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ORIGINAL RESEARCH

Indonesian Patients' Experiences and Emotional Attachment to Healthcare Services Abroad: A Qualitative Study

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Background: Medical travel is a global phenomenon with significant economic value. However, its impact is felt primarily in the patients' home countries. Therefore, it is essential to engage in patient experience–based reflection to ensure that policy improvements remain patient-centered. This includes drawing on patients' experiences both domestically and abroad when interacting with healthcare services especially hospitals.

Objective: This study aims to explore the experiences and emotional bonds that form between Indonesian patients and foreign healthcare providers.

Methods: This study conducted in-depth interviews with 15 patients who had sought medical treatment abroad, at least once in the past two years. Participants were recruited using the snowball sampling technique through patient networks.

Results: Most informants had sought treatment outside Indonesia, predominantly in Malaysia and Singapore, at least once a year. Three informants had engaged in medical travel for more than five years. The study identified seven key themes: 1) Disappointing Experiences in Indonesian Hospitals; 2) Lengthy Procedures; 3) Lack of Expertise in the Home Country; 4) Medical Outcome Considerations; 5) Cost; 6) Equipment; and 7) Relationships. The decision to seek care abroad was highly personal and often stemmed from negative experiences in Indonesian hospitals. Informants found their relationships with doctors and hospitals abroad to be particularly pleasant.

Conclusion: This study highlights that a combination of negative experiences in Indonesian hospitals and the perception that the quality of care in foreign hospitals is superior leads to repeated medical travel. Emotional bonds are formed between patients and their preferred doctors or hospitals overseas. Indonesian hospitals must develop a patient-centered service approach to improve healthcare retention.

Keywords: medical travel, hospital tourism, medical tourism, hospital quality, patient perception, emotional connection, communication, personal experiences

Background

The increasing trend of seeking medical treatment abroad has become a global phenomenon. The economic value of this activity is projected to reach 111 billion US dollars by 2029, a significant rise compared to 2024, when it was estimated at 47 billion US dollars.[1]

The substantial economic scale of this phenomenon presents a paradox: on the one hand, globalization has facilitated easier access to advanced medical technology;[2–4] on the other hand, it highlights the failure of many countries to meet their citizens' basic healthcare expectations.[5,6] This trend exacerbates economic vulnerability for developing countries and prolongs dependence on foreign healthcare systems, further marginalizing domestic healthcare institutions.[7]

This is evidenced by the significant number of patients from developing countries who seek medical treatment abroad.[8] While in some cases this may be driven by understandable medical reasons, it may also reflect a neglect of patients' interests as healthcare consumers. Hospital reform has been undertaken in many developed countries through

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improvements to physical infrastructure,[9,10] adoption of advanced technologies,[11,12] healthcare financing reform,[13] or efforts to enhance staff quality.[14–16] However, the essence of hospital reform goes beyond these measures. Hospitals must embody a humanistic approach,[17] where they are capable of truly listening to patients' stories.[18]

In the hospital context, patients should not only be seen as service users, but also as a vital source of feedback on the actual impact of care quality.[19] A patient's visit to a hospital should not be viewed merely as a transactional relationship, but rather as a trust-based connection.[20] Therefore, patient satisfaction should be continuously used as a key indicator of whether a hospital is fulfilling its intended role and delivering genuine benefits.[21–24]

Indonesia, as one of the countries in Southeast Asia, is no exception to this phenomenon. Over the past decade, the flow of Indonesian patients to hospitals in Singapore, Malaysia, and other countries has increased significantly, with estimates indicating that medical travel accounts for approximately USD 11.5 billion per year, involving around 2 million patients.[25] A 2023 survey by the Ministry of Health revealed that the two primary destinations for Indonesian patients are Malaysia and Singapore. The survey also identified three main reasons for seeking medical treatment abroad: comprehensive facilities; services that meet expectations; and fast, accurate, and reliable treatment.[26] Unfortunately, this report lacks more specific details regarding the actual experiences of these patients.

The Indonesian government has undertaken a number of policy reforms aimed at reducing medical travel and strengthening the capacity of domestic healthcare services. Key measures include the expansion of universal health coverage through the implementation of the *Jaminan Kesehatan Nasional (JKN)* program, which manages healthcare services and financing under Law Number 24 of 2011. In addition, the government has implemented a hospital accreditation system to raise service standards, formalized through Regulation of the Republic of Indonesia Number 47 of 2021 Concerning the Administration of the Hospital Sector. More recently, partnerships with international institutions have been developed to enhance medical training and facilitate technology transfer,[27,28] alongside a range of regulations on human resource management and hospital service delivery. All of these efforts are part of a broader strategy to improve the national healthcare system.

