and mental burden (non-physical). The informant said:

“Looking at the patient's condition, there is a feeling of sadness when seeing the patient is restless and short of breath, while the oxygen supply is very limited. I have to do something to convince the patient and his family to remain patient and pray for the patient's recovery” (Interview with Informant_10, 14/07/2021).

The strategy taken by health workers is to use therapeutic communication to build relationships, serve mental and physical needs, and take medical actions according to the patient's condition. Therapeutic communication is carried out to build mental balance with the patient's physical condition (illness). The relationship built is to grow a mutual understanding between health workers and patients to obtain cure for the disease (Ritonga et al., 2020). Health workers make efforts to heal patients mentally and physically. The informant said:

“Most of the patients being treated experience anxiety and even depression because they are separated from their family, environment, and rarely have direct contact with other people except their hospital roommates. This requires special attention in treating patients. What is difficult is treating patients who already feel healthy, and always want to go home, while the results of the clinical examination are not good or still have the potential to be infectious” (Interview with Informant_21, 16/07/2021).

Anxiety and fear conditions experienced by patients require a therapeutic communication approach to create a close relationship between health workers and patients. Verbal and non-verbal communication are used to help patients understand the problem well and help express the feelings experienced by patients openly (Sherko et al., 2013). Verbal messages are conveyed using language that the patient can understand. While non-verbal messages are carried out with eye cues, body movements, physical touch, and other body languages. An informant says:

“I do this by establishing verbal and face-to-face communication with patients during nursing actions. I provide continuous support and motivation as well as provide information and feedback to patients so that patients feel comfortable and care about health workers” (Interview with Informant_25, 16/07/2021).

The relationship between health workers and patients is very important to help the patient's psychological and physical health. Therapeutic communication becomes very important in improving patient's health (Rossiter, 1975). In the perspective of symbolic interaction theory and interaction involvement (Littlejohn & Foss, 2009; Nurdin, 2020; West & Turner, 2007), patients need motivation to be healthy through verbal and non-verbal touch. Symbols and non-verbal messages are used to support verbal messages through physical touch to patients. Body gestures, hand signals, facial expressions, and the eyes of health workers and patients when interacting form understanding of the importance of health.

Communication between health workers and patients has a therapeutic effect. This argument is based on the fact that communication made by health workers with patients is encouraged to reveal the truth, an effort to help, and the pragmatic purpose for the patient's recovery (Annoni & Miller, 2016). Therapeutic communication involves all elements of health workers consisting of doctors, nurses, medical personnel, and other health workers. Health workers need to master the concepts of communication and negotiation in serving patients (Younis et al., 2015). Health workers need to develop interpersonal communication skills as the basis for building good relationships with patients.

6. Social Media-Based Counseling Strategy

Counseling involves telling, listening, knowing each other, reflecting and acting, and other very complex aspects. Nevertheless, counseling cannot be viewed as simply as it seems, but also cannot be viewed in a complicated way (McLeod & McLeod, 2003). The relationship between the counselor and the client is equal in terms of the use of verbal and non-verbal language that can be understood each other. In counseling, it involves the process of interpersonal interaction as part of communication (Sue, 1990). Counseling requires a reflective and elaborative approach by the counselor to help clients construct themselves (Burnett & Meacham, 2002).

Counseling in the context of health communication is a strategy chosen by health workers to provide health information to patients openly; on the other hand, the patient's health condition must also be considered when informing their health condition (Welsch & Gottschling, 2021). The counseling strategy integrates basic knowledge of counseling with communication strategies that must be mastered by health workers in patient care in hospitals.

During the C-19 pandemic, counseling of health workers with patients has shifted from face-to-face to internet and social media-based. Online media is an internet-based information network system that has advantages in the speed of information regardless of distance and time (Nurdin, 2018). Furthermore, online media has developed into social media based applications, such as WhatsApp, Facebook, Instagram, Twitter, Youtube, Tiktok, and so on. The development of social media increases to the dynamics of internet-based information (Yang & Leskovec, 2011), social media serves as a health communication platform that can be accessed by anyone and anywhere, even though there are distractions in the form of fake news (Bali & Desai, 2019). In the C-19 pandemic situation, the best strategy option is to shift the practice of health counseling from face-to-face to social media-based counseling services. Health workers have changed the media to inform about health information through online media. The changes were made to avoid face-to-face contact which could potentially lead to the transmission of the corona virus. Health information is now shared via printed media and online media. An informant says:

“During the C-19 pandemic, there has already been much health information using posters and leaflets posted in the work place. Many health consultations have also been carried out through social media, such as WhatsApp, and society optimized the use of online media” (Interview with Informant_30, 19/07/2021).

