

CONSUMER ATTITUDES TOWARD ALTERNATIVE HEALTH CARE SERVICES

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Abstract

Results of an empirical study of consumer attitudes toward alternative health care services (hospitals, home health care, nursing homes, and outpatient clinics) are reported. Attitudes toward the services are examined along ten attributes such as quality of medical service, convenience, and cost. Respondents' attitudes of the services along the ten dimensions are presented, along with results of tests for statistical significance. Attitudes of two groups--the elderly and non-elderly--are compared. Implications for the formulation of marketing strategies for health care services are discussed.

Introduction

The rapidly changing, volatile nature of the health care industry within the U. S. is a well documented phenomenon. Organizations offering alternatives to traditional health care institutions have increased in number and in competitiveness. These new competitors are continuing to introduce new forms of health care delivery such as outpatient surgery centers, executive wellness programs, independent nursing group practices, hospices, PPO's, nursing home and intermediate care facilities, and home health care programs (Joseph 1986).

The increasing intra-service (hospital vs. hospital) and inter-service (hospital vs. outpatient clinic) competition necessitates more comprehensive integration of competitive analysis into the formulation of health care service plans and marketing strategies (Milch 1980; Variu 1985). The importance of marketing and market planning to success in providing health care has long been recognized (Whittington and Dillon 1979; Joseph, Zallocco and Markovic 1985; Coddington, Palmquist and Trollinger 1985). Sophisticated competitive analysis has, generally, not been emphasized as much.

In addition to a greater number of alternative services and increasing competition, the consumers' health care decision selection process has also changed. In general, the consumer behavior model of the physician as the decider is obsolete, and has been replaced by a model that suggests the consumer has an increasing role at both the influence and selection stages of the decision process (Berkowitz and Hillestad 1982; Wright and Parsons 1982). A number of authors have attempted to model this newer consumer-oriented decision process (Berger and Gultinan 1981; Boscarino and Steiber 1982; Miller and Zikmund, 1984).

The body of research concerning the consumer behavior process relative to health care is increasing. Boscarino and Steiber (1982) have explored hospital choice. The importance of

specific attributes in the consumers' preference for or selection of a health care provider has been identified (Berger and Gultinan 1981). In various studies, significant attributes have been linked to the choice of a hospital (Wright and Parsons 1982), preference for an HMO (Klegan 1981), selection of a nursing home (Froebe 1982), and level of satisfaction with the nursing home selection decision (Smith and Gray 1982).

A final trend of importance is the increasing significance of the elderly as a market segment in the health care industry. The U. S. Bureau of Census estimates that the population as a whole will grow by 16 percent by the year 2000, but the elderly age group will grow by about 50 percent. The elderly also account for about 25 percent of the total spent for health care in this country. The increasing affluence of the elderly also increases the size of the market that can afford assisted living facilities such as nursing homes. Studies of the elderly have been, to date, limited to the issue of nursing home selection (Clabaugh and Wallace 1982; Froebe 1982; Smith and Gray 1982).

All of the studies cited above are intra-system (i.e.--they explore the consumer decision process relative to providers within a specific competitive group such as nursing homes). This study is designed to expand the research by investigating consumer attitudes toward alternative systems (i.e.--hospitals vs. nursing homes). Such comparisons should improve the understanding of the competitive nature of the health care industry and be of assistance in formulative competitive strategies.

Objectives

Specifically, the objectives of the research were:

1. To determine consumer attitudes toward four alternative health care services (hospitals, home health care, nursing homes and outpatient clinics).
2. To determine how consumers perceive each of the four health care services along specific attributes or dimensions.
3. To determine whether attitudes toward the four services along the attributes differ when paired comparisons are made.
4. To determine whether responses vary between elderly and non-elderly respondents.

Methodology

Each respondent was questioned regarding their attitudes toward the four health care services--hospitals, nursing homes, outpatient clinics, and home health care--along ten attributes. The attributes were: Quality of medical care, safety, speed of recovery, quality of medical personnel,

risk of complications, cleanliness, convenience, comfort, privacy provided, and cost. The attributes were generated from a review of the literature and discussions with medical administrators. In addition, demographic information and data on current usage of health care services were obtained from respondents.

A self-administered structured questionnaire was used for data gathering. Respondents were presented statements for each service on each attribute. Examples of specific statements are: "Outpatient clinics provide adequate privacy," "Nursing homes are sanitary," and "Home health care is convenient." Both positive and negative statements were used. A six-point Likert Scale ranging from strongly agree to strongly disagree was used for responses. A total of 62 respondents were interviewed, 32 elderly (over 55) and 30 non-elderly (between 21 and 54).

Results

Attitudes Toward Health Care Services

Graphic profiles of attitudes toward the alternative services along the attributes are provided in **Figure 1** (elderly respondents only) and in **Figure 2** (non-elderly respondents only). The mean values are summarized in Table 1.

