

# DOCTOR – PATIENT RELATIONSHIP: A QUALITATIVE STUDY TO UNDERSTAND THE DYNAMICS OF CO-CREATION

Dr. Jyoti Sharma<sup>1</sup>, Lata Raj<sup>2</sup>, Dr. Anil Gupta<sup>3</sup>

latikaraj42@gmail.com

<sup>1</sup>Assistant Professor, The Management School, Kathua Campus of University Jammu

<sup>2</sup>Research Scholar, The Business School, University of Jammu

<sup>3</sup>Assistant Professor, The Business School, University of Jammu

**Abstract**-The paper aims to study the nature of co-creation behaviour among doctors and their relationship with patients in the present era of globalization. The present research is qualitative in nature where the data has been collected from 25 doctors through personal interviews. The personal interviews are taken from the doctors working in private and government hospitals in Jammu and Kashmir. From the interviews of doctors, it was inferred that the patients in the present era are pro active towards the health treatment and they gather the knowledge regarding their diseases and treatment through other sources (like internet, other doctor, patients ) as well. The doctors try to maintain good relationship with their patients and it has been found that co-creation behaviour of the doctors lead to value creation in health care. Some patients also try to develop good relationship with doctors. From the interviews we also concluded that there is always a barrier between the doctors and patients which prevent them from being friendly with each other. It has been observed that co-creation is higher in private clinics than in government hospitals.

**Keywords:** Co-creation, Participation, Citizenship Behaviour, Health Sector

## 1. INTRODUCTION

Co-creation has become a widely used term to describe a shift in thinking from the organization as a definer of value to a more participative process where people and organizations together generate and develop meaning (Ind & Coates 2013). It should be note that the idea of “creation” is not simply about the creation of things, it is also about interpretation and value making.

This perspective is particularly relevant when we consider co-creation, because it makes us think of the togetherness of customer and creators in creative processes and the needs of the customer as well as stakeholder.

Co-creation is advocated as a means to expand the modernization and value creation capability of the firm, while nurturing customer relationships and lowering cost for marketing (Sawhney et al., 2005; Prandelli et al., 2006). The benefits of co-creating value include better product and service quality (Fuller et al., 2007), greater customer satisfaction (Nambisan & Baron, 2007), as well as reduced risk for the firm (Maklan et al., 2008).

Customers are resource integrators (Vargo & Lusch, 2008) who operate on resources made available to them by a service provider, or by themselves to increase their well-being. Heinonen et al. (2010) suggested that companies need to understand the customer so that they make themselves fit into the customer’s life, and that understanding the interaction between the customer and supplier is not enough. Customer is always a co-creator of value; it is the core concept of S-D logic. Customer behave as active and collaborative partners in relational exchanges, customers co-create value with the firm through involvement in the entire service-value chain.

Research on health care has seen a drift in increasing the patient co-creation behaviour, wherein the role of the patient changes from a passive to an active role (Badcott, 2005). Patient is the only person who has full experience with the health sector from the first indication of health problem till their treatment. Bitner et al. (1997) described how patients perform different roles in the provision of health care, both as a productive resource and as a contributor to quality, satisfaction and value of their own care. Devotion of patients towards their treatment is a key motivator for co-creation for use in health care, which in turn yields better clinical outcomes and lower costs (Martin et al., 2005). To enable patient co-creation in health-care service development, several important practical and methodological issues need to be planned and managed, from selecting the care processes, designing a method for gathering patient ideas to analysing the gathered information and using it.

The service marketing literature identifies at least two types of customer behaviour in service delivery process (Bove et al., 2008; Groth, 2005): (a) customer participation behavior, which is “expected and required behaviors necessary for the successful production and delivery of the service” (Groth, 2005, p. 11) and (b) customer citizenship behavior, which is “voluntary and discretionary behaviors that are not required for the successful production and delivery of the service but that, in the aggregate, help the service organization overall” (Groth, 2005, p. 11). Also one of the article of Yi and Gong, 2013, customer value co-creation behaviour has been viewed as a multidimensional concept

consisting of two higher-order factors or two dimensions i.e. customer participation behaviour and customer citizenship behaviour . So, This paper aims to study the nature of co-creation behaviour among doctors and their relationship with patients in the present era of globalization.

