

# Consuming Services in the Knowledge Society: the internet & consumer culture

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**In the past, service users were often thought to have been deferential to medical and legal professionals and, to a lesser extent, financial advisers. There is a perception that we are now moving towards more collaborative relationships. Our research, however, suggests great diversity of expectations among service users. At one extreme, some expect their adviser to tell them what to do. At the other, informed consumers sample and choose advisers. This increases the scope for a mismatch between the professional's and user's expectations. Among more knowledgeable consumers, uncertainty has increased.**

## KEY FINDINGS

- 1 Contemporary culture exhibits significantly more varied expectations of the service encounter than in the past, especially among service users.
- 1 Political and professional rhetoric has shifted towards presenting consumers as engaged and responsible for their own financial, medical and legal biography.
- 1 Some service users seem illegitimate; traditional users do not take sufficient responsibility; radical users use illegitimate services.
- 1 Where consumers are more assertive, perceived professional elitism can be met by incomprehension.
- 1 Whilst a significant proportion of consumers take greater personal responsibility this did not necessarily diminish their expectations of professionalism among advisers.
- 1 Consumers speak of a mix of satisfaction and dissatisfaction with their new more engaged role.
- 1 A significant proportion of consumers took it as a matter of course that they as well as their adviser would consult available information.
- 1 This more diverse set of expectations on the part of users and professionals has not necessarily led to consumer satisfaction.

## HIGHLIGHTS

The data confirms a degree of consumer assertiveness across all three service settings of medicine, law, and financial advice. What was most striking, however, was:

01 The range of professional-client engagement formats that consumers would consider unremarkable. We have termed these compliance, confirmatory, collaborative and consumerist.

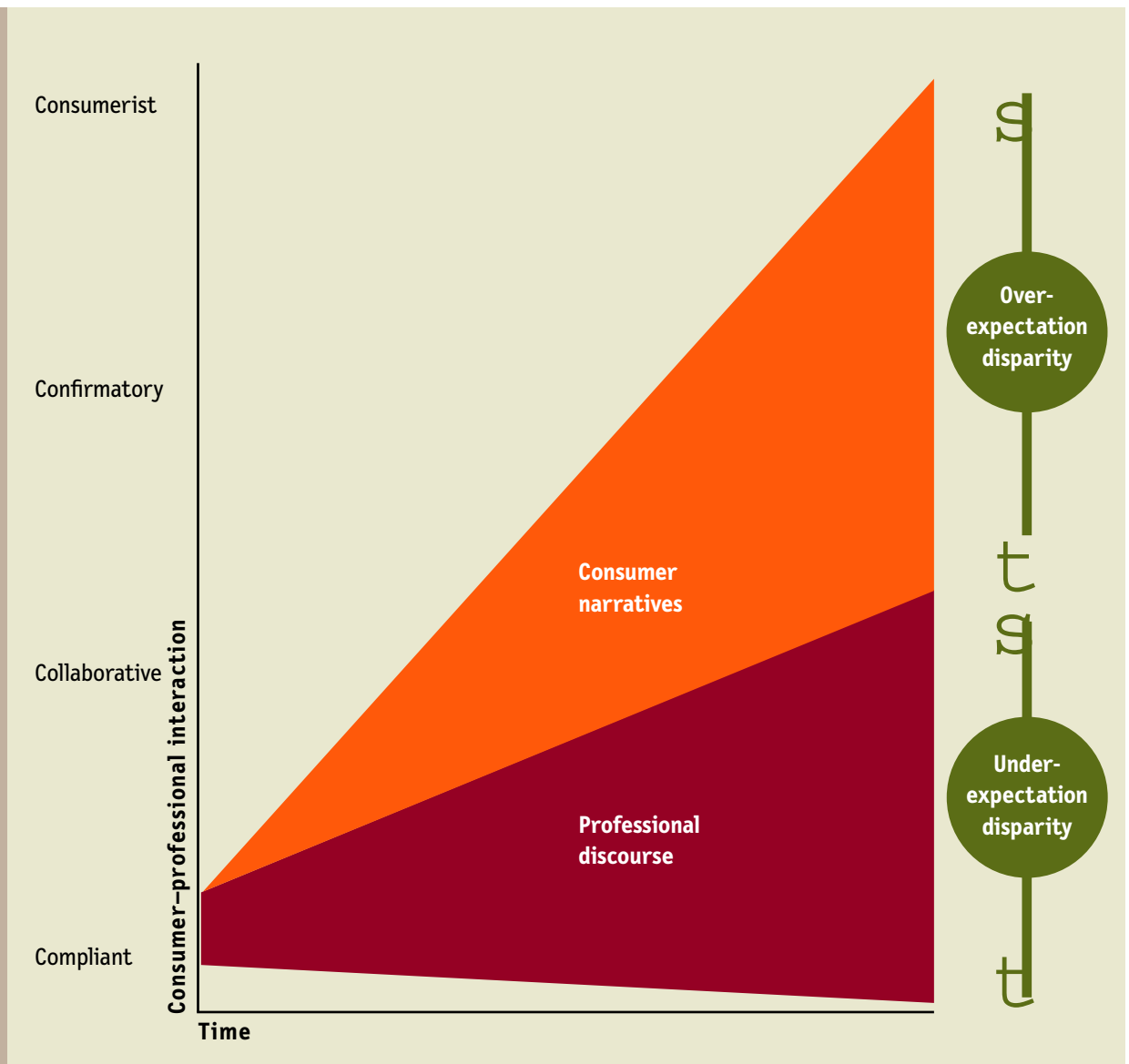
- 02 The changed expectations of the social interaction in the service encounter. For example, many consumers are disappointed by what they perceive as a detached and disrespectful attitude from professionals.
- 03 The complex mix of satisfaction and dissatisfaction expressed by both consumers and professionals with regard to current experiences of service encounters.

