

PARTICULARITIES OF CONSUMER DECISION-MAKING PROCESS AND THE IMPORTANCE OF ATTITUDE, IN THE CONTEXT OF HEALTH CARE SERVICES

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Abstract. *The purpose of this research paper is to examine some of the particularities of consumer's decision-making process for choosing health care services and to provide support for the adaptation of the service providers to effectively focus on the patient. In that context, the importance of consumer's attitude is discussed, as an important element that influences the behaviour. The phases of patient decision-making are described and the implications are evaluated regarding the possibilities to expand the satisfaction based on the superior fulfilment of their needs and desires. The study extends the knowledge on relevant consumer behaviour by interpreting survey data about patient decision-making and contributes to the implementation of the modern marketing orientation in the field of health care services.*

Keywords: *marketing, consumer behavior, decision-making, attitude, health care services.*

1. Introduction

Consumer behaviour is intrinsic to human behavior and cannot be fully isolated from it. In this paper, the primarily distinguishing the factors which impact the customers' conduct are discussed, with focusing on the specifics of patients settling on their choice of health care services. Purchaser conduct has consistently been a territory of significant interest for sociology scientists, seeing a blast over the last decades [1]. Based on [2], this phenomenon can likewise be delineated as individuals' activities related to goods and services, while acquiring, consuming and discarding. Purchaser conduct can be clarified as the investigation of how, when, what

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and why individuals purchase [3]. Consumer's choice alludes not exclusively to the procurement itself, yet in addition it covers the full spectrum of decisions regarding what needs to be purchased and how to better satisfy the needs, thus also incorporating pre-buy and post-buy aspects. Pre-buy activities may comprise of the developing attention to a need or desire, and a search for and assessment of data about the items and brands that may fulfil it. Post-buy elements can incorporate the assessment of the bought product or service being used and the incidence of tension which goes with the acquisition of inherently imperfect offers, costly, rarely purchased and so on [4]. This process basically comprises two significant parts. The initial segment is harder to detect and includes the utilization of different complex factors inside the mind of the buyers and the subsequent part is the result of the imperceptible reasoning which is noticeable in the activity proceeded as the outcome or result [5]. Marketers are continually analysing the examples of purchasing conduct and buy choices to anticipate the future patterns. The interaction by which the customers limit their decision from the different choices present, utilize and arrange the vital products and services which are important are defining the decision making within the frame of consumer behaviour. Even if there is no single standard of conduct and each consumer may carry on diversely dependent on many internal factors and external forces, the purchasing conduct converges to a multi-step dynamic process that individuals engage in, resulting the choices they make to fulfil their necessities and needs. The diversity of studies about consumer behaviour covers many particular subjects as continuous and changes that are taking place in public arena, financial matters, technology and so on, are significantly affecting the specific manner people carry on [6]. In that regard, the need for such studies about consumer decision-making in the field of health care services is both actual and consistent.

2. Consumer's decision-making process

One of the most actively researched fields in marketing over the past decades has been the consumer's decision-making process [7]. Furthermore, academics have started to propose Decision-making Models since the 1960s in which they not only show the factors that are involved in the process, but also illustrate the dynamics between these factors. One of the earliest such models is the one proposed by Nicosia [8] in which he places the decision block between Search Evaluation of Means, Ends, Relationships and Purchasing Behavior. Other decision-making models

proposed during this incipient period in the study of consumer behavior include the Engel, Kollat and Blackwell model [9] in which the authors break down the decision-making process into need recognition, search, alternative evaluation, purchase, and outcomes. Another model from the same period is the model created by Howard and Sheth [10], in which the authors identify the elements that form the consumer's decision making-process, which are a set of motives, a number of alternative courses of action and factors that mediate decision. This model was considered at the time to be one of the most comprehensive in the sense that it attempts to identify the various steps leading to decision-making in various buying situations and that it establishes the causality between the variables mentioned in the model [11].

