MARKETING MANAGEMENT OF ONLINE NEGATIVE REVIEWS OF MEDICAL SERVICES

by

Christopher Edward Feltes

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Dissertation

Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

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Liberty University, School of Business

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Abstract

Various internet platforms contain the ability to share information about medical services. These internet platforms include patient review websites, online forums, and social media websites. Some of the information that customers share are reviews of their negative medical experience. Much of the related research includes exploring the problem of online negative reviews of medical services from a medical professional perspective on how to manage the situation with the patient. This research project includes exploring the role of marketing professionals and the situation of customers producing online negative reviews of medical services. The general problem addressed is the detrimental impact of online negative customer reviews resulting in a deterioration of the organization's brand reputation. The specific problem addressed was the potential detrimental impact of online negative customer reviews within the medical services industry, in the Midwestern United States, resulting in the deterioration of the organization's brand reputation. The research questions included a focus on the customer. The three research questions related to the customer's motivation, the type of communication, and the type of resolution the customer wants. The method for collecting data was semi-structured interviews. The results found seven themes. Additionally, key results found that most participants want some form of communication and resolution with an individual at the medical institution. Repairing the relationship between the customer, who is a patient, and individuals who work at the medical institution is a step that will help to reduce the detrimental impact of negative reviews on the medical brand reputation.

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Approvals

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Dedication

The dedication of this doctoral dissertation is to the Holy Trinity. Without God, this work would not be possible. All good comes from Thee.

Every generous act of giving, with every perfect gift, is from above, coming down from the Father of lights, with whom there is no variation or shadow due to change.

- James 1:17

For the Lord is good; his steadfast love endures forever, and his faithfulness to all generations.

- Psalm 100:5

I say to the Lord, "You are my Lord; I have no good apart from you."

- Psalm 16:2

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Many family members and friends provided encouragement and prayed for the author. My sincere gratitude to my many family members and friends. In a distinct way, I want to thank my parents. This research would not have been possible without your support and prayers. A special remembrance to my father, Deacon Edward Feltes, who passed away during the writing of this dissertation. Lastly, thank you to my mother, Jessica Feltes, who loved and supported the author throughout the dissertation process and life.

Table of Contents

Section 1: Foundation of the Study

The research project includes emphasis on the marketing management of online negative reviews within the context of medical services. A relationship exists between medical professionals and their patients. The depth and connection of the relationship varies. The relationship includes the length of time spent and frequency of visits. The patient, who is a customer of the medical service, may choose to produce a negative review about their experience on an internet platform. Much of the related research included exploring this problem from a medical professional perspective on how to manage the situation with the patient. This research project included exploring the role of marketing professionals and the situation of customers producing online negative reviews of medical services.

The background of the problem contains both old and new elements. The concept of word-of-mouth information is not a new concept. A newer development came into existence with the use of the internet. Word-of-mouth information is now sent digitally as well as orally and in print. The digital version is electronic word-of-mouth or eWOM. Customers now send eWOM information on internet platforms. eWOM includes negative word-of-mouth information about medical services. The general problem was the detrimental impact of online negative customer reviews resulting in a deterioration of the organization's brand reputation. The specific problem addressed was the detrimental impact of online negative customer reviews within the medical services industry, in the Midwestern United States, resulting in the deterioration of the organization's brand reputation.

The purpose of the study was to explore a greater understanding of the problem. The methodology was a qualitative multiple case study. The research questions included an emphasis on the customer. The research project includes exploring the customer's experience. The nature of this study includes different components which are the research paradigm, research methodology, research

design, and triangulation. The conceptual framework places the concept of online negative reviews of medical services within the context of the buying behavior concepts. Additionally, the conceptual framework includes concepts, theories, interactive actors, and the relationships between each. The research project included providing a definition of terms, assumptions, limitations, and delimitations. The study is significant because seeking a greater understanding of the problem to aid individuals at medical institutions with information to make improvements with the customers is relevant. The significance of the study also includes ways to reduce the literature gap, implications for biblical integration, benefit to the business practice, and an understanding of the relationship of the topic to marketing.

The starting point of the research included the problems deriving from online negative reviews of medical services. The problem is from the perspective of the customer. Although different types of medical professionals examined the problem, this research included how marketing professionals could address this particular problem. Three research questions related to the personal experience of a customer, who is also a patient, or individuals impacted by medical services such as family members or friends. Each type of person is capable of creating an honest online review of their experience. The research questions included exploring the motivation of the individual, desired communication, and desired resolution to their particular problem or problems.

Qualified individuals received an invitation to participate in the research project. Qualified individuals were found on various review internet platforms. Examples include Yelp.com medical reviews, Google.com reviews of medical institutions, Facebook.com, patient review websites, and review postings on medical institution websites. A qualification verification occurred before the interview. Specifically, the researcher asked qualification verification questions. Some individuals who responded did not qualify. All participants read and signed the consent form for the study. One

demographic qualification is a Midwestern location. The research project reflected on individuals who live in the Midwestern United States which consists of North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Indiana, Michigan, and Ohio. All participants lived in the Midwestern region. Another demographic qualification was age. The minimum age is 18 which is the age of legal adulthood in the United States. The participant age range was 35 to 69. The total number of willing and qualified participants was 12 for the research project.

The research project was qualitative. Semi-structured interviews were part of the data collection process. The interview guide for this project is found in Appendix H. Each participant went through some standardized questions. The semi-structure design allowed for some flexibility within the interview to ask more questions or clarifying questions. The interviews included using an audio recording device. After each interview, the audio file went through a full transcription on a digital document. After collecting and transcribing the interviews, each digital document was uploaded to a qualitative research program. The qualitative research program was Taguette. The Taguette program included coding. The coding process from Taguette aided the qualitative data analysis.

The qualitative data analysis helped to answer the three research questions for the research project. The first research question was about the motivation of the customers who leave online negative reviews of their medical service or services. The findings showed a variety of motivations, and the motivations were self-motivated, or others motivated, or both. Additionally, the findings showed that participants took either an affective approach, a cognitive approach, or a combination of both. Some participants sought a form of support as their motivation in comparison to a minority of participants who had vindictive elements to their motivation. The second research question was about the type of communication the customer wanted as a result of their online negative review. Most participants wanted some form of communication. A minority did not want any form of

communication with someone from the medical institution. The third research question was about the type of resolution the customer wanted. Most participants wanted some form of resolution with someone from the medical institution. A minority did not want any form of resolution with anyone from the medical institution. In addition to the research question findings, seven themes emerged from the data. The seven discovered themes are a desire for help, wanting their voice heard, the scope of dissatisfaction, waiting to respond, not expecting direct communication, not expecting direct resolution, and limited resolution.

Explanations for the findings were in the form of theories. Five theories included exploring to help explain the findings. The theories are cognitive dissonance theory, attribution theory, theory of planned behavior within the context of products and services, social support theory, and the model of patients' social support needs. Cognitive dissonance theory occurs when an expectation of the product or service does not match the performance of the good or service (Balaji et al., 2016). Within classical attribution theory, individuals make attributions to information from a stimulus, circumstance, person, or some mixture of the three (Laczniak et al., 2001). The theory of planned behavior helps to explain the intention for individuals to engage in negative word-of-mouth communications (Cheng et al., 2006). Three factors are part of the theory of planned behavior which are attitude, subjective norm, and perceived behavioral control. Social support theory concentrates on the individual and how they use their social network for support to deal with negative events (Balaji et al., 2016). The model of patients' social support needs includes placing the patient or customer's needs into two general categories of cognitive needs and affective needs (Sanders et al., 2020). Cognitive dissonance theory was present in the findings. Attribution theory was minimal in the findings. The theory of planned behavior was prevalent within the factors of attitude and perceived behavioral control. The social

support theory was minimal in the findings. Lastly, the model of patients' social support needs was a strong model for understanding the findings.

Qualitative interpretations helped explain the findings. A desire for help was one of the discovered themes. The desire for help was either for oneself, external help to others, or for those at the medical institution. The external help to others is seen in the case of warning potential customers who read the review. The help for those at the medical institution is seen in the case of hoping for institutional improvement. Most online negative reviews from the participants occurred between two weeks and six months after the medical incident or incidents. The lack of communication and resolution by employees who work at the medical institution might motivate customers to find secondary communication methods as a way for their voices to be heard. More specifically, the lack of communication and resolution might motivate the customers to create one or more online negative reviews of their medical service or services.

Background of the Problem

Academic research into online patient reviews is a relatively new field of study with few academic studies in comparison to the exponential growth of online patient reviews (Hong et al., 2019). Academic research of online patient reviews sometimes focuses on specific medical personnel. Examples of research focusing on specific medical personnel include online patient reviews of general surgeons (Liu et al., 2019), physicians in headache medicine (Evans, 2018), orthodontists (Skrypczak et al., 2020), and total joint arthroplasty surgeons (Arthur et al., 2019). These examples are part of the growth process of the field of study. The focus of online patient reviews includes one or more of the following: individual doctors, individual medical personnel, administrators and staff, or the medical institution. The marketing perspective reflects on the customer and a marketing perspective is the

focus of this research project. The online negative reviews harm the digital brand of the medical institution. Appropriately helping the customer will hopefully lead to repairing the digital brand.

Two distinct articles directly examined negative online patient reviews. One article that directly reviewed the problem of online negative patient reviews is, "*Pearls: How to address negative online patient reviews*" (Cooper, 2018). The writing of the article is from the perspective of a medical individual. The three suggestions on how to address negative online patient reviews are to contact the reviewer outside the review forum, have a third party manage their reviews, and ask other patients to review the medical services with the hope that it increases the number of positive reviews (Cooper, 2018). The other article that directly reviews the problem of online negative patient reviews is, "*Practice management: Responding appropriately to negative online patient reviews can help physicians protect their reputation*" (Worth, 2016). The suggestions included wisely picking battles when responding, third party monitoring, know how to react, have template responses ready, stay away from HIPAA privacy issues, contact reviewers offline, and take the high road when dealing with reviewers (Worth, 2016). Other researchers deal with specific types of medical personnel and online negative patient reviews.

The study of negative online patient reviews includes gaps in the literature. A gap in the literature is that researchers are usually medical personnel. An opportunity exists for organizational administration to examine the problem. Another gap in the literature is the focus on the customer. Medical research journals reflect primarily on medical personnel and how to handle the situation from a medical personnel point of view. An opportunity exists to conduct research focusing on the customer and how the customer wants communication and resolution.

Problem Statement

The general problem addressed was the detrimental impact of online negative customer reviews resulting in a deterioration of the organization's brand reputation. Marketing managers must take online negative customer reviews seriously because of the high-impact nature of online negative customer reviews (Brunner et al., 2019). The high-impact nature is influential on potential customers. Organizations are experiencing more pressure to monitor and manage their online reputation more closely due to the increasing popularity and research of online review sources (Proserpio & Zervas, 2017). This pressure includes online negative customer reviews within the medical industry. Online customer reviews are also known as patient online reviews within the medical industry. Healthcare providers must understand the impact and stay aware of patient online reviews because it is part of the digital brand of the healthcare organization (Hong et al., 2019). Additionally, rational consumers examine online negative customer reviews more seriously in situations where they look to decrease the risk of loss (Hong et al., 2017). The risk of loss is a critical factor to consider given the nature of an individual's health. The specific problem addressed was the potential detrimental impact of online negative customer reviews within the medical services industry, in the Midwestern United States, resulting in the deterioration of the organization's brand reputation.

Purpose Statement

The purpose of this qualitative multiple case study is to expand on the understanding of how organizations in the medical services industry could more effectively manage online negative reviews in order to decrease the detrimental impact of online negative customer reviews. Consequently, the research results add to the knowledge and current literature within the areas of marketing, consumer behavior, and management of medical marketing. Qualitative research is interpretive and focuses on the individual's subjective meaning of their motivations, attitudes, and behaviors (Aspers & Corte, 2019). The qualitative purpose is to explore the customer's subjective motivations, attitudes, and

behaviors that lead to writing an online negative review. The research sought greater depth into this business problem within the medical industry. The problem required an exploration into a customer's medical service experience and post-purchase or service experience that led to a decision to write an online negative review. The online negative customer reviews are influential for other potential customers or patients who seek to solicit medical services. Exploration of the problem occurred through a multiple case study approach of online reviews. The emphasis of this research was on the medical industry marketing manager's understanding of and communication with customers who provide online negative reviews. Improvements could occur in the relationship with the customer. Repairing the relationship with the customer might lead to helping repair the digital brand. Examples include the customer editing the negative review, deleting the negative review, or creating a follow-up positive review. In conclusion, the purpose of this study is to explore a greater understanding of the problem of online negative reviews through a qualitative multiple case study that focuses on the medical service industry within the Midwestern United States.

Research Questions

The research questions focused on understanding the customer's perspective of the problem. The general problem was the detrimental impact of online negative customer reviews resulting in a deterioration of the organization's brand reputation. The specific problem was the detrimental impact of online negative customer reviews within the medical services industry, in the Midwestern United States, resulting in the deterioration of the organization's brand reputation. The customers provide word-of-mouth information, and that information builds the brand reputation or deteriorates the brand reputation. The research questions included exploring the customer's motivation, the type of communication the customer wants, and the type of resolution the customer wants. The research questions included seeking a deeper understanding of the customer. With a deeper understanding of

the customer, organizations can better help or serve the customers who produce online negative reviews. Helping the customers who produce online negative reviews will hopefully lead to repairing some of the deterioration of the medical organizational brand.

RQ1: What is the motivation for customers to leave online negative reviews of medical services?

RQ2: From the customer's perspective who provide online negative reviews, what type of communication does the customer want as a result of their online negative review?

RQ3: From the customer's perspective who provide online negative reviews, what type of resolution does the customer want?

The first research question includes an understanding of the customer's motivation. Learning about the motivation of the customer seeks to understand why the problem exists. The second research question reflects on the customer and communication. Customer online reviews are a form of communication that potentially reaches other customers and organizations. Insight into customer communication creates a foundation to aid in the relationship between the customer and the organization. The final research question includes a reflection on how to find resolution options with the customer. Finding the optimal resolution helps the organization to best serve the customers who provide online negative reviews. An opportunity existed for the three research questions to address the specific problem of online negative reviews in the context of the medical service industry of the Midwestern United States. An opportunity also existed. Discovering the motivations behind online negative reviews could help medical institutions understand the customer and find ways to prevent possible future online negative reviews. The three research questions are applicable when addressing, helping, or serving customers who produce online negative reviews of medical services.

Nature of the Study

The nature of this study reviews different components. The components are the research paradigm, research methodology, research design, and triangulation. An examination of the nature of the study shows why certain research components are chosen and why other research components do not suit the research project.

Discussion of Research Paradigms

The nature of this study includes a research paradigm. Examples of research paradigms include positivism, post-positivism, constructivism, and pragmatism. The research paradigm, for this research topic, is constructivism. The constructivism paradigm blends with a qualitative research approach for the research topic. Qualitative research seeks understanding and searches for meaning and patterns (Jonsen et al., 2018). The constructivism paradigm seeks to understand the individual's world (Creswell, 2014). The understanding of the individual's world includes how the individual works and lives. Additionally, the constructivism paradigm reflects on subjective experiences which leads to an understanding of the world (Annansingh & Howell, 2016). The constructivism research paradigm guided the research topic by reflecting on the subjective experience of customers who receive medical services.

Other research paradigms do not fit the approach of the research topic. The positivism research paradigm includes the assumption that the scientific method is the method for researchers to know that knowledge is true (McGregor & Murnane, 2010). The scientific method does not work with this research topic to gain subjective insights from customers. The post-positivistic research paradigm assumes that other ways exist to know what knowledge is true beside the scientific method (McGregor & Murnane, 2010). A researcher may use different experiments, other than the scientific method, to discover knowledge. The post-positivism research paradigm does not encompass the differing knowledge or experience from customers of medical services. The customer's experience of medical

services varies, and different subjective outcomes occur with the customer. Lastly, the pragmatism research paradigm examines the interconnection between knowledge and action (Goldkuhl, 2012). The pragmatism research paradigm includes a focus on actionable knowledge, the connection of experience, knowledge, and acting and investigation as an experiential process (Kelly & Cordeiro, 2020). The positivism and post-positivism research paradigm suit quantitative research, the constructivism research paradigm suits qualitative research, and the pragmatism research paradigm suits a mixed-methods approach (Johnson & Onwuegbuzie, 2004). The research topic is qualitative. Therefore, the constructivism research paradigm suited the research topic.

Discussion of Design

This study was conducted with a flexible design using qualitative methods specifically, a multiple case study design was used. The multiple case study is a flexible research design that explores an issue and chooses multiple case studies in order to illustrate that particular issue (Creswell et al., 2007). Additionally, the multiple case study design helps to identify common characteristics and patterns within the research (Aschemann-Witzel et al., 2017). A qualitative research methodology with a multiple case study design was appropriate to gain understanding, meaning, and insights into the general problem of online negative customer reviews resulting in a deterioration of the organization's brand reputation. The research questions seek understanding, meaning, and insights from the customer's perspective on how marketers must understand the customer's motivations to produce negative reviews, address customer's concerns, and resolve online negative reviews from customers.

Alternative forms of research design did not suit the research project. Fixed research designs use a numerical approach to a study.   Experimental and quasi-experimental designs work with a numerical approach. The use of fixed research designs did not suit the research project because the research project included a flexible design. In a similar manner, the research design did not suit a

mixed method approach because a mixed methods approach uses both fixed and flexible designs. The convergent parallel, explanatory sequential, exploratory sequential designs suit the mixed methods approach but not a purely flexible approach.

Discussion of Method

The nature of the study used a qualitative research methodology with a multiple case study design. Qualitative research pursues understandings and insights into an individual's experiences (Denny & Weckesser, 2019). Examples of qualitative information include human sources such as interviews, focus groups, and observations, and non-human sources such as documents, photographs, letters, texts, e-mails, journals, music, poems, and social media postings (Cypress, 2018). Qualitative research is a method that gathers and analyzes information not easily shown numerically (Anderson, 2010). The ability to analyze information not easily shown numerically is the reason why this research was done through a qualitative research methodology instead of quantitative research methodology. Quantitative research design is numerical. Although the option of a numerical point star-rating system is possible with some online customer reviews, a deeper meaning into the motivation of the customer or patient was a requirement for this research project. The information from this research project was found through understanding and insights into an individual's current or post-medical service experience. A mixed method approach uses both qualitative and quantitative methods. The research project does not suit quantitative methods. A true mixed methods approach does not fully encompass the research needs of the research project because a mixed methods approach uses quantitative methods.

Discussion of Triangulation

The research project included triangulation. Triangulation is a qualitative research strategy that brings information, from various sources, to test the validity of the qualitative information (Carter et al., 2014). The triangulation strategy contains three primary purposes of complementarity, dissonance, and convergence exploration (Farmer et al., 2006). The qualitative tool was depth-interviews. The depth-interviews produced qualitative data. A comparison of the qualitative data occurred between previous research results and the research project results. An additional measure is the comparisons of qualitative data between different points in time. This form of triangulation occurred in the research. The research included qualitative information in the form of understandings, insight, and patterns with triangulation. The triangulation, for the research project, occurred in the form of comparing multiple data sources and consideration of the time between each source.

Summary of the Nature of the Study

In summary, the nature of this study reviews different components. The components are the research paradigm, research methodology, research design, and triangulation. The research paradigm was constructivism. The research methodology was qualitative. A qualitative research methodology blends with constructivism. The research design was a multiple case study design. The multiple case study design aids in identifying common characteristics and patterns. This identification aligns with a qualitative methodology that seeks to discover patterns, understanding, and insights in the customer's subjective experience. Lastly, triangulation of qualitative data occurred to strengthen the understanding of the qualitative information.

Conceptual Framework

The conceptual framework shows online negative reviews within the context of concepts, theories, actors, and constructs. An online negative review is a post-purchase activity. Other buying

behavior concepts might influence the post-purchase activity depending on the individual situation.

Understanding the buying behavior process of different customers is complex. Theories exist to

explain this post-purchase activity. Additionally, the online negative review focuses on medical

personnel, administrators and staff, or the medical institution as a whole. Some customers will choose

to produce a negative review. The customers who produce an online negative review or reviews are the

focus of the conceptual framework.

Online Negative Customer Reviews of Medical Services

Buying Behavior Concepts

Want/Need....Information....Seek....Purchase....Post-Purchase

Post-Purchase Behavior

Information

Customers may use or add reviews

Online Negative Reviews

Theories
Cognitive Dissonance Theory
Attribution Theory
Theory of Planned Behavior
Theory Factors
Dissatisfaction
Attitude, Subjective Norm,
Perceived Behavioral Control

Review Focus

Medical
Personnel
Administrators & Staff
Institution

Concepts

The conceptual framework contains specific concepts. A total of five buying behavior concepts

are the focus within the conceptual framework. The concepts are a want or need, information, seek,

purchase, and post-purchase.

Want or Need. The first concept is a want or need. This first concept is an acknowledgment that customers experience a want or need. A want originates and resides from within an individual while a need contains external roots (Smith & Young, 2017). A want or need may drive a customer to solicit medical services. A want or a need demonstrates two different types of urgency and origins. Both situations begin the buying process of a medical service.

Information. The second concept concerns information gathering of a product or service. Information is when an individual receives a message from a source that is understood, meaning is found, or changes the individual's knowledge base (Meadow & Yuan, 1997). Information about a product or service may come from a variety of sources. The customer may rely on one or more than one source. Examples of information sources include TV, radio, newspaper, magazine, phone ads, mail ads, billboards, word-of-mouth, and the internet.

Seek. The third concept is to seek the product or service. The customer will process a consideration set which is a subset of brands for serious consideration before making the purchase (Trinh, 2015). A customer might find alternatives while seeking a product or service. This action sends customers to the information concept to help them decide and filter alternatives.

Purchase. The fourth concept is purchasing the product or service. A purchase is a transaction of a product or service that includes a perceived value in the view of the customer (Moliner et al., 2007). The timetable for a purchase varies. The product or service purchase exchange may happen expediently. In other situations, the product or service purchase exchange may take a longer period of time.

Post-Purchase. The fifth concept indicates the possibility of post-purchase activities. The post-purchase phase features customers who now have consumption experience which elicits both

emotional and cognitive evaluation deriving from the product or service (Liu et al., 2020). One possible post-purchase behavior includes creating an online negative customer review. The online negative customer review adds to the available information to other customers.

Theories

The buyer behavior theories reflect on post-purchase behavior of the customer. The creation of online negative reviews is primarily a post-purchase behavior. The customer needs enough of the medical service experience for an honest review. Online negative reviews are a form of negative word-of-mouth communication. The theories focus on negative word-of-mouth communication. The three theories are the cognitive dissonance theory, attribution theory, and the theory of planned behavior within the context of products and services.

Cognitive Dissonance Theory. The cognitive dissonance theory, within the context of purchases of products and services, may explain the intentions for individuals to engage in negative word-of-mouth communications (Balaji et al., 2016). Cognitive dissonance theory occurs when an expectation of the product or service does not match the performance of the good or service (Balaji et al., 2016). The dissonance may encourage the customer to engage in negative word-of-mouth communication.

Attribution Theory. Attribution theory includes a primary theme of an individual's need to better understand social events (Laczniak et al., 2001). Within classical attribution theory, individuals make attributions to information from a stimulus, circumstance, person, or some mixture of the three (Laczniak et al., 2001). In the case of the research topic, individuals will try to make sense of their negative medical experience. Creating online negative reviews of medical services is a form of processing a situation of dissatisfaction.

Theory of Planned Behavior. The theory of planned behavior may help to explain the intention for individuals to engage in negative word-of-mouth communication (Cheng et al., 2006). The theory of planned behavior contains three factors that contribute to the behavioral intention of negative word-of-mouth communication. The three factors are attitude, subjective norm, and perceived behavioral control (Cheng et al., 2006). The customer will experience each of these factors to different degrees.

Actors

Within the understanding of the conceptual framework, actors are individuals, groups, or institutions that connect and relate to the study. The number of actors varies depending on the customer situation. The following is a list of actors that interact with the conceptual framework.

The Customer. A customer is an individual who purchases from a seller, a seller's broker, or seller's agent (Cornell Law, 2021a). The customer is also known as a patient in the context of this research project. The seller is part of the medical institution. The customer receives medical services and provides an online negative review. The customer is always part of the framework and understanding of the problem.

The Medical Personnel. Medical Personnel are individuals who went through professional training and education in medical-care or proper medical practice; examples include doctors, medical-specialists, and nurses (Cornell Law, 2021c). The medical personnel are sometimes the focus of the online negative review. Although, the customer may focus on the medical institution, staff, or administration.

The Medical Institution. A medical institution is formed to offer medical care, nursing, and convalescent care with proper equipment and facilities, is authorized by law, and is professionally staffed with medical personnel for medical services (Cornell Law, 2021b). The medical institution is

likely the location for the medical service or services. The customer may focus their experience on the medical institute as a whole. Non-medical personnel, such as administrators and staff, may contribute to the customer's experience of the medical service at the medical institution.

The Information Platform. Internet information platforms are websites found on the internet which include online libraries, online blogs, online discussion forums, and social media websites (Sanders et al., 2020). The information platform is the location of the negative review. Customers and potential customers use the information platform for interactive communication.

Constructs

The construct of the framework relies on the medical service experience of the customer. The concept of online negative reviews is usually a post-purchase behavior. The customer needs a sufficient amount of the medical service to create a review on an internet information platform. During the post-purchase phase, the customer possesses personal experience about the product or service (Liu et al., 2020). The possibility exists that some individuals may produce a review without the medical service experience or without a sufficient amount of the medical service experience for an honest review. Additionally, fraudulent reviews might come from competitors (Kilaru et al., 2016). The framework figure operates in a manner that all or a sufficient amount of the service experience occurred to create a sufficient review from the subjective perspective of the customer.

Relationships Between Concepts, Theories, Actors, and Constructs

The concepts of a want or need, information, seek, purchase, and post-purchase are experiences of customers as part of a buying process. The buying behavior process is complex, and these particular concepts are the focus. The concepts connect with the actors of the model. The online negative review model primarily reflects on the subjective experience of the customer. The customer works through

various concepts. The customer might interact with medical personnel or with other individuals from the medical institution within the information concept as the customer gathers information. Within the purchase concept, the customer will interact with medical personnel or individuals from the medical institution. With enough personal experience from the purchase of the medical service, the customer maintains the option for a review of the medical service. Some customers will produce a negative review of the medical service. Theories exist in relation to post-purchase behaviors. The theories examine factors such as dissatisfaction, unmet expectations, attitude, subjective norm, and perceived behavioral control. The post-purchase concept is where the information platform comes into effect. The reviews are written on internet information platforms such as blogs, personal websites, review websites, and social media websites. The behavior of the customer might now influence other potential customers who gather information about medical services.

Summary of the Research Framework

In summary, the conceptual framework includes concepts, theories, interactive actors, and the relationships between each. The online negative review model is a multiple-step model focusing on the customer. The primary steps are a want or need, information gathering, seeking the product or service, purchase of the product or service, and post-purchase behavior. The key post-purchase behavior is when a customer chooses to write an online negative review. The online negative review or reviews add to the information available to other potential customers.

Definition of Terms

An online negative review is a culmination of three key concepts. The three concepts are word-of-mouth, negative word-of-mouth information, and electronic world-of-mouth information. Additional definitions are online patient review, medical industry, medical personnel, healthcare

administrators, medical institution, non-profit medical institution, internet information platform, and the Midwestern region of the United States. The definitions are in alphabetical order.

Electronic Word-of-Mouth (eWOM): A negative statement or positive statement from an actual, former, or potential customer concerning a product, service, or business that is accessible to anyone on the internet (Meenakshy et al., 2020). Additionally, an O*nline Patient Review* is a form of eWOM focusing on a medical service or institution.

Healthcare Administrators: Healthcare administrators are individuals who make decisions that substantially impact the effectiveness of providing quality care for the patient and the success of the healthcare institution (Guo et al., 2017).

Internet Information Platform: Internet information platforms are websites found on the internet which includes online libraries, online blogs, online discussion forums, and social media websites (Sanders et al., 2020). Examples of medical review websites include Vitals.com, Healthgrades.com, RateMDs.com, and Yelp.com medical reviews.

Medical Industry: Focuses on service-oriented activities where the competitiveness of medical institutions depends on the satisfaction of patients with the purpose of making profits (Ren et al., 2016).

Medical Institution: A medical institution is formed to offer medical care, nursing, and convalescent care with proper equipment and facilities, is authorized by law, and is professionally staffed with medical personnel for medical services (Cornell Law, 2021b). For the purpose of this research project, the medical institution definition encompasses both large and small medical institutions. The participant and the type of online negative review indicate the size and nature of the medical institution.

Medical Personnel: Medical Personnel are individuals who went through professional training and education in medical-care or proper medical practice; examples include doctors, medical-specialists, and nurses (Cornell Law, 2021c).

Midwestern, United States: The Midwestern region of the United States is a group of states comprising North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Indiana, Michigan, and Ohio (Census, 2021).

Negative Word-of-Mouth (NWOM): Refers to a customer who communicates their personal experience of dissatisfaction about a product or service (Wen-Hai et al., 2019).

Non-Profit Medical Institution: A non-profit medical institution contains varying or miscellaneous medical activities within a small to large organization size and is privately owned with a mission orientation (Aeschbacher & Addor, 2018).

Word-of-Mouth (WOM): An interpersonal and oral communication that shares information between one or more individuals about a product or service (Liu et al., 2017).

