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How style, information depth and textual characteristics influence the usefulness of general practitioners' reviews



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ABSTRACT

Online reviews provide increasingly important sources of information for different types of consumer decisions. The gaining popularity of online reviews in the realm of health services implies the need for a better understanding of their role in informed patient decision-making processes. This paper reports a qualitative study that investigates which textual and content elements are related to the perceived usefulness of online reviews for doctors (general practitioners). We investigated 234 online reviews and applied decision tree analysis to find patterns. The findings indicate that readers of online reviews for general practitioners are concerned with the whole content of the review and do not solely look at the valence or rating of a review. Furthermore, it was found that reviews with a more narrative or experiential style were overall perceived as more useful than more fact based or very short reviews.

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CHINESE ABSTRACT

在线评论为不同类型的消费者做决策提供了日益重要的信息来源。卫生服务领域的网上评论的日益普及意味着我们需要更好地了解这些信息在患者的知情决策过程中的作用。本文对一项质化研究进行了陈述，该研究探讨了哪些文字和内容决定了网上对医生（全科医生）的评论的感知有用性。我们调查了234个在线评论并做了决策树分析以找到某种模式。研究结果表明，网上对全科医生评论的读者们所关心的是评论的全部内容，而不是单纯地关注某一个评论的评价或评级。此外还发现，相对于更基于事实或较短的评论而言，更具有叙述性或根据经验而进行的评论在总体上来说被认为是更有用的。

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1. Introduction

In recent years, online reviews as a specific form of electronic word-of-mouth (eWOM) have become an important source of information for consumers in many decision processes. The influence of user reviews is particularly important for experience and credence-based services such as health services because their quality is often unknown before consumption and they do not have 'try before you buy' or 'return in case quality is below expectations' features (Racherla and Friske, 2012; Ye et al., 2009). Research has shown that consumers are more likely to rely on personal information channels as the perceived risk level of a purchase decision increases (Racherla and Friske, 2012). Moreover, consumers even use word-of-mouth as their primary risk-coping strategy when perceived risk is very high (Murray, 1991). Although currently only a few studies are available that provide a general understanding of how pa-

tients choose a general practitioner (GP), it has been shown that word of mouth (WOM) also is an important source of information (Victoor et al., 2012).

Studies on the antecedents of GP choice indicate that recommendations are an important factor (Bornstein et al., 2000). However, oftentimes prospective patients do not know anyone who can provide personal WOM as they may be new to the area or require a specialist for a circumstance they have not encountered before. Thus online reviews bridge that gap for the consumers who lack WOM sources by providing this information. The gaining popularity of classified portals for GPs (e.g. zocdoc.com, ratemymed.com) or health related reviews on general review websites like yelp.com or Google also illustrate that behaviour.

Interestingly, although a huge amount of reviews on health services and doctors exist (e.g. about 6% of the 53 million reviews of yelp are for health related services), only a handful studies investigated the role of WOM and particularly eWOM. Thus further research is required to understand how prospective patients evaluate the usefulness of online reviews and what can be done to assist in this evaluation (Trigg, 2011).

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A study in Taiwan, a country with a universal health insurance programme where residents are free to choose between GPs for any medical consultation, found that about half of patients deliberately compare GPs before they make initial choices (Cheng and Song, 2004) and WOM is regarded as an important source for these comparisons. Studies on the choice of GPs outline that information gathered from friends or family or from other patients are always amongst the top named influencing factors (Bornstein et al., 2000; Harris, 2003; Tu and Lauer, 2008). The role of recommendations is important and patients do not only rely on single recommendations; typically, people engage with more than one source, mainly recommendations from friends and their other health professionals (Tu and Lauer, 2008). Despite there being a large amount of interpersonal and direct WOM, there is also a continual understanding that patients are becoming more connected and able to inform themselves via electronic media (Ferguson, 2002). As with any other service, eWOM is currently represented largely by consumer comments and reviews.

To date, the most comprehensive studies on the structure of online reviews in health care business are provided by Lopez, Detz, Sarkar and Ratanawongsa (Detz et al., 2013; López et al., 2012). They conducted content analyses on the actual themes provided in the contents of reviews for GPs on yelp.com and on rateMDs.com. They identified within both studies not only global themes like overall excellence, recommendation, negative sentiment and intent to not return, but also professionalism and the personality of the GP. Furthermore specific themes, like the personal manner of the GP, their technical competence, and system and practice matters were analysed showing that the majority of reviews were quite positive and contain broad information like “the doctor is knowledgeable” or “the doctor is always friendly”. More specific the information, however, was only rarely observable (Detz et al., 2013; López et al., 2012).

