INTERPERSONAL INFLUENCE ON PATIENTS' CHOICE OF MEDICAL PRACTITIONERS IN A LESS-REGULATED PRIVATE HEALTH CARE INDUSTRY

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Abstract

The purpose of this paper is to investigate how individuals' (consumers') susceptibility to interpersonal influence is determined by their level of involvement in selecting private medical care practitioners (doctors) in the private healthcare industry in Sri Lanka. Data was collected from a sample of 800 adults in the Colombo District (i.e., the major commercial district) of Sri Lanka. The main findings indicate that patients display a strong interest in obtaining private medical services, and their susceptibility to informational influence from others is higher than the normative influence over the choice of private medical services. Patients were found to 'express themselves' in the presence of normative influence in selecting private medical professionals in Sri Lanka. Hence policies should seek to motivate people to make 'informed decisions' in relation to appropriate facets of consumer involvement, i.e., 'perceived importance', 'risk' and 'probability of making mistakes. Personal networks of patients should be equipped with appropriate and accurate information on private medical services. More importantly, through public awareness campaigns patients should be discouraged from considering their choice of a health care practitioner as a way of 'symbolising their self-identity'. This cross-disciplinary study is a first attempt in applying the concepts of consumer involvement and susceptibility towards interpersonal influence in a less regulated health care market setting where private medical services are provided.

Keywords: Consumer involvement, Interpersonal influence, Private medical services in Sri Lanka

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Introduction

How consumers' level of involvement with the products/services they purchase influences their consumption behavior has received wider scholarly attention over the last three decades in the marketing literature (Hall et al. 2018; Coulter et al. 2003; Kapferer & Laurent 1985). Among different behavioral responses, a person's level of involvement is likely to determine his/her susceptibility to be influenced by their reference groups (interpersonal influence). Conceptual arguments and empirical findings on the relationship between consumer involvement and susceptibility to interpersonal influence are of paramount importance for marketers in developing effective marketing strategies to attract and retain their customers with their products or services (Ashraf, Albert & Merunka 2016; Cheng et al. 2016).

The above rationale valid from a business firm's point of view because its main role is to generate profits for investors by making consumers satisfied. However, it is questionable whether the same 'firm-based argument' can be used, on ethical grounds, in justifying marketing strategies adopted by firms in industries such as healthcare, particularly in situations when patients themselves select healthcare practitioners (e.g. specialist doctor). This is because services of this nature reflects higher search and credence qualities (Nelson 1970; Tukker et al. 2017). Consumers may find it challenging to make the correct decision when they only have the information provided by the marketers of those medical service provided. Yet, in this context, it is highly unlikely that a consumer's close social network is capable of helping him/her to make a satisfactory decision.

From a patient's (demand side) point of view, 'selecting a medical doctor for treatment' from among private healthcare service providers is predominantly an individual decision. Personal preferences and influences may therefore play a key role when making the decision on which doctor to be consulted (Say & Thomson 2003; Jannati et al. 2016). However, it is not clear whether patients can make an 'informed decision' on their choice of a doctor (Hall et al. 2018), this could make the patients really vulnerable (Baker, Gentry and Rittenburg 2005).

This study is contextualized in the Sri Lankan healthcare sector, which is operated by both public (state) and private healthcare providers. The Ministry of Health manages the public healthcare sector with the aid of national, teaching and district hospitals around the country to cater to the demands of society.

However, in recent times, the public sector alone has not been able to meet health service demand: in state sector hospitals, only 4.7 beds available per 1,000 persons, which is well below the ratio of developed countries PRIMASYS (2017), and the number of patients per doctor is recorded as 1,203(Central Bank of Sri Lanka 2019), or well below the world standard of 2.5 physicians per 1,000 recommended under the Millennium Development Goals (World Health Report 2006). Given the inability of the public health system in Sri Lanka to meet the prevailing demand, the private sector has stepped in to provide healthcare services.

The private health sector, which runs parallel to the public system, is not yet strongly regulated. The medical doctors work in the government hospitals choose to work in private hospitals or in their own personal clinics on a part-time basis after their work in public sector

hospitals. This is the common practice for both general practitioners (GP) and medical consultants. Hence, healthcare services offered by the private sector are provided through private hospitals, which are registered under the Companies Act No. 7 of 2007, or through more informally arranged private clinics. This invariably has led to a more supplier-dominated market and resulted in information asymmetry (need to explain bit further), unlike in some countries where health services are regulated and symmetrically arranged, here it is not the case.

In order to explore this further, the authors conducted preliminary exploratory interviews with five randomly selected individuals (patients). Interview findings show that, first, patients consider selecting a doctor a critical decision, and, second, they tend to ask their friends and families before making this decision as to which doctor to visit. This interpersonal influence can be explained by the nature of Sri Lankan culture, which is 'collectivistic' (Freeman, 1997). Studies show that members in collectivistic societies tend to have stable and close relationships with their 'in-groups' (e.g., with family and friends) (Triandis et al. 1988).

In order to shed light on insights gained from the preliminary study, the current study draws on the marketing literature, particularly, on consumer involvement (CI) and their level of susceptibility to interpersonal influence (SII) to examine whether the degree of CI influences the degree of SII when choosing private medical professionals. By examining these two concepts, proper understanding of patients' level of involvement when selecting a doctor, and how this may influence their susceptibility to others, can be understood. The specific research objectives of the study are, first, to determine the degree of CI and SII when choosing private medical practitioners, and, second, to investigate the impact of CI on the SII in choosing them. Data was collected from a sample of 800 adults who received medical services during a period of three months in Colombo (the major commercial district).

