

Empowerment and Engagement of Online Users on Health Content Provided by a Private Hospital's Social Media in Thailand: A Critical Incident Technique

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Abstract

The purpose of this paper to use both a Critical Incident Technique (CIT) survey and content analysis to gather and identify critical consumer behaviors following their empowerment in content, process, social, and technological encounters with a subsequent action to participate or not engage on persuasive health contents provided by private hospital social media in Thailand. This research provides a thorough illustration of the staged process that involves using numbers to derive meaning from qualitative data. The five stages of critical incident technique (CIT) are identified: 1) precise objectives 2) planning, including situation, observers, and method of data collection 3) gathering data 4) analyzing data including summarizing, describing, and applying observation and 5) evaluating and documenting findings. This work also provides specific category generation and content analysis processes that may be utilized in conjunction with a CIT survey or to evaluate written empirical data from a positivist standpoint. As a result, the outcomes of this approach are expected to uncover important phenomena and then locate appropriate constructs and elements connected to the next phase of quantitative research.

Keywords: Critical Incident Technique, content analysis, consumer engagement, consumer empowerment, persuasive health content

Introduction

The technology of Web 2.0 has effectively transformed where and how consumers interact, receive, and facilitate WOM (Trivedi, 2017). Businesses often initiate electronic word of mouth (eWOM) as part of a comprehensive marketing plan, whereas user-generated content or eWOM (uncontrolled by the company) can often become part of the business

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communication of the firm (Sugiantari et al., 2018). With the nature of social media (accessibility, real-time interaction, indefinite availability, elimination of gatekeeper obstacles, and promoting involvement) (Rauniar & Salazar, 2019), users speak back and talk to each other quickly and easily (Tien et al., 2018).

While there is a great amount of consumer word of mouth (WOM) literature that exists outside the service context (Sugiantari et al., 2018), the little study investigated how customers can persuade each other in the service atmosphere during the customer journey (Aluri et al., 2016), especially in the healthcare setting. Servicescape relates to the environment wherein services are offered and where the firm and the consumer engage (Dolan et al., 2019). Customers are pleased with the service because it is compatible with those in the environment, so the service firm can apply a conformity strategy to boost the chance of a favorable consumer mix and productive customer-to-customer interactions (Tien et al., 2018).

However, prior research on service businesses had concentrated on tourism (Ho & Gebombok, 2019), education (Kujur & Singh, 2020), and the hotel industry (Yoong & Lian, 2019). It's still unclear how persuasive healthcare information can be in engaging customers and prospects. The significance of this study is to investigate whether the constructs and elements of consumer empowerment and consumer engagement in other services can be used in the hospital context by using the critical incident technique. The repeating meanings of refer statements from interviewees' experiences with persuasive content received from a private hospital's social media are counted and grouped as a construct and element. This is to validate theoretical frameworks, constructs and elements derived from other service industries in preparation for future quantitative research for the healthcare context.

Research Objectives

Based on the notion that persuasive messages or contents on healthcare social media impact engagement behavior through creation, consumption, and contribution in the same manner that other services do. The critical incident technique is used to verify and demonstrate that the contents are relevant to the familiarity of hospital social media users. Especially, the level of engagement (creating, consuming, and contributing) is appropriate to further investigate a quantitative methodology. Therefore, the research questions for this critical incident techniques have arisen as follows:

RQ1: What are the sorts and volumes of experiences on consumer engagement in the private hospital's social media content?

RQ2: Why and how do consumer empowerments (content, social, process, and technology) represent actual user experiences in hospital social media content?

As a result, the objectives of this study by using critical incident technique (CIT) are

(1) To explore the type and number of experiences on consumer engagement in social media content of the private hospital

(2) To ensure about elements of consumer empowerment representing actual users' experiences in social media content of hospital.

As a result, the expectation of results from this technique is appropriate constructs and elements related to the next step of quantitative research for healthcare context.

