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Healthcare: An Emerging Area of Research

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Abstract:

Healthcare is one of the most personalized service a consumer experiences. With the rapid growth in the sector, a renewed focus has emerged among healthcare managers to gauge how to manage the quality of care and the associated experience so that they can remain competitive. We wish to approach this sector from a strategic perspective by identifying trends which are worthy of future research. For this purpose, we analyzed 115 articles and identified relevant themes for further research, which would help practitioners as well as researchers in understanding the complexities in this emerging area.

Keywords: Healthcare, experience, servicescape, electronic medical record, co creation, branding.

Introduction

Healthcare marketing, as an officially recognized discipline, started gaining recognition back in 1977, primarily due to two events, which were instrumental in bringing healthcare to the forefront of marketing. The first one was hosting of the first ever national meeting on healthcare marketing in Orlando by American Hospital Association (AHA), followed by Scott Mac Stravic (2002) article which examined the subject in detail for the first time followed by a spur of articles in 80's. Health care services have emerged as a consumer-choice market with the rise of the managed care system in which consumers are pulling the chords on the providers (Andaleeb, 2001). Berry and Bendapudi (2007) have asserted that despite its similarity to other services, it is a fertile field for service research. In the last two decades due to the dynamic nature of healthcare industry, there has been a shift in consumers role from passive receivers to active and informed decision makers, along with increased access to information via internet, rise of social media which has made it quintessential for healthcare providers to continuously upgrade their skills and learn about new procedures and practices in the industry to remain competitive (Chase,1994; Sieveking & Wood,1994; Smith et al.,1994). Such up gradation of skills and knowledge is essential in all areas of the organization and not just limited to any one (Crow, Hartman, & Henson, 2005).

Healthcare sector is expected to grow to $158.2 billion industry by 2017 (Equentis Capital).The reason behind this growth are rising income level, easier accessibility to high quality healthcare facilities and greater awareness of personal health and hygiene . By 2020, an estimated 97 million Indians will be aged 60 or older, up from about 64 million in 2010.

• The number of diabetes cases expected to increase from nearly 60 million in 2011 to 100 million by 2030.
• India's share of NCDs is expected to increase to 76% by 2030.

Source: WHO World Development Report; National Commission on Population, CIA World Fact book

Due to the complex nature of the sector and the unique challenges posed by the country's system it is evident that all the stakeholders need to ensure collaborative efforts for continued success. (Sustainable Strategies for a Healthy India report - June 2013).Hence we feel that a fresh look at the existing state of healthcare services is essential. This research contributes to the theory by summarizing the research on the themes identified.

We used the databases EBSCO host, Proquest, Google scholar to find out the relevant articles. The rest of the article discusses the various themes, which emerged out of our review.

