

Health Literacy in Medical Decision Making

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Abstract

An individual's health literacy skills are crucial for healthcare-related decisions. In medical decision-making, health literacy is essential because patients' ability to understand information simultaneously improves patient satisfaction, comprehension of therapy, and the overall quality of medical services. This research aims to identify and deeply understand the relationship between health literacy and an individual's ability to make appropriate medical decisions. It employs a Systematic Literature Review following PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, using secondary data from journals sourced via Google Scholar (2020–2025). The retrieved journals underwent selection based on inclusion criteria during research coding and quality assessment stages. Those passing selection were analyzed descriptively, yielding 11 qualifying journals. The findings indicate that health literacy empowers patients by enabling them to access, understand, and use health information for better decisions, thereby shifting power dynamics away from providers. Strong health literacy fosters active patient participation in medical decisions, enhancing satisfaction and reducing conflicts. However, health literacy is not the sole determinant of positive health outcomes; factors such as economic conditions, environment, education, and emotions also play significant roles. Recommendations for future research include exploring the relationship between health literacy and power dynamics, incorporating demographic variables, as well as ethical and legal considerations in Indonesia.

Keywords: health literacy, medical decision-making, shared decision-making, decision aids, health communication

INTRODUCTION

Global healthcare systems continue to face challenges in achieving truly collaborative medical decision-making. Despite decades of advocacy for patient-centered care, evidence suggests that healthcare professionals still dominate the decision-making process in many clinical settings. A systematic review by Müller et al. (2023) found that patients often experience limited involvement in treatment decisions, with physicians making unilateral choices in approximately 60% of clinical encounters. This paternalistic approach has been linked to reduced patient satisfaction, decreased treatment adherence, and poorer health outcomes.

Furthermore, substantial disparities exist in access to health information across different socioeconomic groups and geographic regions. The World Health Organization reports that individuals in low- and middle-income countries face significant barriers to accessing comprehensible health information, with health literacy rates averaging below 50% in many Asian countries. These disparities contribute to inequitable health outcomes and perpetuate power imbalances between healthcare providers and patients. Understanding the role of health literacy in facilitating more equitable and effective medical decision-making has therefore become a critical priority for global health systems.

In modern healthcare practice, medical decision-making is no longer the exclusive domain of physicians. It is ideally achieved through Shared Decision Making (SDM) between physicians and patients, which integrates scientific evidence, patient values and preferences, and ethics, thereby creating a foundation for collaboration where medical decisions are made together, taking into account the patient's values, preferences, and concerns (Garcia et al., 2023).

According to George R. Terry (1971), a decision is a choice between two or more options. The person or entity that implements the decision is the decision-maker. The decision must imply a specific action that is chosen from several variables or that meets predetermined expectations (Rizki A. & Citra F., 2022). According to the Katz and Kahn Model (1966), medical decision-making involves not only technical knowledge but also how situational and psychological factors interact to influence rational processes. Understanding these factors helps in designing strategies to improve the accuracy and effectiveness of decisions, especially in dynamic environments and often without much time (John B. Miner, 2011).

WHO (2024) emphasizes that health literacy is essential to empower people to actively participate in healthcare and medical decision-making, enabling them to make informed health decisions for themselves and their communities. WHO stresses the need for systems that support communities in obtaining, understanding, and applying health information, as well as engaging with healthcare systems.

Health literacy studies conducted in five Southeast Asian countries (Malaysia, Singapore, Thailand, Myanmar, and Laos) revealed varying prevalence of limited health literacy, with an average of 55.3% (Rajah, Hassali, & Murugiah, 2018). In Indonesia, the low health literacy condition is reflected in the Human Development Index (HDI) of 0.705 in 2021, ranking Indonesia 114th out of 191 countries worldwide (Iqbal, W. et al., 2023).

Several studies relate health literacy to medical decision-making. Joann Seo et al. (2017) found that health literacy affects decision-making preferences in medically underserved patients. Anne E. M. Brabers et al. (2017) showed that high-level competencies, especially critical health literacy, are important for patient involvement in medical decision-making. Schonberger R. B. et al. (2017) demonstrated that health literacy directly affects patients' ability to navigate complex healthcare systems, make informed decisions, and provide self-care. Gildasio et al. (2018) linked poor health literacy to greater decision-making conflicts in patients undergoing elective surgical procedures.