However, these initiatives appear to have had limited success in curbing the ongoing trend of medical travel. Thus far, government efforts have largely relied on a top-down approach, with insufficient attention given to the perspectives and lived experiences of healthcare users. Hospital service reforms often overlook the importance of incorporating patients' reflections and experiences with the services they have used. As a result, complaints from patients continue to surface despite official reform narratives.[29–31]

In Indonesia, some prior research has addressed this issue, but existing studies tend to be fragmented[32,33] or offer only a general overview.[34,35] Furthermore, most have focused on patient experiences within Indonesian hospitals,[36,37] without comparing them to the same patients' experiences when seeking care abroad. To our knowledge, no study has yet explored in depth the emotional bonds and relational dimensions between patients and foreign hospitals.

This paper seeks to fill that gap by offering concrete insights into the long-term experiences of patients who have received care abroad. Through qualitative synthesis of patient narratives, this study indirectly assesses whether recent government interventions have had any impact on the phenomenon of medical travel. By gathering direct input from patient experiences, this paper identifies key areas that should be prioritized to ensure the fulfillment of patients' rights. The findings aim to provide foundational knowledge for more targeted policy adjustments in improving hospital healthcare services in Indonesia.

Methods

This study employed a qualitative approach to gain a comprehensive and in-depth understanding of the reasons Indonesian patients chose to seek medical treatment abroad. Through in-depth interviews, the research aimed to identify specific factors that motivated patients to engage in international medical travel, thereby producing empirically grounded evidence based on field data to verify the key drivers behind Indonesian patients' decisions to pursue healthcare overseas.

The informants in this study consisted of 15 patients who had undergone or were undergoing medical treatment abroad for health-related reasons for a minimum of two years, and who also had prior experience using healthcare facilities in Indonesia. Informants were selected using a snowball sampling technique, in which the initial participants were asked to refer others who had similar experiences seeking medical care overseas. This approach was chosen because such patients often belong to

interconnected social networks, which facilitated the identification of additional informants. Interviews were conducted primarily in person in Indonesia with the majority of participants. As a result, all informants we approached agreed to be interviewed. However, several patients who were out of town at the time were interviewed via telephone to ensure their inclusion in the study. In-person interviews—particularly with participants residing in Medan—were typically conducted at the informant's home or workplace. Meanwhile, telephone interviews were conducted after agreeing on a time and a comfortable location for the informant, and with consent to record the conversation.

Data collection was conducted between September and December 2024 and continued until data saturation was reached—that is, when no new themes emerged and additional interviews yielded no further insights.

The interviews were guided by a set of questions focusing on the reasons that motivated patients to seek medical treatment abroad, based on the informants' personal experiences (Appendix 1). The narratives explored included aspects related to the quality of medical services, the availability of advanced technology, limitations of domestic healthcare services, and other relevant factors. These questions were initially designed based on our experiences and a review of the literature, and were further enriched during the study. In-person interviews were typically conducted one-on-one with the informants, without the presence of any third parties.

Data Analysis

All interviews were recorded and analyzed to identify key themes emerging from the patients' experiences. The data obtained from the informant interviews were analyzed using thematic analysis techniques. This means that the research themes were derived directly from the informants' verbatim responses through a systematic coding process.

The analysis process began with the transcription of interview data into verbatim form. To facilitate data processing, this study employed the NVivo software, which enabled systematic organization and coding of the data.

Each response provided by the informants was coded according to the themes that emerged from their narratives. Following the initial coding, both researchers engaged in a verification process and consolidated similar codes to reach a consensus on the grouping of major themes. This process aimed to ensure consistency and validity in the data coding.

Once all relevant codes had been merged and agreed upon, the finalization of coding was conducted jointly by both researchers to ensure that the results reflected a comprehensive and objective understanding of the data. The finalized codes were then used to construct the main themes that address the objectives of this study. Throughout the coding process, no additional parties were required to provide input or resolve disagreements, as both authors reached full consensus on the codes and resulting themes.

Methodological Rigor

Ensuring methodological rigor in qualitative research requires attention to several key aspects. One of the authors (CM) has extensive experience in hospital services and clinical practice, which contributed to effective data analysis and helped minimize bias during data collection and interpretation. The credibility and independence of the study were further supported by the fact that both authors are lecturers in the higher education, where professional integrity and objectivity are strongly emphasized. This helped maintain the overall quality of the study from start to finish. We also engaged in continuous reflection throughout the data collection process, reviewing and discussing preliminary data before formal analysis. However, the informant's feedback on the study's findings or interpretations was not employed. Confirmability was maintained by carefully organizing and preserving the data to accurately represent the participants' responses and the analytic processes used, thereby ensuring transparency.