## 2. REVIEW OF LITERATURE

### 2.1 Customer Citizenship Behavior

In service firms, customers often act as “partial employees” (Bowen & Schneider, 1985) and this participation is categorized as either in-role or extra-role behaviors (Bettencourt & Brown, 1997). In-role behaviors are those behaviors required to perform in a service encounter such as arriving on time for a doctor’s appointment, while extra-role behaviors involve sacrifices on the customer’s time, effort, material possessions, or physical welfare (Staub, 1978). Generally, extra-role behaviors are collectively referred to as customer citizenship behaviors (Bettencourt, 1997). Over the past decade, relationship of customer and the firm has undergone a prominent change. Leon G. Schiffman and Leslie Lazar (2007) state consumer behavior as “the behavior that consumers display in searching for, purchasing, using, evaluating, and disposing of products and services that they expect will satisfy their needs.” In reality, consumer relationship is more than just satisfaction. Particularly as services are produced and consumed simultaneously, the fundamental interaction between service providers and customers is highly significant to performance (Kelley, Donnelly, Skinner 1990). Customer Citizenship Behavior (hereinafter referred to as CCB) continues to be a popular research in marketing as both practitioners and academics show considerable attention.

After Organ and his colleagues (Bateman & Organ, 1983; Smith, Organ, & Near, 1983) coined the term organizational citizenship behavior, references to citizenship-like behaviors appeared in human resource management, hospital and health administration, community psychology, industry and labor law, strategic and international management, leadership, and economics.

Customer citizenship behaviour (CCB) is defined as “voluntary and discretionary behaviour of individual customers that is not directly or explicitly expected or rewarded but that in the aggregate, leads to higher quality service and promotes the effective functioning of service organizations” (Groth, 2005: 13). CCB is based on the theory of social exchange (Blau, 1964) where customers respond positive behaviour from a sense of personal responsibility or appreciation. Customer citizenship behaviour (CCB) involves voluntary actions by customers (e.g., serving as partial employees, cooperating with employees, and helping other customers) that are not directly rewarded but may have an impact on a firm interests and performance (Groth, 2005; Rosenbaum & Massiah, 2007). For instance, a customer may tell another customer of good services provided at another location but not tell the organization itself (Bove, Pervan, Beatty, & Shiu, 2009).

CCB is also conceptualized as a form of customer extra-role behaviour, and is defined as helpful, kind, considerate or thoughtful acts voluntarily performed by customers that benefits service personnel in some way. This is an adaptation of the definitions of organisational citizenship behaviour (OCB) (Organ, Podsakoff and MacKenzie, 2006) and customer extra-role behaviour (Gruen, 1995).

Customer citizenship behaviours are not required to deliver a firms service, but they may help the firm and enhance its performance. Bettencourt (1997) refers to customer citizenship as the voluntary behaviors of customers who act as partial employees and cooperate with employees in ways that help a firm. As partial employees, customers contribute to the development and delivery of a firm’s service quality through actions that are similar to those of a firm’s employee (Bowen, 1986). Rosenbaum and Massiah (2007) also describe customer citizenship as customers voluntary actions to promote firms interests, act as partial employees, and cooperate with employees.

### 2.2 Customer Participation

Customer participation (CP) has become a major topic of discussion in the marketing literature with the emergence of service-dominant (SD) logic (Vargo & Lusch, 2004), which views customer as co-creators of value. Customer participation is defined as “the degree to which the customer is involved in producing and delivering the service” (Dabholkar, 1990) It is the customers who are fundamentally changing the dynamics of the marketplace. The market has become a forum in which consumers play an active role in creating and competing for value. (Prahalad & Ramaswamy 2000, p. 80). According to Chan ,Yim and Lam (2010) CP is a behavioral construct that measures the extent to which customers provide/ share information, make suggestions, and become involved in decision making.

