

Healthcare Consumers and their Desires

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This study uses a phenomenological approach to explore the values and wants of healthcare consumers when working with service providers in “high-risk” service areas, meaning areas where failure is as high a probability as success, such as in weight-loss or infertility centers (Zayer, Otnes, & Fischer, 2014). In the case of occupational therapy, I think therapists who work with certain types of hand trauma, neurological injuries such as CVA and almost any other area, could also be considered to work in “high-risk” arenas, since there is always the potential that clients or their families will encounter perceived failures, such as a client not regaining full capacity after a stroke. In high-risk contexts, the failure may not be not due to a service provider error, but it’s still up to the service provider to navigate the failure process (Zayer, Otnes, & Fischer, 2014).

The investigators explored consumer views by using used semi-structured interviews of people who had undergone fertility treatments, which provided them with narratives they could analyze for themes. They found that consumers viewed treatment failure in one of four ways: “failure as a route to success,” “failure as a mobilizing frustration,” “failure as a cue to re-evaluate,” and “failure as fated” (Zayer, Otnes, & Fischer, 2014, p. 4). Their relationship with the service provider after failure varied, dependent on which of those four frames they used to approach treatment failure. This meant their needs and wants from the service provider varied, and were also indicative of their value system (Zayner, Otnes, & Fischer, 2014). It seemed to me, based on this knowledge, that an occupational therapist could ask some identifying questions during the evaluative process, that would give him or her insight into the likely category a

person would fit into. While the investigators explored failure and how a service provider should handle the aftermath, I think an occupational therapist could use their evaluative knowledge to preventatively treat that consumer in accordance with their likely mindset, rather than waiting until a possible failure occurs.

I was fascinated by the findings of Zaynes, Otnes, & Fischer (2014) and their discovered typology of failure perspective, as I had never really thought about how my response as an occupational therapist varied because of it. I think most occupational therapists are flexible and have some instinctive knowledge of how to handle failure depending on a consumer's personality type or perception, but this study really explores the findings in depth. Since each healthcare consumer will have unique values, needs, and wants, it's extremely important for occupational therapists to have a strong grasp of the consumer's expected outcomes, and how to ensure a realistic understanding of possible outcomes.

For example, consumers who viewed failure as a statistical probability were less likely to blame the service provider. They valued and desired a collaborative relationship, which included a desire to know more about other options and to make another plan. On the other hand, consumers who feel failure is not acceptable are likely to blame the service provider, regardless of fairness or truth. In this case, the service provider has a tricky road to navigate the fallout, as this type of consumer is likely to not feel loyalty or have realistic expectations (Zaynes, Otnes & Fischer, 2014). I think occupational therapists can tell the difference between these two types of consumers from the beginning, and can structure their interventions accordingly. The first set has a scientific approach and a good therapist will recognize their expectation and provide

appropriate level of information. In the second case, regular discussions of what to expect will be necessary, and I would recommend that the therapist be scrupulous with documentation, in case of eventual legal difficulties. In the case of consumers who see failure as a time to re-evaluate, they don't blame the service provider, and may change their path entirely. I think sometimes a therapist can take this personally and feel like he/she as a therapist is a failure, but the therapist has to remember it's the framing of the consumer, not a reflection of the therapist's ability. And finally, consumers who see it as fate tend to be those who believe in a higher power, and their service provider should be aware and respectful of their beliefs, even if not aligned with scientific facts (Zaynes, Otnes & Fischer, 2014).

I found this article extremely enlightening, and appreciated that Zaynes, Otnes & Fischer (2014) went into great deal on each of the four categories, as well as provided recommendations on how healthcare workers can address each style. When I worked in the schools, it was usually easy to tell after a single meeting which parents fell into which category. For some parents I provided a wealth of information, for some I did a lot of reassuring, for some I just had to shrug my shoulders (to some extent), and for others I spent a lot of late nights crying in frustration! However, I hadn't specifically classified them, I just thought of it as personality type, and I found this article helpful. I like to think that most healthcare workers are emotionally intelligent enough to approach their consumers this way anyway, but written proof is nice. In the future, I'll be more aware in my consumer interactions, since my awareness of their type will also allow us to have a good relationship that meets both their needs and my own, which hopefully leads to better occupational performance on their part, and better self-esteem on mine!

References

Zayer, L., Otnes, C., & Fischer, E. (2014). The nature and implications of consumers' experiential framings of failure in high-risk service contexts. *Journal of Service Research*, 1094670514559187 doi:10.1177/1094670514559187