FIGURE 1
ATTITUDES TOWARD HEALTH SERVICES
(ELDERLY; MEAN VALUES)

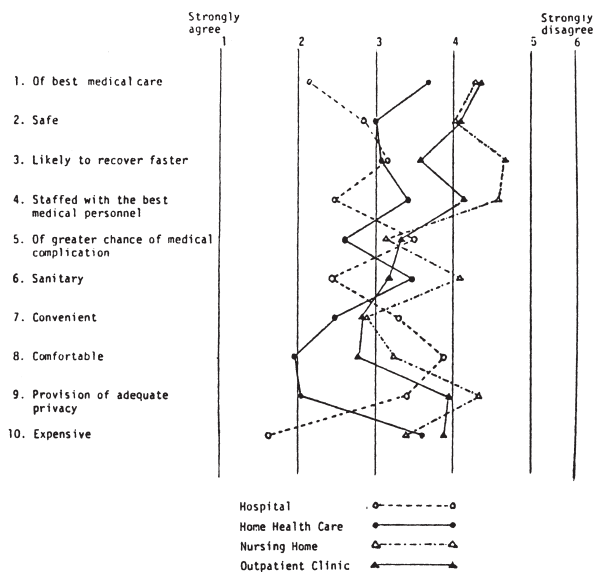
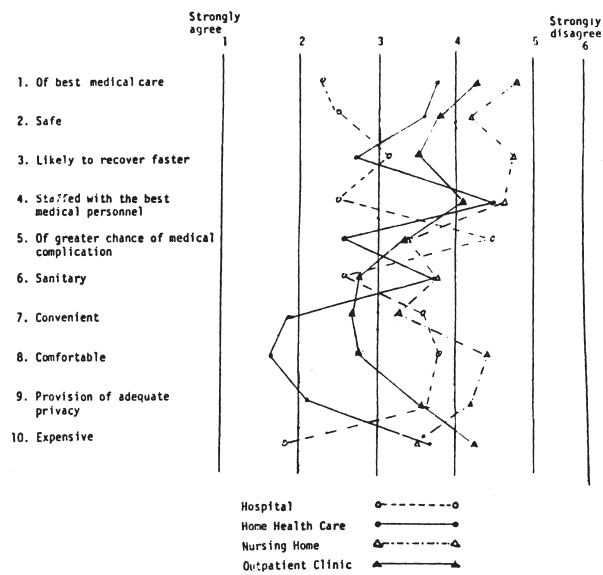


FIGURE 2
ATTITUDES TOWARD HEALTH SERVICES
(NON-ELDERLY; MEAN VALUES)



Some of the more interesting findings from this analysis are:

- Hospitals have a more positive overall image along the dimensions of quality, safety and sanitation. This is true for both the elderly and non-elderly groups. On the other hand, hospitals are perceived by both groups as significantly more expensive than any of the other three services.
- Overall, nursing homes have the most negative image with both groups of respondents. The non-elderly in particular hold a very negative image of nursing homes. Within this group, nursing homes are perceived to be the weakest of any of the services along seven of the ten attributes. Among the negative perceptions of nursing homes are quality of medical care, quality of medical personnel, comfort, sanitation, privacy, safety and, as would be expected, likelihood of a speedy recovery.
- In general, attitudes toward home health care are positive. Respondents perceive them to be the most positive service on the dimensions of convenience, comfort and privacy. Just as significantly, home health care did not generate many negative attitudes. The only exception was the perception by the non-elderly of relatively poor medical personnel (e.g.--visiting nurses).
- Outpatient clinics are perceived to be lower cost operations. They have a negative image along the attributes of quality of medical care and quality of personnel.

TABLE 1
ATTITUDES TOWARD ALTERNATIVE HEALTH CARE
SERVICES ON TEN ATTRIBUTES (MEANS)

ATTRIBUTE	SERVICE							
	Hospital		Home Health Care		Nursing Home		Outpatient Clinic	
	Elderly	Non-Elderly	Elderly	Non-Elderly	Elderly	Non-Elderly	Elderly	Non-Elderly
Best Medical Care	2.13	2.28	3.73	3.93	4.27**	4.89***	4.33	4.18
Safety	2.86*	2.36*	2.97**	3.71**	4.03	4.07	4.06	3.86
Fast Recovery	3.13	3.11	3.07	2.79	4.67	4.82	3.56	3.50
Best Medical Personnel	2.47	2.50	3.43***	4.46***	4.57	4.68	4.13	4.03
Higher Chance of Complications	3.50***	4.43***	2.60	2.61	3.13	3.36	3.33	3.36
Sanitary	2.43	2.61	3.47	3.75	4.07	3.79	3.17	2.82
Convenient	3.30	3.71	2.47**	1.93**	2.86	3.25	2.80	2.71
Comfortable	3.87	3.82	1.96	1.71	3.23***	4.43***	2.77	2.82
Provides Adequate Privacy	3.40	3.68	2.03	2.07	4.33	4.11	3.93*	3.57*
Expensive	1.60	1.89	3.60	3.75	2.90**	3.50**	3.87	4.22

n = Elderly, 32; Non-Elderly, 30.

Numbers are means on a six-point scale where 1 = Strongly Agree; 6 = Strongly Disagree.

