



## Communication Health Perspective Genderin Delivery Check up result Laboratory at Sentot Hospital Indramayu

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### ABSTRACT

This study put communication health as practice social that is not neutral but influenced by norm and assumptions gender Which Work in context service medical in Sentot Hospital Indramayu. Study This aim fot analyze difference gender in pattern communication between officer laboratory and patient, as well as the implications to justice service health. Research use method descriptive-qualitative through observation light and interview semi-structured to 5 patient Woman, 5 patient man, as well as 2 officer laboratory. Data analysis was carried out through thematic coding to pattern communication, response emotional, as well as form adjustment communication based gender. Research results show existence difference significant in style communication officer to patient based on gender. Patient Woman tend more active ask, need detailed explanation regarding mark references laboratory, and shows response emotional more tall moment accept abnormal results. On the other hand, patients man interact more short often accept information without clarification and looks hide concern against a serious diagnosis. Research This give contribution to the study gender communication in service health with confirm importance approach communication gender sensitive as part from effort realize service fair health. In practical, hospitals and institutions health need provide training communication gender- based, standards delivery result sinclusive laboratories as well as room consultations that enable informative dialogue without bia. Approach This expected capable increase quality understanding patients, reducing gap services, and strengthen principle equality in service health.

**Keywords:** gender; communication health; laboratory; service medical

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### Introduction

Health communication is a fundamental process in modern healthcare that encompasses the delivery, exchange, and interpretation of health-related information between medical practitioners and patients. In its broadest sense, health communication functions not merely as the transmission of clinical data, but as a complex social practice shaped by cultural norms, power relations, and individual identity. The effectiveness of health communication is increasingly recognized as a determinant of patient outcomes, including treatment adherence, health literacy, and overall quality of care ([Rimal et al., 2009](#)).

According to Sørensen et al., (2013), inadequate health communication remains one of the leading causes of preventable medical errors globally, underscoring the urgent need for communication approaches that are responsive to patient diversity. In the Indonesian healthcare context, the National Health System emphasizes patient-centered care as a core principle; yet in practice, communication between health workers and patients often remains standardized and fails to account for the varied needs of individuals across gender, age, and socioeconomic backgrounds (Kementerian Kesehatan RI, 2022).

Gender represents one of the most critical yet frequently overlooked dimensions in health communication research and practice. Gender, as distinguished from biological sex, refers to the socially constructed roles, behaviors, expressions, and identities that societies associate with being a man, woman, or non-binary individual (World Health Organization, 2023). These constructions profoundly influence how individuals seek, process, and respond to health information. Empirical evidence consistently demonstrates that men and women exhibit distinct communication patterns in clinical settings: women tend to engage more actively in information-seeking behavior, ask more clarifying questions, and express higher emotional responsiveness to medical information, while men often display emotional restraint and may minimize health concerns as an expression of hegemonic masculinity ([Springer et al., 2012](#)). Such gender-differentiated communication patterns are not merely individual preferences, but are deeply embedded in social expectations that medical providers must navigate in order to deliver equitable care.

Within the specific domain of clinical laboratory services, health communication takes on a particularly significant role. Laboratory examinations are central to the diagnostic process and serve as the evidential basis for clinical decision-making. However, the communication of laboratory results—including pre-examination instructions, the delivery of findings, interpretation of reference values, and post-examination guidance is often conducted rapidly and without adequate attention to patients' informational needs ([Tzelepis et al., 2015](#)). Studies from low- and middle-income countries indicate that patients frequently leave laboratory consultations without fully understanding their results, a problem that is exacerbated when communication is not tailored to gender-specific information-processing styles. In hospital laboratory settings, where patient volume is high and staff time is limited, the risk of gender-blind communication practices is particularly acute, potentially leading to disparities in patient understanding and health outcomes.

The urgency of integrating a gender-sensitive approach into health communication is underscored by growing evidence linking gender-responsive care with improved patient outcomes ([Galdas et al., 2014](#)). Gender-sensitive communication is not merely a matter of ethical equity; it is a clinically effective strategy that has demonstrable impacts on health behavior and outcomes. The World Health Organization (2023) has explicitly identified gender-transformative health

communication as a priority area for achieving universal health coverage, recognizing that failure to account for gender differences in communication perpetuates structural inequities within health systems. In the Indonesian context, where patriarchal norms continue to shape interpersonal communication in healthcare, the need for evidence-based gender-sensitive communication frameworks is particularly pressing.