To ensure dependability, both authors worked independently based on their respective areas of expertise, particularly during coding and theme development, before collaboratively synthesizing their work during the analysis and writing stages. We are confident that this paper offers valuable insights and aim to achieve transferability by contributing to broader efforts to improve the landscape of hospital healthcare services in diverse settings.

Ethical Approval

Before conducting the study, the research proposal was submitted to the Health Research Ethics Committee of the Faculty of Medicine, HKBP Nommensen University (Number 728/KEPK/FK/VIII/2024, on 30 August 2024). The ethical approval documents were reviewed following the guidelines adopted by the committee, specifically the Declaration of Helsinki.

During the data collection process, each informant was provided with a clear explanation of the research procedures, their rights to provide information, and their right to withdraw from the study at any stage without consequence. Informants were also asked to give consent for the publication of verbatim data. All participants signed an informed consent form.

Audio recordings were conducted with the explicit permission of each informant. For in-person interviews, recordings were made using a mobile phone placed in proximity to the informant. For telephone interviews, the phone's built-in recording feature was used. To protect informant privacy, all identifying information was removed and kept strictly confidential. The original data containing personal identifiers was stored securely by the principal investigator (CM) using a privacy-protected data storage system. After transcription, the information was reviewed multiple times to ensure consistency with the original recorded data.

Results

The fifteen patients interviewed in this study exhibited diverse demographic characteristics. A detailed overview of these characteristics is presented in Table 1. The majority of informants interviewed were in the 40–50 age group. Of the 15 informants, 8 were male and 7 were female.

Table 1 Demographic Profile of Informants

Characteristic	Categories	Number
Age	40-50 years	6
	51- 60 years	4
	>60 years	5
Gender	Male	8
	Female	7
Highest education level completed	Secondary education	5
	Bachelor's degree	10
Current occupation	Self-employed/Entrepreneur	6
	Civil Servant	4
	Private Sector Employee	3
	Retired	2
Province of Residence	North Sumatra, Jakarta, Central Java, East Java	11
	Other provinces	4
Monthly income (IDR)	Below 10 million	6
	10-15 million	5
	Above 15 million	4
Main health issues during the last 2 years	Heart disease	5
	Gastrointestinal disorders	3
	Cancer therapy	3
	Surgery	2
	General check-up	1
	Other complaints	1

(*Continued*)

Table 1 (Continued).

Characteristic	Categories	Number
Duration of seeking treatment abroad	2-5 years >5 years	12 3
Frequency of treatment abroad	At least once a year 2-5 times a year As needed	2 9 4
Most frequently visited country for treatment	Malaysia Singapore	13 2
Main payment method during the visit	Private insurance (personally paid) Private insurance (employer-paid) Out-of-pocket (personal payment)	8 3 4

The informants generally had a relatively high level of education (most held a bachelor's degree), which appeared to be an important factor in facilitating access to information about hospitals abroad, though not in all cases, as some informants were from non-urban areas. Most informants identified as self-employed or business owners, with only two being retirees. Their monthly incomes varied but were generally below IDR 10 million. The most commonly reported reasons for seeking medical care were related to the treatment of heart disease, gastrointestinal disorders, and cancer.

In terms of the duration of seeking treatment abroad, 12 individuals had received medical treatment overseas within the past 2 to 5 years, while 3 individuals had been doing so for more than 5 years. The frequency of seeking medical care abroad varied among participants. Nine informants reported traveling for treatment 2 to 5 times per year, while four sought treatment only as needed. These four could not be categorized as having traveled at least once annually, as some of them had not gone abroad for treatment in the past year, although all had done so at least once within the past two years, in line with the study's inclusion criteria. Malaysia and Singapore were the two primary destination countries reported by informants. In terms of funding sources for treatment abroad, most expenses were covered through insurance schemes, although four informants reported paying out-of-pocket using personal funds.

Following the interview data analysis, the research themes were organized as presented in Table 2 and are elaborated in the subsequent section.

Table 2 Research Themes

Theme	Subtheme
Disappointing experiences in Indonesian hospitals	• Medication services • Doctor services • Administrative services
Reluctance Toward Time-Consuming Procedures	• Waiting process • Examination process • Treatment process
Limited medical expertise in the home country	Doctor's expertise
Inaccurate Medical Diagnoses and Unnecessary Prescriptions	• Unnecessary medications • Inappropriate medications • Inaccurate diagnoses
Medical Costs Considerations	Costs not aligned with outcomes
Limited and Outdated Specialized Equipment	Diagnostic equipment
Patient-Provider Relationships	Emotional closeness with doctor