“Health education during the C-19 pandemic was carried out through social media and other online media, even mostly using social media like WhatsApp” (Interview with Informant_19, 15/07/2021).

Online media as a new medium in the era of information technology development requires creativity in constructing messages in the form of text, audio, visual, and even in graphic form. Online media has various applications in the form of YouTube, Facebook, Instagram, Tiktok, and WhatsApp (Yang & Leskovec, 2011). During the C-19 pandemic, social media has become an effective means of delivering health messages. The appeal of messages on social media depends on the creativity of the messages conveyed. Creative, innovative, and up-to-date messages are the main keys in using social media as a means of delivering health messages. Social media has an important and positive role during the C-19 pandemic by promoting effective strategies to assist the society in dealing with the implementation of strict health protocols (Goel & Gupta, 2020; Hussain, 2020). An informant says:

“Health communication for patients can be done by using WhatsApp or other social media. Social media is used to deliver messages in order to attract patients” (Interview with Informant_11, 14/07/2021).

During the C-19 pandemic, the patient service system in hospitals used an online registration system via the internet that interconnects hardware, software, network connections, and computer facilities (Singh et al., 2020). Even China makes innovations by establishing internet-based hospitals to fight C-19 (Sun et al., 2020). Online media is an effective means of providing health services in hospitals. The use of an online system is used to avoid face-to-face communication in preventing the spread of C-19. Informant says:

“Registration of patient examinations in hospitals during the C-19 pandemic is carried out online; WhatsApp social media is used for registration, and at the same time used for selecting patients who must be treated immediately during the C-19 pandemic, even for chatting about patient’s health information” (Interview with Informant_30, 19/07/2021).

Unfortunately, if there is an emergency, face-to-face communication is done by applying the health protocol using personal protective equipment (PPE), maintaining distance and wearing masks. The informant said:

“Direct communication is done by keeping a distance. Health workers with patients must wear masks, and even use personal protective equipment” (Interview with Informant_22, 16/07/2021).

Health counseling during the C-19 pandemic used the internet as a social media-based health communication strategy. Shifts in health information via online media are purposed to prevent the spread of C-19. According to social information processing theory, online media-based communication presents a new perspective in the formation of identity, image, and broader relationship development. Social-media-based counseling strategies are the right option during the C-19 pandemic and the industrial era 4.0. This strategy has consequences on unlimited service to the community.

The social media-based counseling strategy has a drawback, namely the loss of physical touch as an emotional message to patients. In the perspective of symbolic interaction theory, online media-based communication loses its social context and non-verbal symbols that are always inherent in interpersonal communication. The involvement of the interaction carried out by health workers with patients on social media is limited to attention, however, the perceptual and responsive elements of the communication participants lose their contextual meaning.

7. Discussion

The C-19 pandemic has changed all activities of human life. Activities in the fields of economy, transportation, tourism, education, offices, and even religious activities stop for a moment. Rearranging activity processes and procedures is still being done to prevent the spread of C-19 (Mbunge, 2020; Mogaji, 2020). The COVID-19 pandemic has caused a global and massive health crisis that requires changes in individual and societal behavior on a large scale (Van Bavel et al., 2020). Health services in hospitals face challenges in operating procedures for patient care. Hospitals are full and unable to accommodate patients with symptoms of C-19. The Indonesian government builds and adds facilities for the C-19 emergency hospital. This phenomenon is an objective reality that occurs as it is, and leads to a subjective meaning, namely an objective reality that has been given meaning and opinion (Dreher, 2016). There is an imbalance between the number of health workers and the increasing number of patients. Victims of the C-19 were not only patients, but also health workers. The situation of the C-19 pandemic

is worrisome and frightening. The hospital as a place for health services becomes a “service emergency”. There are health communication problems between health workers and patients during the C-19 pandemic with the application of health protocols. Health communication innovation in the midst of the C-19 pandemic is the main key in socializing the prevention and handling of the corona virus. Health communication patterns must change, innovate, and adapt to the atmosphere of the C-19 pandemic.

Theoretically, changes in health communication patterns during the C-19 pandemic have implications for the theory construction of face-to-face-based interpersonal communication such as symbolic interaction theory, interaction involvement theory, and social information processing theory.