In competitive effectiveness encouraging customer participation (CP) may represent the next frontier (Bendapudi and Leone 2003), and it reflects a major shift from a goods-centered to a service-centered logic for marketing (Vargo & Lusch 2004). This new service-dominant logic

views customers as proactive co creators rather than as passive receivers of value and views companies as medium of the value co-creation process rather than as producers of value (Payne, Storbacka, and Frow 2008). Customer participation should deliver value to both customers and firms (Auh et al. 2007; Lovelock and Young 1979), and

those customers are seem to be more satisfied who perceive more value from their service encounters (Ouschan, Sweeney, and Johnson 2006; Sharma and Patterson 1999).

Bendapudi and Leone (2003) find that participating customers are more satisfied than nonparticipating customers when the service outcome is better than expected, whereas Ennew and Binks (1999) conclude that CP is positively related to service quality and satisfaction but has mixed impacts on future purchase intentions. Lusch, Brown, and Brunswick (1992) provide a theoretical framework for exploring the extent of CP in value creation, and Normann and Ramirez (1993) argue that the goal of business is not to create value for customers but rather to mobilize customers to co create value.

The definitions of CP employ many forms and degrees, from firm production to joint production to customer production (Meuter and Bitner 1998). Because our purpose is to understand the value creation process when customers participate and interact with employees in services, we do not consider firm and customer production (e.g., self-service technologies). We adapt previous definitions of CP to our research context (i.e., professional financial services) by conceptualizing CP is a behavioral construct that measures the extent to which customers provide or share information, make suggestions, and become involved in decision making during the service co-creation and delivery process (Auh et al. 2007; Bettencourt 1997; Bolton and Saxena-Iyer 2009; Hsieh, Yen, and Chin 2004). According to a service-dominant view of marketing, “value can only be created with and determined by the user” (Lusch and Vargo 2006, p. 284); thus, the customer is always a co-creator of value. The co-creation of value is a desirable goal because it can help firms understand customers’ points of view and identify their needs and wants (Lusch and Vargo 2006; Payne, Storbacka, and Frow 2008). Research also suggests that customers participate only if they anticipate benefits from the relationship (Ennew and Binks 1999). CP increases customer’s knowledge towards the services provided by the firm or supplier, it shifts more power to customers (Donthu and Yoo 1998; Ouschan, Sweeney, and Johnson 2006; Prahalad and Ramaswamy 2000). For example, customers involved in selecting fund investment options for their personalized financial service gain more decision power (Surprenant and Solomon 1987), which makes them likely to be more satisfied (Ramani and Kumar 2008). Similarly, in medical services, patients involved in health care decisions obtain more realistic and appropriate treatments, suffer fewer concerns and complaints, enjoy more sustainable health outcomes, and experience greater satisfaction (Trede and Higgs 2003).

When customer receives inappropriate outcomes, their engagement in the service process can reduce the financial and performance risks (Etgar 2008). Participation also allows customers to provide direct input into the service provision, make more choices, and work with the service provider to create higher levels of customization (Auh et al. 2007; Schneider and Bowen 1995). Finally, customers may experience delight when participating because participation leads to a greater sense of control over the service process and the final outcome (Dabholkar 1990). CP also increases customer’s knowledge and control of services, it shifts more power to customers (Donthu and Yoo 1998; Ouschan, Sweeney, and Johnson 2006; Prahalad and Ramaswamy 2000). The subordinate scripts (e.g., the “customer is the king”) for employees typify what they should do when performing services (Johansson 1990).

