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RESPONSIBLE CONSUMERISM IN HEALTHCARE

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ABSTRACT

In the field of medicine, consumerism is meant by the provision of health care and providing information to patients from online resources and advertisements targeted directly at them.

Healthcare has become a consumerist era. Consumers can now easily learn about their wellness ailments and potential remedies because of advertising of medications which are direct to consumers, health newsletters by renowned hospitals and other medical institutions, and, the most critical is the nearly universal availability of the Internet. Both patients and healthcare professionals are faced with opportunities and challenges as a result. Implementing comprehensive policies governing patient consumption is the natural answer to concerns about it. This paper attempts to review the studies related to this concept and synthesise all of them to get a general viewpoint and context.

KEYWORDS: Healthcare, Consumerism, Decision-Making, Covid-19.

INTRODUCTION

When consumers buy goods and services from sources other than professionals, consumerism results. In the context of the area of medicine, the term "consumerism" refers to the practise of delivering medical treatment as well as supplying patients with information obtained from internet resources and adverts that are aimed specifically at them.

Consumerism encourages empowerment and a focus on consumer rights at its best. The underlying premise is that customers can make better judgments when they have more knowledge, autonomy, and choice.

The lockdown period on many levels was followed by an alert situation, a health and environmental disaster, and other events that made up the second quarter of 2020. People were forced to take charge of the issue and act appropriately. Everyone engages in daily consumption,

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therefore during the lockdown, citizens were brought in to consume to meet their demands. The only distinction is that they must abide by the rules put in place specifically for this circumstance.

Empowering patients with the information they need to make decisions about their healthcare 20% 13.9% Patients driving healthcare access decisions Actively engaging patients regarding their own healthcare 10.3% Actively engaging patients regarding their own healthcare 9.4% Patients taking control of key choices regarding their healthcare 9.4% Enabling patients to shop for price and 8.5% Aligning proper service and value to customer preferences 8.1% Price transparency 8.1% Offering an environment where patients can make decisions regarding their healthcare **7.2**% 4.9% Providers lowering the barriers to access 4.5% treating patients as customers

Figure 1: How Healthcare Respondents define Consumerism

Source: Healthcare Consumerism Survey, (Gupta 2022)

Healthcare has become a consumerist era. Consumers can now easily learn about their wellness ailments and potential remedies because of advertising of medications which are direct to consumer, health newsletters by renowned hospitals and other medical institutions, and, the most critical is the nearly universal availability of the Internet. Both patients and healthcare professionals are faced with opportunities and challenges as a result.

Consumer behaviour has always been categorised according to the researcher's point of view, who may have offered a different classification of the factors influencing behaviour than those that were already in place. These defining elements, however, are consistent across all of the current classes. For instance, according to Hawkins and Mothersbaugh (2010), the primary internal influences on behaviour are education, lifestyle, personality perceptions, and emotions. The primary external influences on behaviour are demographic traits, values, social structure, and influence groups.

Physician time and effort will be more consumed by patient information concerns as new technologies and patient-centred measures are developed. Examining the various ways that escalating patient consumerism is posing problems for patient-physician relationships, medical record keeping, and even equitable distribution of the most precious of resources—human organs—is necessary.

Research Methodology

This paper attempts to review the studies related to this concept and synthesise all of them to get a general viewpoint and context. The secondary data is extracted by using the keywords: Healthcare, Consumerism, Consumer-behaviour, Covid and Crisis. The research and scholarly

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articles have been reviewed and overall results are summarised in this paper to get a general viewpoint about consumerism in healthcare sector. A brief conceptual framework is also given in the article to understand the concept of consumerism in healthcare.

It is intended to give potential researchers in this field a flexible approach to assess existing and recent research as well as to guide future investigations. This study serves as an example of how the framework might be used to give current consumer health informatics research some direction and insights.

Conceptual Framework

The preceding apocalyptic occurrences have shown that in tandem experienced events eventually result in significant changes in the world's attitudes and actions.

The 1918 flu pandemic influenced the development of national healthcare systems in numerous European nations. The Second World War and the Great Depression both occurred at the same time, which set the stage for the development of the modern welfare state (Baker 2020). But those are the changes to political policy and social safety nets.