The relevance of this research topic is further substantiated by the recognition that laboratory services represent a unique communicative context that has received insufficient scholarly attention from a gender perspective. Unlike physician consultations, laboratory interactions are often brief, transactional, and conducted by health workers who may not have received formal training in patient communication, let alone gender-sensitive communication. Dutta, (2008) argued that health communication must be understood as a culturally embedded practice, and that assumptions of neutrality within clinical interactions often mask gendered biases that disadvantage patients. More recently, Caiata-Zufferey et al. (2022) demonstrated that patients' emotional responses to abnormal test results were significantly mediated by the communicative approach of laboratory staff, with gender emerging as a key moderating variable. These findings highlight that the quality of communication in laboratory settings has direct consequences for patient psychological wellbeing and health decision-making.

Several theoretical frameworks inform the study of gender and health communication. The Culture-Centered Approach (CCA) developed by Dutta, (2008) posits that meaningful health communication must emerge from within the lived realities of communities, taking into account the intersection of culture, structure, and individual agency. Applied to gender, this framework suggests that effective laboratory communication must recognize how gender norms shape both the expectations patients bring to clinical encounters and the assumptions health workers hold about patients.

Complementarily, the Health Belief Model (HBM), revisited and extended Female patients, operating within social norms that valorize health vigilance and emotional expressiveness, may seek more detailed explanations of laboratory findings, whereas male patients, shaped by norms of stoicism and self-reliance, may minimize informational needs even when they are experiencing significant anxiety. Understanding these theoretical dynamics is essential for designing communication interventions that are both equitable and effective.

Prior research has documented gender disparities in health communication across various clinical settings, providing a strong empirical foundation for the present study. Similarly, in a systematic meta-analysis, demonstrated that physicians communicated with statistically significant differences in informativeness, affective behavior, and partnership-building depending on patient gender. In the Indonesian context, Collectively, these studies affirm that gender functions as a structuring

variable in health communication, shaping not only the quantity but also the quality and emotional tenor of clinical interactions.

Despite the growing body of literature on gender and health communication, a significant research gap exists concerning the specific dynamics of gender-based communication in clinical laboratory settings, particularly in regional hospitals in developing countries. The majority of existing studies have focused on physician-patient communication in outpatient or emergency contexts, leaving the laboratory encounter—a distinct and high-frequency touchpoint in patient care—largely unexplored. Furthermore, most research has been conducted in high-income countries with relatively higher baseline levels of health literacy, making the applicability of their findings to the Indonesian context uncertain.

There is also a notable absence of studies that examine the unconscious or implicit gender assumptions held by non-physician health workers such as laboratory officers, whose communicative practices may carry significant but understudied implications for patient outcomes. This gap in the literature constitutes the central motivation for the present study, which seeks to illuminate the gendered dimensions of laboratory communication in a regional hospital setting in West Java, Indonesia.

The novelty of this research lies in its focus on the laboratory service encounter as a distinct communicative space, analyzed through the intersecting lenses of gender studies and health communication theory. While previous studies have broadly acknowledged that gender influences patient-provider interactions, this research offers a focused empirical examination of how gender construction specifically operates in the delivery of laboratory examination results at Sentot Hospital Indramayu a regional public hospital serving a predominantly rural and semi-urban population.

By employing qualitative methodology through semi-structured interviews and naturalistic observation, this study is able to capture the nuanced, lived communicative experiences of both patients and laboratory officers in ways that quantitative studies have not. The study thus advances theoretical understanding of gender-sensitive health communication while simultaneously generating practical insights for improving the quality and equity of laboratory services in similar institutional contexts across Indonesia and comparable settings in the Global South.

Given the aforementioned background, the present study aims to analyze gender differences in communication patterns between laboratory officers and patients at Sentot Hospital Indramayu, and to examine the implications of these differences for health service equity. More specifically, the study seeks to: (1) identify how gender constructions influence the methods through which laboratory officers convey examination results to male and female patients; (2) understand how patients of different genders respond to and interpret laboratory findings; and (3) formulate recommendations for the development of gender-sensitive communication standards in hospital laboratory services.

