Formosa Journal of Multidisciplinary Research (FJMR)
Vol. 3, No. 4 2024: 1219-1234

Preferences For Health Information and Participation in Decision Making: The Patients' Perspectives for Hospital Improvement

Norhaynee D. Tamano[1], Joan P. Bacarisas[2], Resty L. Picardo[3*], Jake C. Napoles[4]
College of Allied Health Sciences, University of the Visayas
Corresponding Author: Resty L. Picardo restypicardo@hotmail.com

A R T I C L E I N F O

Keywords: Generational In-patients; Preference for Health Information; Preference for Participation in decision-making

Received : 18, February
Revised : 19, March
Accepted: 20, April

A B S T R A C T

Patients of varying generations demand varying approaches. Additionally, hailing from diverse indigenous cultures and religions, they have distinct historical backgrounds that shape their personal qualities. In healthcare, holistic care is critical, and it must meet the dynamism and constant change of the world, while also taking generational gaps into account as a major concern in healthcare. This quantitative research made use of the descriptive, comparative (non-causal) design to compare the differences in the perceptions on the preferences for health information and participation in decision making among generational in-patients in a government-retained hospital for the 2nd quarter of 2021. Findings of the study revealed that the respondents had a good preference on health information on diagnosis, treatment, laboratory tests, self-care, and psychosocial while they are only had a fair preference of health information on complimentary or alternative medicine and healthcare provider. The Generation Z scored the highest of the four generations while the Baby Boomers scored the lowest. The respondents had a poor preference for participation in decision making on their diagnosis and treatment.

DOI: https://doi.org/10.55927/fjmr.v3i4.8454
ISSN-E: 2829-8896
https://journal.formosapublisher.org/index.php/fjmr

INTRODUCTION

Patients coming from different generations require different approaches. On top of coming from different local cultures and religions, they come from different historical backgrounds defining their personal characteristics. In healthcare, holistic care is important and that is must address the dynamism and ever changing world, taking into consideration generational gaps as one of the major concerns in healthcare. While healthcare professionals take the lead role in the management of patients, patients or their significant others cannot be ignored in planning for care. A care allowing participation of the patient or their significant others is one that is highly embraced in healthcare and is mandatory to happen to gain better patient outcomes. Patient's preferences on health information and participation in decision making are vital in planning for patient care and assuring better outcomes.

In the study of Ringdal et al. (2017), five themes emerged with the thematic analysis: endorsing participation; understanding enables participation; enacting patient safety by participation; impediments to participation; and the significance of participation. This study demonstrated that patients wanted to be active participants in their care and safety activities by having a voice and being a part of the decision-making process, sharing information and possessing knowledge about their conditions. These factors were all enablers for patient participation. However, a number of barriers hampered participation, such as power imbalances, lack of patient acuity and patient uncertainty. Patients' participation in care and patient safety activities seemed to determine whether patients were feeling safe or ignored.

According to Clark (2020), healthcare is changing rapidly as younger generations head into the workforce. The industry is trying to keep up with this new, fast-paced world. But practices cannot forget about the older demographics who rely on traditional healthcare the most. Organizations must consider all patient generations as they make changes to keep up with younger demographics. Understanding what different generations want in healthcare and how they make their decisions is essential to stay relevant within this industry. Further, according to Gopal (2021), to better serve patients, and to attract new ones, doctors can't assume all patients are alike. Each generation expects different things from their doctors and makes health care decisions differently, so doctors need to give real consideration to their patients' demographics. While older patients rely on their doctors for information, younger patients seek health information from multiple sources, including the Internet and their social networks (Gopal, 2021).

According to Heath (2016), just as each generation expresses its own unique preferences for fashion and music, patients express different preferences for patient engagement based on their age and life experiences. As healthcare reform efforts increase demand for improved patient-centered care, providers must understand the differences in generations in order to provide effective patient engagement. By taking a look at the health habits of the Centennials, Millennials, Generation X, and Baby Boomers, providers can better understand how to forge personal relationships and integrate health information technology tools into the care process to create the best patient outcomes.