Literature review

Consumer empowerment

Consumer empowerment is the transfer of power to consumers because of their participation or engagement (Fotoukian et al., 2014). Firms provide consumer routes to engage with firm by providing extra access, content, knowledge, education, and business relationship (Small et al., 2013) with the expectation of consumer or prospect involvement by sharing, praising, criticizing, suggesting, and contributing to others (Aslani, 2013). As a result, consumers have the right to make their own fit decisions (Cohn, 2012). Importantly, Mendes-Filho, Tan, & Mills (2010)'s theoretical framework adopts user-generated content (UGC) in the travel service via consumer empowerment construct in the form of content, social, and process empowerment. This study added on sub-dimension technology empowerment in the consumer empowerment construct (Mendes-Filho et al., 2010).

Consumer engagement

Muntinga et al. (2011) classified consumers' online brand-related activities as creating (highest degree), contributing (moderate degree), and consuming (lowest degree) (minimum degree). The following is a list of each behavior.

Creation behavior includes knowledge-seeking, sharing experience, advocating content, socializing, affirming, and co-creating (Brodie et al., 2013). The consumers are known as user-generated content (UGC) users, with product reviews uploaded, dispersed, and shared on brand fan pages (Kujur & Singh, 2020).

Consumption behavior includes reading content and watching the image, the advertising, and the videos of the brand on the firm's social media.

Contribution behavior includes sharing contents on Facebook, re-tweeting messages on Twitter, dispersing information to their social networks, indicating their preferences by choosing the 'Like' on Facebook's and Instagram's functions, the 'Favorite' function on Twitter, and tagging other users' comments.

Research Methodology

The critical incident technique (CIT) was used in this study because it was particularly consistent with the study's objective. The critical incident technique, an exploratory tool, is a story-telling strategy that allows respondents to classify which events or experiences are more suitable for the context under interest (Creswell & Creswell, 2017). This methodology's goal is to encourage customers to narrate their experiences. Respondents recollect and recount a story from their experiences in the sense of description (Kurotschka, et al., 2021). Once the stories (critical episodes) have been gathered, content analysis of the stories begins (Viergerver, 2019). Besides, the information included in the stories is next "scrutinized" to create data categories that summarize and describe the episodes. An inductive technique can be used to determine classified categories. The purpose of content analysis, from a positivist standpoint, is the establishment of a categorization system to give insights into the frequency and patterns of factors impacting the examined phenomena (Danielis et al., 2018). Therefore, CIT frequently includes a classification technique using a qualitative analysis of data content. Five stages of critical incident technique (CIT) (Figure 1) are identified: 1) Activity's objective 2) a description of the nature of critical incidents 3) data collection 4) data analysis which includes grouping critical incidents into concepts or aspects and 5) an interpretation and report findings (Viergerver, 2019).

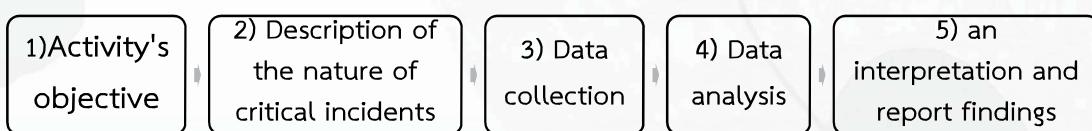


Figure 1 Five Stages of critical incident technique

Activity's objective of Critical Incident Technique (CIT) in this study

The critical incident technique is basically a method for obtaining some crucial facts related to behavior in specified circumstances with the aim of the likelihood of several

objective observers to generate the same article (Viergerver, 2019). According to the theoretical framework is developed from other services outside the hospital context, the critical incident technique is used to prove the contents are relevant to the familiarity of hospitals' social media users. Especially, the level of engagement (creating, consuming, and contributing) is appropriate to further investigate a quantitative methodology.

Description of the nature of critical incident technique (CIT)

As to step 2, the nature of critical incident technique (Figure 2) involves the situation observed, the expected behavior, sampling and informants, and questionnaire design.