This study makes the following novel contributions. First, it draws on concepts from the field of marketing management and examines them in the context of a private healthcare system, which is a unique cross-disciplinary attempt undertaken for the first time. Although the concept of consumers' SII has been studied in relation to branded products, it has not been explored in relation to choosing private healthcare services. Second, the study is undertaken in a unique setting, where the private healthcare system is less regulated and not systematic, thus it provides valuable insights. This is particularly important, as in many developing countries the private healthcare system is not strongly regulated. Third, the study examines the level of CI in relation to selecting private medical practitioners in light of a comprehensive involvement profile rather than using a narrow definition of consumer involvement, which is particularly important because the study is contextualized in a non-regulatory healthcare system. Fourth, the study is expected to have high practical significance, where healthcare policy makers are expected to benefit greatly, leading to a significant positive impact on society ultimatly.

The paper is organized as follows. The first part reviews the literature and develops the hypothesis of the study. The second part presents the methodology. The third presents the findings and related discussion. The final part provides concluding remarks.

Literature review

Interpersonal Influence

The notion of interpersonal influence is conceptualized as one's desire to be aligned with the norms and values of their close social groups such as families, friendships, work-groups and the like (Lazarsfeld and Roper 2017; Lee 2015). Interpersonal influence is also conceptualized in the marketing literature as 'reference group influence' (Lee 2015; Yi-Cheon 2014). A reference group can be a group or even a person serving as a point of reference or comparison who influence an individual to form values, attitudes or a specific guide for behavior (Morris, & Liu 2015; Shifman & Kanuk 2006; Bearden & Etzel 1982).

Reference group influence may come from both close personal networks such as family members, friends and colleagues, and distant parities that one may not have direct contact with (e.g., celebrities, sports heroes and entertainment figure) (Khare 2014; Bachmann, John and Rao 1993). In other words, the notion of interpersonal influence is limited to the impact from close personally known parties who can influence one's attitudes and value formation (Khare 2014). It is, however, important to note that, given the different cultural contexts, social networks are conformed differently, even the sources of interpersonal influence can vary across cultures (Childers and Rao 1992).

From a marketing perspective, consumers tend to act in the consumption process according to expectations of the reference groups which they think they are part of (Merton and Rossi 1949; Khare 2014). One's susceptibility to interpersonal influence is important to understand because it is a major factor that determines behaviors (e.g., purchase decisions) (Bearden and Etzel 1982; Bourne, 1957; Escalas and Bettman 2003; Noguti & Russell 2014).

In line with this argument, Bearden et al. (1989) defined susceptibility to interpersonal influence as follows:

> … the need to identify or enhance one's image with significant others through the acquisition and use of products and brands, the willingness to conform to the expectations of others regarding purchase decision, and/or the tendency to learn about products and services by observing others and/or seeking information from others. (p. 474)

According to this definition, one can be susceptible to two types of interpersonal influences: informational and normative. When consumers lack information about a product or service, they tend to rely on their own observations and perceived experts' opinions regarding the utilitarian aspects of the product, categorized as 'informational influence' (Bearden et al. 1989). For example, if the perceived risk of a product or service is higher, they tend to seek more information from people they trust (Bearden and Etzel 1982; Noguti & Russell 2014).

A person can also be susceptible to normative influence from their interpersonal groups. That is, consumers are motivated to comply with the opinions of 'important others' (Batra et al. 2001; Netemeyer et al. 1992), which is categorized as 'normative influence' (Bearden et al. 1989). In summary, informational influence encourages a consumer to seek information from

others to make correct purchase decisions, while normative influence depicts a person's willingness to conform to important others' expectations. In the case of selecting a medical doctor, which is considered high in perceived risk and personal relevance, patients may tend to be more susceptible to informational interpersonal influence than normative influence.

Research on consumer involvement and interpersonal influence has focused on products bought and sold in regulated industries, (e.g., the banking industry – Aldlaigan & Buttle 2001; the travel industry – Cheng et al. 2016, Prebensen, Woo and Uysal 2014, and Campos et al. 2017). Limited attention has been paid in examining how consumers can be influenced by others in less regulated markets. When the market is less regulated, there can be information gaps because providers may choose to make only selected information available. In such cases, consumers tend to rely on their families, close relatives and friends for information. How much personal information a person should rely on in selecting a medical doctor is thus a critical matter.

Consumer Involvement (CI)

The other concept addressed in the current study is consumer involvement because it is suggested that patients' susceptibility to interpersonal influence is determined by their level of involvement with the product they choose. Involvement can be defined as 'unobservable state of mind' which is evoked by a particular situation or stimulus and results in consequences such as information seeking, information processing and decision making (Rothschild 1979). Although this concept has received widespread attention in the marketing literature, a common definition of what 'involvement' means has not been agreed upon to date. This is, in part, due to consumer involvement being conceptualized in a number of ways (Smith & Bristor 1994), resulting in ongoing dispute on the definition of involvement (Kapferer and Laurent 1985; Chua et al. 2017). Some define involvement in relation to the 'perceived importance' of the product or service (Agostini 1978; Traylor 1982), while others have associated it with the 'interest' consumers have in a given product or service (Hansen 1985).

Involvement has also been conceptualized in relation to the product's 'perceived risk' (Coulter et al. 2003). For example, with high risk purchases (e.g., selecting a doctor to get a medical test performed) consumers tend to be more involved than those with relatively less perceived risk (e.g., buying chocolate from a regularly visited supermarket). These involvements all refer to a 'cognitive state' of mind (Park and Young, 1977).

The study adopts the notion of CI as a multi-dimensional construct. Kapferer and Laurent (1985) introduced five facets of CI: perceived importance of the product or the situation – the personal interest a person has in a product; perceived sign value – the degree to which the product expresses person's self, which differentiates functional risk from psychosocial risk; perceived pleasure value – this refers to the rewarding and hedonic value provided by the product or service and its ability to provide a pleasure effect with the purchase; risk importance – the perceived importance of negative consequences in case of poor choice; and risk

probability – the perceived subjective probability of making such a mistake (Kapferer and Laurent 1993). Depending on each of the above facets of involvement, consumer behavior consequences may differ.