According to Integrated Healthcare Executive (2016), in a nutshell, Baby Boomers (ages 56–73) are more likely to debate with their doctor. Gen Xers (ages 35–55) are more likely to get privately educated before visiting a physician. And Millennials (ages 16–34) are more apt to look for all types of connected healthcare. It is important to understand the generational differences in order to gain: (a) meaningful use incentives are being left on the table; (b) engagement tools are untapped by the Silent Generation and Millennials; (c) a greater percentage of all generations uses the internet more often than previously considered as a source of information to help manage their health; and (d) healthcare providers could facilitate post-visit and between-visit support by recommending online resources; (e) and, perhaps surprisingly, Millennials are statistically less likely to use technology tools than other generations.

Taking for example the Millenials, when it comes to them, providers need to remember that a strong connection is key in engaging with the patient. According to research conducted by Medscape Education presented at HIMSS2016, Millennials were known for wanting deep, genuine connections with their physicians. Other research indicates the same. In a study of 3,000 Millennials, Nuance Art of Medicine determined that younger consumers prefer strong patient-provider connections. A total of 73 percent of respondents stated that adequate time for discussion constitutes a better physician visit, and 66 percent said that verbal communication of specific recommendations would also contribute to a good physician visit. Millennials also have unique preferences when it comes to health technology. In a Salesforce report published in 2015, researchers determined that 60 percent of Millennials support the use of telehealth, and 71 percent would like for their physicians to adopt a mobile health application (Heath, 2016).

LITERATURE REVIEW

Patient Preferences on Health Information

According to Xie et al. (2017) patient-centred care requires an understanding of the sources patients and their family caregivers use to obtain different types of health information. Such knowledge can inform health-care professionals and educators to develop effective interventions and strategies to help patients and their family caregivers obtain high-quality health information and participate in health-care decisions about themselves and their loved ones.

In the study of Varho et al. (2023) it revealed that when asked about their preference for sharing their health data, respondents had no preference between data collection for the purposes of clinical practice, health policy or research, with a slight preference for having government organisations manage, govern and curate the integrated datasets from which the analysis was being conducted. The least preferred option was for personal health records to be integrated with insurance records or for their data collected by privately owned corporate organisations. Individuals preferred their data to be analysed by a public healthcare provider or government staff and expressed a dislike for any private company involvement.

Patient Participation in Decision Making

In the study of Galletta et al. (2022), patients' scores for shared decision-making (information, patient needs, treatment planning) were significantly different for physicians and nurses. At both admission and discharge, patients rated shared decision-making significantly higher for physicians compared to nurses, while there were no differences in their satisfaction ratings. Patient ratings of physicians did not change from admission (information; patient need; treatment planning) to discharge (information; patient need; treatment planning), but patients' ratings of nurses' behavior increased significantly from admission (information; patient need; treatment planning) to discharge (information; patient need; treatment planning). Attention to patients' needs was the key determinant of both satisfaction with nurses and perceived quality of care. Providing appropriate information about disease progress and treatments was a key determinant of both satisfaction with physicians and perceived quality of treatment.

The study of Okezue et al. (2023) revealed that only few patients were involved in shared decision-making whilst most patients had passive roles during consultation. Shared decision-making involvement had significant associations with age and educational status. Most patients identified 'Doubt towards shared decision-making,' as a factor that could hinder this collaborative process. Similarly, majority of the patients acknowledged the relevance of the influential factors: 'Physiotherapist's support' and 'Adequate health Information', toward promoting involvement in shared decision-making.

Generational Differences

Different generations want different experiences in healthcare. While the healthcare industry has seen so many changes over the past decade due to technology, it has also started to focus more on patient outcomes. Trends like telemedicine, price transparency, remote monitoring tools and artificial intelligence are all fueled by younger patient generations. These cohorts grew up with the internet and can't live without their smart devices. They want fast-paced care and digital health options that reflect their lifestyle. The more time they save and the easier they can access their data, the better. Giving the same patient experience across the board no longer works. As this industry changes, practices need to make sure they understand what different generations want in healthcare (Clark, 2020).

