



PATIENT FAMILIES' EXPERIENCES IN THE INFORMED CONSENT PROCESS AT GMIM BETHESDA TOMOHON HOSPITAL: A QUALITATIVE STUDY

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Abstract

Informed consent is a crucial aspect of healthcare services that emphasizes effective communication between medical personnel, patients, and families, especially in high-risk medical procedures. This study aims to understand the experiences of patients' families during the informed consent process at RSU GMIM Bethesda Tomohon, considering communication dynamics, cultural values, and medical decision-making. A qualitative case study method was used, involving in-depth interviews, observations, and documentation with families of patients who underwent informed consent for surgical procedures. The results show that communication occurs both verbally and in writing with a participatory two-way pattern. The credibility of medical staff, particularly specialist doctors, enhances family trust and acceptance of medical decisions. The collectivist cultural values of the Minahasa community play a role in decision-making through family deliberation. Empathetic, clear, and repeated communication reduces psychological barriers and improves understanding of medical risks. Families act as decision-makers, emotional supporters, and moral responsible parties for medical actions. The study recommends standardizing informed consent communication procedures based on local culture, involving responsible doctors directly in information delivery, and providing empathetic communication training for medical staff. Flexible communication policies and regular evaluations of medical communication quality are also necessary to protect patient rights and improve the quality of humane healthcare services.

Keywords: Informed Consent, Communication in Healthcare, Cultural Values

Introduction

Informed consent is an essential part of modern healthcare services that prioritizes respect for patients' rights, especially in making high-risk medical decisions such as surgical procedures (1). This process emphasizes effective communication between healthcare providers and patients or their families to ensure decisions are made based on comprehensive understanding and without coercion (2). Informed consent is not merely an administrative signature but represents ethical, legal, and personal communication in medical practice (3).

In practice, the informed consent process often faces various challenges, particularly within the social and cultural contexts of society (4). Diversity in educational backgrounds, cultural values, perceptions of medical authority, and limited medical understanding often influence how patients and their families comprehend the information provided. In Indonesian society, which largely upholds familial values, medical decisions are not only made by the patient but also involve the family as key actors (5). This indicates that the informed consent process is not merely individual but also social and cultural in nature (6).

RSU GMIM Bethesda Tomohon, as a private general hospital in North Sulawesi, has experienced significant developments in facilities and human resources. However, the informed consent process still shows disparities between regulations and practice. Based on initial observations, some patient families reported that explanations about surgical procedures were not given directly by doctors but by midwives or nurses before being asked to sign the surgical consent form. This suggests potential miscommunication and a lack of comprehensive understanding among patient families (7).

Moreover, factors such as how information is delivered by healthcare workers, the language used, available time for discussion, and families' understanding of medical risks greatly contribute to the quality of informed consent (8). Differences in cultural values, education levels, and expectations of medical services also influence patients' families' perceptions and decisions (9,10).

In this context, communication cannot be separated from cultural aspects. How families understand, interpret, and respond to medical information is strongly influenced by local cultural values. Therefore, it is important to deeply explore the experiences of patients' families in facing the informed consent process, especially for invasive or high-risk medical procedures. This study aims to understand the communication dynamics between healthcare providers and patients' families within the local social and cultural context using a qualitative approach.

Method

This study employs a qualitative approach using a case study method to gain an in-depth understanding of the experiences of patients' families during the informed consent process at RSU GMIM Bethesda Tomohon. This approach was chosen for its ability to explore the meanings, perceptions, and communication dynamics, as well as the cultural influences involved in complex and contextual medical decision-making (Nasarudin et al., 2024). The case study method allows the researcher to focus on social phenomena occurring within the hospital environment while considering communication, culture, and medical decision-making holistically.

The research site is RSU GMIM Bethesda Tomohon, North Sulawesi, a private general hospital with a distinct socio-cultural background relevant to this study. Data collection was conducted over several months and involved preparation, implementation, and data analysis phases. Key informants were family members of patients who have undergone or were undergoing the informed consent process for surgical procedures at the hospital. Purposive sampling was used to select informants based on direct experience and willingness to participate in in-depth interviews. The sample size was determined by data saturation principles (Hartono, 2018).

Data were collected through semi-structured in-depth interviews, participant observation to capture interactions between healthcare providers and patients' families, and documentation related to informed consent procedures and forms. The interview guide was developed to elaborate on family experiences, communication patterns, encountered barriers, cultural influences, and the family's role in medical decision-making. Thematic analysis was applied to the data, involving transcription, coding, theme organization, and in-depth interpretation, guided by health communication theories, medical ethics, and cultural frameworks (Moleong, 2007).

To ensure data validity, this study employed source and method triangulation, member checking with informants to confirm understanding, and audit trails for documenting the research process. Ethical considerations were addressed by obtaining official approval from the hospital, securing informed consent from participants, and maintaining confidentiality of informants' identities and data. Participants were informed of their right to withdraw at any time without coercion, ensuring that the research was conducted ethically and responsibly (Suwartono, 2014).