Assumptions, Limitations, Delimitations

The research project includes specific approaches within the research. Naturally, various assumptions, limitations, and delimitation occur within the research project. Underlining research assumptions focus on the customer. Certain conditions align with assumptions concerning the customer. The customer is the focus and provided information for this research project. Research limitations work within the scope of a qualitative research project and within a geographical region. An additional limitation is that the research project is not a quantitative or a mixed methods research

project. The delimitations focus on the customer and geographic location. Each factor contributes and impacts the study in different ways.

Assumptions

The issue with assumptions, within research, is the quality and explanation and not the existence of assumptions (Armstrong & Kepler, 2018). Naturally, different assumptions occurred within the research project. The first assumption was that the writer of the online negative review was a customer who went through a medical service. Some online negative reviews come from competitor medical organizations and other online negative reviews come from individuals who hold a personal grudge toward specific medical personnel or a specific medical institution. An example that illustrates the problem of competitor medical organizations is the use of a hired reviewer whose purpose is to damage the reputation of a target organization (Liao et al., 2021). The second assumption was that the customer went through enough of the medical service to comment on the experience in a meaningful manner. An honest review requires a customer to experience enough of the medical service. A natural result is a quality online review (Lis & Fischer, 2020). The third assumption was that the customer who wrote the online review was of sound mind. An honest review requires a customer with normal and healthy cognitive functions. A method of addressing the risk of these assumptions is to evaluate the quality of the online review arguments through four variables which are accuracy, relevance, understandability, and timeliness with an underlying emphasis on the effective persuasion of the review (Lis & Fischer, 2020). The quality of a review aided in the minimization of the risk from the assumptions.

Limitations

Limitations exist in the research project. The research is of a qualitative nature. Quantitative research methods and mixed methods are not part of the research project. The nature of quantitative research is empirical (Ochieng, 2009). Qualitative research allows for the researcher to learn from participants about their experiences, how participants interpret their experiences, and what meaning participants find in their experiences (Ochieng, 2009). Although the information is not quantitative, the aim of the research project was to gain useful qualitative information relating to the problem. Not all customers or potential customers are aware of online reviews of medical services. One study found that a total of 65% of US customers are aware of patient review websites (Emmert et al., 2017). Furthermore, not all customers or potential customers use or create online reviews of medical services. The research focused on customer's experience and why they produce online negative reviews which stem from any part of the medical service process. Even with the limitation of awareness and not every customer producing online reviews, the information derived from the research project helps in understanding where to improve which positively impacts other customers. Solely focusing on specialty doctors and online negative reviews is not part of the research project. The research project included all types of medical personnel. Online negative reviews of medical services focused on medical personnel who are not doctors, administrators, or the medical institution as a whole. Insights from customers helped in these different areas of online reviews. Another limitation is geographic location. The research project focused on customers who live within the Midwestern region of the United States. Other geographical regions are not part of the research project. Focusing solely on an area such as a rural or a metropolitan area was not part of the research project. The research project focused on customers who came from rural, suburban, or metropolitan areas within the Midwestern region of the United States. The Midwestern region of the United States represents a significant region of the country. The information from the research project might help other regions of the country understand how or where to make improvements with customers from those regions.

Delimitations

The geographic location of the research occurred in the Midwestern region of the United States. The participants are only individuals who live in the Midwestern region of the United States. The possibility exists that participants from other regions might experience and interpret the problem differently. The participants produced at least one online negative review of a medical service. This requirement means that the participant was eligible to give feedback about their medical service experience. A participant who produces a review needs sufficient knowledge and enough of the service experience to create an honest review. Knowledge and the service experience impacted the study by strengthening the authenticity of the information from the participants. The timeframe of the research project was from the years 2021 to 2023. The experience of the customer is subject to change in a different timeframe.

Significance of the Study

Online negative reviews are one form of negative word-of-mouth information. Negative word-of-mouth information is detrimental to organizations. A previous study found that dissatisfied customers tend to spread negative word-of-mouth information which affects a potential customer's decision-making process (Li et al., 2018). Negative word-of-mouth information is a calculation factor when measuring profitability (Li et al., 2018). Additionally, negative word-of-mouth information affects an organization's stock prices and net present value in an unfavorable manner (Ranaweera & Menon, 2013). Properly addressing the problem of online negative reviews from customers of medical services is beneficial for the medical organization including the reputation of non-profit medical organizations. The study is significant because it sought additional understanding of the problem to aid individuals at medical institutions with information to make improvements with the customers. Areas

of improvement included understanding the motivation of customers that generate online negative reviews, understanding customer dissatisfaction, understanding communication with the customer, reduce the spread of online negative reviews, and assist the monetary position of the medical institution.

Reduction of Gaps in the Literature

Various gaps exist in the current literature. Some of the current literature focuses on specific medical fields in conjunction with online negative reviews. Examples include physicians in headache medicine (Evans, 2018), orthodontists (Skrypczak et al., 2020), total joint arthroplasty surgeons (Arthur et al., 2019), and general surgeons (Liu et al., 2019). The vast majority of research about online reviews of medical personnel focuses on metropolitan areas with specialist medical personnel (Hong et al., 2019). The general topic of online reviews of medical services contains specific focuses. This research project focused on the customer and how the business function of the medical institution assists in helping the customer within the midwestern region of the United States.

A medical perspective is naturally prominent in such academic research and publications. A relationship exists between the medical personnel and their patients. The medical perspective is a necessary component to holistically understanding the problem and how to address the problem. An opportunity exists for a marketing perspective to gain further understanding and address the problem from a business perspective. This research project focused on the customer and the customer's experience of the medical process. A relationship exists between the medical personnel and the patient, and this relationship takes place within some form of a medical institution. The current research highly reflects on specialist medical personnel and very rarely is the medical institution's administrators and staff part of the research. The research project reflects on the customer's experience which included a

holistic look at the medical service process. A customer may produce an online negative review of the medical staff and administration or combine the total experience and focus on the medical institution as an entire unit.

Another research gap is a regional examination of the problem given that most of the current literature focuses on a specific metropolitan area. Additionally, opportunities exist to examine the problem of online negative reviews from customers who live in a strictly rural area. This research project focused on customers who live in the Midwestern region of the United States. The greater Midwestern regional area includes both rural and metropolitan segments.

Implications for Biblical Integration

Before the fall, humanity worked by tending the garden. Work and stewardship exist during this phase of human history. Work changes after the fall. The fall brought about the difficulty of work. Humanity now must toil while working and the ground produces thorns and thistles as is seen in Genesis 3:17-19 (*The Holy Bible: New Revised Standard Version,* 1990). The ground producing thorns and thistles reveals that work is now toilsome to a certain degree and problems now occur during work. Despite the fall, work and stewardship still maintain purpose because these concepts are part of God's plan for humanity. Currently, this time in history is a post-resurrection phase. Work and problems within work are still present. The post-resurrection is now a time of Chrisitan theology. Historically, a primary ethical reference for businesses and business activity comes from Christian theology which appears as early as medieval times with examples that include the rule of Benedictine monasteries and the philosophies of Saint Thomas Aquinas (Wijaya, 2017). An integration exists between Christian theology and business activities.

The research topic included exploring a problem. This problem affects customers, potential customers, medical personnel, medical institution staff and administration, and medical institutions. This problem is an example that brings out the reality of a fallen world. An examination of the problem helps all parties. Organizations will better understand the problem and adjust to better serve customers. This principle relates to the use of business research information that assists business decision-makers. Strong business decision-making helps to utilize the abilities or gifts of the organization which are prevalent in the individuals of the organization. The organization and customers profit from strong business decisions. This is an example of proper stewardship. Additionally, Mark 12:28-33 (*The Holy Bible: New Revised Standard Version,* 1990) shows an example of an implication for biblical integration. Mark 12:28-33 (*The Holy Bible: New Revised Standard Version,* 1990) speaks of the two great commandments which are to love God and love your neighbor. An individual fulfills both great commands by doing all for the love of God including loving their neighbor for God. The implication is to better serve individuals who produce online negative reviews. Marketing research uses tools to obtain information and use that information to find ways to better serve customers. A fundamental good exists within work that corresponds to the natural order and supernatural order (Therrien, 2020). When done correctly, marketers will use the work of marketing activities to focus on the good of the natural order and supernatural order. The possibility exists to better serve out of the love and well-being of others and to complete these actions for the love of God.

Benefit to Business Practice and Relationship to Cognate

The interactions between customers and potential customers are more dynamic with the rise of online information. With the increase of online information, including reviews, customers have more available options (Chong et al., 2017). Marketers experience new challenges of interconnectivity in

this changing reality. An understanding of the core of marketing is vital. The definition of marketing

varies depending on the source. The American Marketing Association's definition of marketing

focuses on the customer and how institutions create, communicate, and deliver value for customers

(Hansen et al., 2020). One research study found that small and medium-size business owners define

marketing as focusing on the customer, meeting the customer's needs, and integrating some degree of

advertising (Cheng et al., 2016). Regardless of a specific marketing definition, the customer is the

central part and focus of marketing. The concept of marketing does build relationships and connections

with customers, and this includes monitoring and possibly interacting with customers who provide

online negative reviews. The interactions, exchanges, and relationships with customers in the medical

industry are with the patient. The adding value component of marketing deals with the physical health

and wellbeing of the patient.

Ultimately, an interconnection and exchange exist between the medical organization, the

marketing function of the medical organization, the medical personnel, and the customer or patient.

Relationship marketing is a concept where a marketer seeks to build the customer's commitment, trust,

relationship quality, and satisfaction (Pee, 2016). The various medical services relate to relationship

marketing. The medical personnel, medical administration, and the entire medical organization must

build commitment, trust, and satisfaction with the patient or customer. This building process takes time

and varies depending on the customer. Additionally, repeat customers of medical services may indicate

poor health. Ultimately, a customer with a strong relationship with a seller is less likely affected by the

online negative reviews targeting the seller (Pee, 2016). Additionally, repairing the relationship with

the customer might lead to helping repair the digital brand. Examples include the customer editing the

negative review, deleting the negative review, or creating a follow-up positive review. The benefit to

business practice includes understanding the dissatisfaction with customers of medical services,

addressing the customer and their dissatisfaction, and improving the monetary position of the medical organization.

Summary of the Significance of the Study

In summary, the research project focused on the problem of online negative reviews within a medical service context. The problem impacts customers, potential customers, and individuals who comprise the medical institutions. The problems that lead to the online negative reviews are examples that bring out the reality of a fallen world. The study is significant because it included more understanding of the problem of online negative reviews. This understanding helps individuals at medical institutions with information to make improvements with the customers. The current research contains gaps. Specific medical personnel in metropolitan areas are the primary focus in most of the current research in online reviews. Research opportunities exist for rural and greater geographical areas with an emphasis on the customer. Marketing is a business function that builds relationships and connections with customers to a certain degree. Marketing includes monitoring and possibly interacting with customers who provide online negative reviews. The possibility exists for marketers to serve customers out of the love and well-being of others and to complete these actions for the love of God.

A Review of the Professional and Academic Literature

The purpose of this professional and literature review is to analyze the topic of online negative reviews of medical services and the many dimensions surrounding and interconnecting with the research topic. The problem of online negative reviews of medical services requires a deep exploration and understanding of the dynamics within the problem. The dynamics of the problem include business and medical perspectives. The business and medical perspectives interconnect and form a holistic

vision of the problem of online negative review of medical services. The literature relating to online negative reviews of medical services includes various dimensions. Examples of the dimensions include examining word-of-mouth information, medical services, customer or patient behavior, and interconnecting organizational and business administration themes within the research topic. Each dimension is a critical part of the review.

The review of the literature includes a series of different general parts. The general parts are the business practices, the problem, concepts, theories, constructs, related studies, anticipated and discovered themes, and the final summary points. Each general part interconnects with the research topic to form a deep understanding of the problem of online negative reviews of medical services. The general parts accumulate into the final summary points. The final summary points examine how online negative reviews of medical services include valuable information for the specific continuous process improvement method known as the Voice-of-the-Customer. Proper implementation of continuous process improvement might lead to a competitive advantage against other medical institutions. An opportunity exists to transform problems into improvements to gain competitive advantages against competitors.

Business Practices

Business practices are present within the problem of online negative reviews of medical services. The business practice is an interconnection of medical personnel, medical administrators, medical institution, customers, and potential customers. The examination of the business practice occurs in five categories. The five categories are business practice and the patient as a customer, business practice and practitioner's advice, business practice and the use of online review, business

practice and medical review websites, and business practice and the Voice-of-the-Customer. A summary will conclude the business practice overview.

Business Practice and the Patient as a Customer. Medical institutions operate business administrative functions. These functions support the medical personnel. The relationship between a doctor and a patient is foundational to the art of medicine. A further understanding and expansion of the doctor-patient relationship is how the business administrative function of medical institutions interacts as support. The healthcare industry is developing as a service-business where the perception of the patient is as a customer (Chen et al., 2018). The patient is also viewed as a customer. The medical institution's business administrative functions support the customer indirectly or directly. An example of indirect support is the financial function of the medical institution acting as a steward of financial resources for the wellbeing of individuals with connections to the medical institution. An example of direct support is the research topic of marketers managing online negative reviews of medical services. Organizational leaders must understand their target market and how that market interacts with each other through word-of-mouth information (Voyer & Ranaweera, 2015). Leaders within the medical institution must understand their customers and the interaction of word-of-mouth information between customers, potential customers, and organizations. This responsibility is for marketing managers of medical institutions to understand the customers, the customer interactions, and proper communications with the customers.

Business Practice and Practitioner's Advice. Current research on the problem of online negative reviews of medical services does provide some advice on how to handle the situation.   One such research topic contains three suggestions. The three suggestions on how to address online negative patient reviews are to contact the reviewer outside the review forum, have a third-party manage their reviews, and ask other patients to review the medical services with the hope that it

increases the number of positive reviews (Cooper, 2018). The first two suggestions attempt to communicate with the patient. The option does exist to attempt resolution outside the online forum as is seen in the first suggestion. The hope is to help the patient and mend the impact of negative word-of-mouth information online and offline. The second suggestion shows the importance of managing online reviews. In this case, the management of online reviews comes from outsourcing operations. The third suggestion relates to a ratio. The hope is that enough patients will generate positive online reviews that create a high ratio of positive online reviews to negative online reviews. This action does not help individuals who produce an online negative review. Individuals who are seeking medical services will see a healthy amount of positive online reviews and make inferences about the medical personnel or the medical institution.

Another research topic includes seven suggestions and guidelines. The suggestions on addressing online negative patient reviews include wisely picking battles when responding, third-party monitoring, knowing how to react, having template responses ready, staying aware of Health Insurance Portability and Accountability Act or HIPAA privacy laws, contacting reviewers offline, and take the high road when dealing with reviewers (Worth, 2016). Four of the suggestions work with situational awareness. An individual responding to the online negative reviews must choose which online negative reviews to address, know how to react, stay within HIPAA privacy laws, and take the high road in a professional manner when dealing with reviewers. Avoiding a possible HIPAA violation requires medical personnel to address the online negative review broadly so that there is no identifying information (Moutos et al., 2020). The third-party monitoring is an outsourcing action. The time of some medical individuals is sometimes better spent working their profession which makes outsourcing a possible viable option. Additionally, the third-party monitoring might act more competently as this form of work is their specialty. The option does exist to attempt resolution outside the online internet

platform. The hope is to help the patient and mend the impact of negative word-of-mouth information online and offline. Lastly, the template responses offer some practicality. Preparing template responses is a swift way to respond to various online negative reviews. The templates must not include identifying the patient and are naturally generic. The weakness is that template responses do not necessarily address the specific concerns of the reviewer and might not adequately satisfy the reviewer's concerns.

Both lists include two similar suggestions. The similarities are the use of third-party managing and monitoring and working with the patient offline. Third-party managing of a business activity is outsourcing a business activity. Outsourcing is a method that potentially lowers costs and allows for an organization to focus more on core competencies (Zhang et al., 2020b). Three primary reasons to outsource business activities are reduction in cost, making improvements in quality and efficiency, and the increasing ability to concentrate on organizational core competencies (Li et al., 2021). Although an additional expense occurs to outsource monitoring and management of online reviews, this action allows medical personnel to focus on medical activities for patients. The core competency of medical activities is becoming more of a focus without the distraction of managing the online medical reviews. Some situations might require the medical personnel's attention. Proper outsourcing organizations will deliver improvements in efficiency and quality communications. When working with patients online, various individuals are capable of addressing online negative reviews. Examples include medical personnel, medical administrators, and third-party managers. The same principle applies to working with patients offline. Although the problem of online negative reviews occurs on internet platforms, a resolution is possible offline.

Business Practice and the Use of Online Review. Analyzing online negative reviews is potentially useful for medical institutions. The use of patient online reviews is a tool that complements

or strengthens other measures of quality, gives current information on quality gaps, and provides the opportunity for service corrections (Hong et al., 2019). The use of online negative reviews of medical services is a qualitative tool. This qualitative tool is not the only tool for measuring medical service quality, yet this tool provides potential information for improvement. The use of narrative stories from customers occurs for a reason and this provides more context and understanding for accompanying quantitative information from the customer (Bardach et al., 2016). Examining narrative stories is a part of a qualitative analysis of customer feedback. Additional tools exist when measuring medical service quality. One prime example is HCAHPS. Starting in the year 2006, some medical institutions began collecting patient experience information through a survey, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), and the results are available on the HCAHPS website (Ranard et al., 2016). This survey encompasses many different factors of the patient's experience.

Proper interaction of medical personnel and medical administrators with customers or potential customers is an opportunity. An active medical presence on internet platforms allows medical personnel the opportunity to increase referrals, grow the practice, control online reputations, and improve the medical brand (Wald et al., 2017). Properly engaging with individuals who write online negative reviews helps in the area of control and management of an online reputation. Increasing referrals helps to grow the practice if that is the desire of the managers. Opportunity exists to improve a medical brand with successful online interactions including from individuals who write online negative reviews.

Not every medical individual engages with patients or customers online. Few doctors respond to online reviews. The likely reasons that only about 1.58% of physicians respond to internet ratings are because of low awareness of patient review websites, few patient review websites offer the ability for physicians to respond to patients, and the absence of an active moderator (Emmert et al., 2017).

Increasing awareness of the digital medical brand of medical personnel and medical institutions will better provide medical personnel and medical administrators opportunities to improve and foster their digital medical brand. The issue of patient review websites not offering the ability to respond to patients is situational. This situation illustrates the importance of the option of resolving issues offline. The two most common forms of negative word-of-mouth information are support-seeking and vindictive negative word-of-mouth (He et al., 2019). The absence of an active moderator is problematic in situations where the reviewer is vindictive. In conclusion, few medical individuals engage with patients or customers online and the online realm includes an opportunity for increasing growth, reputation, and medical brand.

Business Practice and Medical Review Websites. Several medical review tools exist for customers and potential customers of medical services. Examples of medical review tools include the Hospital Consumer Assessment of Healthcare Providers and Systems survey or HCAHPS, Vitals.com, Healthgrades.com, RateMDs.com, and Yelp.com medical reviews. These patient-rating websites are easily accessible for customers and potential customers. Medical personnel and medical administrators might also use these sites as information tools for improvement.

Similar patterns exist within the patient-rating websites. The medical review website typically contains a five-star ranking system. An additional option usually exists to provide written feedback about the medical individual or medical institution. An overall ranking comprises the average of all five-star ranking reviews. Unique features vary by patient-rating website. Any individual who analyzes the reviews must watch out for the scope and limiting measuring of each rating system. Many dimensions exist within the medical experience of the customer or patient. Additional information on medical review websites is found in the appendix section; HCAHPS (Appendix A), Vitals.com

(Appendix B), Healthgrades.com (Appendix C), RateMDs.com (Appendix D), and Yelp.com medical reviews (Appendix E).

Business Practice and the Voice-of-the-Customer. Continuous process improvement methods and tools are relevant to the medical industry. The Voice-of-the-Customer tool is an applicable continuous process improvement tool to this specific research topic. The Voice-of-the-Customer is a tool that focuses on the customer and their perspective about what is important about goods and services and what is not important to the customer (Plenert, 2012). In the realm of continuous process improvement, the customer defines what is waste and what adds value (Plenert, 2012). Online negative reviews of medical services include valuable information for improvement. The customer of medical services defines what is waste or not valuable and what adds value to their medical service experience.

The Voice-of-the-Customer tool is an analysis from customers that gives precise information about input requirements for products or services (Aguwa et al., 2012). Although improvement ideas do come from customers within the Voice-of-the-Customer tool, the competency of the medical personnel is also present. The medical personnel must complete their task to medically help their patients. The customer might not prefer every step in the medical process within current medical methods and understanding. Continuous improvements must occur within controllable factors that work with customer input. Future developments and improvements to various medical products and services are able to utilize the Voice-of-the-Customer approach.

The online negative reviews will reveal weak points within the medical service process. The weak points reveal where to focus improvements. The aim of these improvements is to enhance the medical service experience for the customer and help repair the relationship with the customers who

create online negative reviews of their medical experience. Continually reducing the weak points of the medical service process will help improve customers' medical experience.

  Business Practice Summary. The business practice section evaluates five business subjects that interconnect with the research topic of marketing management of online negative reviews of medical services. The patient of medical services is also known as a customer. The perception of the patient is as a customer. Some practitioners provide advice on who to deal with online negative reviews of medical services. The suggestions fall into three broad categories which are working with the patient online, working with the patient offline, and employing a third-party management and monitoring organization. The use of online reviews provides a measurement of healthcare service quality, gives current information on quality gaps, and the opportunity to correct service issues. Various medical review websites exist. Two commonly found functions within various medical review websites are a five-star ranking system and an option to provide written feedback about the medical individual. The Voice-of-the-Customer tool is an applicable continuous process improvement tool when examining online negative reviews of medical services. Improvements to the medical service process are found in customer feedback.

The Problem

  The topic of the problem explored both the historical background and dimensions. A historical background builds a foundation to understanding the current problem of online negative reviews. The problem of online negative reviews of medical services includes different dimensions. The primary dimensions of the problem are the use of internet platforms to deliver negative information about the medical institution, the medical problems of the patient or customer, and negative word-of-mouth

motivation. This section includes a review of the problem of online negative reviews of medical services from these primary dimensions.

Historical Background and Accumulation to the Problem. The general concept of word-of-mouth information is not a new topic. Academic research on word-of-mouth advertising is seen as early as the 1950s and 1960s (Arndt, 1967). The study of electronic word-of-mouth communication or eWOM brought about a new era of research on word-of-mouth information due to internet usage by customers and potential customers. Academic research into electronic word-of-mouth is seen as early as the year 2004 (Hennig-Thurau et al., 2004). Different dimensions of electronic word-of-mouth continue to develop the topic. One dimension example is positive electronic word-of-mouth information, and another dimension is negative electronic word-of-mouth. These two electronic word-of-mouth information dimensions are natural extensions of the classic oral positive and negative word-of-mouth information. One example of an early negative electronic word-of-mouth study is seen in the year 2009 which found that negative electronic word-of-mouth is more influential in comparison to positive electronic word-of-mouth (Park & Lee, 2009). Academic research and studies into the wider topic of word-of-mouth information continue to develop.

One specific topic, within electronic word-of-mouth communication, is online customer reviews. Early research into online customer reviews is seen as early as the year 2008. An example viewed online customer reviews as a component of a marketing communication mix (Chen & Xie, 2008). Another early research example examined online customer reviews within box office theater ticket sales (Duan et al., 2008). The findings showed that the volume of online customer reviews greatly influences theater ticket sales likely due to an awareness effect (Duan et al., 2008). More online customer reviews generate further awareness to potential customers who seek online information. The online customer reviews come from customers and help generate information for potential customers.

Customers have the ability to help sell the product or service to potential customers. Online customer

reviews are an extension of electronic word-of-mouth communications and influence potential

customers.

The number of websites providing review opportunities for medical personnel grew by the year

2009 (Pasternak & Scherger, 2009). The medical industry's equivalent of online customer reviews is

sometimes known as Patient Online Reviews (POR). Additional ways of describing this general topic

include Patient Review Websites (PRW), Physician-Rating Websites (PRWs), Physician-Rating Sites

(PRS), and Online Patient Reviews (OPRs). These different names and descriptions emerged with the

development of online reviews of medical services. Academic research concerning online patient

reviews is seen as early as 2009 in the article, "*An analysis of healthcare providers' online ratings*"

(Black et al., 2009). From this point in time, more research into the problem of online negative reviews

of medical services emerged. Even as recent as the year 2021, researchers describe the study of online

patient reviews as an emerging area of research (Placona & Rathert, 2021). Opportunity for further

research into the problem of online negative reviews of medical services exists and requires more

study.

In conclusion, the historical accumulation of the problem of online negative reviews of medical

services went through phases. The first phase was word-of-mouth information. This concept is as old

as human communication. The second phase was electronic word-of-mouth information. This phase

began with the rise of the internet and sharing information through the internet. Academic research

into online customer reviews and patient online reviews is seen in the late 2000s. Academic research

into the modern problem of online negative reviews of medical services began around the year 2010.

Various research projects relating to the topic continue to the present day.

The Problem and the Internet Platform. The internet platform is the location of the online negative review information. Internet information platforms are websites found on the internet which include online libraries, online blogs, online discussion forums, and social media websites (Sanders et al., 2020). Most online reviews of physicians are positive reviews (López et al., 2012). Even though most online reviews of physicians are positive in nature, online negative reviews are detrimental. Brand managers must take online negative customer reviews seriously because of the high impact nature of online negative customer reviews (Brunner et al., 2019). This high impact nature is detrimental to individuals working at the medical institution or the medical institution itself. Healthcare providers must understand the impact and stay aware of patient online reviews because it is part of the digital brand of the healthcare organization (Hong et al., 2019). Part of the integration of each medical institution is the brand. The brand includes information on internet information platforms. Organizations are experiencing more pressure to monitor and manage their online reputation more closely due to the increasing popularity and research of online review sources (Proserpio & Zervas, 2017). Medical institutions' digital brands will grow with the increasing popularity of customers seeking information online. Monitoring, managing, and addressing online negative reviews are essential to maintaining the medical institution's brand.

The Problem and the Customer. The problem of online negative reviews of medical services typically originates with the customer. Some online negative reviews originate from non-customers as is the case with competitors who sabotage their competition by producing online negative reviews. Another non-customer example is an individual who holds a grudge against an individual who works in the medical industry, and this leads to the non-customer producing a bogus online negative review. As is seen in the business practice, the healthcare industry is developing as a service-business where the perception of the patient is as a customer (Chen et al., 2018). The customer is the one who produces

the online negative review, and the review is built on the customer's medical service experience. Potential customers may access online negative reviews. Customers add to the available information and possibly influence potential customers.

Certain customers examine online reviews and place a greater weight on that information. One research study in China found that patients who reside in large cities are more likely to utilize online reviews of medical services than recommendations from friends or family members (Zhang et al., 2020a). Rational consumers examine online negative customer reviews more seriously in situations where they look to decrease the risk of loss (Hong et al., 2017). Health situations present an occasion where loss is potentially concerning to the individual patient's health. The more serious the health situation, the greater possibility of loss. In the case of rational customers, online negative reviews of medical services are naturally taken more seriously.

Although the customer is typically the origin of the online negative review, other individuals sometimes produce the online negative review of medical services. Not only is a patient able to produce electronic word-of-mouth (eWOM) information about a doctor, medical staff, or medical institution, the patient's relatives and friends also produce eWOM information about their experience visiting, helping, or accompanying the patient (Drevs & Hinz, 2014). Electronic word-of-mouth information contains a potentially profound effect on consumer behavior and consumer attitudes within many industries (De Pelsmacker et al., 2018). Medical personnel, medical administrators, and staff must possess an awareness that family members and friends of the patient also produce online reviews. Appendix E shows an example of a friend although the authenticity is unknown. An opportunity exists to build up the medical institution's reputation and the reputation of individuals who work for the medical institution by serving family members and friends well. The reverse situation is detrimental to the medical institution and individuals who work for the medical institution.

Lastly, some demographic information exists about who produces online negative reviews of medical services. In the realm of electronic word-of-mouth, those younger than 40 years of age use electronic word-of-mouth information more in comparison to those over 40 years of age (Fogel & Zachariah, 2017). On the influence of online reviews, females find both positive online reviews and negative online reviews more influential when considering purchase intentions in comparison to males (Fogel & Zachariah, 2017). Two previous studies found that younger physicians have a higher number of reviews or higher ratings in comparison to older physicians; the definition of a younger physician is ten or fewer years of experience and an older physician is over ten years of experience (Damodar et al., 2019). A possible explanation for the higher number of reviews or higher ratings for younger physicians is that younger physicians have a greater awareness of the marketing potential deriving from online reviews of medical services thereby encouraging their patients to leave online reviews of the medical service (Damodar et al., 2019). Males are more likely to produce an online negative review of a physician although females write 60% more online reviews of physicians in comparison to males (Dunivin et al., 2020). The overall majority of reviews of physicians come from females. Female reviews include a mixture of positive and negative reviews.