Almost half of the adults within this cohort do not have a primary care physician (PCP). That is likely the result of their views on healthcare. Generation Z patients are less likely to go to the doctor because of the cost, the inconvenience of coming in, and their general lack of time. But they still prioritize both their physical and mental health. They are more likely to rank their mental health as poor, and many have concerns with their stress levels. They are more aware of whole-person wellness and tend to seek out care alternatives, such as supplements and wearable devices. Because of the digital options already available, this group is likely to take preventative care into their own hands. Generation Z patients do not want an "old school" model of healthcare where they have no input in decision-making. They choose providers based on digital offerings. But they will still consult their parents

when making healthcare decisions since they are just now becoming independent (Clark, 2020).

Synthesis

In the end, it is about respecting the patients' rights. The patient's preference on health information is basically his right which should be respected at all times. This preference has been found to have a link on patient's preference in participating in making decisions related to his plan of care. The various research included in this chapter demonstrate the benefits of patient participation in decision making. These benefits include: improved patient satisfaction and trust, increased patients' quality of life, lowered anxiety and emotions, better understanding of personal requirements, more positive and direct professional communication with lasting health benefits, patient empowerment, and better patient health.

METHODOLOGY

This quantitative research utilized a descriptive, comparative (non-causal) design. A descriptive research design aims to accurately and systematically describe a population, situation or phenomenon. It can answer what, when, where, when and how questions, but not why questions (McCombes, 2020). Non-experimental designs are research designs that examine social phenomena without direct manipulation of the conditions that the subjects experience. There is also no random assignment of subjects to different groups. As such, evidence that supports the cause-and-effect relationships is largely limited. In comparative research, the researcher examines the differences between two or more groups on the phenomenon that is being studied (Frey, 2018).

In application to the study, the descriptive design was used in determining the perceptions on the preferences for health information and participation in decision making among generational in-patients. The comparative (non-causal) was used to assess whether there was a significant difference in the perceptions on the preferences for health information and participation in decision making among generational in-patients in Amai Pakpak Medical Center for the 2nd quarter of 2021.

RESEARCH RESULT

Perceived Preference for Health Information among Four Groups Generations of In-patients

Table 1 presents the data on the perceived preference for health information among four groups generations of in-patients in terms of diagnosis, treatment, laboratory tests, self-care, complementary and alternative medicine (CAM), psychosocial factors, and healthcare providers.

Table 1

Perceived Preference for Health Information among Four Groups Generations of In-patients

Dimensions	Baby Boomer (n=50)			Generation X (n=50)			Generation Y (n=50)			Generation Z (n=50)			Overall (n=200)		
	Mean score	SD	Int	Mean score	SD	Int	Mean score	SD	Int	Mean score	SD	Int	Mean score	SD	Int
Diagnosis	3.42	0.276	G	3.47	0.333	G	3.58	0.429	G	3.44	0.373	G	3.48	0.360	G
Treatment	3.55	0.410	G	3.66	0.424	G	3.77	0.378	G	3.79	0.420	G	3.69	0.417	G
Laboratory Tests	3.44	0.327	G	3.51	0.391	G	3.49	0.466	G	4.02	0.493	G	3.61	0.482	G
Self-care	3.61	0.452	G	3.73	0.435	G	3.56	0.493	G	4.03	0.554	G	3.73	0.515	G
Complimentary/Alternative Medicine	2.95	0.464	F	3.16	0.565	F	3.20	0.615	F	3.94	0.489	G	3.31	0.652	F
Psychosocial	3.36	0.317	F	3.47	0.324	G	3.45	0.401	G	3.93	0.494	G	3.55	0.447	G
Healthcare Provider	3.06	0.660	F	3.03	0.529	F	3.12	0.567	F	4.20	0.474	G	3.35	0.743	F
Grand mean	3.34	0.238	F	3.43	0.286	G	3.45	0.401	G	3.91	0.317	G	3.53	0.383	G

Legend: Parametric scores and interpretation are as follows: a score of 1.00 – 1.80 is very poor (VP); 1.81 – 2.60 is poor (P) ; 2.61 – 3.40 is fair (F); 3.41 – 4.20 is good (G); and 4.21 – 5.00 is very good (VG).

