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► To cite this version:

Agathe Morinière, Irène Georgescu, Sea Matilda Bez. Do Google Reviews matter for doctors? Unpacking online emotional accountability on a digital platform. *Critical Perspectives On Accounting*, 2025, 101, pp.102768. 10.1016/j.cpa.2024.102768 . hal-04877302

HAL Id: hal-04877302

<https://hal.science/hal-04877302v1>

Submitted on 9 Jan 2025

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Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Critical Perspectives on Accounting

journal homepage: www.elsevier.com/locate/cpa

Do Google Reviews matter for doctors? Unpacking online emotional accountability on a digital platform

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ARTICLE INFO

Keywords:

Emotional accountability
Online accountability
Professional evaluation
Reviews
Emotion
Healthcare
Patient feedback
Digital platform

ABSTRACT

The emergence of publicly available online feedback has prompted inquiries into the evolving context of professional evaluation, especially in the healthcare sector. Drawing on Illouz's critical theory of emotional capitalism, this article unravels whether and how patients' Google feedback changes the way doctors are held accountable. We draw on a qualitative analysis of Google's patient feedback that is combined, when available, with doctors' responses, coupled with 13 interviews with medical professionals and members of their administrative staff. Our contributions lie in conceptualising this Google online feedback as a form of 'online emotional accountability', a crucial characterisation that extends the current understanding of the phenomenon of online feedback for professionals. It sheds new light on a pivotal shift in which informal discussions about doctors' behaviour and patients' emotional satisfaction are made publicly available, placing professionals—especially doctors—under public scrutiny not only for their expertise but also for their role in managing the diverse emotional needs and expectations of their patients. Our findings uncover four critical implications of this online emotional accountability from a doctors' perspective: (1) the feigned indifference; (2) the critiques of the commodification of medical work; (3) the potential competing goals between achieving patient emotional satisfaction and respecting professional ethics; and (4) the challenges of addressing patients' feedback under public scrutiny.

1. Introduction

Accountability has been defined as a relationship in which people are required to take responsibility for their actions and provide an explanation or justification for their decisions (Messner, 2007; Sinclair, 1995). In recent years, the reliance on new forms of accountability based on online consumer-generated feedback and service delivery performance ratings has exploded. This phenomenon has received increasing attention in the literature on online accounting (Jeacle, 2017; Jeacle & Carter, 2011; Lowe et al., 2012; Scott & Orlikowski, 2012; Van den Bussche & Dambrin, 2021). The proliferation of online consumer-generated feedback mechanisms, facilitated by major platforms such as Amazon, Airbnb, TripAdvisor and Yelp, has emerged as a central tenet across diverse sectors within society. This phenomenon has notably reshaped the balance between the voice of traditional experts and influence wielded by online lay users (Jeacle, 2017; Van den Bussche, 2024).

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<https://doi.org/10.1016/j.cpa.2024.102768>

Received 29 June 2022; Received in revised form 1 October 2024; Accepted 15 October 2024

Available online 12 December 2024

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Against this backdrop, the literature on online accounting has focused on the critical implications of this virtual space for professionals (Agostino et al., 2022; Arnaboldi et al., 2017; Chua et al., 2022; Nørreklit & Trenca, 2021; Scott & Orlikowski, 2012). Online consumer-generated feedback creates “new information and control possibilities (...) as more customer, employee and stakeholder interactions happen digitally” (Arnaboldi et al., 2017, p. 763). The development of online feedback highlights the intensification of consumer culture in the twentieth century, giving rise to unprecedented ways of evaluating professionals’ behaviour, creating conditions for a powerful new web of control processes that extend into virtual discursive spaces (Brivot & Gendron, 2011; Lyon, 2001; Martinez, 2011). In this context, there is concern that the virtual world will lead to a new age based on measurement and surveillance, enabling evaluation, ratings and rankings aimed at rendering professionals’ conduct knowledgeable (Orlikowski & Scott, 2014). Thus, the move to online and publicly available feedback calls for more research on the changes and outcomes generated by these new forms of publicly accessible assessments of professionals (Orlikowski & Scott, 2014).

Doctors, once revered solely for their expertise, now find themselves under unrelenting scrutiny, being subject to public evaluation that dissects their actions, advices and conducts. Although patient feedback is limited in quantity, several surveys¹ have shown that its influence is far-reaching because such reviews are read by a much broader audience (Mazanderani et al., 2021). In addition to this increasing pressure, there is an encroaching consumerist ethos that infiltrates the health sector and reduces medical services to mere market commodities (Lupton, 1997, p. 373): “This model of doctor–patient relations views doctors simply as suppliers of services, competing amongst themselves and seeking to maximize their income by selling their professional expertise”. This paradigm highlights the potential of online accountability as a driver of substantial transformations. Although online feedback can encourage respectful attitudes, enhance the quality of care and help future patients choose their practitioner. It also raises various concerns for doctors because it signals an evolution in the modalities of evaluation of medical work, questioning how this will affect them, their practice and their patients (James et al., 2017; Patel et al., 2015; Turk et al., 2020). However, little is known about the content of patient feedback provided by Google and how doctors respond to this specific form of accountability. Thus, our research question is whether and how patients’ Google feedback transforms the way doctors are held accountable.

To obtain comprehensive insights, we collected two distinct types of data. First, we analysed patient feedback on Google, combined with the doctors’ answers when there was one. On Google, patient feedback serves as an empirical manifestation of online accountability, employing a star system and allowing patients to provide written evaluations of their patient experience on what they value in their doctor’s work. Similarly, Google enables doctors to publicly respond to these reviews, making their reactions accessible for analysis. Second, we conducted 13 semi-structured interviews with doctors and staff members to understand how doctors perceived Google’s patient feedback and how they reacted to its existence. We also tried to obtain more details about the responses to the Google’s patient feedback to deepen our understanding of online accountability.

The present paper draws on Illouz’s (2007, 2017) critical theory of emotional capitalism to explore the evaluative practices of Google’s patient feedback and expand the literature on online accounting. This theory highlights the emotionalisation of the workplace, illustrating the role that emotions play in the conceptualisation of the consumer and the consumption process (Illouz, 2017). Thus, emotions are an ingredient in the process of the creation of emotional commodities, named ‘emodities’ by Illouz (2007), and have especially infiltrated service professions, focusing on the relational dimension and emotional involvement of professionals to satisfy customer needs.

Illouz’s approach allows us to add to the literature on online accounting (Jeacle, 2017; Jeacle & Carter, 2011; Lowe et al., 2012; Van den Bussche & Dambrin, 2021) with a new characteristic of online accountability, which we conceptualise as ‘online emotional accountability’. As defined in the accounting literature, emotional accountability is “a type of accountability that focuses on managing its stakeholders’ diverse and multiple emotional expectations, such as issues with anxiety, honor and respect, religious beliefs, sufferings, happiness, or sadness” (Demirag et al. 2020, p. 891). In line with this definition, our findings further extend the concept by highlighting four implications of emotional accountability under online public scrutiny for doctors: (1) the feigned indifference; (2) the critiques of the commodification of medical work; (3) the potential competing goals between achieving patient emotional satisfaction and respecting professional ethics; and (4) the challenges of addressing patients’ online feedback under public scrutiny.

Our paper is structured as follows: In Section 2, we present the literature on the rise of online feedback and the changing nature of accountability for professions. In Section 3, we provide insights into emotional capitalism and Google online patient feedback. In Section 4, we detail accountability mechanisms in the specific context of healthcare. In Section 5, we describe our methodology. In Section 6, we present our results, which are further discussed in Section 7.

