

Relationship Marketing and the Patient Physician Relationship

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Abstract Effective relationship marketing has been conceived to be both “defined by” and “dependent upon” trusted customer relationships. Developing trust appears imperative and central, yet the organizational problems of managing relationships in health services can easily become quite problematic among those with different perspectives of health services. There is both a profound asymmetry of knowledge between patients and physicians, and relationship communication problems that need to be considered by marketers of healthcare products and services. Effective health services are highly dependent upon the centrality of patient-physician relationships (PPRs). However these cannot be considered simply as explicit “relationship marketing” transactions which, as defined by Palmatier (2008, p. ix), are primarily intended “to improve customer loyalty and the seller’s profits.”

This paper examines the PPR as central to effective healthcare. It then reconsiders the contexts of specific type of marketing relationships of health organizations to contribute a new perspective to the marketing literature. The hypothesis that humans differentiate their relationships into different kinds has been called relational models theory (Fiske 1991, 1992) or, alternatively, relationship-specific social psychology (Wilson and Daly 1997). The goal of the paper is to contribute to the literature on the development of effective relationship marketing programs in a manner that is better attuned to the specific demands of the healthcare context.

Relational theory is useful to relationship marketing concerns in that it aids in describing the basic structures and operations in terms that are socially constructed as meaningful. The four fundamental models for organizing relationships are defined by Fiske (1991, 1992) as Communal Sharing, Authority Ranking, Equality Matching, and Market Pricing. These models function to construct, coordinate, and contest social actions, as well as providing the means to interpret, plan, and remember their significance.

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The issue is an especially important one in that physicians are central actors in healthcare systems. Physicians provide more than simply the delivery of health as a transactional service; they are also important as information conduits and decision-makers (Limbu and Kay 2011). Even more fundamentally, physicians are bound to serve patients –the Hippocratic Oath symbolically defines physician responsibilities much more broadly and in ethical terms. Moreover, the success of physician-patient interaction has a very real and definite effect on patients' health. As Larson and Yao (2005) note, treatment outcomes and compliance to treatment are both significantly better when doctors show more empathy and take the time to make sure patients are clearly informed.

Since healthcare significantly impacts critical life decisions, considering healthcare services as an area of "relationship marketing" can raise different type of decision problems. Communication is critical for patients and also for trusted advisors who often make decisions for the elderly and infirm. Managers of healthcare organizations need to more broadly consider different type of social and relational contexts to be effective.

The PPR has been subject to considerable research attention over the past two decades, in both medical and marketing contexts. In the medical literature, discussion of the PPR has commonly been in the context of physician control over treatment and the necessity to talk to patients to acquire the information needed to diagnose disease conditions. The importance of the patient relationships to physicians tends to be framed within various professional tasks, such performance of diagnosis as well as effectively explaining treatment regimes.

In the marketing literature, on the other hand, the goal of examining PPR is often framed as one of enhancing service perceptions, communicating and influencing potential customers, and supporting medical or organizational brands. For example, PPRs have been a particularly important concern in the context of spending on pharmaceutical promotions (Kay and Limbu 2011). Yet the behavioral outcomes of marketing promotions have raised questions from the point of view of medical professionals. For example, Robinson et al. (2009) found that 55.9 % of physicians believed that DTC advertisements affected interactions with patients by lengthening clinical encounters, and 80.7 % indicated that this lead to patient requests for specific medications which was sometimes questionable. Moreover, two-thirds of physicians agreed that DTC advertising was changing patient expectations of physicians' prescribing practices. Other studies indicate that DTC ads can have good and bad effects on quality of care, the doctor-patient relationship and affect health service utilization. Murray et al. (2003) note that physicians filled 69 % of requests they deemed clinically inappropriate.

In spite of the widespread adoption of marketing concept by healthcare organizations, relationship marketing efforts may be at odds with the organizational mission goals or standards of medical service professionals. If marketing efforts are perceived by medical professionals as contentious, this will affect medical outcomes and quality. Issues of the specific medical information needs of consumers to improve medical performance and outcomes could certainly be better examined by marketers.

Finally, medical decisions are regularly knotty and problematical, as it is in end of life decisions. Fiske and Tetlock (1997) note that such internal or value conflict is rooted in the cognitive problem of incommensurability. People reject certain value trade-offs due to the fact that the requisite mental operations to make these decision are unfamiliar or especially difficult. People view health or life value trade-offs as impermissible; they respond with varying degrees of indignation and discomfort. The conflict occurs whenever a trade-off decision requires assessing the value of something governed by socially meaningful relations and operations of one relational model in the terms of a disparate relational model. Communal Sharing, Authority Ranking, Equality Matching, and Market Pricing are relational models that can provide new perspectives on such relationship marketing, communication, and decision problems.

Keywords Healthcare • Relationship Marketing • PPR

References

References Available Upon Request