The table shows that the Baby Boomers had a good preference in terms of the health information on diagnosis, treatment, laboratory tests and selfcare while they had only a fair preference in terms of the health information on complimentary or alternative medicine, psychosocial, and healthcare provider. Perceived preference for health information. Overall, they had a fair preference of the health information they received. On the other hand, both the Generation X and Generation Y had a good preference of health information on diagnosis, treatment, laboratory tests, selfcare, and psychosocial while they had a fair preference of information on complimentary or alternative medicine and healthcare provider. Overall, they had a good preference of health information. The Generation Z had a good preference In all dimensions of the health information.

As an overall finding, the respondents had a good preference on health information on diagnosis, treatment, laboratory tests, selfcare, and psychosocial while they are only had a fair preference of health information on complimentary or alternative medicine and healthcare provider. In summary, the respondents had a good preference on health information.

A good perception on diagnosis, treatment, laboratory tests, self-care, and psychosocial factors is basically a consequence of the healthcare team being able to know their responsibilities in dealing with their patients. This further means that the healthcare team is well versed with the patient's bill of rights as evidenced by such findings. Knowing that patients have the right to be given complete and accurate information about their status while being admitted in the hospital in turn this is what is observed by the healthcare teams.

Though all four groups had a good preference of health information on diagnosis, it is the Generation Y who scored the highest with the Baby Boomers being the lowest. Similarly, all four groups had a good preference on health information on treatment and laboratory tests, however, it was the Generation Z who scored the highest with the Baby Boomers being the lowest for both dimensions. Also, while all four groups had a good preference of health information on self-care, again it was the Generation Z that scored the highest while the Generation Y scored the lowest. Consequently, the Generation Z had a good preference of health information on complimentary or alternative medicine while the other three remaining age groups had a fair preference with

the Baby Boomers being the lowest. As for the psychosocial factors, all age groups except the Baby Boomers had a good preference with the Generation Z again earning the highest score. Lastly, on the healthcare provider, Generation Z had a good preference of health information on healthcare provider while the other three remaining age groups had a fair preference with the Generation X being the lowest. It appears that the Generation Z is consistently the highest in terms of the preference on health information in all dimensions. Overall, it is the Generation Z (good) who scored the highest of the four generations, this is then followed by the Generation Y (good), then followed by the Generation X (good). The Baby Boomers (fair) scored the lowest in terms of preference for health information.

In support to the findings, according to Xie et al. (2017) patient-centered care requires an understanding of the sources patients and their family caregivers use to obtain different types of health information. Such knowledge can inform health-care professionals and educators to develop effective interventions and strategies to help patients and their family caregivers obtain high-quality health information and participate in health-care decisions about themselves and their loved ones.

Contrary to the findings, it was revealed in the study of Kuosmanen et al. (2021) that patients do participate in shared decision-making and desire to participate in everyday nursing care decisions, treatment-related medical decisions and end-of-life decisions. The prerequisites for patient participation in shared decision-making are interdisciplinary teamwork, open communication, good patient-healthcare professional relationship, a favourable environment and mutual information.

Perceived Preference for Participation in Decision Making among Four Groups Generations of In-patients

Table 2 presents the perceived preference for participation in decision making among four groups generations of in-patients in terms of diagnosis, treatment, laboratory tests, self-care, complementary and alternative medicine (CAM), psychosocial factors, and healthcare providers.

