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How do you feel today? Managing patient emotions during health care experiences to enhance well-being

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ABSTRACT

Health care customers (patients) experience heightened emotions due to high stakes from risks to life, health, and well-being. Understanding and managing emotions during service experiences is an important area of inquiry because emotions influence customer perceptions, future intentions and behaviors. Yet despite its significance, research focusing on the impact of emotions on customer experiences remains fragmented, lacking a theoretically based conceptual framework. The authors attempt to fill this gap by addressing two important research questions contextualized in health care: (1) How can health care organizations better understand patient and family emotions during health care experiences? and (2) How should health care organizations use this understanding to design and better manage patient experiences to enhance patient well-being? The authors propose a new theoretically based framework on emotional responses following triggering events to enhance outcomes. Recommendations designed to enhance health care customer well-being are provided, as are directions to guide future work.

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1. Introduction

"In that setting [as a patient], my emotions tumbled and gyrated to a degree that I have not experienced before. I spun through anger (mostly at myself), dejection, loathing, irritability, acute anxiety, and flights of elation that were often disproportionate and sometimes inappropriate to my situation. I did not think at the time that I was afraid of dying, but memories of the effusive thanks I offered caregivers persuade me in retrospect that I was."

[[Extract from Hansen-Flaschen, 2016 p.755].]

As illustrated by the patient quote above, understanding and managing customer emotions during service experiences is an important area of inquiry for services researchers and practitioners (Ostrom, Parasuraman, Bowen, Patricio, & Voss, 2015), as emotions affect those

involved both directly and indirectly (Fredrickson & Joiner, 2002; McColl-Kennedy, Patterson, Smith, & Brady, 2009). This is particularly true in health care, where patients can feel a wide variety of emotions, producing a profound effect on service processes and patient-relevant outcomes (Berry & Bendapudi, 2007; Berry, Davis, & Wilmet, 2015; Gallan, Jarvis, Brown, & Bitner, 2013). Highly emotional health care service encounters can revolve around issues ranging from acute to chronic, reflecting a minor illness or a life-threatening disease. Arguably, there is no other service setting in which emotions are more relevant than in health care. Patients often feel powerless, lacking control over their bodies, psyche, and the service process itself. This can lead to passivity, neglect of health-maintenance activities, resistance or refusal of treatment and advice, impaired immune response, loneliness, and depression (Faulkner, 2001). Further, dealing with customers' heightened emotions during these difficult events is stressful not only for family members but also for frontline service employees. These factors often result in significant emotion regulation effort and employee stress (Grandey, Dickter, & Sin, 2004; Rupp & Spencer, 2006), and increase the probability of the occurrence of malpractice (Mor & Rabinovich-Einy, 2012).

Services researchers have long acknowledged the power of health care patients' emotional states during their journeys (McColl-Kennedy

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et al., 2012), the effects of service providers on customer emotions (Berry & Bendapudi, 2007; Delcourt, Gremler, van Riel, & van Birgelen, 2016), and the impact of shared experiences with friends and loved ones (McColl-Kennedy, Hogan, Witell, & Snyder, 2017a). Yet, despite its importance, research that focuses on the specific impact emotions have on customer experiences remains fragmented (McColl-Kennedy et al., 2015), lacking a theoretically based conceptual framework. In particular, a customer's emotional responses during a service experience, and how feelings unfold across multiple emotion events over time is not well understood. Moreover, how emotional responses impact customer experience, a transformative service research issue, has not been elucidated. This paper addresses these issues.

Studying the experiences of health care patients across time is important. Health care customer experiences often unfold over a series of interactions involving a range of health care services and providers. When emotion is elicited by a trigger event that is of affective significance to the individual, such as the diagnosis of a chronic disease, it often leads to an unfolding series of sub-events that also have affective relevance (Fridja, 1993). These sub-events might take the form of a visit to a general practitioner, an emergency department admission, and/or an in-patient hospital stay which combine to form an emotion episode which revolves around the initial triggering event. Importantly, during this emotion episode an individual is in a state of "continuous emotional engagement" or a heightened level of arousal (Fridja, 1993, p. 387) meaning that emotions may be felt more intensely and diversely than normal which can have a substantial impact on well-being.

