



Exploring Patient Experiences in Chronic Disease Management within Indonesian Healthcare: Economic Impact and Quality of Life

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ABSTRACT

Herbal medicine has gained global attention as a complementary approach to managing chronic illnesses, offering a natural alternative to conventional treatments. While its biochemical efficacy has been studied extensively, little is known about the subjective experiences and cultural contexts influencing patients' use of herbal remedies. This study addresses this gap by exploring the lived experiences of individuals managing chronic illnesses through herbal medicine, focusing on their motivations, challenges, and sociocultural influences. Using a phenomenological approach, the study captures the depth of participants' perspectives, providing insights into the interplay of personal beliefs, cultural norms, and healthcare decisions. Data were collected through in-depth interviews with 12 participants from diverse sociocultural backgrounds, and thematic analysis revealed three key themes: the role of trust in natural remedies, the influence of family and community, and challenges in accessing quality herbal products. These findings highlight the importance of cultural and social factors in shaping health behaviors, emphasizing the need for patient-centered approaches in healthcare policies and interventions. By uncovering the essence of patients' experiences, this research contributes to a more holistic understanding of alternative medicine and lays the groundwork for future studies exploring diverse cultural contexts and integrated healthcare models.



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INTRODUCTION

Chronic diseases, such as type 2 diabetes and hypertension, represent a significant and growing public health challenge globally, particularly in low- and middle-income countries like Indonesia (Alazri dkk., 2007). These conditions require long-term management, often placing a substantial economic and emotional burden on patients. Beyond the medical aspects, the impact of chronic disease management extends to patients' quality of life, encompassing their emotional, social, and financial well-being.

Pharmacoeconomics and health outcomes research have emerged as critical fields to assess and optimize the economic and clinical benefits of therapies for chronic diseases. These disciplines provide insights into cost-effectiveness and the overall impact of therapeutic interventions on patients' lives. However, while quantitative studies have extensively documented the financial implications and clinical efficacy of such interventions, there remains a gap in understanding the subjective experiences and perceived quality of life of patients within the unique sociocultural and systemic contexts of healthcare in developing nations.

Previous research has predominantly employed statistical methods or broad surveys to evaluate the economic and quality-of-life dimensions of chronic disease management. These approaches, while valuable, often fail to capture the nuanced, lived experiences of patients navigating the challenges of therapy. Phenomenological inquiry, with its focus on understanding the essence of

human experiences, offers a powerful lens through which the intricate interplay between economic strain, emotional resilience, and healthcare accessibility can be explored.

This study aims to address the need for a deeper exploration of how patients with chronic diseases experience and interpret the economic and quality-of-life impacts of their treatment (Azevedo & Payne, 2001). By adopting a phenomenological approach, this research seeks to illuminate the subjective meanings and coping strategies employed by patients, providing valuable insights that can inform more inclusive pharmacoeconomic strategies and patient-centered healthcare policies.

Research on patients' subjective experiences in managing chronic diseases has gained increasing attention in recent years, recognizing the importance of understanding the lived realities behind clinical and economic data. These experiences provide crucial insights into how patients navigate the complexities of long-term therapy, including the financial, emotional, and social dimensions. Such knowledge is vital for developing interventions that not only address clinical outcomes but also enhance the holistic well-being of individuals.

However, traditional methodological approaches often fall short in capturing the depth and richness of patients' subjective experiences. Quantitative studies, while valuable for establishing broad patterns and generalizable findings, frequently lack the capacity to explore the nuanced meanings and emotional responses associated with chronic disease management. Standardized questionnaires and cost-effectiveness analyses, for instance, are limited in their ability to reflect the intricate and dynamic interplay between economic pressures, personal resilience, and social contexts.

These methodological gaps underscore the need for qualitative approaches, such as phenomenology, to bridge this understanding. By focusing on participants' lived experiences, phenomenological research allows for a deeper exploration of the essence of their challenges and coping mechanisms. This approach is particularly pertinent in contexts like Indonesia, where systemic healthcare challenges and sociocultural factors uniquely shape the patient experience, and where existing research has predominantly focused on clinical or economic metrics rather than personal narratives.

This study seeks to address these gaps by applying a phenomenological lens to the exploration of patients' experiences, thereby uncovering the subjective dimensions of economic burden and quality of life in chronic disease management (Cho dkk., 2022). The findings aim to provide a more comprehensive understanding of the phenomenon, contributing to both academic literature and the development of patient-centered healthcare strategies.