According to Shahid R. (2022), an individual's health literacy skills are essential for health-related decisions. In medical decision-making, health literacy is crucial because patients' ability to understand information enhances satisfaction, therapeutic understanding, and overall quality of medical services. High health literacy empowers patients to comprehend medical information, ask critical questions, and communicate effectively with healthcare providers, resulting in better shared decision-making and more optimal care outcomes.

Improving medical decision-making for patients with limited health literacy requires focused communication strategies and decision-making tools tailored to their needs. Meaningful communication between patients and healthcare providers creates an environment where everyone can succeed, regardless of literacy level. A strong health literacy foundation helps patients better manage healthcare complexities and advocate for themselves.

The urgency of this research stems from several critical factors. First, the increasing complexity of medical treatments and the shift toward personalized medicine demand that patients possess adequate health literacy to make informed choices. Second, the COVID-19 pandemic highlighted the devastating consequences of limited health literacy, with misinformation and poor health decisions contributing to preventable morbidity and mortality. Third, global healthcare systems are moving toward value-based care models that require active patient participation, making health literacy a fundamental competency for effective

engagement. In the Indonesian context, where cultural hierarchies and limited health education persist, understanding how health literacy influences medical decision-making is particularly urgent.

The novelty of this systematic review lies in its comprehensive synthesis of recent evidence (2020–2025) on the relationship between health literacy and medical decision-making, with a specific focus on power dynamics and patient empowerment. While previous reviews have examined health literacy and patient participation separately, this study uniquely integrates findings on how health literacy shifts power relations between providers and patients, mediates decision-making autonomy, and interacts with contextual factors such as culture, socioeconomic status, and emotional states. Furthermore, this review provides critical insights relevant to the Indonesian healthcare context, where research on this topic remains limited, and offers specific recommendations for healthcare policy and practice that consider local ethical and legal frameworks. By examining both enabling and limiting factors of health literacy in medical decision-making across diverse settings, this review fills a significant gap in the literature and provides actionable knowledge for improving patient-centered care in Indonesia and similar contexts.

Based on the explanation above, the researcher is interested in conducting a systematic review on health literacy in medical decision-making. The purpose of this study is to identify and deeply understand the relationship between health literacy and individuals' ability to make informed medical decisions.

RESEARCH METHOD

This study used a qualitative method with descriptive analysis through a Systematic Literature Review (SLR) review. SLR is a research method designed to identify, evaluate, and synthesize relevant research results from various sources with a systematic, transparent, and structured approach. In SLR, researchers will analyze patients' health literacy levels in relation to their level of participation in medical decision-making.

The eligibility criteria in this study include inclusion and exclusion criteria. Research inclusion criteria include: 1) literature in the form of scientific journals and/or proceedings that are in accordance with the research topic; 2) use Indonesian or English; 3) Full text accessible. Meanwhile, articles or journals that cannot be accessed in full text will be excluded from the research. In addition, in order to limit the scope of the research, the researcher used the PICO (Population/Problem, Intervention, Comparison, Outcomes) method, as shown in the following table:

Table 1. Pico Summary

Component	Information
<i>Population/Problem</i>	Patients with varying levels of health literacy
<i>Intervention</i>	Health literacy in Medical Decision Making
<i>Comparison</i>	Health literacy level
<i>Outcomes</i>	Patient involvement in decision-making

The search was conducted on the Google Scholar, Pubmed, and ScienceDirect electronic databases until August 8, 2025. The search includes studies published in English or Indonesian between 2020 and 2025. This approach is taken to ensure a comprehensive search. The search strategy uses keywords and boolean operators used in the literature search, namely (Health literacy or "Health information") and (medical decision making or "shared decision making") and "patient participation" and ("health communication" or "decision aids")

The literature selection uses the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) method, to select articles or journals that are in accordance with the research inclusion criteria. The selection process is carried out systematically starting from

the stage of article identification through a database, screening based on abstracts and titles, to feasibility assessment based on the full text. The selected articles cover various aspects that support the research, including the methodology used, the findings, and the implications for the field studied. In addition, the selection process also considers the research questions that are set. If you do not answer one of the research questions, you will be excluded. The process of data synthesis in this study was carried out by comparing literature that has met the quality assessment as well as inclusion and exclusion criteria. The data synthesis refers to the purpose of the research, namely to determine the influence of health literacy in medical decision-making.

