# CHAPTER I

INTRODUCTION

1.1 Research Background

Different perspectives on health will undoubtedly be present in the interactions between doctors and patients. These differences in perspective are brought about by differences in background, culture, and beliefs, which in turn affect how a patient thinks and behaves. However, severe issues in the doctor-patient relationship will develop if this discrepancy is not handled effectively. As a result, there is an increase in misunderstandings between patients and doctors. Later, this misunderstanding would cause patients to be dissatisfied, even complaining to doctors and healthcare providers. Patient dissatisfaction with healthcare services is a significant problem that still exists in Indonesia, Singapore, and Malaysia when viewed from the Southeast Asian landscape. This is evidenced by a survey conducted by the Global Health Resilience Index (GHSI) score in 2021.
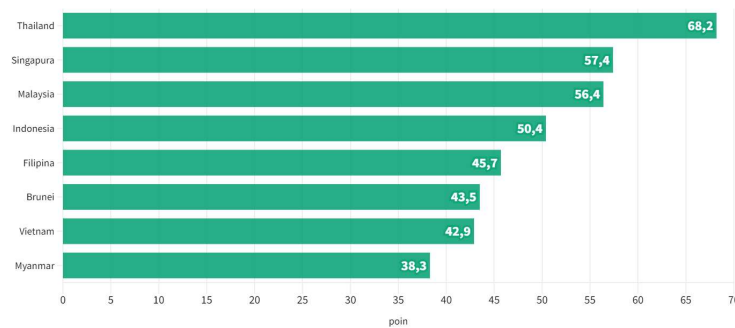
Figure 1 Global Health Resilience Index (GHSI) 2021
Source: Nuclear Treat Initiative (NTI), Johns Hopkins Center for Health Security

From 0 to 100, it is noted that Indonesia is in fourth place with a score of 50.4 which is followed by Malaysia in third place with a value of 56.4 and Singapore in second place with a value of 57.4 while in the first position is held by Thailand with a value of 68.2. From this data, the GHSI was carried out on 195 countries in the world. This survey covers seven categories, including: health systems, prevention, detection, reporting, speed of response,

environmental risks, and compliance with international standards. Which become several variables that interpret patient's satisfaction.

Another survey conducted by IPSOS poll, the satisfaction survey about national health systems varies between countries. That conduct on 2019, demonstrates the degree of satisfaction with state health systems worldwide. The data show that, 60% of Singaporeans are satisfied, 22% are neither satisfied nor dissatisfied, and 18% are dissatisfied. In the meantime, 44% of Malaysians are satisfied, 39% are neither satisfied nor dissatisfied, and 16% are dissatisfied. Unfortunately, Indonesia wasn't mention in this survey.
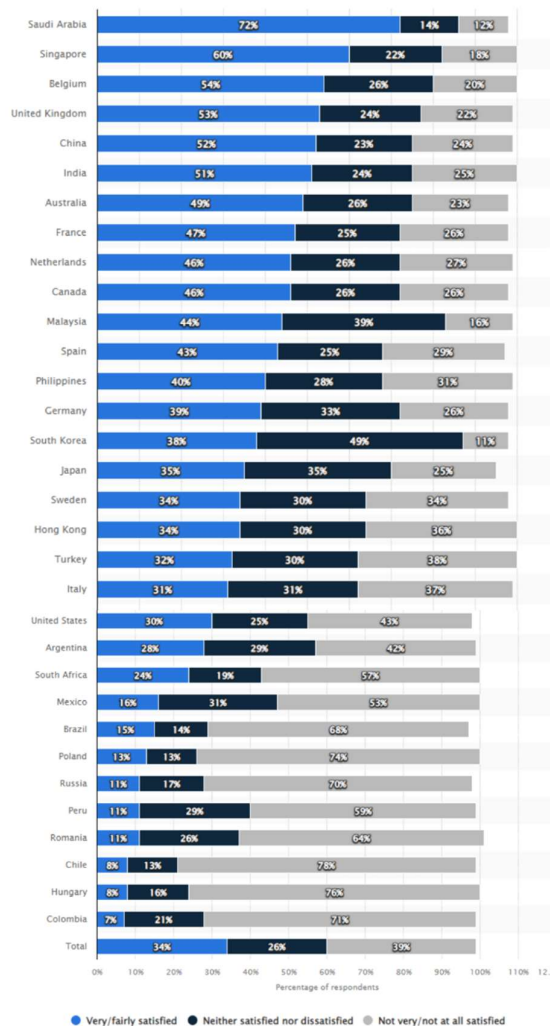

Figure 2 IPSOS poll, 2019

To, deeply observe the reality in Indonesia, there is data survey in 2021 (January-March) conducted at the Cut Meutia Hospital, North Aceh Regency,

Aceh Province, with the total number of outpatient visits at Cut Meutia Hospital being 23,619 people, found that: there is dissatisfaction and complaints regarding health services at the hospital concerned. Some of the things that make patients feel less fasting are because the services are very slow, doctors prescribe drugs without explanation, and medical team don't speak with friendly. As a result, patients feel uncomfortable and avoid to visits again. A similar survey also conducted on January 4th 2021 at the Jenu Health Center, Tuban. From the survey results, it was found that the patient satisfaction level was at 30.5% because the medical team were not friendly, less clear in providing information, and did not care about patients. As a result, there are many misunderstandings between the medical team and the patient.