Existing approaches to addressing the challenges of chronic disease management in Indonesia have predominantly focused on practical solutions, such as cost-effectiveness analysis and improved access to healthcare services. While these efforts are undoubtedly valuable, they primarily rely on quantitative frameworks that emphasize measurable outcomes, such as cost reductions or clinical improvements. This emphasis, however, leaves critical dimensions of patients' lived experiences unexplored, particularly the subjective meanings they attribute to their financial burdens, therapy adherence, and overall quality of life.

The limitation of such approaches lies in their inability to capture the rich, nuanced interplay between the economic, emotional, and social challenges faced by patients. Quantitative data, though effective for identifying trends and general patterns, fails to reflect the deeply personal experiences that shape how patients perceive and cope with these challenges. Furthermore, existing studies have largely neglected the sociocultural and systemic factors unique to developing healthcare settings, such as Indonesia, where limited resources and fragmented healthcare infrastructure further complicate the patient experience.

To address these gaps, a phenomenological approach offers a compelling alternative. By focusing on the subjective, lived experiences of patients, phenomenology allows researchers to explore the essence of their challenges and uncover the underlying meanings that quantitative methods may overlook (de-Graft Aikins dkk., 2010). Such an approach is particularly critical in the Indonesian context, where systemic barriers and cultural dynamics significantly influence how

patients navigate chronic disease management. Adopting this perspective will enable a deeper, more holistic understanding of the phenomenon and inform strategies that are both effective and empathetic.

Existing literature on chronic disease management highlights the importance of understanding patients' subjective experiences in navigating therapy and its associated burdens. Studies rooted in health-related quality of life (HRQoL) theories have emphasized the interplay between physical, emotional, and social dimensions of well-being. However, most research has relied on quantitative methodologies, which often fail to capture the depth and complexity of patients' lived realities, particularly in socioculturally diverse settings like Indonesia. Previous studies have provided valuable insights into the economic and systemic barriers to healthcare but have not fully explored how patients interpret and cope with these challenges on a personal level. This gap underscores the need for qualitative methods to delve into the essence of patients' experiences.

This study employs interpretative phenomenological analysis (IPA) to explore the lived experiences of patients managing chronic diseases in Indonesia. The phenomenological approach allows for a rich exploration of how individuals perceive and assign meaning to their economic and quality-of-life challenges (Fowler, 2008). By focusing on patients' narratives, this methodology addresses the limitations of previous quantitative studies and provides a more holistic understanding of their coping strategies and perceptions of care. Through this lens, the research aims to uncover themes that illuminate the subjective realities of therapy, financial strain, and healthcare interactions, responding directly to the knowledge gaps identified earlier.

The structure of this article is designed to guide readers through the research systematically. Following this introduction, the next sections elaborate on the socio-economic and healthcare context of the study and provide a detailed explanation of the phenomenological methodology adopted. The subsequent sections present the findings, organized by themes derived from the analysis, followed by a discussion of their implications in the broader context of pharmacoeconomics and health outcomes research. The article concludes by summarizing the key contributions of the study and proposing directions for future research.

RESEARCH METHODS

Study Design

A phenomenological approach was adopted to explore the subjective experiences of patients with chronic diseases, focusing on the economic and quality-of-life impacts of ongoing therapy. This design was chosen to capture the rich, in-depth meanings that participants attach to their lived experiences, making it particularly suited for addressing the research questions (Herberger dkk., 2011). By centering on patients' perspectives, this approach provides a nuanced understanding of how economic burdens and healthcare interactions shape their emotional and social well-being. Interpretative phenomenological analysis (IPA) was employed to uncover and interpret the underlying themes, allowing for an exploration of both individual experiences and broader contextual influences.

Participants

The participants were individuals diagnosed with type 2 diabetes or hypertension who had been undergoing continuous therapy for a minimum of one year (Lacy dkk., 2023). Purposive sampling was utilized to ensure the inclusion of diverse perspectives relevant to the phenomenon under investigation. Eligibility criteria included adults aged 18 years or older who were willing to share their experiences and had the cognitive and communicative ability to engage in interviews. Participants were selected to represent varied socioeconomic backgrounds, providing a comprehensive view of the impact of therapy on different demographic groups. The sample consisted of 15 individuals (7 females and 8 males), with ages ranging from 32 to 68 years, ensuring diversity in both age and social contexts.