2. Online accountability in the context of professions

The accounting literature has started to investigate the impact of online feedback on the changing nature of accountability both for organisations and professions (Jeacle, 2017; Jeacle & Carter, 2011; Lowe et al., 2012; MacKenzie et al., 2013; Scott & Orlikowski, 2012). Online feedback is characterised as personal recommendations through which service or product users seek reassurance (Jeacle, 2017; Jeacle & Carter, 2011). This enables two primary functions: assisting the decision-making of service consumers and assisting service providers in relation to service quality improvements. In this regard, online feedback provides others with perceptions of the quality of service obtained. It may also reflect a partial performance of the individual and ‘play a role in producing an account of

¹ A 2021 survey by OpinionWay, conducted on a representative sample of the French population (n=957) found that 57% of respondents had read doctors’ feedback online, and 14% had left feedback themselves. Similarly, on a representative sample of the UK population (n = 2036), Powell et al. (2019) found that 42% of internet users in the general population read online feedback from other patients while fewer (8%) left feedback online.

the value of our human capital, its ranking, position and so on' (Cooper, 2015, p. 16). As a conceptual lens, analysing online accountability reveals how organisations and professionals "are being held to account and they hold themselves to account in response" (Scott & Orlikowski, 2012, p. 27). The emergence of this new form of accountability, called '*online accountability*', is related to three main transformations that we discuss further below: (1) professional expertise counterbalanced by user opinion (Jeacle & Carter, 2011); (2) the redistribution of accountability and the expanding scope of the audit society (Jeacle, 2017); and (3) the construction of narcissistic entrepreneurs of the self (Van den Bussche & Dambrin, 2021).

First, a significant transformation concerns the notion of expertise, which is being called into question by the rise of online feedback, which represents nonprofessional opinions on different infrastructures, referred to as platforms (Van den Bussche, 2024): "Such opinion hinges on a new form of expertise, which has its origins in the 'authenticity' of the opinions offered" (Jeacle & Carter, 2011, p. 294). This user-generated feedback blurs the lines regarding what is expertise and what it is not: "The user review is offering an alternative to the professional expert" (Jeacle, 2017, p. 24). Indeed, "on online platforms, it is precisely their nonprofessional status that confers this expertise on users" (Van den Bussche & Dambrin, 2021, p. 509). In this context, Jeacle and Carter (2011) and Jeacle (2017) analysed how auditability is constructed in online spaces and raised the issue of the increasing influence of the voice of the online lay user over the opinion of the traditional expert. Jeacle (2017, p. 19) posed the question "is today's blogger tomorrow's auditor?" (2017, p. 19), acknowledging the growing influence of the amateur expert. However, she also questioned whether reviewers or online feedback providers can truly be considered reliable experts on whom the public can rely. This type of performance control by users is justified by referring to a "community" of users (Kornberger et al., 2017; Van den Bussche & Morales, 2019).

A second transformation concerns accountability. Prior studies have demonstrated that these evaluation and ranking mechanisms become 'power-charged' when enacted through Web 2.0 technologies because they lead to a substantial redistribution of accountability (Orlikowski & Scott, 2014; Scott & Orlikowski, 2012). In the travel sector, Scott and Orlikowski showed that "user-generated content circumvents the previous traditional forms of offline accountability in which complaints would be predominantly internal" (2012, p. 36). In this context, online consumer feedback may be illustrative of the expanding scope of the audit society (Jeacle, 2017; Jeacle & Carter, 2011) because, through user feedback, users are seeking verification of everything (Pentland, 2000). Scott and Orlikowski (2012) posited that this phenomenon is giving rise to a new form of accountability, termed '*online accountability*', which is based on the '*wisdom of crowds*' (Surowiecki, 2004). Digital platforms function as evaluative infrastructures (Kornberger et al., 2017; Begkos & Antonopoulou, 2020) that establish a consistent valuation regime, where ongoing online feedback scrutinizes and challenges the value of professionals (Detzen & Löhlein, 2024). They also give rise to powerful technologies of surveillance and raise questions about how professionals and experts maintain their credibility (Viale et al., 2017).

The third transformation is associated with the rise of digital reputation (Van den Bussche & Dambrin, 2021) as digital platforms help us represent ourselves to others (Belk, 2016). In a study of the Airbnb platform, Van den Bussche and Dambrin (2021) examined how online feedback processes drive narcissistic entrepreneurs of the self through evaluation processes. Here, "the focus of evaluation is relocated to the self, such that evaluation becomes equivalent to an assessment of personal worth, creating user dependency on reviews" (Van den Bussche & Dambrin, 2021, p. 522). In the broader literature, online feedback has been seen as a mechanism that "contribute[s] to the increasing circulation of "social capital" or "reputation", which we can see as a new form of currency and, more generally, value" (Hearn, 2010, p. 421) because it is used to evaluate a wide range of products and services. According to Mellet et al. (2014, p. 5): "[T]hese user contributions are usually voluntary, and result in the production of freely available public information goods". This perspective shows that the expression of feelings and opinions participates in the construction of a digital reputation economy and in the democratisation of markets (Mellet et al., 2014) because it is human attitudes and behaviours that are evaluated.

However, not all online consumer-generated feedback is structured using the same framework. Indeed, the online environment is not homogeneous, and different feedback platforms face different control challenges (Van den Bussche & Dambrin, 2021; Van den Bussche, 2024). For example, reviews on peer-to-peer platforms like Airbnb "are more positive than on other online platforms" (Van den Bussche & Dambrin, 2021, p. 510) because they contribute to the construction of 'narcissistic entrepreneurs of the self' through peer-to-peer evaluation. In this context, where all users have a profile with reviews, feedback serves as a reflective tool, helping users to shape their sense of self. Consequently, "negativity can be publicly expressed as long as it is done inconspicuously" (Van den Bussche & Dambrin, 2021, p. 519).

While these studies on online feedback on peer-to-peer platforms have been significant, the specific context of Google presents new opportunities to better understand the different control issues of online accountability on non-peer-to-peer platforms. Unlike platforms such as Airbnb, Google operates differently, as patients do not have profiles where they can be rated by the doctors who treated them. We now turn our attention to the concept of online emotional accountability in online feedback.

3. Online emotional accountability in online feedback

According to Illouz, as a conceptual category, emotions are by definition the following:

A way of perceiving, apprehending and understanding the world: it is emotions that provide the meanings of things as they stand with regard to my well-being and that engage me in the world [...]. Emotion may thus account for a paradoxical feature of action: at the same time that it is a force over which we have little control, it provides a heightened sense of agency (precisely because through emotional experience we enact our deepest values, goals and sense of self). (2009, p. 385)

In contemporary times, emotions take centre stage when it comes to consumption (Illouz, 2017). As highlighted by Illouz, emotions “are supremely efficient tools in the consumer market because they help prioritize preferences” (2009, p. 386). In a market saturated with an endless list of options, online consumer-generated feedback provides access to emotional categories or experiences because emotions help the consumer choose between a dizzying variety of consumer choices:

Commodities are ‘emotional’ in that consumer culture is characterised by the manufacturing of experiential consumer practices, that is, consumption of nonmaterial objects that are instead better viewed as forms of experiences. (Illouz, 2009, pp. 386–387)

This process of emotionalisation is achieved through the market and consumer culture, as “‘emotional branding’ has become a common marketing tool and illustrates the role that emotions have played in the conceptualisation of the consumer and consumption process” (Illouz, 2017, p. 12). Indeed, in advertising, material objects are suffused with semiotic codes that in turn carry emotional meanings:

The toothpaste stands for ‘youthful energy’, the diamond for ‘eternal love’, the insurance company for ‘fatherly care’. (...) If commodities are supposed to provide meanings and experiences – rather than sheer utilitarian satisfaction – then consumption becomes, by definition, if not a *stricto sensu* emotional experience, at least suffused with emotionality. (Illouz, 2009, p. 380)

In this regard, expressing emotion-based narratives has become an important feature of online feedback. This particularly subjective evaluative modality reflects individuals’ sometimes extremely high expectations and their point of view regarding the world from the standpoint of their conceptions of a good life: “[G]rief, joy or anger are all about my position in the world and about what is good for me in the world” (Illouz, 2009, p. 386). However, online feedback may be based on a pluralism of emotions that covers a wide variety of realities.