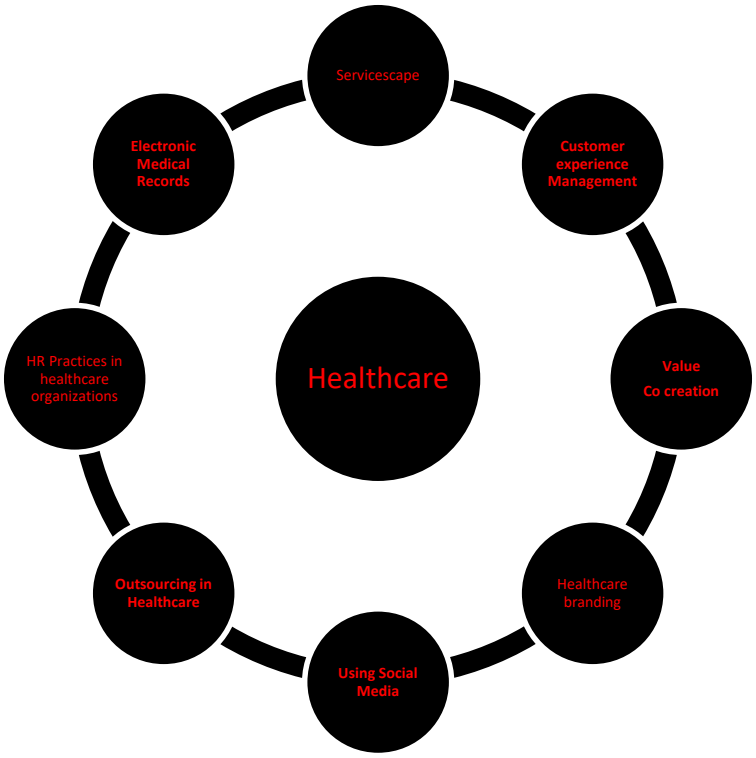

Figure 1: Emerging Areas in Healthcare

1. Servicescape

Bitner (1992) was the first to coin the term "servicescape" to understand how physical surroundings play an influencing role in shaping the behavior of consumers and employees of service organizations which led to a spur of articles for testing this concept empirically(Fottler, Ford, Roberts,& Ford, 2000;Lin,2004). She further isolated these stimuli in three factors: ambient conditions; spatial layout and functionality; and signs, symbols, and artifacts. Due to the recent shift in efforts towards managing the experience of healthcare consumers, there has been a

renewed focus on the role of physical environment in healing process and how it affects the associated experience (Arneill & Devlin, 2002; Fottler, Ford, Roberts, & Ford, 2000). In case of services like healthcare, the emotional state of provider and his workplace experience has a strong bearing on customers experience with the associated service (Wiley 1996; Oliver, 2010; Parish, Berry, & Lam; 2008; Schneider et al. 2005). While other service sectors have been relatively fast in understanding the significance of servicescape and applying it to increase customer satisfaction, healthcare has been relatively slow (Arneill & Devlin, 2002, Fottler, Ford, Roberts, & Ford, 2000). The objective of a servicescape in a healthcare facility should be to reduce the anxiety of the patients and ensure their comfort and convenience for which a clear understanding of the features of servicescape has an impact on customer satisfaction and behavior is essential. Previous studies focused on the evaluation of service entity as a whole rather than its individual dimensions (Campos et.al 2013; Fornara, 2005).Designers of servicescape should take into account the perspectives of both providers and patients. Bitner (1992) has suggested exploration of the natural and social stimuli associated with servicescape. A consideration of emotions and role differences during service co creation has also been stressed upon. (Schoefer & Diamantopoulos, 2009; Gill, White, & Cameron, 2011)

2. Shifting from Quality to managing experience

The focus of all previous studies was on measuring the quality of care provided with various authors conceptualizing it differently**.** Donabedian (1997) has conceptualized healthcare quality as consisting of three stages, from structures, processes, and outcomes. Structural quality consists of the resources and the environment, used to provide the care and medical expertise in the healthcare sector. Examples of structural quality could be accreditation of the hospital, staffing, availability of advanced medical equipments, compliance to the health and safety codes etc (Donabedian, 1997; Dranove & White, 1998). Process quality is a measure of both technical and interpersonal methods with due consideration of their appropriateness, efficiency, and effectiveness of being used to provide healthcare. Examples of process quality include duration of the treatment and length of stay along with adherence to standard norms. (Donabedian, 1997; Yesalis, 2005).Outcome quality is determined with respect to changes in the overall health status based on the treatment received. It is measured in terms of mortality rates, medical complications, or infections during the treatment, how fast the recovery was, and rehospitalization if it occurs (Donabedian, 1997; Iezzoni, Davis, Soukup, & O'Day, 2002).