Kotler and Keller [12] propose a model in which the decision-making process is composed of 5 elements that aligned in a progressive pattern that leads from *Problem recognition to Information search, Evaluation of alternatives, Purchase decision* and finally *Post-purchase behavior*. The two authors admit the fact that consumers do not always pass through all of the five stages and that they may skip or reverse some. Thus, if the consumer is purchasing something specific on a regular basis, he or she might skip information search and evaluation. Solomon [13] also breaks down the consumer's decision-making process into five stages: Problem Recognition, Information Search, Evaluation of Alternatives, Product Choice and Outcomes. Hawkins and Mothersbaugh [14] offer another decision process, which is made up of Problem Recognition, Information Search, Alternative Evaluation and Selection, Outlet Selection and Purchase and Post-purchase Processes.

The morphological similarities between these three, more modern, models of consumer decision making processes can point toward a certain level of consensus between academics. Although the labels given to the factors within these more modern models differ, for the most part their defining elements are virtually identical. The first stage consists of the moment in which the consumer acquires a certain level of awareness toward a need that is unsatisfied. The needs can arise from multiple situations and can be influenced by a series of factors [15]. The second stage has to do with an information search regarding the different alternatives that the consumer can purchase in order to satisfy their desire. The search for information comes in two forms: internal search and external search, depending on the sources that the consumer uses [14]. Another point of consensus between scholars and academics seems to be the factors that have an influence over the consumer's decision-making

process. Posavac et al. [16] underline the considerable body of research that describes the influence that attitudes have on behavioral decisions and the factors that offer predictive characteristics to the consistency that resides between attitudes and decisions. The same authors also state that attitudes can drive behavioral decisions.

3. Consumer attitudes

Allport [17] defines attitude, from a psycho-sociological point of view, as being a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related. When viewed in the context of decision-making process, Nicosia [8] places attitude as a key-component that influences the evaluation of alternatives when purchasing. Howard and Sheth [10] also include attitude as being a direct result of the consumer's predisposition toward a certain brand. Engel, Blackwell and Kolat [9] place attitude within their EKB model as being involved in the consumer's behaviour.

Cătoiu and Teodorescu [15] state that attitude is one of the processes that along with perception, information, motivation and effective behaviour is situated within a system of dynamic relations that result in consumer behaviour. Hawkins and Mothersbaugh [14] define attitude as an enduring organization of motivational, emotional, perceptual, and cognitive processes with respect to some aspect of our environment. The same authors go further and state that attitude is a learned predisposition to respond in a consistently favourable or unfavourable manner with respect to a given object, concluding that an attitude is the way one thinks, feels, and acts toward some aspect of his or her environment, such as a retail store, television program, or product. Solomon [13] elaborates on the functions that attitude have and states that different functions can determine different attitudes. Thus, attitudes can have a utilitarian function, a value-expressive function, an ego-defensive function and a knowledge function. Another important aspect of attitude that the same author highlights is the ABC model of Attitudes. This model refers to the three components that form attitude: affect, behaviour and cognition. These three components and the interrelationships determine the consumer's attitude, which, as previously highlighted, can in turn influence the consumer's decision-making process. Going even further along these lines, the author presents the concept of hierarchy of effects that explain the relative impact of the three components and proposes several types of hierarchies

depending on the relations between the three components, resulting in different types of attitudes.

Research conducted regarding attitude have shown that attitudes are more likely to be consistent with the consumer's behaviour when they have a vested interest in the outcome of a decision [18]. Posavac et al. [16] state that the importance of a decision can influence the consistency between the consumer's attitudes and their choices among alternatives. When it comes to medical services, Andersen [19] is regarded as being one of the first scholars to propose a model of behaviour for consumers of medical and healthcare services in which he includes attitude within the *Health Beliefs* category that is itself included within the greater block named *Predisposing Characteristics*. Upon further research, Andersen [20] attributes a medium degree of mutability to *Health Beliefs*. Thus, one can reliably conclude that this characteristic extends to attitudes, considering how the same author includes attitudes within *Health Beliefs*.