Negative Word-of-Mouth Motivation. The motivation to spread word-of-mouth information comes from various reasons. Most word-of-mouth information comes in the form of positive or negative information. This information is known as positive word-of-mouth or negative word-of-mouth information. One reason to spread word-of-mouth information is the situation of psychological arousal. Psychological arousal is the subjective experience of energy mobilization is an explanation of word-of-mouth information; the more psychological arousal from a product or service, the more likely an individual will spread word-of-mouth information (Teeny et al., 2020). The level of product involvement is the attachment, persistence, and interest in the product acts as a potential motivation to

spread word-of-mouth information (Kuwashima, 2019). An additional explanation is that the motivation of word-of-mouth behavior comes from individual desires and needs (Krishna & Kim, 2020). Although an external experience of a product or service is the beginning of motivation, the decision to spread word-of-mouth information is an internal process found in the desires, needs, and psychological arousal of the individual customer.

The external experiences of customers provide reasons for spreading word-of-mouth information. Four purchase experience factors encourage word-of-mouth motivation. The purchase experience factors are price perception, product or service performance, response to product or purchase problems, and the behavior of the employees (Kuwashima, 2019). Each purchase experience factors may come in the form of a positive or negative experience. The transmission of the spread of the information is external. Engaging in word-of-mouth information is a social process where an individual increases social and personal benefits (Krishna & Kim, 2020). This example illustrates the connection of internal and external motivation to spread word-of-mouth information.   An individual customer may increase social and personal benefits by spreading positive or negative word-of-mouth information with the motivation to help others. This benefit relates to the attachment to a community. One motivation to share word-of-mouth information comes from an attachment to a community (Kuwashima, 2019). The individual will share information with the community for the betterment of the community.

Different motivations exist for spreading positive or negative word-of-mouth information. Within the concept of self-determination theory, individual motivation comes from three innate psychological needs which are relatedness, competence, and autonomy (Shen et al., 2016). Organizations can improve customer satisfaction through these psychological needs and increase the motivation of the customer to spread positive word-of-mouth information (Shen et al., 2016). Two

additional motivations to spread positive word-of-mouth information include helping the company and expressing positive feelings (Fine et al., 2017). A customer who experiences satisfaction with a product or service is more likely to tell others about their experiences and in turn, this helps the organization. Customers spreading positive word-of-mouth information is beneficial to the organization. Three components sustain and stimulate word-of-mouth information: content, motivation, and opportunity (Pruden & Vavra, 2015). Content refers to the individual having something to share about the product or services, motivation refers to a reason to disseminate information about a product or service, and opportunity refers to a situation where an individual will share information with others during everyday discussions (Pruden & Vavra, 2015). The three components for sustaining and stimulating word-of-mouth information are useful for organizations focusing on positive word-of-mouth content.

The motivation to spread negative word-of-mouth information varies. The academic research literature on positive word-of-mouth information connects with customer satisfaction and negative word-of-mouth information connects with customer dissatisfaction (Williams & Buttle, 2014). Dissatisfied customers are usually more aggressive with their communication and are more likely to spread word-of-mouth information than customers who are satisfied with their product or service (Fine et al., 2017). Dissatisfaction is a broad category. Other reasons to spread negative word-of-mouth information might fall into the broader category of dissatisfaction. Motivations to spread negative word-of-mouth information includes emotional support, sense-making of the situation, venting, helping others by providing a warning or altruism, vengeance toward an organization, self-enhancement, and entertainment (Krishna & Kim, 2020). An awareness of different negative word-of-mouth information motivations helps organizations to understand that more dimensions exist within or beyond dissatisfaction with the product or service. The two most common forms of negative word-of-mouth

information are support-seeking and vindictive negative word-of-mouth (He et al., 2019). Examples of support-seeking negative word-of-mouth include emotional support, sense-making of the situation, venting, helping others by providing a warning or altruism. Examples of vindictive negative word-of-mouth include vengeance toward an organization, self-enhancement, and entertainment. Customers who experience anger or anxiety around their product or service are more probable to spread negative word-of-mouth information than customers who experience disappointment or sadness (Fine et al., 2017). Organizational administration must place a higher priority to resolve situations where customers experience anger or anxiety about the product or service. The foundation for resolution is understanding the customer's motivation and specific experience of the product or service. With that understanding, the organizational administrator must address the customer's individual needs and desires.

The Problem Summary. The problem of online negative reviews of medical services includes different dimensions. Additionally, historical background and accumulation to the problem exist. The primary dimensions of the problem are the use of internet platforms to deliver negative information about the medical institution, the medical problems of the patient or customer, and negative word-of-mouth motivation. Although the general problem of negative word-of-mouth information is not new, developments occurred where negative word-of-mouth information is now present on internet platforms. Academic research into online reviews of medical services started to emerge around the year 2010 and continues to the present day. The internet platform is the location of the online negative review information which includes online libraries, online blogs, online discussion forums, and social media websites. Organizations are experiencing more pressure to monitor and manage their online reputation more closely due to the increasing popularity and research of online review sources (Proserpio & Zervas, 2017). The online reviews include medical institutions. The problem of online

negative reviews typically originates with the customer and the review is built on the customer's experience. Some online negative reviews originate from non-customers as is the case with competitors who sabotage their competition by producing online negative reviews. Other online negative reviews originate from family members or friends of the customer. Although various reasons exist for the motivation to spread negative word-of-mouth information, the two most common forms of negative word-of-mouth information are support-seeking and vindictive negative word-of-mouth (He et al., 2019). Lastly, satisfaction and dissatisfaction are foundational reasons to spread word-of-mouth information. Dissatisfaction connects with spreading online negative reviews which is problematic for businesses and organizations.

Concepts

Different concepts occur within online negative reviews of medical services. The concept section is an analysis of three general categories. The first category is using and producing healthcare information. This concept is a cycle found on internet platforms where some customers create online reviews and potential customers assess the reviews. The second category is the customer or patient seeking information. This concept is on the expanding use of and demand for healthcare information. The third category is online reviews as a source of information for individuals at medical institutions. Individuals who work at medical institutions might use the information to adjust their healthcare services. This concept creates a seek continuous improvement cycle.

Using and Producing Healthcare Information. Consumers are both using and producing health information on the internet (Wallace et al., 2014). This concept illustrates a cycle that occurs on internet platforms. Some potential customers of medical services will seek information on internet platforms. Some customers of medical services will engage in the post-purchase behavior of creating

information on internet platforms. This electronic word-of-mouth information is usually positive or negative. Some potential customers will use this information which might steer potential customers towards medical personnel or medical institutions with stronger positive reviews.

Word-of-mouth information strongly influences the customer's healthcare behavior (Martin & Martin, 2017). When customers seek information about medical services, word-of-mouth information is significant. The ideal situation for medical personnel and medical institutions is when positive word-of-mouth information is reaching potential customers. The detrimental situation for medical personnel and medical institutions is when negative word-of-mouth information reaches potential customers. Quality and corrective measures must occur to address negative word-of-mouth information.

Customers rely more on word-of-mouth information in comparison to any other sources of information when selecting healthcare providers (Drevs & Hinz, 2014). Not only is word-of-mouth information strongly influential for potential customers' healthcare decisions, but word-of-mouth information is also the top reliance of the information in comparison to other sources of medical information when selecting a healthcare provider. This concept also illustrates the importance of positive word-of-mouth information when researching potential customers. Negative word-of-mouth information is a strong deterrent for potential customers to select healthcare providers.

The Patient Seeking Information. Patients continue to show expanding interest in comprehensive healthcare information due to the difficulty in judging medical services from the patient's perspective (Martin & Martin, 2017). Word-of-mouth information and electronic word-of-mouth information are extensions of comprehensive healthcare information. Potential customers may seek word-of-mouth information about healthcare as part of their healthcare understanding. Online reviews are naturally part of the expanding interest in comprehensive healthcare information. The

influence of word-of-mouth information about medical services increases with greater interest in comprehensive healthcare information.

Patients might perceive differences between independent online review sites and satisfaction questionnaires that come directly from the medical institution (López et al., 2012). Not all review sources are the same. Additionally, different internet platforms offer different opportunities for patients to create and share their information. Medical personnel and medical administrators must maintain an awareness that some patients will have different perceptions of independent online review sites and questionnaires from the medical institution.

Online Reviews as a Source of Information for Individuals at Medical Institutions. Online patient reviews possess the advantages of real-time evaluations, real-time surveillance, accessibility, understandable to other potential patients, and facilitating quick administrative adjustments and disadvantages of fraudulent reviews from competitors and issues with satisfaction goals not always aligning with necessary patient care (Kilaru et al., 2016). Online reviews of medical services offer advantages and disadvantages as a tool for measurement. Many of the advantages relate to speed. The speed is in receiving feedback and aiding quick adjustments that help the patient. Potential customers also might watch the unfolding of information from patients and individuals from the medical institution. With the advantage of speed comes the necessity for medical personnel and medical administrators to stay current and monitor the information and adjust accordingly. The two disadvantages are impactful. Reliability of the origin of the sources brings into question the review. Fraudulent reviews might influence potential customers and negatively affect some of the medical personnel or the entire medical institution. Lastly, satisfaction and necessary patient care do not always align. A patient might not like the process and treatment necessary for healing. One study researching cardiac surgeons did not find a correlation between online ratings of the medical experience and 30-day

risk-adjusted mortality rates (Okike et al., 2016). Mortality or difficult medical situations do not necessarily mean that customers will create online negative reviews of their difficult medical experience. However, the possibility still exists that some negative reviews will arise from a difficult treatment process.

Online reviews of medical services provide quality data on the patient's experience which is a critical gauge of healthcare quality (Lin et al., 2020). Even though advantages and disadvantages exist within online reviews, the data is generally valuable. The value is in understanding the level of healthcare quality. The patient's experience provides insight and understanding for areas of healthcare quality improvement.

Medical service reviews on social media platforms contain a mix of organic in nature, mostly unstructured, subject to gaming, free to produce, continuously updated, and usually illustrates exactly what problem was that led to the review (Ranard et al., 2016). The organic element is that the reviews emerge throughout internet platforms. The unstructured nature is that of narrative information of the customer expressing their experience which also usually illustrates the exact problem. Because online reviews are typically free to produce, the reviews are also subject to inaccurate or fraudulent reviews. Continuous updating means that reviews are continuously made. Any reoccurring problems with the medical services are likely to show up in negative reviews on a continuous basis. Online negative reviews of medical services also occur on social media platforms. The highly unstructured nature of social media platforms is slightly different from some patient review websites. Patient review websites are usually more structured by offering a standardized list for feedback. Two common examples include five-point Likert scales and standardized questions for all responders. The data from social media platforms are highly qualitative providing personal feedback from patients. The advantages and disadvantages follow a closely similar pattern to other online reviews websites. Speed exists in

receiving feedback and making quick adjustments. The same validity problems exist with the source of the review.

Concepts Summary. In summary, the three general concept categories consist of using and producing healthcare information, the customer or patient seeking information, and online reviews as a source of information for individuals at medical institutions. Consumers are both using and producing health information on the internet (Wallace et al., 2014). This concept illustrates a cycle that occurs on internet platforms between customers and potential customers. With the expanding interest in comprehensive healthcare information, word-of-mouth information and electronic word-of-mouth information are natural extensions of comprehensive healthcare information. Potential customers might seek word-of-mouth information about healthcare as part of the potential customer's healthcare understanding. The final concept is the use of online reviews as a source of information for individuals at medical institutions. The personnel include medical personnel, staff, and administrators. Online reviews of medical services offer advantages and disadvantages as a tool for measurement for individuals at medical institutions. The primary advantages relate to speed. The speed is in receiving feedback and aiding quick adjustments that help the patient. The disadvantages include reliability problems, fraudulent reviews, and satisfaction not matching the necessary healthcare process.

Theories

The purpose of the review of theories is to provide possible explanations as to why individuals create online negative reviews of medical services. This review explores three primary theories and two supporting theories. The first primary theory is cognitive dissonance theory. The second primary theory is the attribution theory. The third primary theory is the theory of planned behavior. The two supporting theories are the social support theory and the model of patients' social support needs. Any

one or more of these theories in combination might explain why individuals create online negative reviews of medical services.

Cognitive Dissonance Theory. Cognitive dissonance theory occurs when an expectation of the product or service does not match the performance of the product or service (Balaji et al., 2016). The expectation or expectations do not equal the reality of the situation. This situation fosters dissatisfaction in the customer. Previous research results found four factors relating to variations of healthcare satisfaction which are the quality-of-care, access, availability, and cost (Geletta, 2018). These four healthcare satisfaction factors are prime examples of when cognitive dissonance theory might occur with customers of medical services. The customer's expectations of quality-of-care, access, availability, and cost might not occur and these lead to customer dissatisfaction with the medical service. The customer might seek to display their dissatisfaction on internet platforms. Cognitive dissonance theory is a theory that might explain why some customers create online negative reviews of medical services from the customer's personal experience.

Attribution Theory. Attribution theory contains a primary theme of an individual's need to better understand social events (Laczniak et al., 2001). Within classical attribution theory, individuals make attributions to information from a stimulus, circumstance, person, or some mixture of the three (Laczniak et al., 2001). In the case of online reviews of medical services, individuals will try to make sense of their negative medical experience. Creating online negative reviews of a medical service is a form of processing a situation of dissatisfaction. The customer might seek support through the processing of and understanding of information. This is the audience who sees the online negative review. The support might come from family, friends, or other individuals who went through a similar negative medical experience. Attribution theory is a theory that might explain why some customers

create online negative reviews of medical services to better understand the negative medical social event or experience.

      The Theory of Planned Behavior. The theory of planned behavior helps to explain the intention for individuals to engage in negative word-of-mouth communications (Cheng et al., 2006). Three factors are part of the theory of planned behavior. Each factor influences behavioral intention. In the case of online reviews of medical services, the behavioral intention is to spread negative word-of-mouth information. The three factors that influence behavioral intention are attitude, subjective norm, and perceived behavioral control (Cheng et al., 2006). The attitude factor refers to the individual's overall evaluation to act on a behavior (Fu & Juan, 2017). The attitude of the individual is possibly seen as positive or negative by the individual. The subjective norm factor refers to the perception of pressure an individual experiences from society to act or not to act (Fu & Juan, 2017). The perceived behavioral control factor refers to the individual's perception of the degree of difficulty to act on the behavior (Fu & Juan, 2017). The three factors influence the individual's behavioral intention.

      An application of the theory of planned behavior is possible for customers who create online negative reviews of medical services. The first factor is the attitude that applies to an overall evaluation to act on creating a review of the customer's medical service experience. Within the attitude factor, the customer will determine if the medical service experience was positive or negative. The second factor is the subjective norm. The degree of social pressure factors into the decision of the customer to act on creating an online negative review of the customer's medical service. The degree of social pressure occurs in two examples. The first example is pressure to act. If a customer sees many negative reviews, that might encourage the customer to create an online review of their negative medical experience. The second example is pressure not to act. If a customer sees overwhelmingly

positive reviews, that might discourage the customer from creating an online review of their negative medical experience. The customer might not want to go against the crowd. The third factor is perceived behavioral control which is the degree of difficulty to act on creating an online negative review of a medical service. The degree of difficulty will vary by customer. The customer must know how to use internet platforms and how to create online reviews on an internet platform. Some customers will opt out of creating an online negative review of their medical experience because of difficulty operating technology. Each factor influences the customer to behaviorally act or not to act on creating online negative reviews of medical services. The theory of planned behavior is a theory that explains why some customers create online negative reviews of medical services.

Social Support Theory. Social support theory concentrates on the individual and how they use their social network for support to deal with negative events (Balaji et al., 2016). The social support theory is consistent with previous research results which found that the two most common forms of negative word-of-mouth information are support-seeking and vindictive negative word-of-mouth (He et al., 2019). The social support theory interconnects with support-seeking negative word-of-mouth.

Customers who encounter a negative experience with a medical service might seek support through their social networks. This negative word-of-mouth information from customers also possibly includes communication on internet platforms. Social support theory is a theory that might explain why some customers create online negative reviews of medical services for the purpose of connection and finding support through the individual's social network.

Model of Patients' Social Support Need. The customer will experience different needs during the healthcare process. The specific needs vary by customer and occur in unique ways for each customer. How these needs are taken care of will determine the satisfaction level of the customer. The

model of patients' social support needs places the patient or customer's needs into two general categories of cognitive needs and affective needs (Sanders et al., 2020). Cognitive needs include informational support with examples of information regarding treatment, rehabilitation, prognosis, surveillance, the medical system, and tangible information about medical goods and services (Sanders et al., 2020). Affective needs include esteem support, network support, and emotional support (Sanders et al., 2020). If any of these needs are not met, the customer might experience dissatisfaction.

The model of patients' social support needs applies to the problem of online negative reviews of medical services. The cognitive needs and affective needs directly focus on the medical service process. Failure to meet the customer's cognitive needs or affective needs leads to the possibility of customer dissatisfaction. The dissatisfaction the customer experiences becomes a possible motivation to create negative word-of-mouth information including electronic word-of-mouth information. The model of patients' social support needs illustrates a framework that includes insight into areas that might lead to customer dissatisfaction which motivates the customer to create online negative reviews of medical services.

Theories Summary. Five theories potentially explain why an individual might create online negative reviews of medical services. The theories are cognitive dissonance theory, attribution theory, the theory of planned behavior, social support theory, and the model of patients' social support needs. Primary factors for these theories include dissatisfaction, attitude, subjective norm, and perceived behavioral control. Customers possess certain needs that generally fall into either cognitive needs or affective needs. When these needs are not met, dissatisfaction likely emerges. The customer might turn to their social network for support dealing with a negative experience or multiple experiences. Vindictive negative word-of-mouth information is another possible reason for creating online negative reviews of medical services which arise from any one or more of the theory factors dissatisfaction,

attitude, subjective norm, and perceived behavioral control. Even though the theories focus on the customer, the possibility exists that competitor sabotage is the reason for creating online negative reviews of medical services.

Constructs

The constructs for the research project are the broad concepts and topics within the study. The constructs are found in the research framework. The broad concepts of the research framework are the medical service experience of the customer, post-purchase behavior, and the review focus. Each broad concept connects and works together as part of the research framework.

Medical Service Experience. The construct of the framework relies on the medical service experience of the customer. The framework figure operates in a manner that all or a sufficient amount of the service experience occurred to create a sufficient review from the subjective perspective of the customer. One description of customer experience is that customer experience begins with the customer interacting with the product, service, or the organization which ultimately generates a reaction with the customer (Ahmed et al., 2017). The situation of online negative reviews derives from a negative interactive service experience which generates a reaction from the customer in the form of a negative review.

Previous researchers found a strong correlation amongst organizational performance, customer satisfaction, and the happiness of the customer (Ahmed et al., 2017). The performance of the medical institution connects with customer satisfaction and happiness. Increasing the medical service experience of the customer will aid in increasing satisfaction of the customer. The customer is the one who provides the information concerning how to improve the medical service experience. Improvement creates a cycle between the customer and the medical institution.

Post-Purchase Behavior. The concept of online negative reviews is usually a post-purchase behavior. During the post-purchase phase, the customer possesses personal experience about the product or service (Liu et al., 2020). The possibility exists that some individuals may produce a review without the medical service experience or without a sufficient amount of the medical service experience for an honest review. Additionally, fraudulent reviews might come from competitors (Kilaru et al., 2016). The research framework focused on a course of action taken by the customer that is negative in nature. Regret is a reason for dissatisfaction within a post-purchase phase. Four dimensions of regret are regret from forgone alternatives, regret from declining utility of the product or service, regret from lack of quantity or quality of information to make the correct decision, and regret from reviewing unnecessary information before deciding on a product or service (Tzeng & Shiu, 2019). The fundamental dissatisfaction of the medical service is a reason for the customer to engage in the post-purchase behavior of online negative reviews of medical services.

Review Focus. The online negative review focuses on one or more medical factors. The medical factors are the medical personnel, the medical administrators and staff, and the medical institution. Customers reviews are a form of product or service information from users built on the customer's usage experience (Kwok et al., 2017). Online reviews are an extension of customer reviews. The customer of medical services will provide information about their medical service from their usage experience. The experience focuses on one or some combination of the medical personnel, the medical administrators and staff, or the medical institution.

Some researchers describe the two basic purposes of customer reviews as providing product or service information and information to make recommendations on the product or service (Kwok et al., 2017). The reviews of medical services from authentic customers provide information from the point of view of the customer. Some customers might directly state recommendations about the medical

service process. The problems that customers experience and share through the online reviews provide information on possible improvements. Possible improvements are a form of indirect recommendation. Managers must correctly interpret the problem and make appropriate adjustments.

Constructs Summary. In summary, the constructs for the research project are the broad concepts and topics within the study. The broad concepts of the research framework are the medical service experience of the customer, post-purchase behavior, and the review focus. These broad concepts naturally flow together. The medical service experience leads to the possibility of the post-purchase behavior of producing an online review which contains a focus of one or more the medical personnel, the medical administrators and staff, or the medical institution.

Related Studies

Several studies relate to the research topic. The first example related to the rise of medical information on internet platforms. This example shows how medical information is growing in the online realm. The second example is about the quality-of-care and the role of medical reviews. Medical reviews from online platforms are useful for finding information that helps show where to adjust within quality-of-care topics. The third example is within the area of awareness and the use of online medical reviews. Not all customers or potential customers are aware of online reviews of medical services. Furthermore, not all customers or potential customers use or create online reviews of medical services. The final example is studies that illustrate validity problems of online medical reviews.

The Rise of Medical Information on Internet Platforms. The rise of customers seeking medical information from internet platforms is growing and expanding. From the ten-year period of 2008 to 2018, the percentage of individuals using the internet for health information rose from 20% to

60% (Prabhu et al., 2018). The finding from this study is significant because online medical reviews are one part of health information. Studies relating to online reviews of medical services have also started emerging. Specialty research develops in the realm of online negative reviews of medical services with examples of physicians in headache medicine (Evans, 2018) and orthodontists (Skrypczak et al., 2020). The specialty research also focuses mostly on online negative reviews of medical specialists who practice in metropolitan locations (Hong et al., 2019). The research of online reviews continues to develop with the rise of individuals using the internet for health information.

The Quality-of-Care and the Role of Medical Reviews. The quality-of-care is part of the healthcare service for the customer. Medical personnel are under more pressure to attain a "triple aim" which consists of increasing patient quality care, increasing patient experiences, and reducing costs (McGrath et al., 2018). Measuring each factor of the triple aim is essential to understanding where and how to improve. Online reviews of medical services provide an opportunity to discover where to make improvements in the areas of increasing patient quality care and increasing patient experiences.

The customer and individuals at medical institutions may use online reviews of medical services to their benefit. When the quality-of-care measures correlate with online ratings, the patient could find the highest performers which also enhances the usefulness of online patient ratings (Emmert et al., 2018). Additionally, a study on surgeons found that the high-rating and low-rating of surgeons are seemingly because the perceived affability and competence of the surgeon (Nwachukwu et al., 2016). This example is in the specific context of the specialization of surgeons. The customer might use online reviews to filter the highest rated medical personnel. The higher ratings might indicate the level of quality-of-care from medical personnel or the medical institution. Online negative reviews might provide a type of warning to potential customers in the situation of authentic reviews. The subjective nature of online reviews might not indicate the actual quality-of-care from medical personnel or

medical institutions. Individuals working at medical institutions may use the online reviews of medical services to find areas of improvement from the perspective of customers.

Medical personnel or medical administrators will use different measuring methods to better understand areas for improvement. A recent study found that online negative reviews of physicians do not equate with similar negative Patient Satisfaction Survey (PSS) scores of physicians found in medical institutions (Widmer et al., 2018). Differences possibly occur in the results because of different measuring methods.

Awareness and Use of Online Medical Reviews. Research studies exist demonstrating the awareness and use of online medical reviews. A study found that a total of 65% of US customers are aware of patient review websites (Emmert et al., 2017). Many American customers are aware of patient review websites. Customer awareness does not necessarily mean that those customers will consult online medical reviews. Awareness of medical reviews is an opening gateway to the use of online medical reviews.

Some researchers have sought information on the use and influence of online medical reviews. One study found that 47% of American adults previously sought their health providers on the internet, 37% of American adults previously sought consultation from at least one physician rating website, and 7% of individuals who found information about their medical providers online made an online review about their experience (Hao & Zhang, 2016). The result from this study showed that some American customers seek medical information online and a smaller percentage also add reviews about their service experience.

Another study found that of the individuals who use patient review websites, 35% choose a doctor because of good ratings and 37% choose not to select a doctor because of negative ratings (Lin

et al., 2020). The influence of online medical reviews is shown with both positive reviews and negative reviews. The numbers from the study suggest that negative online reviews of medical services are more influential in comparison to positive online reviews from customers who use patient review websites. A different study found no significant associations between specialist-physician performance and patient ratings even though 75% of patients will choose healthcare provider decisions on physician online rating alone (Daskivich et al., 2018). Different studies show different numbers regarding the influence of online medical reviews. In conclusion, many American customers are aware of the existence of patient review websites, some American customers use and seek the information, and the information is influential in both positive and negative reviews.

Validity Problems. An issue found from recent research is validity problems with online reviews of medical services. Despite legitimate validity concerns, one research study found that over two-thirds of buyers trust online reviews of products and services for purchasing decisions (Agnihotri & Bhattacharya, 2016). One concern with online physician ratings is that few reviews usually exist for physicians (Chen et al., 2018). This issue varies from one internet platform to another. The issue also varies by individual medical personnel or medical institution with some having more reviews than others. Some internet platforms have more reviewers in comparison to other internet platforms. A specific study found that some doctors do not have many online reviews such as the case with hand surgeons (Kirkpatrick et al., 2017). In the situation of few reviews, the available reviews might not accurately portray the reality of the quality coming from individual medical personnel or the medical institution.

Another concern is confirming the identity of reviewers which could come from competitors, phony patients, doctors sabotaging other doctors, and the issue of the highly subjective perspective of individuals (Chen et al., 2018). Illegitimate reviews sometimes come from the motivation to sabotage

other medical personnel or medical institutions. The reverse situation is also a possibility. Illegitimate positive reviews are potentially written to increase the reputation of medical personnel or medical institutions. Both situations of illegitimate online positive and online negative reviews illustrate validity problems. In conclusion, both the quantity of reviews and quality of the reviewer potentially cause questions for the validity of online negative reviews of medical services.

Summary of Related Studies. The related studies covered different areas which connect with online reviews of medical services. Examples included the rise of medical information on internet platforms, the quality-of-care and the role of medical reviews, the area of awareness and use of online medical reviews, and studies that illustrate validity problems of online medical reviews. One study found that medical personnel are under more pressure to reach a "triple aim" which consists of increasing patient quality care, increasing patient experiences, and reducing costs (McGrath et al., 2018). Satisfaction and dissatisfaction in the factors of the triple aim potentially encourage customers to produce electronic word-of-mouth information. The customer might use online reviews to filter the highest-rating medical personnel or medical institution with the inference that higher ratings might indicate the level of quality-of-care from medical personnel or the medical institution. As the previous studies in this section show, many American customers have an awareness of online reviews of medical services, more are seeking healthcare information on internet platforms, and a small percentage of these customers actually produce online reviews of their medical experience. Validity problems exist in the realm of online reviews. The lack of review numbers, competitors adding sabotage reviews, phony individuals, and the highly subjective perspective from reviewers all contribute to issues regarding the validity of online reviews.

Anticipated and Discovered Themes

Research into online reviews of medical services shows various themes. Some anticipation exists into the themes that researchers uncovered from similar research. The first anticipated theme is that more individuals are utilizing the use of online reviews of medical services. The use of online reviews of medical services is growing. The second anticipated theme is that online reviews of medical services go beyond the doctor and patient relationship. Family members and friends of the patient also produce online reviews of medical services. The third anticipated theme is that different focuses exist with online reviews of medical services. This theme is similar to the previous theme because the focus of the review might go beyond the doctor and patient relationship. The focus of the online review might focus on the medical administration, staff, or the medical institution as a whole. The fourth anticipated theme relates to satisfaction and online negative reviews. Previous research results showed different factors relating to variations of healthcare satisfaction. The fifth anticipated theme is the benefit deriving from viewing online reviews of medical services. Potential customers, customers, medical personnel, and individuals working for the medical institution all potentially benefit from viewing online reviews of medical services. Lastly, a variety of discovered themes were found resulting from the findings.

Individuals Utilizing the Use of Online Reviews. The rise of using information from internet platforms for medical information is a current reality for individuals seeking medical information. More patients are utilizing online medical ratings and review websites to help with medical decisions regardless of the concerns involving the validity of the medical reviews (Trehan et al., 2016). One current theme is that more individuals are utilizing online reviews of medical information. Validity concerns with online reviews are always present. This problem is not hindering the rise of utilizing online reviews of medical services.

More than the Doctor and Patient Relationship. Online reviews of medical services are sometimes shown as a doctor and patient relationship. The acknowledgment of family and friends' perspectives, as part of the patient outcome, is increasing in importance (Bardach et al., 2016). Online reviews potentially come from other sources than the patient. Family members and friends of a patient also contribute to online reviews of medical services. The experience of family members and friends of the patient is potentially positive or negative which is shown in their medical reviews. This situation is a greater holistic understanding and theme of the medical process and the post-purchase behavior of online reviews.

The Focus of the Online Review of Medical Services. The focus of the online reviews of medical services is beyond the scope of only doctors. One research study found that although most online reviews of physicians are positive within all of the different measuring categories, the vast majority of negative comments were about the medical staff (Kalagara et al., 2019). Furthermore, the negative experience with medical staff is influential on satisfaction with the patient (Kalagara et al., 2019). Negative online reviews of medical services potentially focus on medical personnel, medical administrators or staff, or the medical institution as a whole. Medical administrators or staff are more prone to receive negative reviews. Individuals who create online negative reviews might experience dissatisfaction from medical administrators or staff and produce a negative review focusing on the medical institution. The focus of the negative review is essential and keen awareness must concentrate on the medical administrators or staff because of the higher frequency of complaints and dissatisfaction.

