EXPLORING THE CONCEPT OF CUSTOMER-PERCEIVED INTIMACY IN HEALTHSCAPES

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Abstract

Background —It is recognized that servicescapes (i.e., the manmade physical surroundings in which a service takes place) both affect customer and employee attitudes and behaviours. This is particularly the case in healthcare servicescapes (i.e., healthscapes) as studies demonstrated that an improvement in the servicescape can contribute to positive outcomes such as enhanced healing process. However, little is known about such a relationship can happen. Accordingly, we examine the concept of customer-perceived intimacy (CPI) as improving servicescapes can contribute to positive outcomes through the creation of CPI. Indeed, in healthcare, the intimacy of the customers (i.e., patients) is often under stress as they have to relinquish privacy by disclosing embarrassing personal information and/or intimate body parts.

Objective – The purpose of this paper is to explore—based on an extended multidisciplinary literature review— the concept of CPI in healthscapes. The authors offer a conceptualization of customer-perceived intimacy in healthscapes together with a conceptual framework to highlight both the antecedents (i.e., the design and architectural components of the healthscape) and the short-term and long-term outcomes of CPI.

Results – Customer-perceived intimacy defined as *"the feeling that combines the dimensions of mutuality, discovery, emotions and kindness, from a customer's perspective"* are caused by a holistic combination of intangible (i.e., interpersonal) and tangible factors (i.e., design of the physical healthcare environment) within the servicescape. This leads to higher levels of understanding of service systems and their fundamental role in human well-being. The authors argue that healthscape design focused on customer-perceived intimacy is necessary to make service systems more socially inclusive.

Contribution – We provide architects with theoretical insights on how to foster customer-perceived intimacy in healthscapes. In doing so, we aim to help hospitals to adopt a more patient-centric strategy by improving the patient experience. The insights from our study can be generalized to public servicescapes so that the experience of users is improved by fostering customer-perceived intimacy.

Keywords - *Customer-Perceived Intimacy | Healthcare Services | Healthscape | Servicescape*

Introduction

Both healthcare consumerism and the growing competition between healthcare providers challenge the healthcare industry [1]. Wolf [2] suggests that there will be a patient-led healthcare revolution that will change the way healthcare is delivered today. Patients will eventually grow into health consumers who have a careful understanding of their own wants and needs and expect the healthcare industry to react immediately and in a personalized, much more tailored way [2]. Therefore, healthcare providers continuously concentrate on patient-centred care and aim to enhance the quality of that care. One facet of the emphasis on patient-centred care is the focus on the customer experience [3]. Consequently, a change in paradigm emerges where "patients" are recognized as "customers" [1].

The growing interest in and efforts to improve healthcare facility customers' experiences has led to various design studies, including research that has examined the role of the environment in the healing process. Consequently, the healthcare sector acknowledges the servicescape (i.e., the design of the physical environment of a service organization [4]) as an important feature [5]. However, too little attention has been dedicated on how to create adequate tangible healthcare environments through an optimal architectural design to enhance the customer experience. As Khullar states: "Hospitals are among the most expensive facilities to build, with complex infrastructures, technologies, regulations and safety codes. But evidence suggests we've been building them all wrong — and that the deficiencies aren't simply anaesthetic or inconvenient. All those design flaws may be killing us" [6]. Insights in design strategies that link customer experiences with design principles are currently missing [7]. This is most visible in extreme

situations such as hospitals in which "the utilitarian building types have generally led to the main attempts at system building" [8, p. 102]. Most hospitals are designed by means of using a rational problem-solving attitude, but it is this focus on rational use, modularity and standardisation which has led to the lack of experiences. Therefore, they lack a holistic approach with attention for social, cultural, physical, and psychological support, while a primary aim within a healthcare facility is to satisfy customers' needs for comfort, safety, security, convenience, privacy and support. Most patients arrive at healthcare facilities with feelings of stress, unease, and anxiety, and an unfamiliar environment will only strengthen their negative emotions. Furthermore, patients are less empowered and knowledgeable about their received service. They are often expected to cooperate and deliberately disclose very personal information or intimate parts of their body [9]. But these patients may feel highly vulnerable [10] and an inadequate perceived environment may increase uncomfortable feelings. In turn, they may not self-disclose personal information while this information might be key in the healing process.