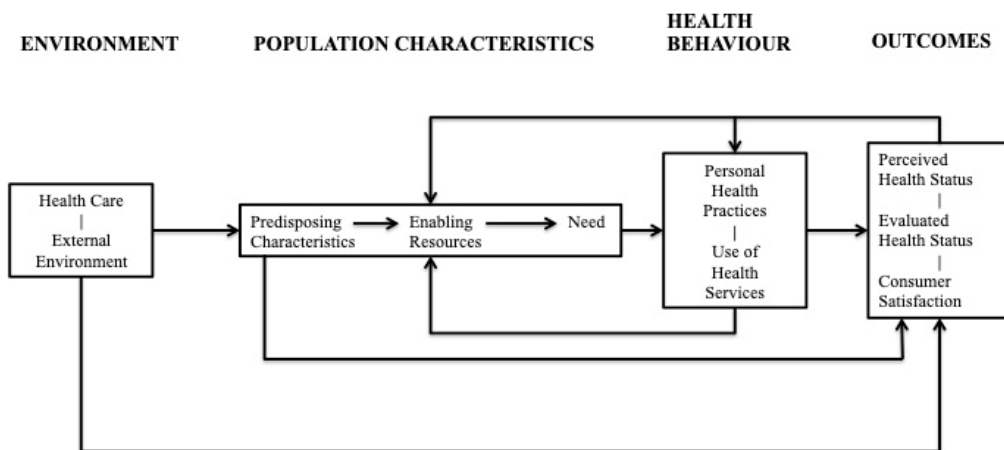


Figure 1. An Emerging Model-Phase 4, adapted from [20].

Furthermore, Anderson [20] illustrates relational vectors that work retroactively between Health Behaviour, Outcomes and Predisposing Characteristics, suggesting that Attitudes toward healthcare services can change after consumption.

4. Results and discussion about patient decision-making

As part of a broader marketing initiative aiming at studying the consumer behaviour for health care services in Romania and at identifying ways of action in order to support the increase of patient satisfaction, a

quantitative research was designed and implemented. In accordance with the goals of the current research paper, the accompanying outcomes are addressing a portion of the mentioned study's content, whose context regarded the consumption of health care services in Romania, including the broader marketing implications. In such manner, one of the important objectives of the mentioned quantitative research was the evaluation of some of the particularities of the consumer decision-making process for discerning among health care providers' offers. The survey took place in Bucharest and the encompassing locale of Ilfov, aiming at the deliberated utilization of health care services inside a time span of a year, among patients over the age of 18, with a sample size of 385 and a proportional sampling technique. As far as participants structure is concerned, the gender and age groups proportions were within the distribution of frequencies of those officially published by the National Statistics Institute on the topic of the country's population. Thus, the gathered information did not need extra statistical compensations for achieving representativity. The assortment of information was collected in the field utilizing three waves of dissemination of self-administered questionnaires to participants. The required effort to fill the questionnaire was projected in a funnel type of iterations placement, going from the general to the particular topics. In line with the core objective of this paper, the following findings represent a proportion of the mentioned quantitative study's results, whose scope was broader in terms of marketing implications regarding the socio-economic elements of health care services consumption. In that regard, some of the relevant findings with practical implications in relation to the phases of patient decision-making for choosing a medical unit are being presented.

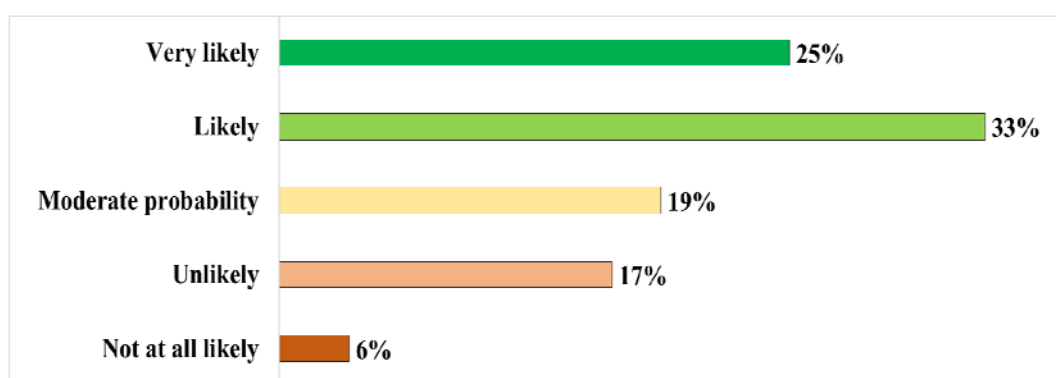


Figure 1. The likelihood for a patient very satisfied with a medical unit to choose additional categories of health care services from that provider (%).