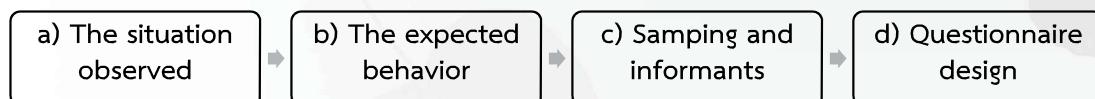


Figure 2 The nature of critical incident technique

a) **The situations observed** is the behavior of online users after visiting hospitals' social media and receiving persuasive content, interacting with society, enjoying the process of using the media, and feeling convenience on technology. This situation observed is to check the consumer empowerment on dimensions of content, social, process and technology.

b) **The expected behavior**, the outcome in terms of engagement, is divided into three levels, creating, consuming, and contributing.

c) **Sampling and informants** are used purposive and retrospective sampling to combine a wide range of perspectives and behaviors surrounding the presence of social media hospitals from their online visitors. The survey included two social media content authors from one hospital and samples from internet users who accessed the hospital's social media platform. In the study sample, informants are chosen based on hospital content producers' recommendations, and the advice of specific informants on their communities, starting similarly from visitors to one hospital social media and then using snowball methodology. The snowball sampling, one of the most popular techniques of sampling in qualitative research (Parker et al., 2019), is a nonprobability sampling method used in unidentified communities that are difficult to access for hospital social media users. Because the respondents are not drawn from a sampling frame, there could be a variety of biases. This study is aimed to check the appropriate constructs and elements for further investigation; therefore, the proper interviewee target of this snowball technique is acceptable. The process for the online interpersonal interview was from November 23, 2020 to January 16, 2021.

d) Question design

Information on experiences and behavior is gathered by semi-structured interviews by the construction of a frame of reference for interviewees (Kurotschka, et al., 2021) and assistance in the production of a qualitative survey tool (Philpot, et al., 2021). An interview guide was developed in Table 1, an interview guide applicable to the critical incident technique (Fridlund et al., 2017). There are three main questions, “please tell me what your starting point did to find and visit that hospital’s social media?”, “please describe at least one thing that impresses you from the use of social media”, and finally “please describe at least one thing that you are not impressed by using social media of hospital”, and then asking additional question “would you like the hospital’s social media to have anything to add or modify?”. These open-end questionnaires are required interviewees to show an example of their experiences. During interviews, the interviewees will receive a list of 13 information frames to help respondents confirm their responses to the above open-end questionnaires and support them better recall their past incidents including criticizing these frames. The 13 information frames (Table 2) include engagement behavior and their empowerment in terms of content, process, social, and technology following the development of the theoretical framework of this research.

Table 1 Interview guide applicable to the critical incident technique

Description	Explanation
Propose of the study	My research wishes to find out what makes you engage on hospital social media and what type of your engagement
Background question	Think of a recent time when you visit a hospital’s social media, you are impressed and intended to continuous visit
Main questions	<ol style="list-style-type: none">Please tell me what your starting point did to find and visit that hospital’s social media?Please describe at least one thing that impresses you from the use of social media of hospitalPlease describe at least one thing that you are not impressed by using social media of hospital

Table 1 Interview guide applicable to the critical incident technique (continued)

Description	Explanation
Main questions	d) Would you like the hospital's social media to have anything to add or modify?
Potential follow-up questions refer to list of 13 information frames	Do you think this list of 13 information frames is relevant to your experience when visiting social media of the hospital?
13 information frames	Please explain and criticize
Probing areas	Type of engagement, Content empowerment, Process empowerment, social empowerment, and Technology empowerment

Table 2 List of 13 information frames for recalling their past experiences

Description	Explanation
1) Type of engagement	Your behavior after visiting hospital social media i.e., chat and share, create new content, etc.
Content empowerment	Your gain control and gratify informational content in the perspective of argument quality, source credibility, information
2) Argument quality	The extent to which a message recipient recognized that argument to be convincing, persuading, and rational to lift its position
3) Source credibility	The amount of believability, competence, and trustworthiness of perceived information by recipients
4) Information consistency	The degree to which the current accessible message is undeviating with the member 's prior knowledge or emphasizing the same fact as prior knowledge
5) Information framing	The content of the message in terms of the positive or negative frames
6) Source attractiveness	The amount of delightful message that recipients received from an appealing source with enclosing of similarity, familiarity, and likeability.