Another classification of quality given by Ovretveit (1992) based on stakeholders view where in quality consists of three components: client, professional, and managerial. From the client's perspective, it can be viewed as meeting unique needs and wants of the patient (Atkins, Marshall, & Javalgi, 1996), at the least cost (Ovretveit, 1992),and on time with psychological care i.e. empathy, respect (Brown, Franco, Rafeh & Hatzell;1998).Professional quality means the medical expertise and procedural effectiveness in meeting the client's requirements. Managerial quality refers to the utilization of resources in such a way that the objectives of the higher authorities are attained in time bound and cost effective manner. Institute of Medicine (2001) has defined quality in healthcare as, "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." Other conceptualizations of quality in healthcare include simultaneous meeting of the objectives

by the provider and patient (Morgan & Murgatroyd, 1994) inclusion of aspects of user perception, technical standards, and provision of care as symbols of quality (Boller, Wyss, Mtasiwa, & Tanner, 2003; Hulton, Mathews & Stones, 2000). Hence, we can conclude quality is multifaceted construct signifying different meanings to different stakeholders.

Quality is a major concern in healthcare because of the prime importance placed on it by the consumers who want the best value for the money invested by them, as nobody would opt for a lesser quality treatment to save money. However, dissatisfaction among consumers has been increasing although they paid a huge cost to obtain the service. (Fraser, Encinosa, & Glied, 2008).The non responsiveness of healthcare providers maybe due to presence of dominant professional groups who believe they know what is in the best interest of the patients because of their professional qualification and expertise (Kennedy,2001). This may also be in part due to their relative indifference towards the intangible dimensions of service delivery (Grönroos, 2004).

This brings us to another issue slowly gaining importance in the field of healthcare, which is managing patient experience. Healthcare professionals have started realizing that there is a lot of anxiety, cognitive dissonance, ambiguity due to information asymmetries, stress related to undergoing treatment and the feeling whether they are getting the best treatment and attention. Hence, the onus falls on the service professionals to manage the experience. Increased competitive pressure, rising cost of medical procedures, easy availability of medical information on internet are some of the other causes which have led to increased attention towards managing the experience (Brond, 2006; Johnson & Ramaprasad, 2000). Due to its impact on customer satisfaction and loyalty, designing services effectively forms the core of customer experience management (Gupta & Vajic, 2000, Pullman & Gross 2004, Zomerdijk & Voss, 2010).Connecting with customers in a customized, personal, meaningful and memorable way is an essential characteristic of an experience centric service like healthcare (Pine & Gilmore, 1999). Designing slogans with an underlying emotional platform can help customers base their experiences (Chase& Dasu, 2001). An investigation of the factors which affect experience is necessary such as how empowering employees makes a change(Pink,2011) Lastly a true measure of customer experience should capture the "customer's cognitive and affective assessment of all direct and indirect encounters with the firm relating to their purchasing behavior"(Verhoef et al., 2009).

3. Value Co creation

There has been a significant shift in the role of consumers from passive receivers to active consumers and their role as co creators of value (Prahalad & Ramaswamy, 2004; Vargo & Lusch, 2004). In addition, there is increasing evidence accounting for the fact that the interaction between doctors and patients extends beyond the treatment plans and plays an influential role in modifying beliefs and lifestyle (Michie, Miles & Weinman, 2003). The interpersonal relationship between people or the exchange partners in a business context constitute indispensable resources in the service economy. This is due to visualization of service as an activity performed by one person (or group) with the intention of benefiting another person (or group) within the context of a relationship between the two parties. In simple terms, services are essentially relational in nature wherein assistance and expertise are exchanged (Grönroos & Gronroos, 2000; Katzan, 2008; Pine & Gilmore, 1999; Rust, 2004, Grönroos & Ravald, 2011).