Source: Author statistical survey

On the possibilities to extend the range of services offered by a medical unit, the survey results indicated that more than half of participants expressed high and very high probabilities to choose other medical services as well, offered by the same provider whom they were satisfied with (the maximum likelihood amassed 25% of the answers, and the likely proportion stood at 33%). A moderate probability of choosing a wide range of medical services accounted for 19% of responses. Conversely, the less likely probability was chosen by 17% of respondents, and the not at all likely option counted only 6%. Overall, more than half of the respondents (58%) indicated a high and very high likelihood of choosing additional services from a provider who had satisfied them, in contrast to only 23% indicating low and very low probabilities. Those aspects generate an even greater opportunity for providers to be fully customer-oriented in their business operations, as the possibilities to extend the offer can provide a very attractive way of increasing sales.

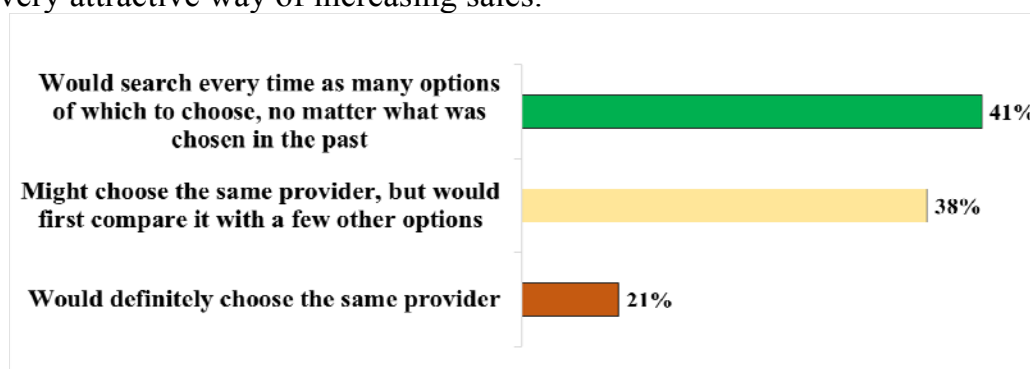


Figure 2. The pondering on coming back to the same medical unit for a similar problem (%).

Source: Author statistical survey.

In the area of patient awareness of the resurgence of a need for similar medical services, the option of initiating a new decision-making process dominated the responses provided by participants, with a total of 79%. By contrast, only 21% of the responses highlighted the re-use of a decision resulting from a previous choice, expressing the recourse to the same provider. Thus, a percentage of 41% of the beneficiaries indicated that they would always look for as many options as possible, from which they would choose without counting on what they did on other occasions, which implies an extensive decision-making process. Variants that can favour a relatively simpler future decision-making process met 38% of the options, in the sense of expressing the possibility to use the same provider, but with its comparison with several alternatives. As indicated by the

results, although the past success on gaining a customer generally does not automatically translate into re-purchase over time, it is also noteworthy that a certain advantage exists for the providers that performed well on previous occasions.