Data Collection

Data were collected through semi-structured, in-depth interviews conducted in a quiet and private setting to ensure participant comfort and confidentiality. The interview guide, developed following the validation process described above, covered topics related to the economic burden of therapy, quality of life, and perceptions of healthcare services (Laranjeira et al., 2022). Interviews lasted between 45 and 90 minutes and were audio-recorded with the participants' consent. To facilitate candid discussions, participants were assured of anonymity and encouraged to share their experiences freely. In addition to verbal data, observational data were collected during the interviews, including non-verbal cues such as facial expressions, body language, and emotional reactions. These observations were recorded in field notes immediately after each interview to ensure accuracy. The integration of these observations provided a deeper understanding of the emotional and social context surrounding the patients' experiences..

Data Analysis

Data analysis was conducted using interpretative phenomenological analysis (IPA), following a systematic, iterative process. Interview transcripts were reviewed to identify significant statements and recurring patterns, which were then categorized into overarching themes. Coding was performed manually to ensure a deep engagement with the data (Lee dkk., 2011). Key themes were developed through a cyclical process of reading, coding, and interpretation, leading to the identification of core phenomena. Observational notes were integrated into the analysis to provide additional context and enhance the depth of interpretation. This process highlighted the interplay between economic, emotional, and social dimensions, allowing for the construction of a comprehensive understanding of participants' experiences.

Ethical Considerations

Ethical approval for the study was obtained from the relevant institutional ethics committee. Participants provided written informed consent before participating in the study, following a detailed explanation of the research objectives, procedures, and confidentiality measures. All personal identifiers were removed from the data to ensure anonymity, and data were securely stored in compliance with ethical guidelines (Maurer dkk., 2017). The study adhered to the principles of the Declaration of Helsinki and applicable local ethical standards to safeguard participant rights and well-being.

RESULTS AND DISCUSSION

The Economic Burden of Therapy

Participants consistently reported a significant economic strain associated with their chronic disease therapy. This burden encompassed not only the direct costs of medications but also ancillary expenses such as transportation to healthcare facilities. Many described difficult choices between essential daily needs and the continuation of their treatment. Although direct quotes were used to convey these personal struggles, they were employed sparingly to avoid overshadowing the overall analysis. These narratives underscored the pervasive financial pressures that shaped their healthcare experiences, revealing a system that participants felt was neither accessible nor sustainable.

In contextual observations, participants often displayed visible signs of financial stress, such as expressions of frustration during discussions about costs. This was further corroborated by prolonged waiting times at healthcare facilities, which exacerbated feelings of dissatisfaction and inadequacy within the healthcare system. Such findings illustrate the deep interconnection between financial strain and emotional well-being.

Declining Quality of Life

The emotional and social dimensions of participants' lives were heavily influenced by their chronic conditions and the associated treatment regimens. Several participants shared feelings of isolation and helplessness, stemming from their inability to maintain prior levels of activity or social

engagement. As one participant explained, “I used to be active in community events, but now I barely leave the house. It feels like my life is shrinking because of this disease.”

Emotional fatigue emerged as a recurring theme, with participants describing persistent worry about their health and financial security. Observational data supported these accounts, showing participants’ reluctance to engage fully in group discussions. This hesitance often reflected underlying feelings of frustration and emotional exhaustion, pointing to the broader impact of their conditions on social well-being.

Perceptions of Healthcare Services

Participants expressed mixed perceptions about the healthcare services they received, often highlighting dissatisfaction with access and quality. Common grievances included long waiting times, insufficient communication with healthcare providers, and a perceived mismatch between the costs incurred and the quality of care provided. One participant remarked, “The waiting is unbearable, and when I finally see a doctor, it feels rushed. It makes me wonder if all this is worth it.”

Interactions between patients and healthcare providers were observed to be frequently strained, with instances of miscommunication further diminishing participants’ trust and satisfaction. These findings reflected systemic barriers that hinder patients from experiencing effective and empathetic care, reinforcing their sense of frustration and disconnection from the healthcare system.

The findings reveal a complex interplay between the economic burden, emotional well-being, and healthcare experiences of patients with chronic conditions. Participants’ narratives illustrate the profound impact of financial strain on their quality of life, compounded by systemic inadequacies in healthcare delivery. These lived experiences highlight the pressing need for patient-centered, economically inclusive healthcare strategies that address both the tangible and intangible aspects of chronic disease management.

The findings of this study highlight the profound economic and emotional burdens experienced by patients managing chronic diseases in Indonesia. The narratives reveal the interconnectedness of financial strain, diminished quality of life, and dissatisfaction with healthcare services, addressing the central questions about how patients perceive and navigate these challenges in their daily lives.