Accordance with the Decree of the Minister of Administration and Bureaucracy Reform No. 81 of 1993 convenience, clarity, certainty, security, openness, efficiency, economy, equity, and timeliness are elements that need attention by health service providers. However, the differences in preferences and a lack of holistic thinking during medical visits are the main problems. For this reason, doctor-patient communication is an important element in providing quality health services. This is because when doctors and patients meet, they will interact by exchanging information. In a medical visit, this process appears in a series of "Anamnesis" processes. This process also becomes a process of symbolic interaction because there is an exchange of symbols to form the same meaning that is obtained during social interaction. However, due to differences in culture, beliefs, social status, economy, and education, this creates a gap between doctors and patients. As a result, patient misunderstandings, complaints, and dissatisfaction will arise because their expectations are not met. For this reason, to achieve patient satisfaction, it is necessary to carry out a deeper understanding regarding the preferences of patients in choosing doctors and health service providers.

Basically, several previous studies, such as Emanuel & Emanuel (1992), have provided suggestions for doctor-patient communication models that can be applied in health care, namely: paternalistic, informative, interpretive, and deliberative. Over time, another study conducted by Claramita et al (2011) in Asian countries explained that the four models offered were not

able to be applied holistically in Asian countries due to differences in background and culture. An example is the view regarding the hierarchical process during a medical visit. Southeast Asian doctor-patients are viewed as higher hierarchical levels whereas doctors and patients are viewed at lower levels. So that the patient-centered model is less practical in Indonesia, Singapore and Malaysia.

Furthermore, the digital age holds out the promise of innovative technology. Along with the development of technology, the health care services system has also been changing. To be part of the competitive industry today, health care providers need to address the major changes that are driving patient behavior and expectations. This emerging demand to understand patient expectations and behavior is driving innovation for billing information and transparency in health care purchasing decisions. The generation of patients who are most related to this development are those of generation Z patients who are between 20-26 years old. Generation Z has got no experience of life before the Internet, technology was already accessible to them at a very young age. This generation is accustomed to interacting in a world that is connected all the time by means of advanced technology (e.g., tablets, smartphones, social media). Interviews by Gray et al. (2005) explored that students' (between 11 and 19 years) perceptions and experiences of using the internet to seek information about health and medicines. The internet was considered a primary general information source for this generation. This is also in line with the study according to Stelefson et al. (2011) students between 17 and 26 years often use the Internet to find health information and they feel comfortable using it. However, according to a survey conducted by Deloitte Hospital Summit, 2017. Explaining that even though patients from generation Z seek information about health via the internet (51.06%), 14.05% are still comfortable consulting a health expert. This is also in line with the pre-research findings of this study, that although Gen Z patients in Indonesia, Malaysia and Singapore seek health-related information via the internet, they will still make medical visits to get answers and a more certain solution from consultation with health experts.

Due to the concern, the World Health Organization (WHO) has expressed the need for a bio-psychosocial model (by Engel, 1997) approach to

health care. The bio-psychosocial model expects doctors to be effective communicators and able to integrate the patient's biological, psychological, and social dimensions. For this reason, a doctor must be able to understand the patient's disease (based on the biological dimension), the patient's feelings (based on the psychological dimension), and how the patient's environment (based on the social dimension) is able to shape the patient's views and behavior. Looking at the social dimension, Indonesia, Singapore and Malaysia are Southeast Asian countries that adhere to a high level of culture. This is indicated by an indirect message. Which, the real message is in nonverbal behavior: voice, hand gestures, body language, facial expressions, eye gaze, or even body posture. For this reason, a deeper understanding regarding preferences for the application of verbal and non-verbal messages is needed.

In the pursuit of patient Gen Z satisfaction, it is crucial to have a deep understanding of the needs and expectations through their preferences. By understanding the patient's symbolic world and how they construct meanings in the doctor-patient relationship, healthcare providers can tailor their approach to meet the specific needs and expectations of each individual patient. Symbolic interaction theory emphasizes the role of symbols, meaning, and social interaction in shaping individual behavior and perception. In the context of healthcare, symbolic interaction theory suggests that patients construct their understanding of the healthcare system, including their expectations of doctors, through the use of symbols and social interactions. Patients attribute meanings to various aspects of their healthcare encounters, such as doctor-patient communication, clinical environment, and healthcare practices, based on their past experiences, cultural influences, and personal beliefs.