Interestingly, this process of emotionalisation extends beyond consumer markets, infiltrating modern workplaces. Illouz (2017, p.9) defined the emotionalisation of evaluation as the “transformation of criteria of evaluation of work in terms of emotional satisfaction, emotional management, and emotional expressiveness”. Thus, such emotional aspects have especially infiltrated service professions, focusing on the relational dimension and emotional involvement of professionals to satisfy customer needs. Subsequently, this form of capitalism targets the emotional capacities of actors. This emotional emphasis has seeped into public evaluations of professionals in online feedback, giving rise to what we characterise as a form of ‘*online emotional accountability*’.

4. Online emotional accountability in healthcare: An emerging phenomenon ?

In the healthcare sector, the concept of accountability has three essential components:

1) the loci of accountability—health care consists of at least 11 different parties that can be held accountable or hold others accountable; 2) the domains of accountability—in health care, parties can be held accountable for as many as six activities: professional competence, legal and ethical conduct, financial performance, adequacy of access, public health promotion, and community benefit; and 3) the procedures of accountability, including formal and informal procedures for evaluating compliance with domains and for disseminating the evaluation and responses by the accountable parties. (Emanuel & Emanuel, 1996, p. 229)

The literature has distinguished between objective and subjective notions of accountability. Objective notions of accountability rely, for instance, on the use of metrics such as financial data through the introduction of result-based control (diagnosis-related group-based financing system) in several OECD countries (Georgescu, 2013). In this case, the domain being held accountable is the financial performance of doctors, who are accountable to their organisation (Morinière & Georgescu, 2022; Morinière, 2023).

Subjective accountability, which is often referred to as ‘participatory accountability’ or ‘relational accountability’, focuses on patients’ experiences because doctors are held accountable to patients (Komporezos-Athanasiou et al., 2018). Strengthening patient participation has been one of the highest priorities for enhancing patient satisfaction and improving doctors’ quality of care (Komporezos-Athanasiou et al., 2018). This traditional form of subjective accountability can be brought closer to the concept of ‘*emotional accountability*’ (Demirag et al., 2020). Although emotional accountability has long existed in healthcare through patient experience surveys or informal interactions that gather patients’ experiences, the digital age has introduced a new dimension we examine below: online emotional accountability.

4.1. Traditional forms of emotional accountability in healthcare and the rise of online emotional accountability

Traditionally, the emotions of patients can be involved in the evaluation process in several ways. Healthcare organisations commonly utilise patient satisfaction surveys or feedback forms to gather the opinions and experiences of patients who are part of quality improvement initiatives (Al-Abri & Al-Balushi, 2014). These surveys may cover various aspects of care, including doctor–patient communication, waiting times, treatment effectiveness and overall satisfaction with the healthcare experience. However, they are often directed and organized by doctors, which can limit patients’ freedom of expression. In liberal practice settings, while doctors also evaluate patient satisfaction, the process may differ from that of healthcare organisations. Doctors in such settings often have direct and close relationships with their patients, and they might seek feedback during appointments or through informal surveys, asking about the patient’s experience, satisfaction and any concerns they might have. Doctors or their administrative staff might also

personally follow patients to inquire about their recovery progress. However, existing literature has emphasized the effects of patient satisfaction surveys, which may actually lead health professionals to practice bad medicine by honoring patient requests for unnecessary and even harmful treatments (Junewicz & Youngner, 2015).

With the rise of online platforms like Google, Yelp or various health-related websites, many patients provide feedback about their healthcare experiences (Bez et al., 2023). This phenomenon, which we term '*online emotional accountability*' highlights that there is "a shift to a consumerist framework where patients are increasingly thought of as customers and expected to reveal their preferences through choice" (Komporozos-Athanasidou et al., 2018, p. 1266). In this context, the authors emphasize that it is important to study how patients perform accountability – spatially and bodily – by incorporating their lived experiences of disease. Studies have also highlighted that this form of accountability may undermine the hegemony of the medical model of health because the patient is no longer an assemblage of symptoms to be diagnosed and treated but rather a whole person requiring a personalised response (Newman & Vidler, 2006). According to Newman and Vidler (2006, p.199), "[T]his conception is one that is aligned with developments within the health care professions themselves, notably the now widely accepted idea that the involvement of the patient in their own treatment and care is likely to produce improved health outcomes".

4.2. Positive aspects and concerns about online patient feedback

There is a growing interest in giving patients a voice. The literature has described the positive aspects of online patient feedback (James et al., 2017). Indeed, some authors have argued that allowing patients to publicly communicate their needs and satisfaction levels promotes transparency in information and communication and provides consumers with the opportunity to make more informed choices (Patel et al., 2015). Some authors have suggested that it could improve the quality of care and could be used for service improvement (James et al., 2017). Patients can also use such feedback to choose their practitioner (Emmert et al., 2014).

However, the concerns are numerous. In a study examining the concerns of practitioners regarding online patient feedback, Patel et al. (2015) identified six main areas of concern. First, some doctors argue that online patient feedback is biased because only young and middle-aged patients use the internet and because most patients do not know about online patient feedback. In this regard, patients could judge a practitioner based on a very small number of reviews and make an invalid choice. Others argue that it is biased because online patient feedback mainly comprises negative opinions and is a channel for disgruntled patients. Second, doctors have also highlighted the risk of false allegations and absence of regulations. Third, doctors are concerned that the transparent nature of the feedback means that a patient's own confidentiality may be at risk because patients may feel the need to publicly disclose personal health information about themselves. Fourth, practitioners have raised concerns that, if the feedback is left anonymous, they would not know which patient it refers to and, therefore, could not respond to the feedback or make real use of it to make improvements. Fifth, online patient feedback can have a negative impact on doctors and their practice because of the threat of defamation and its impact on doctors' reputation and career. In this study (Patel et al., 2015), participants were concerned that negative feedback online could affect the self-confidence and self-esteem of doctors, which would then affect their practice, especially among early-career doctors. Sixth, patients are not medical experts and cannot judge the professional competence of a doctor. All these concerns may threaten professionals' expertise.

The above considerations highlight that doctors are questioning online patient feedback. However, the concept of '*online emotional accountability*' and its implications for doctors in the context of Google's patient feedback are still underexamined.

5. Methods

The online patient feedback provided on Google offers unique qualitative data sources for investigating doctors' online accountability. According to Jeacle, "the virtual world offers the accounting scholar an exciting new research horizon" (2017, p. 18) that can potentially go from a digital ethnography and netnography to a more traditional content analysis that captures meanings in narrow ways or helps in making broad generalisations of experiences (Coleman, 2010; Kaur-Gill and Dutta, 2017; Kozinets, 2002).