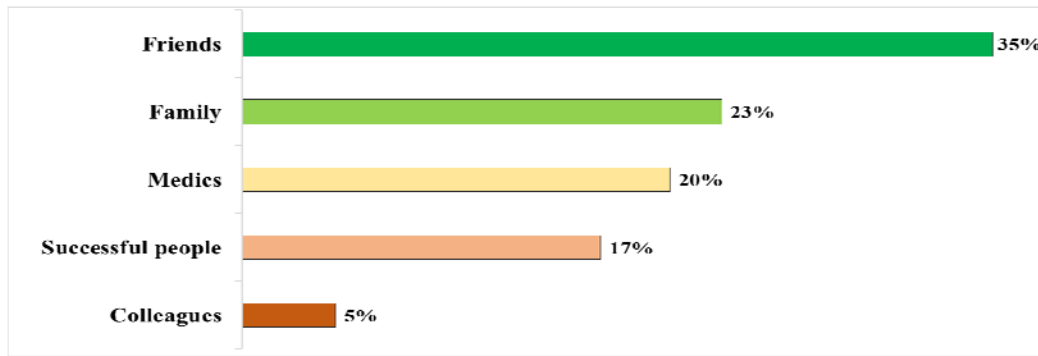


Figure 3. The most important influencers of health care topics (%)

Source: Author statistical survey.

Friends were indicated as the most important source of information on health care topics (35% of the cases). The family sources placed second (23%), followed by medics (20%) and successful people (17%). To a lesser extent were the colleagues, with only 5% of the cases. Given that the sources considered most important were not professional in nature, the adaptation of the marketing mix for medical services must combine emotional and convenience aspects and not rely only on rational elements.

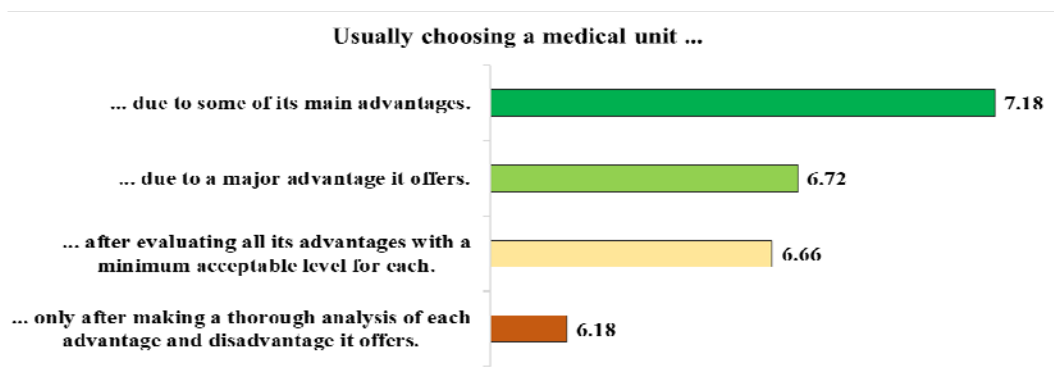


Figure 4. Importance given to decision rules when choosing a medical unit (score out of 10).

Source: Author statistical survey.

In terms of preference for one of the decision rules in the decision-making process of choosing a medical unit, the survey results indicated that respondents tend to favour disjunctive rule, since the highest score (7.18 out of 10) was obtained by the variant of evaluating several main advantages. The lexicographic rule, associated with the evaluation of the advantages in the order in which they were ranked, met a score of 6.72, followed by the conjunctive rule, associated with an overall evaluation of the advantages with a minimum acceptable level for each, which obtained a score of 6.66. A relatively lower preference, but still significant, was registered by the compensatory linear model, associated with an exhaustive evaluation, rated by the respondents with a score of 6.18. In order to receive positive evaluations, health care providers must combine the proper conveyance of own strengths with the proper understanding of the dominant algorithms of decision-making employed by the patients.

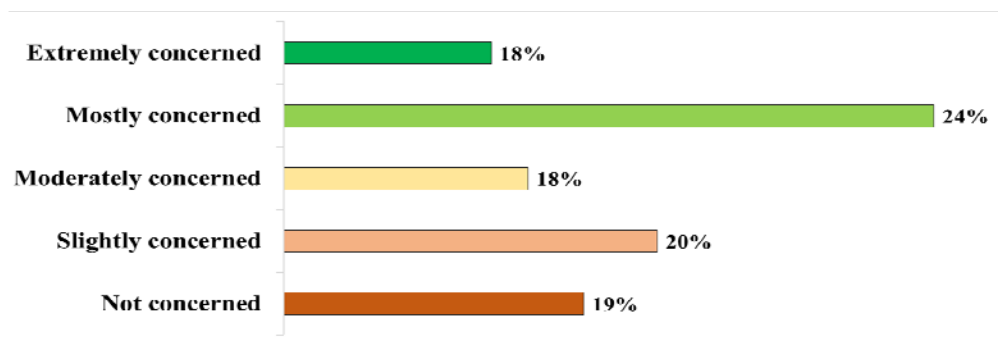


Figure 5. The extent to which there is concern if the made choice was the best or not (%).