By addressing these objectives, this research contributes to the broader discourse on gender equity in healthcare, reinforces the imperative for gender-responsive training of health personnel, and provides an evidence base for institutional policy reform aimed at reducing gender-based disparities in health information delivery.

## **Research Method**

### **Type of Research**

This study employs a descriptive qualitative research design, which is appropriate for examining social phenomena in their natural context through in-depth exploration of meaning, experience, and process rather than statistical measurement ([Creswell & Creswell, 2017](#)). Qualitative research is particularly suited to this inquiry because the central research problem—the way gender shapes communication patterns between laboratory officers and patients—is inherently a social and interpretive phenomenon that cannot be adequately captured through numerical data alone. The descriptive dimension of the design enables the researcher to present a detailed and systematic account of the communicative behaviors, emotional responses, and implicit gender assumptions observed in the field, without manipulating variables or imposing predetermined theoretical categories on the data ([Tisdell et al., 2025](#)).

The use of a qualitative paradigm is further aligned with the interpretive theoretical framework of this research, which draws on Dutta, ([2008](#)) Culture-Centered Approach and regards health communication as a socially embedded practice shaped by cultural norms, including gender. This methodological choice reflects the epistemological position that understanding gender-based communication disparities in laboratory services requires attending closely to the lived experiences, perceptions, and meanings that patients and health workers bring to clinical encounters.

### **Research Instruments**

In accordance with the qualitative paradigm, the primary research instrument in this study is the researcher themselves, functioning as a human instrument capable of adapting to the complexity and contextuality of the research setting ([Creswell & Creswell, 2017](#); [Lincoln, 1980](#)). As the key instrument, the researcher brought to the field a set of sensitizing concepts drawn from the theoretical frameworks of health communication and gender studies, which guided but did not predetermine the observation and data-collection process. To support systematic data collection, three auxiliary instruments were developed and employed.

First, an observation checklist was constructed to document specific communicative behaviors in the laboratory setting, including the length of officer-patient verbal exchanges, the use of technical versus accessible language, the presence or absence of empathetic responses, and the degree to which officers adapted their

explanations based on visible patient reactions. Second, a semi-structured interview guide was developed for patient informants, consisting of open-ended questions exploring their subjective experience of receiving laboratory results, their perceived adequacy of the information provided, and their emotional responses during the interaction.

Third, a separate semi-structured interview guide was prepared for laboratory officer informants, focusing on their awareness of gender differences in patient communication needs, their self-reported communication strategies, and their reflections on institutional communication practices. All instruments were reviewed for content validity by an academic peer prior to deployment in the field ([Braun & Clarke, 2021](#)).

### **Data Collection Technique**

Data collection was conducted through two primary techniques: non-participant observation and semi-structured interviews. Non-participant observation, also referred to as naturalistic observation, was conducted in the outpatient laboratory unit of Sentot Hospital Indramayu over a defined field period. During this phase, the researcher observed interactions between laboratory officers and patients in real time, taking detailed field notes on the communicative dynamics that unfolded during the delivery of examination results, the provision of pre-examination instructions, and the handling of patient inquiries.

The non-participant stance was adopted to minimize observer interference with the natural flow of clinical communication, while still enabling systematic documentation of gender-differentiated interaction patterns ([Hammersley & Atkinson, 2019](#)). The informant selection for the interview phase was conducted through purposive sampling, a technique appropriate for qualitative research in which participants are selected on the basis of their ability to provide information-rich data relevant to the research questions ([Patton, 2014](#)).

The study included a total of twelve informants: five female patients, five male patients, and two laboratory officers. The patient informants were adults who had undergone laboratory examination at Sentot Hospital Indramayu within the data collection period, while the officer informants were selected based on their active role in communicating examination results to patients. Semi-structured interviews were conducted individually in a private and comfortable setting to encourage open and honest disclosure, with each session lasting approximately thirty to forty-five minutes. Interviews were audio-recorded with the informed consent of all participants and subsequently transcribed verbatim to ensure accuracy of the data ([Kvale, 2009](#)).