Table 2

Perceived Preference for Participation in Decision Making among Four Groups Generations of In-patients

Dimensions	Baby Boomer (n=50)			Generation X (n=50)			Generation Y (n=50)			Generation Z (n=50)			Overall (n=200)		
	Mean score	SD	Int	Mean score	SD	Int	Mean score	SD	Int	Mean score	SD	Int	Mean score	SD	Int
Diagnosis	2.44	0.301	P	2.41	0.377	P	2.61	0.505	F	2.65	0.239	F	2.53	0.380	P
Treatment	2.54	0.268	P	2.59	0.295	P	2.68	0.523	F	2.39	0.267	P	2.55	0.368	P
Laboratory Tests	2.59	0.284	P	2.70	0.307	F	2.89	0.558	F	2.83	0.292	F	2.75	0.393	F
Self-care	3.64	0.303	G	3.49	0.336	G	3.44	0.450	G	3.54	0.360	G	3.53	0.371	G
Complimentary/ Alternative Medicine	4.33	0.310	VG	4.23	0.299	VG	3.98	0.476	G	3.52	0.349	G	4.02	0.480	G
Psychosocial	4.50	0.373	VG	4.45	0.389	VG	4.17	0.471	G	3.73	0.452	G	4.21	0.520	VG
Healthcare Provider	4.39	0.466	VG	4.37	0.523	VG	4.31	0.533	VG	3.71	0.623	G	4.20	0.605	G
Grand mean	3.49	0.147	G	3.46	0.126	G	3.44	0.311	G	3.19	0.201	F	3.40	0.239	F

Legend: Parametric scores and interpretation are as follows: a score of 1.00 – 1.80 is very poor (VP); 1.81 – 2.60 is poor (P) ; 2.61 – 3.40 is fair (F); 3.41 – 4.20 is good (G); and 4.21 – 5.00 is very good (VG).

The table shows that the Baby Boomers had a poor preference for participation in decision making on their diagnosis, treatment, and laboratory

tests. However, they had a good preference for participation in decision making on self-care while they had a very good preference for participation in decision making on complimentary or alternative medicine, psychosocial, and healthcare providers. Overall, they had a good preference for participation in decision making. The table further shows that the Generation X had a poor preference for participation in decision making on their diagnosis and treatment. However, they had a fair preference for participation in decision making on the laboratory tests and good on self-care. Also, they had a very good preference for participation in decision making on complimentary or alternative medicine, psychosocial, and healthcare providers. Overall, they had a good preference for participation in decision making. Furthermore, the Generation Y had a fair preference for participation in decision making on their diagnosis, treatment, and laboratory tests. They had a good preference for participation in decision making on self-care, complimentary or alternative medicine, and psychosocial, however, they had a very good preference for participation in decision-making on healthcare providers. Overall, they had a good preference for participation in decision making. Lastly, for the Generation Z, they had a poor preference for participation in decision making on their treatment however, they had a fair preference for participation in decision making on diagnosis and laboratory tests. They had a good preference for participation in decision making on self-care, complimentary or alternative medicine, psychosocial, and healthcare provider. Overall, they had a fair preference for participation in decision making. In summary, the respondents had a poor preference for participation in decision making on their diagnosis and treatment. They had a fair preference for participation in decision making on their laboratory tests but they had a good preference for participation in decision making on their self-care, complimentary or alternative medicine, and healthcare provider. They had a very good preference for participation in decision making on the psychosocial factors. Overall, the respondents had a fair preference for participation in decision making.

By comparison, the table shows that in terms of the dimension of diagnosis, the Generation Z scored the highest (fair) over the other three age groups with the Generation X scoring the lowest (poor). In terms of treatment, the Generation Y scored the highest (fair) with the Generation Z scoring the lowest (poor). In terms of the preference for participation on decision making on laboratory tests, the Generation Y scored the highest (fair) with the Baby Boomers being the lowest (poor). In terms of the preference for participation on self-care, while all had a good preference, the Baby Boomer scored the highest with the Generation Y being the lowest. In terms of the preference for participation on complimentary/alternative medicine, the Baby Boomers scored the highest (very good) with the Generation Z being the lowest (good). In terms of the preference for participation on psychosocial, the Baby Boomers scored the highest (very good) with the Generation Z being the lowest (good). In terms of the preference for participation on healthcare provider, the Baby Boomers scored the highest (very good) with the Generation Z being the lowest (good). Overall, it is the Baby Boomers (good) who scored the highest of the four generations, this is then followed by the Generation X (good), then followed by

the Generation Y (good). The Generation Z (fair) scored the lowest in terms of preference for participation in decision making.

