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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 held for the encounter.

BACKGROUND TO THE STUDY
This study (grant number 015-142-25-0006) 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 evolutions 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 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=397) 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

KEY FINDINGS
1. Contemporary culture exhibits significantly more varied expectations of the service encounter than in the past, especially among service users.
2. Political and professional rhetoric has shifted towards presenting consumers as engaged and responsible for their own financial, medical and legal biography.
3. Some service users seem illegitimate; traditional users do not take sufficient responsibility; radical users use illegitimate services.
4. Where consumers are more assertive, perceived professional elitism can be met by incomprehension.
5. Whilst a significant proportion of consumers take greater personal responsibility this did not necessarily diminish their expectations of professionalism among advisers.
6. Consumers speak of a mix of satisfaction and dissatisfaction with their new more engaged role.
7. A significant proportion of consumers took it as a matter of course that they as well as their adviser would consult available information.
8. 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 as older professional to provide solutions as older groups. And older age groups are as likely as younger users to want

CULTURES OF CONSUMPTION RESEARCH PROGRAMME
The Cultures of Consumption Programme funded 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 Asia. This £5 million programme is the first to bring together experts from the social sciences and humanities. It is funded by the ESRC and the AHRC.

The aims of the Cultures of Consumption Programme are:
- to understand the practice, ethics and knowledge of consumption
- to assess the changing relationship between consumption and citizenship
- to explain the shifting local, metropolitan and transnational boundaries of cultures of consumption
- to explore consumption in the domestic sphere
- to investigate alternative and sustainable consumption
- 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
The programme is led by Professor Angus Laing at the University of Glasgow and is administered by Professor Gillian Hogg at Birkbeck College, University of London.

PUBLICATIONS INCLUDE

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Consumer and professional: expectation disparities

**Findings:**

Consuming Services in the Knowledge Economy: the internet & consumer culture

**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 234 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 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 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; ITAP (xxy) 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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HIGHLIGHTS
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