Source: Author statistical survey.

Assessing the potential for cognitive dissonance, by determining the extent to which there was still concern for information processing among patients whether the made choice was the best or not, the survey revealed that the high concern was 42% (with 18% distribution for maximum concern and 24% for significant concern). The level of moderate concern accounted for 18% and the area of reduced concern was 39% (of which 20% respondents declared themselves slightly concerned and 19% without concern). Although generally not being extreme, the cognitive dissonance was definitely confirmed and that aspect requires the post-purchase allocation of marketing resources from providers to re-assure patients that their choices were the best, in order to support future favourable behavior towards those providers.

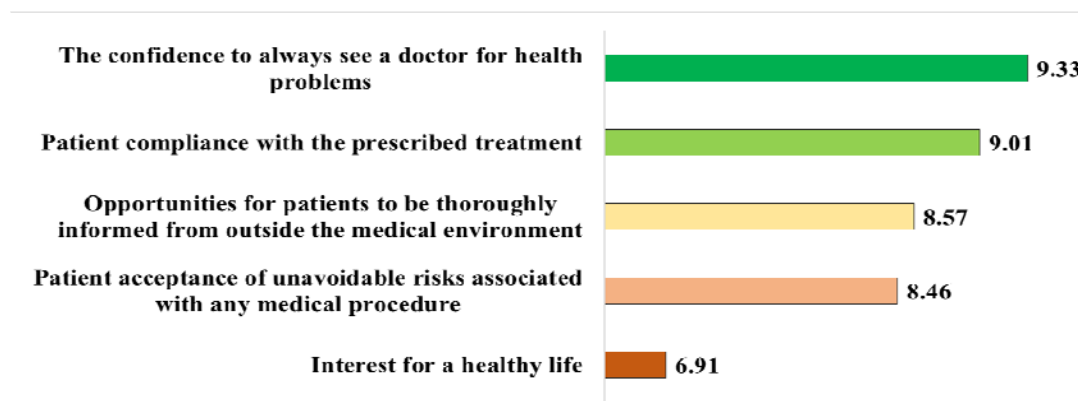


Figure 5. The attitude on the importance of some influences on the quality of the health care (score out of 10).

Source: *Author statistical survey.*

The results of the study indicated a very high importance that respondents attach to the confidence to always consult a doctor for health problems (with an average score of 9.33 out of 10). On the second position in terms of importance they placed the patient's compliance with the prescribed treatment (9.01). Possibilities for thorough information and acceptance of risks inevitable registered also positive attitudes, at the level of 8.57 and 8.46. Regarding the interest for a healthy life, the importance given was lower, placing at 6.91. As respondents indicated a very positive attitude toward seeing a doctor and complying with the treatment, it becomes essential for health care providers to actively develop a good relation with the patients, encouraging them to utilise the services. At the same time, as patients also value the possibilities to gain information from outside the medical environment, the marketing communication must be also adapted to cover additional interest areas in order to support favourable attitudes. The inevitable medical risk must also be addressed openly, as attempts to cover or minimise it, besides being generally illegal or at least unethical, could also prove very harmful for provider's image.

5. Conclusions

This research paper presented a general framework for the study of consumer decision-making, highlighting the importance of attitude on the behaviour. A special emphasis was placed on the particularities of that process in the context of health care services. In that regard, some findings from a direct quantitative research among Romanian patients were discussed, revealing details on a series of mechanisms of influence on the

decision-making process concerning the choosing of medical service providers to best suit the specifics of health care needs and identifying some of the managerial implications for achieving success on the market.

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