

Patient's Health Care Behaviour Intentions

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Abstract. The primary aim of this paper is to present an integrated model of patient's health care behaviour. In this paper an attempt is made to bring out the potential research area not yet explored. The paper is based on analysis and synthesis of existing literature to develop a model to explain patient's health care behavior intention. The study been conceptual is limited to review of prior research. It offers new director for future research and significant insight to medical practitioners and policy makers.

Keywords: Perceived service quality experience, patient's participation, confidence, satisfaction, and behaviour intentions

1. Introduction

Patient perceptions of health care service quality and their involvement are critical for long-term success of service provider. Research findings have indicated that satisfied patients are more loyal to healthcare provider (Hausman, 2004), are likely to recommend their experience (Hausman, 2004), comply with medical and pharmaceutical treatment (Cho et al., 2004) and hold positive view about quality life (Howard et al., 2007). Despite acknowledgement on the impact of patient's participation, not much research work has been directed towards understanding the influence of patient's participation and experience on their subsequent health care behaviour intentions.

2. Healthcare Service Quality

In service marketing literature, service quality perception includes administrative, technical, interpersonal and environment quality (Dagger et al., 2007). A satisfied patient is more confident and committed (Vesel and Zabkar, 2010). Satisfaction is the attitude a person holds after consumption (Solomon et al., 2002), with emotional or cognitive as its antecedents (Bennett and Rundle-Thiele, 2004). Patients with positive service experience recommend about their experience (Babin et al., 2005). Thus

Proposition 1: Patients service quality perception has direct relationship with patient's satisfaction.

Proposition 2: Patients service quality perception has direct relationship with patient's confidence.

Proposition 3: Patients service quality perception has direct relationship with behaviour intentions.

3. Patients Participation

Patient's engagement and participation is a recent emerging field (Gregory 2008). Patients engagement and participation empowers patients in decision-making, enhances their satisfaction, trust, confidence (Henderson 2001), creates peace of mind (Zainuddin et al., 2011) and improved treatment adherence (Bull et al., 2002). Higher level of confidence due to interaction results in greater satisfaction due to less anxiety (Molina et al., 2007). This leads to proposition

Proposition 4: Patient's participation has positive relationship with patients' confidence.

Proposition 5: Patient's participation has positive relationship with patients' satisfaction.

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Proposition 6: Patient's participation has positive relationship with behaviour intentions.

4. Patient Satisfaction

Patient satisfaction is most antecedent for repeat sales, word of mouth and loyalty (Faisal and Niraj, 2011). Patient satisfaction influences patient compliance, patient retention, positive feedback (Zeithaml 2000) and adherence (Rofail et al., 2009). Therefore

Proposition 7: Patient satisfaction influences behaviour intentions.

5. Patient Confidence

In the paternalistic model doctors does diagnosis and treatment without seeking patients' opinion (Longtin et al., 2010). Healthcare services being high-credence service (Fisk et al., 2007), involves high degree of uncertainty and risk. Most patients look for a long-term relationship with their doctors (Danaher et al., 2008) through interaction. Empirical evidence has shown a link between patient's confidence and loyalty (Sirdeshmukh et al., 2002). Thus

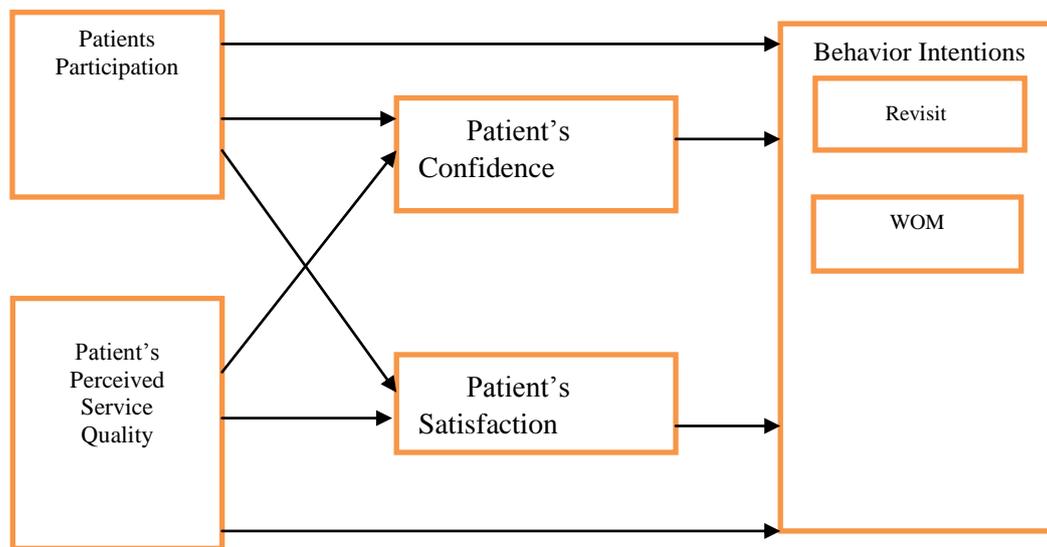
Proposition 8: Patients confidence influences behaviour intentions.

6. Behaviour Intentions

Loyalty mentality has been examined in terms of attitude (Dick and Basu, 1994), preference (Rundle-Thiele and Mackay, 2001) and commitment (Backman and Crompton, 1991). Researchers (Hausman, 2004) have captured healthcare loyalty using intention to recommend and intention to return. Intention is most under defined constructs in consumer behavior as there are hardly any rich theories on consumer purchase intention (So ¨derlund and O ¨human, 2005). This paper therefore proposes to determine the relationship between treatment satisfaction and behaviour intention by including two more indicator of intention as medication adherence and gratitude besides revisit and word of mouth communication. Adherence to medication is defined "as the extent to which a patient's behavior, with respect to taking medication, corresponds with agreed recommendations from a healthcare provider" (Sabate 2003). Not much research studies have been undertaken on evaluating the adherence as a post consumption experience. Gratitude is an emotion, which occurs after people receive aid, which is perceived to be costly, valuable, and altruistic (Wood et al., 2008). Not many studies have been conducted on gratitude as an emotion (Wood et al., 2007). And this remains a key understudied area of research.

7. Discussion and Conclusion

There are significant gaps in understanding of patient's health care behaviour. This paper attempts to fill this gap by presenting an integrated model that explains patient's health care behaviour founded on a sound theoretical ground. Our model contributes to the body of knowledge by examining antecedents of satisfaction and confidence by including patients perceived service quality and physician patient interaction. The study also incorporates behaviour intentions like attitudinal and emotional factors as consequence of satisfaction and confidence. We believe that our conceptual model provides an ideal framework for future academic researcher. It also would provide rich insight to policy-makers and medical practitioners for designing their policy and services.



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9. References

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