*** P < .01; ** P < .05; * P < .10

- Attitudes of the elderly and non-elderly groups are similar. A statistical comparison (t-test) of the means of the two groups shows relatively few statistically significant differences in attitudes toward each health care service along the ten attributes (see Table 1).
- Among the elderly, the least variance in attitudes toward the four services is found along the attributes of chance of medical complications and convenience; the most variance in attitudes is along the attributes quality of medical care, quality of medical personnel, adequate privacy and cost. The non-elderly responses show a pattern of greater variance in attitudes towards the services, particularly on the attributes of quality of medical care, likelihood of a speedy recovery, quality of medical personnel, comfort, adequate privacy and cost.

Paired Comparisons of Health Care Services

Attitudes toward health care services were examined by looking at pairs of services. Each group--the elderly and the non-elderly--was examined along the ten attributes to determine whether the groups' attitudes toward paired health care services were similar. The results, presented in Table 2, show, for example, the elderly had significantly different attitudes toward hospitals and home health care on the attribute of 'best medical care'. As another example, the elderly did not perceive any significant difference between the safety of hospitals and home health care, while the differences in attitudes of the non-elderly toward the safety of the two services were statistically significant at the .01 level.

Table 2 indicates that, in general, both groups perceive hospitals and home health care to be the

TABLE 2
A COMPARISON OF THE ATTITUDES OF ELDERLY
AND NON-ELDERLY TOWARD PAIRED HEALTH CARE SERVICES
(MEAN DIFFERENCE TESTS FOR SIGNIFICANCE)

ATTRIBUTE	SERVICE											
	HO vs. HHC		HO vs. NH		HO vs. OC		HHC vs. NH		HHC vs. OC		NH vs. OC	
	GR1	GR2	GR1	GR2	GR1	GR2	GR1	GR2	GR1	GR2	GR1	GR2
Best Medical Care	**	**	**	**	**	**	NS	**	NS	NS	NS	**
Safety	NS	**	**	**	**	**	**	NS	**	NS	NS	NS
Fast Recovery	NS	NS	**	**	NS	NS	**	**	NS	**	**	**
Best Medical Personnel	**	**	**	**	**	**	**	NS	*	NS	NS	*
Higher Chance of Complications	*	**	NS	**	NS	**	NS	*	*	*	NS	NS
Sanitary	**	**	**	**	*	NS	NS	NS	NS	**	*	**
Convenient	*	**	NS	NS	NS	**	NS	**	NS	**	NS	NS
Comfortable	**	**	NS	*	**	**	**	**	*	**	NS	**
Provides Adequate Privacy	**	**	**	NS	NS	NS	**	**	**	**	NS	NS
Expensive	**	**	**	**	**	**	*	NS	NS	NS	**	*

- Notes: 1. HO = Hospital; HHC = Home Health Care; NH = Nursing Home; OC = Outpatient Clinic
 2. GR1 = Elderly Respondent Group; GR2 = Non-elderly Respondent Group
 3. ** P < .01; * P < .05; NS=Not Significant at the .05 level

most dissimilar across the greatest number of attributes. Hospitals and nursing homes are also perceived to be dissimilar by both groups. On the other hand, a comparison of nursing homes vs. outpatient clinics indicates that both groups, and in particular the elderly, perceive them to be similar along a substantial number of attributes.

In examining specific attributes, the analysis indicates that significantly different attitudes occur most frequently for comfort, expense and quality of medical personnel. Both groups perceive differences in the services in these areas. At the other extreme, the fewest significantly different attitudes were on the dimension of convenience. The elderly in particular saw little difference in service convenience; only the hospital vs. home health care comparison was statistically significant along this dimension.

Discussion

This paper has reported the results of a survey of consumers' attitudes toward alternative health care services. A fundamental question posed is, "Do consumers attitudes toward health care vary by type of service?" The answer is yes. The second question posed is, "Do attitudes toward the services vary depending on the attribute being discussed?" Here again, the answer is yes. The next logical issue--how these attitudinal patterns relate to the consumer behavior process--is an area that needs exploration in future research.

The study has implications both methodologically and in the results. The methodology is recommended to any health care provider. It is relatively easy to operationalize. Also, it is suitable for identifying comparative attitudes for both inter-service (outpatient clinic vs. hospital, for example) and intra-service (one outpatient clinic vs. another, for example) situations.

In terms of results, the issue is the relative value of the data presented here and in similar data that might be generated from studies conducted by health care providers. The information is important in a number of ways critical to the formulation of marketing strategies. Specifically, it is useful:

- As an instrument for competitive analysis. The data provides valuable information to determine the relative attitudes of consumers toward alternative health care providers. In addition, specific information is provided on the strengths/weaknesses relevant to specific attributes. Such information is important to formulating competitive strategies in areas such as service characteristics and positioning.
- As baseline data against which to compare future attitudinal surveys.
- In formulating targeting strategies. Similarities/dissimilarities in attitudes among segments helps as input toward formulating strategies regarding the number and depth of segment coverage.
- In formulating overall promotional strategies and specific elements of the

promotional campaign such as advertising theme and media to employ.

- In setting objectives. Most organizations have, or should have, image-related objectives. The results here present specific information against which objectives can be formulated and an evaluation of performance conducted.

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