Table 2 List of 13 information frames for recalling their past experiences (continued)

Description	Explanation
Social empowerment	<p>Your gain control over social interaction through recommendation care consistency, recommendation rating, and social interaction</p> <p>7) Recommendation care consistency</p> <p>The extent to which the present recommendation is unchanged with other experienced contributors regarding the same product or service assessment</p> <p>8) Recommendation rating</p> <p>The overall rating was assessed by other viewers on the electronic word of mouth (eWOM) recommendation. Users can provide their evaluation on those messages they review under the online platform and enable them to rate the score, high or low depending on their message's perception.</p> <p>9) Social interaction</p> <p>The extent to which individuals can communicate with other media users in terms of interacting with people who hold some of my beliefs, catching up with new friends, maintaining a regular, intimate friendship with friends and relatives.</p>
Process empowerment	<p>Your gain control over the process of using a media in term of medium appeal, entertainment, and self-expression.</p> <p>10) Medium Appeal</p> <p>It is a place that can be shared, cost-effective to publish, and easy to maintain your presence on social media</p> <p>11) Entertainment in tension-free demands perspective</p> <p>The degree of need for comfortability, relaxation, and reassurance.</p> <p>12) Self-expression</p> <p>Your intention to present your personality and reveal to others about yourself including posting your content. You want to be a "sociable", "grown-up" and "smart and upscale" person in that online society</p>
Technology empowerment	<p>Your gain control over technology when using social media</p> <p>13) Convenience</p> <p>Less effort, ability to use anytime, anywhere, feeling easier to use, providing quick and getting a wide variety of information</p>

Data collection and sample of critical incident technique (CIT)

The sample size of this study's interviewees is 30 in step 3. When using the CIT, the sample size is determined by the number of incidents rather than the number of participants, and the sample size of qualitative research is typically small, with 32 to 89 critical incidents identified (Tourish, 2016). The actual critical incidences were 130 quotes (target 100 quotes). The average length of the interviews is around 35 minutes (range from 20.16 - 47.72 min).

Data analysis

As to step 4, data analysis involved the following steps:

The author transcribed all interviews recorded on Microsoft Team and then coded every incident using prior semi-structural on 13 information frames (see Table 2) as categories.

To compare groups and classifications, the other two judges engage in a conversation process. Gremler (2004) reports that the number of coders varies from one to eight with an average of 2.6 judges. This study included three judges with research experience: a productivity researcher (rater 3), a policy and strategy consultant for many hospitals (rater 2), and the interviewer (rater 1). Furthermore, trained judges are set up to ensure the trainer raters are familiar with the coding system and operational concepts. Critical incidents affecting the experience of visiting hospital social media and the steps are taken to deal with these incidents have been described, closely compared, detached, and labeled into subgroups, groups, and main areas, per previous recommendations for this methodology (Stadin et al., 2020).

A team of two qualified raters sorted the data into categories and sub-categories using definition criteria to increase the reliable coding process (Klein et al., 2020). Overall inter-rater agreement on classifying incidents to motive categories was 0.964 by Rater 2 and Rater 3 compared to the interviewer was 0.990 and 0.847, respectively, which exceeded the 0.80 inter-rater reliability threshold (Kassarjian, 1977).

Results and findings

A total of 30 interviewees participated in this study (see Table 3), 20 of them female (67%) and 10 males (33%). The interviewee's age was over 30 years with 43% of 51-60 years old which highly educated (there was no below bachelor) and 70% was employee status.