Satisfaction and Online Negative Reviews. The level of satisfaction with the medical service influences the customer. The customer might choose to produce a review because of the level of satisfaction. A higher level of satisfaction likely leads to a positive review. A lower level of

satisfaction likely leads to a negative review. Factors exist that help to determine the level of

satisfaction within healthcare services. Previous research results found four factors relating to

variations of healthcare satisfaction which are the quality-of-care, access, availability, and cost

(Geletta, 2018). Higher quality-of-care, access, and availability increase the likelihood of higher

satisfaction. Lower costs increase the likelihood of higher satisfaction. In the medical field of

minimally and non-invasive cosmetic medical procedures, complications and ineffectiveness are the

two most common dissatisfaction factors in patients who write online negative reviews of these

medical services (Watchmaker et al., 2020). These examples illustrate quality-of-care factors that lead

to dissatisfaction. When examining online negative reviews of medical services, watch for lower

satisfaction in quality-of-care, access, and availability and higher dissatisfaction in costs.

Benefits of Viewing Online Reviews of Medical Services. Advantages occur for individuals

who explore online reviews of medical services. Readers include potential customers, customers, and

individuals who work for the medical institution. The online patient ratings of medical services are

showing promise into insight and discovery of quality of healthcare at the provider-level (Henikx et al.,

2018). This insight is useful information for both potential customers and individuals who work for the

medical institution. Potential customers will appreciate the information to find higher-rated medical

personnel or medical institutions with the inference that higher ratings mean better quality healthcare.

Potential customers must proceed with caution when inferring that higher ratings mean better quality

healthcare. The ratings from online rating websites of medical services might not reflect the actual

quality-of-care (Okike et al., 2016). Research results from sports surgeon medicine found a low degree

of correlation between online rating websites and the quality of the sports surgeons (Nwachukwu et al.,

2016). The benefit of using higher ratings to find better quality healthcare is possible. Potential

customers must understand that these online ratings of medical services are not a guarantee of better-quality healthcare.

Additionally, the potential customers might use the reviews to avoid some medical personnel or medical institutions. Individuals who work for medical institutions potentially find the reviews useful for continuous improvement purposes. Online reviews from patients provide instant feedback about their healthcare experience, a context for the online review, and what the patient truly values (Hong et al., 2019). These observations are useful for understanding the customer and where to focus continuous improvement.

Discovered Themes. Several discovered themes emerged from the findings. A total of seven themes were discovered. The first theme reflects a desire for help. The second theme is wanting their voice heard. The third theme is the scope of dissatisfaction. The fourth theme is waiting to respond. The fifth theme is not expecting direct communication. The sixth theme is not expecting direct resolution. The seventh theme is limited resolution. These themes were largely seen amongst most or all of the participants from the research project.

The first discovered theme reflects a desire for help. The desire for help was seen in three types of categories. One category is help for oneself. Another category is external help to others. The final category is internal help for those at the medical institution. External and internal refers to the perspective of the medical institution.

The second discovered theme is wanting their voice heard. Each participant experienced one or more motivations to create an online negative review of their medical service. Time and thought were taken to create these reviews. In each situation, there was a target audience to read the review. This theme draws from the previous theme of a desire for help. The audience might include one or more

individuals internally at the medical institution or externally from the medical institution as is seen with potential customers.

The third discovered theme is the scope of dissatisfaction. Dissatisfaction with medical services occurred in the participants. Two general categories occurred in the scope of dissatisfaction. One category is a limited focus of dissatisfaction. This happens when a particular event occurs that leads to their dissatisfaction. The other category is repeated negative incidents. As the participants experience more and more problems in their healthcare process, the likelihood of a negative review increases.

The fourth discovered theme is waiting to respond. Respond means creating an online negative review as a result of their healthcare experience. The timing was not usually immediate. Most participants waited at least two weeks to create one or more online negative reviews. The time range was two weeks to six months after their negative healthcare experience. The negative healthcare experience seems to linger in the minds of the participants and the review is then made after some time passes.

The fifth discovered theme is not expecting direct communication. The participants generally do not expect a response from anyone at the medical institution. The possibility exists that the participant might hope or want communication from someone at the medical institution, although they do not expect communication. Additionally, participants might not want communication altogether. No participants received direct communication as a result of their online negative review.

The sixth discovered theme is not expecting direct resolution. Direct resolution is when one or more individuals at the medical institution research out to successfully help the customer who created the online negative review as a result of the online negative review. The participants might want or hope for a resolution. Some participants hoped for institutional improvement. Institutional

improvement will not likely directly help the participant. The desire for institutional improvement is the hope that other customers do not experience what the author of the online negative review experienced. Some participants do not want or care for resolution from the medical institution.

The seven discovered theme is limited resolution. Only one participant obtained a desired resolution to the problem that led to the online negative review. The resolution was not obtained as a result of the online negative review. None of the participants received resolution as a result of the online negative review. Some participants hope to help others within the medical institution or help others who might research information online about the medical institution or individuals who work at the medical institution.

Summary of Anticipated and Discovered Themes. Various themes exist from previous research. More individuals are utilizing the use of online reviews of medical services. This is despite validity concerns. The concept of online reviews of medical services goes beyond the doctor and patient relationship. Family members and friends of the patient are also part of the medical process and potentially provide online reviews. The focus of the online review of medical services might include medical personnel, medical administrators or staff, and the medical institution as a whole. The level of satisfaction influences the possibility of the customer creating online reviews of medical services. Four factors relating to variations of healthcare satisfaction are the quality-of-care, access, availability, and cost (Geletta, 2018). The insight from online reviews is beneficial information for both potential customers and individuals who work for the medical institution. There was a total of seven discovered themes. The discovered themes are a desire for help, wanting their voice heard, the scope of dissatisfaction, waiting to respond, not expecting direct communication, not expecting direct resolution, and limited resolution.

Summary of the Literature Review

The literature review contained seven general parts for the understanding of online negative reviews of medical services. The seven general parts are the business practices, the problem, concepts, theories, constructs, related studies, anticipated and discovered themes, and final summary points. Each part is significant and connects to the research topic of online negative reviews of medical services. Additionally, three final summary points are part of the literature review conclusion. The first point is that the field of online reviews of medical services is growing. The second point is that online reviews and review websites are informative for continuous process improvement purposes. The third point is that medical personnel and individuals who work at medical institutions are able to leverage online reviews of medical services as a competitive advantage.

The business practice and problem fundamentally concentrate on the patient who is a customer of medical services. The problem of online negative reviews of medical services contains different dimensions, including the use of internet platforms to deliver negative information about the medical institution or medical personnel, the medical problems of the patient or customer, and negative word-of-mouth motivation. The concepts within the research topic are the use and production of healthcare information, the customer or patient seeking information, and online reviews as a source of information for individuals at medical institutions. Various theories exist that potentially clarify why customers create online negative reviews of medical services. The theories within this literature review are cognitive dissonance theory, attribution theory, the theory of planned behavior, social support theory, and the model of patients' social support needs. The constructs for the research project are the broad concepts and topics within the study. The broad concepts of the research framework are the medical service experience of the customer, post-purchase behavior, and the review focus. The related studies section covered different areas which connect with online reviews of medical services including the

rise of medical information on internet platforms, the quality-of-care and the role of medical reviews, the area of awareness and use of online medical reviews, and studies that illustrate validity problems of online medical reviews. Lastly, the anticipated and discovered themes section highlighted themes from previous research. The overview of the anticipated themes are as follows: individuals are utilizing the use of online reviews despite validity concerns, online reviews of medical services go beyond the doctor and patient relationship which include family members and friends of the patient, the focus of the online review varies, and the level of satisfaction influences the possibility of the customer creating online reviews of medical services. The discovered themes are a desire for help, wanting their voice heard, the scope of dissatisfaction, waiting to respond, not expecting direct communication, not expecting direct resolution, and limited resolution.

Online Reviews of Medical Services are Growing. A growing phenomenon within healthcare is the use of patient rating sites (Kool et al., 2016). Potential customers will seek medical reviews and ratings for information about healthcare decisions. Customers will provide feedback about their healthcare experience. Individuals who work for medical institutions have the opportunity to make improvements coming from the online review information. The growing phenomenon includes medical personnel considering defamation lawsuits as was seen in 2018 when a gynecologist filed a one-million-dollar lawsuit against a patient who made an online negative review toward the gynecologist (Moutos et al., 2020). Medical personnel might take a more active legal role in defending their reputation in the future.

The demand for online information about physicians continues to increase with almost 60% of patients stating that online patient reviews of physicians are important when deciding on a physician (Lagu et al., 2017). The demand from customers and potential customers for medical information continues to grow. Online reviews of products and services are a form of word-of-mouth information.

A majority of customers' (74%) most recent purchases found influence from word-of-mouth information which is more than any other informational source (Philp et al., 2018). Word-of-mouth information is influential toward purchases of products and services. Medical personnel and individuals who work for the medical institution must remain aware that word-of-mouth information influences potential customers and customers.

Online Reviews and Review Websites are Informative for Continuous Improvement. A critical summary point is that online reviews of medical services are informative for continuous improvement purposes. The perspective of the patient or customer guides the location or locations for improvement. This is seen in the Voice-of-the-Customer approach to continuous improvement. Because of the demand for information of doctors by customers, some healthcare providers are developing additional methods of obtaining customer feedback that includes quantitative information and narrative reviews for the public's use of information (Lagu et al., 2017). This example highlights how customer feedback is valuable and that both qualitative and quantitative methods are part of the tools for obtaining customer feedback within the healthcare industry. A common example of qualitative information is the narrative customers provide about their healthcare experience. A common example of quantitative information is a five-point Likert scale in the form of a five-star scale.

The goal of medical service rating websites is to capture an understanding of the quality of healthcare given by the medical personnel under review (Nwachukwu et al., 2016). This is subjective in, coming from the customer. The subjective experience of customers is a way to show the quality of the healthcare experience from the perspective of the customer. The subjective experience of the customer might not accurately reflect the objective reality of the quality of healthcare given to the customer. Improving the experience of the customer is seen subjectively by the customer as quality within the healthcare process.

Leveraging Online Reviews of Medical Services as a Competitive Advantage. A final summary point is the potential to gain a competitive advantage against competing healthcare providers. When an organization operates a competitive advantage, the organization is able to create goods or services at a lower cost in comparison to competitors or deliver more value from the customer's perspective in comparison to competitors, or a combination of the two (Rumelt, 2011). Cost and value are potential topics that customers share by word-of-mouth information within the context of healthcare. Healthcare providers continue to strive for methods that gain a competitive advantage and word-of-mouth information provides an opportunity because word-of-mouth information is influential to the behaviors and attitudes of customers (Martin & Martin, 2017). Although positive word-of-mouth information is valuable for organizations, understanding and properly addressing negative word-of-mouth is potentially valuable as well. Negative word-of-mouth information reveals weaknesses in healthcare products and services. These weak points reveal where to adjust and continuous improvement opportunities as is seen within the Voice-of-the-Customer improvement method (Plenert, 2012).

A process exists for gathering, interpreting, and adjustments from online negative reviews of medical services. Healthcare providers are able to leverage each step as an advantage against competitors: better information-gathering methods, clear and accurate interpreting, and stronger adjustment decisions for the customer. Speed is another potential advantage of the process. An advantage is possible through rapid customer service, adjusting to the needs and wants of the customer. Each healthcare improvement will create the potential for greater spreading of positive word-of-mouth information and reduce the amount of negative word-of-mouth information.

Summary of Section 1 and Transition

The first section examined the foundation to the study of marketing management of online negative reviews of medical services. Several components existed in Section 1. The background of the problem reviews both old and new elements to the problem of online negative reviews of medical services. The problem statement contains a general problem and a specific problem. The purpose statement section includes the qualitative parts to explore the customer's subjective motivations, attitudes, and behaviors that lead to writing an online negative review and to seek a greater depth into this business problem within the medical industry. Three research questions guided the study and focused on the customers who create online negative reviews of medical services. The nature of the study included the research paradigm, research methodology, research design, and triangulation.

The conceptual framework featured a diagram of online negative customer reviews of medical services. The buying behavior concepts are a want or need, information, seek, purchase, and post-purchase activities. Three theories relating to the study are cognitive dissonance theory, attribution theory, and the theory of planned behavior. The conceptual framework contains actors who are individuals, groups, or institutions that connect and relate to the study. These actors are the customers, medical personnel, medical institution, and the information platform. The definition of terms included several concepts. The terms are word-of-mouth, negative word-of-mouth, electronic word-of-mouth, online patient review, medical industry, medical personnel, healthcare administrators, medical institution, internet information platform, and the Midwestern region of the United States. The first section provided assumptions, limitations, and delimitations within the research. The significance of the study reviewed ways to reduce the literature gap, implications for biblical integration, provide benefit to the business practice, and an understanding of the relationship of the topic to marketing. Lastly, the first section provided a review of professional and academic literature.

The following section features several topics for the research project. The role of the researcher is an early topic. This includes the actions the researcher performed to conduct the study. The research methodology topic includes the appropriateness of certain components. The components are the appropriateness of a flexible design for the research study, the appropriateness of the chosen method for the research study, and the appropriateness of the chosen method for triangulation. Another topic relates to the participants, population, and sampling for the research project. Lastly, a topic will focus on data collection and analysis. The data collection will examine instruments and a data organization plan. The analysis will examine reliability and validity. These are the topics of Section 2.

Section 2: The Project

The second section of the research is about the project. The second section reviewed various parts of the project. The first part is the purpose statement. The function of the purpose statement is both specific to the second section as well as the general purpose for the entire research project. The second part is the role of the researcher. Within this part, the researcher identifies certain actions while conducting the research project. The third part is the research methodology which contains discussions relating to a flexible research design. The research methodology contains a discussion of flexible design, a discussion of the chosen method, and a discussion of the method for triangulation. These discussions include the appropriateness of each for the research project.

Purpose Statement

The purpose of this qualitative multiple case study is to expand on the understanding of how organizations in the medical services industry could more effectively manage online negative reviews in order to decrease the detrimental impact of online negative customer reviews. Consequently, the research results add to the knowledge and current literature within the areas of marketing, consumer

behavior, and management of medical marketing. Qualitative research is interpretive and focuses on the individual's subjective meaning of their motivations, attitudes, and behaviors (Aspers & Corte, 2019). The qualitative purpose is to explore the customer's subjective motivations, attitudes, and behaviors that lead to writing an online negative review. The research sought greater depth into this business problem within the medical industry. The problem required an exploration into a customer's medical service experience and post-purchase or service experience that led to a decision to write an online negative review. The online negative customer reviews are influential for other potential customers or patients who seek to solicit medical services. Exploration of the problem occurred through a multiple case study approach of online reviews. The emphasis of this research was on the medical industry marketing manager's understanding of and communication with customers who provide online negative reviews. Improvements could occur in the relationship with the customer. Repairing the relationship with the customer might lead to helping repair the digital brand. Examples include the customer editing the negative review, deleting the negative review, or creating a follow-up positive review. In conclusion, the purpose of this study is to explore a greater understanding of the problem of online negative reviews through a qualitative multiple case study that focuses on the medical service industry within the Midwestern United States.

Role of the Researcher

The researcher proceeded with certain actions while conducting the research project. These actions focused on avoiding personal bias during the data collection and interpretation process. The employment of the bracketing method occurred to help avoid personal bias. The purpose of the bracketing method is to mitigate the potential adverse effects of unacknowledged preconceptions connected with the researcher and the research project (Tufford & Newman, 2012). The use of bracketing will naturally increase the rigor of the qualitative research project. Within the bracketing

method, researchers must identify any cultural factors, hunches, assumptions, personal experience, and connecting interests that might influence the researcher and how the researcher studies the data (Fischer, 2009). The bracketing method enables researchers to reflect on every stage of qualitative research including the choosing of the research topic, choosing the population, the design of the interview, data collection, data interpretation, and reporting the findings from the data (Tufford & Newman, 2012). The use of the bracketing method was necessary for this qualitative research project, particularly during the data collection and data interpretation phases.

The primary use of the bracketing method is to specifically focus on the personal experience of the participant. The personal experience of the researcher is irrelevant to the research topic. The interviews were semi-structured interviews. The participants received a standard set of questions that represents the structured form of the interview. Some flexibility exists for the participants to go deeper and explain their personal experience. This allowed the participants to reflect on their thoughts and feelings about their experience. Questions that arise from the flexible aspect of the interview continued to focus on the participant. The type of questions focused on open-ended questions. The questions did not take the form of leading inquiries or gratuitous reassurance.

In summary, the role of the researcher was to remain objective throughout the research process. The employment of the bracketing method occurred to help avoid personal bias. The personal experience of the researcher was irrelevant to the research topic. The focus of the research was on the experience of individuals who produce online negative reviews of medical services. The questions within the research align by solely focusing on the personal experience of the respondents.

Research Methodology

The research methodology for this research project encompasses different elements. The research project employed a flexible design. The flexible design is appropriate for the research project. A discussion of this chosen method describes the appropriateness of the flexible design. In addition to the appropriateness of the flexible design, a discussion of the method of triangulation is part of the research methodology.

Discussion of Flexible Design

The flexible design was the chosen design for the research project. Qualitative or flexible design research seeks understanding and searches for meaning and patterns (Jonsen et al., 2018). Qualitative or flexible design research pursues understanding and insights into an individual's experiences (Denny & Weckesser, 2019). These characteristics of a flexible design are appropriate for the research project. The chosen design was appropriate because the flexible design allows the researcher to gain understanding, meaning, and insights into the general problem of online negative customer reviews resulting in a deterioration of the organization's brand reputation. The design aligned with the research questions which seek understanding, meaning, and insights from the customer's perspective on how marketers must understand the customer's motivations to produce negative reviews, address customer's concerns, and resolve online negative reviews from customers.

Discussion of the Chosen Method

The flexible design was the chosen design for the research project and the flexible design is the appropriate design. A fixed design and a mixed methods design did not align with the aim of the research project. A flexible research design is a method that gathers and analyzes information not easily shown numerically (Anderson, 2010). The ability to analyze information not easily shown numerically is the reason why this research is done through a flexible research design instead of a fixed

research design. The fixed research design is numerical. Although the option of a numerical Likert scale in the form of a star-rating system is possible with some online customer reviews, a deeper meaning into the motivation of the customer or patient is a requirement for this research project. The information from this research project was found through understanding and insights into an individual's current or post-medical service experience. A mixed method research approach uses a mixture of flexible and fixed methods. The research project did not suit a fixed research design. A true mixed methods approach does not fully encompass the research needs for the research project because a mixed methods approach uses fixed research methods.

Discussion of the Method for Triangulation

The use of triangulation is appropriate for the chosen method. The use of triangulation is for flexible or qualitative research. Triangulation is a qualitative research strategy that brings information, from various sources, to test the validity of the qualitative information (Carter et al., 2014). The triangulation for the research project came in the form of comparing multiple data sources and consideration of the time between each source. For this research project, data sources are the participants and the information they provide. The experiences of the individuals comprise the data. Comparing similarities and differences within each customer's experience was necessary for triangulation within this research project.

The consideration of the time between each source was part of the triangulation. The aim was to compare individuals who recently created online negative reviews of their medical experience. The timing aligns with the research questions. A key research question is the desired resolution from the perspective of the customer. It is possible that at some point in time, an individual from the medical institution may attempt to bring resolution to the situation. The focus was to compare the experiences

of the customers' pre-resolution. An additional comparison consideration was the time between when the negative experience occurred and when the customer made the actual online negative review. The time between these events varied by customer.

The data is in the form of narrative information from in-depth interviews. The in-depth interviews sought to find understanding, meaning, and insights into the problem of online negative reviews of medical services from the perspective of the customer. The triangulation method compares data from customers who provide their narrative information about understanding, meaning, and insight into their problem or problems. The research project sought to find common characteristics and patterns deriving from the customer.

Summary of Research Methodology

The research methodology employed a flexible design and the method of triangulation. The research project searched for patterns, meaning, and understanding into the experience of individuals who produce online negative reviews of medical services. A flexible design was appropriate for the search for patterns, meaning, and understanding. This is not the case with a fixed design that is numerical in nature. Triangulation tests the validity of qualitative information (Carter et al., 2014). The triangulation for the research project came in the form of comparing multiple data sources and consideration of the time between each source. The qualitative information derived from in-depth interviews.

Participants

The participants in the research project provided information relating to the research topic. A potential participant needed to fulfill certain requirements for eligibility. The participants were individuals who produced online negative reviews of medical services. The participants produced at

minimum one online negative review of a medical service. Only certain individuals were eligible to

provide information relating to the research topic. Each participant went through a medical experience

that was connected to the online negative review. The medical experience was enough to produce a

proper and honest review. The medical experience of the individuals either contained a sufficient

amount of the medical process or the full experience of the medical process that the individual sought.

In order to avoid an entire medical tirade from the participant, the participant must provide a holistic

medical experience. This holistic experience provided context to the online negative review. A

primary focus of the participants is motivation. One or more negative events in a medical experience

provides motivation within the participant to act upon the creation of an online negative review.

Understanding the motivation of the participant leads to giving medical institutions information to

improve customer relations and marketing. Motivation aligns with one of the research questions. The

other two research questions align with customer relations. The perspective of the participant might

come from a patient, a patient's family member, or a patient's friend. The reviews are negative in

nature and exist on at least one internet platform.

Additionally, the participants live in the geographical region of the research which was the

Midwestern region of the United States. This geographic region consists of North Dakota, South

Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Indiana, Michigan, and

Ohio. The participants are of the legal age of adulthood. The legal age of each participant is over the

age of eighteen. The participant and the type of online negative review indicated the size and nature of

the medical institution, the type of medical personnel, or the type of medical staff and administration.

The participants produced at least one negative review about one or more of the following: medical

institution, medical personnel, and medical staff and administration. The reason medical personnel,

staff, or administration are not part of the participants is because few respond to these reviews. The

likely reasons that only about 1.58% of physicians respond to internet ratings are because of low awareness of patient review websites, few patient review websites offer the ability for physicians to respond to patients, and the absence of an active moderator (Emmert et al., 2017). The research project focused on the perspective of individuals who produce online negative reviews of medical services.

Population and Sampling

The research project examined the population and sampling. The qualitative data came from participants who are part of the general research population relating to individuals who provide online reviews of medical services. Specific characteristics exist within the sampling of the population. The discussion on sampling includes various topics such as the sampling method, the sample frame, the sample size, and the saturation of the sample.

Discussion of Population

The population is from the Midwestern region of the United States. The Midwestern region of the United States is a group of states comprising North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Indiana, Michigan, and Ohio (Census, 2021). The Midwestern region of the United States contains a population of over 68,300,000 individuals (Census Report, 2019). The base population of the geographic region of this study is sizable.

The majority of Americans are aware of online reviews of medical services. One recent study found that a total of 65% of US customers are aware of patient review websites (Emmert et al., 2017). Additionally, the demand for online information about physicians continues to increase with almost 60% of patients stating that online patient reviews of physicians are important when deciding on a physician (Lagu et al., 2017). Although a majority of US customers are aware of medical review websites, fewer customers actually use or produce online reviews of medical services. One study

found that 47% of American adults previously sought their health providers on the internet, 37% of

American adults previously sought consultation from at least one physician rating website, and 7% of

individuals who found information about their medical providers online made an online review about

their experience (Hao & Zhang, 2016). A limited percentage of individuals will produce online

reviews about their medical experience. Even amongst the limited percentage of individuals who

produce online medical reviews, most online reviews are positive reviews as is seen with physicians

(López et al., 2012). The eligible population of the Midwest region who produce online negative

reviews of their medical experience is few in comparison to the total population of the Midwest region.

Discussion of Sampling

The subject matter of sampling for this research project was in the context of qualitative

research. The research project was qualitative, and the sampling aligned with the chosen research

method. Two distinct sampling methods worked for the research project. The two sampling methods

were purposeful sampling and convenience sampling. Within qualitative research, the researcher might

employ more than one sampling approach for the study (Gill, 2020). Purposeful sampling requires the

participant to have traits, qualities, and characteristics necessary to answer research questions about a

product, service, or certain matter (Koerber & McMichael, 2008). Within purposeful sampling, the

highest guiding principle is to make sure maximum variation occurs within the research (Koerber &

McMichael, 2008). Purposeful sampling is meaningful to the research project because of the focus on

specific eligibility which derives from individuals who create online negative reviews of medical

services. Convenience sampling focuses on going to the public, asking those in public to participate,

and finding such participants who are freely available and easy to contact (Koerber & McMichael,

2008). Elements of convenience sampling are applicable to the research project. Online reviews are

open to the public on internet platforms. The possibility exists to find fully eligible individuals on

internet platforms because their reviews are online. The sampling for the research project sought such individuals.

The sample frame is a file or listing of units from which the sample is chosen (DiGaetano, 2013). Ideal sample frame features include coverage of the focus population, the units within the frame are eligible for the research, no duplicates exist, the information within the frame is accurate, helpful auxiliary information is available, and the cost of the sample frame is low (DiGaetano, 2013). The online reviews exist on internet platforms. The possibility exists to find individuals who produce online reviews on different types of internet platforms. Three examples include patient review websites, social media platforms, and online forums. Within various types of internet platforms, patient review websites best fulfill the ideal sample frame features. In particular, these types of websites specifically target eligible participants for the research project. It was the case that participants were found on a mixture of patient review websites and social media platforms.

The desired sample and sample size are crucial parts of sampling. The sample size must reach saturation. Within qualitative research, theoretical saturation occurs when the data from the sample reaches the point where no new concepts or codes emerge (van Rijnsoever, 2017). Information saturation is the aim of the sample size. Some scholarly researchers provide a tentative indication that qualitative research sample size lies in the range of 20 to 30 and typically under 50 (van Rijnsoever, 2017). Another group of scholarly researchers found adequate qualitative sample sizes could occur between 5 and 50 and as low as 4 in a multiple case study (Mthuli et al., 2022). The appropriate qualitative sample is one where all research questions are answered adequately (Mthuli et al., 2022). The research project contained a sample size of 12 and reached a point of saturation. All research questions were fully answered with the sample size. The access to the sample focused on internet

platforms where online reviews of medical services occur. A notable example is the patient review website.

The online review websites included Yelp.com medical reviews, Facebook.com medical reviews, Google.com institutional reviews, patient review websites, and some online hospital reviews. The internet platforms provided relevant information to find individuals who create online negative reviews of medical services. The review search included medical personnel and medical institutions. Thee results of the reviews were in the Midwestern region of the United States. Each individual owns and operates a personal digital account from which that individual provides reviews. The individuals were contacted. Upon a successful contact, the researcher asked some qualifying questions to make sure the individual was both willing to interview and eligible for the research project. The review focuses on the categories of medical personnel, medical administrators and staff, and medical institutions. The aim was to sample individuals from each category. A mixture did occur.

Summary of Population and Sampling

The participants for the research project fulfilled certain requirements for eligibility. The population where the participants originated came from the Midwestern region of the United States. The participants were individuals who produced an online negative review or reviews of medical services. Additional requirements included the age of adulthood and experiences of a full or sufficient amount of the medical experience to create an honest online negative review. The population of eligible individuals was a small portion of the population.

The sampling for the research project includes different dimensions of sampling. Elements of two different sampling methods were appropriate for this research project. The two sampling methods are purposeful sampling and convenience sampling. Purposeful sampling was appropriate to the

research project because of the focus on specific eligibility which derives from individuals who create online negative reviews of medical services. Elements of convenience sampling were appropriate because online reviews are public on internet platforms and directly provide an opportunity to find eligible individuals. Patient review websites are an example of convenience sampling on internet platforms. Patient review websites are also helpful for a sample frame. The sample frame is a file or listing of units from which the sample is chosen (DiGaetano, 2013). Some scholarly researchers provide a tentative indication that qualitative research sample size lies in the range of 20 to 30 and typically under 50 (van Rijnsoever, 2017). Another group of scholarly researchers found adequate qualitative sample sizes could occur between 5 and 50 and as low as 4 in a multiple case study (Mthuli et al., 2022). The appropriate qualitative sample is one where all research questions are answered adequately (Mthuli et al., 2022). The sample for the research project consisted of 12 participants and researched a point of saturation. All research questions were fully answered with the sample size.

Data Collection & Organization

The research project undertook a key process of data collection and organization. Three distinct parts are the data collection plan, instruments, and the data organization plan. The data collection plan focused on obtaining proper qualitative data relevant to the research project. This data came from willing and eligible participants. The instrument to collect data for the research project aligned with the qualitative focus of the research. The specific qualitative instrument was semi-structured interviews. The data organization plan consists of multiple parts. The organization of the data is the foundation of a data tracking system that suits the research project. The data collection and the organization process are preparation for the analysis of the data.

Data Collection Plan

The data for the research project was qualitative. The specific qualitative instrument to collect the data was semi-structured interviews. The sample came from eligible participants who produced at least one online negative review of a medical service. Willing participants were found on patient review websites, social media platforms, and hospital websites. The example of patient review websites are prime digital locations for finding eligible participants because the patient review websites are a specific location to find online reviews of medical services. The different types of review websites included a mixture of positive and negative reviews.