Theme 1: Disappointing Experiences in Indonesian Hospitals

A variety of issues were captured during the interviews; however, the theme of dissatisfaction with hospitals in Indonesia emerged as the most dominant. Informants frequently expressed frustration and disappointment with the quality of healthcare services they had received domestically. For example, Informant 1 shared the following narrative to explain their decision to seek treatment abroad:

> I was once hospitalized, but the service I received was very poor. At that time, I had to wait for hours just to receive my medication, and there was no special attention from the doctors or nurses. It wasn't just a one-time experience, and it didn't happen in just one hospital. I tried moving from one place to another, but it was the same everywhere. It made me feel unvalued. I eventually decided to seek treatment abroad. I was tired of waiting. In foreign hospitals, patients are attended to immediately. (Informant 1)

The informant above highlighted two main issues: prolonged waiting times and a lack of attention from medical staff. Understandably, such experiences would lead to patient dissatisfaction. Having to wait for hours just to receive medication is far from ideal. This personal experience served as a strong motivator for the informant to seek medical treatment abroad. It also reflects a growing distrust in the Indonesian healthcare system and reveals an imbalance between patients' expectations and the hospital's capacity to deliver timely and efficient care.

Additional perspectives were shared by Informants 2 and 7, who described different yet similarly disappointing experiences:

> I went to the hospital due to a fairly serious health issue. However, after the examination, I felt that the doctor did not provide a clear explanation about my condition. They seemed rushed and did not address my concerns, which made me feel unappreciated. (Informant 2)

> I visited the hospital, and the examination process, including the queue, took a very long time—even though I was paying out of pocket, not using government insurance. I felt frustrated, especially since my condition required more immediate attention. (Informant 7)

Informant 2 described a key issue related to poor communication between doctors and patients. They felt that the doctor did not provide an opportunity to ask questions or gain a deeper understanding of their condition—something they perceived as a fundamental right of every patient. This became a negative experience for them, similar to that of the previous informant. From Informant 2's perspective, the inability of doctors to build an empathetic relationship with their patients served as a significant reason for seeking treatment in another country. Meanwhile, Informant 7 emphasized the problem of long queues. When a patient requires immediate attention but does not receive it, they are likely to feel frustrated. In such situations, treatment abroad—perceived as faster and more responsive—becomes a preferred alternative.

Theme 2: Reluctance Toward Time-Consuming Procedures

Hospital procedures in Indonesia were generally perceived negatively by informants, with all participants expressing concerns about the time-consuming nature of the system. This sentiment is illustrated by the following excerpt from Informant 3:

> I needed immediate treatment, but the procedures in Indonesian hospitals took an excessive amount of time. I had to go through several long stages, from waiting in long queues to consulting with multiple doctors. I felt that it was a waste of time and only increased my anxiety. (Informant 3)

Informant 3 conveyed frustration with the lengthy and bureaucratic processes they had to undergo, despite needing urgent medical attention. The long waiting times and the multiple stages required before receiving treatment left the patient feeling undervalued and increasingly distressed. The drawn-out procedures inadvertently added to the psychological burden of a patient already facing a serious health condition.

Informant 3's argument was supported by other participants. For instance, Informant 4 mentioned that even routine medical check-ups were time-consuming. The following excerpt illustrates this concern:

> Procedures in Indonesia always take a long time. Even when I go for a routine check-up, the process feels unnecessarily lengthy. I have to go back and forth between different examinations. There is no integration of tests. I need a quick solution, but it seems that the system in Indonesia cannot provide that. (Informant 4)

The issue of time efficiency emerged as a significant concern for patients, particularly those in need of a swift diagnosis or immediate treatment. The problem extended beyond the diagnostic phase to the treatment process itself. Informant 2, for example, had a particularly negative experience with medical services.

> Every time I seek treatment at an Indonesian hospital, I have to wait a long time just to receive a diagnosis. Even after being diagnosed, I still have to wait again for further treatment procedures. The doctor already knows my condition, so they should just proceed with the treatment. I was disappointed. That is why I decided to seek medical care abroad, where the process is more efficient. (Informant 2)

Informant 2 expressed frustration over two major issues: delays in diagnosis and further delays in the treatment process. When patients are required to go through multiple prolonged stages, it reflects systemic inefficiencies that ultimately reduce the quality of care. This situation exacerbates patients' anxiety as they are already burdened by their health conditions. As a result, the decision to seek medical treatment abroad is driven by the belief that foreign hospitals offer more efficient care with shorter waiting times. In other words, the perceived inefficiency of the Indonesian hospital system in providing timely medical services compels patients to seek alternative options overseas.

Theme 3: Limited Medical Expertise in the Home Country

The perceived lack of specialized medical expertise in Indonesia has been a significant factor prompting patients to seek treatment abroad. This issue was particularly evident in the accounts of Informants 6 and 7, who shared their conditions and experiences.

