Decision-Making in Eye Care

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Consumerism has entered the health care field, slowly creating a group of consumers who ask questions, get answers and make their own decisions about purchases of health care services.[1] This new generation has different expectations than older generations. They do not view doctors as Gods. They look for the right services for the right money; they ask questions about treatment options and costs, then take charge of the decision. They demand convenience and excellent services, ask for evidence of expertise, expect continuity of care, and explore alternative therapies. Are we in a position to adapt ourselves to meet this set of proposed consumers?[2]

If we look at the general health care scenario, particularly in a country where the majority of the population is illiterate, help promotional activities could not be made effective to create a general awareness among the common people. In the event of a serious ailment - be it chronic, degenerative or accidental - a common citizen does not know where to find quality services at reasonable cost. If a hospital is genuinely interested in the welfare of the patients but is not fully equipped to handle the case, information and referral facilities should be available. One of the responsibilities of the health care providers is to alleviate the fears of pain, trouble, side effects, recovery time and the extent of recovery - that is, whether the patient shall be able to return to normal activity. If the health care organisations do not attempt to provide the information directly to the public, the common people are likely to be misinformed and misguided by the group with a vested interest.

Buying process

The efficiency and effectiveness of an organisation depends on the long term strategic planning. The emphasis should be on detailed analysis of the behaviour of consumers. Most health care organisations collect no information about their consumers or patients. Whatever data are collected tend to be demographic in nature, which health planners and economists are trained to manipulate. Rarely does one see awareness, perception, preference and usage information among the consumers. Health care organisations need to understand how an individual patient sees, thinks, feels and acts.[3]

The consumer engages in a buying process which consists of the following five stages (shown in figure 1)[4]:

1. Need Arousal: What needs and wants give rise to interest in buying or consuming health care service?
2. Information Gathering: What does the consumer do to gather information relevant to the felt need?
3. Decision Evaluation: How does the patient evaluate the alternatives in therapies, hospitals, providers of health care?
4. Decision Execution: How does the patient carry out the purchases?
5. Post Decision Assessment: How does the patient's post-purchase experience affect his or her subsequent attitude and behaviour?

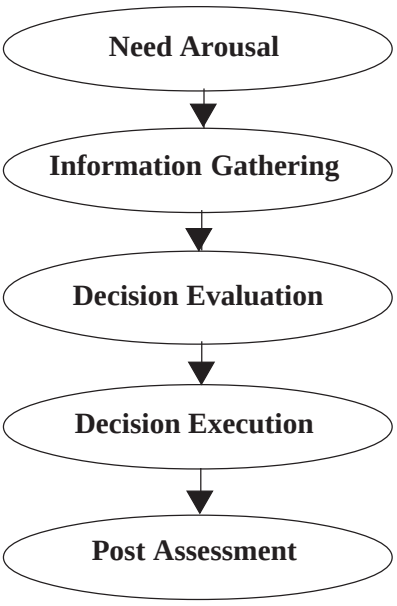

Fig 1 : Consumer buying process

Decision-making units

In the decision-making unit in the consumer analyses, while some purchases involve only one consumer from start to finish, many purchases rely upon a number of people filling one of five roles:[5]

1. Initiator: The initiator is the person who first suggests the idea of buying the particular product or service.
2. Influencer: An influencer is a person whose views or advice carries some influence on the final decision.
3. Decider: The decider is a person who ultimately determines any part or the whole of the buying decision: whether to buy, what to buy, how to buy, when to buy, or where to buy.
4. Buyer: The buyer is the person who pays for purchase.
5. User: The user is the person(s) who consumes or uses the product or service.

In eye care

A study was recently initiated by the author to understand the decision-making unit among the consumers of a "private not for profit" eye care organisation in South India. The sample size was limited to 100 paying patients admitted to the hospital, although the eye care organisation under study caters to consumers representing all economic backgrounds and most of the patients served were free and highly subsidised. The majority of respondents were males (80%) and over 60 years old (53%). The data collection was completed in one week. An "undisguised unstructured interview" technique with open-ended questions was used by the enumerator to collect information about the paying consumers of eye care regarding the decision-making unit that is, who qualified as an initiator, influencer, decider and buyer in the purchase process of eye care. The following tables present the data.