5.1. Empirical context: Google's patient feedback in France

The study design was a qualitative analysis of patient feedback on Google in France. Established in 2007 by Alphabet Inc., Google enables customers to post ratings, using form of gamified controls such as stars (Pollock & D'Adderio, 2012), and write comments about any business listed on Google Maps, including healthcare providers. According to an October 2021 survey conducted by OpinionWay for DoctiZen, 57 % of 957 surveyed French patients admitted to reading online comments about doctors, while 14 % had posted feedback online (OpinionWay, 2021). Although the number of patient posts remains relatively low, the fact that more than half of the surveyed patients read them highlights the significant role that Google's patient feedback plays in patient decision-making and its implications for doctors. Moreover, our results revealed that posting reviews about doctors is a growing trend among French patients, as evidenced by the increasing number of comments: over a six-month period (January 2024 to June 2024), two French general practitioners received 11 and 22 additional comments, respectively, while two cosmetic surgeons saw an increase of 40 and 39 additional comments (see Table A1 and Table A2 in the Appendix).

Recent legal changes in France's healthcare sector have made the country particularly relevant. Prior to 2020, French laws restricted physicians from advertising and marketing their services. However, Article 4127–19-1 of the French Public Health Code now allows healthcare professionals to communicate freely and legally with the public about their skills and practices, provided the information is loyal and honest and does not rely on third-party testimonials or comparisons with others or encourage unnecessary

medical interventions. This legal shift permits doctors to respond to patient comments on platforms such as Google, thereby enhancing their online presence and engagement. In our dataset (see Table A1 and A2 in the Appendix), four cosmetic surgeons responded to all patient comments, while the three general practitioners who responded the most did so to 67 %, 33 % and 25 % of the comments, respectively.

Although several platforms in France allow patients to post comments about doctors, including ‘Hospitalid e’ and ‘Choisir Un M decin’, we focused on Google for several reasons. First, Google has significantly greater visibility because it is the primary search engine used by 88 % of French internet users (Statista, 2023). Unlike specialised healthcare platforms, Google operates on a profit-oriented, market-based model, making it particularly relevant for exploring online accountability in healthcare within a consumer context. Google also automatically generates business pages where patients can leave feedback without the doctor’s prior knowledge. Under French laws protecting freedom of expression, all comments are visible and unmoderated unless they are illegal or defamatory. Article R.4127–6 of the French Public Health Code ensures a patient’s right to choose their doctor and direct feedback accordingly, provided it is not defamatory (Asprey et al., 2013; Bez et al., 2023). Google’s patient feedback is subject to minimal moderation, primarily relying on algorithms to flag offensive content and since 2013, reviews have been associated with a signed-in Google account, although pseudonyms are allowed. Consequently, doctors cannot remove negative feedback unless it violates specific guidelines. Several French doctors have unsuccessfully sued Google to remove negative comments, with courts upholding the platform’s right to freedom of expression and data usage from public domain sources. While it is possible to delete a Google Profile, doing so will remove the doctor’s listing and associated reviews from Google.

Doctors can access the Google Business Profile for free, to manage their pages and respond to reviews, but they cannot delete comments that comply with Google’s policies. Google’s ability to host and manage feedback makes it an ideal platform for studying transformations in accountability on non-peer-to-peer platforms. As highlighted in the literature, unlike platforms such as Airbnb, where both parties evaluate each other mutually, Google only allows patients to evaluate doctors. This one-sided feedback eliminates the possibility of reciprocal feedback mechanisms that might influence or improve ratings (Van den Bussche & Dambrin, 2021).

5.2. Data collection

The research involved collecting different types of data to understand if and how Google’s patient feedback is changing the way doctors get held accountable. To achieve a comprehensive scope, two contrasting medical specialties were selected: cosmetic surgeons and general practitioners (GPs).

The choice of cosmetic surgery is based on Menon (2017), who argued that cosmetic surgery is ideal for studying the effects of online patient feedback because of its unique conditions within the healthcare sector. The characteristics of cosmetic surgeons provide a pertinent context for consumerism, which is suitable for examining online accountability for professional experts. Unlike urgent health issues, which are less market driven, cosmetic surgeries involve less time pressure for patients when selecting their preferred surgeon. Additionally, patients are not constrained by GP referrals, health insurance limitations or geographical proximity, granting them the freedom to choose their doctor. These conditions create a competitive market environment. The geographic focus of the data collection was the Paris area, which is known for its dense concentration of cosmetic surgeons. This deliberate selection empowers patients with an array of choices, facilitating surgeon selection and changes based on online feedback.

However, unlike Menon (2017), the data collection included GPs, who represent the opposite end of the spectrum, far from a consumerism context. This approach aimed to pinpoint differences and reveal similarities between the two groups. GPs are primary care physicians who serve as the first point of contact for various health concerns, emphasise preventive care and maintain long-term patient relationships. In France, under the social security system, medical consultations are reimbursed only if they are provided by a doctor designated as the patient’s ‘primary care doctor’. Each patient is allowed to designate only one primary care doctor for reimbursement purposes. This choice holds significant importance for patients. Our focus on Paris provides a contextual comparison that enhances the understanding of online accountability for doctors because finding similar outcomes in both specialties can offer insights into broader trends of online emotional accountability for medical professionals at large. Concretely, the data collection consisted of exploring on Google the first 30 doctors that appeared with the keywords ‘Cosmetic surgeon + Paris’ and 30 doctors that

Table 1
Interviewees.

No.	Professional status	Gender	Interview length
1	Cosmetic surgeon’s community manager	M	38 min
2	Cosmetic surgeon	M	1 h 33 min
3	Cosmetic surgeon	F	23 min 50 sec
4	General practitioner	M	1 h 12
5	Cosmetic surgeon	F	37 min 45 sec
6	Cosmetic surgeon	F	38 min 47 sec
7	General practitioner	F	28 min 24 sec
8	General practitioner	F	37 min 25 sec
9	General practitioner	F	34 min 07 sec
10	General practitioner	M	43 min 20 sec
11	General practitioner’s secretary	F	22 min 38 sec
12	Cosmetic surgeon’s secretary	F	6 min 19 sec
13	General practitioner	F	6 min 50 sec

Table 2
Research process and themes addressed.

Interviewees	Themes addressed
Objective: Understanding online accountability and its implications for doctors	Sociodemographic data: number of years in the profession Perception of changes in the medical profession over the past 10 years Perception of their doctor–patient relationship Perception of their reputation Beliefs regarding the use of Google’s patient feedback Practices regarding the use of Google’s patient feedback Perception of Google’s patient feedback received Perception of tensions associated with the use of Google’s patient feedback Perception of injustices felt associated with the use of Google’s patient feedback Strategies for responding to Google’s patient feedback Emotions associated with Google’s patient feedback Perception of patient pressure

appeared with the keywords ‘General practitioner + Paris’ (see [Table A1 and A2](#) in the [Appendix](#)). The first 50 patient reviews, along with the doctors’ responses, were collected by the second author when they were available.

This was supplemented with 13 semi-structured telephone interviews with doctors (GPs and cosmetic surgeons) and their staff (secretaries and community managers) in 2023 and 2024 (see [Table 1](#)). They were conducted by the first author. The goal was to understand how doctors use Google, the challenges they face using the platform and to gather more details about responses to Google patient feedback to deepen our understanding of online accountability. The first author contacted doctors using publicly available information from Google or their websites, including phone numbers and mails. Contacting secretaries was a crucial first step in ensuring direct communication with the doctors themselves. Persistence was key and included followed-up emails, recognising the demanding nature of doctors’ schedules. Consent was obtained to audio-record the interviews, and all were transcribed except for three, which were not recorded, but detailed notes were taken instead.