The healthcare consumer behaviour is a multidimensional framework according to (Logan & Tse, 2007), which is derived from health campaign research as well as from Information Seeking Process models. In this framework, there is Consumer, Channel of information, Information Sources, Macro Environment and Outcome which is also depicted in the figure 2 below.

Overall, the consumer health informatics dynamics are conceptually framed by a variety of interactions that are recognised by the health campaign research theory. In addition to the dependability of media sources and channel features, these dynamic interactions also take into account intrapersonal, interpersonal, demographic, cultural, and message-preparation aspects.

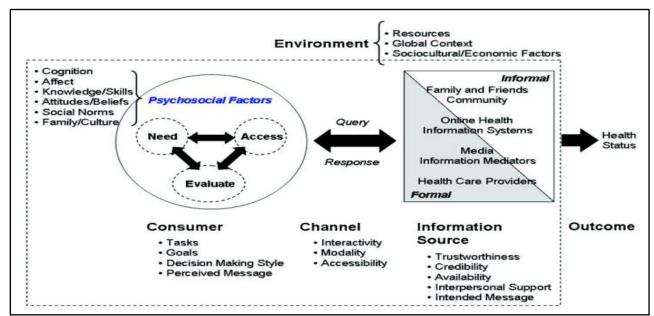


Figure 2: Consumer Health Informatics: Conceptual Framework

Source: Consumer Health Informatics: A Multidiscipline Conceptual Framework / R. A. Logan et al.

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The Figure 3 is depicting the consumer decision-making process that has been modified in the model to include all of the following:

- 1. Recognizing a need or desire for a purchase of healthcare service/product.
- 2. Identifying and assessing the available alternatives to satisfy that need or desire. (Search and evaluation of alternatives before buying).
- 3. Selecting an item for purchase (or consumption).
- 4. Assessing the buying decision (post-consumption assessment/divestment).

Self-advocacy, making trade-offs such as paying more for more convenience or accepting inferior service in order to save money, as well as behaviors related to consumer value capture such as negotiating the cost of healthcare before or after a service, trying to understand costs before seeking healthcare, were some of the behaviors that authors examined within this shopping framework. Additionally, they looked for obstacles to conventional customer behaviors and value capture. The barriers that prevented customers from obtaining value were either systemic (such as red tape or lack of price transparency in these services) or consumer-specific (such as lack of knowledge or uncertainty about how to obtain value).

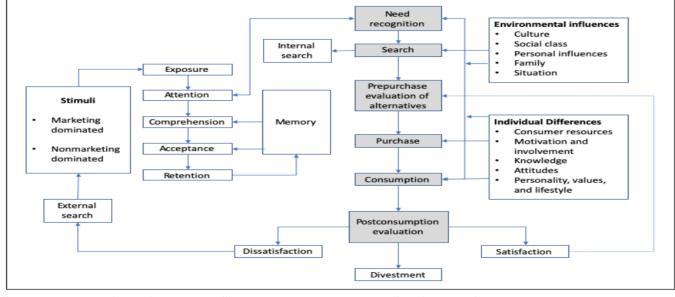


Figure 3: Consumer Behaviour Model in Healthcare

Source: Health Care Consumer Shopping Behaviors and Sentiment: Qualitative Study/(Gordon et al., 2020)

Results and Discussions

The conceptual framework started to take shape as consumers' behaviours changed permanently as a result of the COVID-19 epidemic (Zwanka & Buff, 2021). Every patient should be free, to the extent of his financial ability, to select any doctor's services. Every clinician should, in turn, have the freedom to accept or refuse any patient who makes that decision. The doctor-patient relationship should not be governed by a third party's vested interests or external forces like the market. The elements which are responsible for compelled over-utilization of health resources without considering the free choice of the patient in perspective may be categorized in two types

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viz. (i) Elements that affect a treating physician's choice (ii) Elements that directly affect a patient's decision(Kumar et al., 2012).

The cost-control efforts will undoubtedly become necessary and difficult for everyone as health care expenses rise, thus it is crucial to evenly distribute the burden. Allocation choices must be made when there are unending demands and finite resources, but they can take many different forms.

Utilising external pressures to allocate resources, such as managed care or outright rationing, is one tactic. Customers, however, have resisted such externally imposed methods vehemently; the managed healthcare may have failed here because it restricted too many possibilities, and customers demanded more control and choice (Attell-Thompson, 2005).