### 3. RESEARCH METHODOLOGY

The present study examines the existence of co-creation in health sector. The study is based on first hand data gathered from experienced Doctors of Jammu city. After consulting the experts and perusing the relevant literature viz, a schedule was developed on the basis of the scale developed by Yi and Gong 2013 for conducting personal interviews regarding co-creation behaviour. The data was collected from 25 experienced doctors who are practicing in clinics or government hospitals of Jammu city by the mean of personal interviews. Maximum doctors (70%) were in the age group of 60 to 70 with work experience of more than 30 years in government and private hospitals and many of them had more than 5 years of association with their patients. Some of them had the experience of both the government and private hospitals.

### 4. FINDINGS AND CONCLUSION

Customer co-creation suggested that customers have played a limited, largely passive role in the development of new services. In addition, previous research mainly focused on the results of customer co-creation (Kristensson et al., 2002), or whether customers perform better than service developers in generating an idea. In health care, the patient is usually the only person who experiences the full course of a health problem, from first symptom to contact with the health-care system, such as examination, treatment, follow-up activities and rehabilitation. This study takes a step towards a more holistic understanding of the patient’s life, practices and experiences in which care services are naturally embedded.

Many doctors of private clinics have good relation with their patients. According to them co-creation is at nascent stage in emerging economies. Now a day’s patients are aware of their health problem and participate in their

treatment and also reflect citizenship behaviour. Customer participation is defined as “the degree to which the customer is involved in producing and delivering the service” (Dabholkar, 1990) whereas extra-role behaviour of customer citizenship behaviour from the customers of the organisations has recently gathered the attention of researchers and managers (Abbas et.al, 2011; Bove et al., 2008; Yi & Gong, 2008) but it is still new in developing countries like India. Many patients feel free to discuss their problems easily in private clinics but are unable to do so in government hospitals because of the heavy workload in government hospitals where doctors have less time to interact. However, the doctors feel that it is the behaviour of the patients that effect their interaction with the doctor and has less to do with the place. Generally, patients are hesitant to discuss their problems in detail with the doctors. Ennew & Binks (1999) state that in healthcare if essential information is not provided to healthcare professionals, they will not be able to meet the particular patient needs and are not in position to provide satisfactory service to their patient which results in low quality of co-creation behaviour. Patients nowadays are more aware about their health problems and treatment meted for it and thus they seek information about their problem before consulting the doctor. They also share proper information with the doctors because they have knowledge and are more educated .During the process of diagnoses, almost every patient discusses about his expectations though some patients are shy (especially in rural areas). For successful value co-creation responsible behavior is also important. Responsible behaviour occurs when customers behave as partial employee and perform their duties properly (Ennew & Binks, 1999). According to doctors few educated patients show responsible behavior. Another aspect which was observed was the feedback regarding the treatment. It was observed that that patient hardly gave feedback regarding the service on completion of treatment. But sometimes some patients did come back with the feedback. Tolerance was another variable which played a critical role in co-creation. In private clinics tolerance was at its lowest. Also loyalty was an aspect which was missing in the relationship between doctors and patients. Better quality of service delivery from doctors was a major driving force for patients to carry their treatment. Patients are not very friendly with Doctor as there is always a professional barrier.

In government hospitals, doctors have formal relation with patients. According to them there is no co-creation in government hospitals. Patients show participation but very less citizenship behaviour. Generally patients wait in OPD (OUT PATIENT DEPARTMENT) for long hours which reflects their tolerance towards service delivery. However, in urban areas as well as educated patients have lesser tolerance power. They interact more with doctor in private sector. In health care sector co-creation helps in reducing the health cost, improve the health care outcomes, increase the loyalty and satisfaction of patients towards the doctor (Ouschan, Sweeney & Johnson 2006). It is concluded from the study that co-creation is at a nascent stage in health sector.