Table 3 Interviewee profiles

		Persons	Percent
Gender	Female	20	67%
	Male	10	33%
Age	31-40 years old	5	17%
	41-50 years old	10	33%
51-60 years old	13	43%	
	More than 60 Years old	2	7%
Education	Bachelor's degree	11	37%
	Master's degree or higher	19	63%
Occupation	Employee	21	70%
	Professional	4	13%
Self-employed	3	10%	
	Government staff	2	7%

The main goal of using this critical incident technique is to group and sub-group quotes from online users' experiences with provided health content from hospital's social media. As a result, two major themes emerge: consumer empowerment and consumer engagement.

Consumer empowerment in terms of content empowerment

“This is a broad spectrum of information. We are not sick today and know health knowledge is safer. So, from these contents, we get facts and understanding” (impressive quote on argument quality).

“There is no content that I needed, and some of the information is outdated” (unimpressive quote on argument quality).

“I trust the information because the author is a professor, and it also gives me with a list of expert doctors who write on social media” (impressive quote on source credibility)

“Some well-known doctors weren't present to write posts” (unimpressive quote on source credibility)

“The knowledge is consistent with what is understood. Yet sometimes it helps us care differently about the details we are receiving. I took better care of myself by gaining that knowledge” (impressive quote on information consistency)

“Heading draws my attention and leads me to more readability.” (impressive quote on information framing)

“I am interested in this source because I have learned about the disease’s cause and treatment” (impressive quote on source attractiveness).

Consumer empowerment in terms of social empowerment

“I can search the second source from other sites on a regular basis. To bring information for comparison and decision making due to concerns about the possibility of treating errors if only one source is believed” (impressive quote on recommendation care consistency)

“Liking and sharing in the trustworthy hospitals I have selected has been engaging me to learn and study more.” (Impressive quote on recommendation rating)

“I like that, when I give it to someone close to me, I can use it as a reference. To make him believe and follow because that’s the hospital’s knowledge with creditworthiness.” (Impressive quote on social interaction)

Consumer empowerment in terms of process empowerment

“Content is educating about our health services and being able to exchange valuable content with families quickly and efficiently, we can even request additional enquiries from Tag or Link of this hospital social media” (impressive quote on medium appeal)

“The hospital keeps track of social media channels and feels that it takes good care of us, which makes us feel reassured” (impressive quote on tension-free demands)

“The hospital should have cooperative activities to recruit potential consumers, known as a call to action” (improvement required on self-expression)

Consumer empowerment in terms of technology empowerment

“I able to drop questions in the inbox and I do not waste time calling and can receive answer questions quickly” (impressive quote on convenience)

“There should be a more user-friendly or social chat feature since it is now mostly one way of communication from the hospital” (improvement required)

The actual critical incidences were 130 quotes, 84 were impressive quotes (65%), 28 were unimpressive quotes (21%) and 18 were improvement required (14%).

Table 4 shows critical incidents by main area groups, categories, and sub-categories. It represents total number of critical incidents for each factor under the visiting experiences of hospital’s social media, proving that there were a number of recall incidents relevant to some determined frames which may be appropriate constructs and elements for further quantitative

research on these open-end questions. Nevertheless, there was one sub-category that did not mention in impressive or unimpressive quotes but addressed in improvement required which was self-expression. Importantly, a fast response from the hospital was quoted on an impressive, unimpressive, and improvement required topic. Consequently, “Hospital providers quickly replied to customer posted” will be added in the pre-test.

Table 4 The number of critical incidents of hospital visitors' social media accesses

Main areas	Categories	Subcategory (number of incidents)
Impressive quote (84 quotes, 65%)	Content (58 quotes, 45%)	Argument quality (16 quotes) Source Credibility (13 quotes) Information consistency (16 quotes) Information framing (10 quotes) Source attractiveness (3 quotes) Recommendation consistency (3 quotes) Recommendation rating (3 quotes) Social interaction (1 quote)
	Social (7 quotes, 5%)	Medium appeal (5 quotes) Tension-free demands (1 quote)
	Process (6 quotes, 5%)	Convenience (10 quotes) Fast response and interactive interaction (3 quotes)
	Technology (10 quotes, 8%)	Convenience (1 quote) Fast response and interactive interaction (8 quotes)
Unimpressive quotes (28 quotes, 21%)	New lists: fast response from the hospital (3 quotes, 2%)	Argument quality (6 quotes) Source credibility (1 quote) Information framing (12 quotes)
	Content (19 quotes, 15%)	Convenience (1 quote) Fast response and interactive interaction (8 quotes)
	Technology (1 quote, 1%)	
	New lists: fast response from the hospital (8 quotes, 6%)	

