

THE SOCIAL AND ECONOMIC FACTORS INFLUENCE UPON THE HEALTHCARE SERVICES CONSUMERS BEHAVIOR

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Abstract

The research in the field of healthcare services consumer behaviour represents a very complex task with multiple implications. The consumer behaviour is much nuanced depending on the type of services or products that we are referring on. In the case of healthcare services, the behaviour is more complex than other services and is influenced mainly by special motivations like the need for a proper health status or the need to recover from a certain disease. The present article is proposing a qualitative type research as an in-depth interview with dentists regarding their perception about the influence that social and economic factors can have upon the consumers' behaviour. The results of the research suggest that the influence of social factors is very complex, from the simple more intense concern related with dental hygiene and appearance of teeth up to anxious behaviour and isolation in the case of patients with severe dental diseases that have affected their face bones structure or the capacity to chew and speak. These findings shows that the consumers' behaviour can be shaped by the complex interaction of different factors, and the response from dentists and those in charge with the provision of dental healthcare services can make the difference between a sustainable consumption and a dramatic route of unsatisfied consumers' expectations.

Keywords: *consumer behaviour, dental healthcare services, social norms, self-image*

JEL Classification: I₁₀; I₁₁; I₁₅; M₃₁

Introduction

The study of healthcare consumer behaviour can be very useful in the context of the need to develop and improve the medical systems at the level of any economy. The process of delivering healthcare services is complex and it is depending on a multitude of factors, at macroeconomic and microeconomic level in the same time. Still, knowing how the consumer behaviour process is taking form

and what are the factors that are shaping this process can be of a great help to assure a higher efficacy of institutional and managerial decisions regarding the healthcare services provision.

The healthcare services consumption will be influenced by a complex layer of factors. Still we may identify three principal layers as follows (Rebhan P. David, 2008, p. 8)

- Health care access factors
- Culture related factors
- Social network related factors

From the category of health access related factors we may consider: economic factors, physical and social resources, geographic resources, diversity of health services in the area. It implies all the costs to access effectively the healthcare (the cost of the services itself, transportation, taxes, etc.)

From the category of culture related factors we may find: perception of illness, illness severity, confidence in effectiveness of a treatment,

In the category of factors related with social networks we may find the way that the individual is reporting himself to a heteronomous self-image or to an autonomous self-image. In completion, specialists talk about parochial social networks – the ones that are traditional, close in affiliation, reluctant to accept new information or cosmopolitan networks that are more open to new information, more progressive. An individual will consult his own social network being influenced in his decision about healthcare services utilization and even in the way that he or she conceptualize this consumption.

Literature review

The different factors that are influencing and shaping the consumer behaviour have to be studied in an interconnected manner because different type of influences are manifesting in the same time and the consumers psyche is processing the stimuli in a random manner.

When we talk about social influences at the level of consumer behaviour we talk about product or services brands which provide in terms of consumer perception a certain social status and have the ability to communicate information about their owners and their capacity of social networking. Within social groups and not only, it is possible that each individual will assume different roles. This will result in different social statuses perceived as such by the ones around.

The social status is reflected in the unique role that the individual must play within the society. Each such role will include a series of activities that the other members of society expect from a person who has a certain status. Thus, each role assumed by an individual has a certain influence on consumer behaviour. The social status is also associated with a certain level of respect that other members of the society are willing to associate with. People will tend to consume products or services which are capable to highlight their status and function as true "messengers" of its value (Vigneron Franck, Johnson Lester, 1999, p. 3). So, when a person is accepting a certain status, regulatory pressure will have certain effects

on that person causing a certain behaviour and a number of specific actions. In order to understand the complexity of the phenomenon referring to the interpersonal relationship of the consumers with other persons, scientists have defined and used the concept of "self-consciousness", borrowed from the social psychology. This is seen as a consumer's response to social influence – a consistent trend of people to target their attention inward or outward (Allan Fenigstein, Michael F. Scheier, Arnold H. Buss, 1975, p. 526). From this perspective, people will be divided into two major types: people publicly self-conscious and people with self-consciousness. The first category will be particularly concerned about how they appear to others, while the second category will focus more on their own thoughts and feelings.

Studies have shown that consumer behaviour can vary according to their susceptibility to interpersonal influence (Bearden William, Netemeyer Richard G., Teel Jesse E., 1989, p. 473-481). Thus it becomes clear idea that status plays vital role in communicating information about its owners and their social relations. (Dittmar Helga, 1994, p. 561-585).