The interview guide included the following (see [Table 2](#)): details of the profession, perceptions of changes in the medical profession over the last ten years, perceptions of the doctor–patient relationship, perceptions of their reputation, beliefs and practices regarding Google’s patient feedback, perceptions of received reviews, perceptions of tensions associated with Google’s patient feedback, strategies for responding to online feedback, emotions associated with feedback, perceptions of patient pressure and an open-ended question to ensure that all important aspects were covered. The interview lengths varied based on each participant’s availability.

5.3. Data analysis

The analysis was based on a two-step inductive approach. The first inductive approach consisted in coding a preliminary list of descriptive codes and emergent themes from patient feedback and doctors’ responses on Google. This initial coding focused on aspects such as ‘*expressive elements*’, ‘*emotional satisfaction*’, ‘*enthusiasm*’, ‘*anger*’ and ‘*joy*’, as well as the domains of accountability. Recognising that emotional aspects had infiltrated the feedback in significant ways, we sought a theoretical framework to better understand this phenomenon. Illouz’s theory of emotional capitalism (2007, 2017), which explores how emotions are commodified and managed in contemporary settings, provided a robust lens for analysing the intersection between emotional expression and professional accountability. These emotional elements were conceptualized as indicators of emotional accountability of doctors in Google feedback.

To validate the initial manual coding, NVivo 14’s automated sentiment analysis tool was used. This tool confirmed the presence of sentiments ranging from very positive to very negative in the Google feedback collected for all our cosmetic surgeons and general practitioners. The third author used Nvivo to code each sentence that Nvivo had auto-coded as having very positive and very negative emotions. The coding included: (1) the emotions, (2) the domains of accountability, (3) the doctor’s reaction (if an answer was provided by the doctor). This allowed us to validate the initial coding and to deepen some codes (see [Fig. 1](#) and [Fig. 2](#)).

In the second step, the first author analysed the interviews to explore the critical implications of embracing an online form of emotional accountability for doctors (see [Fig. 2](#)). She performed manual coding for the interviews with pen and paper first and then using Word. She began by thoroughly reading the interview transcripts multiple times to collect the data. This step helped understand the context of GPs and cosmetic surgeons. While reading, she took notes of initial impressions and potential codes. These notes served to guide the coding process. She then started to code the text segment by segment and developed a list of initial codes. After the initial coding of the interviews, she organised the codes into broader categories. She identified recurring patterns of critical implications for different doctors. We engaged in a reflexive approach involving discussions among the three authors on the critical implications. Although positive aspects of online feedback are acknowledged, such as encouraging respectful treatment and improving bedside manners, the potential downsides perceived by the doctors themselves were also explored. Through this comprehensive analysis, we identified four critical implications, which we present below.

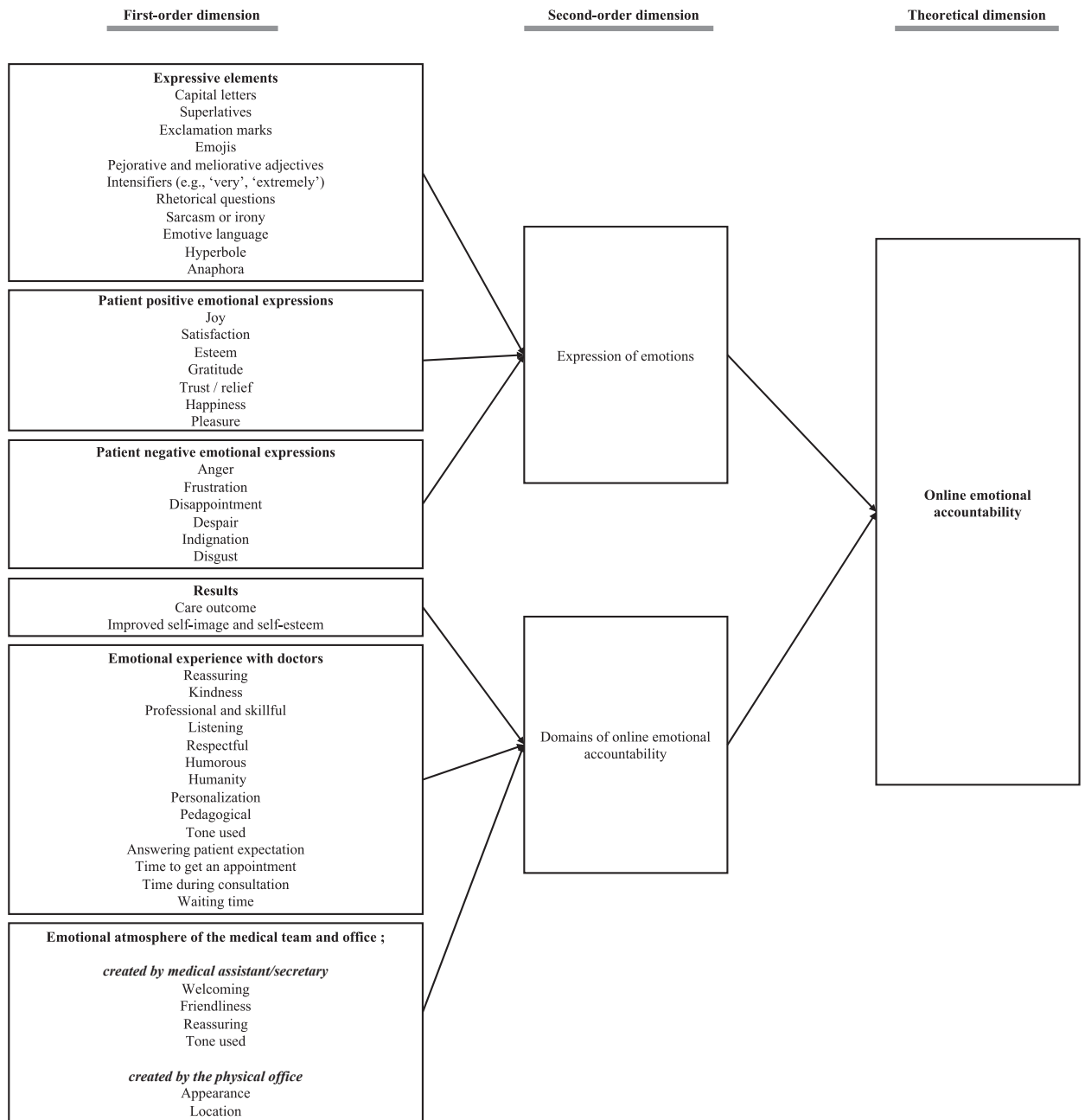


Fig. 1. Coding of patient feedback collected via Google.