It may be supposed that in a new era of consumer empowerment the balance would shift towards more collaborative encounters. Dissatisfied customers would, in the private sector, take their custom elsewhere and in the public sector have their demands facilitated by



policies emphasising user choice. However, professionals reported that not all consumers wanted to bring information to the encounter, collaborate and make decisions. For example, in legal and financial sectors affluent clients paid for, and expected, full service provision from the professional; many patients did not want to discuss options but rather be told what to do. Indeed there were no statistically significant differences in attitudes across age ranges. Younger consumers are as likely to expect professionals to provide solutions as older groups. And older age groups are as likely as younger users to want

Figure 1:  
Consumer and professional:  
expectation  
disparities



to participate in the decision-making.

Consumers' expectations of how the service encounter will be conducted have fragmented. Expectations now vary from traditional compliance with the professional's dictates to collaboration (expecting engagement on more or less equal status) and from confirmation (checking professional opinion against other sources or visa versa) to consumerism (the treatment of professional services merely as resources). Figure 1 illustrates the development and spread of encounter formats.

Among the professionals some remain committed to the 'professional knows best' approach whilst others welcome a more collaborative relationship. Although we see significant changes in and some diversification of the professional discourses, this is not as wide as consumer expectations. This is because professionals retain a central discourse of rationality and 'professional-ity'. Professionalism implies that all professionals are trained appropriately in the relevant 'science' and there is therefore little need for consumer choice. Rationality means that the professional can make only a certain (changing) range of products available to the consumer.

### SECOND PHASE RESEARCH

The extensive survey in the second phase of the research sought to explore these ideas with a larger group of consumers. 736 users of the internet and 238 non users were questioned about their recent experiences of consulting either a doctor, a lawyer or a pension adviser.

The survey data suggests that four approximately equally sized clusters of healthcare consumers had developed around dimensions of attitude and behaviour. These clusters and their core characteristics are outlined in Figure 2.

Our interpretation of the data suggests a more complex picture than implied by the evolution of a new collaborative service encounter. We suggest cultural changes are best understood in terms of five parallel inter-related developments:

- 01 Political rhetoric has shifted from public service towards individual responsibility.
- 02 A proliferation of products has occurred offering a wider range of competing possibilities promoted through marketing.
- 03 Medical discourse has become more open to

## Findings:

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Figure 2:  
Service  
consumer  
typology**Compliant sceptic**

This less well-educated consumer is sceptical of authority, professionals and their knowledge. However, medical services are provided by the public sector and this results in consumer use as a right. They recognise little choice if the public service fails them, and acquire knowledge only as necessitated by perceived service failure. (19%)

**Active sceptics**

This reflexive consumer is dissatisfied with the profession and not convinced it has the necessary knowledge. Consequently, they are ambivalent about placing trust in the profession. Nevertheless, they want professionals to serve the consumers' interest. In this situation the consumer sees it as necessary to be informed, proactive and to make their own decisions regarding treatment options. (18%)

**Compliant convinced**

This convinced group sees no need to acquire knowledge because they trust the professional's knowledge, judgement and commitment to pursue the consumer's best interest. Since all practitioners are similarly qualified and competent, this consumer is unlikely to consider changing professional. Information is rarely sought on performance or treatment options. (26%)

**Active convinced**

This group sees society as well served by the medical profession. If, however, a particular professional fails, the consumer is perfectly prepared to change to another. There is a focus on independent information gathering regarding professional performance rather than treatment options. (24%)

(A fifth outlying cluster who were significantly younger than the others was identified. This cluster was distinguished by their disinterest and non-committal responses, reflecting the infrequent nature and low intensity of their engagement with professionals. Although each cluster should be taken as exhibiting some diversity the findings are statistically significant and provide a useful discussion tool.)

alternative theories, while medical and legal training has emphasised a consumer focus.