A number of authors have shown that, when talking about conspicuous consumption, usually associated with prestige products or services, it is strongly motivated by the desire of individuals to transmit their social status to the others. In this regard, since 1889, Thorstein Veblen argued in his works that conspicuous consumption is used by people to signal wealth and therefore power and status. (Vigneron Franck, Johnson Lester, 1999, p. 5).

Similarly, other studies have revealed that most consumers will use high prices as a reliable indicator of prestige associated with them. (Berkowitz Eric N., Kerin Roger A., Hartley Steven W., Rudelius William 1992, p. 37).

All these lead us to believe that in case of dental healthcare services consumption, a very high level of prices, combined with exclusive services (dental aesthetics, rhinestones fitting on teeth etc.) leads to the manifestation of a purchase behaviour and consumption oriented largely by ostentatious consumption wishing to assert also the social status of the person concerned.

Consumer motivations for dental health services, being in the field of the need to improve self-image, of the level of appreciation from others are also decisive for behaviours that become sometimes atypical (relative to purchasing power or other repetitive consumer decisions which the persons concerned can manifest).

Also, given the strong emotional involvement that dental healthcare services is about, consumers will tend to seek the approval of others and to integrate themselves from this perspective into the mainstream of opinion of the reference or membership groups.

In general, any medical service will be recorded in zone of consumer acts that are strongly influenced by family members or acquaintances opinions, because of the pressure manifested at the level of consumer decisions (advanced state of the disease, state of emergency, strong health implications etc.).

Thus the need for information from members of reference groups about their experiences of consumption is much higher than for other products or services. At

the same time, the connection to the norms and values of the group implies an intense communication with the group members and receipt of confirmation to assess the pertinence of the decisions taken.

Consumer behaviour is a complex mix of processes being interrelated with each other. Also it can be highlighted that it is the result of exogenous external factors from outside the individual, and in the same time internal ones, endogenous.

Processes such as perception, motivation, learning, attitudes formation and personality are interrelated and defining for the behaviour expression. Thus the deducted influences – family, belonging groups and reference groups, social class, culture and subculture, which are exogenous in nature will correlate with endogenous factors enumerated above.

Various economists have pointed out that social and economic systems will not only create products, services and perceptions related to them, but will “create and recreate individuals”.

These ones not only change their goals and consumption preferences but, due to the intense mediatic pressure and intense promotion will review their skills and perceptions in relation to their own needs. (Hodgson Geoffrey M., 2003, p. 164). It can be highlighted the fact that the learning process itself determine possible changes of individuals personality and how they perceive, understand and update their needs. Thus the consumer behaviour becomes a continuum that involves multiple transformations and a perpetual reporting to the environmental changes. As a result, social influences exerts its action on several fronts – exogenous through the direct influence upon individuals and their response to better integrate within all the rules of a group (belonging or reference one), endogenous through means of complex processes of changing preferences and needs, as an result of various pressures related with social conventions and joint action of cultural nature elements.

In terms of healthcare services consumption, these social interactions acquire new meanings, given by the specificity of healthcare services and the needs that are behind consumption motivations. The choices that healthcare services consumers do, the behaviour which relates to the influence groups, change and contribute in the same time to the evolution of medical system and institutions that are governing the provision of these services.

Thus, on long term, the consumption process will self-regulate, and the efficiency of provisions will increase towards the better serving of the social interest. All the spectacular transformation at the level of modern medical technologies, the methods and state of the art treatment techniques stand as a testimony to the way in which social needs combined with individual health care needs of individuals have shaped this area and continue to shape it.

Research methodology

The research was a qualitative type survey, of an in-depth interview, taking into consideration a final sample of 28 respondents, selected with the help of a

selection questionnaire according to the in-depth interviews methodology. The respondents are dentists, in equally proportions regarding the sex, age and the managerial position within the dental office or clinique.

The interviews have been conducted in the doctors' offices due to respondent's lack of time and current tasks in which they are involved. Discussions have been recorded in order to obtain finally the information required for the content analysis and interview topics analysis.

The purpose of the in-depth interview was defined as being determining dentists' perception upon the changes of dental healthcare services consumer behaviour due to the influence of socio-economic factors. According to this purpose have been defined the following research objectives:

- Identifying dentists' opinions regarding the belonging and reference groups influence upon the consumers behaviour
- Determining the dentists' perception regarding the possible modifications of the consumer behaviour following the changes related with patients self-image
- Determining the dentists' perception regarding the influence given by the social class, social status and cultural customs upon dental healthcare services consumers
- Identifying the dentists' perception to the attitude changes of the patients undergoing a longer treatment
- Determining the dentists' opinion in relation with the influence that has on patients, the relationship with the doctors or other medical type staff categories.
- Determining the dentists perception on the effect of income, services access, education categories of economic factors upon patients

For every each objectives identified, was issued a discussion topic within the interview guide. The order of the topics during the interview was made in order to obtain a proper staging of the discussion and help the respondents to

Conclusions of research

Analysing the information gathered through the interviews, the data collected was transformed in categorized information using the transcripts of video-audio recordings. Some general observations can be made: the vocabulary utilized by the doctors is specific to their professional orientation, it was observed a high availability for the interview, the majority of the respondents being cooperative and willing to talk deeply about the proposed topics. The doctors have been very malleable and specifically interested in the topics addressed.