The goal of this paper is to explore how supportive design solutions can foster customer-perceived intimacy (CPI) within a healthcare service context to—in fine— achieve enhanced customer outcomes, such as customer well-being. This study proposes to broaden the concept of customer intimacy by highlighting the customer perspectives and thus the customer outcomes, caused by both intangible (i.e., interpersonal) and tangible (i.e., design of the physical environment) factors. Therefore, the term customer-perceived intimacy is coined, defined as "the feeling that combines the dimensions of mutuality, discovery, emotions and kindness, from a customer's perspective. An extended multidisciplinary literature review was undertaken to offer a conceptualization of customer-perceived intimacy in healthscapes, supported by a conceptual framework to highlight both the antecedents (i.e., the architectural components of the healthscape) and the short-term (cognitive, emotional, physiological and behavioural responses) and long-term outcomes (i.e., wellbeing and repurchase behaviour) of customer-perceived intimacy (CPI).

Conceptual Framework

The conceptual framework focuses on healthcare servicescapes, hereafter referred to as 'healthscapes', and their effect on customer-perceived intimacy, including users' short-term cognitive, emotional, physiological and behavioural responses within the hospital and long-term outcomes, such as well-being and repurchase behaviour.
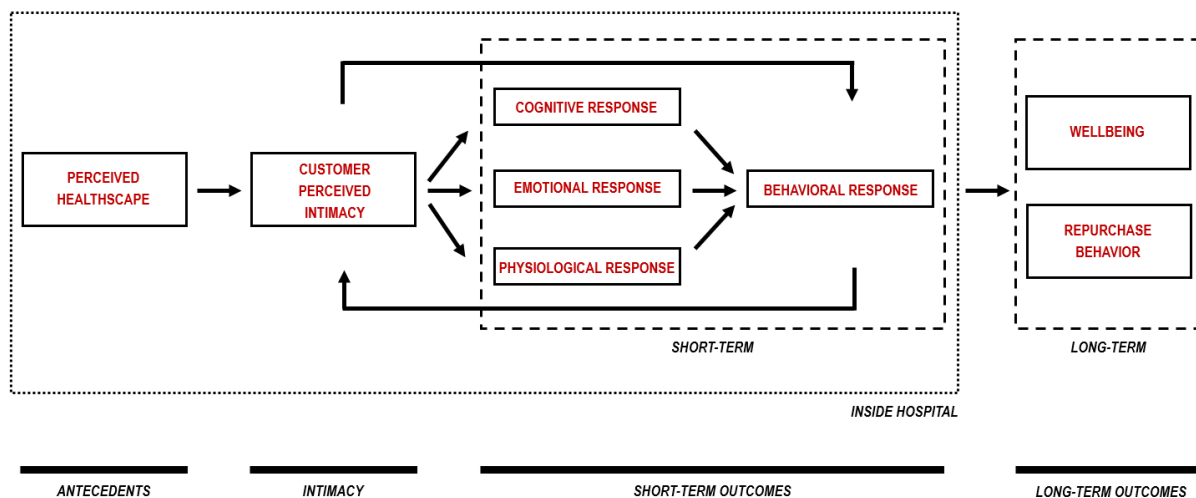

Figure 1. Conceptual Framework

Healthcare Services

Healthcare is an enormously expensive, highly complex, and universally used service that significantly affects economies and the quality of life. It may be one of the most personal, important and existing services, but one with high costs and too much errors, waste and discrimination [9]. Although this service context is evaluated in terms of customer satisfaction and loyalty, Anderson et al. [10] argue it is even more important to explore the effect on well-being outcomes.

Healthcare services differ from other services in several ways [9]. In the first place, (1) customers are sick, which causes them to be far more emotional, demanding, sensitive, and dependent. (2) The experiential quality of healthcare services forces customers and providers to co-create [11] and these interactive, potentially emotion-laden roles can have an impact on customers in many ways, including their emotional and physical well-being [10]. (3) The importance in relation to customer well-being derives from consumers' potential vulnerability [12]. Research finds that patients often lack a degree of control and agency and feel vulnerable because of their lack of medical knowledge [10]. As such, they seldom take the opportunity to challenge decisions about their own health (e.g. Adkins & Corus [13]) resulting in stereotyping and discrimination and can cause unproductive and stressful service encounters [14].