Emotion episodes thus reflect the ebb and flow of emotion experiences over time (Weiss & Cropanzano, 1996). They combine to form the basis of the patient's health care journey. If the journey unfolds over a long time horizon, it is likely that the patient will experience many of these emotion episodes and each will play a part in weaving the fabric of the patient's health care experience. In addition, there are likely to be risk factors or pressures from every-day-life (e.g., financial stress, education levels, family structure and support) that interact with trigger events to heighten the emotions experienced during an emotion episode. There is no doubt that being diagnosed with a life-threatening illness is made all the more stressful by loss of income or disintegration of the family structure due to the stress and pressure of the situation. Finally, as most people live within a social network of family members, friends, and/or the wider community, the emotions of these individuals will also be affected by the health care experience of their loved ones, and in turn these emotions are likely to impact the patient.

The purpose of this research, therefore, is to critically review disparate theories of emotions in order to conceptualize a new framework of emotional responses that impact patient experiences in health care. We provide a detailed illustrative example of the emotion elicitation process in health care focusing on a trigger event and several sub-events. We explore the key emotions patients and family members may feel, the processes that elicit these emotions, and responses that impact health care customer experience outcomes.

Moreover, we provide specific recommendations for health care organizations designed to better manage patient and family emotions to enhance patient experiences. As such, we address the following research questions: (1) How can health care organizations better understand patient and family emotions during health care customer experiences? (2) How should health care organizations use this understanding to design and better manage patient experiences to enhance health care customer well-being?

Our article contributes in three important ways. First, we review disparate literature on emotions, and use this literature to advance knowledge on health care customer experience management. Second, we provide directions to guide future research. Third, drawing on extant emotions literature (c.f. McColl-Kennedy & Smith, 2006),

we provide guidelines for health care professionals and organizations to design services in order to enhance patient experiences. Practical implications include recognizing, empowering, and supporting patient and family emotions through improved service processes; [re]designing the physical environment to provide a servicescape that is supportive; and, re-imagining the roles of human resources, including staff, caregivers, volunteers, clinicians, and others who provide emotional support to patients and their families.

2. Conceptual development

2.1. Nature of patient experiences

Health care is a complex service with multiple actors involved in service provision and with the patient playing an active role in this process (Sweeney, Danaher, & McColl-Kennedy, 2015). A patient is likely to draw on a network of resources that extend well beyond the focal firm to include interactions with other firms (Arnould, Price, & Malshe, 2006) such as complementary therapies, interactions with private sources such as peers, family, friends, and even other patients (Black & Gallan, 2015). Health care experiences also involve self-generated activities, such as positive thinking, reframing, and sense-making (Sweeney et al., 2015).

Health services are high emotion services, because they tend to be unfamiliar, the stakes are high, and the patient is at risk of mortality or impairment if procedures go wrong (Berry et al., 2015). Additionally, patients often feel powerless and do not have control over what is happening to their bodies and psyche (McColl-Kennedy et al., 2012). Health services are as variable as the needs that drive their delivery. Services may be accessed in emergency situations or under a planned management program where the patient attends a clinic or is admitted to hospital as an inpatient. In all cases, health care services are highly personal, often times invasive or intrusive, and as a consequence, emotionally charged.

Indeed, it is the very mission of health care to "do no harm," which constitutes a commitment to many aspects of patient well-being. One important aspect of well-being is the patient's emotions. Physical and psychological health deeply impacts one's emotional state and vice-versa. While under the direct care of health care professionals, patients' emotions should be managed carefully and intentionally in order to facilitate a broader definition of health and subjective well-being (Lee et al., 2013).

While the services literature in health care (e.g., Berry et al., 2015) has focused on describing patient experiences and highlighting the significance of emotions among patients, to our knowledge a theoretical rationale is lacking for: (1) how and why emotions are elicited across a patient's journey; and (2) how emotions can be regulated to improve emotional well-being. The current paper also provides a conceptual framework that draws on emotion theory primarily from psychology, organizational behavior and sociology. Specifically, Cognitive Appraisal Theory, Conservation of Resources (COR) Theory, and Affective Events Theory are utilized to help explain emotional elicitation. Additionally, Emotion Regulation, Emotional Contagion, and Affect Control Theory are introduced to explain how emotions can be regulated by patients and managed by service providers. Table 1 summarizes these key theories.

2.2. Emotion elicitation

An important question is *how* and *why* emotions are elicited. Emotion is usually seen as episodic with the change in an individual brought about by some triggering event (Fridja, 1993), which can be external (such as the behavior of others, a change in current situation, or a novel stimuli) or internal (such as thoughts, or memories of thoughts). The emotion event is expected to last for some time and then fade away

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