Laurent and Kapferer (1985) recommended measuring involvement as a profile of all facets rather than taking them as a single variable (latent variable). This approach has been used in studies in different contexts in conceptualizing and measuring consumer involvement (e.g., the banking industry – Aldlaigan and Buttle 2001; the travel industry – Chen et al. 2016, Prebensen, Woo and Uysal 2014, and Campos et al. 2017) and the wine industry – Roe and Bruwer 2017). In line with this reasoning, it can be argued that one's level of involvement with the product or service consumed may reflect the susceptibly to interpersonal influence to varying degree.

Consumer Involvement and Interpersonal Influence

CI has been identified as a key variable of individual decision making as it influences how consumers 'think' and 'act' in the market place (Beharrell and Dennison 1995; Huang 2006). It significantly influences both a person's behavioral and cognitive responses (Coulter et al. 2003; Bloch and Richins 1983; Jain and Srinivasen 1990; Laaksonen 1994). As CI is conceptualized in the current study as a profile of five antecedents, it is important to note that one's susceptibility to interpersonal influence may be determined by different antecedents at different times. For example, when travelers experience higher perceived risk with regard to their travel plans, they are informationally influenced by people around them (Björk and Kauppinen-Räisänen 2015).

From a marketing point of view, when consumers are involved with the product they purchase, they are more likely to pay more attention to marketing efforts such as advertising and brand evaluations by others (Assael 2005). As discussed, CI seems to influence both cognitively and affectively; the current research investigates how CI influences a key cognitive state of mind, i.e., SII. This argument is partly underpinned by the Theory of Planned Behavior (TPB) (Ajzen 1991), which postulates that purchase intention is a combined effect of 'normative influence' (SII as conceptualized in the current study, perceived behavioral control and attitude). In Lee's (2009) study on the adoption of internet banking, TPB was expanded by incorporating the idea that normative aspect of TPB can be influenced by aspects of CI such as perceived risk.

Involvement in selecting a medical professional

One's degree of involvement seems to vary across product categories. One framework for isolating differences in evaluation processes between goods and services is the classification of qualities of goods and services proposed by economists Nelson (1970) and Darby and Karni (1973). Nelson (1970) demonstrated differences between two categories of qualities of consumer goods: 'search qualities', which are the attributes consumers can decide even before the product is purchased (e.g., color, size, style, price); and 'experience qualities', which are attributes that can be discerned during or after consumption (e.g., taste, customer service).

Physical goods such as cars or houses are high in search qualities; services such as healthcare can be considered high in experience qualities (Brush & Artz 1999).

Although the phenomenon examined in the current study falls broadly under experienced qualities, it is unique in many ways compared to many other services available in the market. This can be understood in light of the concept introduced Darby and Karni (1973) as 'credence' qualities: characteristics of a product or service that consumers find very challenging to evaluate even after consumption. The current study context can be considered as an example of this category. In a given market, only a few patients can be expected to possess skills and knowledge to evaluate whether the service was performed properly, even after they have been prescribed and produced by the medical professional. Patients can thus easily experience a vulnerable state in such situations. Durable goods also have been used to create conditions of high involvement, as in the case of mis-purchase, where one is forced to retain a poor product for a long time. Among such goods, dresses are generally considered as extremely ego-involving because of their symbolic meaning vis-à-vis relevant others, their capacity to express one's lifestyle or personality (Levy 1959), or their hedonic character (Hirschman and Holbrook 1982).

Consumer Vulnerability

In this sort of less systematic and less regulated decision-making scenario, consumers become vulnerable. Baker, Gentry and Rittenburg (2005) describe consumer vulnerability as a state of powerlessness that may occur when control is not in an individual's hands and therefore there is an increased dependence on external factors (for example, having to depend on others to make an 'informed decision'). This makes sense, as patients are not certain about what sources of information to rely on to make 'informed choices'. In a private health care system, patients become vulnerable partly due to lack of power and control over their decision in selecting a doctor. This occurs in particular because patients do not have a necessary competency (technical knowledge) when selecting a doctor. Based on this reasoning, the following is hypothesized:

Hypothesis

Based on the degree of facets of consumer involvement (CI), the degree of susceptibility to interpersonal influence (SII) varies in the choice of private medical professionals in Sri Lanka.

Conceptual Framework

Based on the literature review, the conceptual framework is developed as depicted by figure 1 below:

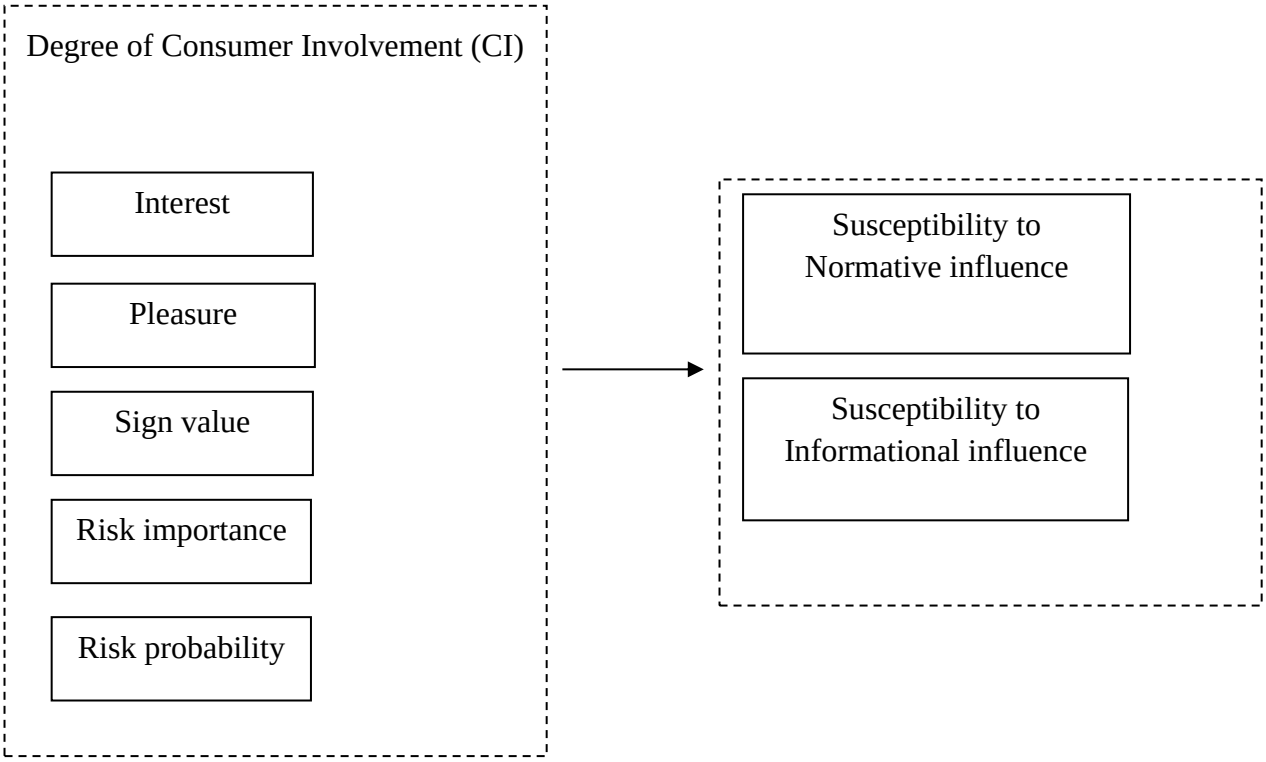

Figure 1: Conceptual Diagram

Research Methodology

Methodology

The research conducted falls under the positivistic paradigm and uses a quantitative approach, which is deemed appropriate as this aims at examining the relationship between CI and SII. The design of the study is cross-sectional because the required data were obtained at one point in time (Bryman and Bell 2015).

The population of the study consisted of patients (consumers) above 21 years of age residing in the Colombo district, the patients who had consulted a private medical professional within three months from the date of collecting data, thus the unit of analysis is an individual. Data was collected from 800 individuals by using the purposive sampling technique.

A self-administered structured questionnaire was used. In distributing and collecting these questionnaires, trained data enumerators were utilized to cover the 19 electorates of the Colombo district. The close-ended questionnaire included questions on Consumer Involvement (CI), susceptibility to interpersonal influence (SII) and demographic factors. Based on the original scales for CI (Laurent and Kapferer 1986) and SII (Bearden et al. 1989), an English-language questionnaire was prepared to suite the Sri Lankan context and the health care sector and was then translated into the Sinhala language (the language of communication of the study sample), using the backward translation method. Both the English and Sinhala versions were reviewed by four academic and professional experts in the field of consumer behavior to assure the face validity of the questionnaire in measuring the constructs, and the suggested adjustments

were made. Thereafter a pilot test was conducted using 40 individuals as the sample, and again adjustments were made, and the final version of the questionnaire was prepared. Using this final version of the questionnaire, data was collected during period of six months.

Operational Definitions and Measures

The questionnaire consists of instruments designed for measuring CI, SII and demographic characteristics.

CI: Laurent and Kapferer (1986) conceptualized consumer involvement as a multidimensional construct. Beyond controversies over the definitions of involvement, Kapferer and Laurent reviewed five antecedents, or facets, of consumer involvement: interest, pleasure, the symbolic or sign value, risk importance and risk probability. It should also be noted that consumer involvement is better understood when all these facets are considered, and the impact of these facets on consumer behavior should be examined to obtain a better comprehension. Accordingly, based on Kapferer and Laurent's (1985) recommendation, all five dimensions of involvement are simultaneously considered in this study because different antecedents have different impacts on selected dimensions of consumer behavior. For each antecedent three items were utilized (the summary of the items used for measuring consumer-patient-involvement is provided in Appendix A). All items were assessed on a five-point Likert scale, where 1 = strongly disagree and 5 = strongly agree. The mean scores of the measurement were calculated to determine the degree of CI in obtaining the services of private medical professionals in Sri Lanka.

SII: According to Shifman and Kanuk (2006), interpersonal influence represents any person or group that acts as a point of reference (comparison) for a person in establishing either general or specific attitudes, values or a specific guide for behavior. SII consists of two dimensions; normative and informational (Bearden et al. 1989). From the perspective of marketing, interpersonal influence groups are groups that act as frames of reference for individuals in their purchase or consumption decisions. It is a sound and long-accepted fact that individuals act based on the frame of reference established by the groups to which they belong (Salazar, Oerlemans, & van Stroe-Biezen (2013); Fan, Wu, & Shen (2019)).

The concept of SII was operationalized as shown in Appendix B. All items were assessed on a seven-point Likert scale, where 1 = strongly disagree and 7 = strongly agree. The mean scores of the measurement were calculated to determine the degree of CI in obtaining the services of private medical professionals in Sri Lanka.

Demographic characteristics

Demographic data was collected on respondents' gender, age, education, occupation, marital status and income.