Participants who are both willing and qualified went through an audio interview. The data collection plan made sure to suggest a phone interview first. If the participant wanted to use a different audio form, the researcher was willing to accommodate the participant if possible. All participants agreed to an audio interview, and each was recorded. The focus of the data collection was through audio recording. The audio recordings lead to the following step of transcription. The semi-structured interviews went through transcription. A post-interview was available if necessary. A follow-up interview possibility was designed to help with clarification from the initial interview. Follow-up interviews were not necessary because each participant answered all questions sufficiently.

Instruments

The online negative reviews from customers constitute a form of archival data. Archival data is data that originates from previous research to capitalize on the existing data instead of producing new primary data (Barnes et al., 2018). Insights and understanding of the problem are found within the online negative reviews. Online negative reviews are typically public and accessible for most individuals. The online negative review data not only provides insights and understanding into the

problem but also helps to identify possible participants for further insights and understanding of the problem.

The qualitative instrument for the research project was an interview. Interviews are a common method to collect qualitative information due to the meaningful and rich data opportunities that derive from the interviews (Frels & Onwuegbuzie, 2013). The qualitative instrument for the research project was ideal to provide opportunities for meaningful qualitative data. Specifically, the interview type was a semi-structured interview. A semi-structured interview provides the option to explore certain questions more deeply depending on the participant and the judgment of the researcher.

The interview guide for the research project followed both the research questions and a semi-structured format. The research project contains three overarching research questions. The three research questions are the core of the interview guide. The first research question inquired about the motivation for customers to leave online negative reviews of medical services. The second research question inquired about the type of communication the customer wants as a result of their online negative review. The third research question inquired about the type of resolution the customer wants. Additional clarification questions connect to the three research questions. Appendix H displays the questions in the interview guide.

The first three questions of the interview guide sought information about the review focus, the timing of the review, and where the review or reviews were made. These three questions helped to obtain general information and connect with two of the research questions. The first interview question helped to understand part of the motivation of the customer by knowing who or what was the focus of the online negative review. The second and third interview questions provided information relating to communication which is the topic of the second research question. Interview questions number four

through seven focused on motivation. These questions addressed the first research question of the research project. The questions also included factors of dissatisfaction found during the literature review. Interview questions eight and nine focused on communication. These questions addressed the second research question of the research project. Interview question ten focused on the resolution concerning the participant's experience. This question addressed the third research question.

Data Organization Plan

After the collection of the qualitative data, the plan for the organization of the data began. The organization of the data is the foundation of a data tracking system that suits the research project. The data organization plan utilized a coding template. The coding template consists of five categories which are case context, case description, case themes, cross-case theme analysis, and assertions and generalizations (Creswell, 2007). The first two parts include creating cases. Each case contains a context and description. The third part is the creation of case themes. Creating various case themes are subcategories of the general topic of case themes. The fourth part is the cross-case theme analysis. This part consists of identifying similarities and differences. The fifth part is assertions and generalizations. The assertions and generalizations derive from the previous four parts. See Appendix F for a graph detailing the template for coding.

Summary of Data Collection & Organization

The data collection and organization were a key process of the research project. The three distinct parts are the data collection plan, instruments, and the data organization plan. The data collection plan sought willing and eligible individuals to participate in the research project. An eligible participant was an individual who produced at least one online negative review of a medical service. These individuals were primarily found on various websites including social media platforms, patient

review websites, and hospital rating websites. The qualitative instrument for the research project was a semi-structured interview. The semi-structured interview is ideal to provide opportunities for meaningful qualitative data. The interview guide focused on the three research questions of the research project. The data organization plan utilized a coding template that consists of five categories which are case context, case description, case themes, cross-case theme analysis, and assertions and generalizations (Creswell, 2007). Appendix F presents a graph detailing the template for coding.

Data Analysis

The data analysis followed a specific structure. The data analysis and representation structure comprise of data managing, reading, describing, classifying, interpreting, and representation visualization (Creswell, 2007). The data analysis for the research project also examined five segments that interconnect with the data analysis and representation structure. The segments are emergent ideas, coding themes, interpretation, data representation, and triangulation. Each segment is essential and works together. The emergent ideas lead to coding themes. The coding themes lead to interpretations. The data representation displays information from the emergent ideas, coding themes, and interpretations. Lastly, triangulation is a quality method for each section of the data analysis. The data analysis used a qualitative data analysis tool. The tool was the software program Taguette. Highlighting analysis occurred for emergent ideas. The program uses coding for the coding themes. Interpretations and data representation derived from the analysis. The qualitative data analysis tool prepared the data for the interpretations and data representation.

Data management is the process of creating and organizing files. For the research project, data management included audio recording storage, transcriptions, and files within the Taguette qualitative program. The next step of the data analysis is reading. The reading step encompassed reading the

transcriptions and making notes that would help with coding. The purpose of the describing step is to place context for the cases and describe the cases with the proper context. The classifying step sought to establish categories for establishing patterns and themes. The interpreting step involved both direct interpretation from individual cases as well as general interpretations from all cases. Lastly, the representation visualization step presents the qualitative information in the form of figures.

Emergent Ideas

The analysis of the qualitative data entails comparing data between the respondents. Part of the qualitative analysis included identifying emergent ideas. Qualitative research seeks understanding and searches for meaning and patterns (Jonsen et al., 2018). The patterns are seen from comparing data between the respondents. The process for gathering patterns is the beginning of identifying emergent ideas. The possible emergent ideas went through comparison with the qualitative data to discover if the idea was a found pattern.

Coding Themes

The coding of themes is the next step after identifying emergent ideas. The process for coding themes for the research project was through an open coding method. The open coding method is a holistic review of the data, cross-checking and comparing responses to the identical questions, labeling each concept, and placing data into categories (Iwelunmor et al., 2017). The open coding process occurred for the primary research questions. Additionally, the other standardized questions also went through this coding process. The interviews were semi-structured. The partial flexibility of the interviews produced questions that were not standardized. Coding responses from non-standardized questions occurred when cross-checking and comparing responses were possible.

Interpretation

Interpretation of the data is a process that derives from the proper identification of emergent ideas and coding themes. The emergent ideas and coding themes originated from the interview data. The two types of interview data are standard questions and non-standard questions. All participants received the same standard questions. Non-standard questions are questions that arise during the interview. Interpretation of the qualitative data is built from the insights and understanding of the participant's experience formulated from the emergent ideas and coded themes. The assessment of the interpretation must accurately represent the responses from the experience of participants. Further meaning is found from the qualitative data. Exploring further meaning is the process where observations, significance, implications, and conclusions are found. Finding observations, significance, implications, and conclusions require cross-checking the qualitative data. This includes a thorough cross-checking of the qualitative data at each level, original transcriptions, emergent ideas, and coded themes. The various interpretations mirrored the responses from participants.

Data Representation

The data representation is the process by which the research project represented and visualized the data. The data representation brings the key data from each part into a visual representation. The visualization of the graph is broken into thirds and is shown on page 114 of this document. Each third represents data from emergent ideas, coding themes, and interpretations. Each section is in place vertically. The labels are on the far-left side representing emergent ideas, themes, and interpretations. The top third contains information about the emergent ideas. The middle third contains information about the themes. The lower third contains information about the interpretations. The purpose of the data representation arrangement is to illustrate both distinct parts of the qualitative data as well as present the building of interpretations.

Analysis for Triangulation

Triangulation is a qualitative research strategy that brings information, from various sources, to test the validity of the qualitative information (Carter et al., 2014). The triangulation came in the form of comparing the data from the interviews and each interviewee. Part of the analysis included the consideration of the time between each case. The interview included questions concerning the timing of the medical incident and the timing of the creation of the negative review or negative reviews. Comparing and cross-checking similarities and differences within each customer's responses to the interview questions was necessary for triangulation within the research project. These similarities and differences also went through comparing and cross-checking to the three broader research questions. The timing aligns with the research questions that focus on resolution. The specific research question sought understanding about the type of resolution the customer wants. The focus was the time consideration of pre-resolution.

In addition, the analysis for triangulation included quantitative information. The demographic information was part of the analysis. The notable demographic topic was age. Quantitative data is also outside of demographic information. The number of online negative reviews is one example. Another numeric example for triangulation is the number of online negative reviews for how many different medical services. The combination of the number of negative reviews and the number of locations where the reviews were created provided valuable quantitative information for triangulation.

Summary of Data Analysis

The data analysis section contains information in the areas of emergent ideas, coding themes, interpretation, data representation, and triangulation. The emergent ideas undergo the process of gathering patterns as the method of identifying emergent ideas. The coding themes used the open

coding method. The open coding method is a holistic review of the data, cross-checking and comparing responses to the identical questions, labeling each concept, and placing data into categories (Iwelunmor et al., 2017). The interpretation of the qualitative data was built from the insights and understanding of the participant's experience formulated from the emergent ideas and coded themes. After the process of emergent ideas, coding themes, and interpretations, each part is shown through data representation. The purpose of the data representation arrangement is to illustrate both distinct parts of the qualitative data as well as present the building of interpretations. Lastly, triangulation came in the form of comparing the data from the interviews and each interviewee. The analysis included the consideration of the time between each case. The purpose of the triangulation analysis is to test the validity of the information.

Reliability and Validity

The purpose of this section is to provide information about reliability, validity, and bracketing within the research project. The reliability, validity, and bracketing operate qualitatively for the research project. The reliability and validity topics cover multiple ways of increasing reliability and validity. The reliability topic reviews areas of credibility, transferability, dependability, and confirmability. The validity topic reviews areas of bracketing, triangulation, and saturation. Additionally, the bracketing method will receive focus within the validity topic as well as a separate topic.

Reliability

The research project used qualitative methods. The qualitative data resulted from the method and used reliability methods to ensure quality. Reliability within qualitative research is the consistency of the analytic procedures (Noble & Smith, 2015). Consistency refers to trustworthiness in the

methods so that the decisions of the researcher are transparent and clear (Noble & Smith, 2015). The research project reached consistency with the analytic procedures.

Specific topics within qualitative reliability applied to the research project. The topics are credibility, transferability, dependability, and confirmability. Credibility refers to the findings accurately representing the views of the participant, transferability refers to the applicability of the findings in other contexts, dependability refers to the research logicalness and traceability, and confirmability refers to the interpretations linking to the data (Murray et al., 2015). The credibility of the research projects sought to ensure that the views of the participants are accurate to their meaning. If an answer to a question was unclear, further questions added clarification to ensure the understanding of the participant's view. Transferability for the research project properly addressed limitations, the research setting, and the participants. These factors ensured that the research project was applicable to other contexts. Dependability for the research project examined the research logic and traceability. The foundation of the study and research methods lay out the logic to the research project. The methods for the research project are available and traceable. Lastly, confirmability for the research project ensured that the interpretations link to the qualitative data. The qualitative data and interpretive findings properly relate to each other.

Validity

The topic of validity was a concern for the research project. Validity within qualitative research is the exactitude to which the research findings accurately reflect the qualitative data (Noble & Smith, 2015). The research project employed particular methods to enhance the validity of the findings. The methods were bracketing, triangulation, and reaching saturation.

The purpose of the bracketing method is to mitigate the potential adverse effects of unacknowledged preconceptions connecting with the researcher and the research project (Tufford & Newman, 2012). The direction of the research project was to obtain the personal experience of the participant and not the personal experience of the researcher. Using the bracketing method helped to strengthen the validity of the research project by addressing preconceptions.

The triangulation for the research project came in the form of comparing multiple data sources and consideration of the time between each source. Triangulation is a qualitative research strategy that brings information, from various sources, to test the validity of the qualitative information (Carter et al., 2014). The qualitative data underwent cross-checking to test the validity of the qualitative data.

The point of qualitative saturation is when no new concepts emerge from additional participants. Various scholarly researchers provide a tentative indication that qualitative research sample size lies in the range of 20 to 30 and typically under 50 (van Rijnsoever, 2017). Another group of scholarly researchers found adequate qualitative sample sizes could occur between 5 and 50 and as low as 4 in a multiple case study (Mthuli et al., 2022). The aim of the research project was to reach the point of no new concepts emerging from further participants which did occur. Additionally, all research questions were fully answered with the sample size. Reaching saturation helped to strengthen validity because relevant concepts to the research project went through a thorough review deriving from the qualitative data.

Bracketing

When using the bracketing method, researchers must identify any cultural factors, hunches, assumptions, personal experience, and connecting interests that might influence the researcher and how the researcher studies the data (Fischer, 2009). The use of the bracketing method must find the

researchers reflecting on each stage of qualitative research including the choosing of the research topic, choosing the population, the design of the interview, data collection, data interpretation, and reporting the findings from the data (Tufford & Newman, 2012). The bracketing method was holistic throughout the entire research project.

The primary use of the bracketing method was to reflect on the personal experience of each participant. The personal experience of the researcher throughout the research project was irrelevant to the research topic. Each participant told their story about their experiences which led to creating an online negative review of at least one medical service. The nature of semi-structured interviews is that each participant undertook a series of questions that were the same for each participant. This allowed proper comparisons between the standardized questions from each participant. These questions align with the primary research questions by solely focusing on the personal experience of each participant. The aim of using the bracketing method was to help avoid the personal bias of the researcher for the research project.

Summary of Reliability and Validity

The reliability and validity operate qualitatively for the research project. Reliability within qualitative research is the consistency of the analytic procedures (Noble & Smith, 2015). Different methods helped increase reliability. Increasing reliability included the areas of credibility, transferability, dependability, and confirmability. Validity within qualitative research is the exactitude to which the research findings accurately reflect the qualitative data (Noble & Smith, 2015). Different methods helped increase validity. The increasing of validity included the areas of bracketing, triangulation, and saturation. The researcher must identify anything that might influence the researcher

while conducting research. Employing the bracketing method helped identify these potential issues. The bracketing method is holistic and used throughout the entire research project.

Summary of Section 2 and Transition

Section 2 examined the project. The project began with the purpose statement for the research project. The role of the researcher is to remain objective throughout the research process. The use of the bracketing method occurred to help avoid personal bias. The research methodology for the research project employed a flexible design and the method of triangulation. Triangulation came in the form of comparing multiple data sources and consideration of the time between each source.

An examination of certain characteristics occurred within the population and sampling. The participants for the research project fulfilled certain requirements for eligibility. Participant eligibility included age, regional location, the creation of an online negative review of a medical service, and the participant experienced a sufficient amount of the medical service to create an honest online negative review. The sampling for the research project covered different dimensions of sampling which derive from purposeful sampling and convenience sampling. Elements from these two different sampling methods were appropriate for this research project. The sample size reached the point of saturation.

The data collection and organization section reviewed three distinct parts which are the data collection plan, instruments, and the data organization plan. The data collection plan sought willing and eligible individuals to participate in the research project. The qualitative instrument for the research project was a semi-structured interview. The data organization plan utilized a coding template that consists of five categories which are case context, case description, case themes, cross-case theme analysis, and assertions and generalizations (Creswell, 2007). Appendix F illustrates the template. The data analysis section contains information in the areas of emergent ideas, coding themes, interpretation,

data representation, and triangulation. An examination of reliability and validity occurred with the qualitative data. Reliability within qualitative research is the consistency of the analytic procedures (Noble & Smith, 2015). The increasing of reliability examined the areas of credibility, transferability, dependability, and confirmability. Validity within qualitative research is the exactitude to which the research findings accurately reflect the qualitative data (Noble & Smith, 2015). The increase in validity included using bracketing, triangulation, and saturation. The bracketing method is holistic and meant for use throughout the entire research project.

The following section features several topics for professional practice and implications for change. This is the third and final section of the research project. The third section includes an overview of the study. A presentation of the findings includes different parts. The parts are the themes discovered, interpretation of the themes, representation and visualization of the data, and the relationship of the findings. An application to professional practice will occur. The application to professional practice includes improving general business practices and potential application strategies. The findings lead to a recommendation for further study segment. This will encompass reflections, personal and professional growth, and a biblical perspective. A final summary and study conclusions will end this research project. These are the topics of the third section.

Conclusion of Section 1 and Section 2

In conclusion, Section 1 provided a foundation into the topic of marketing management of online negative reviews of medical services. Online negative reviews of medical services are problematic for medical personnel, administration, and the general organization. The problem of online negative reviews derives from the customer. Marketing management of these online negative reviews remains a current problem. The purpose of the research questions is to help understand and

gain insights into the problem. The current research is mostly from a medical perspective which is part of the holistic understanding of the problem. An opportunity exists for a marketing and business administration perspective to help address the problem.

Section 2 of the research project focused on conducting the research. The contents of Section 2 are necessary components directing the research on individuals who produce online negative reviews of medical services. The alignment of the research questions to the method of the research project builds into conducting the research and final conclusions. Defining the purpose statement, role of the researcher, research methodology, participants, population and sampling enables a proper foundation for research collection of data, organization, and analysis. Every component within the conduction of the research leads to the focus of gaining qualitative insights and understanding in the problem of online negative reviews of medical services.

Section 3: Application to Professional Practice and Implications for Change

Section 3 includes the application to professional practice and implications for change. Section 3 includes a presentation of the findings and additional suggestions after the analysis of the data. This section consists of various parts. The first part of Section 3 is the presentation of the findings. This section includes the themes discovered, the interpretation of the themes, the representation and visualization of the data, and the relationship of the findings. The relationship of the findings evaluates the research questions, conceptual framework, anticipated themes, literature, and the problem. The second part of Section 3 is the application to professional practice. This section will review improving general business practices and potential application strategies. The third part of Section 3 reviews recommendations for further study. The fourth part of Section 3 is on the topic of reflections. These are personal reflections about personal and professional growth and a biblical perspective.

Overview of the Study

The starting point of the research examines the problems deriving from online negative reviews of medical services. Although different types of medical professionals explore the problem, this research asks how marketing professionals could address this particular problem. Three research questions were formed. The questions relate to the personal experience of a customer, who is also a patient, or individuals who are impacted by medical services such as family members or friends. Each type of person is capable of creating an honest online review of their experience. The research questions explore the motivation of the individual, desired communication, and resolution to their particular problem or problems.

Qualified individuals were contacted and given an invitation to participate in the research project. Qualified individuals came from various review internet platforms. Examples include Yelp.com medical reviews, Google.com reviews of medical institutions, Facebook.com, patient review websites, and review postings on medical institution websites. A qualification verification occurred before the interview. Specifically, the researcher asked qualification verification questions. Some individuals who responded did not qualify. All participants read and signed the consent form for the study. One particular demographic qualification is a Midwestern location. The research project focused on individuals who live in the Midwestern United States which consists of North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Indiana, Michigan, and Ohio (Census, 2021). All participants lived in the Midwestern region. Another demographic qualification was age. The minimum age is 18, the age of legal adulthood in the United States. The participant age range was 35 to 69. The total number of willing and qualified participants was 12 for the research project.

The research project is qualitative. Semi-structured interviews were used to collect data. The interview guide for this project is found in Appendix H. Each participant went through some standardized questions. The semi-structure design allowed for some flexibility within the interview to ask more questions or clarifying questions. All of the interviews were conducted with an audio recording device. After each interview, the audio file went through a full transcription on a digital document. Once all interviews were collected and transcribed, each digital document was uploaded to a qualitative research program. The qualitative research program is called Taguette. The Taguette program allows for coding. The coding process from Taguette aided the qualitative data analysis.

Qualitative data analysis was used to answer the three research questions for the research project. The first research question was about the motivation of the customers who leave online negative reviews of medical services. The findings showed a variety of motivations, and the motivations were either self-motivated, others motivated, or both self and others motivated. Additionally, the findings showed that participants took either an affective approach, a cognitive approach, or a combination of both. Some participants sought a form of support as their motivation in comparison to a minority of participants who had vindictive elements to their motivation. The second research question was about the type of communication the customer wanted as a result of their online negative review. Most participants wanted some form of communication. A minority did not want any form of communication with someone from the medical institution. The third research question was about the type of resolution the customer wanted. Most participants wanted some form of resolution with someone from the medical institution. A minority did not want any form of resolution with individuals from the medical institution. In addition to the research question findings, seven themes were discovered from the data. The seven discovered themes are a desire for help, wanting their voice

heard, the scope of dissatisfaction, waiting to respond, not expecting direct communication, not expecting direct resolution, and limited resolution.

Explanations for the findings were examined in the form of theories. Five theories were explored to help explain the findings. The theories are cognitive dissonance theory, attribution theory, the theory of planned behavior within the context of products and services, social support theory, and the model of patients' social support needs. Cognitive dissonance theory takes place when an expectation of the product or service does not match the performance of the good or service (Balaji et al., 2016). Within classical attribution theory, individuals make attributions to information from a stimulus, circumstance, person, or some mixture of the three (Laczniak et al., 2001). The theory of planned behavior helps to explain the intention for individuals to engage in negative word-of-mouth communications (Cheng et al., 2006). Three factors are part of the theory of planned behavior which are attitude, subjective norm, and perceived behavioral control. Social support theory concentrates on the individual and how they use their social network for support to deal with negative events (Balaji et al., 2016). The model of patients' social support needs places the patient or customer's needs into two general categories of cognitive needs and affective needs (Sanders et al., 2020). Cognitive dissonance theory was somewhat present in the findings. Attribution theory was mostly not seen in the findings. The theory of planned behavior was strongly seen within the factors of attitude and perceived behavioral control. The social support theory was mostly not present in the findings. Lastly, the model of patients' social support needs was a strong model for understanding the findings.

Qualitative interpretations were also used as an explanation of the findings. A desire for help was one of the discovered themes. The desire for help was either for oneself, external help to others, or for individuals at the medical institution. The external help to others is seen in the case of warning potential customers who read the review. The help for those at the medical institution is seen in the

case of hoping for institutional improvement. Most online negative reviews from the participants

occurred between two weeks and six months after the medical incident or incidents. The lack of

communication and resolution by individuals who work at the medical institution might motivate

customers to find secondary communication methods as a way for their voices to be heard. More

specifically, the lack of communication and resolution might motivate the customers to create one or

more online negative reviews of their medical service or services.

Presentation of the Findings

The presentation of the findings includes multiple topics for review. The topics include themes

discovered, interpretation of the themes, representation and visualization of the data, relationship of the

findings, and the summary of the findings. The relationship of the findings will additionally include

the research questions, the conceptual framework, anticipated themes, the literature, and the problem.

The purpose of the presentation of the finding is to describe the results arising from the data

collection, which is qualitative in the form of interviews. A series of topics and questions were

standard across all interviews. The standardization allowed for comparisons across each interview.

The interviews were also flexible enough to ask more specific questions concerning each participant's

experience. There was a total of eleven sections in the interviews that allowed for comparisons. The

eleven sections are as follows. The motivation of the participant within the focus of the review. The

focus of the online negative review. The timing of when the negative review was made. The location

of the online negative review. The feelings, reasons, and the degree of emotions surrounding the

choice to make a review. The level of satisfaction with the medical service that led to the online

negative review. Factors of healthcare satisfaction from past research. The type of communication the

participant wants. The particular person with whom to communicate is from the perspective of the

participant. The type of resolution the participant wants.

The participants' codes are P1 through P12. The demographic information for the research

project was recorded at the end of the interviews. The total number of participants was twelve. The

first demographic question is age. The age range of the participants is 35 to 69 years old. Three

participants are in the late late-sixties (P1, P3, P8), one participant is mid-sixties (P4), four participants

are early-sixties (P2, P7, P11, P12), three participants are early-forties (P5, P9, P10), and one

participant is mid-thirties (P6). The second demographic question was ethnicity. Participants best

described as Caucasian 83% (P1, P2, P5, P6, P7, P8, P9, P10, P11, P12), Hispanic 8% (P4), and mixed

ethnicity 8% (P3). The third demographic question was gender. The female participants are 58% (P1,

P6, P8, P9, P10, P11, P12) of the sample and the male participants are 42% (P2, P3, P4, P5, P7) of the

sample. The fourth demographic question was the state of residency. The participants from the state of

Michigan are 75% (P1-8, P11) of the sample and the participants from the state of Indiana are 25% (P9,

P10, P12) of the sample. The fifth demographic question was the level of schooling completed. The

following is the education profile of the participants; 8% of participants had some college (P3), 8% of

participants completed an associate's degree (P10), 8% of participants completed a three-year

professional degree (P8), 25% of participants completed a bachelor's degree (P2, P9, P12), 42% of

participants completed a master's degree (P1, P5, P6, P7, P11), and 8% of participants completed a

doctoral degree (P4).

Themes Discovered

Certain themes emerged from the interviews. The discovered themes were examined and a total

of seven themes were discovered. The first theme reflects a desire for help. The second theme is

wanting their voice heard. The third theme is the scope of dissatisfaction. The fourth theme is waiting to respond. The fifth theme is not expecting direct communication. The sixth theme is not expecting direct resolution. The seventh theme is limited resolution. These themes are largely seen amongst most or all of the participants.

Theme 1: A Desire for Help. The first theme reflects a desire for help. The desire for help was seen in three types of categories. One category is help for oneself. Another category is external help to others. The final category is internal help for those at the medical institution. External and internal refers to the perspective of the medical institution.

The desire for help for oneself (P1, P2, P4, P5, P9, P12) is seen in the form of personal complaints towards one or more individuals at medical institutions. Some participants wrote online negative reviews of their medical service to help others externally from the medical institution or individuals who work at the medical institution. This is seen as warning other customers who might seek information online about the medical institution or individuals who work at the medical institution. Some participants (P3, P8, P11) were attempting to help others by providing a warning or altruism. In a similar manner, these customers of the medical services were letting others know that better alternatives exist. Lastly, are reviews focusing on internal help for at the medical institution. This is seen as letting individuals at the medical institution know of problems with the hope for improvement in those areas. Several of the participants (P2, P5, P6, P7, P12) hoped for institutional improvement.

The possibility exists that a participant experienced more than one of these categories as part of their desire for help. This is also seen in three general motivation categories. The categories are self-motivated, others motivated, or both self and others motivated. Self-motivated means the participant

shared information online about their personal negative experience. Others motivated means sharing information online with others. The majority of participants (P1, P2, P4, P5, P9, P12) were self-motivated. Two participants (P7, P11) were solely others motivated. Some participants (P3, P6, P8, P10) were both self and others motivated.

Theme 2: Wanting their Voice Heard. The second theme is that participants want their voices heard. Each participant experienced one or more motivations to create an online negative review of their medical service. Time was taken to create the reviews. The participants put thought into considering where to place the online negative review. In each situation, there was a target audience to read the review. This theme draws from the previous theme of a desire for help. The audience might include one or more individuals internally at the medical institution or externally from the medical institution as is seen with potential customers who are seeking information. An example of externally is when a participant provides a warning to potential customers. As one participant (P11) stated, "I just want others to be aware that this is Doctor (John Doe's) pattern and that there are (other) options." Helping others by providing a warning or altruism was seen with some participants (P3, P8, P11). An example of an internal audience for individuals at the medical institution is seen with the case of hoping for institutional improvement. Several participants (P2, P5, P6, P7, P12) hoped for institutional improvement.

Two examples from the participants focused heavily on this theme. One participant (P4) said, "Well I think when we make a review whether it's positive or negative we want to make sure it's heard." The participant (P4) additionally said, "I would like to know that it makes a difference if somebody is actually hearing my written or communication by voice or by internet or whatever to see that somebody did hear it and is trying to address those issues." A final example comes from a participant (P6) who said, "I don't need any communication other than just that they got it (the online

review) and that they will take it under review." The participants clearly expressed wanting their voice heard by either one or more individuals internally at the medical institution, for an external audience, or some combination of both.

   Theme 3: Scope of Dissatisfaction. The third theme was the scope of dissatisfaction. Dissatisfaction with medical services occurred among the participants. The particulars deriving from their personal dissatisfaction led to creating one or more online negative reviews. Two general categories occurred in the scope of dissatisfaction. One category is a limited focus of dissatisfaction. This category happens when a particular event occurs that leads to their dissatisfaction. Participants in this category might explain that their medical experience was mostly satisfactory but with a specific exception. That exception creates dissatisfaction and leads to an online negative review. The other category is repeated negative incidents. As the participants experience more and more problems in their healthcare process, the likelihood of a negative review increases. Some participants (P3, P7, P11) experienced multiple problems which lead to them creating one or more online negative reviews.

   Several participants (P2, P4, P6, P9, P11, P12) experienced a limited focus of dissatisfaction. One prime example was a participant (P9) who answered that the general healthcare was satisfactory yet the reason for the online negative review was concerning a problem with one medical personnel. A highly specific reason led to the online negative review despite an otherwise satisfactory medical experience. Other participants (P1, P3, P7) experienced a high level of dissatisfaction. These participants were highly descriptive, vocal, and passionate about their dissatisfaction which led to the online negative review. Additionally, other participants (P5, P8, P10) experienced a lesser form of dissatisfaction in comparison to the higher level of dissatisfaction. This category is dissatisfaction. Dissatisfaction was clearly present but not to an exceptionally high degree as described as highly

descriptive, vocal, and passionate. The scope of dissatisfaction did indeed vary depending on the participant.

Theme 4: Waiting to Respond. The fourth theme is that the participants typically wait to respond with a review. Respond means creating an online negative review as a result of their healthcare experience. The timing was not usually immediate with the participants. The one notable exception (P1) was an emergency situation. That online negative review occurred within twenty-four hours of the healthcare. A partial exception was a participant (P3) who created multiple online negative reviews of which one was within twenty-four hours. The other participants waited at least two weeks to create one or more online negative reviews. The time range was two weeks to six months after their negative healthcare experience. Even within the time range of two weeks to six months, a variety of answers were given by the participants. Two participants (P5, P10) were about two weeks, one participant (P4) was after a few weeks, two participants (P9, P12) were after about a month, and three participants (P2, P6, P8) were after a few months of the negative healthcare experience. The other participants (P3, P7, P11) experienced longer timeframes where the incidents built up which led to the online negative review or reviews. The negative healthcare experience seems to linger in the minds of the participants. The online negative review of the medical service or services is then typically created after some time passes.