The service encounters (4) are difficult to measure in terms of satisfaction, even when a doctor delivers outstanding service from a customer-need perspective, the patient may not appreciate this at all (e.g., addicted patients who are not happy with their necessary treatment). Customers (5) may relinquish privacy (e.g., patients may have to disrobe and discuss highly personal matters with clinicians they are meeting for the first time). (6) Delivering quality service to patients also depends on the ability of clinicians and their willingness to connect knowledge of medicine with knowledge of the patient. They need to understand the individual customer holistically and correspondingly customize the service (e.g., fit the patient's medical condition, mental condition, age, personal traits and preferences, family circumstances, and financial capacity). Customers (7) are also at risk. The healthcare profession that is supposed to heal, too often harms (e.g. patients are harmed by medication errors [15] and communication errors frequently contribute to errors in diagnosis and treatment).

Customer-Perceived-Intimacy

With the emerging healthcare consumerism, a growing competitive healthcare market due to increasing service expectations, challenges the healthcare industry [1]. This leads to a focus on patient-centric care and the aim for improved customer experience. This focus on creating value for the customer as a strategy was already recognized in 1993 by Treacy and Wiersema. They identified 'customer intimacy' as a value discipline, which will enable the organization to meet and exceed customer expectations and thus add real value to the customer's experience. Organizations pursuing a strategy of customer intimacy, continually tailor and shape services to match the specific demands of the customer [16] and may therefore correspond to the emerging healthcare consumerism and improved well-being.

Until now, the concept of customer intimacy is mainly examined within various sectors (e.g., banking sector, the mobile telecom sector, the automotive sector, advertisement sector, …) but excluded the understanding of customer intimacy in healthcare service contexts. This is in contrast to what the definition of customer intimacy might suggest, as healthcare services are complex interpersonal services in which customer relations and customer experiences are on top of the priority list [9]. Further, the definition of customer intimacy highlights the customers' perspective by achieving and exceeding customers' wants and needs, but previous literature on customer intimacy mainly focused on corporate outcomes such as creating and maintaining successful customer relationships, customer loyalty, customer satisfaction, customer trust, word-of-mouth, commitment, information disclosure, customer availability, advisor status, repurchase intentions, and profitability (e.g. [17], [18], [19], [20], [21], [22], [23], [24], [25], [16], [26]). Actual customer outcomes are currently lacking in literature. Third, healthcare services are interpersonal services in which customers and employees interact with each other within the organization's physical facility. Thus, people's purchasing decisions include the "total product" [1], a holistic perception of both intangible (i.e. interpersonal) and tangible (i.e. design of the physical environment) factors. Previous research on customer intimacy mainly focused on these interpersonal factors and have stated intangible antecedents, such as customer knowledge, operational flexibility, and employee competence [27], [16]. A key parameter that is neglected is the tangible (i.e. design of the physical environment) factor, or what is referred to here as the servicescape [4] or healthscape [28].

Despite a lack of a clear definition of intimacy, the studies that have attempted to conceptualize intimacy do have some common characteristics. The four characteristics shared by the clearest examples of intimacy are 'mutuality', 'discovery', 'emotions' and 'kindness'. These characteristics intertwine because intimacy is not all or nothing. A clear existence of all four characteristics is the indication of intimacy at its most pure and distinct form. When one or more of them start to fade or blur, so will the experience shade into something else.

Mutuality

Intimacy is not a trait or a state, it is a rather mutual exchange. Love, like other emotional states, can be considered as an individual characteristic, because we can love someone without the other one loving us back. Intimacy on the other hand, requires a flash of mutual recognition, a knowingness that both parties are aware of what is happening between them. Therefore, intimacy exists between, rather than within, people [29]. This characteristic is important within a healthcare service context as customers use the dimension of mutual engagement in a joint venture [30] to evaluate their level of comfort with the service organization [31]. The "dyad" [32] exists in a way where each person is fully focused to the other. By contrast, within a group, even by only adding a third person, a different dynamic arises. There is now a group identity and structure that is somehow above and beyond the individuals themselves [32]. Therefore, intimacy is very exclusive. It exists between two people and thereby to some extent excludes others [29].