A good perception for participation on decision making about complimentary or alternative medicine means that the their participation in the decision making relating to complimentary or alternative medicine was done mostly by the in-patients themselves in terms of the decision regarding whether to use complementary or alternative medicine (e.g., chiropractic, acupuncture); whether to use complementary or alternative medicine alone or in combination with standard medicine; when to get complementary or alternative medicine; where to get complementary or alternative medicine; whether to see a particular complementary or alternative medicine practitioner (e.g., chiropractors, acupuncturists); whether to use a particular complementary or alternative medicine if it is not covered by their current health insurance plan.

Lastly, a good perception for participation on decision making about the healthcare providers mean that their participation in the decision making relating to the healthcare providers was done mostly by the in-patients themselves in terms of the decision regarding whether to go to a particular medical facility and whether to see a particular medical specialist.

Contrary to the findings, the findings of the study of Nuwagaba et al. (2021) revealed that only a few of the participants had adequately participated in shared decision-making. Participants who knew the name of their consulting doctor were approximately 11 times more likely to participate in shared decision-making.

The interpretation of being good does not necessarily indicate a good finding. A good perception on self-care, is indicative of the establishment of independence by the patient or autonomy. Patients are normally encouraged to develop independence in doing self-care as a component of wellness. This finding is an indication that the patients were indeed given the independence to provide self-care. Similar with complimentary or alternative medicine, considering that this is not really the standard of care and despite gaining popularity at this time, engagement in such treatment should be given solely to the patients. This is again an indication that patients were really given the autonomy to decide while the doctor gives them the choices. It should be noted that as a healthcare provided, the giving of options for the patient is a responsibility, but it is the responsibility of the patient to make his own decision. This is also true to the good perception on healthcare providers. Patient management cannot really forward if the patient do not make a decision, including his or her appointed guardian. While patients are given options for a referral, the decision to proceed with the referral also includes the decision of which physician to avail. Very importantly, these findings strengthen the concept of patient autonomy.

In terms of psychosocial factors, a very good perception for participation on decision making about psychosocial means that the their participation in the decision making relating to psychosocial factors was done by the in-patients themselves—alone, in terms of the decision regarding how to deal with their feelings about their health condition; whether to join support groups to talk with other people in similar situations; how to deal with feelings about

themselves as a result of their health condition; how to deal with feelings about themselves as a result of the treatment; how to deal with feelings about their social life as a result of their health condition; how to deal with feelings about their social life as a result of the treatment; how to involve their family in dealing with feelings about their health condition; and whether to use a particular counseling program if it is not covered by their current health insurance plan.

In the study of Abdelwadoud et al. (2023), a key part of any effort to ensure informed health care decision-making among the public is access to reliable and relevant health-related information. The youngest generation discussed seeking health information for their children; the other two sought information for their own needs. All participants noted that finding health information appropriate to their reading level was a challenge, as was identifying reliable sources of information. All generations identified in-person and live interactions as their preferred method of communication and health care providers as their preferred source for information. All three generations recognized the usefulness of websites, and the two older generations acknowledged the advantages of brochures.

Difference in the Perceptions of Preferences for Health Information among Four Generations of In-patients

Table 3 is the presentation of the data on whether there is a significant difference in the perceptions of preferences for health information among four generations of in-patients.