> I suffer from a rare disease that requires specialist care. Unfortunately, in Indonesia, I feel that doctors do not have sufficient knowledge to handle my condition. After conducting my research, I decided to seek treatment abroad, where there are more experts in this field. (Informant 6)

> I experienced complications from my illness that doctors in Indonesia were unable to manage. Although they attempted to provide treatment, I felt that their expertise was inadequate to address my condition. Abroad, I felt more confident because they had specialists with greater experience. (Informant 7)

Informant 6 stated that the limited medical expertise in Indonesia was the primary factor driving them to seek treatment abroad. Medical conditions requiring specialized care necessitate doctors with advanced expertise in specific fields. Unfortunately, according to the informant, hospitals in Indonesia lack sufficient medical professionals or specialists. As a result, Informant 6 felt compelled to seek an alternative solution that could better address their health concerns—pursuing treatment abroad.

A similar sentiment was expressed by Informant 7, who believed that doctors in Indonesia lacked sufficient experience in managing the complications they faced. This perception may be influenced by their prior knowledge or information they had received. However, it highlights the reality that when patients feel their doctors lack the necessary expertise or experience to handle complex medical conditions, they are more likely to seek treatment abroad, where specialists are perceived to be more experienced and equipped with advanced medical technology.

A comparable situation was also conveyed by Informant 8, who stated:

> After seeking treatment multiple times in Indonesia, I felt that there were limitations in medical knowledge within the country. That is what led me to decide to go abroad, as they have greater expertise in handling the issues I was experiencing. (Informant 8)

Theme 4: Inaccurate Medical Diagnoses and Unnecessary Prescriptions

The informants expressed concerns about the inaccuracy of medical diagnoses and the prescription of unnecessary medications. These experiences were highly disappointing for them. Informant 8 shared their journey in seeking proper medical treatment:

> I complained about stomach pain. The doctor here said it was nothing serious, just gastritis, and prescribed medication. Despite continuously taking the prescribed medication, I never recovered. The prescription remained the same each time. Eventually, I sought treatment at a hospital abroad. The diagnosis revealed that I had kidney failure due to prolonged treatment for a condition I never actually had. (Informant 8)

The experience described by Informant 8 was echoed by several other informants. Many reported that their illnesses remained unresolved, and they felt trapped in a cycle of ineffective treatment. Their frustration in seeking accurate diagnoses and effective treatment was further highlighted by the following two informants:

> Doctors in Indonesia prescribed a large number of medications. However, after undergoing further examinations abroad, I was told that most of these medications were unnecessary. The doctors there even advised me to stop taking them. The blood test results I received abroad also differed significantly from those in Indonesia. Now, whenever I need treatment, I only go to my doctor abroad because I trust them more. (Informant 9)

> I had doubts about the diagnosis given by my local doctor. Sure enough, after undergoing a more thorough examination abroad, the results showed that my condition was much better than what the doctor here had initially stated. (Informant 10)

The experiences of the three informants above, along with those of other participants, highlight ongoing issues in the quality of diagnoses and treatment provided by local medical facilities. The discrepancies between medical assessments conducted in Indonesia and those performed abroad suggest a significant "gap" in several aspects. This gap may stem from differences in medical practice standards between Indonesia and other countries. These differences have further reinforced the informants' decision to seek medical treatment abroad. Distressing cases, such as that of Informant 8, further strengthen the inclination to seek treatment overseas, particularly among patients who prioritize diagnostic accuracy and more precise medical care.

Theme 5: Medical Costs Considerations

Several informants acknowledged that seeking medical treatment abroad requires a significant financial commitment. The high cost of treatment is often a key factor considered by patients when deciding to seek healthcare overseas, as they are fully aware that the expenses will be considerably higher. However, despite the increased costs, patients feel that the quality of care they receive is more comprehensive and yields better outcomes. This suggests that cost is not the sole determining factor; rather, the quality of medical results and the sense of security provided by foreign medical facilities play a crucial role in their decision-making process. Informants 11 and 12 shared their experiences:

> Medical expenses abroad are indeed much higher, but I feel more at ease because the medical services provided are more advanced and comprehensive (Informant 11)

> Medical costs in Indonesia may be lower at times, but if the quality of care is inadequate and health issues are not properly addressed, I would rather spend more and seek treatment abroad. Nowadays, we can arrive today, go straight to the hospital, and return to Indonesia the next day. (Informant 12)

These statements from both informants illustrate that when patients are dissatisfied with the care they receive in Indonesia, they may view the additional costs of seeking treatment abroad as a worthwhile investment for the confidence they gain in receiving better-quality care, more accurate diagnoses, and a more modern medical approach.