Due to the extent of customization provided to a client there is co-creation of service wherein both the partners contribute which is significantly different from the traditional goods based marketing and increases the value of the service offering (Normann, 1991). Various conceptualizations of value exist in literature. Some of the most relevant are "interactive relativistic preference experience" (Holbrook, 1996, p. 138), imagined experience or behavior (Helkkula, Kelleher, & Pihlstrom, 2012) or uniquely and phenomenologically determined by beneficiary (Vargo, Lusch, & Morgan, 2006). All these approaches have one theme which is common, the role of customers as value co-creators which is consistent across various studies (McColl-Kennedy, Vargo, Dagger, Sweeney, & Kasteren, 2012; Payne, Storbacka, & Frow, 2008). Hence, customer participation and the management of the associated experience is essential for value creation, requiring a consideration of both the relationship with and between customers (Verhoef et al., 2009). An alternative view regarding this can be whether consumers dread healthcare service such as diagnosis of fatal diseases, which in turn can have an impact on their participation as co creator (Bendapudi & Leone 2003).

In terms of SD Logic, value creation occurs through the joint and reciprocal interactions occurring between the providers and beneficiaries due to the integration of resources (Vargo, Maglio, & Akaka, 2008). However there is still a lack of understanding regarding the knowledge process and the dynamics associated with the value creation process (Payne, Storbacka, & Frow, 2008; Vargo, Maglio, & Akaka, 2008; Woodruff & Flint, 2006). These aspects need to be explored further to find how much value do customers place on co-creation, the extent of their participation, factors favoring or impeding their participation and how to manage the associated experience.

4. Healthcare Branding

Healthcare is a highly personalized service experience, which signifies a unique meaning to customers. A branding strategy aimed at managing the consumer perceptions and the associated emotions has arisen as a prerogative due to the intense competition to remain competitive (Corbin, Kelley, & Schwartz, 2001). Branding in healthcare relies heavily on trust due to the intangible nature of product (Berry, 2000; Kim, Kim, Kim, Kim, & Kang, 2008) .High brand equity is instrumental in increasing customer satisfaction, loyalty and repurchase intention (Kohli et.al, 2001; Pappu & Quester, 2006)

a) Role of Corporate social responsibility associations on employees and brand

CSR has been defined as "discretionary business practices and contributions of corporate resources intended to improve societal well-being" (Kotler & Lee; 2005). Due to advancements in marketing and CSR literature, the definition of marketing has been broadened to include the impact of marketing activities not only on the organization and its customers (and other stakeholders), but also on society at large (American Marketing Association, 2012). Research has revealed that CSR improves employees' morale and performance, which can be used as a competitive advantage for firms (Hartline& Ferrell, 1996; Fulmer, Gerhart, & Scott, 2003). Forbes has cited the use of CSR as a means to enhance employee performance as a major trend (Mohin,2012) . In addition, CSR associations have a positive influence corporate credibility (Keller & Aaker 1998; Walker & Kent 2012).

Healthcare organizations have an inherent responsibility towards the society, the environment in which they operate while trying to maintain their own prosperity (Bowen, 1953). They provide service in the form of community services, making available specialized treatments programs, generation of employment, improving the quality of life for people by making healthcare service available helps in creating positive associations with the brand. In addition, how such a pro social image of the organization leads to customer company identification and thereby increased trust and positive word of mouth needs to be explored. Whether the frontline employees have calling orientation towards work or high level of employee company identification, which can lead to strong brand image, are some of the areas that need to be explored further so that implications for practical application can be generated. In addition, the emotional and experiential aspects of brands need to be researched further.

b) Trust in the service provider

Multi dimensionality of trust has led to its conceptualizations as trust having a cognitive element (grounded in rational decisions taken) along with an affective dimension (grounded in the interpersonal relationships and affective bonds characterized by regular interactions, empathy and identification with the problems of others) (Gilson, 2003; Kahn & Titmuss, 1969;Mayer, Davis, & Schoorman, 1995). The need for interpersonal trust is escalated in case of health service encounters because of vulnerability due to illness, information asymmetries between the provider and patient, element of risk and feeling of uncertainty regarding the practitioner on whom the patient is dependent(Hall, Dugan, Zheng, & Mishra, 2001; Mayer, Davis, & Schoorman 1995).