Validity and Reliability of the Measurement Scales

The content validity of the measurement scales used in the survey instrument was established via developing them through a vigorous literature survey that ensured the proper delineation of the selected concepts (Sekaran 2003; Bryman and Bell 2015). Construct validity, which indicates how well the measures considered in the survey fit the theories they relate to, was ensured via a factor analysis (Sekaran 2003; Bryman & Bell 2015); the results indicated (not tabulated here) no issue found pertaining to this aspect of validity. To test reliability, Cronbach's Alpha coefficient (Cronbach, 1946) that measures inter-item consistency was used. Table 1 shows that the reliability of the two constructs, CI and SII, are closer to or greater than the accepted minimum level of 0.70 (Sekaran 2003; Malhothra 2004).

Table 1: Reliability Statistics (Cronbach's Alpha)

Construct	Dimensions	Cronbach's Alpha	No. of Items
Consumer Involvement (*CI*)	*INT*[*]	.620	2
	PLS	.807	3
	SIG	.856	3
	RIM	.775	3
	PRO	.713	3
Susceptibility to Interpersonal Influence (*SII*)	*SNoI*[**]	.887	8
	SInI	.796	4

[*]See Appendix A and B for the definitions and the operationalization of these dimensions.

According to Table 1, almost all the values of the dimensions of CI and SII are closer to or greater than the accepted minimum level of 0.70 (Sekaran 2003; Malhothra 2004). However, the reliability of the interest dimension of CI was less than 0.5 when it was measured using three items in the pilot survey. Therefore, the third item was removed and, as result, the Cronbach's Alpha value of interest dimension increased to .620.

Analytical Strategies

A demographic analysis was first performed to gain an understanding of the sample. Next, in order to achieve the first objective in assessing degree of patient (consumer) involvement and its five antecedents, and the second objective in assessing susceptibility to interpersonal influence (normative and informational), the mean value and other related descriptive statistics were estimated. Then, in order to assess the impact of consumer involvement on susceptibility to interpersonal influence (third objective), a bivariate Pearson's correlation analysis and multivariate OLS regression analysis were used. In performing the

multivariate regression analysis, the regression assumptions of normality, linearity, multicollinearity, etc. were assessed.

Data Presentation and Analysis

Demographic Analysis

Table 2 shows the demographic characteristics of the sample of 800 respondents. The gender profile indicates a slightly lower percentage of males within the sample. In terms of age of respondents, the highest percentage falls under 26-35 years while the lowest falls under the category of 56 and above. For highest academic education, the results show that the second category, 'Passed O/L and A/L' represents the highest percentage of the sample, indicating an educated sample of respondents. The occupational category 'professionals' recorded the highest percentage of the sample in terms of the occupational category and the category; 'armed forces' recorded the lowest.

Table 2: Demographic Analysis

Demographic Variables	**Categories**	***N***	**%**
1. Gender	Male	378	47.3
	Female	422	52.8
	Total	**800**	**100.0**
2. Age	20-25 years	286	35.8
	26-35 years	298	37.3
	36-45 years	130	16.3
	46-55 years	48	6.0
	56 and above	38	4.8
	Total	**800**	**100.0**
3. Educational Level	Up to O/L	32	4.0
	Passed O/L and A/L	450	56.3
	First degree and above	318	39.8
	Total	**800**	**100.0**
4. Occupation	Professional	264	33.0
	Admin. and Managerial	136	17.0
	Technical	72	9.0
	Clerical	112	14.0
	Sales worker	78	9.8
	Armed forces	14	1.8
	Self-employed	22	2.8
	Not at work	80	10.0
	Other	22	2.8
	Total	**800**	**100.0**
	Less than 25,000	124	15.5

5. Level of income (Rs.) – Monthly Gross	25.001 - 50,000	344	43.3
	50.001 - 75,000	154	19.3
	75.001 -100,000	76	9.5
	100,001 - 125,000	28	3.5
	125, 001 - 150,000	36	4.5
	150,001 and above	38	4.8
	Total	**800**	**100.0**
6. Marital Status	Unmarried	440	55.0
	Married	360	45.0
	Total	**800**	**100.0**

Source: Constructed by the authors

Table 2 also indicates that the majority of respondents fall under the income category of Rs. 25,001 to 50,000, while the lowest falls under Rs. 100,001 to 125,000. Finally, there is marginally a higher number of unmarried respondents within the sample.

The Degree of Consumer Involvement

Table 3 indicates the results regarding the degree of consumer involvement and its five antecedents (interest, sign value, pleasure value, risk importance, and the risk probability). As expected, the highest mean value (4.1975) is recorded under the facet 'perceived importance' (*PIM*) of consumer involvement, which is higher than the mid-value of the Likert scale of 1 to 5 and is also noted to be statistically significant. This facet also has the lowest standard deviation of .73428: the consumers (patients) have accorded high importance to the selection of a private medical practitioner. On the other hand, as expected, the facet 'pleasure' recorded the lowest mean value (2.3342). Indeed, selection of a private medical practitioner is not performed for pleasure.

Table 3: Descriptive Statistics on Consumer Involvement

	N	**Minimum**	**Maximum**	**Mean**[a]	**Std. Deviation**
PIM[b]	800	1.00	5.00	4.1975**	.73428
PRO	800	1.00	5.00	3.8517**	.88385
RIM	800	1.00	5.00	3.0167	.88389
SIG	800	1.00	5.00	2.4033**	.90524
PLS	800	1.00	5.00	2.3342**	.94030
TCI	800	1.00	4.93	3.1607**	.53901

[a] Based on the one sample *t*-test performed, the significance of the difference between the test value of 3 (mid-value) and the mean values are indicated, where $^{**}p<.01$ and $^{*}p<.05$.
[b] See Appendix A for the definitions of these variables.

