HEALTH CARE SERVICES: CONSUMER BEHAVIOR MODEL DEVELOPMENT

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Abstract

A conceptual model for analyzing consumer behavior in health service markets is proposed in this paper. Primary emphasis in model formulation is on the goals, outcomes and responses of individuals and institutions in health service markets. The framework that is presented should aid in the development of marketing theory, research and policy analysis for health care services.

Introduction

Applying the concepts of marketing to social services and the operations of nonprofit organizations is a relatively new area in the discipline. It has evolved as part of the broadening of marketing and, especially, the identification of social marketing. With respect to published literature this facet of marketing has emerged only since the late 1960's. In its first decade most attention has been devoted to the description and interpretation of various product or service categories (health services, social causes, education, etc.).

General studies in health care marketing to date have emphasized demographic and behavioral characteristics of consumers of social services and public goods along with the structural and spatial aspects of their markets. (Bucklin and Garman, 1974; Burgar, 1974; and Crane and others, 1974). The conceptual frameworks provided can be described as being theoretical, managerial, macro or structural in character (Densmore and Klippe, 1976; MacStravic, 1977; Richard, Becherer and George, 1976; Richardson and Scutchfield, 1973; and Wirtzel, 1976).

This paper combines the perspectives of consumer behavior and marketing management analysis. Particular emphasis is on the formulation and interpretation of a conceptual model which can be used in applying marketing concepts, research and policy analysis to the study and management of health care services.

Rationale for a Goal-Outcome Response Model

The next phase of the analysis includes the rationale for a conceptual framework which incorporates the most essential variables and relationships that determine consumer behavior in health service markets. It should be noted that conceptual or theoretical modelling of health care consumer behavior to date has been rather narrow and compartmentalized. There is a need for a broadened framework. The proposed model brings together the major elements for a broadened framework from diverse sources of theory. Of course, what is proposed falls far short of being a complete model—that being a virtual impossibility—(Zaltman and Vertinsky, 1971, p. 19). As with theoretical models of consumer behavior in general, the proposed model is presented in flowchart form to depict the behavioral processes involved in consumer-marketer interactions in a market setting (Engel, Blackwell and Kollat, 1978, p. 544).

The most fundamental and influential work in health care model building is represented by the Health Belief Model (Becker, 1974). This construct builds on theory from social psychology with special emphasis on the psychology of perception and value-expectancy (Rosenstock, 1966; and others). A primary focus of the health care consumer is on reducing perceived susceptibility and severity of dysfunctions associated with illness. There is also an evaluation of the benefits of action in relation to the costs of responding to health or illness conditions. Alternatively, behavior in health service markets is determined mainly by such factors as the importance which the individual assigns to a particular goal related to health or illness, and to the perceived likelihood or expectation that a given action will achieve a particular goal (Becker, 1974, p. 352). Consumer goals, then, in general, would be to solve their curative and preventive health or illness problems.

In a more generalized form, several major goals have been identified with the entire health care delivery system. Illustrative are the following (Schulz and Johnson, 1976, pp. 17-18):

1. Delivery of Quality Health Care.
2. Accessibility and Availability of Comprehensive Services.
3. Efficiency and Effectiveness in Providing Care.
4. Consumer/Client Satisfaction in Service Received.
5. Provider Satisfaction in Resources, Rewards, Recognition, etc.
6. Accountability of Providers and Institutions.

Structure and Analysis of the Model

The proposed model uses nine categories of variables composed of the following:

1. Cues to Enter the Market.
2. Provider Determination of Health Status.
3. Consumer Health Goals.
4. Related Persuading and Enabling Variables.
5. Decision Process Stages of Consumer Responses.
6. Provider Responses to Market Demand (Service Delivery).
7. Outcomes of Service Delivery.

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Generally recognized as including marketing applications in not-for-profit organizations and to exchange relationships associated with social issues, causes, and societal problems.
A few comments are made about each category. In a diagrammatic form the model is outlined in Figure 1.

### Cues to Enter the Market

Generally, cues take the form of actual, latent or anticipated dysfunctions. They may be aroused by information, physical discomfort or other stimuli which arouse the individual to seek some form of health care service.

### Provider Determination of Health Status

A common intervening variable that is closely related to health seeking cues is the role of the provider in determining the consumer's health status. The individual consumer may have only a generalized feeling of need or may require a health professional (physician, dentist, nurse, etc.) to identify the appropriate point of entry into the health service market. This role takes on varying degrees of importance, depending on consumer knowledge, health status or other factors. For example, in the mental health area there are special difficulties encountered by the consumer in determining a point of entry. If therapy is sought, should it be Freudian, neo-Freudian, Rogerian? Should the therapist be a psychiatrist, psychoanalyst, mental health specialist, social worker, or minister? What skills are needed by the therapist? What can be expected as treatment outcomes?

Emergency or acute care needs represent another especially difficult area to assess. Provider judgment and discretion as to health status are also likely to be critical aspects of health market entrance. This provider role represents a rather unique aspect of the acquisition and consumption of health services. It is a dimension which future theory and research in consumer health service behavior should analyze more thoroughly than has been the case to date (Achabal and Alpert, 1976).

### Consumer Health Goals

Closely interacting with market entry cues are consumer health goals. Based on the Health Belief Model, and consistent with a rational-logical point of view, reducing the perceived susceptibility and severity of dysfunctions are two primary consumer goals. Of course there is a vast array of specific end states desired by the consumer upon market entry. They may be as fundamental as survival for the acutely or chronically ill consumer or as frivolous as status for the affluent consumer seeking the association with the provider who has the most prestige or the most luxurious office. This is to suggest that allowance must be made for diverse individual preferences and responses in health service markets as well as in strictly commercial, highly brand-conscious, product markets. Frequently goals will not be made explicit, except in some immediate sense of reduced pain and discomfort. Nevertheless, it is important that goals become an integral part of the analysis of consumer behavior in health service markets. They should be seen as the focal point.

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**FIGURE 1**

Goal-Outcome Response Model of Consumer Behavior in Health Service Markets