THE INFLUENCE OF DEMOGRAPHIC VARIABLES ON SOCIAL SUPPORT EXPECTATIONS FROM HEALTH CARE SYSTEMS

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Introduction

Social support plays a big role in reducing the effects of stress and adapting to life's changes faced during situations of health concerns (Halushka, Jessee, & Nagy, 2002; Frick, et al., 2006). Social Support, which refers to the resources provided by people, to help individuals cope with the stress caused due to the prevailing heath concern (Mesquita e Noronha & Mekoth, 2013); may be expected/ sourced from family members, relatives, friends, social groups, work groups, the doctor(s) and/or the hospital, or even people facing similar health issues (Tay, Tan, Diener, & Gonzalez, 2012; Mesquita e Noronha & Mekoth, 2013). There are three basic forms of social support namely; emotional, informational and instrumental, as sources of coping strength to individuals experiencing stress during illness, as described by House (1981); Cohen (2004); and Anderson (2007).

People who lack social support from their personal sources may feel an increase in need for support from health care (professional) sources (Zink, Gadomski, O'Connel, & Nizzi-Herzog, 1992). The customer of a health care service provider, unlike other industries, gets a chance to interact with a number of people involved in providing the service, such as the receptionist, admission staff, doctors, nurses, technicians, ambulance, administrative, and other support staff (Murti, Deshpande, & Srivastava, 2013). Corey, Haase, Azzouz, & Monahan (2008), state that health care systems will be able to improve positive patient outcomes by increasing the sources of social support to patients; while Creasey (2009), stresses on the importance of social support as a coping mechanism during negative experiences. Rowlands & Lee (2010), stress on hospital-based interventions along with community-based interventions with the aim of building adequate social support.

This study attempts to understand the influence of demographic variables on social support expectations, through a quantitative analysis of the same; as an extension to the qualitative study by Mesquita e Noronha & Mekoth (2013); which hypothesized negative symptoms, social system support and negative emotions as factors influencing social support expectations from health care systems.

Research Purpose And Hypotheses

Consumer expectations of social support may differ according to their demographic characteristics. The purpose of this study is to understand the influence of demographic factors like gender, age and marital status on social support expectations from the health care sector. While it may not always be possible to gauge the social support expectations of patients, understanding the demographic influences may be useful to health care managers. This paper deals with 'Expected social support', as a person's judgement of the social support he/she expects to receive in a situation of illness and medical treatment.

Illness management being the underlying reason for social support in this study, necessarily involves the health professionals, which could also mean that while people look for social support from their social systems during stressful times (illness), they could also expect and receive the same from the health care service provider.

In view of the above, the following relationships have been hypothesized;

H1: There is a difference in social support expectations from health care systems between male and female consumers.
This implies that male patients differ from their female counterparts in the expectations of social support.

H2: There is a difference in social support expectations from health care systems between single and married consumers.
This implies that unmarried patients differ from their married counterparts in the expectations of social support.

H3: There is a difference in social support expectations from health care systems between young and old consumers.
This implies that young patients differ from their older counterparts in the expectations of social support.

H4: Age moderates the relationship between gender and social support expectations.
This implies that with the increase in age, gender based expectations of social support from health care systems would change.

H5: Age moderates the relationship between marital status and social support expectations.

This implies that with the increase in age, marital status based expectations of social support from health care systems would change.

Method

630 consumers of health care services were directly interviewed using a structured questionnaire. 18 items in the questionnaire represented the emotional, instrumental and informational social support expectations of patients; all taken together for this study. Demographic related information obtained included age, gender and marital status. The sample comprised of patients of health care service providers, undergoing treatment for chronic ailments. Relevant data was collected over a period of two months. The data obtained was analysed using SPSS 16, which was required for the purpose of this study. T-test was used to statistically test the significance of the relationships hypothesized in H1, H2 and H3, while ANOVA was used to test the interaction/ moderating relationships hypothesized in H4 and H5.

Findings

Data analysis revealed that the sample (N= 630) comprised of 12 years as minimum age, while the maximum age of the respondents was 88 years. The mean age was calculated as 50 years.

The number of males were numbered as 328, while females numbered as 302. The sample includes 533 married respondents, while the respondents having a single status numbered as 97.

An independent- samples t-test was conducted to compare males with females for social support expectations from health care systems. There was no a significant difference in the scores for males (M = 72.78, SD = 12.50) and females (M = 74.34, SD = 11.59) conditions; t(628) = 1.63, p = .10. These results suggest that social support expectations from health care systems are not influenced by the patient's/consumer's gender. Specifically, our results suggest that a consumer's expectations of social support from the health care system will not depend on whether the consumer is a male or a female. H1 is therefore not supported.