Discovery

Waring et al. [33] identified that self-disclosure was an important determinant of intimacy. Self-disclosure, that is "the act of revealing personal information about oneself to another" [34], includes cognitive self-disclosure (the revelation of private thoughts and ideas) and affective self-disclosure (the revelation of feelings) [35], [30]. Although, to know someone is to know their motives and desire, we keep much hidden from others to maintain a good reputation. One of the reasons why most encounters are not intimate, is because people play safe. The danger that comes from being

unexpectedly revealed can create conditions for intimacy, but also for humiliation or anger [29]. Disclosure is important to the experience of intimacy and therefore, the feeling of discovery is so fundamental to the experience. Self-disclosure within a healthcare service context is not only crucial for (1) developing a sustainable relationship with the caregiver, (2) best understanding the health condition of the patient by the caregiver, but also for (3) the well-being of the patient as when patients reveal personal and emotional information to a caregiver, they report improved well-being [36].

Emotions

The rise of both emotions as inner drivers of human behaviour and the corresponding new discipline of psychology lead to an importing turning point. It is now possible to see emotion as both the provider of human goals (hopes, fears, desires) and their driving force. Emotions also influence customers' assessments of quality and value (e.g., decisions about using a service and recommendations to others). But too often organizations do not appropriately anticipate these emotions and therefore they cannot negotiate the negative ones. This is especially true for healthcare services, which can be categorized as high-emotion services. Those provoke strong feelings before the service even begins, and relate to major life events such as birth, illness, and death [37]. There are two reasons to link intimacy and emotions. First, emotions are an indication that we care. Caring promote feelings of comfort, which flow from the customer's sense of security in a relationship with a reliable and responsive partner [38]. The second reason is that emotion is not fully within our control. These basic emotions are not learned, and no person can be without them. Emotions allow the conditions of trust because they are hard to fake and so they become guarantors of sincerity [29].

Kindness

Intimacy and shame are often connected. Shame means being uncovered when you are not ready to be and having nowhere to turn. Without a kindness response, we have torture. Except for accurate diagnosis and effective treatment, which are principal in healthcare services, acts of kindness can be a powerful remedy to negative emotions and may improve outcomes for those experiencing a frightening hospital journey. On the other hand, Phillips and Taylor [39] argue that genuine kindness depends on its ability to contain hostility. Conflict is a likely event in intimate relationships [40], but it is the inability to resolve conflict that causes relationships to fall apart [33]. Strong relationships are ones that leave room for the open expression of disagreement. An important facet in healthcare services is the counseling style of interaction between the medical staff and the patients, in which a subsequent discussion might take place and where the responses (by the service provider) are valued and, potentially, sought [18]. So even when communication may be one-way (e.g., from patient to doctor) these relationships can be described as intimate. This is due to "sympathetic listening" [41], which is characterized by understanding (e.g., the doctor accurately comprehend what the patient says); validation (e.g. the doctor validates what the patients says as important); and caring (e.g., the doctor cares about what the patient expresses) and therefore evokes feelings of connectedness and liking.

Given the above, we propose the following working definition of customer-perceived intimacy in healthscapes: "Customer-perceived intimacy in the context of healthcare, is the feeling that combines the dimensions of mutuality, discovery, emotions and kindness from a customer's perspective, caused by a holistic combination of intangible (i.e., interpersonal) and tangible factors (i.e., design of the physical healthcare environment)."

Antecedents: Perceived Healthscape

The impact of the environment is already known since ancient times. Locations of the Asclepieia (i.e. the healing centres of ancient Greece) were carefully selected, using thermal springs, designed on spectacular views, and creating buildings for leisure activities, closely located to medical buildings [42]. Alvar Aalto and Richard Neutra, leading architects from the modern period, stress the advantages of well-planned architecture, and the influence of nature for healing in their architecture [43]. The relationship between humans and the design of the physical environment is also discussed in the management literature by Bitner [4], who first coined the term 'servicescape' referencing to the design of the physical environment, which affects both customers and employees in service organizations. The study shows how the design of the physical environment is a crucial component. However, this model mainly focuses on corporate outcomes.

While other service industries such as hospitality and retail have appreciated the role of the design of the physical environment, it was only later that the healthcare industry recognized its importance [5]. Hutton and Richardson coined the term 'healthscape' referring to the servicescape specific to any healthcare service, which concerns the 'tangibles' (i.e., the design of the physical environment) captured through our senses of sight, smell, sound, taste, and touch) [28].

