The Role of Collectivist Culture in the Communication between Obstetrician-Gynecologist and Patients on Medical Center at Papua Indonesia: Ethnographic Case Study

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Abstract. Many indigenous Papuans lack awareness of maternal and fetal health, leading to delayed medical care as they await decisions from extended family, a reflection of the region's strong collectivist culture. This study examines how collectivist values affect interactions between obstetrician-gynecologists and indigenous Papuan patients in a remote regency with limited healthcare access. Using a sociocultural ethnographic case study approach, the research involved in-depth interviews with one doctor and three indigenous Papuan patients at a local medical center. Findings suggest that healthcare providers should adopt patient-centered communication and a holistic care approach to build trust among patients and their families. Intercultural challenges—such as language barriers, educational disparities, and differences in verbal and nonverbal communication norms—pose significant obstacles. Addressing these barriers is crucial for improving patient outcomes in culturally diverse settings.

Keywords: Cultural Influence on Health Perception; Healthcare and Cultural Sensitivity; Cross-Cultural Health Communication; Indigenous Health Perspectives; Collectivist Culture

1 Introduction

It is noteworthy that the right to health as a component of human rights can also be considered as the recognition of a worthy life. The World Health Organization (WHO) since 1946 declared health is a fundamental right of every human being and that it should not be differentiated based on their race, religion, political belief, economics or social status. The evaluation report for Indonesia in 2015 their maternal mortality ratio was higher than the United Nation live births target. The maternal mortality rate in Indonesia remains above the ASEAN average of 197 deaths per 100,000 live births, making it the second highest in Southeast Asia after Laos. According to the key facts on maternal mortality by WHO, each day, 830 women worldwide (including 38 in Indonesia) die from pregnancy-related or childbirth-related complications. Indonesia is a developing country that has faced fundamental changes and strategic challenges

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Accorded by Kontras.org website, Indonesia is an archipelagic country, the largest Island Indonesian is Papua, one of its eastern regions in Indonesia [1]. It is the home of 2.3 million indigenous Papuans. The population is spread over more than 17,000 islands. Additionally, one in thirty children dies before reaching the age of five, with some eastern provinces experiencing rates as high as one in ten. According to a website for UNICEF, newborns are particularly vulnerable, with an estimated 50 percent of all deaths occurring within the first year of life and 75 percent of these deaths occurring during the first year [2]. Research from Frend E. Jandt entitled An Introduction to Intercultural Communication: Identities in a Global Community it is also conveyed that the transmission of important cultural rituals from generation to generation provides cultural continuity over centuries [3]. The totality of the group's thoughts, experiences, and behavioral patterns and their concepts, values, and assumptions about life that guide behavior and how they develop when interacting with other cultures. Doctor-patient communication is essential for delivering high-quality healthcare but poses significant challenges in rural practice settings. From Health Communication Basics books from Alo Liliweri said the benefits of health communication include aiding in the design and dissemination of information to individuals, families, communities, organizations, and the general public, enabling all groups to make informed decisions regarding health maintenance efforts [4]. Effective health communication helps raise awareness about health risks and solutions, and can also provide motivation for the public to reduce the risk of illness.

2 Investigation

2.1 Literature review

The study by Esther Helmich, Huei-Ming Yeh, Adina Kalet, and Mohamed Al-Eraky titled "Becoming a Doctor in Different Cultures: Toward a Cross-Cultural Approach to Supporting Professional Identity Formation in Medicine" describes that in recent years, there has been a shift in the discourse on medical education from teaching professionalism to fostering professional identity formation as a central goal of medical training [5]. The findings of this research indicate that, within the context of globalization and migration involving both patients and medical professionals, the specific context of professional identity has become increasingly prominent. Effectively adapting to new cultural contexts can be facilitated by a nuanced understanding that identity is continuously evolving, constructed, and reconstructed in relation to personal and cultural values as well as the roles or expectations of different groups.

The study titled "Cultural Sensitivity in Physician–Patient Relationships: Perspectives of an Ethnically Diverse Sample of Low-Income Primary Care Patients" by Carolyn M. Tucker and others highlights the necessity of preparing healthcare professionals to deliver culturally sensitive care. It emphasizes the importance of training patients to encourage and support the provision of such healthcare services, which can enhance patient health and satisfaction, and help reduce disparities related to culturally competent national healthcare services [6].

Further, the research titled "Doctor-Patient Communication, Cultural Competence, and Minority Health: Theoretical and Empirical Perspectives" by Richard M. Perloff, Bette Bonder and George B. Ray concludes that societal factors have contributed to minority patients' distrust of the medical system [7]. It is crucial to find ways to build trust between doctors and patients from diverse ethnic backgrounds so that patients feel comfortable discussing their physical ailments and doctors can offer recommendations with empathy, compassion, and respect.