First, the symbolic interaction theory of George H. Mead explains the integration between mind, self, and society (Littlejohn & Foss, 2009; Nurdin, 2020; West & Turner, 2007). The three basic elements of this theory are based on individual-society interactions by using certain symbols as a result of a mutually agreed reality construction. George H. Blumer describes the process of forming this individual-society reality in an integrated stage, namely; act, thing, and meaning. Individuals take action on something (reality), make meaning, and find meaning in mutually agreed reality. Face-to-face interaction is the main key to explain the construction of individual-society reality. Second, the interaction involvement theory initiated by Erving Goffman explains that in every interpersonal communication event, face-to-face interaction is the key to success in communication (Goffman, 1971; Littlejohn & Foss, 2009; Nurdin, 2020; West & Turner, 2007). The consequence of the involvement of individual interactions in interpersonal communication is the interaction of verbal and non-verbal messages that are integrated in every communication event. The key to interaction engagement lies in the elements of attention, perception, and responsiveness. Every direct face-to-face interaction requires attention, perception, response as a form of involvement as a participant in communication. Third, the social information processing theory of Joseph B. Walther explains about the development of interpersonal relationships through the internet network. Communication via the internet has limitations in the use of non-verbal symbols. But under certain circumstances, emotional messages in online media can exceed direct face-to-face communication and eliminate the user's feelings. Social information processing through online media can start from the stages of self-introduction (personal information), image formation, and relationship development. An online media user constructs himself according to the image he wants, and his relationship develops with people who agree with the identity that has been constructed (Littlejohn & Foss, 2009; Nurdin, 2020; West & Turner, 2007).

The notion of symbolic interaction theory and interaction involvement must refer to the 'definition of the situation' given by each individual. Thomas (1972) states that everyone involved in communication events in the early stages is based on his perception of the situation that occurs. A person's perception is guided by his understanding of the surrounding environment (Burbank & Martins, 2010). The theoretical roots constructed in the classical period will change along with the currents of social globalization (Plummer, 2000). How to define a situation results in a change in the process and meaning of something.

The definition of the C-19 pandemic situation has an impact on various perceptions and meanings of the situation. Actions and meanings of certain objects which are based on the theory of symbolic interaction and the involvement of interactions lost momentum in the dialogical, dynamic, and flexible space of interpersonal relations. Online media-based communication innovations that became the choice of health communication strategies during the C-19 pandemic lost the meaning of social situations and non-verbal signs that embodied the space of interpersonal relations. Aspects of attention, perception, response, and meaning that became the unified elements in individual-society interactions have changed interaction patterns and mechanisms during the C-19 pandemic. Interaction based on online media is closer to social information processing theory which explains the stages of internet-based interpersonal communication through self construction and the desired image.

The image formed creates attention, perception, response, and meaning that develops online media based interpersonal relationships. Online media has a set of networks that connect objective reality, subjective meaning, with virtual reality that is driven by technology automatically and becomes virtual reality (Jamaludin & Rohani, 2018), technology produces a new culture, as a medium for socialization and self-development (Kulzhanova et al., 2020), even the virtual world becomes a real threat through crimes, terror, and cyber-based wars (Cavelty, 2009). The theoretical implications of internet-based health communication innovation during the C-19 pandemic are described in detail in Figure 2 as follows:

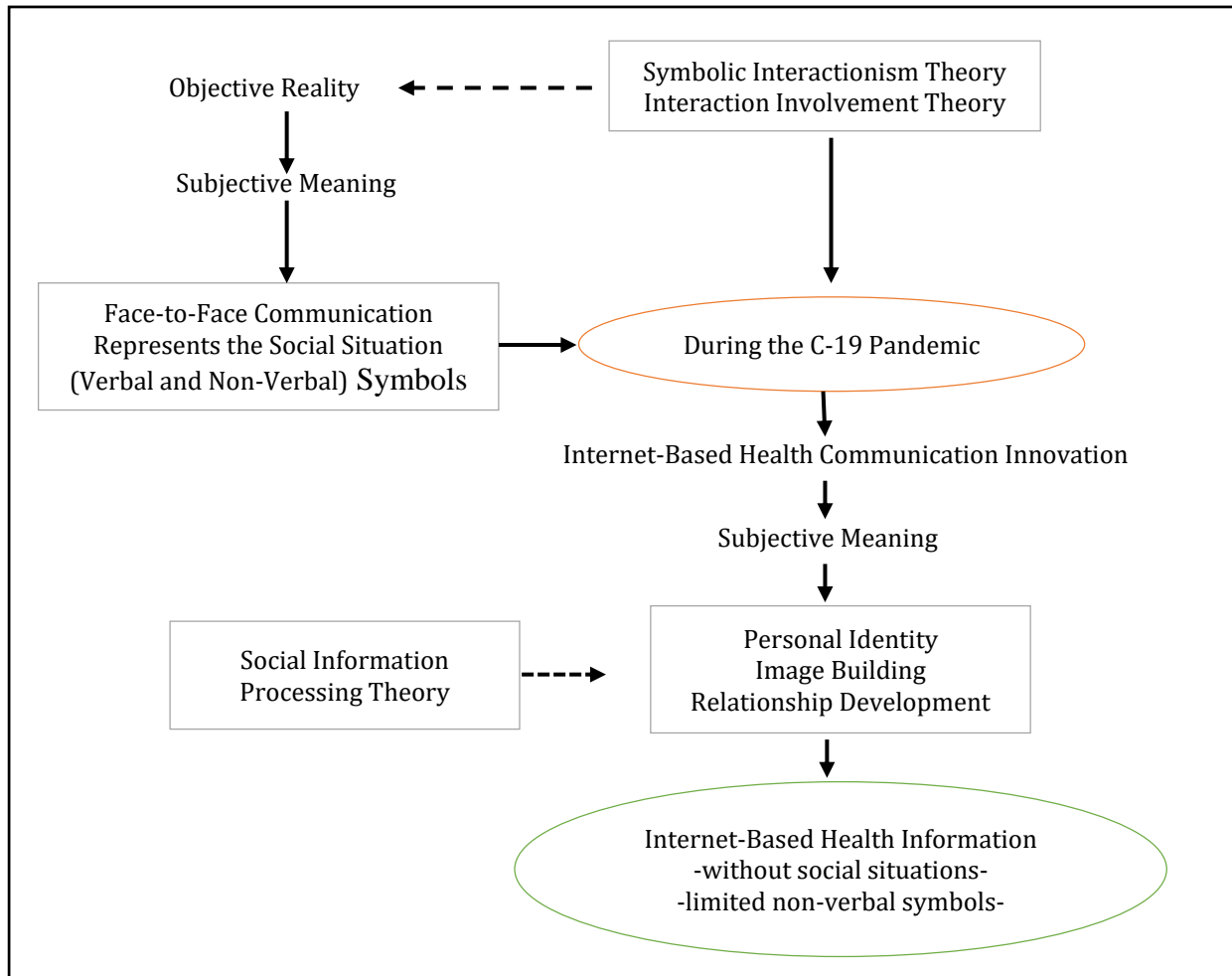


Figure 2: Theoretical implications of health communication innovations during the C-19 pandemic.

Figure 2 illustrates a change in perspective in interpreting objective reality in everyday life. Prior to the C-19 pandemic, objective reality in the view of symbolic interaction theory and interaction involvement involved face-to-face interactions, verbal and non-verbal messages, represented social situations that occurred, and created subjective meanings about objective reality. However, during the C-19 pandemic, innovation was carried out via internet-based health communication which changed the situation from face-to-face interaction to online interaction. According to social information processing theory, internet-based communication is carried out deliberately by forming self-identity, forming an image, and developing wider community relations. Internet-based health communication lost social situations as an objective reality and had limitations in the use of non-verbal symbols. The theoretical implication is a change in the pattern of direct face-to-face-based communication to distance and online media-based communication. The theory of symbolic interaction and interaction involvement which have seen objective reality from their point of view must be changed to an internet-based interaction point of view.

8. Conclusion

This study confirms the existence of three communication strategies for health workers in serving patients during the COVID-19 pandemic in Indonesia, namely physical distancing communication strategies, therapeutic communication strategies, and social media-based counseling strategies. First, health workers established patient care communication by implementing strict health protocols, namely using personal protective equipment (PPE) when serving patients, wearing masks, and maintaining physical distance. The implication of communication by maintaining physical distance with health protocols is the loss of physical touch as a patient's mental reinforcement. Communication using personal protective equipment and masks also eliminates non-verbal messages that always accompany human communication. Second, the harmonious relationship that is built between health workers and patients is able to improve the mental and physical healing of patients. Therapeutic communication provides peace and tranquility for patients. Third, measures to prevent the spread of C-19 were

carried out by reducing community mobility, and even locking down certain areas. To support this effort, social media-based counseling strategies were used to provide health information as well as patient care in hospitals. The theoretical implications of implementing a health communication strategy during the C-19 pandemic is a change in the pattern of face-to-face-based communication to distance and online media-based communication. Face-to-face communication can build interpersonal relationships with physical interactions that involve verbal and non-verbal messages. Online media-based communication has a speed, but loses social situations and limited non-verbal messages. Health communication innovation is the key to success in health services.

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Conflict of Interest

This paper does not have a conflict of interest

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