With reference to health care, literature indicates that trust is based on the skill and knowledge i.e. competence trust, along with the belief that the trustee is working in the best interests of the trustor i.e. intentional trust (Hall, Dugan, Zheng, & Mishra, 2001; Mechanic & Meyer, 2000).Morgan and Hunt (1994) have asserted that trust and commitment helps in encouraging marketers to maintain a long-term orientation with the exchange partners thereby having a positive impact on the relationship and subsequently promotes efficiency, productivity, and effectiveness.

5. Using Social Media

Social media has been defined as, "electronic tools that enhance communication, support collaboration, and allow users across the globe to generate and share content" (Thielst;2010, pg.1).Alternatively it has been defined as "a group of Internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of user-generated content." (Kaplan & Haenlein; 2010 pg.61)

Due to the complex and highly interpersonal nature of healthcare services, service providers need to maintain fruitful relations with their clients effectively. Due to internet and social media, the horizon has widened for such activities with the availability of multiple channels for doing so. Going by statistics, in America roughly 2 million consumers are using "health 2.0" resources to share their views on blogs, social networking sites using Google(Kane, Fishman, Gallaugher, & Glaser, 2009).These web technologies can be used by companies to provide health-related information and driving traffic towards their websites (Cummins, 2010). Social media provides access to a large market (30 million) for health promotion, which may be tapped by service

providers (Nielson Company; May 2011).Some examples of successful websites are "patients like me" and "Inspire".

Due to its immediate access to the word of mouth exchange of information (Garven, 2009), social networking has emerged as the most effective form of advertising. Hence, the providers need to gain familiarity with using this media, which could be a differentiating factor for them in the long run. Since consumers are connected with each other via various social networks like communities, blogs etc wherein they share their views and experiences, they can serve as pointers to the companies in formulating their service offerings. Research has indicated that social media is a very effective and untapped and that personalized messages from credible sources, helped in the establishment of strong relationship between information provider and seeker (Sarringhaus, 2011; Stroever, Mackert, McAlister, & Hoelscher, 2011).

Some of the areas which can be looked for in research are : Using twitter and face book for sharing advice regarding specific diseases or support groups for patients, adding suggestion weblogs for obtaining improvement in care ,information regarding health events. Lastly giving users a preview of the service via a virtual tour of the premises (Thielst, 2010).Training medical staff about security issues associated with the usage of social media to protect confidentiality of patients(Bottles & Kim, 2013).Lastly, further investigation aimed at assessing the impact of social media on providers and consumers alike needs to be explored.

6. Outsourcing in Healthcare

Outsourcing is based on the simple premise that if you can do something yourself, there exists someone who can do it better than you and perhaps even at lower cost (Scheuing,1999; Kakabadse & Kakabadse, 2002). Given the high sensitivity to services, healthcare sector has been quite slow in outsourcing. Primary motivation from outsourcing stems from the fact that due to the high competitive pressures from competitors to improve quality and productivity further while keeping the cost low/affordable (Quinn & Hilmer, 1995). Therefore, healthcare providers can outsource some functions like equipment maintenance, housekeeping services, security etc. to focus on the core service.

A review of Literature related to outsourcing in healthcare units points out that the following four drivers: (1) Cost minimization, (2) Mitigating risk, (3) increased flexibility and (4) redefining value adding activities (Bhattacharya, Behara, & Gundersen, 2003; Hazelwood, Hazelwood, & Cook, 2005; Lorence & Spink, 2004; Wholey, Padman, Hamer, & Schwartz, 2001; Yang & Huang, 2000). Outsourcing in US community hospitals alone exceeded of US $ 66 billion annually (Romano, 2004). Survey results of healthcare executives have suggested that the outsourcing would be increasing in the years to come in the healthcare sector (Kirchheimer, 2006) .The status of outsourcing at present and the innovations associated with it need to be explored further as it can be a source of competitive advantage in the long run.