Source: Constructed by authors

The Degree of Susceptibility to interpersonal influence

Table 4 shows the degree of susceptibility to interpersonal influence (*SII*) and its dimensions: normative and informational influence on the choice of private medical practitioner. The results indicate that the susceptibility to informational influence is having a

mean value (5.2394) higher than the susceptibility to normative influence (3.2416), which is expected for a 'product' such as a medical service.

Table 4: Descriptive Statistics on Normative, Positive and Total Interpersonal Influence Groups

	N	Minimum	Maximum	Mean	Std. Deviation
SNoI[*]	800	1.00	6.75	3.2416[**]	1.18668
SInI	800	1.00	7.00	5.2394[**]	1.11665
TSSI	800	1.42	6.83	3.9075[**]	.94611

[a] Based on the one sample *t*-test performed, the significance of the difference between the test value of 4 (mid-value) and the mean values are indicated, where [**]*p*<.01 and [*]*p*<.05.
[*]See Appendix B for the definitions of the variables.
Source: Constructed by authors

The Impact of Consumer Involvement on Susceptibility to Interpersonal Influence Correlation Analysis

To examine the impact of consumers' level of involvement on the susceptibility to interpersonal influence in the choice of a private medical professionals, first a Pearson's correlation analysis was performed and the results are indicated in Table 5.

Table 5: Correlation between Consumer Profiles and Interpersonal Influence Groups

	PIM	*PLS*	*SIG*	*PRO*	*RIM*	*TCI*	*SNoI*	*SInI*
PIM[a]								
PLS	.308[**]							
SIG	.201[**]	.543[**]						
PRO	.315[**]	.035	.057					
RIM	.133[**]	.197[**]	.246[**]	.248[**]				
TCI	.594[**]	.691[**]	.680[**]	.527[**]	.597[**]			
SNoI	.161[**]	.435[**]	.526[**]	.113[**]	.356[**]	.526[**]		
SInI	.218[**]	.119[**]	.133[**]	.346[**]	.255[**]	.343[**]	.222[**]	
TSSI	.220[**]	.411[**]	.492[**]	.231[**]	.398[**]	.575[**]	.923[**]	.579[**]

[a] The definitions of these variables are indicated in Appendix A and B.
*p<0.05; **p<0.01

The results indicate that all the facets of CI (interest, sign value, pleasure value, risk importance, and the risk probability) have a statistically significant (p<.01) positive impact on susceptibility of both normative (*SNoI*) and informational (*SInI*) interpersonal influences. In terms of highest correlational coefficients, it is interesting to note that the facet 'risk probability' (*PRO*) of Consumer Involvement has the highest influence (.346) on the susceptibility to informational influence (*SInI*). On the other hand, the facet 'sign value' (*SIG*) has the highest impact (.526) on the susceptibility to normative influence (*SNoI*).

Based on these results, it is also noted that *SIG* has a much higher impact than *PRO* on susceptibility to normative influence, which is surprising for a product such as private medical consultancy. However, except for the correlation between *SIG* and *SNoI*, all other impacts have a correlation coefficient that is less than .5. Thus it could be inferred that, based on the degree of CI, the degree of SII varies in the choice of private medical professionals, which supports the main hypothesis (H_1) proposed in this study.

Regression Analysis

The results of the multivariate regression analyses are presented in Table 6 for both normative (*SNoI*) and informational (*SInI*) susceptibility to interpersonal influences as alternative dependent variables. Under each of these analyses, the impact of only the facets of consumer involvement, the influence of the control variables and the impact of both the facets and the control variables are presented. In terms of results, when susceptibility to normative influence (*SNoI*) is considered as the dependent variable, the results indicate that the facets 'pleasure', 'symbolic value' and 'risk importance' have become significant and insert a positive impact and the adjusted R^2 value after considering the control variables is 37.2%.

The facet 'symbolic value' has the highest impact of the five facets considered, which is consistent with the findings under the correlation analysis presented earlier. On the other hand, when susceptibility to informational influence is considered as the dependent variable, it is observed that the facets 'interest', 'risk probability' and 'risk importance' of consumer involvement have become significant predictors, and the facet 'risk probability' has the highest influence (after considering the effect of the control variables), which is also consistent with the correlation results. It is also noted that the adjusted R^2 value in this instance is only 18.3%.