Not all informants financed their treatment using personal funds. Some utilized private health insurance policies they had previously purchased in Indonesia (Table 1). These patients would then request approval from doctors at overseas hospitals. Among those who used private insurance, none reported difficulties or complaints. This further reinforced their confidence that seeking treatment abroad was financially manageable and, in some cases, may not have been significantly more expensive than receiving care in Indonesia.

Theme 6: Limited and Outdated Specialized Equipment

Hospital services are inherently associated with high-quality medical equipment that plays a crucial role in supporting both diagnosis and treatment. Patients' confidence is strengthened when they receive care using facilities they perceive as more advanced and reliable. This sentiment is reflected in the statements of the following two informants:

> At that time, I was advised to undergo several specialized tests; however, hospitals in Indonesia lacked the necessary equipment for such examinations. As a result, I had to seek medical care abroad to undergo tests using the latest technology. (Informant 14)

> Although medical equipment is available in Indonesia, it is often outdated and less effective. When I sought treatment abroad, I felt more assured because I was using more advanced equipment (Informant 5)

The narrative excerpts above highlight the experiences of patients who sought medical treatment abroad and utilized facilities in foreign hospitals. Many informants acknowledged that they felt more satisfied with the care received overseas, despite the higher costs, with the availability of more advanced equipment being a key reason for their decision. Patients who chose to incur additional expenses to receive treatment abroad demonstrated a greater emphasis on the quality of care and the accuracy of diagnosis, even if it meant facing higher financial burdens. This also indicates a lack of confidence in domestic medical facilities, which, according to the informants, were perceived as inadequate in providing accurate healthcare services.

Theme 7: Patient-Provider Relationships

It was also revealed that many informants felt more at ease because of their relationship with a particular doctor or hospital. Informant 3 offered an important explanation on this matter:

> I've known my doctor for years. Every time we meet, they immediately ask, 'How's your health been? (Informant 3)

For others, such personal questions may seem ordinary. However, for patients who have traveled far to see a doctor, such gestures are deeply meaningful. This relationship turned out to be a crucial aspect for the informants. Informant 6, for instance, shared:

> When I first visited this hospital, a friend from Indonesia told me which doctor to see. After that, I just made appointments with the nurse or hospital and adjusted to the doctor's schedule. The doctor even remembered my name and was familiar with the history of my illness. (Informant 6)

Informant 8 also shared an interesting perspective:

> My doctor is very pleasant. They take the time to ask about other things, like my family and even my children. The doctor always says, 'Keep your mind calm, Ma'am.' They advise me on what I should and shouldn't do. I feel comfortable asking them questions—I even emailed them about my condition and received an immediate response. I don't want to change doctors. When the doctor moved to another hospital, I moved too. I follow wherever they practice. I don't want to be treated by anyone else. (Informant 8)

This statement, along with others from the informants, clearly illustrates that there are aspects beyond physical treatment—personal and non-physical—that fulfill the informants' needs and contribute to their decision to seek medical services abroad.

Discussion

This study presents empirical evidence that the decision of patients in Indonesia to seek medical treatment abroad is not without reason. Their choice to go to other countries—most commonly Malaysia and Singapore—is not solely due to geographical proximity. Rather, it is often driven by deeply personal reasons, typically rooted in negative experiences with the healthcare services available in Indonesia. These personal motivations are so strong that even if the hospitals offering the solutions they seek were located farther away, they might still choose to leave Indonesia to receive the care they believe they need. The reflections of patients who repeatedly seek medical treatment abroad should be given serious attention by the government, particularly if it aims to transform hospitals in Indonesia into institutions that offer more

than just medical treatment. These repeated visits should not be regarded as a routine occurrence, but rather as a reflection of the weak relationship between patients and the domestic hospitals.

The fundamental experiences shared by patients in this study stem from their disappointment with the lengthy procedures involved in healthcare services and medical examinations. As presented in Themes 1 and 2, informants expressed frustration over prolonged waiting times, which, in turn, became an additional burden during their illness. While waiting is a common occurrence in many contexts—when it involves a voluntary decision[38] such as waiting to purchase something or to receive a product—this type of waiting cannot be equated with the experience of being a patient. Lengthy administrative processes, complex diagnostic procedures, and even delays in receiving medication are not the type of waiting that patients are willing to accept. When suffering from a health condition, they face psychological stress due to the uncertainty surrounding the care they receive.