Table 3. Difference in the Perceptions of Preferences for Health Information among Four Generations of In-patients

Group mean score		Mean square	F value	*p* value	Decision	Interpretation
Baby Boomers (3.34)	Between groups	3.223	32.272	.000	Reject the null hypothesis	Significant
Generation X (3.43)	Within groups	.100				
Generation Y (3.45)						
Generation Z (3.91)						

Legend: Significant if p value is $\leq$ .05.

The table shows a *p* value that is interpreted as significant which led to the decision of rejecting the null hypothesis. This means that there is a significant difference in the perceptions of preferences for health information among the four generation of in-patients. This further means that there is a variation in the perceptions of the four generation on the preferences for health

information. To further assess the significant difference, a post hoc Tukey was done where findings revealed that the significant difference were on the following groups based on the p value of .000 for all, namely: (a) Baby boomers vs. Generation Z (.000); (b) Generation X vs. Generation Z (.000); and (c) Generation Y vs. Generation Z (.000). The significant difference was only seen between the Generation Z with the three older generations (See Appendix).

Looking at the mean scores of the different age groups on the significant finding between the Baby Boomers (3.34) and Generation Z (3.91), the difference between the two groups mean that the Generation Z had a better preference on health information as compared to the Baby Boomers. The same interpretation is also true to the significant difference between Generation X (3.43) vs. Generation Z (3.91); and Generation Y (3.45) vs. Generation Z (3.91) where the Generation Z had a better preference on health information as compared to both the Generation X and Generation Y.

Generation Z is the youngest of all the generations, them gaining the highest score over the other generations can be attributed to the fact that this time is their time. Being the newest generation, they are well-versed with the use of technology, where healthcare information is readily and easily accessible. It can also be noted that hospital nowadays is slowly adopting the use of technology to ease healthcare practice, and it is also in this aspect that Generation Z do not have difficulty in dealing and coping with these advancement as they are well-versed with these. Based on the experience of the researcher, it is indeed very true that the youngest generation have a better preference on health information, as experienced, they come to the hospital doing their homework that sometimes they know already the different diagnostic examinations to be one for their cases. They do not ask too many questions already about their illness.

In support to the findings, According to Integrated Healthcare Executive (2016), Generation Z are considered "digital natives" and practically live on their phones. Because of this, they want similar experiences with their healthcare. This includes: (a) telemedicine; (b) online payment and scheduling; (c) wearable devices; and (d) easy access to their health data. These options increase convenience for them, which is beneficial to their busy and fast-paced lives. In contrast, the Generation X wants to be engaged and educated. Relatively healthy, they are notably curious and actively seek information. They assume healthcare providers and their staff are knowledgeable. They are less likely to be loyal to a certain provider. They are more likely to switch physicians and hospitals based on their most recent experience, not their overall past experience. Doctors do not recommend portals for this generation. However, when they do use portals, it is primarily for laboratory results, communication with their healthcare provider and scheduling, and medication refills.

Difference in the Perceptions of Preferences for Participation in Decision Making among Four Generations of In-patients

Table 4 is the presentation of the data on whether there is a significant difference in the perceptions of preferences for participation in decision making among four generations of in-patients.

Table 4. Difference in the Perceptions of Preferences for Participation in Decision Making among Four Generations of In-patients

Group mean score		Mean square	F value	*p* value	Decision	Interpretation
Baby Boomers (3.49)	Between groups	.946	21.631	.000	Reject the null hypothesis	Significant
Generation X (3.46)	Within groups	.044				
Generation Y (3.44)						
Generation Z (3.19)						

Legend: Significant if p value is $\leq$ .05.

The table shows a *p* value that is interpreted as significant which led to the decision of rejecting the null hypothesis. This means that there is a significant difference in the perceptions of preferences for participation in decision making among the four generation of in-patients. This further means that there is a variation in the perceptions of the four generation on the preferences for participation in decision making. Based on the post hoc Tukey, it shows that the significant difference is seen in the following groups: Baby boomers vs. Generation Z with a *p* value of .000; Generation X vs. Generation Z with a *p* value of .000; and Generation Y vs. Generation Z with a *p* value of .000. Based on the mean scores of each group and the significance of the difference, it revealed a common finding that the Baby Boomers (3.49), the Generation X (3.46), and the Generation Y (3.44) are much better in terms of the perception of preferences for participation in decision making over the Generation Z (3.19). In other words, the older generations had better preferences for participation in decision making as compared to the youngest generation (See Appendix).