Table 6: Regression Analysis

	SNoI[a]									***SInI[a]***								
	Coef.	**SE**	**VIF**	**Coef.**	**SE**	**VIF**	**Coef.**	**SE**	**VIF**	**Coef.**	**SE**	**VIF**	**Coef.**	**SE**	**VIF**	**Coef.**	**SE**	**VIF**
PIM[a]	-0.021	0.051	1.231				-0.014	0.052	1.317	0.143**	0.055	1.231				0.157**	0.056	1.317
PLS	0.248**	0.044	1.524				0.285**	0.045	1.610	0.028	0.048	1.524				0.000	0.048	1.610
SIG	0.479**	0.045	1.461				0.423**	0.046	1.597	0.058	0.048	1.461				0.089	0.050	1.597
PRO	0.046	0.042	1.180				0.043	0.042	1.272	0.346**	0.045	1.180				0.331**	0.046	1.272
RIM	0.296**	0.041	1.138				0.301**	0.041	1.198	0.201**	0.044	1.138				0.174**	0.044	1.198
Gender				0.070	0.090	1.195	0.177*	0.074	1.225				-0.202**	0.085	1.195	-0.123	0.079	1.225
Age (26-35y)				-0.142	0.113	1.761	-0.038	0.093	1.820				0.119	0.106	1.761	0.163	0.100	1.820
Age (36-45y)				-0.232	0.149	1.786	-0.138	0.122	1.828				0.018	0.140	1.786	0.099	0.131	1.828
Age (46-55y)				-0.168	0.209	1.450	-0.166	0.170	1.466				0.080	0.196	1.450	0.217	0.182	1.466
Age (56 and above)				0.223	0.226	1.369	0.116	0.184	1.382				0.340	0.213	1.369	0.333	0.197	1.382
Education (Passed O/L and A/L)				-0.261	0.222	7.148	-0.236	0.180	7.246				-0.019	0.208	7.148	-0.170	0.194	7.246
Education (First degree and above)				-0.319	0.231	7.570	-0.308	0.188	7.666				0.081	0.217	7.570	-0.052	0.202	7.666
Occupation (Admin. and Managerial)				0.084	0.127	1.337	-0.007	0.103	1.366				0.135	0.119	1.337	0.019	0.111	1.366
Occupation (Technical)				0.125	0.164	1.296	-0.024	0.133	1.311				0.040	0.154	1.296	0.052	0.143	1.311
Occupation (Clerical)				-0.159	0.150	1.603	-0.193	0.122	1.619				0.091	0.141	1.603	0.160	0.131	1.619
Occup. (Sales Worker)				0.604**	0.159	1.309	0.346**	0.131	1.358				0.009	0.149	1.309	-0.054	0.140	1.358
Occup. (Armed Forces)				0.122	0.331	1.114	-0.108	0.272	1.153				-0.517	0.311	1.114	-0.376	0.292	1.153
Occup. (Self Employed)				-0.120	0.271	1.160	-0.083	0.220	1.165				0.122	0.255	1.160	0.131	0.236	1.165
Occup. (Not at work)				0.500*	0.200	2.125	0.408*	0.163	2.164				-0.083	0.188	2.125	-0.094	0.175	2.164
Occupation (Other)				0.488	0.267	1.125	0.216	0.217	1.144				-0.163	0.251	1.125	-0.359	0.233	1.144
Income (25,001-50,000)				0.263	0.162	3.810	0.292*	0.132	3.842				-0.392*	0.153	3.810	-0.311*	0.141	3.842
Income (50,001-75,000)				0.098	0.186	3.178	0.120	0.151	3.212				0.037	0.175	3.178	0.042	0.162	3.212
Income (75,001-100,000)				0.494*	0.208	2.192	0.272	0.169	2.231				0.305	0.195	2.192	0.174	0.182	2.231

Income (100,001-125,000)				0.004	0.285	1.619	-0.054	0.231	1.633				-0.026	0.268	1.619	-0.013	0.248	1.633
Income (125,001-150,000)				0.724**	0.265	1.776	0.400	0.215	1.799				0.288	0.249	1.776	0.194	0.231	1.799
Income (150,001 and above)				0.429	0.260	1.806	0.470*	0.211	1.820				0.038	0.244	1.806	0.077	0.226	1.820
Marital (Married)				-0.032	0.103	1.562	0.031	0.084	1.588				-0.230*	0.097	1.562	-0.268**	0.090	1.588
Constant	0.530*	0.231		3.230**	0.273		0.483	0.312		2.498	0.248		5.445**	0.257		2.851**	0.334	
R^2	0.358			0.065			0.393			0.165			0.067			0.211		
Adj R^2	0.354			0.038			0.372			0.160			0.041			0.183		
F-value	88.402**			2.450**			18.536**			31.360**			2.541**			7.635**		

These results on adjusted R^2 imply that consumer involvement facets have a higher degree of influence when susceptibility to normative interpersonal influence is considered compared to susceptibility to informational influence in choosing a private medical professional in Sri Lanka, which is surprising. Thus, based on these regression results, it can be concluded that, based on the degree of CI, the degree of SII varies in the choice of private medical professionals, this supports the main hypothesis of the study.

Discussion

The purpose of this study was to investigate how patients' (consumers') susceptibility to interpersonal influence is determined by their level of involvement in selecting private medical care practitioners in a less regulated context. To this end, the Sri Lankan private medical care industry was studied. Analyzing the data collected from a sample of 800 patients (consumers), several key findings emerged.

First, among the five facets of consumer involvement (Kapferer and Laurent 1985), the results indicate that the highest mean value (4.1975) is recorded under 'perceived importance' of patient (consumer) involvement in comparison to other facets. Perceived importance means how important the choice of product or service is to a person (Kapferer and Laurent 1985; Reid, Sparks and Jessop 2018). It can be expected that patients will be involved with the product due to perceived importance, because this type of a product choice comes under the category of products that are high in both 'search and 'credence' qualities (Nelson 1970; Tukker et al. 2017). This means that, even after the service is received from the doctor, patients are not in a position to make a judgment on the level and quality of the service received. On the other hand, in terms of SII, it is observed that that the mean value of *informational* influence (mean: 5.2394) is higher than the *normative* influence (mean: 3.2416), which is also consistent for a service such as private medical consultancy.

Both the correlational and regression results indicate that, depending on the degree of consumer involvement, the degree of SII varies. Under the correlation results, surprisingly, the consumer involvement facet 'sign value' had the highest impact (i.e., a coefficient value of .526) on the susceptibility to normative influence compared with all other facets, as well as informational influence. This is surprising for a service such as private medical consultancy because patients attempt to use such a service to signify their self-identity, which might be usual for a luxury good or service but not for a service of this nature. This can partly be explained by the product/service classification of Bearden and Michael (1982), where the choice of medical doctors comes under the category of 'publicly consumed necessary good'. This means that choice of a doctor is personally relevant to the patient.

In addition, under the findings, it is noted that according to both the correlation and regression analyses interpersonal *informational* influence is quite low, as indicated by the not so high correlation and regression coefficients. Furthermore, the regression results suggest that consumer involvement facets have a higher degree of influence (based on the adjusted R^2) when

interpersonal *normative* influence is considered, compared to interpersonal *informational* influence in choosing private medical professionals, which is surprising: usually, for a service such as private medical consultancy, the informational influence should be higher, but the findings indicate otherwise. However, this interpersonal *normative* influence can be explained by the collectivistic Sri Lankan culture (Hofted –Insights 2021).