Theme 5: Not Expecting Direct Communication. The fifth theme is not expecting direct communication. The participants generally did not expect a response from anyone at the medical institution. The possibility exists that the participant might hope or want communication from someone at the medical institution, although they do not expect communication. Additionally, participants might not want communication altogether. Direct communication is when someone at the medical institution responds to the online negative review. An indirect form of communication comes

from some participants providing reviews focusing on internal help for those at the medical institution. The indirect communication from the customer is letting individuals at the medical institution know of problems with the hope for improvement in those areas. No participants received direct communication as a result of their online negative review.

The only participant (P12) who received desired communication did not receive communication as a result of the online negative review. Communication occurred through a series of phone calls. Another participant (P1) who wrote an online negative review ended up using phone calls and said, "I got what I needed because I raised a stink." Direct communication did not occur due to the online negative review. One participant (P8) who experienced problems with medical equipment stated, "You know a lot of times when you're when you put in something negative the company will get on and they'll answer back or just send it back or we'll fix it or we'll repair it or we'll send you a new one. There was none of that, none of it." Communication as a result of the online negative review was not present with the participants.

Theme 6: Not Expecting Direct Resolution. The sixth theme is that individuals who create online negative reviews generally do not expect direct resolution. Direct resolution is when one or more individuals at the medical institution reach out to successfully help the customer who created the online negative review as a result of the online negative review. The participants might want or hope for a resolution. Some participants (P2, P5, P6, P7, P12) hoped for institutional improvement. Institutional improvement will not likely directly help the participant. The desire for institutional improvement is the hope that other customers do not experience what the author of the online negative review experienced. The online negative reviews are sometimes focused on others who might research the medical institutions or individuals who work at the medical institution. This acts as a warning or letting others know of alternatives. Some participants (P3, P11) did not want or care for resolution

from the medical institution. The only participant (P12) who received desired resolution did not receive resolution as a result of the online negative review.

The expectation for direct resolution is typically not present with the participants. The hope for institutional improvement is an indirect resolution because it does not directly involve the author of the online negative review.   Regarding resolution, one participant (P8) said, "And that would be really great. I don't see that happening." Another participant (P1) said, "I'd love an apology, but I know I'll never get that." The participants do not expect direct resolution to their problem or problems as a result of their online negative review of the medical service or services.

Theme 7: Limited Resolution. The seventh theme is limited resolution. Within the sample for the research project, only one participant (P12) obtained a desired resolution to the problem that led to the online negative review. The resolution was not obtained as a result of the online negative review. None of the participants received resolution as a result of the online negative review. Some participants hope to help others within the medical institution or help others who might research information online about the medical institution or individuals who work at the medical institution. The problems that the participant experienced mostly were not addressed or the participant does not know if institutional improvement occurred. Resolution to the problem or problems was limited from the perspective of the customer.

Only one participant (P12) obtained a desired resolution to the problem that led to the online negative review and the resolution was not obtained as a result of the online negative review. Two participants took different approaches to the concept of resolution. One participant (P3) simply did not expect any resolution. Another participant (P11) did not care for any resolution. The other nine participants (P1, P2, P4, P5, P6, P7, P8, P9, P10) wanted some form of resolution to their problem or

problems that lead to the online negative review. One example of resolution is the desire for institutional improvement. Several participants (P2, P5, P6, P7, P12) wanted institutional improvement. An example was when one participant (P6) said, "Maybe next time they'll try to do better." Many different types of resolutions were desired by the participants which included receiving proper medical equipment, wanting a more efficient, fast, and smooth medical process for the future, improved ability to see a doctor, warning others of a doctor, warning of others of a medical institution, letting others know there are other medical options exist, wanting the medical institution to make sure others do not go through a similar experience, wanting better future decision making of the medical institution as a unit, wanting medical institutional leaders involved in making improvements for the medical institution, show mercy and respect to patients, and honor people's conscience. These different types of resolution were not achieved directly to the participants. The desired resolution to the problems faced by most participants was limited or did not occur.

Interpretation of the Themes

The purpose of this section is to provide interpretations for the discovered themes. A total of seven discovered themes received review. The discovered themes are a desire for help, wanting their voice heard, the scope of dissatisfaction, waiting to respond, not expecting direct communication, not expecting direct resolution, and limited resolution.

The first discovered theme was the desire for help. The desire for help was reviewed and categorized as help for oneself, external help to others, and help for those at the medical institution. The concept of providing a warning or altruism was present with some of the participants (P3, P8, P11). The focus is on potential customers who are seeking information about a medical institution or individuals who work at the medical institution. When customers do not expect communication or

resolution from the medical institution, this shows that customers are focused on potential customers seeking information online. The online negative review is a warning to others, or the customer is letting others know of alternatives.

The second discovered theme was wanting their voices heard. The online negative reviews of medical services might serve as a secondary form of communication in many medical situations. Traditional word-of-mouth communication is likely used as a primary source of communication with individuals at medical institutions, family, friends, or potential customers. The customers might seek support, hope for institutional improvement, warn others, or offer alternatives to others within traditional word-of-mouth communication. Even within the context of online negative reviews, the customers still wanted their voices heard. Helping others by providing a warning or altruism was seen with some participants (P3, P8, P11) and several participants (P2, P5, P6, P7, P12) hoped for institutional improvement. The lack of communication and resolution by individuals who work at the medical institution might motivate customers to find secondary communication methods as a way for their voices to be heard. The lack of communication and resolution only furthers the original scope of dissatisfaction that the customer experienced.

The third discovered theme was the scope of dissatisfaction. Each participant experienced some form of dissatisfaction. The scope of dissatisfaction ranges from a limited or focused incident (P2, P4, P6, P9, P11, P12) to many problems or incidents (P3, P7, P11) that the customer experienced. From the perspective of the customer, dissatisfaction can emerge during any point in the medical process. Additionally, the tolerance of dissatisfaction will vary by customer. The dissatisfaction experienced by the customer is a motivation to create an online negative review of the medical service or services.

The fourth discovered theme was waiting to respond. One participant (P1) created an online negative review within twenty-four hours of the medical care. This was an emergency situation. Most of the other participants waited between two weeks and six months. One notable exception was a participant (P3) who created multiple online negative reviews of which one was within twenty-four hours. The decision to create the online negative review was generally not immediate. The lack of resolution might motivate the customers to create an online negative review. This is with the understanding that online negative reviews are not a primary communication channel; the primary communication channel means the focused means of communication. The online negative reviews of medical reviews are typically a secondary form of communication.

The fifth discovered theme was not expecting direct communication. The only participant (P12) who received desired communication did not receive communication as a result of the online negative review. The lack of communication and resolution by individuals who work at the medical institution might motivate customers to find secondary communication methods as a way for their voices to be heard. Additionally, when customers do not expect communication or resolution from the medical institution, this shows in some situations that customers are focused on potential customers seeking information online. The online negative review or reviews (P3, P8, P11) are a warning to others, or the customer is letting others know of alternatives.

The sixth discovered theme was not expecting direct resolution. The only participant (P12) who received desired resolution did not receive the resolution as a result of the online negative review. The lack of communication and resolution by individuals who work at the medical institution might motivate customers to find secondary communication methods as a way for their voices to be heard. Additionally, when customers do not expect communication or resolution from the medical institution, this shows in some situations that customers are focused on potential customers seeking information
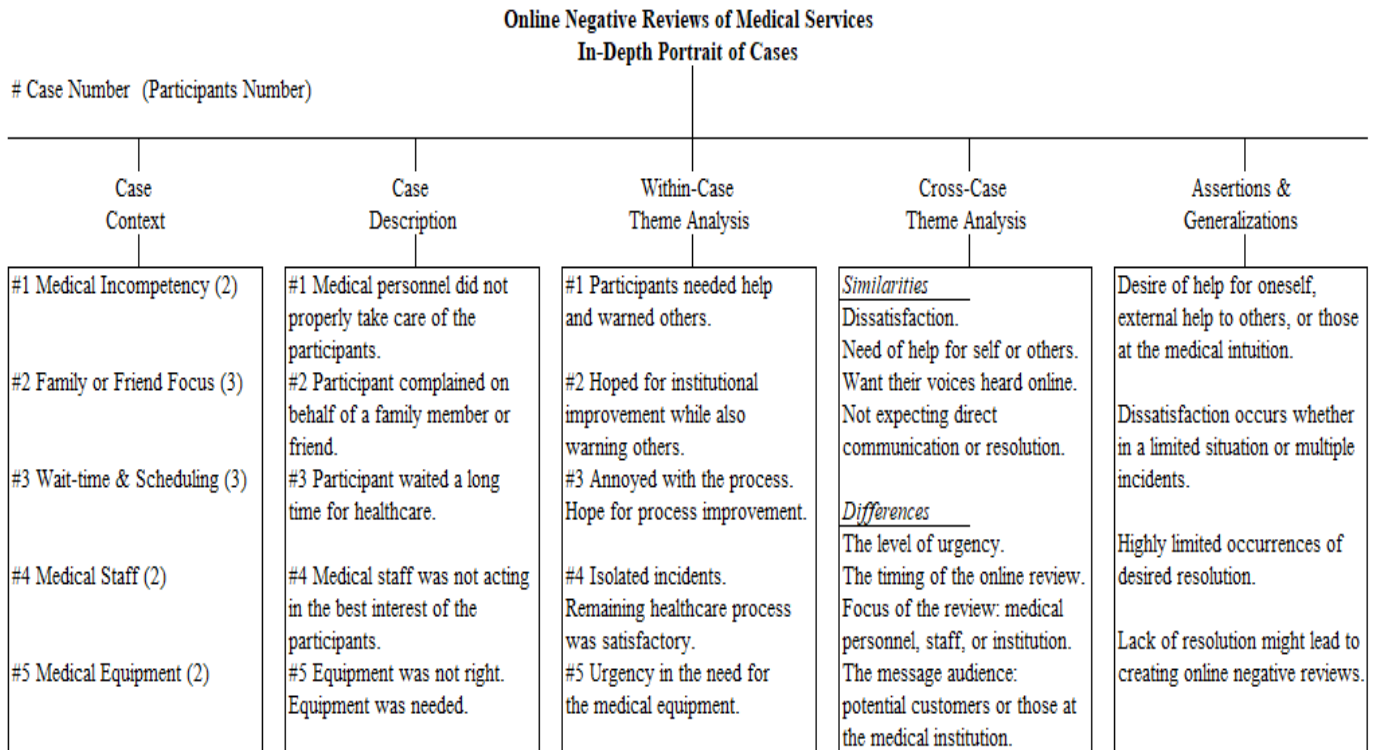
online. The online negative review or reviews (P3, P8, P11) are a warning to others, or the customer is letting others know of alternatives.

The seventh discovered theme was limited resolution. The fact that one participant (P12) received their desired resolution was not an expectation. The resolution did not derive from the online negative review. The lack of resolution to medical problems might motivate customers to create online negative reviews of medical services. Creating online negative reviews of medical services is one way to express frustration over the customer's personal situation. This scenario might explain customers who took a more affective approach to their decision to create the online negative review. Other customers took a cognitive approach. The cognitive approach to lack of resolution is wanting to reach others about improvements or corrections within the healthcare process.

Representation and Visualization of the Data

The representation and visualization of the data consists of two graphs. The first graph is the template for coding a case study which is part of the data organization plan. The original template for coding a case study is found in Appendix F. The second graph is the data representation arrangement for the research project.

The template for coding a case study graphically views the in-depth portrait of the cases. This process builds into five parts. The parts are the case context, case description, within-case theme analysis, cross-case theme analysis, and assertions and generalizations.

Online Negative Reviews of Medical Services
In-Depth Portrait of Cases

Case Number (Participants Number)

Case Context	Case Description	Within-Case Theme Analysis	Cross-Case Theme Analysis	Assertions & Generalizations
#1 Medical Incompetency (2) #2 Family or Friend Focus (3) #3 Wait-time & Scheduling (3) #4 Medical Staff (2) #5 Medical Equipment (2)	#1 Medical personnel did not properly take care of the participants. #2 Participant complained on behalf of a family member or friend. #3 Participant waited a long time for healthcare. #4 Medical staff was not acting in the best interest of the participants. #5 Equipment was not right. Equipment was needed.	#1 Participants needed help and warned others. #2 Hoped for institutional improvement while also warning others. #3 Annoyed with the process. Hope for process improvement. #4 Isolated incidents. Remaining healthcare process was satisfactory. #5 Urgency in the need for the medical equipment.	*Similarities* Dissatisfaction. Need of help for self or others. Want their voices heard online. Not expecting direct communication or resolution. *Differences* The level of urgency. The timing of the online review. Focus of the review: medical personnel, staff, or institution. The message audience: potential customers or those at the medical institution.	Desire of help for oneself, external help to others, or those at the medical intuition. Dissatisfaction occurs whether in a limited situation or multiple incidents. Highly limited occurrences of desired resolution. Lack of resolution might lead to creating online negative reviews.

The purpose of the data representation arrangement is to illustrate both distinct parts of the qualitative data as well as present the building of the interpretations. The graph is broken into thirds. Each third represents data from emergent ideas, coding themes, and interpretations.

Emergent Ideas	The motivation was either emotional, rational, or some combination.
	Most create online negative reviews between 2 week to 6 months after the incident(s).
	Dissatisfaction was either from repeated problems or limited problem.
	Some participants might hope for or want communication.
	Some participants do not want communication or resolution.
	Only one participant received desired resolution and it was not derived online.
Coding Themes	Customer wants: a desire for help & their voice heard.
	Customer: scope of dissatisfaction & waiting to respond.
	Customer not expecting direct communication or direct resolution.
	Limited resolution.
Interpretations	Desire of help for oneself, external help to others, or those at the medical institution.
	The lack of resolution might motivate the customers to create an online negative review.
	Customer seeks secondary communication online because of non-resolution.

Relationship of the Findings

The purpose of the relationship of the finding is to discuss how the findings relate to key areas from the research proposal. The five areas for analysis are the research questions, the conceptual framework, anticipated themes, the literature, and the problem. The areas undergo a reexamination concerning the findings.

The Research Questions. The purpose of this section is to discuss how the findings address each of the research questions. The first research question: What is the motivation for customers to leave online negative reviews of medical services? The second research question: From the customer's perspective who provide online negative reviews, what type of communication does the customer want as a result of their online negative review? The third research question: From the customer's perspective who provide online negative reviews, what type of resolution does the customer want? The research questions seek understanding, meaning, and insights from the customer's perspective on how

marketers must understand the customer's motivations to create negative reviews, address the customer's concerns, and resolve online negative reviews from customers or individuals.

The Research Questions and the Context. Three questions, within the interviews, helped to provide context to the participant's situation. The three context questions are as follows. The focus of the online negative review. The timing of when the negative review occurred. The location of the online negative review.

The focus of the online negative review was part of the interview. The participants focused on doctors, medical staff, and medical institutions. Some situations involved a combination. An example was a complaint against a medical institution and one doctor. This example illustrates how interconnected the employees are to the greater medical institution. Some participants connected a combination of employees with the medical institution while others focused on one particular employee at the medical institution.

The following are the focus scenarios from the participants. The number of participants who focused primarily on the medical institution was 50% (P2, P3, P5, P7, P10, P12). The number of participants who primarily focused on the medical staff was 25% (P4, P6, P9). The number of participants who primarily focused on a doctor was 8% (P11). The number of participants who primarily focused on the medical institution and medical equipment was 17% (P1, P8).

The timing of the online negative review was questioned during the interviews. The purpose of this question aimed to see how long the participant waited to create the review in comparison to the negative incident or incidents. Some negative situations built up over time. The following is the summary of when participants created an online negative review in comparison to the incident. The percentage of participants who made only one online negative review and within twenty-four hours was

8% (P1), after about two weeks was 17% (P5, P10), after a few weeks was 8% (P4), after about a month was 17% (P9, P12), and after a few months was 25% (P2, P6, P8). The other 25% (P3, P7, P11) of participants had longer timeframes where the incidents built up. One participant had problems for three years and made an online negative review a few weeks after the end of the healthcare (P11). One participant had multiple incidents and made one review within twenty-four hours and another review about six months later (P3). One participant had multiple and ongoing incidents that lasted about four months which led to an online negative review (P7). The ongoing problems eventually prompted the online negative review (P7).

The location of the online negative review was part of the sampling and questioning for the research project. Various patient review websites exist. Additionally, three generally recognizable websites contain an ability to rate or discuss a review regarding a medical service. The three examples are Yelp.com medical reviews, Google.com reviews of medical institutions, and Facebook.com. One or two participants were found from each of these three websites. Furthermore, one patient review website and some online review postings on a few different medical institution websites were represented in the sample. A total of 92% of participants (P1, P2, P4, P5, P6, P7, P8, P9, P10, P11, P12) wrote a negative medical review on only one internet platform and 8% of participants (P3) wrote more than one negative medical review on more than one internet platform.

The First Research Question. Four questions within the interviews helped to provide insight and understanding into the first research question. The four questions are as follows. The motivation of the participant within the focus of the review. Feelings, reasons, and the degree of emotions on the review decision. The level of satisfaction with the medical service that led to the online negative review. Factors of healthcare satisfaction from past research. The first research question: What is the motivation for customers to leave online negative reviews of medical services?

The motivation of the participant relates to one of the research questions. Several motivations were mentioned by the participants. Some participants had a singular motivation while other participants described multiple motivations. The following are all the reported motivations for creating an online negative review of a medical service from the participants in this study. The first is to share the information with other people. The second is to find out if other people had a shared experience. The third is a desire for better care of a family member. The fourth is wanting others to have better care for other families in similar situations. The fifth is interpersonal problems with medical professionals toward a family member. The sixth is a lack of thorough care for a family member. The seventh is to warn others about a medical institution. The eighth is letting others know that there is better care somewhere else. Ninth is the combination of inappropriate and irrelevant questions by the medical staff. The tenth is a slow response in an emergency situation. The eleventh is wanting the medical institution to act in a timelier manner. The twelfth is wanting better post-hospital instructions and ongoing care. The thirteenth is observing substandard care for someone else. The fourteenth is helping a friend. The fifteenth is observing poor facilities in terms of cleanliness. The sixteen is warning others about the accuracy of the service and medical product. The seventeenth is poor treatment from an individual on the medical staff. Lastly, the eighteenth is reaching out in an emergency situation. The percentage of participants with a singular motivation was 67% (P2, P5, P6, P8, P9, P10, P11, P12) and percentage of participants with multiple motivations was 33% (P1, P3, P4, P7).

A further analysis of motivation is that some situations were self-motivated, others motivated, or both self and others motivated. Self-motivated means the participant shared information online about their personal negative experience. Others motivated means sharing information online for others. The percentage of self-motivated participants was 50% (P1, P2, P4, P5, P9, P12), the

percentage of others motivated was 17% (P7, P11), and the percentage of both self and others

motivated was 33% (P3, P6, P8, P10).

Part of the interview questioned the participant to discuss feelings, reasons, and the degree

emotions were involved in the decision-making process to create an online negative review of a

medical service. A variety of emotions were mentioned. The emotions that were mentioned by some

of the participants are anger, frustration, disrespect, disappointment, betrayal, and wanting revenge.

Not every participant took an emotional approach. Some participants took a rational approach.

Reasons that participants mentioned are depriving or not receiving care, missing components of care,

inconsistency, warning others, and hoping the review will build up the medical service.

The degree to which emotions were involved in the decision-making process to create an online

negative review depended on the approach of the participant. Some participants had a higher degree of

emotion while others took a rational approach. One participant noted that emotions spurred them to

write an online negative review. Another participant stated that it was half emotional and half

professional. The percentage of participants that had a high degree of emotions that were involved in

the decision-making process to create an online negative review was 42% (P1, P3, P6, P9, P12) and the

other 58% (P2, P4, P5, P7, P8, P10, P11) of participants either took a rational approach, a lighter

degree of emotion, or a mix.

The level of satisfaction with the medical service that led to the online negative review was

discussed with the participants. Three categories emerged. One category is described as a high level of

dissatisfaction. These participants were highly descriptive, vocal, and passionate about their

dissatisfaction which led to the online negative review. The second category is dissatisfaction.

Dissatisfaction was clearly present but not to an exceptionally high degree. Some participants were not

dissatisfied with the entire medical service, even describing most of the medical service as satisfactory. A limited part of the medical service led to an online negative review. This is called a limited focus of dissatisfaction. The percentage of participants with a high level of dissatisfaction was 25% (P1, P3, P7), the percentage of participants with dissatisfaction was 25% (P5, P8, P10), and the percentage of participants with a limited focus of dissatisfaction was 50% (P2, P4, P6, P9, P11, P12).

In the past, research was conducted on factors of healthcare satisfaction. Previous research results show four factors relating to variations of healthcare satisfaction which are the quality-of-care, access, availability, and cost (Geletta, 2018). Part of the interviews included asking participants about these factors. Most interviewees confirmed that at least one of these factors was present in their personal situation. The total percentage of participants who said that at least one of these factors was present in their personal situation was 83% (P1, P2, P3, P4, P5, P6, P7, P8, P9, P10). A total of 17% (P11, P12) of participants said these factors were not present in their personal situations. One reason given was regarding interpersonal issues with a healthcare individual and another reason was a lack of instructions after the healthcare. Most participants highlighted only one factor of healthcare satisfaction while one participant had more than one factor of healthcare satisfaction impact their personal situation. The percentage of participants with one factor of healthcare satisfaction was 75% (P1, P2, P3, P4, P5, P6, P7, P8, P9). The percentage of participants with more than one factor of healthcare satisfaction was 8% (P10). The following frequency numbers include participants who mention one or more than one factor of healthcare satisfaction. The frequency of mentioning quality-of-care was four. The frequency of mentioning access was two. The frequency of mentioning availability was five. The frequency of mentioning cost was zero.

Further observations were made by the participants. Some participants directly stated that they were angry. One participant said that they were angry and frustrated (P1). An additional participant

felt anger and betrayed (P3) while another felt anger regarding inappropriate and irrelevant questions (P4). One participant actually deliberately stated that they did not feel anger regarding their situation (P5). The negative experience caused disappointment instead of anger. Frustration was another emotion expressed by multiple participants. One participant did not see a doctor according to the scheduled appointment which caused frustration (P6). Two participants had problems with medical equipment and both stated frustrations came about due to their negative experience (P1, P8).

Even though emotions were experienced by various participants, a rational or cognitive approach was taken in some situations. One participant described that the reason was half emotional and half professional for creating the online negative review (P10). The rational or cognitive approach does seem to desire improvement. A participant simply wanted to see a physician in a timely manner (P2). Another participant wanted to see better care for a friend along with cleaning up an unclean facility (P7). Wanting better results is important to these participants. They are part of a group of participants who want institutional improvement (P2, P5, P6, P7, P12). As one (P6) said, "Maybe next time they'll try to do better."

Interpersonal interaction is a strong reason why some participants made their online negative review. One was "quite shocked" at how they were treated by a medical professional (P9). This one medical professional was the lone reason for the online negative review despite an otherwise satisfactory medical process and experience. Another participant had multiple negative occurrences with a doctor who was "rude and dismissive" toward a family member (P11).

One motivation found in literature as to why negative word-of-motive is spread is to provide a warning or altruism (Krishna & Kim, 2020). This concept was found in multiple participants. One participant wanted to warn others and let potential customers know that there are better alternatives in a

nearby city (P3). Two other participants stated that they did not want others to go through the negative

experience that they went through (P8, P9). An additional participant wanted to see better care for

families in similar situations (P10). These reviews were all at least partially written to warn others.

In conclusion, a portion of the interview questions were designed to gain insight and

understanding into the first research question. The first research question relates to the motivation of

the customer to create their online negative review or reviews. Several motivations were mentioned by

the participants. The motivations are to share information with other people, find out if other people

had a shared experience, a desire for better care of a family member, wanting others to have better care

for other families in similar situations, interpersonal problems with a medical professional toward a

family member, lack of thorough care for a family member, warn others about a medical institution,

letting others know that there is better care somewhere else, the combination of inappropriate and

irrelevant questions by the medical staff, slow response in an emergency situation, wanting the medical

institution to act in a timelier manner, wanting better post-hospital instructions and ongoing care,

observing substandard care for someone else, helping a friend, observing poor facilities in terms of

cleanliness, warning others about the accuracy of the service and medical product, poor treatment from

one person on a medical staff, and reaching out in an emergency situation.

The motivation was categorized as self-motivated, others motivated, or both self and others

motivated. The motivation will include one or both cognitive or affective decision-making. This is the

decision to make an online negative review. Feelings described are anger, frustration, disrespect,

disappointment, betrayal, and wanting revenge. A rational or cognitive approach was also found in

some participants when deciding to create an online negative review. Dissatisfaction was present. The

scope of dissatisfaction was different depending on the participant. The scope of dissatisfaction range

was anywhere from an insolated situation to repeated problems. The desire for help is a common

theme in the research project. This acts as a motivation to help oneself, externally to help others, or to help those at the medical institution toward improvement. Even in a situation of vindictive motivation, the information provides a warning to other potential customers which helps the potential customers with more information. Insight and understanding were shown by the participants as to their motivation.

The Second Research Question. Two questions within the interviews helped to provide insight and understanding into the second research question. The two questions are as follows. The type of communication the participant wants. The particular person with whom to communicate is from the perspective of the participant. The second research question: From the customer's perspective who provide online negative reviews, what type of communication does the customer want as a result of their online negative review?

The type of communication that the participants wanted was discussed in the interviews. This is concerning communication as a result of the online negative review. A variety of answers were given. Some participants (P2, P4, P8, P9, P10) wanted direct communication. Examples of direct communication include wanting follow through, wanting a call back from an initiated call, the ability to speak to the physician, wanting to hear back from the superior of the individual who was the focus of the complaint, wanting an apology, and wanting the institution to make amends. Other participants (P5, P6, P7) took an approach of simply wanting to be heard which leads to wanting better action and improvement for the future. This situation is an indirect approach. A total of 17% of participants (P3, P11) did not want any form of communication. A total of 8% of participants (P1) had little expectation of any form of communication and 8% of participants (P12) were in a situation where the desired communication was obtained and not as a result of the online review.

The particular person with whom the participant wants to communicate was discussed in the interviews. Some answers focused on an individual or a specific medical institution department. Examples of this include communicating with a supervisor, the physician who was the focus of the online negative review, the office manager of the medical institution, or the head of the hospital system or CEO. As is seen in some of the answers, one or more individuals in the medical administration is the person with whom the participants want communication. Also, supervisors are seen as a desired person for contact. This is the case whether the supervisors are medical professionals or part of the medical administration.

A few participants wanted a particular department to hear the complaint. They want individuals from the department to hear the complaint but not an answer-back. A total of 17% of participants (P3, P11) did not want to communicate with anyone whatsoever. Within these situations, the participants did not care if the focused individual or individuals read the online negative review. Only 8% of participants (P12) were in a situation where the participant communicated with a healthcare professional, which was the desired outcome. The desired communication was not as a result of the online negative review. The desired communication was initiated by the participant and the medical professional worked through the problem.

The participants made further observations. The desire to be heard is present with the participants. One participant (P4) said, "Well I think when we make a review whether it's positive or negative we want to make sure it's heard." One other participant (P6) said, "I don't need any communication other than just that they got it (the review) and that they will take it under review and that they will hopefully come up with better ways to serve their people." A phone call or follow up communication was mentioned as a preferred way to acknowledge that the online review was heard (P2). The intended audience depends on the participant. One participant (P5) wanted to hear from

someone in the department where the negative experience occurred while another participant (P8) wanted to hear from someone at the institution, anybody. Other situations focus on a specific person. An example is with a participant (P10) who wanted to communicate with a family member's physician. Another example is a participant (P9) who wanted to communicate with the head of the department. The possibility exists that the intended audience are potential customers. This is the case with participants (P3, P11) who are trying to warn others about problems with the medical institution or individuals who work at the medical institution. These participants (P3, P11) did not want communication with anyone from the medical institution.

The expectation for communication is not present with the participants. One participant (P1) said, "I'd love an apology, but I know I'll never get that." Another participant (P3) explicitly stated that they did not expect communication. Even with little to no expectation of communication, the hope for institution improvement is present with some participants. As mentioned, one participant (P6) said, "I don't need any communication other than just that they got it and that they will take it under review and that they will hopefully come up with better ways to serve their people." Another participant (7) said, "I don't need communication, I need to see an improvement." A surprising result was that one participant (P12) did receive their desired communication. It was not as a result of the online negative review. The participant was pleased that the situation was resolved by a nurse.

In conclusion, a portion of the interview questions were designed to gain insight and understanding into the second research question. The second research question relates to the customer's desired communication as a result of their online negative review or reviews. Most participants hoped for or wanted communication with someone from the medical institution. Some participants did not want or care about communication with anyone from the medical institution. The

basic conclusion is that a majority of customers want communication with someone from the medical institution, yet this is with the understanding that some do not want communication.