Based on the explanation above, this study will look at the preferences of patients in Indonesia, Singapore and Malaysia in seeing and choosing a doctor or health service provider. This preference is based on the views of a new generation of patients with an age range of 20-26 years (Gen Z), living in urban areas, and having had medical visits. This research will focus on discussing how the interaction process occurs, how message exchange occurs, how trust will affect the interaction process, and how decision making is carried out. So that from the data collected through in-depth interviews it will be processed

with a coding process which will later obtain codes to help understand and analyze the preferences of Gen Z patients in Indonesia, Malaysia and Singapore.

1.2 Research Problem

1. How is the interaction process of exchanging messages occurring between doctors and Gen Z patients' interaction in Indonesia, Singapore, and Malaysia?
2. How are the expectations of Gen Z patients in Indonesia, Singapore, and Malaysia align with their doctor-patient interaction experiences?
3. How is trust applied between doctors and Gen Z patients' interaction in Indonesia, Singapore, and Malaysia?
4. How is the decision-making process occurring between doctors and Gen Z patients' interaction in Indonesia, Singapore, and Malaysia?

1.3 Research Objective

1. Examine how is the interaction process of exchanging messages occur between doctors and Gen Z patients' interaction in Indonesia, Singapore, and Malaysia.
2. Describe how is the expectations of Gen Z patients in Indonesia, Singapore, and Malaysia align to their doctor-patient interaction experiences.
3. Explain how is trust applied between doctors and Gen Z patients' interaction in Indonesia, Singapore, and Malaysia.
4. Explain How is the decision-making process occurring between doctors and Gen Z patients' interaction in Indonesia, Singapore, and Malaysia.

1.4 Research Benefits

1.4.1 Theoretical Benefits

1. This research is expected to be useful and provide insight about how the Gen Z patient's preferences to choosing doctor or healthcare services in Indonesia, Singapore, and Malaysia could enhanced understanding of communication dynamics between doctors and Gen Z patients in Indonesia, Malaysia, and Singapore.

2. This research is expected to be useful and provide insight about how the Gen Z patient's preferences to choosing doctor or healthcare services in Indonesia, Singapore, and Malaysia could strengthened doctor-patient relationship by exploring the symbolic interaction and trust in the doctor-patient relationship during doctor-patient interaction.

3. This research is expected to be useful and provide insight to achieve patient's expectation and achieve medical decisions in the process of doctor-patient interaction, based on the Gen Z patient's preferences to choosing doctor or healthcare services in Indonesia, Singapore, and Malaysia.

1.4.2 Practical Benefits

1. This research is expected to add insights and knowledge for researchers about how the Gen Z patient's preferences to choosing doctor or healthcare services in Indonesia, Singapore, and Malaysia could provide build specific patterns and strategies to strengthen doctor-patient interaction in Indonesia, Malaysia, and Singapore.

2. This research is expected to add insights and knowledge for researchers about how the Gen Z patient's preferences to choosing doctor or healthcare services in Indonesia, Singapore, and Malaysia could contribute to the development of effective communication guidelines and training programs for healthcare professionals in Indonesia, Malaysia, and Singapore.

1.5 Research Time and Area

1.5.1 Time and Period of Research

Table 1 Time and Period of Research

No	Research Stages	Year 2022/2023					
		Months					
		Sept	Oct	Nov	Dec	Jan	Jun
1	Pre-Research	▓					
2	Finding Topic and Initial Research Data	▓	▓				
3	Title Discovery and Research Data Retrieval Chapter 1-3		▓	▓			
4	Desk Evaluation Registration			▓	▓		
5	Research Data Collection				▓	▓	
6	Compilation Chapter 4-5					▓	▓
7	Thesis Defense/Publication						▓

1.5.2 Research Area

The research area is limited to the specific demographic of Gen Z individuals who have sought medical care, reside in urban areas, and belong to the age range of 20-26 years in Indonesia, Malaysia, and Singapore. The focus is to analysis the patient's preferences about their expectation in healthcare processes. This research will use a qualitative method with a phenomenological approach. To collect data, this research conducting by in-depth interviews. Indonesia, Malaysia, and Singapore are all part of the Southeast Asian region, which has influenced their cultural, social, and historical development. They share commonalities in terms of geography, climate, and certain cultural practices. All three countries are known for their cultural diversity and multi-ethnic populations. They have a mix of indigenous communities as well as influences from Chinese, Indian, and Malay. This diversity contributes to a rich tapestry of traditions, languages, and customs. Additionally, the shared colonial history has influenced aspects of their legal systems, education, and language usage.