04 Consumer expectations have fragmented to present a wider range of challenges than professional discourse permits. Since professions appear less homogeneous, for some consumers choice is desirable.

05 Paradoxes inherent in the notion of professionalism have become more apparent in the fragmented positions adopted. The de-mystification of professions raises conflicts of interest that can threaten consumer trust.

**MESSAGES FOR POLICY AND PRACTICE**

It is clear from this study that whilst some consumers and some professionals are happy with the idea of collaborative service provision there remain substantial groups who prefer to adopt a more compliant, contingent, distant or sceptical role in the professional service encounter.

**Professional practice**

Increasingly, professional practices will need to respond to consumers' diverse expectations. To an extent, the

professions have responded: GPs have been trained to be more collaborative; IFAP (xxx) offers a degree of client/professional matching. However diversification raises tensions within professions: family lawyers are being asked to pursue child custody aggressively; GPs to discuss alternative therapies. It is not clear how diverse and responsive to consumers a profession might be and yet retain a coherent core of ideas. Alternatively we might see: a) a (managed) fragmentation into competing but internally coherent professional groupings each with their own integrity, or more problematically; b) a diversity of offerings within larger professional practices.

**Public policy**

Self-regulation of professions has provided the models for service development. Government has been a reluctant regulator. A less coherent profession and the presence of alternative market services present a greater challenge. Continued emphasis on consumer responsibility and consumerist interaction in policy and practice effectively isolates some consumers. The compliant group, for example, prefer to invest trust in

## Findings:

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a professional to provide solutions to problems rather than undertake independent information gathering or the verification of advice from other sources. By contrast, we think that a focus on regulation towards diverse consumer satisfaction, rather than aimed at professional and consumer compliance, would be a useful alternative approach.

### Consumer practice

It is likely that, in the medium term, healthcare, legal and financial service consumers will experience mismatches with some of the professionals they consult. Increasingly, consumers might be inclined to initiate a more open exchange of views about the expectations parties hold for the encounter.

### BACKGROUND TO THE STUDY

This study (grant number RES-143-25-0009) which ran from June 2003 to December 2005 examined the nature of service consumption in three professional service settings: investment management, legal counsel, and healthcare. This cross sector comparison ensured that the results reflected the underlying evolution of consumer behaviour rather than sectoral peculiarities. The research was structured around two inter-connected phases. The qualitative phase involved interviews with professionals and focus groups with consumers. Semi-structured interviews were conducted with eight professionals in each of the services studied (n=24). Ten focus groups were conducted in six locations: two each in Aberdeen, Bristol, London, and Manchester and one each in Milton Keynes and Glasgow (n=53). The quantitative phase involved a large-scale survey of consumers (n=957) recruited on a quota basis and

included 309 respondents who had consulted a lawyer in the last 12 months, 333 who had consulted a doctor and 319 who had consulted a financial advisor.

### PUBLICATIONS INCLUDE

- Laing A. W. and Hogg G. 'Re-conceptualising the Service Encounter: Professional Services and Information Empowered Consumers', (Working Paper 003, ESRC-AHRC Cultures of Consumption research programme, 2003).
- Laing A. W., Hogg G. and Newholm T. J. 'The Impact of the Internet on Professional Relationships: The Case of Health Care', *Service Industries Journal*, 25 (4) (2005).
- Laing A. W., Newholm T. J. and Hogg G. 'Crisis of Confidence: Re-narrating the Consumer-Professional Discourse', *Advances in Consumer Research*, 32 (2005).
- Laing A. W., Newholm T. J. and Hogg G. 'Regulating in the Information Society', *Consumer Policy Review*, 16, (6) (2005), pp. 122-128.

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## CULTURES OF CONSUMPTION RESEARCH PROGRAMME

The Cultures of Consumption Programme funds research on the changing nature of consumption in a global context. The Programme investigates the different forms, development and consequences of consumption, past and present. Research projects cover a wide range of subjects, from UK public services to drugs in east Africa, London's fashionable West End to global consumer politics. The £5 million Cultures of Consumption Programme is the first to bring together experts from the social sciences and the arts and humanities. It is co-funded by the ESRC and the AHRC.

The aims of the Cultures of Consumption Programme are:

- 1 to understand the practice, ethics and knowledge of consumption
- 1 to assess the changing relationship between consumption and citizenship
- 1 to explain the shifting local, metropolitan and transnational boundaries of cultures of consumption
- 1 to explore consumption in the domestic sphere
- 1 to investigate alternative and sustainable consumption
- 1 to develop an interface between cutting edge academic research and public debate.

For further details take a look at our website [www.consume.bbk.ac.uk](http://www.consume.bbk.ac.uk)

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