Communication might come in the form of direct communication or indirect communication. Examples of direct communication, from participants, include wanting follow through, wanting a call back from an initiated call, the ability to speak to the physician, wanting to hear back from the superior of the individual who was the focus of the complaint, wanting an apology, and wanting the institution to make amends. Indirect communication is the customer wanting to be heard which leads to better action and improvement for the future. This is medical institutional improvement. The customer is not expecting direct communication from anyone at the medical institution, yet they hope for or want direct communication.

The Third Research Question. One question within the interviews helped to provide insight and understanding into the third research question. The question reflected the type of resolution. The third research question: From the customer's perspective who provide online negative reviews, what type of resolution does the customer want?

The type of resolution the participant wanted was discussed in the interviews. The type of resolution also included asking about the timing and who the participants wanted involved. Various answers from participants included receiving proper medical equipment, wanting a more efficient, fast and smooth medical process for the future, improved ability to see a doctor, warning others of a doctor, warning of others of a medical institution, letting others know that other medical options exist, wanting the medical institution to make sure others do not go through a similar experience, wanting better future decision making of the medical institution as a unit, wanting medical institutional leaders involved in making improvements for the medical institution, show mercy and respect to patients, and

honor people's conscience. A specific participant did not expect any resolution, one participant did not care for a resolution, and one participant received their desired resolution (P3, P11, P12).

Regarding the timing of the resolution, participants either directly said or indirectly indicated immediate resolution. The indirect indication is seen in the various answers from participants examples listed in the previous paragraph. The resolutions are for the medical institution, medical personnel, or others in real-time. When asked about the person or persons the participants wanted involved in their resolution, the answers given went into three categories. One category is the hospital or medical institution. The percentage of participants who wanted the hospital or medical institution involved was 25% (P1, P5, P8). The second is the group of medical professionals or administrators involved in a specific medical department. The percentage of participants who wanted the group of medical professionals or administrators involved in a specific medical department was 42% (P2, P4, P6, P7, P10). The third is the leader of the department. A total of 8% of participants (P9) wanted the leader of the department. These numbers do not include the three participants (P3, P11, P12) who said they either did not expect resolution, did not care for resolution, or received their desired resolution.

The participants made further observations. The desired resolution is particular to each situation and participant. In the case of an emergency situation, the participant (P1) naturally wanted help right away. This participant did receive the needed help, but it was not as a result of the online negative review. This was not the desired situation because the participant was put in a problematic situation with the medical equipment. This participant wanted an apology, which never occurred. One desired resolution was simply to have the ability to see a doctor (P2). This is a desire for better availability. Another participant (P6) wanted improved timeliness. Two participants (P4, P7) stressed wanting leaders involved in resolution and improvements. As one (P7) stated, "I think that the leaders should be involved in the resolution and timing." The desired resolution might also involve wanting
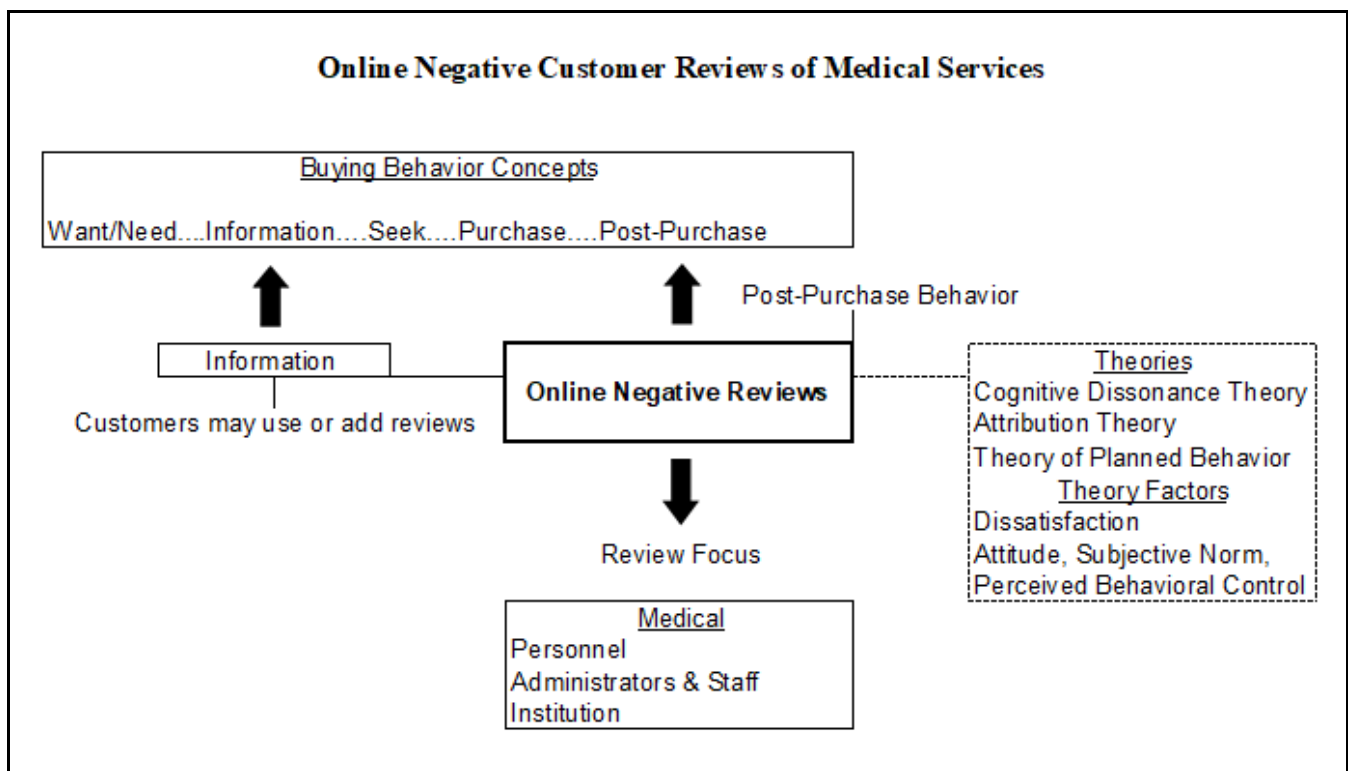
individuals in an entire department making improvements (P5) or might focus on an individual

showing mercy and respect to patients (P9).

One motivation found in literature as to why negative word-of-motive is spread is to provide a

warning or altruism (Krishna & Kim, 2020). The motivation also connects with the desired resolution.

The motivation, desired communication, and desired resolution might focus only on potential

customers as is the case with providing a warning. As one participant (P11) stated, "I just want others

to be aware that this is Doctor (John Doe's) pattern and that there are (other) options." Another

participant (P3) who also wanted to warn others did not expect anything to happen as a result of their

online negative review. The expectation for direct resolution is typically not present with the

participants. The hope for institutional improvement is an indirect resolution. Regarding resolution,

one participant (P8) said, "And that would be really great. I don't see that happening." One participant

(P12) did receive their desired resolution, but it was not as a result of their online negative review. The

participant (P12) said, "I think I'm okay with the way that it ended up." An opportunity does exist with

some customers to repair the customer relationship.

In conclusion, a portion of the interview questions were designed to gain insight and

understanding into the third research question. The third research question relates to the customer's

desired resolution as a result of their online negative review or reviews. The conclusion is similar to

the second research question. The basic conclusion is that a majority of customers want resolution

from someone at the medical institution, yet this is with the understanding that some do not want

resolution from someone at the medical institution. Individuals who do not want or expect resolution

create their online negative reviews for potential customers. One participant (P12) did receive their

desired resolution, yet the desired resolution did not derive from the online negative review. No

participants received resolution because of their online negative review. Resolution is minimal.

The timing for resolution appears immediate. The participants either directly or indirectly indicated wanting immediate resolution. The customers who did not want resolution from someone at the medical institution focused their immediate resolution on warning other potential customers or letting potential customers know of alternatives. The customers wanted resolutions from various sources including the medical institution, an administrator or CEO, the medical personnel involved, or the leader of the department. This source does not include individuals who did not want a resolution.

The Conceptual Framework. The purpose of this section is to discuss how the findings relate to each of the elements in the conceptual framework. The analysis specifically relates to the buying behavior concepts, actors, and theories within the conceptual framework. The graph below visualizes the conceptual framework for the research project.

Online Negative Customer Reviews of Medical Services

Buying Behavior Concepts

Want/Need....Information....Seek....Purchase....Post-Purchase

Post-Purchase Behavior

Information

Customers may use or add reviews

Online Negative Reviews

Theories
Cognitive Dissonance Theory
Attribution Theory
Theory of Planned Behavior
Theory Factors
Dissatisfaction
Attitude, Subjective Norm,
Perceived Behavioral Control

Review Focus

Medical
Personnel
Administrators & Staff
Institution

The conceptual framework contains five specific concepts. The buying behavior concepts are the focus within the conceptual framework. The concepts are a want or need, information, seek, purchase, and post-purchase.

This first concept is an acknowledgment that customers experience a want or need. The participants clearly had a want or need of the medical service. The level of urgency was different depending on the participant. Two situations were clearly emergencies with one situation involving the emergency room (P5) and the other situation involving medical equipment (P1). Some participants went through negative experiences during routine or low-urgency medical situations.

The second concept is about information gathering about a product or service. Some participants relied on past experiences for their medical information. It was a form of familiarity (P3, P5). The location impacted the information with some participants (P10, P11). The location also led to the third concept of seeking. The information gathering and seeking was done on a local level.

The third concept is to seek the product or service. A customer might find alternatives while seeking a product or service and this sends customers to the information concept to help decide and filter alternatives. As mentioned in the second concept, location impacted the decision of some of the participants (P3, P5, P10, P11). They sought local medical services. Two participants decided to seek medical services outside their cities after their negative experiences (P3, P10).

The fourth concept is purchasing the product or service. The timetable for a purchase varies. The product or service purchase exchange may happen expediently, or the product or service purchase exchange may take a longer period of time. The timing of the purchase did vary by participant. Some participants went through multiple negative experiences as part of ongoing problems (P3, P7, P11). Other participants went through only one negative event or experience.

The fifth concept indicates the possibility of post-purchase activities. Creating an online negative review is a post-purchase activity. All except one participant (P3) focused on only one website for their review. The possibility exists that a customer could write multiple reviews on multiple websites as was seen with one participant.

The theories of the conceptual framework are as follows. The conceptual framework contains three theories. The first theory is the cognitive dissonance theory. The second theory is attribution theory. The third theory is the theory of planned behavior within the context of products and services. The three theories might explain why customers create online negative reviews of medical services. Additionally, two supporting theories were explored. The two supporting theories are the social support theory and the model of patients' social support needs.

The cognitive dissonance theory, within the context of purchases of products and services, may explain the intentions for individuals to engage in negative word-of-mouth communications (Balaji et al., 2016). Cognitive dissonance theory takes place when an expectation of the product or service does not match the performance of the good or service (Balaji et al., 2016). The dissonance may encourage the customer to engage in negative word-of-mouth communication. Cognitive dissonance was seen in some participants and could explain some of the online negative reviews. Some participants went to familiar medical institutions where a positive reputation from past experiences was already present with the participant (P1, P2, P3, P4, P5, P9, P11, P12). The expectation of the medical service did not meet the reality of those participant's situation.

Attribution theory contains a primary theme of individual's need to better understand social events (Laczniak et al., 2001). Within classical attribution theory, individuals make attributions to information from a stimulus, circumstance, person, or some mixture of the three (Laczniak et al.,

2001). In the case of the research topic, individuals might try to make sense of their negative medical experience. Creating online negative reviews of medical services is a form of processing a situation of dissatisfaction. Attribution theory was slightly related to the participants. Attribution theory might have been slightly seen with two participants (P1, P8). The two situations were not solely focused on attribution theory and possibly only accounted for a smaller part of the motivation.

The theory of planned behavior helps to explain the intention for individuals to engage in negative word-of-mouth communications (Cheng et al., 2006). Three factors are part of the theory of planned behavior which are attitude, subjective norm, and perceived behavioral control. Each factor influences behavioral intention. The attitude factor refers to the individual's overall evaluation to act on a behavior (Fu & Juan, 2017). The attitude of the individual is possibly seen as positive or negative by the individual. The subjective norm factor refers to the perception of pressure an individual experiences from society to act or not to act (Fu & Juan, 2017). The perceived behavioral control factor refers to the individual's perception of the degree of difficulty to act on the behavior (Fu & Juan, 2017). The theory of planned behavior might explain the intention for individuals to engage in negative word-of-mouth communications within this research project.

The first factor is attitude, and the attitude of the individual is possibly seen as positive or negative. Clearly, the attitude is negative to a certain degree within each participant. The scope of dissatisfaction shows that the negative attitude is seen to different degrees. The negative attitude is either to a high degree concerning the medical situation or focused on a particular event from the medical process. The second factor is the subjective norm. The perception of pressure an individual experiences from society to act or not to act is not seen with the participants. The regard for society is seen through warning others or letting others know of alternatives. No pressure is seen in these situations. The third factor is the perceived behavioral control. The individual's perception of the

degree of difficulty to act on the behavior is seen as low difficulty. The act to create online negative reviews of medical services is not difficult for the participants. Two of the three factors are strongly seen for the intention of creating an online negative review of a medical service. The two factors are attitude and perceived behavioral control.

The two supporting theories are the social support theory and the model of patients' social support needs. Social support theory concentrates on the individual and how they use their social network for support to deal with negative events (Balaji et al., 2016). This support might include creating online negative reviews of medical services. The model of patients' social support needs places the patient or customer's needs into two general categories of cognitive needs and affective needs (Sanders et al., 2020). Social support theory was partially seen with one participant (P1). Amongst other motivations, that participant mentioned seeking out to possibly find others who might have gone through a similar experience. The model of patients' social support needs is a strong model for the research project. The motivation of the participants was either affective, cognitive, or a mixture of both. Various needs were not met by the participants. When individuals do not have their needs met, this action increases the likelihood of creating an online negative review.

Within the understanding of the conceptual framework, actors are individuals, groups, or institutions that connect and relate to the study and the number of actors varies depending on the customer situation. The actors within the framework are the customer, medical personnel, medical institution, and the internet platform. The customer and the internet platform are always present. The variations occur with the medical personnel and medical institution. The customer might focus on medical personnel or the medical institution as a whole. This focus was present with the participants.

Anticipated Themes. The purpose of this section is to discuss how the findings relate to the anticipated themes along with a focus on theme differences, unanticipated themes, and missing themes. A full review of five anticipated themes occurred earlier in the research project. The five anticipated themes are as follows. The first anticipated theme is that more individuals are utilizing the use of online reviews of medical services. The second anticipated theme is that online reviews of medical services go beyond the doctor and patient relationship. The third anticipated theme is that different focuses exist with online reviews of medical services. The fourth anticipated theme relates to satisfaction and online negative reviews. The fifth anticipated theme is the benefit derived from viewing online reviews of medical services.

The first anticipated theme is that more individuals are utilizing the use of online reviews of medical services. The participants utilized the use of proving information by creating online negative reviews. The participants did not use online reviews of medical services as part of their decision to solicit medical services. All except one participant (P1) wrote their online negative review or reviews at least two weeks after the initial medical service. This form of communication is seen as a secondary form of communication. The results show that the first anticipated theme is partially true.

The second anticipated theme is that online reviews of medical services go beyond the doctor and patient relationship. Three participants (P7, P10, P11) wrote online reviews of medical services for a family member or friend. Additionally, some participants (P1, P4, P6, P8, P9) wrote reviews about medical staff, administration, and medical equipment. Some participants (P2, P3, P5, P7, P10, P11, P12) did focus on doctors either solely or lumped into the complaint of the medical institution as a whole. The second anticipated theme was true.

The third anticipated theme is that different focuses exist with online reviews of medical services. The focus of a review is one of either medical administration or staff, medical personnel, or the medical institution. Individuals who blame the medical institution either had multiple problem sources or simply attribute any problems to the entire medical institution. The number of participants who focused primarily on the medical institution was six (P2, P3, P5, P7, P10, P12). The number of participants who primarily focused on the medical staff was three (P4, P6, P9). The number of participants who primarily focused on a single doctor was one (P11). The number of participants who primarily focused on the medical institution and medical equipment was two (P1, P8). The third anticipated theme was true.

The fourth anticipated theme relates to satisfaction and online negative reviews. A low level of satisfaction might lead to an online negative review. The results show a differing scope of dissatisfaction. Some participants (such as P3) were thoroughly dissatisfied while other participants (such as P9) experienced only a focused problem that led to the online negative review. Most of the healthcare process might have been satisfactory to the participant. The fourth anticipated theme was partially true.

The fifth anticipated theme is the benefit derived from viewing online reviews of medical services. None of the participants mentioned viewing online negative reviews of medical services. The decision for their healthcare was mostly based on positive previous experiences with the medical institution, convenient location, or the review was for a family member or friend. The participants might want to warn potential customers or let potential customers know of alternatives. The participants were adding to the available online information. The participants were not using online reviews to help their decision to choose their healthcare. The fifth theme was not present with the participants.

Lastly, the unanticipated and missing themes relate to some of the discovered themes. The lack of resolution appears as a theme. The lack of resolution seems to connect with other parts of the research project. The lack of resolution might lead to participants creating an online negative review of their medical service. This theme might exist because most participants waited two weeks to six months to create their online negative review. The only exception (P1) was an emergency situation where the participant used the online negative review as one method of communication. Another possible theme is the use of online reviews as a secondary form of communication. Individuals might use secondary forms of communication because they did not receive desired resolution. These individuals might have originally tried to achieve resolution through traditional communication. Since traditional methods of communication did not work, the individual seeks out secondary forms of communication.

The Literature. The purpose of this section is to discuss how the findings relate to the literature with a focus on both similarities and differences from the literature review. Several insights from previous research were examined in the literature review section. The insights were either from the topic of online negative reviews of medical services or topics related to the research project as is the case with word-of-mouth information.

One strong similarity of the findings with the literature is the broad categories of negative word-of-mouth information. Previous researchers found that the two most common forms of negative word-of-mouth information are support-seeking and vindictive negative word-of-mouth (He et al., 2019). Most participants were support-seeking in some form. One participant (P3) primarily wanted to warn others yet also felt vindictive toward the medical institution. Those participants' reviews might act as a warning to others which is part of support-seeking negative word-of-mouth information. A hope or desire for institutional improvement is a possible third category based on some of the findings. A

strong motivation is present to tell the medical institutions where to improve. This motivation is strongly seen in several participants (P2, P5, P6, P7, P12).

Another strong similarity is dissatisfaction and online negative reviews. Previous academic research literature on positive word-of-mouth information connects with customer satisfaction and negative word-of-mouth information connects with customer dissatisfaction (Williams & Buttle, 2014). The findings show dissatisfaction was present to a degree. A difference is that the scope of dissatisfaction was different depending on the participant. Some participants actually found satisfaction with most of their healthcare services except for a specific problem that led to the online negative review (P6, P9, P12). Some participants experienced total dissatisfaction while others experienced specific dissatisfaction with a situation within the healthcare process.

The model of patients' social support needs was a strong model that connected with the findings. Previous researchers found that the motivation of word-of-mouth behavior comes from individual desires and needs (Krishna & Kim, 2020). The participants experienced needs that were either affective, cognitive, or a mixture of both. The needs were not met partially or fully. The participants naturally made the decision to create the online negative review in a manner that was either affective, cognitive, or a mixture of both.

Online negative reviews of medical services on social media platforms were present. Previous research results found that medical service reviews on social media platforms contain a mix of organic in nature, mostly unstructured, subject to gaming, free to produce, continuously updated, and usually illustrates exactly what problem was that led to the review (Ranard et al., 2016). The finding showed that the participants were highly informative about the problem they experienced that led to the review.

One difference between the literature review and the specific findings of this research project was the motivation of personal gain. Previous research results found that engaging in word-of-mouth information is a social process where an individual increases social and personal benefits (Krishna & Kim, 2020). Likely because of the nature of this research project, the findings did not show participants motivated by increasing social and personal benefits. The participants (P3, P8, P11) might warn others or provide alternatives. That motivation was not for social or personal gain. The reasoning was a desire for others not to experience the problems or hardships that the participant experienced.

The finding showed a variety of motivations. Previous research results found motivations to spread negative word-of-mouth information include emotional support, sense-making of the situation, venting, helping others by providing a warning or altruism, vengeance toward an organization, self-enhancement, and entertainment (Krishna & Kim, 2020). Some previous research findings on the motivation to spread negative word-of-mouth information were present in the findings. Helping others by providing a warning or altruism and vengeance toward an organization were directly present in the finding (P3, P8, P11). A possibility that a certain degree of emotional support and venting was also present depending on the participant. The desired support was usually directed toward the medical institution or individuals who work at the medical institution. Sense-making of the situation, self-enhancement, and entertainment were not found with the participants.

The satisfaction of the healthcare and the healthcare process might not always align. Previous research results found that online patient reviews contain possible disadvantages of fraudulent reviews from competitors and issues with satisfaction goals not always aligning with necessary patient care (Kilaru et al., 2016). A patient might not like the process and treatment necessary for healing. The participants' dissatisfaction was not because of the difficulties of the healthcare and healing process.

The factors of the "triple aim" were partially found in the findings. Medical personnel are under more pressure to attain a "triple aim" which consists of increasing patient quality care, increasing patient experiences, and reducing costs (McGrath et al., 2018). The topics of patient quality care and patient experience were present in the findings. The complaints from the participants covered one or both of these factors. Surprisingly, cost was not a factor of dissatisfaction with any of the participants.

The Problem. The purpose of this section is to discuss how the findings relate to the problem. The general problem is the detrimental impact of online negative customer reviews resulting in a deterioration of the organization's brand reputation. The specific problem was the detrimental impact of online negative customer reviews within the medical services industry, in the Midwestern United States, resulting in the deterioration of the organization's brand reputation.

Previous research results found that marketing managers must take online negative customer reviews seriously because of the high-impact nature of online negative customer reviews (Brunner et al., 2019). The high-impact nature is influential on potential customers. Additionally, organizations are experiencing more pressure to monitor and manage more closely their online reputation due to the increasing popularity and research of online review sources (Proserpio & Zervas, 2017). This pressure includes online negative customer reviews within the medical industry. Another study found that healthcare providers must understand the impact and stay aware of patient online reviews because it is part of the digital brand of the healthcare organization (Hong et al., 2019). The reviews from the participants were negative to varying degrees. The existence of these online negative reviews contributed to the negative perception surrounding the medical organizational brand. The degree of deterioration each online negative made would vary depending on the view of any potential customers of these medical services who also read these online negative reviews.

The participants met the criteria for the research project including the fact that their online negative reviews contribute to the negative impact on the digital organizational brand of medical institutions. The website location of the negative reviews varied. The website locations included Yelp.com, Facebok.com, Google reviews, and some patient review websites. The online negative reviews impacted the overall reputation of the focused medical institution or medical personnel. The reputation consists of scale rating and narrative information left by the participants. The typical scale rating was a five-point Likert scale in the form of star ratings. The star ratings average would decrease with the participants who left star ratings. The negative narrative information left by the participants shows potential customers various problems with the medical institution or medical personnel.

Each participant created an online review that was narrative. The narrative information contained complaints to different degrees. There was a variation in the degree of the complaint as well as the severity of the problem or problems experienced by each participant. Even in situations with less severity, the participants wanted their voice heard. Each review was negative in nature. The star systems for each internet platform showed mostly lower star ratings. There was one notable exception. One participant (P12) created a review with a three-star rating. The particular rating system was up to five stars with five stars meaning highest satisfaction. A three-star rating is the mid-point of the scale which is understood as mediocre. This particular review was negative in narration and contained a three-star rating.

Lowering of the average star rating negatively impacts the medical organizational brand. Potential customers will naturally gravitate towards organizational brands with higher average ratings. This principle takes effect with medical institutions and medical personnel. The negative narrative information will highlight problems experienced by customers which warns other potential customers of past problems from customers. The customer is a patient in the context of the medical service. The

organizational brand will go through continued deterioration as the number of negative narrative reviews increases. Because of the nature of the research project, the participants added to some degree the deterioration of the medical brands of medical institutions and medical personnel.

Although the findings naturally illustrate brand deterioration, the motives behind the reviews were different depending on the participant. Some participants (P2, P5, P6, P7, P12) hoped for institutional improvement. Other participants took either a more vindictive approach or wanted to warn others (P3, P8, P11). The opportunity exists to repair some of the deterioration. The qualitative information provided by customers illustrates the problems. Even though customer situations vary, an opportunity exists to address these problems in some cases. The findings found that many of participants wanted some form of communication and resolution from someone at the medical institution (P1, P2, P4, P5, P6, P7, P8, P9, P10, P12). A certain degree of repair is possible deriving from the brand deterioration of online negative reviews of medical services.

Summary of the Findings

The purpose of the presentation of the findings was to describe the results arising from the data collection, which is qualitative in the form of interviews. Twelve qualified participants were interviewed and provided information that helped answer the three research questions for the research project. The aim of the research questions is to address the problems deriving from online negative reviews of medical services. Both the general problem and specific problem of focus on the deterioration of the organizational brand that comes from online negative reviews of medical services. Each participant made an online negative review that was narrative, and all except one online review contained a lower star rating. The exception was a single mediocre star rating. The online reviews from the participants contained varying degrees of complaint, negativity, and severity of the problem or

problems. The online negative reviews from the participants contributed to the negative perception surrounding the medical organizational brand. The degree of deterioration each online negative made would vary depending on the view of any potential customers of these medical services who also read these online negative reviews.

The three research questions for the research project are as follows. The first research question: What is the motivation for customers to leave online negative reviews of medical services? The second research question: From the customer's perspective who provide online negative reviews, what type of communication does the customer want as a result of their online negative review? The third research question: From the customer's perspective who provide online negative reviews, what type of resolution does the customer want?

The results from the first research question showed a variety of motivations. The motivations were either self-motivated, others motivated, or both self and others motivated. Participants took either an affective approach, a cognitive approach, or a combination of both. Most participants sought some form of support while a minority contained some vindictive elements to their motivation. The results from the second research question showed that most participants wanted some form of communication while a minority did not want any form of communication. The results of the third research question showed that most participants wanted resolution to their situation while a minority did not want or expect any form of resolution to their situation. In the case of the second and third research questions, the participants typically did not expect any communication or resolution regarding their situation from the medical institution or individuals who work at the medical institution. Even though customer situations vary, an opportunity exists to address their problems in some cases. The findings found that a majority of participants wanted some form of communication and resolution (P1, P2, P4, P5, P6, P7,

P8, P9, P10, P12). A certain degree of repair is possible, derived from the brand deterioration of online negative reviews of medical services.

Certain themes emerged from the interviews. The seven discovered themes are a desire for help, wanting their voice heard, the scope of dissatisfaction, waiting to respond, not expecting direct communication, not expecting direct resolution, and limited resolution. The desire for help was either help for oneself, external help to others, or internal help for those at the medical institution. Wanting their voice heard is for individuals who are at the medical institution or potential customers. The scope of dissatisfaction was either a limited focus of dissatisfaction or repeated negative incidents. Waiting to respond related to the fact that all but one participant waited between two weeks to six months to write their review. The lone exception was an emergency situation where the participant (P1) was primarily reaching out for help. The participants did not expect direct communication although the possibility exists that the participant might hope or want communication from someone at the medical institution. The participants did not expect direct resolution. Direct resolution is when one or more individuals at the medical institution reach out to successfully help the customer who created the online negative review as a result of the online negative review. The participants might want or hope for resolution. The findings found that a majority of participants wanted some form of communication and resolution from someone at the medical institution (P1, P2, P4, P5, P6, P7, P8, P9, P10, P12). Some participants (P2, P5, P6, P7, P12) hoped for institutional improvement. Lastly, limited resolution occurred with the participants. Only one participant (P12) received the desired resolution. The resolution was not obtained as a result of the online negative review.

Application to Professional Practice

The application to professional practice is reviewed with an understanding that comes from the results of the finding. Two parts are examined in the application to professional practice. The first part is improving general business practice. The second part is potential application strategies.

Improving General Business Practice

The concept of online reviews of goods and services provides insight and understanding for potential customers and businesses alike. A continuous series of online positive reviews strengthens the brand image and attracts new or repeat customers. One or more online negative reviews produce the opposite effect. The online negative reviews deteriorate the brand image and potentially detract customers. Marketing managers must take online negative customer reviews seriously because of the high-impact nature of online negative customer reviews (Brunner et al., 2019). Despite the potentially severe problems that occur with online negative reviews, an opportunity exists with legitimate online negative reviews. The online negative reviews of medical services highlight areas for improvement.

A specific continuous process improvement approach suits the situation of online negative reviews of medical services. The continuous process improvement tool or method is the Voice-of-the-Customer. The Voice-of-the-Customer is a tool or method that focuses on the customer and their perspective about what is important about goods and services and what is not important to the customer (Plenert, 2012). In the realm of continuous process improvement, the customer defines what is waste and what adds value (Plenert, 2012). Honest online negative reviews of medical services reveal what is important and highlight what is waste or value. The online negative reviews of medical services show medical institutions where improvement is needed.

The online negative reviews reveal weak points within the medical service process with medical institutions. The weak points reveal where to focus on one or more improvements. These

improvements aim to enhance the medical service experience for the customer and help repair the relationship with the customers who create online negative reviews of their medical experience. Continually reducing the weak points of the medical service process will help improve customers' medical experience within medical institutions.