### **Data Analysis Technique**

Data analysis was carried out through thematic coding, following the reflexive thematic analysis framework proposed by [Braun & Clarke, \(2021\)](#), which provides a systematic yet flexible approach to identifying, analyzing, and interpreting patterns of meaning across a qualitative dataset. The analysis proceeded through six iterative

phases. In the first phase, the researcher familiarized themselves with the data corpus by reading and re-reading the interview transcripts and observation field notes in their entirety. In the second phase, initial codes were generated systematically across the full dataset, with particular attention to semantic content related to communication behavior, patient emotional response, and the influence of gender on interaction dynamics.

In the third phase, codes were sorted and grouped into candidate themes by identifying patterns of clustering across the data, yielding three primary thematic categories: communication patterns by gender, emotional response patterns by gender, and gender-based adaptation of communication by laboratory officers. In the fourth phase, the identified themes were reviewed against the coded data extracts and the full dataset to assess their coherence, distinctiveness, and relevance to the research questions.

In the fifth phase, themes were refined, named, and clearly defined, with each theme accompanied by representative data excerpts as evidentiary support. In the sixth and final phase, the analysis was written up as an integrated interpretive account, connecting the thematic findings to the theoretical frameworks of gender-sensitive health communication and the Culture-Centered Approach ([Dutta, 2008](#)). To enhance the trustworthiness and credibility of the analysis, member-checking was conducted by sharing key interpretations with selected informants, and a process of peer debriefing was employed to identify potential researcher biases, consistent with established criteria for rigor in qualitative research ([Lincoln, 1980](#); [Tisdell et al., 2025](#)).

## Results and Discussion

### Delivery of Examination Results and Gender Differences

Observation results show difference pattern communication going to patient men and women:

#### Female Patient

1. Tend ask more many ("Why is my Hb low?", "What should I do?").
2. Want to detailed explanation regarding mark reference.
3. Show expression emotional more big moment accept abnormal results.

#### Patient man

1. More short in interaction.
2. Often say "yes" just "although seen Not yet fully understand.
3. More sensitive to results disease chronic (blood sugar, cholesterol).

Findings This in line with Addis & Mahalik (2023) that man tend to "hide" vulnerability in context health, so that need communication direct and clear instruction.

### **Officer Laborator**

From the interview with two officers laboratory found that:

1. Officer use approach more gentle on the patient Woman.
2. In men, officers tend direct convey results without interpretation addition.
3. Officer state that patient Woman more cooperative and active ask. However, the practice This can creates gender bias, for example:
4. assumptions that Woman more need explanation so that they given information more complete.
5. assumptions that man No need details so that communication become not enough complete.

### **Challengein Communication of Laboratory Results A**

number of challenges encountered:

1. Not all lab staff get training communication health, so that explanation often technical and not customized with the patient's gender.
2. Busy laboratory space make communication often in a hurry.
3. Privacy limited make patient reluctant ask, especially Woman.
4. Literacy health different between men and women, so approach need distinguished.

### **Impact Communication Gender Perspective**

When the officer laboratory use approach gender sensitive:

1. Patient Woman feel more believe self take decision health
2. Patient man more understand risk medical
3. Anxiety level patient decrease
4. Compliance level to instructions post -lab increases.

This is in harmony with Dutta, [\(2008\)](#) who emphasized that customized communication patient culture and gender more effective in influence behavior health. Literacy health different between men and women, so approach need differentiated.

### **Example Implementationin Indonesia**

1. Health Campaign Reproduction Youth (KRR) by BKKBN Emphasizes education health reproduction with distribution message different For men and women
2. Service Center Program Integrated Domestic Violence
3. Use communication empathetic and trauma-informed approach to victims of violence
4. Promotion Cervical Cancer Screening
5. Targeting Woman with interpersonal and community approaches

## Conclusion

Communication health and gender are two areas that each other complement. Gender perspective helps ensure that message health can accepted in a way fair to all group society. Because of health no only problem medical, but also social and cultural, then gender-sensitive communication is an important strategy in increase success of health programs public. Communication health in services Sentot Hospital Laboratory Indramayu show existence difference need information between patient male and female. Patients Woman tend request explanation more details and shows response emotional more strong, whereas man more short in interaction and frequent hide concern. Officer laboratory in a way No aware adapt pattern communication based on gender, so that explanation For man become more short and risky creates information bias. Challenge communication covering lack of training officers, crowded space, limitations privacy, as well as difference literacy health. When communication sensitive gender applied, Good Woman and man show level understanding and compliance health which are more good.

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