In the following we will present some of the main research findings, organized by topics:

- The majority of respondents have considered that an influence of the family, friends or colleagues is present upon the patients' decision regarding the healthcare services consumption for a particular dental office. The most opinions have taken into consideration the influence the influence of the family seen as a direct result of the interaction with the life partner. A greater proportion of the doctors consider that the influence of wives upon their husbands is bigger than the

opposite. Besides this type of influence, doctors consider that the influence of an opinion leader from the group is also presented and also the influence of a person that is emotionally strong attached by the patients.

Little of the respondents agreed that is possible to exist an influence of an entire group upon a particular patient (meaning that if all members of the group are going to the same dental office, the patient that is a member of this group has also to comply with the group norms and take the decision to go to the same dental office)

– The situation in which an entire belonging group is the consumer of a certain dental office services is very isolated. From the total of 28 respondents, only three have said that have had cases in which all the family members come together to the check-ups.

– The way that patients are perceived by the other groups members is affecting differently the consumers behaviour, being possible to identify the following patterns:

✓ The case of patients with minor dental problems and that are coming in time to treatment – in this case the influence is minimal, being only the manifestation of a general opinion like "I am considered a more serious person that is concerned by his health"

✓ The case of patients which have medium dental problems, visible enough (yellowed teeth, missing teeth etc.). These are visible affected by the acquaintances opinion referring to their dental aesthetic, have communication and adaptation problems. There have been 6 respondents that said that they have had patients which they weren't involve in a dental long time treatment because of the psychological bad disposition induced by the persons from the close acquaintances. These patients have motivated through the lack of confidence in the treatment – mental state induced by the family members – according to the dentists.

✓ The case of patients with severe dental diseases (malformations, changes of the face bones structure etc.). The interviewed dentists said that, without exception, in these cases there are visible signs of isolation and adaptation difficulties of this patients to the interaction with other persons. Opinions and believes were expressed referring that the people are anxious, depressive and with relationship difficulties.

– From the perspective of influences given by the working colleagues regarding the aspect of the people that are attending dental offices, we can talk again about particular situations. The dentists surveyed consider that the patients that have a certain professional status – managers, management functions etc., are more influenced by peer opinion than others who do not have such positions. Also, this influence is maximal in the case of people engaged in public activities such as – actors, singers etc. People with more serious dental disease have difficulties adapting to their professional environment, being reported in these situations, cases of work abandonment. There were also respondents who said they could not provide any information related to this topic, which shows either communication difficulties from apart dentists or a high degree of frustration and isolation from apart the patients.

– Regarding the importance of self-image, dentists have found that, in most cases, this matter especially for younger people. Also people that are suffering from diseases at the level of the jaw are extremely affected and sensitive.

– Dentists believe that medical treatment could significantly improve the mental state of the patients. In the case of interventions specific to dental surgery, which restore up to 80-90 % of the chewing ability and talking ability also, the patients return to regular checks and keep in touch with doctors. Dentists believe that for more educated persons even less serious dental diseases causes a proactive behaviour, they begin to be interested in routine checks and possible complications. Also dentists were able to see an improvement in self-image, especially for women patients and for those with problems that are visible for the others (discoloured teeth, yellowed or missing teeth, difficulty in pronunciation). This indicates that, in fact, the patients' self-image is largely correlated with the perception of the other members of the social groups to which they belong.

– Referring to the social status of the patients and if this affect them regarding their consumption of dental healthcare services, a part of the dentists have declared that they cannot pronounced firmly not being preoccupied to observe this aspect. However, the vast majority believes that social status represents an important element for the high and very high income consumers segment and a level of education above average. In few isolated cases there have been reported patients who have chosen a particular dental office because „here comes the quality people” – which denotes a particular concern for affirming their own status.