The review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Prisma Flow Diagram illustrated in Figure 1.

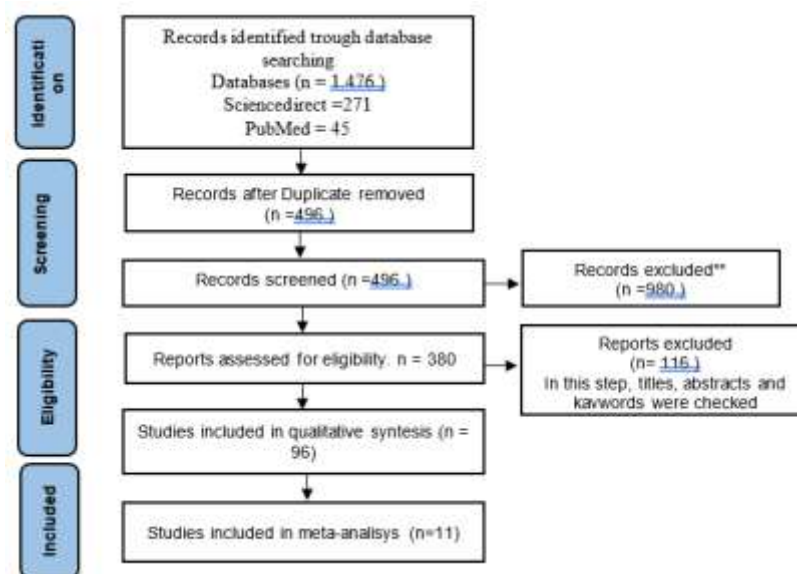


Figure 1: Prism Flow Diagram

RESULTS AND DISCUSSION

Based on the results of the search conducted using a systematic literature review, there were 1,476 research articles. These articles are then further analyzed to identify key findings relevant to the research topic. The selection process is carried out systematically using the PRISMA diagram, starting from the stage of article identification through a database, filtering based on abstracts and titles, to feasibility assessment based on full text.

From the results of a systematic review of 11 articles related to health literacy in medical decision-making published in this scientific journal, it is known that the type of research that is often used is cross-sectional study with qualitative and quantitative methods, with questionnaires, surveys and interviews as approaches that are often used for data collection. The research sample of patients, patients' families, health workers and the community with adult age. The countries where the research is conducted are Japan, Australia, Switzerland, Germany, India, Saudi Arabia, Korea, the Netherlands and China. Meanwhile, the main themes that are most highlighted are Information Understanding, Patient Engagement, Effective Communication and the Impact of Health Literacy.

Table 2. Selected Research Articles

RESEARCH TITLE	AUTHORS AND YEARS	STUDY PURPOSE	METHODS/TECHNIQUES	RESULTS
Health literacy and shared decision-	Harzheim, L., Lorke, M., Schulz, S. <i>et al</i> , 2023	Identify ways to improve KHL for	Qualitative research design. Population of 262 Health	The importance of communication and