Further, from a socio-cultural perspective, it can be argued that individuals engage in consumption not only for utilitarian focus, but also with symbolic consumption purpose in expressing their self-identity (Epp and Price 2008). As postulated by the theory of individual self-enhancement (Grubb and Grathwohl 1967; Sirgy 1982), that self-concept is important to an individual, and their behaviour aims at protecting or enhancing their self-concept. This means people partly express their self-identity through the consumption of goods and services (Joy and Li 2012). Consumer goods (choice of a medical doctor in the case of the current study) appear to help individuals to express their status (Kaza 2000).

Conclusion

Despite having a high demand compared to its supply, and a specialized service, private medical services in Sri Lanka are less regulated. Obtaining such services amounts to an individual decision. Thus, in making this individual decision, it was noted in the preliminary interview that susceptibility to interpersonal influence – particularly normative in nature – had a role to play. This study was thus conducted to assess the degree of consumer (patient) involvement (including its five facets: interest, sign value, pleasure value, risk importance, and the risk probability); to examine the level of susceptibility to interpersonal influence (normative and informational); and to investigate whether, based on the degree of consumer involvement, the degree of susceptibility to interpersonal influence varies in the choice of private medical professionals in Sri Lanka.

The main findings of this study indicate that consumers (patients) accord a high degree of importance and displaying a high interest in obtaining private medical services, which is an expected finding for such a service. The findings also indicate that informational influence is higher than normative influence in the choice of private medical services, which again is understandable. However, unexpectedly, the results suggest that patients (consumers) become more involved due to the presence of normative influence compared to informational influence; and patients 'express themselves' in the presence of normative influence. These two unexpected findings are quite surprising and disturbing for a service such as private medical service.

The findings are expected to have significant policy implications. Despite private medical services being a critical area in Sri Lanka, they are less regulated and less systematic, and therefore policies should be made to empower authorities such as the ministries involved in health and media. First, as found in the study, taking into consideration the appropriate facets of consumer involvement ('perceived importance', 'risk' and 'probability of making mistakes'), patients should be encouraged to take their decision to select a healthcare practitioner 'seriously'. Second, in light of the findings related to interpersonal influence, social networks (interpersonal groups) can be used to educate patients with appropriate and accurate information

on private medical services so that individuals can be empowered to make 'informed decisions'. This would prevent the undue influence of the usual 'market mechanisms' as in the case of promoting branded goods or services. Third, policies and mechanisms should be introduced to discourage patients and society broadly from considering their choice of healthcare practitioners as a way of 'symbolizing their self-identity' through normative interpersonal influences. This could be achieved via creating awareness among the public to rely on 'educated' interpersonal informational reference groups.

In terms of limitations of the study, the study sample was limited to the patients in the Western province in Sri Lanka on a cross-sectional basis and not all factors that could influence consumer involvement were considered. Thus, for future research directions, expanding the geographical scope as well as considering other factors that could influence consumer involvement are suggested. Furthermore, a longitudinal study design is suggested to examine how consumer involvement and susceptibility to interpersonal influence change over time.

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Appendix A: Operationalisation of CI

Dimensions and Definitions	**Indicators**
Interest (*INT*): The personal interest a person has in a product (its personal meaning or importance) (Kapferer and Laurent 1985)	Private medical consultancy is extremely important
	Interested in private medical consultancy
	Cannot be careless about obtaining private medical consultancy
Pleasure (*PLS*): The hedonic and rewarding value of the product class. The hedonic value of the product, its emotional appeal, its ability to provide pleasure and affect (Kapferer and Laurent 1985)	Enjoy obtaining the services of private medical consultancy
	Obtaining private medical consultancy is like receiving a reward or present
	Obtaining private medical consultancy is a quite a pleasure
Sign (*SIG*): The degree to which the product expresses the person's self (Kapferer and Laurent 1985)	Can tell a lot about the person based on the private medical consultancy he/she obtains
	Private medical consultancy obtained reflects what the sort of a person s/he is
	Private medical consultancy obtained says something about who you are

Risk importance (*RIM*): Perceived importance of the negative consequences of a mis-purchase (Kapferer and Laurent 1985)	It does not matter too much, even if a mistake is made in getting private medical consultancy
	Irritating to get private medical consultancy which is not right
	Be annoyed with myself, if I realized that I have made a wrong private medical consultancy
Risk probability (*PRO*): The perceived subjective probability of making such mispurchase (Kapferer and Laurent 1985)	Unsure about what to select when getting private medical consultancy
	Difficult to choose what is right private medical consultancy
	Never be quite certain about the choice made on private medical consultancy

Appendix B: Operationalisation of SII

Dimensions	**Indicators**
Susceptibility to normative influence (*SNoI*): Individuals attempt to comply with the wishes of an interpersonal influence group to avoid punishment or receive a reward and their need for psychological affiliation with the interpersonal influence group (Bearden et al. 1989).	obtain private medical consultancy that what others approve
	others like the private medical consultancy I obtain
	obtain private medical consultancy from those doctors that others will approve
	if other people can see me obtaining a private medical consultancy
	brands and products make good impression on others
	I like to achieve sense of belongingness
	want to be like some one
	identify with other people by obtaining the same private medical consultancy
Susceptibility to informational influence (*SInI*): Referents with high credibility, such as those having presumed expertise, will often serve as sources of information-based influence for uncertain uninformed consumers (Bearden et al. 1989)	To make sure I get the right private medical consultancy
	If I have little expenses with a private medical consultancy
	I often consult other people
	I frequently gather information