In contrast, the experience of Informant 12 highlights how receiving treatment in foreign hospitals can be far more manageable due to the efficiency of the procedures in place. It is, indeed, ironic that during moments of critical need, patients are instead met with disappointment. They visit hospitals because they can no longer bear the symptoms of their illness, yet upon arrival, the narratives clearly reflect exhaustion and frustration. A key insight emerging from this study is the growing preference among patients for healthcare services that are able to minimize waiting times.[39]

Informants became increasingly aware of other gaps when comparing their past experiences in Indonesia with those they encountered in their medical destination countries. The stark differences in diagnoses received abroad, as shared by Informants 9 and 10, reflect a growing sense of distrust among patients, as discussed in Themes 3 and 4. These negative experiences are not unique to the informants in this study but are also shared by many other Indonesian patients who choose to seek treatment overseas. The inaccuracy of medical results may point to a disparity in medical practice standards between Indonesia and other countries, further reinforcing the perception of inferiority in the domestic healthcare system.[40] This perception of comfort is not only expressed by Indonesian patients. Foreign visitors using healthcare services in countries like Malaysia, for instance, have also reported a high level of satisfaction with hospital care there.[41]

The cost of healthcare also emerges as a significant insight from this study. Informant 11 described feeling much more at ease, even though they had to pay a higher price for it. Such statements reinforce the theory that for patients in need of care, health takes precedence above all else. Recovery is viewed as an investment in themselves—regardless of the cost. Therefore, the decision to seek treatment abroad is not solely motivated by the search for cheaper medical options, as previously suggested.[42] Rather, Indonesian patients are willing to bear the cost of transportation and accommodation during their treatment abroad as a consequence of accumulated disappointment in a healthcare system perceived as unresponsive, incompetent, and outdated.

The experiences shared by informants in this study appear to reflect more than individual complaints, as hundreds of thousands of patients from Indonesia seek treatment abroad yearly, a trend further facilitated by increasingly accessible travel.[43,44] This indicates a serious systemic failure. A healthcare system should not only be accessible but also uphold the dignity of patients, restore their emotional well-being, and provide peace of mind. While doctors may be available, they are often not perceived as competent enough to be the preferred choice for treatment. Hospitals may be physically accessible, yet they may not be regarded as relevant spaces for healing. This perception is strongly reflected in Theme 7, which discusses the relationships between informants and their doctors. The excerpts reveal a deep sense of loyalty—informants not only feel a connection to the hospitals they visit but, more importantly, to the doctors who treat them.

Those who are ill will naturally seek treatment because they believe that recovery is still possible. However, patients do not merely need hospitals, doctors, and nurses—they are also social beings whose social experiences shape their perceptions and future health-related decisions.[45] Thus, the decision to seek medical treatment results from a combination of these social experiences and the formal health provision system.[46] At this point, a new perspective emerges: emotional closeness with doctors and hospitals helps explain the persistent phenomenon of patient migration from Indonesia to healthcare services abroad, particularly in neighboring Asian countries.[47] These patients are in search of care satisfaction and health decisions they perceive as acceptable—delivered by doctors or hospitals that are willing to talk to them, listen to them, and even ask about their well-being. It is undeniable that doctors or nurses who are considered "good" in the eyes of patients are those who possess strong communication skills and empathy.[48,49]

Informant 8's statement—that they are willing to follow their doctor regardless of which hospital the doctor moves to—reflects a naturally formed emotional bond. The recurring use of overseas healthcare services by patients (as shown in Table 1) indicates that healthcare providers abroad, at least those frequently chosen by the informants, have succeeded in building meaningful relationships with patients, extending beyond institutional interactions between medical staff (doctors and nurses). Such connections cannot be established quickly or through instant means. Emotional relationships—and even loyalty to a particular healthcare provider—are often cultivated over many years of patient interaction, where the hospital and its care model have made deliberate and sustained investments in patient trust and experience.[50,51] When these relationships are strong, any disruption or change can lead to significant patient disappointment.[52]

This reflects the true nature of healthcare services that are genuinely patient satisfaction-oriented. It is not an exaggeration to say that such healthcare delivery embodies the concept of a serving institution,[53] closely aligned with the principles of servant leadership, where the needs of others are placed as a priority.[54] Healthcare services that adopt a service-oriented approach do not merely aim to ensure the satisfaction of those working within the system.[55,56] More importantly, satisfaction is prioritized for those being served—the consumers of healthcare: the patients[57] and their families.[58,59] This collaborative relationship[58,59] enhances the efficiency of medical interventions and ultimately improves patients' quality of life and recovery,[60,61] as they are the primary and most important users of healthcare services.

Policymakers in the domestic healthcare sector must reflect on this situation.[62] Structural changes in management, human resource competencies, and medical infrastructure are necessary to restore public trust and reduce dependence on healthcare services abroad. These reforms are essential, as without tangible improvements, healthcare services will fail to meet even their most basic standards.