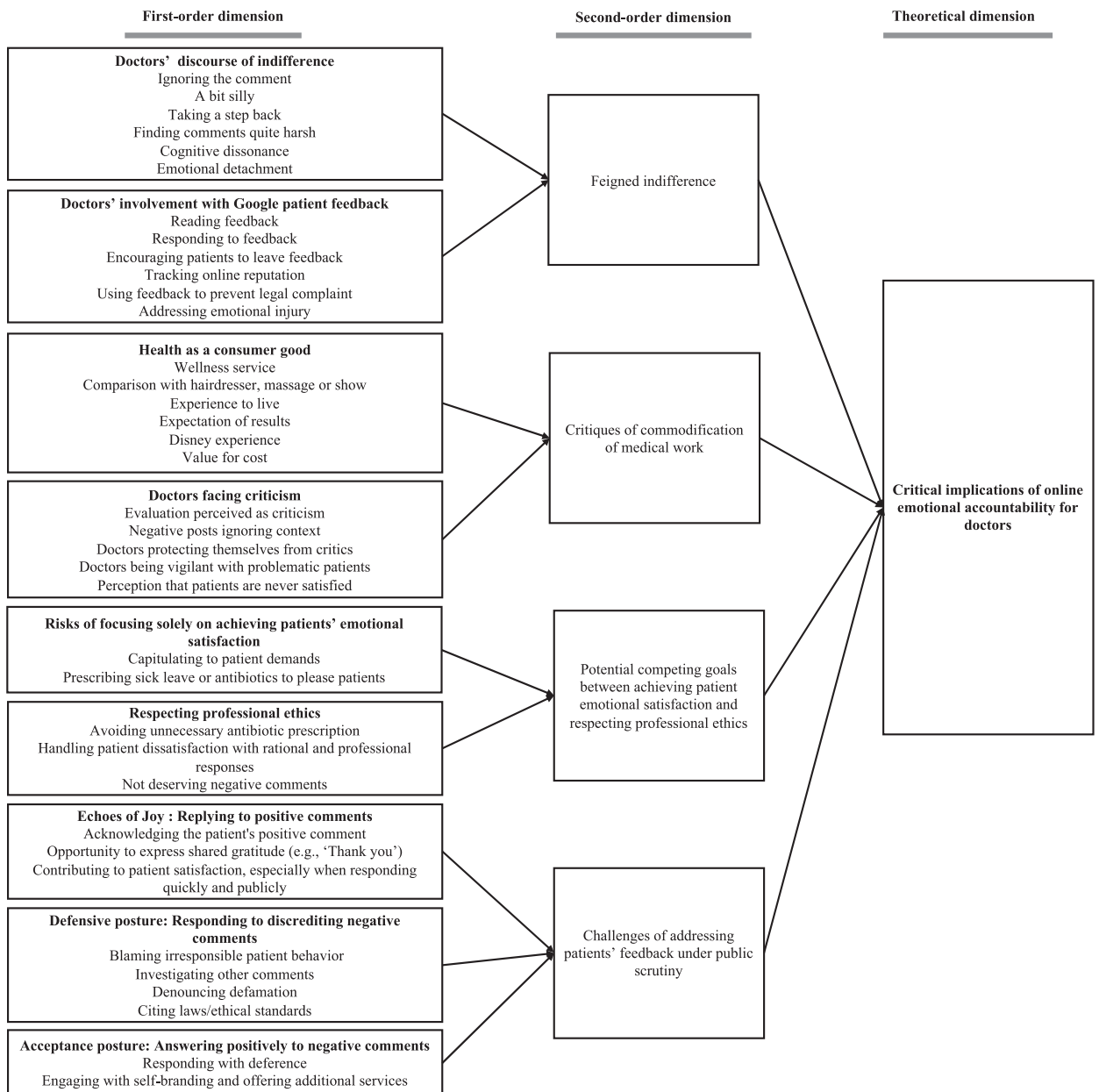


Fig. 2. Coding of the interviews and doctors' responses to Google patient feedback.

6. A critical analysis of online emotional accountability in Google's patient feedback for general practitioners and cosmetic surgeons in Paris

In this section, we examine the collected material, feedback, responses and interviews, focusing on whether and how Google's patient feedback is transforming the way in which doctors are held accountable. We begin by describing the context of GPs and cosmetic surgeons in Paris and then analyse the phenomenon of online emotional accountability by highlighting a pivotal shift wherein informal discussions about patients' emotional satisfaction are made publicly available, placing doctors under public scrutiny not only for their expertise but also for their role in managing the emotional needs and expectations of their patients. We then examine four critical implications of this phenomenon for doctors.

6.1. The context of GPs and cosmetic surgeons in Paris:

In Paris, the context between GPs and cosmetic surgeons differs greatly. There is an oversupply of cosmetic surgery services, creating a highly competitive market, while GPs face a shortage compared with patient demand. Patients visit GPs regularly, often

seeking long-term care, and these visits are reimbursed. In contrast, cosmetic surgery patients may pay out-of-pocket for non-reimbursed procedures, typically seeing the surgeon only once or twice per procedure. This necessitates constant new patient acquisition for cosmetic surgeons. In this sense, the Cosmetic surgeons directly linked the need of patient acquisition to the visit-based nature of cosmetic surgery procedures:

I have work, but it requires development. I have aesthetic medicine patients who are loyal and who come twice a year for facial touch-ups. Patients who come for surgery have a problem that we solve by performing an operation. Then, they don't come back for several years. They may come back 5 or 10 years later for something else. Development is necessary because competition is significant in Paris. (Cosmetic surgeon – Interview n°3)

On the other hand, GP 7 in Paris explained that what characterises their activity is the overload of patients; therefore, they do not see the need to develop their activity:

I'm a bit overloaded with patients, so I don't necessarily need more. I started from scratch when I created my practice. I went through Doctolib² (...) We gained visibility, and appointments started being booked quite quickly. Now, the schedule is always full. (General Practitioner – Interview n°7)

The overload is significant depending on the GP's location. In Paris, the demand for doctors is so high that they do not have to worry about their reputation. According to GP 4, this is not true outside of Paris, where a doctor's reputation can significantly affect their patient base:

In the provinces, we cannot afford to be incompetent because word spreads very quickly, you are known and recognized. While in Paris, things are less quickly known (...). In a provincial city like Auxerre, if you're not good, patients can easily switch to another practitioner. If you want to stay and make a living, you can't afford to be foolish. (General Practitioner – interview n°4).

Several cosmetic surgeons spontaneously referred to a variety of online tools to attract new patients, and Google online reviews were only one of them. Positive online feedback plays a crucial role, but it is one piece of the puzzle. For them, as explained by Cosmetic Surgeon 5, engaging platforms, such as Instagram or websites, are equally essential, creating an online presence that can boost their reputation and patient base:

I believe that individuals who take an interest in the internet and try to utilise and master its tools will naturally be more visible, attract more patients and have a more active practice. First, there were websites. Then, Google, Facebook, Instagram, TikTok and so on. It has changed people's businesses a lot. (Cosmetic surgeon – interview n°5)

In contrast, none of the GPs interviewed referred to these tools.

6.2. Unveiling the emotional nature of online accountability in Google's patient feedback

Our analysis revealed the omnipresence of a discourse of emotions present in Google's patient feedback for both GPs and cosmetic surgeons. Patients use emotions to define their appreciation and emphasise what is valuable for them. Within this subsection, we first analyse the language and emotions conveyed by Google's patient feedback. We then examine the specific aspects that captured patients' attention: the domains of emotional accountability.

6.2.1. Receiving a range of emotional reactions in online feedback: From joy to anger

Google's patient feedback commonly falls into two categories: positive and negative feedback. Positive feedback often embodies sentiments of joy, evident through expressions of satisfaction, esteem, gratitude and trust. Positive feedback can be identified through various expressive elements that emphasise its joyful nature: capital letters, superlatives, exclamation marks, emojis and qualitative adjectives act as a vivid picture of contentment. As shown in the two following patient feedback sessions, exclamation marks and emojis occurred for both the cosmetic surgeon and the GP.

★★★★★

I had a rhinoplasty and frankly thank you very much, it is even better than what I expected: Reception, care, explanations, excellent follow-up. I waited a long time to choose my surgeon for this rhinoplasty, but I knew that it would be Dr. D who would operate on me. Thank you, thank you very much ❤️ I love it. (Cosmetic Surgeon's online patient feedback)

★★★★★

It is now 23 years that Dr. P has followed me. How can I tell you that I love him with all my heart? So kind, so professional, always there to care and remember his patients! I recommend him ❤️. (GP's online patient feedback)

² Doctolib is a French start-up that assists healthcare providers with administrative tasks, primarily appointment booking and management.