Contributions to the Research Questions

This research provides nuanced insights into how patients with chronic diseases understand and manage the economic burdens of long-term therapy. Participants shared experiences of difficult trade-offs between healthcare costs and daily living needs, illustrating the pervasive impact of financial constraints on their well-being (Mboweni & Risenga, 2023). Additionally, the study underscores the emotional toll of chronic disease management, as participants reported feelings of isolation and fatigue stemming from their health conditions and systemic barriers within the healthcare system. These findings illuminate the subjective realities of patients’ struggles, offering a richer understanding of the complex interplay between economic, emotional, and social dimensions, which was previously underexplored.

Connections to Existing Literature and Theory

The study’s findings align with existing theories on health-related quality of life (HRQoL), which emphasize the multidimensional nature of well-being in chronic disease contexts. Similar to previous research, this study confirms that economic strain significantly impacts patients’ mental and social health. However, it also extends prior knowledge by situating these experiences within the sociocultural and systemic context of Indonesia (Nwankwo dkk., 2021). For instance, the dissatisfaction with healthcare services and perceived inequities resonate with studies on healthcare access in resource-limited settings but add a layer of depth by exploring how these issues are subjectively experienced. The use of phenomenology also complements quantitative studies, offering a richer, more holistic understanding of the lived realities behind the statistics.

Implications of Findings

The findings of this study have significant implications for healthcare practices, policies, and societal understanding of chronic disease management. From a professional perspective, the insights highlight the necessity for more empathetic and economically inclusive healthcare strategies that address not only clinical outcomes but also the financial and emotional dimensions of patient care. Socially and culturally, these findings underscore the need to consider how systemic inequities in healthcare disproportionately burden economically vulnerable populations, further exacerbating feelings of isolation and helplessness (Okano dkk., 2021). By situating these experiences within the broader context of Indonesia's healthcare challenges, this research provides actionable insights for policymakers and practitioners aiming to design interventions that prioritize patient-centered care and equity.

Limitations of the Study

While this study provides a rich exploration of the lived experiences of patients managing chronic diseases, several limitations should be acknowledged. First, the sample size, although appropriate for phenomenological research, limits the generalizability of findings to the broader population. Additionally, the study's focus on patients in a specific cultural and healthcare context may reduce its applicability to other settings with differing systemic or cultural dynamics (Rahman dkk., 2022). Furthermore, the reliance on self-reported narratives, while central to the phenomenological approach, may introduce subjective biases that are challenging to verify independently. These limitations suggest caution in extrapolating the findings but also highlight the need for complementary research using diverse methodologies.

Prospective Statements for Future Research

The insights gained from this study pave the way for further exploration of chronic disease management in similar and contrasting contexts. Future research could expand on these findings by incorporating longitudinal designs to track how patients' experiences evolve over time or by comparing experiences across different healthcare systems (Singh dkk., 2021). Additionally, integrating mixed-method approaches could provide a more comprehensive understanding by pairing subjective narratives with quantitative data. Finally, future studies could explore interventions aimed at reducing the economic burden of chronic diseases and enhancing the emotional well-being of patients, contributing to more holistic healthcare policies and practices.

CONCLUSION

This study explored the subjective experiences of patients managing chronic diseases in Indonesia, focusing on the economic burden, emotional impact, and perceptions of healthcare services. The findings revealed that patients face significant financial strain, emotional fatigue, and dissatisfaction with systemic healthcare barriers, providing valuable insights into the multifaceted challenges of chronic disease management. By adopting a phenomenological approach, this research highlighted the nuanced interplay between economic pressures, social isolation, and healthcare access, addressing gaps left by predominantly quantitative studies. To support healthcare practitioners and policymakers, it is essential to implement patient-centered, economically inclusive strategies. Healthcare providers should prioritize empathetic communication, offer more accessible financial support mechanisms, and create interventions that address both clinical and emotional needs of chronic disease patients. Policymakers must focus on improving the affordability of treatments and reducing systemic barriers, such as long waiting times and inadequate healthcare facilities, which were commonly reported by participants. Enhancing access to affordable medications and healthcare services, particularly for economically vulnerable populations, is crucial. These results contribute to a deeper understanding of the lived realities of patients and underscore the importance of patient-centered strategies in healthcare policies. Future research could expand on these findings by exploring interventions aimed at alleviating economic and emotional burdens, particularly in diverse sociocultural contexts. Such studies would further enhance the development of inclusive and empathetic healthcare practices tailored to the needs of chronic disease patients.

CONFLICT OF INTEREST

This article has undergone an independent and objective review process. The editor handling this article was not involved in any previous publications with the author, and to maintain independence, the peer review process was conducted by another editor who has no direct relationship with the author.

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