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making in predictive medicine-professionals' perceptions and communication strategies		people at risk of disease, and to support KDM in predictive consultation	Workers Sample of 39 health workers at Univ. Cologne Hospital in Germany. Data collection through interviews and surveys analyzed using descriptive statistics.	interaction between healthcare professionals (HCPs) and patients in health-literacy decision-making in the specific context of predictive medicine
Equity in Choosing Wisely and beyond: the effect of health literacy on healthcare decision-making and methods to support conversations about overuse	Muscat DM, Cvejic E, Smith J, <i>et al.</i> 2024	The influence of Choosing Wisely consumer questions on the results of asking questions and HR differs based on individual health literacy	Qualitative research design. The sample of 1,439 Australian adults was recruited online. Primary and secondary data were analyzed using linear regression and logistic regression	Adults with limited health literacy continue to score lower in decision-making outcomes in the context of low-value care
Decision-Making Skills: The Missing Link Between Health Literacy, Contextual Factors, and Health	Rüegg R. 2022	This study explores an important immediate goal of health literacy, namely decision-making ability (DMA) related to health issues	Cross-sectional Studies data from the Swiss Young Adult Survey (N = 4,569, aged 18-25 years, all male). Multiple regression analysis and decomposition of KHB (Karlson, Holm, and Breen)	DMA is an important mediator between health literacy and health outcomes. The results of this study support the hypothesis that higher levels of health literacy do not directly lead to better health. Conversely, the significant role of contextual factors suggests that health literacy is just one of many factors that contribute to higher DMA and, furthermore, to good health outcomes.
Health literacy in communication, decision-making and outcomes among cancer patients, their families and clinicians in India: A multicentre cross-sectional qualitative study. Psychooncology.	Harding R, Salins N, Sharan K, Ekstrand ML. 2022.	Identify the role of health literacy among adult patients with cancer, their families, and healthcare professionals in decision-making and treatment outcomes in India	Cross-sectional Studies qualitatively conducted in three hospitals in South India. Respondents (n = 34 cancer patients, n = 33 family members, n = 11 doctors and n = 14 nurses (N = 92): ≥18 years. Data collection with Interviews in inductive thematic analysis	This innovative evidence-based health literacy model offers the potential for viable and acceptable interventions to support families in communication, disclosure, and decision-making. This can improve patients' access to appropriate and informed care pathways.
Shared Decision Making in Clinical Practice Experiences and Needs of Patients with Limited Health Literacy	Janneke N., Mariska OV, Jany R., 2022	Gain insights into the experiences, needs, and supports for HR-related LHL patients in clinical practice	Qualitative research with thematic content analysis The sample was 26 LHL patients aged ≥18 years in the Netherlands	Important barriers relate to healthcare providers (e.g., involving patients too little in decision-making, use of medical jargon), patient-related (e.g., feeling unsafe to

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				play a role in decision-making, inability to understand diagnosis or information about their treatment options) related to interactions between patients and caregivers (having a relationship of trust) or system-related (e.g., too little consultation time).
Assessing Health Literacy and Decision-making Autonomy in Neurosurgical Patients: A Multi-centre Study in Saudi Arabia	Aleid, Muhammad A., Alkhawajah, Ali A. <i>et al.</i> 2024	investigated health literacy and decision-making autonomy among neurosurgery patients in Saudi Arabia, exploring the relationship between the two	Cross-sectional study yang melibatkan 1542 pasien bedah saraf dari berbagai kelompok usia di Arab Saudi telah dilakukan. Penelitian ini menggunakan kuesioner terstruktur yang di Uji chi-square	Improving health literacy is essential in empowering patients to make informed decisions regarding their care. The positive correlation between health literacy and decision-making autonomy underscores the importance of this aspect in patient-centered care. Health practitioners, particularly in the field of neurosurgery, must prioritize initiatives that improve patient education, communication, and active involvement in the decision-making process to optimize patient outcomes
Associations between health literacy and information-evaluation and decision-making skills in Japanese adults.	Nakayama, K, Yonekura, Y., Danya, H. <i>et al.</i> (2022).	Clarifying the relationship between health literacy and specific skills to evaluate information and make decisions (not necessarily limited to health information) will inform efforts to improve health literacy	Using an online questionnaire survey using a Japanese internet research company; 3,914 valid responses were received. Data are analyzed with Pearson correlation and multivariate analysis	Information evaluation and decision-making skills related to health literacy. However, this skill has not been widespread due to limited opportunities to acquire it.
Health Literacy and Patient Participation in Shared Decision Making in Orthopedic Surgery.	Mertz K, Eppler S, Shah RF, et al. 2022	Determine the relationship between health literacy and patient-preferred involvement in decision-making	Cross-sectional Studies to patients who come to multispecialty orthopedic clinics. Data is collected by survey. Using Pearson correlation analysis and multivariable logistic regression.	The limitations of health literacy with regard to the preference for lower involvement in decision-making cannot be generalized. Efforts to engage