GREAT!!!! (GP's online patient feedback)

A smiley face, a bouquet of flowers or heart emoji all speak volumes about the patients' feelings. They bring a playful and heartfelt touch to the feedback, amplifying the positivity with visual cues. In the last patient feedback above, the use of all caps and multiple exclamation marks signifies a high level of enthusiasm and emphasises the intensity of the emotion being conveyed, indicating an extremely positive experience. In this regard, a cosmetic surgeon's community manager considers joy to be the driver of positive feedback.

Patients' responses are emotional (...). Of course, it is the joy that makes them give a positive review. (Cosmetic Surgeon's Community Manager – interview n°1).

In this quote, the community manager highlights that patient feedback is primarily driven by emotions. According to him, joy motivates patients to share positive feedback. While joy is commonly expressed in favorable reviews, negative feedback tends to convey emotions such as anger, disappointment, despair, indignation and disgust, often without restraint. This pattern is observed in feedback for both cosmetic surgeons and GPs:



Strange... I've been waiting for a call from you since October... I've called several times to make an appointment. Would I have to be an influencer or maybe a family friend 🤔? In any case, a wait that served no purpose except perhaps to waste my time. (Cosmetic surgeon's online patient feedback)

Here, the patient expresses frustration and disappointment with a sarcastic tone towards the repeated attempts to make an appointment. The feedback points to both emotional dissatisfaction (feeling neglected) and practical issues (difficulty in securing an appointment). In the feedback below, the patient is outraged by what he/she perceives as a "*disrespectful behavior*", describing the situation as "*unbearable*".



I've never seen such disrespectful behavior towards a patient: he never greets his patients on time and can even make them wait up to 1.5 h, without ever apologizing! The other doctors who share his practice are on time, or at least seem to do their best to keep to the schedule. Dr J seems to enjoy making people wait... It's unbearable to be treated with so little respect by a doctor. (GP's online patient feedback)

In this quote, the emotional language emphasises not only the indignation but also the suspicion that the doctor's action may be intentional ("*seems to enjoy making people wait*"). These quotes illustrate how patients use Google to share their experience with an emotional tone, holding doctors publicly accountable for the emotional impact they have on patients. We examine below the different domains of accountability that can be assessed through this emotional tone.

6.2.2. From assessing an emotional experience to assessing an emotional atmosphere

Our coding of the content of online patient feedback revealed the emergence of the assessment of several domains of emotional accountability. We found that patients assess not only the technical expertise of their healthcare providers but also, and perhaps more importantly, the emotional experience and overall atmosphere of the medical team and office. This is attributed to two main groups of actors who are central to creating these positive emotional experiences: doctors and the medical team, such as medical assistants.

6.2.2.1. *Review of doctor performance.* Concerning the doctors, several doctors' qualities are frequently praised (*'reassuring'*, *'kind'*, *'professional and skilful'*, *'listening'*, *'respectful'*, *'humorous'*, *'human'*, *'pedagogical'*).



Very pleasant and human GPs. A real pleasure to talk to him, very reassuring. I recommend him 10 times. (GP's online patient feedback)

A thousand thanks for your very kind assessment, Mrs xx. It was a great pleasure to meet you and to talk with you. (GP's response to the online patient feedback above).

These attributes, combined with technical expertise (*'magnificent results'*, *'excellent work'*, *'amazing result'*), and aspects of the medical process (*'operation appointment as soon as possible'*) contribute to generating positive emotions in patients, such as *'happiness'* and *'pleasure'*. In this regard, joy is often related not only to perceived expertise or positive care outcomes (i.e., *'skillful'*) but also to all kinds of soft skills, called *'bedside manner'* in the medical world. As seen in the patient feedback below, a commitment to patient care beyond just the medical procedure is evaluated:



- 1- Excellent surgeon, gifted with a great kindness, always listening, answering all questions with great patience
- 2- understands your needs by giving his professional opinion
- 3- magnificent results, very satisfied

- 4- the whole team, secretary, anesthetists, clinic, top marks
 5-operation appointment as soon as possible' (Cosmetic Surgeon's online patient feedback).

Thank you very much and very glad to have known you. (Cosmetic Surgeon's response to the online patient feedback above).

Here, several key elements are designated to describe the overall positive experience of the patient with the cosmetic surgeon. By positioning emotional and interpersonal qualities before mentioning the results, the patient illustrates that bedside manners and communication are just as, if not more important than the procedure's outcome. However, while this patient places the result third on the list of positives, another patient below focused only on the outcome, comparing it to a masterpiece.



A true Picasso, the result is amazing! I've simply become the woman I was before this illness... Nothing but happiness. Thank you to this wonderful surgeon! (Cosmetic Surgeon's online patient feedback).

Thank you for this review! Happy to have been able to help you. (Cosmetic Surgeon's response to the online patient feedback above).

The feedback shows that the patient is experiencing strong positive emotions due to the care received. However, while technical skills are clearly a key factor of satisfaction, especially in surgical contexts, it is important to note that other patients may prioritise effective patient-doctor relations. As seen in the feedback below, even when medical results are excellent, a lack of empathy or poor interpersonal interactions can negatively affect the overall patient experience.



Perhaps a skilled practitioner, but terrible when it comes to patient relations. Avoid at all costs! (GP's online patient feedback)



I am very shocked by your approach as a doctor. I sent you test results and paid for a consultation to get medical advice and recommendations, and your response after a fainting episode was: 'Well, you need to see a cardiologist...' as if that wasn't the first thing that came to mind. You spoke to me in an irritated tone, even though it's your role to show empathy toward your patients. I explained that my blood pressure hasn't gone above 10 for the past 9 days, and you absolutely didn't care (GP's online patient feedback)

The patient expected not only a medical diagnosis but also emotional support and a thorough response, all of which were missing. The comment critiques the doctor's tone, describing it as "irritated" and emphasising the need for "empathy" from medical professionals. Additionally, patient feedback may highlight the emotional consequences ("psychological toll") underlying the lasting impact of a negative experience, as we illustrated below.



I strongly discourage anyone from seeing this doctor, who gives poor advice and shows a complete lack of empathy. This so-called 'doctor' advised me to undergo neck liposuction due to age-related skin sagging... The result was terrible, if not worse. In addition to the physical disappointment, there's also the psychological toll and a significant financial loss. (...) I am utterly disgusted. Stay away! (Cosmetic Surgeon's online patient feedback)

This feedback highlights the potential for severe emotional damage of unsuccessful procedures. The patient's strong emotional language serves as a warning to others. In assessing doctor performance, patient feedback reveals that while clinical outcomes matter, the emotional and relational aspects of care often shape the overall evaluation.

6.2.2.2. *Review of medical team performance and medical office environment.* Evaluations can also cover aspects of both the medical team and the office environment. The interaction below between patients and a cosmetic surgeon on Google indicates that the role of the assistant seems to be important in shaping the emotional experience of care.



Thank you again for your excellent work and thank you to your secretary Alexandra for her availability and kindness. I highly recommend this surgeon! (Cosmetic Surgeon's online patient feedback)

Thank you for your opinion and recommendation!!!!