Hospital design, in terms of its architecture, is a highly complex system because of its technical requirements, logistics and operation management. These "hard facilities" [44] usually work against the process of healing. Increasing interests in and efforts to improve healthcare facility users' experiences led to implementations of design research that have studied diverse user groups to explore the role of the environment in the healing process [45], [5]. Consequently, there is a growing acknowledgement that the design of the physical healthcare environments can affect patient medical outcomes and care quality [46], [47]. These studies are part of the domain of evidence-based design (EBD) and draws

from various disciplines including environmental psychology, evolutionary biology, psychoneuroimmunology, and neurosciences. This increasing scientific evidence shows that poor design works against the well-being of patients and in certain instances can have negative effects on physiological indicators of wellness, such as anxiety, delirium, elevated blood pressure, and increased intake of pain drugs (e.g. [46], [48]). Design should do more than produce health facilities that are satisfactory in terms of functional efficiency, cost, and codes. Designers should promote well-being by creating physical surroundings that are "psychologically supportive" [49]. Examples of built-related stressors in hospitals are a lack of contact with nature, a lack of physical and mental stimulation, a lack of privacy, and noise [9]. Therefore, improving the design of the healthscape is integral to improving healthcare itself, next to intangible (i.e., interpersonal) antecedents such as, clinician competencies, service process design, organizational culture, and a host of other factors [47].

Short-term and long-term Outcomes

The environmental psychology literature argues that customers in service organizations react to the physical environment in a cognitive, emotional and physiological way. In addition, those responses are what influences their behaviours in the environment [4].

The perceived healthscape may evoke cognitive responses [50], [51] which (1) affects people's beliefs about a place, and (2) assists people by distinguishing an organization by categorization. For example, it helps people to distinguish the children's department from the radiology department within a hospital. Furthermore, it (3) allows the customer to classify the organizations mentality. This way, the environment can be seen as a way of nonverbal communication [52], [51].

Emotional responses refer to the subconsciously aroused feelings of the customer in response to a particular stimuli [53]. Emotion-evoking characteristics of environments include two dimensions: pleasure-displeasure and the degree of arousal (i.e., amount of stimulation or excitement). Environments that evoke pleasant feelings are likely to be ones where people prefer to spend time [54], [55], whereas unpleasant environments are avoided. Likewise, arousing environments are experienced positively unless the excitement is mixed with unpleasantness [56]. Unpleasant environments that are also high in arousal (e.g., noise, confusion) are especially avoided.

The perceived healthscape may affect customers in purely physiological ways. Physiological responses are the essentially uncontrollable bodily responses of the customer in response to particular stimuli [53]. Those physical responses (e.g., shivering because of low room temperature) may in turn directly influence whether or not people stay in and like a particular environment [4].

Behavioural responses are the controllable actions or reactions (e.g., verbal responses) of the customer in response to a particular stimulus [53]. Environmental psychologists argue that people react to places with two opposite ways of behaviour: approach (i.e., desire to stay, explore, and affiliate) and avoidance [55]. The behaviours of customers are to a great extent driven by individual internal responses (cognitive, emotional and physiological) to the environment. In addition, the healthscape can affect the degree of success customers experience in achieving their plans once inside [56], [57]. For example, when a patient enters a hospital and (1) is confused because he or she cannot find signage giving directions to the assigned care department and (2) is emotionally distressed because of crowds, poor acoustics, and low temperature, the patient is unable to carry out the purpose for entering the environment, at least not very easily or in time. Here the healthscape hinders the achievement of the customer's goal [4, p. 61]. In addition, the perceived healthscape has an impact on all social interactions within the environment. Barker [58] suggests that recurring social behaviour patterns are related to particular physical settings and that when people encounter typical settings, their social behaviour can be predicted.

On the long-term, this may have an impact on customers' attitudes such as their overall well-being and customers' behaviour such as repurchase behaviour. A basic assumption underlying this exploration is that the customer has a choice among healthcare service providers; that is, the healthcare industry is competitive, and the customer has the option of switching healthcare providers after a bad experience (e.g., a woman giving birth in a windowless delivery room of 'hospital A', which causes her to choose for 'hospital B' for her second childbirth).

Conclusion

Given that we live in a time within a growing competitive healthcare market, the customer experience is on top of the priority list in healthcare services. Therefore, understanding the importance of customer-perceived intimacy is paramount, as customers are constantly exposed to intimate situations. The findings of this study suggest that there is considerable potential for such situations to be wrought with problems involving complexities associated with human cognition, emotions, physiological responses, and behaviours. As a result, this research provided a conceptual framework that raises many questions that need to be answered. However, in doing so, a solid foundation for future inquiry has been laid.

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