RESEARCH TITLE	AUTHORS AND YEARS	STUDY PURPOSE	METHODS/TECHNIQUES	RESULTS
				patients to be informed and participate in decision-making through the use of decision-making tools and preference pick-up tools should be directed at variations in preferences for involvement in decision-making, but not at patient health literacy
Influences of decision preferences and health literacy on temporomandibular disorder treatment outcome.	Kang, JH. (2022).	assess the relationship between the patient's role in decision-making, health literacy level, and treatment outcomes of temporomandibular disorder (TMD)	Cross-sectional Studies. A total of 131 Korean patients (15 males, 116 females; mean ages 37.9 ± 14.7 years; age range 19–76 years) visited TMJ Pain Clinic·Orophagesal in tertiary medical centers from July 2019 to July 2020. Data collected by interviews	Patients who consider themselves to play an active role in decision-making show higher levels of health literacy than those who have a passive role. Participants with adequate health literacy showed higher levels of participation in decision-making than those with limited health literacy.
The Association Between Patients' eHealth Literacy and Satisfaction With Shared Decision-making and Well-being: Multicenter Cross-sectional Study	Xu RH, Zhou LM, Wong ELY, Wang D. 2021	To assess the relationship between patients' eHealth literacy and their socioeconomic determinants and to investigate the relationship between patients' eHealth literacy and SSDM and their well-being.	Multicenter Cross-sectional Study in China. A sample of 569 patients completed the questionnaire Analysis of Kruskal-Wallis one-way variance and Wilcoxon-marked stage test	Patients with high levels of eHealth literacy are more likely to experience optimal human resources and improved well-being capabilities. However, a patient's depressed status can alter the relationship between eHealth literacy and SSDM.
Communication and shared decision-making with patients with limited health literacy; helpful strategies, barriers and suggestions for improvement reported by hospital-based palliative care providers	Roodbeen R., Vreke A. at ell (2020)	Strategies, barriers or suggestions that health care providers (HCPs) have in relation to communication and human resources in hospital-based palliative care, and in particular with patients with LHL	A qualitative interview study was conducted in four hospitals in the Netherlands with 17 health professionals—11 doctors and 6 nurses. Transcripts were analyzed using thematic analysis.	HCPs experience several obstacles in effective communication with LHL patients. As the concept of limited health literacy is not yet understood by most of the HCPs interviewed, knowledge and awareness about LHL needs to be improved. Furthermore, HCPs need to be trained to recognize LHL, adjust their communication with LHL patients, and

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				facilitate patients to engage in HR

Discussion

Proper medical decisions depend heavily on health literacy, which is a person's ability to obtain, process, and understand medical information in order to make the right health care decisions, both for themselves and in the decision-making process with healthcare providers. Health literacy allows patients to be more involved in their care, understand doctors' explanations, follow treatment instructions, and advocate for themselves, all of which contribute to better treatment outcomes. Joint decision-making can increase the satisfaction of both clinical doctors and patients and lead to better treatment outcomes, fewer decision conflicts, and better doctor-patient relationships.

The results of the study Nakayama, K., et al. (2022), Information Evaluation and Decision Making Skills Related to Health Literacy. However, this skill has not been widespread due to limited opportunities to acquire it. Muscat DM, et al. (2024) study, adults with limited health literacy continue to have lower scores in decision-making outcomes in the context of low-value care. Studies show that Higher levels of health literacy improve an individual's ability to control their life events and situations, providing greater autonomy in decision-making, while limited health literacy is consistently associated with poorer decision-making outcomes in the context of care.

WHO (2024) emphasizes that health literacy is essential to empower people to be active in health care and participate in medical decision-making, so that people can make the right health decisions for themselves and their communities. WHO also emphasized the need for systems that support and enable communities to obtain, understand, and apply health information, as well as engage in health care systems. According to Schmidt-Kaehler (2016) Health literacy (HL) is essential for risk-adjusted decision-making. According to Oliveira et al. (2018) The ability to critically evaluate risk information is necessary to make appropriate choices towards preventive measures or lifestyles that improve Health (Harzheim, L. 2023).

Mertz K. et al. (2022), the limitations of health literacy with regard to the preference for lower involvement in decision-making cannot be generalized. Kang JH (2022), patients who consider themselves to play an active role in decision-making show a higher level of health literacy than those who have a passive role. Participants with adequate health literacy showed higher levels of participation in decision-making than those with limited health literacy. Aleid et al (2024). Improving health literacy is essential in empowering patients to make informed decisions regarding their care. The positive correlation between health literacy and decision-making autonomy underscores the importance of this aspect in patient-centered care. This study shows that effective shared decision-making requires patients to have adequate health literacy to understand complex information, discuss treatment options, and understand the implications of different choices. Without adequate health literacy, patients may not get the full benefits of the HR process, leading to decisions that are not in line with their true values.