– Some dentists have had difficulty in defining the concept of social class, considering that this concept is not applicable to Romanian society nowadays. Their perception is that there are no more very clearly defined social classes. The other respondents judge the existence of social classes through the level of income, education and occupation. From this perspective, all the dentists who thought that it was still possible to speak about a "layering" of the population in social classes were of the opinion that the most important criterion that distinguishes dental healthcare services consumer behaviour is represented by education followed by occupation. Thus, patients with superior education are those most involved in routine checks and consider that the communication with the dentist is very important. Also, the occupations considered important have been the ones correlated with education: intellectuals, doctors, teachers, engineers and employers.

– Dentists have nuanced opinions about the attitude of patients after they participate to prolonged treatments. They assume in general that the long-term treatments have contributed decisively to the self-perception modification for the persons with serious illness and for children. It also revealed that women are more prone than man to change in a positive manner their perception after a longer treatment

– In line with the answers referring to the self-perception and attitude modification after a longer treatment, the behaviour changes of these patients are visible. Without exception, all respondents agreed that one can see significant changes in consumer behaviour which have made improvements about their oral health. The changes observed by dentists can be summarized as follows:

- better mental tone
- more confidence in themselves
- become more communicative with the dentist
- become very interested in dental treatment
- become influencers for people in the entourage (family, friends and colleagues)
- are willing to try new methods of oral hygiene and prevention recommended by the doctor
- The general view is that consumers have become lately more demanding and more sensitive to how the doctors are communicating with them in the dental office. In case of doctors coming from larger clinics, they are convinced that the dialogue between patient and front-desk is very important. Using a polite language with a professional attitude is considered by all the dentists a prerequisite for any cabinet or clinic. Some respondents said they have had patients that dropped the services of another dental office because medical staff communication and behaviour deficiencies.
- Vast majority of dentists surveyed consider that is very important in the present the relationship they are developing with patients. Dentists believe they mainly perform medical acts that have a profound human substrate, which involves paying attention to each patient and his problems. There were few responders who said that they had patients who were becoming very close and which are cultivating the human relationship beyond the professional status. Also there have been cases where patients are loyal to the doctor and they are asking for the dental services provided by him regardless the office in which the doctor is working currently. The patients that are attached to the relationship that they have with their doctor have declared to him that they tried to convince the family members or acquaintances to seek routine checks with a prevention role. This shows their willingness to take active social roles as a dental healthcare services consumers.
- As we show above dentists have reported changes in behaviour and attitude of consumers. They are more likely to try new forms of preventive treatment or sanitation, especially in more severe cases who participated in longer treatment under the supervision of the same dentist.
- When asked to what extent they tried to manage the consumer's behaviour, dentists said that they did not have a particular concern to influence the behaviour of their consumers. It seemed normal for them to have a professional dialogue if they were asked for additional information or advice in the administration of some adjuvant drugs for dental treatments.
- The general opinion regarding the influence of economic factors is clearly oriented toward a direct influence of them. Without exception, all respondents believe that the frequency and type of dental treatment consumed by the patients are extremely influenced by the income variation. More than half of the respondents said in the interview that they have seen a decrease in consumer demand, immediately after the onset of the financial crisis in late 2008 with improvements after 2010. At the same time, there are some people who said they

had patients who have expressly requested that the payment of benefits can be realized in instalments.

– Talking again about the influence related with the education upon the consumers' behaviour, most dentists have agreed that education remains one of the most important factors. People with higher education have a behaviour characterized by the need for additional information, preference for an active dialogue with the dentist, greater availability to listen to his advice and trying new treatment options if necessary.

– Although the most important factor in the economic category was considered as represented by consumer income, there were a number of respondents who completed with the job security, especially in the case of patients who were interested in phased payment of medical benefits.

– Overall economic conjuncture contributes indirectly to purchasing power and a certain behaviour of dental healthcare services consumers. Also, dentists have reported a few cases where, although the patient didn't have very high incomes, they have made substantial efforts to get appropriate treatment.

Future research directions

Studying the influence of social and economic factors upon the consumer behaviour is a complex task that needs in our opinion a multidisciplinary research. The qualitative exploratory research presented within this article has succeeded to put into the light only some aspects, limited to the consumption of dental healthcare services. As someone would try to investigate other types of healthcare services, the factors and the implications at the level of consumer behaviour could become very different. We assume this because of the complex interaction between patients and different types of diseases, treatment schemes and medical technologies. Also if we resume only at the dental healthcare domain, in order to fully identify the effect of social factors, for example we believe that a longitudinal research effort is imposing. Individuals have to be observed along multiple social interactions and the dynamic of these interactions in time can offer new perspectives about the way in which the consumption behaviour is influenced. Also we consider that future research is needed in order to determine better the connections between social factors and culture of individual, the cultural traits and subculture customs that are defining the way in which an individual interact with the society in a particular geographical location.

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