Table 4 The number of critical incidents of hospital visitors' social media accesses
(continued)

Main areas	Categories	Subcategory (number of incidents)
Improvement required (18 quotes, 14%)	Content (7 quotes, 5%)	Source credibility (2 quotes) Information Framing (5 quotes)
	Social (2 quotes, 2%)	Social interaction (2 quotes)
	Process (2 quotes, 2%)	Self-expression (2 quotes)
	Technology (1 quote, 1%)	Convenience (1 quote)
	New lists: fast response from the hospital (6 quotes, 4%)	Fast response and interactive interaction (6 quotes)

Consumer engagement

Consumer engagement behavior is divided into three categories: consuming, contributing, and creating. These interviewees appear to have prioritized consuming, modest contributing, and very rarely creating. The reason for the interviewee's unusual creating behavior is health content, a difficult subject in which clinicians are expected to communicate their expertise and interviewees frequently concerned about the consequence of recommending inaccurate content on others.

Conclusion

Critical incident technique can be used to identify type of behavior and incidents relevant to some suitable constructs and elements for further quantitative study.

Discussion

Summary of the main findings

This qualitative study used the critical incident technique to explain the type of behavior of online users after viewing the hospital's social media including the crucial factors contributing to that behavior. The open-end questionnaires, which are applicable to the quote needed for impressive, unimpressive, and improvement, aim to show recall incidents relevant to some specified frames that may be suitable constructs and elements for further quantitative research. The findings revealed that according to the interview guide application, interviewees should remember the events released by category and sub-category (refer to

Table 1: Interview guide applicable to the critical incident technique). There was, however, a sub-category that did not mention in impressive or unimpressive quotes but addressed in improvement required that was self-expression. Importantly, on impressive, unimpressive, and improvement required topic, rapid hospital response was quoted. Inter-rater reliability confirmed that consumer empowerment on content, social, process, and technology empowerment derived from other service contexts can be applied in the healthcare context. However, the type of engagement in creating may be reconsidered because online users may find it difficult to create content on the health topic.

Limitation

The CIT has a few methodological issues. Because the CIT demands participants to spend the time and effort to describe circumstances in depth, a low response rate is probable (Johnston, 1995). Furthermore, respondents may not be used to, or ready to, provide detailed descriptions of crucial situations (Edvardsson & Roos, 2001). Furthermore, responders may later misunderstand the "event" (Johnston, 1995). Because the CIT is a retrospective method, recall bias or memory gaps may affect results (Pellat et al., 2010). To some degrees, the critical event approach has also been chastised for its shortcomings in terms of reliability and validity (Chell, 2004). Furthermore, when the descriptions of critical incidents are studied using a content analysis process, the CIT shares the shortcomings of content analysis (Bitner et al., 1990). One of the major drawbacks is the uncertainty connected with category labels and coding standards (Weber, 1990). Nonetheless, despite its methodological shortcomings, the critical incidents technique provides enormous methodological benefits (Flanagan, 1954) as this study used it to understand the categories and sub-categories of consumer engagement and empowerment under the contents provided by private hospital social media in Thailand.

Recommendation

Researchers have employed CIT to investigate the factors that help or hinder helping behaviors in therapeutic relationships in various populations and contexts. Future researchers can use the steps in this study to collect data using CIT in phenomenology, grounded theory research, or case studies (Mathew, 2021). CIT can also be used as a data analysis method and a credibility checker. Researchers interested in triangulation (Loef, et al., 2021) should consider CIT as a secondary method of data collection or analysis, in addition to other methods.

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