A person's ability to make health decisions depends not only on health literacy, but is also influenced by broader contextual and organizational factors, including the ability to find, understand, and use health information and services, as well as the support provided by health systems and communities. According to de Wit et al., (2020), a person's ability to make health decisions may depend not only on health literacy but also on contextual factors such as financial barriers, lack of time, social support, personality traits, or system-related barriers.

Xu RH, at el (2021) Study of patients with high levels of eHealth literacy are more likely to experience optimal human resources and improved well-being capabilities. However, a patient's depressed status can alter the relationship between eHealth literacy and SSDM.

Rüegg R. (2022). DMA is an important mediator between health literacy and health outcomes. Higher levels of health literacy do not directly lead to better health. Conversely, the significant role of contextual factors suggests that health literacy is just one of many factors that contribute to higher and further DMA on good health outcomes. This study shows that a high level of health literacy does not automatically guarantee better health, as health is influenced by many other factors such as situational, emotional, and educational and other social determinants.

In Indonesia, medical decision-making is strongly influenced by cultural factors (hierarchy, communal, ethnic values), social factors (doctor-patient relationships, social networks), personal factors (beliefs, life experiences), and patient experiences (previous illnesses, perceptions of treatment). These factors are interrelated and affect how patients understand and receive information, as well as how they interact with healthcare professionals in the approval process of medical measures.

According to the Katz and Kahn Model (1966), medical decision-making is not only about technical knowledge, but also about how situational and psychological factors interact to influence rational processes. Understanding these factors helps in designing strategies to improve the accuracy and effectiveness of decisions, especially in a dynamic environment and often without much time (John B. Miner, 2011). According to Morrow and Chin (2015), health decisions are often an emotional and value-laden issue in dynamic uncertain conditions. Such conditions require a lot of knowledge, experience, and understanding of the problem situation.

High health literacy relates to an individual's ability to evaluate health information from a variety of sources and make better decisions about their own or their family's health care. When a person has good health literacy, the chances of misunderstanding or misunderstanding of health information can be reduced. Low health literacy in patients can hinder the understanding of complex medical information, make it difficult for them to communicate values, and effectively participate in decision-making, thereby reinforcing power imbalances and leading to decisions that are less in line with the patient's wishes.

Roodbeen R., Vreke A. et al (2020), HCPs experience several obstacles in effective communication with LHL patients. As the concept of limited health literacy is not yet understood by most of the HCPs interviewed, knowledge and awareness about LHL needs to be improved. Furthermore, HCPs need to be trained to recognize LHL, adjust their communication with LHL patients, and facilitate patients to engage in HR. Harzheim, L., et al, (2023) The importance of communication and interaction between healthcare professionals (HCPs) and patients in health-literacy decision-making in the specific context of predictive medicine. Relevant aspects of social and communication skills need to be considered in the consultation guidance and integrated into medical education and training, to provide individual-sensitive consultation and professional health promotion (HL) for people at risk. This study shows that health communication and health literacy are closely related to each other in improving understanding and decision-making related to health.

According to Caeiros P. (2024), health communication is an important component in increasing the level of health literacy, not only among health workers but also among the general public. According to Alfarizi (2019), health communication includes the use of communication services to convey messages and influence the decision-making process related to efforts to improve and manage health by individuals and communities.

Effective health communication plays a crucial role in conveying health information clearly and relevantly, while health literacy allows individuals to understand, interpret, and use that information correctly. Clear communication and respect allow patients to understand their choices, while the assessment of patient needs helps in setting shared treatment goals, all of which lead to better adherence, higher patient satisfaction, and better treatment outcomes.

The complexity that arises from the interaction of cultural processes and variations in health literacy underlies communication and interaction in the health service system. This

balance is usually part of a healing relationship governed by cultural beliefs and rituals that manifest as cultural languages. Healthcare providers need to understand this cultural language to reduce misunderstandings. The opposite of this understanding is the ability of people from different cultural groups to understand what healthcare providers communicate about their diagnosis, risks, and treatment options.

Chen L (2025) Shared decision-making (HR) depends on high-quality communication between doctors and decision-makers. The shared beliefs, values, behaviors, and traditions that make up an individual's culture influence the way he or she communicates and receives information, as well as impact complex decision-making. Cultural differences between medical providers and their patients or families can lead to false assumptions, different priorities, a lack of common goals, and conflict.