Additionally, the study "Health Professionals' Views on Health Literacy Issues for Culturally and Linguistically Diverse Women in Maternity Care: Barriers, Enablers, and the Need for an Integrated Approach" by Jo-anne Hughson and others reveals that addressing issues affecting the care of CALD (Culturally and Linguistically Diverse) patients during pregnancy requires culturally appropriate focus, accessible resources for women, and communication methods that are understandable and comfortable for them [8]. The study underscores the need for hospital policies that support these practices, a shared awareness, and a high level of accommodation by doctors and hospitals regarding the needs of CALD patients.

Lastly, the research by Samson Tse and Roger M. K. Ng titled "Applying a Mental Health Recovery Approach for People from Diverse Backgrounds: The Case of Collectivism and Individualism Paradigms" aims to delineate how both collectivist and individualist value paradigms can facilitate or hinder recovery in practical terms [9]. The study indicates that individuals possess varying degrees of individualistic and collectivistic values, regardless of their ethnic background. The authors argue that there is an indirect relationship between individualism-collectivism orientation and recovery and that no orientation is inherently good or bad for recovery.

2.2 Method

The informants and sources for this study include an obstetrician-gynecologist specialist of non-Papuan ethnicity and several patients who are Papuan women of reproductive age, ranging from 20 to 40 years old. The research was conducted from September 2020 to October 2021 at a healthcare center located on one of the islands in Papua, which is classified as a remote area in Indonesia. Data were collected through individual, in-depth interviews with each informant. This study utilizes an ethnographic case study research approach, integrating ethnographic case study methods with interviews to explore the role of collectivist culture in the communication between Obstetricians-Gynecologists and their patients. This combined methodology provides a nuanced understanding of the Medical Center in Papua, Indonesia, by examining both the personal behavioral observations of individuals and the broader cultural and social contexts in which these narratives are situated. The ethnographic component of the study involves analyzing medical records and histories to understand their correlation with the impact on patients' health and safety, as well as understanding the cultural and social dynamics of intercultural shifts. The data analysis techniques involve transcribing and listening, then organizing the data, coding and categorizing, interpreting the data, and finally evaluating the interpretation [10].

3 Results and Discussion

According to Perloff, Bonder, & Ray, effective communication between doctors and patients depends on the development of congruence between the patient's need to narrate their illness story and the doctor's need to listen, diagnose issues, and prescribe appropriate treatment options. Because patients and doctors come from diverse cognitive orientations and value systems, developing a shared model requires them to obtain information from one another, provide information to each other, and negotiate to "reconcile" differences in perspectives (aligning different perceptions) [7]. If patients and doctors start with significantly different explanatory models, as they often do—such as when they come from different national cultures or from different racial and ethnic groups within doctor-patient communication can become even more challenging. There is suggestive evidence from research examining differences in medical outcomes when patients and doctors come from different racial or ethnic groups

compared to when they belong to the same race or ethnic group. It is assumed that perceptions and actual differences in cultural values hinder the development of congruence between doctors and patients in illness explanations and treatment recommendations. Cultural disparities can disrupt the effectiveness of communication, which in turn diminishes patient understanding.

Hofstede's on individualism and collectivism indicates that Indonesia has a low level of individualism [11]. Collectivism, as defined by Hofstede in Jand't research, is a social order characterized by strong relationships between individuals [3]. People are integrated into strong and cohesive groups throughout their lives to maintain loyal connections with their group. Individuals with a high level of collectivism tend to prefer interactions within their groups and expect support from them. This study will emphasize the influence of collectivist culture in rural areas on the healthcare services and communication provided by a minority doctor. The doctor recognizes the importance of understanding the local culture and mindset to deliver appropriate and effective guidance and services. The doctor hopes that the community will become aware of the significance of reproductive health awareness and maternal fetal health for the future of the nation (pre-research interview, July 19, 2020). The doctor also feels that he has explained in detail and from various perspectives that prioritize the health of the patients themselves. This study employs a coding and categorizing phase following the transcription and listening stages, as well as data organizing. In this research, the coding will be based on the content of the interviews, which will then be aligned with the theories of collectivist culture and patient-centered communication.

According to Simanjuntak in Healthcare Services from an Intercultural Communication Perspective, culture plays a fundamental role in medical service interactions, with ethnic identity and culture contributing to an individual's perspective on treatment and health [12]. This belief perspective will determine the success of treatment and therapy in medical services. Differences in beliefs present challenges for medical practitioners; if not addressed properly, they can adversely affect subsequent medical service interactions. Individualistic cultural values are the dominant values in individualistic societies, while collectivist cultural values are the dominant values in collectivist societies.

In the book by Fred E. Jandt, the dimensions of collectivist culture can be viewed in three categories: identity, barriers, and perception. Identity refers to the characteristics or specific states of an individual, or selfhood. This includes personal identity, cultural identity, and group identity within self-identity, which encompasses aspects such as race, ethnicity, religion, tribe, culture, gender, language, and education [3]. In this research, this aspect is one of the focuses of the study, as identity is not merely about a name but serves as a form of identification that can indicate characteristics and traits. When these characteristics are inherent to a particular ethnic group, they become markers of identity for that ethnicity. Generally, it can be stated that collectivism is characterized by the subordination of individual interests to those of the group. In this case study, the identity of each individual can represent the identity of the indigenous Papuan group, which has a strong and rich collectivist culture. This is evidenced by interviews conducted by the researcher, revealing that the education level of the indigenous population, who are native Papuans, is predominantly limited to elementary or junior high school, with very few advancing to higher education.