Results

Family Experience in the Informed Consent Process

The communication process in obtaining informed consent at GMIM Bethesda General Hospital Tomohon occurs through both verbal and written forms. Medical information is conveyed directly by physicians or healthcare personnel through verbal explanations, followed by a written consent document. This combination reflects an institutional effort to ensure patients' families fully understand medical procedures through both formal and informal channels.

Several informants described their initial experiences upon receiving information regarding medical procedures:

"I was shocked when the midwife first explained that my wife had to undergo a cesarean section. I thought it would be a normal delivery like our first child."(Informant 01, 10/07/2025)

"I received an explanation about the medical procedure in the emergency room after the doctor examined the patient." (Informant 02, 03/07/2025)

"The doctor explained everything directly during our scheduled visit at the surgery clinic." (Informant 03, 29/06/2025)

Despite differences in timing and service settings, most informants stated that the medical explanation was detailed, clear, and empathetic. This fostered trust and a sense of calm in decision-making:

"When the doctor explained, I felt calmer because the explanation was easy to understand, and we were given the opportunity to ask questions." (Informant 03, 29/06/2025)

Informants also emphasized that the informed consent process allowed time for internal family discussions before making decisions. For example, Informant 01 shared his deliberation with his wife:

"I didn't immediately agree to the operation. I discussed it with my wife first because our first child was born normally. But since she was in too much pain, we finally agreed to the surgery." (Informant 01, 10/07/2025)

Emotional responses were also a central part of the informed consent experience. Informants reported feelings of anxiety or nervousness, though they ultimately accepted the procedures in the patient's best interest.

"I was worried when handed the consent form, but I agreed because it was for the patient's health." (Informant 02, 03/07/2025)

"I was nervous at first, but after the doctor explained everything repeatedly, I felt confident signing the form." (Informant 03, 29/06/2025)

The person delivering the information also influenced comprehension and trust. Informant 01 initially received information from a midwife, which he felt was insufficient until a specialist provided further clarification.

"The midwife's explanation wasn't very clear. I only understood after the obstetrician explained everything in detail." (Informant 01, 10/07/2025)

In contrast, Informant 02 felt the explanation from the general practitioner in the emergency room was sufficient:

"I understood enough from the ER doctor, even though it was an emergency situation." (Informant 02, 03/07/2025)

Informant 03 stressed the importance of repetition to aid comprehension:

"The doctor explained things multiple times, so I could understand before signing." (Informant 03, 29/06/2025)

These findings indicate that informed consent is not merely a formal or administrative task, but a deeply interpersonal, emotional, and context-dependent communication process. Clarity, empathy, and authority in communication significantly influence family members' confidence and ability to make informed decisions.

Forms and Patterns of Communication in the Informed Consent Process

The study found that the informed consent process at GMIM Bethesda General Hospital Tomohon involves an integrated communication pattern, combining written documentation with verbal interactions. While written consent serves as a legal record, verbal communication provides space for emotional engagement, clarification, and trust-building between medical staff and patients' families.

Informants consistently reported that information regarding medical procedures was delivered in both written and verbal forms:

"The doctor or health worker provided medical information both orally and through the informed consent form." (Informant 01, 10/07/2025)

"The information was conveyed in a clear and kind manner, making me feel calm." (Informant 02, 03/07/2025)

"Information was given both verbally and in writing by the doctor." (Informant 03, 29/06/2025)

All informants emphasized that the tone and clarity of communication helped create a therapeutic environment, reducing anxiety and enabling more confident decision-making. Beyond mere information transfer, communication was perceived as emotionally supportive. Importantly, all informants highlighted the opportunity to ask questions and engage in dialogue, even during emergencies:

"I was given the chance to ask questions during the explanation." (Informant 02, 03/07/2025)

"There was space to ask and discuss during the process." (Informant 03, 29/06/2025)

"I used the opportunity to ask about the potential dangers of the procedure." (Informant 01, 10/07/2025)

Another major finding is that the information was usually conveyed directly by the attending physician, which enhanced the family's sense of trust and authority in the decision:

"The doctor explained directly at the time of the incident." (Informant 02, 03/07/2025)

"The doctor provided direct explanations at the surgical clinic." (Informant 03, 29/06/2025)

"The obstetrician gave a direct explanation, including about the anesthesia procedure." (Informant 01, 10/07/2025)

All three informants noted that the communication was open, clear, and easy to understand:

"The information was clear and easy to understand." (Informant 01, 10/07/2025)

"It was open, transparent, and understandable." (Informant 02, 03/07/2025)

"It was communicated clearly without confusion." (Informant 03, 29/06/2025)

This demonstrates that medical staff successfully translated technical medical terms into accessible language. The study concludes that effective communication in the informed consent process requires more than following formal procedures; it demands emotional sensitivity, clarity, and cultural competence.