Research in the online review domain has shown that readers of reviews first have to form an opinion about the review and whether or not they deem it as useful. Subsequently, if the review is perceived as useful, the likelihood that they will consider the information in the decision making process increases (Litvin et al., 2008). In our research, we add to the stream of health professional review research by investigating which factors make them useful to readers. Thus, we not only take the content and valence of the review into account, but in addition we also look into the style elements, the preciseness and the depth of the review as it has been seen that they are of an indispensable importance (Mudambi and Schuff, 2010; Siering and Muntermann, 2013; Sparks et al., 2013; Sparks et al., 1998).

Hence, this paper aims to investigate the following research question:

Which textual and content elements are related to the perceived usefulness of online reviews for general practitioners?

Investigating this question may contribute in several ways to the existing knowledge of reviews in general and specifically of reviews for the health service industry.

Firstly, we are investigating which different themes are used by reviewers and whether there are any patterns evident within reviews that are seen as more useful to readers. Secondly, by using a configuration approach utilising a decision tree, we are looking into what antecedents of perceived usefulness and which combinations of the identified themes make a difference to readers. Thirdly, as a managerial contribution, our study provides insights for health professionals, which reviews are more useful than others to readers and therefore which aspects of reviews need to be encouraged and emphasised to reviewers. To investigate and contribute in these areas we conducted content analysis as explained in the following section.

2. Study

To investigate the proposed research question, an analysis of the content and textual elements of GPs' reviews was conducted. Yelp was chosen as the source of reviews due to it offering review usefulness ratings by readers in addition to the reviewer's rating. It is generally believed that such peer ranking of reviews is the best method to separate the useful reviews from the rest (Racherla and Friske, 2012). Furthermore, as Yelp is an international review website, the data collected from this source allow us to see if there are also differences between cities, regions or countries and it gives us greater external validity.

2.1. Data collection

We applied and extended the data sampling approach of López et al. (2012) to identify cities and general practitioners and collected 248 reviews from seven mainly English speaking cities (New York City, Los Angeles, Vancouver, Toronto, London, Auckland and Sydney). Patient choice in all of these places is quite important as the general health care sector is mostly privately organised and patients therefore usually have a choice when selecting their general practitioner.

The following search strategy led to the final set of reviews. First, the filter was set for the cities and the field of doctors, entering these key words in the search fields and limiting the display to the category ‘doctor’ as this would be a common search term. We selected general practitioners only by checking the detailed information, the inclusion criteria was that they provide general services which might be enhanced by special services or areas. Sole specialist practices were not included. Secondly the businesses were sorted by those with the most reviews. From the first 10 appearing practices, the first 5 reviews that were older than 4 months prior to the data collection were collected. This time delay was necessary to ensure that readers had sufficient time to rate the reviews in terms of their usefulness.

If less than 10 practices were displayed, as many as possible were collected. The rationale for taking at least 4 month old reviews was that substantial time was given for readers to rate usefulness along with allowing reviews to be recent rather than choosing reviews solely for their number of usefulness ratings. We produced screenshots for each review and the text was put into a text-file. Star-ratings (1 very negative to 5 very positive) as well as the count of the people who indicated that the review was perceived as useful were taken down in a spreadsheet.

2.2. Coding procedure

One of the researchers coded and identified the general themes with an emphasis on the style of the review. A subsample of 100 reviews, randomly drawn, was recoded by a second independent person who was not involved with the research to check if the identified codes are reliable. Overall, an intercoder agreement on 86% of the primary identified codes was achieved. In cases of disagreements the team of authors discussed the coding and realigned it if necessary. The codes were then transferred in a data file with codings of 0 and 1 for whether the review contained the identified code or not. For some codes, like review length or the reasons for the visit, a 3-point coding was used to cover different parameters of the identified code. For length of the text we coded: (1) short review, (2) medium review, (3) long review. For reasons of the visit we coded: (0) none, (1) specific medical related reason (like detailed symptoms), (2) broad reasons (like location of the practice or referral). Additionally some codes were continuous as they were results of counting identified codes (e.g. argument density, rating).

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