However, there is something even more crucial that must be addressed. This study reveals that efforts to provide patient-centered care—services that meet the most fundamental human needs, such as being seen, heard, and cared for[63]—are not easily established. The continued departure of patients to seek treatment abroad reflects the failure of Indonesia's healthcare system to build strong, holistic, and sustainable relationships with patients or healthcare users. In other words, the improvements made in Indonesian hospitals thus far remain inadequate to prevent patients from seeking care overseas; current hospital reform policies continue to fall short of the expectations and needs of Indonesian healthcare consumers.

Patients' experiences can be anticipated and translated into policies that have the potential to transform hospital services in a more positive direction.[64,65] For example, efforts to reduce patient waiting times necessitate concrete government action in regulating disease management within hospitals.[66–68] This is closely linked to the distribution of doctors, nurses, and medications across healthcare facilities. To address this, the government can leverage modern technology to analyze and help resolve these issues.[69] Overcrowding in hospitals may also result from inefficiencies in the referral system at the primary care level.[70–72] Addressing this issue requires a comprehensive government review of the performance of primary care facilities linked to referral hospitals.

Hospital financing systems also require reform. The government should develop a more essential and strategic funding framework aimed at improving the quality of hospital services. This effort requires in-depth identification of treatment costs and the potential for cost containment to ensure efficiency.[73–75]

Equally important is reforming the way hospitals communicate with patients. Humanistic communication training should begin within medical and nursing education[76,77] and continue through in-hospital professional development programs.[78] It should also be integrated with feedback mechanisms from service users.[79–81] Implementing this system will require collaboration with all stakeholders and must be approached with patience, as cultural change of this nature cannot be achieved quickly.

Without a holistic policy intervention that acknowledges the disparity between patient expectations and the realities of healthcare services—whether initiated by hospitals themselves[82] or by policymakers in Indonesia—the exodus of patients seeking treatment abroad will persist. This trend will further exacerbate inequalities in healthcare access and negatively impact Indonesia's domestic economy. More critically, if left unaddressed, it will significantly damage the public image of Indonesia's healthcare system.

Limitation

It must be acknowledged that this study has limitations in terms of sample recruitment. We employed a sampling technique that prioritized ease of access, as patients often share information within the same social networks. However,

this approach carries a potential bias, as the informants may have had similar prior experiences or shared perspectives. For this reason, future research could benefit from random sampling across different hospitals to strengthen and diversify the insights related to this topic.

This study does not capture a comprehensive overview of patient experiences in Indonesian hospitals. Different or more positive perspectives may exist, which could offer valuable insights. Similarly, this research did not employ quantitative methods to investigate personal experiences, which could, in future studies, provide additional important viewpoints. We also did not have the opportunity to interview a broader range of stakeholders who might offer meaningful insights into their contributions, such as doctors, nurses, or even local authorities. Future research involving these actors may reveal valuable information about the moral and ethical dimensions of being a healthcare provider. Equally important, this study did not explore the psychological contexts of the patients. Future studies could be valuable in uncovering the extent to which these contexts influence human behavior within healthcare settings.

Conclusion

Understanding the experiences of patients who seek medical treatment abroad is essential for improving hospital healthcare services. This study shows that informants felt confident and well cared for when receiving treatment at hospitals overseas. This paper identifies two primary types of patient preferences when receiving care abroad: first, the desire for efficient service, characterized by ease of access, timeliness, and diagnostic accuracy; and second, the importance of communication with doctors and hospitals. The recurring choice of seeking treatment overseas is driven by the combination of these two factors.

Patient preferences—particularly regarding what they expect and value during treatment—should be seen as a crucial asset for driving systemic change. A high-quality healthcare system should not only focus on hospital infrastructure and funding. It must also include deliberate efforts to listen to the "voice" of the patient—voices that have too often been overlooked by decision-makers. Healthcare reform in Indonesia must shift its perspective: from a system that listens only to itself, under the assumption of professional expertise, to one that listens to its patients—who, despite being unwell, are the fundamental reason hospitals exist and healthcare professionals have their roles.[83] This, ultimately, is the central message of this paper.

The government must issue strategic policies that place patients at the center of hospital service delivery in Indonesia. Key policies should focus on reducing waiting times for all hospital procedures, accurately monitoring and managing hospital staffing levels, and improving communication models between hospitals and both patients and their families. These reforms may also require strengthening the referral system and reforming communication competencies within health education institutions.

Further research is needed to explore patients' experiences in greater depth, particularly studies focusing on specific illnesses and adopting more comprehensive perspectives. Additionally, applying relevant theoretical frameworks could help deepen understanding of the underlying issues. Future research could also investigate changes occurring within Indonesian hospitals, especially by examining the perspectives of patients who repeatedly return for care, in order to objectively assess progress in hospital service delivery.

Disclosure

The authors declare that there are no conflicts of interest related to this work.

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