The health campaign research literature lists a number of methodological difficulties, including understanding audience segmentation and taking into account macroeconomic and socio-political influences on media organisations' and customers' behaviour. Similarly to this, it is challenging for information scientists to capture the "personal value" which consumers place on medical information, determine relevance for specific health requirements in the context of situational variables, and keep track of how episodic and frequently random health information seeking occurs among formal and informal sources. Finally, research on consumer health informatics is hampered by a lack of cross-disciplinary terminologies and established instruments for assessing variables (Logan & Tse, 2007).

The amount of freely available information (of varying quality) regarding health conditions, testing alternatives, and therapies is likely to encourage patients to take a more active role in decision-making about their medical care alongside their physicians.

Consumerism in healthcare will continue to exist. Even if it occasionally produces inefficiencies that must be handled effectively, consumerism has the ability to promote shared decision-making and strengthen interaction between patients and professionals. One of the new challenges of practising medicine in the coming decades will be how successfully patients and practitioners find this balance (Zeckhauser & Sommers, 2013).

The cultural battles over medical consumerism will be difficult and protracted. Because of the 'intensity and incomprehensibility' of modern medicine, there will continue to be a gap between patients and doctors. This will only lead to more queries and requests for clarification. Both patients and professionals struggle with developing this new dialogue. There is an obvious need for several research, development, and policy activities. Furthermore, evidence of the authenticity, understandability, appropriateness and sincerity of the discussion sessions of today must be collected which will take place over the phone or via email and may not be able to be investigated using methods designed for audio recordings and visual interpretations. The need for approaches to comprehend doctor-patient communication is pressing in this situation, especially since health providers are urged to retaliate against some customers (Iliffe & Manthorpe, 2020).

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Figure 4: Consumerism Centricity among Healthcare Service Providers



Source: Healthcare Consumerism Survey, (Gupta 2022)

As mentioned in Figure 4, A survey on healthcare consumerism centricity among service providers found that around 70% of the service providers are in either working in nascent or intermediate stage for consumer-centric strategies. 14% of these service providers have no formal strategy for providing consumer centric services and 18% have implemented full consumer centric strategies (Gupta, 2022).

Instead, it appeared that the advertising was indirectly advocating materialism. Not only did a sizable fraction of commercials explicitly promote the comfort and amenities offered at their places of service, they also used second person pronouns to address patients directly, a practise called 'synthetic personalising' in advertising. In order to uphold the narrative of dependable public health guardians and hold onto the position of respected professionals, providers must have internal values and speech patterns that are consistent with the desired position (Park et al., 2022). The COVID-19 epidemic quickly altered how consumers perceive health and medical services. Five categories are cited by a team from the management consulting company McKinsey & Company as being crucial to consumers. 1. Addressing a person's holistic requirements 2. empowering customers to make smarter choices 3. Individualising and boosting engagement 4. Providing a smooth client experience across the health care process 5. Combining in-person and online health care services (Iriye & Keller, 2022).

With the 'knowledge-power knot' of professional authority being partially untangled and 'producer power' being questioned, consumerism signals a significant change in the dynamics between health providers and users. Consumption and professional practise interact in a disorganised, unbalanced, and contentious way. Both professionals and service consumers can draw on the new linguistic toolkit and institutional logics of appropriateness that consumerism itself offers (NEWMAN & VIDLER, 2006).

CONCLUSION

Despite the fact that there are multiple conceptual frameworks of consumer purchasing behaviour, little has been discovered regarding how these frameworks operate in the context of health care. The evidence of client interest in spending for healthcare suggests disparities

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between consumer intent and practise and also implies the potential that consumer-driven healthcare may fulfil its promise. In order to notice such possibilities and properly explain these gaps, we made an effort to understand how people acquire their particular health care through a consumer lens. Health care organisations and policy makers need to have a deeper grasp of what consumers think when buying health care in order to successfully communicate with customers while boosting consumer value in the health care markets of nations. Understanding the aspects of shopping that consumers find especially enjoyable or challenging should aid in the creation of targeted interventions to further streamline such procedures.

Furthermore, it is found that healthcare service providers emphasise both compassion for patients and consumerism in their digital advertising strategies. The adoption of consumerism and care that prioritises patients differs somewhat among specialties. Using the healthcare service marketing analytic system, healthcare administrators and practitioners may be able understand how their commercials may reflect their opinions.

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