## 5. LIMITATIONS

The study has certain limitations. This scope of the study is restricted to Jammu city while further work can be done with a broader sample size. The study focuses on value co-creation behaviour from the patient's point of view. However, value creation is a collaborative work

**Table-5.1 Doctors Working in Private Sector**

Questions	Doc.1	Doc.2	Doc.3	Doc.4	Doc.5	Doc.6	Doc.7	Doc.8	Doc.9	Doc.10
What kind of relationship do you have with your maximum patients?	Formal relation	Good relation	Doctor patients relation	Strong relation	Good relation	Formal relation	Good relation	Causal relation	Doctor patients relation	Good relation
Is there any existence of co-creation	To some extent	At initial scale	Very small scale	Yes	No	Some patients so co-creation	Small scale	Small scale	At initial point	Yes
Are patients taking participation in their treatment process?	In some cases	Educated patients	Yes	Yes	Yes	Some cases	Yes	Yes	Yes	Yes
Do patients show citizenship behaviour?	Not really	Yes some of them	Some patience	Yes not all	Yes	Yes	Not really everyone	Yes	Yes	No
What you think where patient interact easily with you (Private /Govt sector)	In private sector	In private sector	In opd what there is shortage of time	Interaction is not depend upon place	Depend upon person behaviour	Private sector	Depend upon behaviour	Depend upon person	Private sector	In both

Do you think that patients seek information about the services of a doctor in Jammu	Yes	Educate person	Now a days they are more aware	Yes	Yes many person	Yes	Yes	Yes	Abt 70%	Yes
Do patients share necessary information regarding their health problems	Yes every person	Generally it's a process of diagnose	Yes almost every patients	yes	Yes	Yes	Some patient have hesitation	Almost every patient	Yes	Yes
Your patients show responsible behaviour towards you.	On very small scale	Very less patients	Some educate patients	No	Some	Small scale	Small scale	No	Some patients	Some educate patients
How the patients interact with you.	Depends upon me	Causal	causal	Depend upon him	In normal way	Depend upon situation	Depend upon situation	Depend upon situation	Depend upon situation	Causal
Patient gives you any feedback regarding services?	No	no	no	no	no	Very less	Very less	No	No one has time	no
Your Patients have tolerance power	No	No	Very less	Some patients	some	some	some	Some	some	no
Are your patients are friendly with u	no	no	some	no	no	no	no	No	no	no
They are loyal	no	no	no	no	no	no	some	Some	some	some

Table-5.2 Doctors Working in Government Sector

Questions	Doc.1	Doc.2	Doc.3	Doc.4	Doc.5	Doc.6	Doc.7	Doc.8	Doc.9	Doc.10
What kind of relationship do you have with your maximum patients?	Formal relation	Formal	Doctor patient relation	Formal	Formal	Formal	Doctor patient relation	Doctor patient relation	Doctor patient relation	Doctor patient relation
Is there any existence of co-creation	Small scale	No	No	No	No	No	Small scale	small scale	No	No
Are patients taking participation in their treatment process?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Do patients show citizenship behaviour?	No	No	10 %	10%	No	No	No	No	10 %	no
What you think where patients interact easily with you (Private /Govt sector)	Private sector	In opd	Private sector	Private sector	Private sector	Private sector	Private sector	Private sector	Private sector	Private sector
Do you think that patients seek information about the services of a doctor in Jammu	Some patients	Some	Some	Yes	Yes	Some	Some	Some	No	No
Do patients share necessary	Yes	Not everyone	Yes	Some	Some	Some	Some	Yes	Yes	Yes

information regarding their health problems										
Your patients show responsible behaviour towards you.	No	No	No	No	No	No	No	No	No	No
How the patients interact with you.	We donot hve so much time									
Patient gives you any feedback regarding services?	No	No	No	No	No	No	No	No	No	No
Your Patients have tolerance power	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes	No	No
Are your patients are friendly with u	No	No	No	No	No	No	No	No	No	No
They are loyal	No	No	No	No	No	No	No	No	No	No

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