Satisfied patients of the hospital played the role of initiator by suggesting the idea of screening eyes at this hospital to 24% of the respondents. The next most common "initiator" was word of mouth (16%). Comprehensive screening eye camps for the poor initiated (14%) to utilise the paying section.

The views and advice of the satisfied patients (22%) of the hospital, relatives of the patients (20%), referral doctors (19%) and word of mouth (15%) influenced the majority of the in-patients in their final decision to avail themselves of eye care. Interestingly, although screening eye camps organised by the hospital under study initiated (14%) paying patients, they have not successfully influenced (6%) them to purchase eye care. At the same time, while relatives and referral doctors played a minor role in initiating, they influenced the respondents in the purchase of eye care.

Table 1: Response about initiator

Initiator	Responses
Client of Hospital	24
Word of Mouth	16
Screening Eye Camps	14
Publicity	8
Relatives	8
Advertisement	7
Neighbour	6
Referral Doctors	5
Friends	5
Branch Hospitals	4
Company	3
Total	100

Table 2: Response about influencer

Influencer	Responses
Client of Hospital	22
Relatives (other than son)	20
Referral Doctor	19
Word of Mouth	15
Screening Eye Camps	6
Neighbour	5
Self	5
Friend	4
Company	4
Total	100

Table 3: Response about decider

Decider	Responses
Self	41
Relatives (other than son)	29
Doctors in the Hospital	14
Son	8
Client of Hospital	3
Company	3
Word of Mouth	1
Friend	1
Total	100

The majority of respondents (41%) determined for themselves that they would "purchase" eye care services. Relatives other than sons (29%) comprised the next largest group of "deciders" among respondents. Doctors of the hospital played the role of "decider" for 14 percent of the paying patients.

Table 4: Response about buyer

Buyer	Responses
Self	51
Son	29
Relatives (other than son)	14
Company	6
Total	100

Generally, the paying in-patients pay for their own care. Half of the respondents (51%) directly bore the cost of the purchase of eye care. Interestingly, although sons of the in-patients have no role as initiator nor of influencer, and though they play only a minor role as decider, they pay for eye care in 29 percent of the cases.

Developing decision-making unit

The study helps us to understand the target group and assists us in developing the roles of initiator, influencer, decider and buyer. Using satisfied patients as aphakic motivators, strengthening public relations, and conducting comprehensive screening eye camps will develop initiators. Building strong relationships with both patients and referral doctors will help to develop influences. Creating awareness and educating patients as well as their relatives through health education, social marketing and personal patient counselling will promote deciders and buyers.

Health care organisations must understand the complexity of the decision-making units involved in purchasing a service. Health is particularly prone to having many people involved in the decision-making, including relatives, village leaders, teachers, government employees, family physicians or local general practitioners. In most cases the choices lie not with the consumers but with the physicians. The public has difficulty in understanding the quality of medical care. The majority of the Indian population suffers from a serious dilemma – where to seek specialised care and emergency care; whom to approach; where to obtain affordable services. Pharmaceutical manufacturers promote prescription drugs to physicians because the consumer cannot purchase the drugs without a physician's prescription. Thus, even though the consumer is the user, the physician is the decider.[6]

There is a greater responsibility within health care providers to create awareness among both consumers and physicians about the uniqueness of services offered, free care provided, free camps organised, latest technology adopted, and timely referral. Unless we make our people aware of the facilities available voluntary health care organisations will not be fully utilised. We can increase awareness by organising forums, developing reports in newspapers, continuing education through newsletters for general practitioners, conducting meetings for doctors, participating in local exhibitions and festivals, and inviting the public to hospital functions. In doing so, we will also educate, update the knowledge of, and improve the relationship with the consumers and physicians.

References

1. *Philip Kotler and Robert N Clarke, Marketing for Health Care Organization (Prentice Hall Inc., New Jersey, 1987) p. 278*
2. *Kevin Lumsdon, "Baby Boomers Grow Up", Cover Story, Hospital and Health Networks (American Hospital Association, Sharon Hill, Sep 20, 1993) pp. 24 – 34*
3. *Philip Kotler and Robert N Clarke, Marketing for Health Care Organization (Op. cit.) p. 258*
4. *Ibid., p. 258*
5. *Ibid., p. 276*
6. *Ibid., pp. 276 - 278*