DISCUSSION

As an overall finding, the respondents had a good preference on health information on diagnosis, treatment, laboratory tests, selfcare, and psychosocial while they are only had a fair preference of health information on complimentary or alternative medicine and healthcare provider. In summary, the respondents had a good preference on health information. The Generation Z (good) who scored the highest of the four generations, this is then followed by the Generation Y (good), then followed by the Generation X (good). The Baby Boomers (fair) scored the lowest in terms of preference for health information.

The respondents had a poor preference for participation in decision making on their diagnosis and treatment. They had a fair preference for participation in decision making on their laboratory tests but they had a good preference for participation in decision making on their self-care,

complimentary or alternative medicine, and healthcare provider. They had a very good preference for participation in decision making on the psychosocial factors. Overall, the respondents had a fair preference for participation in decision making. Overall, it is the Baby Boomers who scored the highest of the four generations, this is then followed by the Generation X, then followed by the Generation Y. The Generation Z scored the lowest in terms of preference for participation in decision making.

There was a significant difference in the perceptions on preference on health information. The Generation Z had a better preference on health information as compared to the Baby Boomers, the Generation X, and the Generation Y.

There was a significant difference in the perceptions for participation on decision making. The Baby Boomers, the Generation X, and the Generation Y are much better in terms of the perception of preferences for participation in decision making over the Generation Z. In other words, the older generations had better preferences for participation in decision making as compared to the youngest generation.

CONCLUSIONS AND RECOMMENDATIONS

In conclusion, there was a variation in the perceptions on the preference on health information and preference for participation in decision making. The youngest generation—Generation Z, had a better perception on the preference on health information as compared to the other Baby Boomers. However, the three older generations (Baby Boomers, Generation X, and Generation Y) had a better perception on preference for participation in decision making as compared to the youngest generation (Generation Z). True to King's Theory of Goal Attainment (1960s), patients, despite coming from different generations, in-patients are considered as social beings who are rational and sentient. As such they have the ability to perceive, think, feel, choose, set goals, select means to achieve goals, and make decisions which are not necessarily the same. They have three fundamental needs: the need for health information when it is needed and can be used; the need for care that seeks to prevent illness; and the need for care when he or she is unable to help him or herself which varies from person to person. Also, under the Rational Model of Decision Making by Uzonwanne (2016), the differences in the perceptions on decision-making is a result of in-patient being individuals who use facts and information, analysis, and a step-by-step procedure to come to a decision. With the findings, a multi-generational health information and decision-making enhancement plan is proposed.

ADVANCED RESEARCH

Based on the findings, the following are recommended:

Healthcare Practice/Profession. As part of research utilization, the multi-generational health information and decision-making enhancement plan will be endorsed to the hospital where the study was conducted for approval for use.

Healthcare Education. The study can serve as a reference in the discussion of Patients' Bill of Rights. Through the findings, it can strengthen the

importance of the concepts of autonomy and collaboration of care as components in caring for patients. And that the concept of holistic care should already include generational classification of patients or clients.

Healthcare Policy. The findings will allow the Administrators to draft internal policies and regulations for implementation, taking into consideration generational ages of patients when providing care such that, part of the assessment process is the identification of the patient in terms of his or her generation.

Healthcare Research. The study shall be submitted for either oral or poster presentation as a means of research dissemination. The following research titles are also suggested for future studies:

a. A comparative analysis on the factors influencing preferences on health information and participation in decision-making among patients;
b. Finding the relationship between perceptions on health information and participation in decision-making among patients; and
c. Exploring the lived experiences on patient participation in decision making.

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