The results of the findings show that improvements with customers or patients are possible with the majority of participants. The specific problematic situations varied by customer. The degree of severity of the problem or problems with the customer also varied. The results of the findings did reveal that a majority of customers want some form of resolution. Continuous improvements are possible in one or both of the following general process situations. The first situation is with the customer who created the online negative review of the medical service. The first situation aims to help repair the relationship with the customers who create online negative reviews. The second situation is to make corrections, adjustments, and improvements based on the customers who created online negative reviews of medical services for the sake of current and future customers. The second situation aims to reduce the weak points of the medical service process to help improve customers' medical experience within medical institutions.

The results of the findings showed that not all customers want a resolution, and some customers hope for a form of institutional improvement. Repairing the relationship with the customer is not always wanted or possible. The Voice-of-the-Customer aligns with the hope of institutional improvement deriving from some customers (Plenert, 2012). The customer provides information online about what they want changed or improved. The responsibility to gather this information and adjust for improvements is with those at the medical institutions.

The results of the findings revealed two key opportunities for medical institutions. One opportunity is that although most customers want some form of communication, they do not expect it. The other opportunity is that the majority of customers do not expect a direct resolution for their situation. Direct resolution is when one or more individuals at the medical institution reach out to successfully help the customer who created the online negative review as a result of the online negative review. Some customers hope for institutional improvement. The hope for institutional improvement aligns with the Voice-of-the-Customer because the customer provides information on areas of problems or weaknesses (Plenert, 2012). The advantage of these two opportunities is that individuals at medical institutions could attempt contact and resolution with the customer which is not generally an expected action from the perspective of the majority of customers. Attempting contact and making a resolution with the customer is a positive customer relations differentiation from other medical institutions which likely will not attempt contact or attempt a resolution.

Potential Application Strategies

The purpose of this segment is to provide potential application strategies that medical institutions can use to leverage the findings of this research project. The results from the research project reveal areas to leverage the opportunity to help customers. The results reveal that individuals who create online negative reviews of medical services usually do not expect communication from individuals at the medical institutions. The same results show that those customers usually do not expect a direct resolution. Indirect resolution is shown in the form of the customer hoping for institutional improvement. The results showed that not all customers want communication or a resolution from the medical institution. The potential application strategies presume that not all customers want communication or resolution from the medical institution.

The results from the research project provide an opportunity. The opportunity is to help improve customer relationships with some customers after their online negative review or reviews. This attempt to improve customer relationships is currently a positive differentiation from other medical institutions. The simple attempt to communicate and possibly help resolve the problem is typically not expected by the customer.

In the realm of application of attempting communication and resolution, there are three general possibilities exist about who will make the attempt of communication and resolution. The three general categories are one or more individuals from the medical administration, one or more individuals who are part of the medical personnel, or third-party management. Previous research results illustrated online customer reviews as a component of a marketing communication mix (Chen & Xie, 2008). The process of monitoring, communicating, and resolution of online negative reviews of medical services is part of a marketing communication mix. Monitoring, communication, and resolution might occur from different individuals. One example is someone from the medical administration monitoring and communicating with a customer while resolution might occur with a medical professional. Another possible example is the medical institution hiring a third-party management group to handle each step of monitoring, communication, and resolution.

Regarding third-party management, some advantages are present within third-party management. Previous research results found that outsourcing is a method that potentially lowers costs and allows an organization to focus more on core competencies (Zhang et al., 2020b). Additionally, three primary reasons to outsource business activities are reduction in cost, making improvements in quality and efficiency, and the increasing ability to concentrate on organizational core competencies (Li et al., 2021). Medical professionals might make better use of their time focusing on their medical

work. In some situations, a medical professional might need to take action to help resolve a problem from a customer.

Monitoring online negative reviews of medical services will take time. Currently, a variety of patient review websites exist. Some social medial websites also contain rating and narrative systems for medical institutions. Time is needed to search out online negative reviews of medical services and monitor the digital brand.

Potential communication with individuals who create online negative reviews of medical services will vary by internet platform. Only some internet platforms contain the ability to communicate with customers. Previous research results found that the likely reasons that only about 1.58% of physicians respond to internet ratings are because of low awareness of patient review websites, few patient review websites offer the ability for physicians to respond to patients, and the absence of an active moderator (Emmert et al., 2017). Communication is not always possible on the internet platform. If the identity is known of the individual who created the online negative review, communication offline is a potential avenue. If communication is attempted online, the communicator must have awareness of the Health Insurance Portability and Accountability Act or HIPAA privacy laws to avoid legal issues (Moutos et al., 2020).

Direct resolution is situational depending on the customer. The Voice-of-the-Customer method aligns with direct resolution (Plenert, 2012). The customer defines what resolution means to them if the customer even wants a resolution. The definition of what resolution means is possibly seen in the original review. The hope for individuals at the medical institution is that the resolution is realistic and attainable. Obtaining a resolution to the customer's problem is currently rare based on the findings from the data collected for this research project.

Indirect resolution is when a customer hopes for institutional improvement and some form of improvement occurs. Indirect resolution is similar to indirect communication, which is the customer lets individuals at the medical institution know of problems with the hope for improvement in those areas. Although the priority is internal institutional improvement, letting the customer know that their voice was heard is a positive form of differentiation from other medical institutions. If the customer is hoping for institutional improvement, directly let the customer know that their online review is under consideration to make improvements. This action is likely not expected by the customer based on the results of this research project.

In conclusion, the purpose is to make improvements primarily focusing on the Voice-of-the-Customer method (Plenert, 2012). The areas for improvement come from the personal experience of the customer. As the medical healthcare process improves, in the view of the customer, the likelihood of online positive reviews increases, and the likelihood of online negative reviews decreases. This process will help to build the digital brand of the medical institution in a positive manner.

Summary of Application to Professional Practice

The online negative reviews of medical services highlight areas for improvement by customers. The Voice-of-the-Customer continuous process improvement method suits the situation of online negative reviews of medical services (Plenert, 2012). The online negative reviews reveal weak points within the medical service process with medical institutions. The results of the findings revealed two key opportunities for medical institutions that will potentially help as a positive differentiation. One opportunity is that although customers want some form of communication, they do not expect it. Attempting to communicate with customers and seek resolution with customers who create online negative reviews of medical services will go beyond what is typically expected by customers. In the

realm of application of attempting communication and resolution, there are three general possibilities about who will make the attempt of communication and resolution. The three general categories are one or more individuals from the medical administration, one or more individuals who are part of the medical personnel, or third-party management. As the medical healthcare process improves, in the view of the customer, the likelihood of online positive reviews increases, and the likelihood of online negative reviews decreases which helps to build the digital brand.

Recommendations for Further Study

Based on the findings from this study, recommendations for further study exist. The research project is qualitative. An opportunity is the use of quantitative research to learn more about customers who create online negative reviews of medical services. A prime example is a broad demographic report of individuals who create online negative reviews of medical services. Demographic patterns might exist within this topic.

Another opportunity for further study is geographic location. The research project focuses on customers who live within the Midwestern region of the United States (Census, 2021). Customer behavior might differ in different regions of the United States. Similarly, results might change in different countries. A cross-comparison with different regions or different countries is a potential opportunity to expand the understanding of individuals who create online negative reviews of medical services.

An additional opportunity for further study is the customer's communication mix regarding spreading negative word-of-mouth information about medical services. The study found that most customers wait two weeks to six months to create an online negative review. The results indicate that online reviews are a secondary form of communication for the customer. The question is how much

weight does the customer place on the use of online negative reviews in comparison to other forms of communication? The research project focused on online negative reviews of medical services. The customer might use other forms of communication to convey their negative experience. It is possible to conduct more research on the broader communication context of customers who create online negative reviews of medical services.

Reflections

Various personal thoughts and reflections occurred throughout the process of conducting this research project. This section contains both personal and professional growth. This research project was a lengthy process and brought about various lessons both personally and professionally. Finally, a biblical perspective will conclude the reflections section. The biblical perspective connects with the results of the research project.

Personal and Professional Growth

The process of working on this research project brought about increased growth both personally and professionally. Given the extensive nature of this research project, the research project was influential. The following are the highlights of the personal and professional growth deriving from the research project.

Regarding personal growth, learning about the uniqueness of other people's experiences was the highlight of growth. Each participant in the research project brought about their unique experience. One lesson that was learned on a deeper level was that unexpected results could occur during in-depth interviews. This principle occurred during past research projects. Given the extent of this research project, the lesson was learned more profoundly. Even with all the literature that was reviewed, some surprises emerged. Two examples are as follows. During the first interview, the participant (P1) described using an online medical review as one of a few methods of communication to reach out for

help during an emergency situation. This was not the only method of communication that was used, and the participant did receive their needed help. The situation was a surprising result that was not found in previous research for this research project. The second example was a situation where the participant (P9) was satisfied with their medical service. Part of the interviews focused on motivation and the level of satisfaction with the medical service. Finding one participant with a satisfied medical experience was not originally expected. Because of the manner that the specific interview question was phrased, it was possible for a participant to answer in such a way. This example illustrated the importance of open-ended questioning during in-depth interviews. The online negative review of the medical service was created because of one highly specific situation during an otherwise satisfactory medical experience from start to finish. The benefit of this personal growth is the art of listening and inviting others to tell their story.

Regarding professional growth, exploring new levels of information depth was the highlight of professional growth. Numerous hours were spent learning about the topic of online reviews of medical services. Additionally, topics that were connected and relevant to the research project were also explored in-depth.   An example was learning more about the general topic of word-of-mouth information. The learning experience was a unique practice about conducting a deep and extensive understanding of a problem and any interconnecting topics. Learning occurred by viewing different theories that might explain a customer's thoughts, feelings, and behaviors. The reality exists that many different factors, both internal and external, could influence a customer. Exploring and navigating the depth of information in this highly specified topic was a learning process that will continually remain.

Biblical Perspective

The topic of online negative reviews of medical services focuses on a post-purchase action that is the result of one or more problems that individuals experience. Even in the situation of fraudulent

reviews, these are individuals who are creating problems for others. These problems illustrate the reality of a fallen world. The problems impact customers, potential customers, medical personnel, medical staff and administration, and medical institutions as a whole. The results of the research project clearly highlight the problems deriving from medical personnel, staff, and administration that are experienced by customers.

The previous *Implications for Biblical Integration* section reviewed how there was work before the fall. Work and stewardship existed from the beginning of humanity. Later, the fall brought about difficulty within work. Individuals now must toil while working and the ground produces thorns and thistles as is seen in Genesis 3:17-19 (*The Holy Bible: New Revised Standard Version,* 1990). Even though the fall occurred, work and stewardship still maintain purpose because these concepts are part of God's plan for humanity. The current phase of human history is post-resurrection. Work and problems within work are still present during the post-resurrection phase although this is now a time of Christian theology. An integration exists between Christian theology and business activities.

A healthy organization will learn to better understand problems that occur and adjust to better serve the organization's customers. Although problems exist because of the fall, the integration between Christian theology and business activities is an opportunity to better serve customers. The business activities from marketing do contribute to helping serve customers who create online negative reviews of medical services. The Voice-of-the-Customer continuous process improvement method is highlighted in this research project (Plenert, 2012). Marketing research uses tools to obtain information about customers and use that information to find ways to better serve customers. A fundamental good exists within work that corresponds to the natural order and supernatural order (Therrien, 2020). The integration of Christian theology is also possible with marketing activities relating to this research project. The verses from Mark 12:28-33 (*The Holy Bible: New Revised Standard Version,* 1990)

provide an example. The verses from Mark 12:28-33 (*The Holy Bible: New Revised Standard Version,* 1990) speak of the two great commandments which are to love God and love your neighbor. An individual fulfills both great commands by doing all for the love of God including loving their neighbor for the sake of God. The integration reveals that marketing research and activities are done to better serve and love individuals who create online negative reviews of medical services. The possibility exists to better serve out of the love and well-being of the customers and to complete these actions for the love of God.

During various discussions about this research project, several individuals were quick to comment on the topic of fraudulent reviews. The reality remains that some online negative reviews of medical services are indeed fraudulent reviews. While searching for qualified and willing individuals to participate in interviews for the research project, some reviews did appear questionably fraudulent. Just as there are some fraudulent reviews, there are many more authentic reviews. These are actual people who experienced one or more problems.   Within a proper integration of Christian theology and business activities, marketers must not lose sight of their personhood. Several examples were seen regarding the loss of sight of the customer's personhood. Some participants described feeling disrespected, disappointment, and betrayed. Other participants wanted individuals who work at medical institutions to show mercy, honor people's conscience, and act more respectfully toward patients. A learning opportunity exists on how to better love and serve customers who create online negative reviews of medical services.

In conclusion, a biblical perspective is highly applicable to the topic of marketing management of online negative reviews of medical services. The Voice-of-the-Customer continuous process improvement method provides a practical marketing method to help customers and future customers (Plenert, 2012). The verses from Mark 12:28-33 (*The Holy Bible: New Revised Standard Version,*

1990) speak of the two great commandments which are to love God and love your neighbor and any given individual fulfills both great commands by doing all for the love of God including loving their neighbor for the sake of God. The marketing activities relating to customers who create online negative reviews of medical services will hopefully occur with a love of God and a love of customers together.

Summary of Reflections

The process of working on this research project brought about increased growth both personally and professionally. Regarding personal growth, learning about the uniqueness of other people's experiences was the highlight of growth. Each participant in the research project told their story. It was a privilege to hear each story and have each participant take the time to have their voice heard. Regarding professional growth, exploring new levels of information depth was the highlight of professional growth. Numerous hours were spent learning about the topic of online reviews of medical services and other topics that have interconnections with the research topic. The professional growth focused on the learned skills and experience of delving deep into a business topic. Lastly, the biblical reflections section focused on the integration that is possible between Christian theology and business activities. The specific focus examined the verses from Mark 12:28-33 (*The Holy Bible: New Revised Standard Version,* 1990) which speak of the two great commandments along with integrating the Voice-of-the-Customer continuous process improvement method (Plenert, 2012).

Summary of Section 3

The third section included an application to professional practice and implications for change. The third section began with an overview of the study. The presentation of the finding included themes discovered, interpretation of the themes, representation and visualization of the data, and the

relationship of the findings. The themes discovered are a desire for help, wanting their voice heard, the scope of dissatisfaction, waiting to respond, not expecting direct communication, not expecting direct resolution, and limited resolution. Analysis occurred after the discovered themes in the interpretations of the themes segment. Two graphs illustrate the qualitative data. The relationship of the findings includes the research questions, conceptual framework, anticipated themes, the literature, and the problem. These various parts of the relationship of the findings went through an analysis earlier in the research project and then went through an analysis with regard to the findings.

An application to professional practice includes a segment on improving general business practice and potential application strategies. The Voice-of-the-Customer continuous process improvement method suits the situation of online negative reviews of medical services (Plenert, 2012). The online negative reviews reveal weak points within the medical service process with medical institutions. Attempting to communicate with customers and seek resolution with customers who create online negative reviews of medical services will go beyond what is typically expected by customers. The three general categories of individuals who could communicate with the customers are one or more individuals from the medical administration or staff, one or more individuals who are part of the medical personnel, or third-party management. Recommendations for further study highlighted conducting quantitative demographic information, expanding research in other geographical locations, and understanding the context of online negative views with the customer's communication mix.

Lastly, a reflection segment includes personal growth, professional growth, and a biblical perspective. Regarding personal growth, learning about the uniqueness of other people's experiences was the highlight of growth. Regarding professional growth, exploring new levels of information depth was the highlight of professional growth. The biblical reflections segment focused on the integration that is possible between Christian theology and business activities with a specific focus on the verses

from Mark 12:28-33 (*The Holy Bible: New Revised Standard Version,* 1990) which speaks of the two great commandments along with integrating the Voice-of-the-Customer continuous process improvement method (Plenert, 2012).

Summary and Study Conclusions

In conclusion, the purpose of this qualitative multiple case study was to expand on the understanding of how organizations in the medical services industry might more effectively manage online negative reviews in order to decrease the detrimental impact of online negative customer reviews. The research project featured three sections. The first section examined the foundation to the study of marketing management of online negative reviews of medical services. The second section examines the project and collects the data. The third section presents the findings and examines the application to professional practice and implications for change. The study found a total of seven discovered themes relating to the research topic. The discovered themes are a desire for help, wanting their voice heard, the scope of dissatisfaction, waiting to respond, not expecting direct communication, not expecting direct resolution, and limited resolution.

Online negative reviews of medical services present a problem. Some customers utilize electronic word-of-mouth to share their negative medical experiences. The online negative reviews might come from fraudulent sources. Both situations are detrimental to the digital brand of the medical institution or individual medical personnel.

An opportunity exists to attempt repairing relationships with some customers. The study found that a majority of the participants want some form of communication and resolution with someone from the medical institution. Repairing relationships with customers will also help repair the digital brand of the medical institution or individual medical personnel. Repairing relationships with

customers and repairing the digital brand will contribute to helping build up the digital brand. Examples include the customer editing the negative review, deleting the negative review, or creating a follow-up positive review.

The customers of the medical services reveal weaknesses in the medical process as indicated by online negative reviews. The Voice-of-the-Customer continuous process improvement tool or method was emphasized in the research project as a way to examine reviews and make positive adjustments with customers who created online negative reviews of medical services. Learning from weaknesses revealed by customers might help to enhance the customer experience for current and future customers. Enhancing the customer experience of medical services will help to build the digital brand of the medical institution or individual medical personnel. This evidence is shown with an increase in positive electronic word-of-mouth communication.

The results of this research project found that the participants do not expect direct communication or resolution from individuals who work at the medical institution. An attempt to contact the customer and make some form of resolution is likely a positive point of differentiation in comparison to other medical institutions. Time and effort are needed to search, monitor, and address online negative reviews of medical services. A cost exists to the medical institution to perform these tasks. Added costs might also arise if the medical institution utilized a third-party management organization. Third-party organizations allow individuals at the medical institution to focus on core competencies. This path might become more advantageous in some situations. It is the judgment of the medical institution to decide which path is better for the medical institution. In either situation, a potential competitive advantage is possible for the medical institutions against competitors who are currently not as likely to attempt communication or resolution with customers who create online negative reviews of medical services.

A final reflection is that a biblical perspective is highly applicable to the topic of marketing management of online negative reviews of medical services. The verses from Mark 12:28-33 (*The Holy Bible: New Revised Standard Version,* 1990) speak of the two great commandments which are to love God and love your neighbor. The customers who create the online negative reviews of their medical services experience different degrees of severity within their problem or problems. A great love and respect for the dignity of these customers is needed when addressing the problems facing the customers of medical services. Even in the context of marketing management of online negative reviews of medical services, marketing professionals are capable of fulfilling both great commands by doing all for the love of God including loving their neighbor for the sake of God.

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Appendix A: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

About the (HCAHPS) survey.

About the Survey

The HCAHPS Survey is composed of 29 items: 19 items that encompass critical aspects of the hospital experience (communication with nurses, communication with doctors, responsiveness of hospital staff, communication about medicines, discharge information, care transition, cleanliness of the hospital environment, quietness of the hospital environment, overall rating of hospital, and recommendation of hospital); three items to skip patients to appropriate questions; five items to adjust for the mix of patients across hospitals; and two items to support congressionally-mandated reports.

There are four approved modes of administration for the CAHPS® Hospital Survey: 1) Mail Only; 2) Telephone Only; 3) Mixed (mail followed by telephone); and 4) Active Interactive Voice Response (IVR).

HCAHPS. (2021). *About the survey*. Retrieved from https://hcahpsonline.org/

Appendix B: Vitals.com

This medical review website contains a five-star ranking system. An additional option exists to provide written feedback about the medical individual. An overall ranking is comprised of the average of all five-star ranking reviews. The total number of reviews and comments are shown.

Additional features go into more details. The profiles of medical personnel include a summary and patient review section. Review breakdown features include wait time, easy appointment, promptness, friendly staff, accurate diagnosis, bedside manner, spends time with me, and appropriate follow-up.

The information for Vitals.com was retrieved in the year 2021.

Vitals.com. (2021). *Search: Grand Rapids MI*. Retrieved from

https://www.vitals.com/search?ola=false&overall_range=any&virtualVisit=false&latLng=42.96

14,-85.6558&city_state=Grand%20Rapids,%20MI

Appendix C: Healthgrades.com

This medical review website contains a five-star ranking system. An additional option exists to provide written feedback about the medical individual. An overall ranking is comprised of the average of all five-star ranking reviews. One section of the reviews contains a list "What went well" and "What could be improved." Potential customers are able to give "thumbs-up" feedback on the five-star scale and written review. The thumbs-up will says "(X number) people found this helpful." The word "this" refers to the review.

The information for Healthgrades.com was retrieved in the year 2021.

Appendix D: RateMDs.com

This medical review website contains a five-star ranking system. The overall ranking is on the staff, punctual, helpful, and knowledge. Each factor is in the form of a five-star ranking system. An additional option exists to provide written feedback about the medical individual. An overall ranking is comprised of the average of all five-star ranking reviews. The website contains a system that ranks all doctors, within their specialty, in a specific geographical area or around the world. The information for RateMDs.com was retrieved in the year 2021.

RateMDs.com. (2021). *Search Best Doctors: Kalamazoo MI*. Retrieved from

   https://www.ratemds.com/best-doctors/mi/kalamazoo

Appendix E: Yelp.com Medical Reviews

This medical review website contains a five-star ranking system. An additional option exists to provide written feedback about the medical individual or medical institution. An overall ranking is comprised of the average of all five-star ranking reviews. Potential customers are able to give feedback options, on the written review, that consist of "useful," "funny," and "cool." The business owner or individuals who work for the business are able to comment on the customer's written review. The information for Yelp.com medical reviews was retrieved in the year 2021.

Note the comment refers to a friend. The validity of the comment is unknown.

Yelp.com. (2021). *Search Hospital: Kalamazoo MI*. Retrieved from

https://www.yelp.com/search?find_desc=hospital&find_loc=Kalamazoo%2C%20MI&ns=1&sortby=rating

Appendix F: Template for Coding
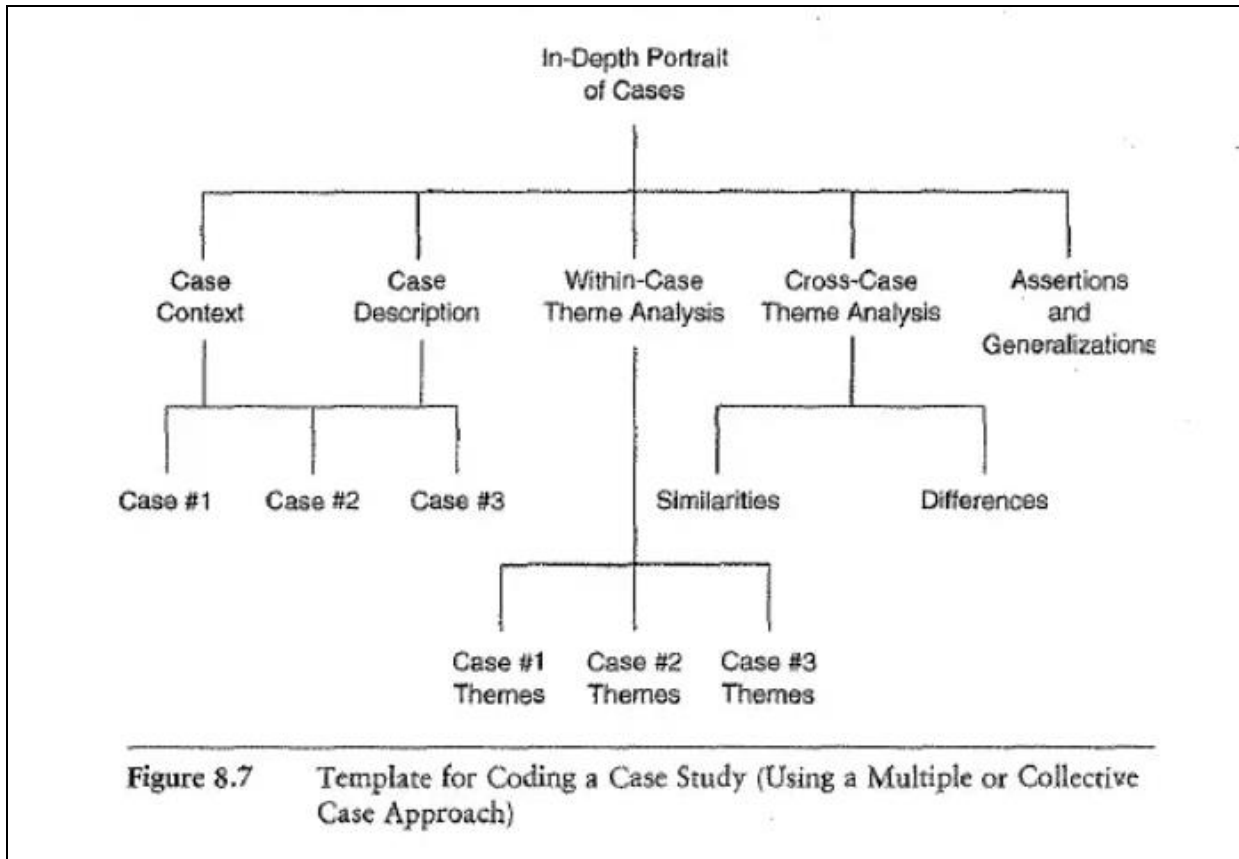
In-Depth Portrait
of Cases

Case
Context

Case
Description

Within-Case
Theme Analysis

Cross-Case
Theme Analysis

Assertions
and
Generalizations

Case #1   Case #2   Case #3

Similarities

Differences

Case #1   Case #2   Case #3
Themes   Themes   Themes

Figure 8.7   Template for Coding a Case Study (Using a Multiple or Collective
Case Approach)

Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five*

approaches (Second ed.). Sage Publications.

Appendix G: Consent Form

Consent

Title of the Project: Marketing Management of Online Negative Reviews of Medical Services
Principal Investigator: Christopher Feltes, Doctoral Candidate with Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must
1) be at least 18 years of age,
2) live in the Midwestern region of the United States (North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Indiana, Michigan, or Ohio),
3) and have created at least one negative review of a medical service on a website where the focus of the review was in at least one of the following categories: a medical institution, medical personnel, or medical staff and administration.

Taking part in this research project is voluntary.
Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to expand on the understanding of how medical organizations can more effectively manage online negative reviews. This purpose includes how medical organizations can help individuals who create online negative reviews of their medical services.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:
Participate in an audio and/or video recorded interview about your negative experience.
The interview should take about 30 minutes.
Please allow a few minutes of extra time to answer some follow-up questions specific to your experience and some demographic questions.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from participating in this study.
Benefits to society include helping medical administrators address the concerns that patients have regarding their medical experience.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of codes. Interviews will be conducted in a location where others will not easily overhear the conversation.

- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

- The interviews will be recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, your responses will not be recorded or included in the study. The data collected from you will be destroyed immediately.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Christopher Feltes. You may ask any questions you have now. If you have questions later, you are encouraged to contact him at ███████████. You may also contact the researcher's faculty sponsor, Dr. Debra Powell at ███████████.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio, type, and visual record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Appendix H: Semi-Structure Interview Guide

The Interview Guide for Online Negative Reviews of Medical Services.

<u>Interview questions.</u>

1 – Who or what was the focus of your online negative review of the medical service?

2 – When was the negative review or reviews made?

      When did the medical incident or incidents take place?

3 – What internet website or websites did you use to rate or discuss the negative experience?

4 – What was the motivation for creating the online negative review of the medical service?

5 – Please describe feelings or reasons as to why you created the online negative review?

      To what degree were emotions involved in the decision to create the negative online review?

6 – Describe your level of satisfaction with the medical service that led to the online negative review.

7 – Did any of the following factors influence your decision to make an online negative review: quality of the healthcare, access to the healthcare, availability of the healthcare, or cost of the healthcare?

      Which ones and why?

8 – What type of communication do you want as a result of your online negative review?

9 – Any particular person with whom you want to communicate?

      Why this particular person?

10 – What type of resolution do you want regarding your situation?

If you want resolution, what timing do you want for the resolution?

If you want resolution, who do you want involved in the resolution?

Follow-up questions.

Thank you for your time answering the questions. Please allow some additional time for a few follow-up questions relating to your specific experience. Your help is very much appreciated.

Demographic information.

What is your age?

What best describes your ethnicity?

What is your gender?

Which state do you live in?

What is the level of schooling you have completed?

Conclusion. Thank you for your time and participation in the research project. I appreciate your insights into your experience with online reviews of medical services. Best regards to you and your future endeavors.

Appendix I: IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

August 11, 2022

Christopher Feltes and Debra Powell
IRB Limited Exemption IRB-FY22-23-41 Marketing Management of Online Negative Reviews
of Medical Services

Dear Christopher Feltes and Debra Powell,

The Liberty University Institutional Review Board has reviewed your application in accordance
with the Office for Human Research Protections (OHRP) and Food and Drug Administration
(FDA) regulations and finds your study to be exempt from further IRB review. This means you
may begin your research with the data safeguarding methods mentioned in your approved
application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in
which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

> 2. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude,
> achievement), survey procedures, interview procedures, or observation of public behavior (including visual
> or auditory recording) if at least one of the following criteria is met:
>
> > (iii) The information obtained is recorded by the investigator in such a manner that the identity of
> > the human subjects can readily be ascertained, directly or through identifiers linked to the subjects,
> > and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Please note that this exemption only applies to your current research application, and any
changes to your protocol must be reported to the Liberty IRB for verification of continued
exemption status. You may report these changes by submitting a change in protocol form or a
new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this limited exemption or need assistance in determining
whether possible changes to your protocol would change your exemption status, please email us
at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

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