The next category is barriers. According to Fred E. Jandt, barriers to effective communication include filtering, which can occur during interactions and the exchange of information, both verbal and non-verbal, potentially leading to miscommunication and barriers to the delivery of communication messages [3]. Standing too close or too far away from what we have learned can create barriers to intercultural communication. In this study, the researcher aims to delineate

the barriers experienced and perceived by the doctor and the patients in the process of communicating and delivering healthcare services.

The final category is perception. Perception, as defined by Leavitt in Alex Sobur, in a narrow sense refers to sight, or how an individual views something, while in a broader sense, it refers to perspective or understanding—how someone interprets or makes sense of something [13]. It operationalizes how we create first impressions, the biases that influence them, the types of information we use to form these impressions, and the accuracy of those impressions, as well as the experiences related to objects, events, or relationships derived from synthesizing information and interpreting messages. In this research, the researcher seeks to detail the perceptions of the doctor's patients based on interviews conducted with three internal informants. In addition to the interviews, the data are also obtained from the doctor whether the perceptions he conveys align with those received by patients.

The researcher found gaps in the information possessed by the doctor regarding the patients. The doctor frequently expressed ignorance about aspects such as the patients' habits during pregnancy, the foods commonly consumed by pregnant women, and the practices followed by midwives and traditional birth attendants of the patients. Additionally, the doctor typically did not inquire about where the patients had previously sought prenatal care during consultations. Below is the table of data interpretation results and interview transcripts.

Table 1. Research conclusion

Objects Study	Identity	Barriers	Perception
Culture Collectivist Vs Individualist	The average if level of education from from Papuan patiens is relatively low	Verbal and non-verbal communication from doctor delivered with detailed, repetitive and firm so that the patient pays attention	Some patients return to place practice, towards reference according to instruction
	Work or profession the average patient is a farmer, fisherman, laborer or jobless	Communication patient verbally visible comply However non-verbal expressions are visible doubt	Patients has not clue the condition
	The language used by doctor and the patient is Indonesian language	The patients find it difficult to go the facility health because they have not enough money for transportation	According to doctor on average indigenous people have low concern to health they
	The patient understands but is not fluent in the language and has difficulty comprehending specific details	The doctor does not ask in a way detailed question what is becoming habits and what the patient consumes, and chronology during pregnancy before consult with him	Opinions ad rules that are considered correct is experience

4 Conclusions

There is a relevance regarding the identity of patients from indigeneous papuan people backgrounds, whose low levels of education and employment may influence the cultural collectivism of the community. This relevance is reflected in the alignment expressed by doctor

and patient. Consistency is observed in patients who have family members in healthcare or prior experiences with complicated deliveries, as they are more likely to adhere to the doctor’s advice and instructions. This aligns with the Doctor's observation that after the mother or baby has died, patients tend to regret their decisions and become more receptive to the doctor's guidance. Further relevance is evidenced by Doctor's patients, some of whom still believe in traditional practices, such as using traditional birth attendants or opting for natural delivery by enduring pain, rather than following medical advice. They prioritize their own and their family's personal experiences over medical instructions.

Patients who are indigenous Papuans people, generally exhibit low levels of education and lack stable employment. The doctor offers explanations that are perceived as clear by both of them, utilizing Indonesian during consultations. In instances of ambiguity, patients are likely to seek clarification. Patients often demonstrate noncompliance with the instructions or recommendations from doctors which can lead to severe consequences, as they tend to underestimate and neglect their health as well as the safety of the fetus. Adherence to the doctor's advice is more prevalent among patients who have had prior experiences with family members facing complications or who have relatives working in healthcare. The community, as patients, demonstrates a willingness to comply with the doctor’s instructions as long as they are deemed reasonable by them; however, they continue to place greater trust in their own personal experiences.

Despite the doctor believing he has delivered a comprehensive explanation, the doctor frequently fails to inquire in detail and often lacks awareness of the care practices and birthing traditions adhered to by patients. This limitation became apparent during the researcher's inquiries regarding the patients' backgrounds. Based on what the doctor has conveyed, changing the behavioral patterns of the community regarding health awareness requires interventions across multiple sectors and support from central and local government programs. Therefore, what the doctor can initially do is implement patient-centered communication theory, which focuses more on the issues and challenges faced by the patients. Discussing in detail, in chronological order, the health conditions of mothers and infants from the beginning may help the doctor identify the obstacles preventing the patients from adhering to doctor’s advice or instructions. Additionally, the doctor needs to enhance interpersonal communication to ensure that patients do not arrive late when their condition becomes critical. Could also consider learning the local language more thoroughly to facilitate engagement during conversations with the patients. This approach can also be applied by other healthcare practitioners who encounter cultural differences and work in remote or rural areas lacking advanced and adequate healthcare systems. They can try employing communication theories with a patient-centered communication approach.

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