7. Human Resource practices in Healthcare Organizations

Human resource management has not been given its due credit in healthcare. It plays an important role because it performs the function of recruiting people who will fit with the organization,

imparting requisite training for skill development , establishing and maintaining support systems for smooth functioning, empowering employees to take decisions, facilitating teamwork, distributing rewards and giving due recognition to hard working employees, leading to the development of an effective service culture. (Schlesinger & Heskett, 1991) This discussion highlights the fact that HR and marketing practices need to be more coordinated.

a) Role of frontline service employees in healthcare sector

Front line employees going above and beyond role prescriptions differentiate their services from their competitors can influence customer perceptions regarding service quality and satisfaction (Day 1994, Babakus, Yavas, Karatepe, & Avci, 2003).However, previous studies have indicated that in service sector, employees are generally overworked and underpaid leading to high levels of stress and burnout (Katzenbach & Santamaria, 1999). Researchers have been calling for a deeper investigation of employee beliefs and its linkage with organizations culture (Kennedy, Lassk , & Goolsby ,2002). For instance, task interdependency leads to realization among the employees regarding their contributions to the organization, which in turn plays an important role in increasing their attitudinal commitment towards the organization (Mathieu & Zajac, 1990).

b) **Professional ethics and commitment levels of the employees**

This remains an under researched area for which we can draw analogies form organizational commitment and organizational citizenship behavior literature. This is also important due to the interdependent nature of these services. In addition, the organizational climate should promote a service culture where efforts are rewarded. (Cohen, 1993; Hunt, Wood & Chonko ,1989; Weaver& Trevino, 2001).

8. Electronic Medical Records (EMR)

According to the "Integrated Care EHR", as defined in ISO/DTR 20514, an “EMR is a repository of information regarding the health of a subject of care in computer-process able form that is able to be stored and transmitted securely, and is accessible by multiple authorized users”(EMR Committee Report ,2013)

EMR's present an advanced version of the traditional hardcopy files containing the detailed accounts of patient's medical records, which are slowly gaining popularity in the physician's office, and hospital due to its obvious advantage of reduced paper work and cost saving. EMR's have helped physicians in improving the quality of care and reducing medical errors due to lack of correct patient history. In fact, all the stakeholders are emphasizing on greater accountability, reduced incidences of error, improved care and containing cost for which EMR is the best option (Flower, 2004). However, systems where EMR's could be successfully implemented require coordination among all the stakeholders involved. If such a system is adopted it would be easy for healthcare service providers to add value to their patient-provider relationships as they have access to customer specific information, such as frequency of their visit frequency and how their overall experience was with the service provider (Rimer & Kreuter, 2006). It would also benefit other stakeholders involved like helping the government in planning its healthcare expenditure on specific areas, claim settlement for insurance companies and so on.

So why is it that if EMR's are so good their implementation has been slow? One problem maybe the resistance of physicians in updating records in electronic form. This may be attributed to the fact that physicians until a few decades ago were trained to maintain specific notes for each patient including their observations and prescribed treatment (Mannan, Murphy & Jones, 2006).Unlike developed countries wherein medical students are trained to maintain electronic records, India has been slow in this area. In fact the bill regarding EMR's has been just passed in April 2013.Other drawbacks for implementing EMR's is the huge capital investment involved and the cynicism associated with the viability of setting up such an infrastructure. Countries like US, UK, Australia which have implemented such systems had a smaller population whereas India has a population of 1.27 billion with just a meager 160 million people having access to the internet. Thus, EMR's presents a rich area of research whose different aspects need to be explored further like implementation difficulties from physician's side. In addition, issues such as perceived usefulness of such records need to be understood from provider's perspective.

Conclusion

Based on the above discussion, future researchers should try to address and explore the different links between the various themes to gain an understanding of their individual as well as collective importance. Empirical work on these themes would add to the body of knowledge.

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