Good communication creates high health literacy, while high health literacy allows individuals to help individuals understand health information, which is effectively communicated by healthcare providers and can empower patients to participate in their health decisions, effectively transforming power relations from one direction into a mutually beneficial partnership for the betterment of personal and community health. However, low health literacy can be an obstacle that leads to limited patient participation and unbalanced relationships, even conflicts in decision-making.

Harding R, Salins N, Sharan K. et al (2022) This innovative evidence-based health literacy model offers the potential for viable and acceptable interventions to support families in communication, disclosure, and decision-making. Janneke N., et al (2022), important barriers to this relate to healthcare providers (e.g., involving patients too little in decision-making, use of medical jargon), patient-related (e.g., feeling unsafe to play a role in decision-making, inability to understand the diagnosis or information about their treatment options) related to interactions between patients and caregivers (having a relationship of trust) or system-related (e.g., too little consultation time). This shows that supporting the development of health literacy and positioning it as an asset can help create a balanced dialogue, empower patients, and facilitate their fuller participation in shared decision-making, in line with the value of patient autonomy.

In the social practice of the medical world, the dominance of power demonstrated by the medical regime through medical institutions and personal health relations with patients has given birth to dependency, control and control as well as total compliance, subordination, marginalization, and other situations that are unfavorable to society. In an asymmetrical relationship where the patient is in a subordinate position, there is not the slightest space and opportunity for him to be able to participate in the decision-making process even though it concerns his life and livelihood. The subordinated position experienced by the community in the treatment process not only causes patients to submit and obey personal health advice, recommendations, and orders but also patients feel alienated from medical language, drug prescriptions given, medical rules, and personal health attitudes and actions. In order to create an equal or balanced relationship (balancing power) and balance dependency between the community who have the status as patients and doctors as a representation of the medical regime, it is necessary to foster critical consciousness in modern medical services through several strategies. (Ariadi S. 2023)

According to Faden and Beauchamp (2014), patients have the right to express preferences regarding the treatment they receive or refuse, which must be acknowledged by the medical community. Gillon (2015), a good understanding of illness, medication, and life helps individuals make a more reflective Advance Directive according to values. Healthcare providers must provide comprehensive information about the individual's rights to create this document, including the right to specify the type of treatment or medical intervention desired

or denied. Patient active participation in decision-making is important in limiting potential misunderstandings about patient preferences (Jeong HK, 2022).

Shared Decision-Making (HR) is the cornerstone of patient-centered care and emphasizes integrating patients' needs, values, and goals into their care plan. Physicians can provide personalized and effective care by actively involving patients and caregivers in the decision-making process and considering their preferences and unique circumstances. This evidence-based approach ultimately results in increased patient satisfaction, better adherence to treatment, and better health outcomes (Hoque F.2024)

Patient empowerment begins with healthcare providers realizing that patients are in control of their care and aim to improve patients' ability to think critically and make independent, informed decisions about their joint health. A significant imbalance of power between healthcare providers and patients, as patients often feel powerless or lack authority. Overcoming this power imbalance is key in shared decision-making, ensuring that patients are not only recipients of information but also equal partners in decision-making. Active participation of patients in decision-making is important to limit potential misunderstandings about patient preferences and conflict of decision between physician and patient.

CONCLUSION

Health literacy is not just about reading skills, but about patient empowerment. By having good health literacy, patients gain greater power or control over their health-related information and decisions, shifting power away from the dominance of service providers. Individuals with high health literacy have the ability to access, understand, assess, and apply health information, which is the foundation for fully participating in medical decisions. Active patient involvement in medical decision-making can lead to higher satisfaction. Strong health literacy supports the development of the skills necessary for shared decision-making, where patients and service providers work together to minimize conflicts in decision-making. Patients with low health literacy tend to have lower participation, creating a power imbalance in medical interactions. Health literacy is one of many factors that contribute to positive health outcomes, but it is not the only determinant including social determinants such as economics and environment, as well as broader situational, emotional, and educational factors. Recommendations for further research are suggested to uncover how power dynamics between physicians and patients, including trust, affect patients' perceptions of shared decision-making and mediate their relationships. This study can also further examine the relationship between health literacy and power relations by considering the impact of demographic variables and positive ethical and legal reviews in Indonesia.

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