The Influence of Cultural Values on Medical Understanding and Decision-Making

The interviews revealed that the informed consent process at RSU GMIM Bethesda Tomohon involves both written and verbal communication. Informants consistently stated that the medical explanations given by doctors and health workers were clear and easy to understand:

“There was no difficulty understanding the explanations because they were clear.” (Informant 01, 10/07/2025)

“I did not have any difficulty understanding the explanations from the medical staff.” (Informant 02, 03/07/2025)

“There was nothing that made it hard to understand the explanations from the medical staff.” (Informant 03, 29/06/2025)

This clarity in communication was aided by the use of simple language, adapted to the family’s cultural and educational background. The informants reported that they were given space to ask questions and discuss medical procedures, which helped build trust and reduce anxiety. One informant initially felt hesitation when information was provided only by a midwife, but confidence returned after direct explanation from a doctor. Furthermore, the decision-making process was described as collective, involving family members such as spouses and parents. For example:

“Health decisions in the family are discussed together with my wife and sometimes with parents.” (Informant 01, 10/07/2025)

“Health decisions are usually discussed together in the family.” (Informant 03, 29/06/2025)

Despite this collective approach, informants said that cultural or traditional beliefs did not influence their acceptance or refusal of medical treatments:

“Cultural or spiritual beliefs did not affect our family’s decision to accept or refuse medical actions.” (Informant 01, 02, 03)

Finally, the role of family was highlighted not only as decision-makers but also as emotional and spiritual supporters, providing encouragement and prayers during the medical process.

Discussion

This study confirms that the informed consent process is not solely dependent on documentation but is highly influenced by the quality of communication between healthcare professionals and family members. The findings are in line with previous studies that emphasize the importance of empathetic, participatory communication in clinical settings. For example, a study found that patients are more likely to feel confident in medical decisions when healthcare providers use clear, repetitive, and empathetic communication (11). The informed consent is often inadequately practiced when medical explanations are rushed or not tailored to the patient's level of understanding, particularly in emergency settings (12). Furthermore, the relational and emotional dimensions of informed consent, particularly in Southeast Asian cultures, where family dynamics and collective decision-making play a central role (13,14). This aligns with the experience of Informant 01 in our study, who engaged in personal reflection and spousal discussion before reaching a decision. Their findings suggest that effective informed consent requires not only clinical explanation but also cultural sensitivity and emotional intelligence from the medical team.

In the study, the variation in who first delivered the medical information, whether a midwife, general practitioner, or specialist demonstrates the practical challenges of maintaining communication consistency. A lack of communication standardization can create confusion and reduce trust, even when procedures are legally compliant. The role of authority (e.g., specialist doctors) in ensuring the

validity of the message is particularly important, as trust in the messenger often enhances the acceptance of the message itself (15). Additionally, the significance of repetition in information delivery, as noted by Informant 03, multiple exposures to complex medical information improve patient and family comprehension, especially in high-stress situations. This finding reinforces the need for a communication approach that is not only clear and empathetic but also paced and repeated as needed. The findings of this study support previous research that emphasizes the importance of empathetic and clear communication in the informed consent process. The informed consent must go beyond written forms and involve meaningful verbal explanations to ensure patient and family understanding (16).

The availability of two-way communication, as experienced by all informants, aligns the shared decision-making is more effective when patients are encouraged to ask questions and express concerns (17). This participatory model enhances trust and emotional readiness. Furthermore, the role of direct physician communication, especially by specialists the explanations from authoritative figures improve trust and acceptance of medical procedures (18). In cultural settings like Indonesia, where hierarchy matters, direct communication from doctors strengthens perceived credibility. The non-technical language increases comprehension and reduces anxiety in medical settings (19).

The findings of this study are with previous research on the role of effective communication in medical decision-making. The empathetic and clear communication helps reduce patient and family anxiety and fosters trust (20). The importance of translating complex medical terminology into everyday language to ensure comprehension (21). In Indonesian communities, particularly in Minahasa, collective decision-making and family involvement are critical in medical contexts. While informants in this study stated that cultural beliefs did not directly influence their decisions, their actions demonstrated values such as deliberation and shared responsibility, reflecting deeply embedded cultural norms.

The importance of the information source, whether a doctor or a midwife the perceived authority affects trust and acceptance of medical recommendations. When information was provided directly by doctors, families were more confident in their decisions, reaffirming the significance of professional credibility in the informed consent process (22). This study reaffirms that culturally sensitive, empathetic, and interactive communication, especially from credible sources that is essential in facilitating informed consent and ensuring ethical medical practice in the Indonesian context.

Conclusion

The informed consent process at RSU GMIM Bethesda Tomohon involves clear, two-way communication both verbally and in writing, fostering trust and understanding. Medical decisions are made collectively within families, reflecting local cultural values. Effective, empathetic communication helps overcome emotional barriers and ensures informed decision-making. Families play a crucial role, offering moral and social support. It is recommended that the hospital standardize culturally sensitive communication protocols, involve doctors directly in information delivery, and provide communication training for staff. Policies should allow flexibility in emergencies while maintaining family involvement. Open family discussions should be encouraged to enhance participation and decision legitimacy. Regular evaluation of communication quality is essential to improve patient-centered care.

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