An independent- samples t-test was conducted to compare married consumers with singles for social support expectations from health care systems. There was no a significant difference in the scores for married persons (M = 73.47, SD = 12.21) and single persons (M = 73.87, SD = 11.49) conditions; t(628) = 2.99, p = .77. These results suggest that social support expectations from health care systems are not influenced by the patient's/consumers marital status. Specifically, our results suggest that a consumer's expectations of social support from the health care system will not depend on whether or not he/ she is married. H2 is therefore not supported.

An independent- samples t-test was conducted to compare young patients with elderly patients for social support expectations from health care systems. For this purpose, the median age was fixed at 50 years. Respondents falling in the age class of < 50 years were grouped as 'young', while those falling in the age class > 50 years were grouped as 'elderly'. Young patients numbered as 316, while the number of elderly persons was 314.

There was a significant difference in the scores for young persons (M = 71.81, SD = 11.90) and elderly persons (M = 75.26, SD = 12.05) conditions; t(628) = 3.62, p = .000. These results suggest that social support expectations from health care systems are influenced by the patient's/consumer's age group. Specifically, our results suggest that younger patients (<50 years) have low social support expectations, while elderly patients (>50 years) have higher expectations. H3 is therefore supported.

A one-way between subjects ANOVA was conducted to compare the effect of age on gender in social support expectations from health care systems. There was no significant effect of age on the relationship between gender and social support expectations, F(1) = 1.21, p = .27. These results suggest that age does not moderate the relationship between gender and social support expectations from health care systems. Specifically, our results suggest that with the advance in age, social support expectations of males and females do not change. H4 is thus not supported.

A one-way between subjects ANOVA was conducted to compare the effect of age on marital status in social support expectations from health care systems. There was no significant effect of age on the relationship between marital status and social support expectations, F(1) = 1.36, p = .24. These results suggest that age does not moderate the relationship between marital status and social support expectations from health care systems. Specifically, our results suggest that with the advance in age, social support expectations of young and elderly patients do not change. H5 is therefore not supported.

Table 1

Independent Samples t-test

Category	Mean	SD	t	df	p*
Males	72.78	12.50	1.63	628	.10
Females	74.34	11.59			
Married	73.47	12.21	2.99	628	.77
Single	73.87	11.49			
Young	71.81	11.90	3.62	628	.00
Elderly	75.26	12.05			

Note: SD= standard deviation; df= degrees of freedom

*significance(2-tailed) at 95% level of confidence

Table 2

Univariate Analysis of Variance

Category	F	df	p*
Age class x Gender	1.21	1	.27
Age class x Marital status	1.36	1	.24

*significance at 95% level of confidence

Managerial Implications

Health care professionals can design appropriate strategies that would enable their customers to cope with their illness and medical treatment. This would be possible when there is an understanding on the factors that determine social support expectations, so as to meet such expectations and ultimately satisfy their customers.

Mattila (2000), rightly points out that managers can manipulate consumer post satisfaction levels and future purchase behaviour by using the right cues in the pre consumption physical environment. The patient's age class may provide an understanding for tuning in to their social support needs and expectations. Providing 'age-specific' social support would enable patients to cope with their stressful situations as well as create favourable behavioural intentions. Like any service industry, the role of the health care service industry has become competitive among its players and customer focus is the key to its survival and growth. Ensuring specific attention to elderly patients, who have high expectations may yield positive outcomes for the health care service provider, as Palmer (2012) argues that in the case of a competitive market, customer satisfaction is the most important reason for positive behavioural intentions.

Limitations And Future Research

The study is limited to patients suffering from chronic ailments and availing suitable treatment within the state of Goa in India. Future research should extend the study to acute ailments and compare the results to provide more empirical support to the findings in this study. Furthermore, this study focused on demographic variables only, future research should examine the influence of cultural and psychographic factors on social support expectations.

Conclusions

The study revealed that gender and marital status of patients do not impact social support expectations, while age significantly impacts the social support expectations from health care systems. Age does not moderate the relationship between gender and social support expectations; age also does not moderate the relationship between marital status and social support expectations from health care systems.

The study findings point to the fact that age as a demographic variable is significant to the understanding of social support expectations of consumers. This finding could contribute to further understanding of the concept of social support as a form of coping during stress, particularly in the health care service sector.

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