Glad to have been able to respond exactly to your wishes 🙌🙌🙌

I will thank my team for you 🙌😊 (Cosmetic Surgeon's answer to the online patient feedback above)

Thus, our results show that the care experience is assessed not only based on medical expertise and bedside manner but also through interactions among the entire medical team. Several patients' feedback associated with the doctor Google page is dedicated to the medical team instead of the GP or cosmetic surgeon:



A few small problems with telephone reception. We call for an emergency for an 8-month-old baby; we are informed that there is no place before 2 days and then we are informed that the schedule is not yet open and that we must call back tomorrow. (GP's online patient feedback)

I am delighted to have seen your baby today in an emergency. I do not think I deserve this comment or these two stars because you and your family have been coming to this office for a long time. If you allow yourself to give your opinion, it is not the secretariat that you are evaluating, but me. I hope he gets better soon. (GP's response)

As the general practitioner points out in his response, the 2-star patient feedback is not evaluating him but rather his secretary. Furthermore, the emotional tone of the feedback reflects a single negative encounter with the secretary, disregarding the long-term relationship between the patient and doctor. This highlights a mismatch between the expected evaluation of the doctor and the feedback based on a one-time visit of a non-doctor-related experience. In an interview with a GP secretary, she was convinced that her good rating of GPs on Google was driven by her behaviour, and this crucial role of assistants was confirmed by a cosmetic surgeon:

Having a secretary who warmly welcomes and attentively listens to our patients is truly unique in Paris, and that is why we are so well-rated. With 20 years of experience, I personally ensure that every patient is greeted with attention (...). I am physically present at the medical office. (GP's Secretary – interview n°11)

A surgeon is also evaluated on their choice of team and the behavior of that team, because they behave in a way that is dictated or tolerated by the surgeon. (Cosmetic Surgeon – interview n°2)

Thus, our analysis illustrates how patients publicly assess the positive emotional '*atmosphere*' (Illouz, 2017) created by the entire medical team that is being assessed. Patient's feedback also serves to express emotions related to the medical office environment. For example, one patient expressed their disgust by saying:



"If I had read the comments... On top of that, the office is dark, filthy—DISGUSTING!!!" (GP's patient online feedback).

Moreover, the assessment of this emotional atmosphere is extended to the virtual space, as we will see below in our last subsection of the results. This subsection will illustrate how the online doctors' responses are also important for shaping the patients' perceptions of the care experience. Indeed, the above interactions show that some doctors extend this interaction outside their office to the online world by responding to patient feedback posted on Google. Drawing on this form of 'online emotional accountability', our findings reveal four critical implications, which we examine next.

6.3. Critical implications of online emotional accountability for doctors

This subsection highlights different attitudes towards Google feedback and unveils four critical implications of "*online emotional accountability*": (1) the feigned indifference; (2) the critiques of the commodification of medical work; (3) the potential competing goals between achieving patient emotional satisfaction and respecting professional ethics; and (4) the challenges of addressing patients' feedback under public scrutiny.

6.3.1. A feigned indifference: Between cognitive dissonance, emotional detachment and avoidance of online presence

The Google platform automatically notifies professionals via email whenever a review is posted. We analysed doctors' attitudes towards Google patient feedback and identified three distinct categories of '*feigned indifference*': cognitive dissonance; detachment due to emotional impact; avoidance of online presence. Factors such as emotional detachment, proactive management, and protective strategies can influence the extent to which doctors feel pressured by online feedback.

In the first category of '*feigned indifference*', doctors who claim to disregard Google patient feedback often exhibit behaviors that contradict their stated attitudes. Notably, several interviewees claimed to disregard online reviews, yet they also demonstrated an awareness of their online reputation. Additionally, many acknowledged responding to selected feedback and even encouraging patients to post positive ones. This contradiction highlights the subtle pressure doctors experience despite their expertise and the potential embarrassment of acknowledging this vulnerability. As an example, one general practitioner, while claiming to ignore patient comments, was found to have engaged with certain reviews:

GP – Interview n°7: To be honest, I find that quite harsh, I'm not here to be judged. I have decided to ignore the comments so that I do not take them personally.

Interviewer: You choose to ignore them. Do you read and respond to them?

GP – Interview n°7: I still tried to address certain reviews because I thought they were a bit silly. I ignore them without ignoring them. I look from time to time. I'm not on it all the time, but I try to ensure that these comments do not affect my personal pride. I try to take a step back. I do not take it personally.

Here, although our interviewee stated that she ignores Google reviews to avoid taking them personally, when pressed further by the interviewer to explain if she reads and responds to this feedback, she admitted she does look at certain reviews, especially those she perceives as 'silly' and sometimes even responds to them. Despite this, she emphasised that she tries not to let these comments affect her personal pride. This strategy of selective engagement with criticism, choosing to respond only when she feels it is necessary or when the criticism seems unjustified, involves an effort to maintain a detached attitude to ensure that it does not affect her self-worth. From a different perspective, another interviewee claimed indifference towards Google feedback while encouraging patients to leave positive feedback.

It (the comment) allows the patient to feel that she has not lost everything. She saved her face, and she harmed the surgeon. Again, it is somewhat insignificant. She thinks it will harm the surgeon. However, in fact, it does relatively little. However, at least, there's a way for her to have told her story. 'What happened is not normal. I'm telling everyone'. Fine, but we prefer that to having a complaint (...). I encourage those (the patients) who tell me they are happy; if you want to share your experience, you can do it on Google. I tell them that I am not on social media, but it is the only place where I am visible. (Cosmetic Surgeon- Interview No. 2)

This surgeon suggested that online feedback on Google is '*insignificant*' and often serves for patients to express their dissatisfaction without escalating to formal complaints. Here, according to this quote, Google allows more catharsis than substantial repercussions for the surgeon. This distinction indicates that the surgeon wants to show that the effects of feedback are often negligible and that there is a misconception about online feedback that it holds more weight than it does. However, while negative feedback does not impact him, this surgeon encourages satisfied patients to share their positive experiences (as we can see at the end of the quote).

In the second category of '*feigned indifference*', doctors explained their lack of attention to Google patient feedback as stemming from a fear of being hurt by negative reviews.

I do not pay attention to star ratings, but I think I have a good online reputation on Google. I intentionally avoid looking at the reviews because I do not want to know. Reviews interest me, but I'm too emotional to seek them out. (...) it puts a lot of pressure on me. Sometimes, I feel like telling a patient the truth, and I do not dare (laughs). (...) I do not know why; I cannot accept having a bad reputation. I want to keep a kind of white knight image, the image I have built up of myself, and I absolutely do not want to damage it. (GP – interview no. 4)

Judgement is complicated, and that's why I try to stay away and avoid reading the comments. I don't want to let it get to me because I've been affected by it before—I've read those reviews. It's tough, so now I just don't look at them anymore (GP – Interview No. 13)

The interviewees admitted to intentionally avoiding looking at feedback because they recognized their emotional reactions and found it difficult to emotionally handle criticism, based on their past experiences. The first GP also explained that his fear of having a bad reputation prevents him from delivering potentially unfavourable information to patients. A medical secretary also mentioned a similar phenomenon as the doctor she works for considered deleting his Google account after receiving a negative review.

The doctor even thought about deleting his Google account with all the reviews (...) —he was particularly frustrated by the review. However, his son, who's also a doctor here, told him if he did that, he wouldn't be visible anymore (...). When situations escalate and don't go well, the doctor may decide not to see the patient again. For example, this week, we were relieved that the patient didn't return, because if she had, we would not have agreed to see her again. (GP's secretary – Interview No. 11)

This statement reflects the potential pressure that doctors may experience. These varied reactions reveal that, although most of our interviewees stated that the effects of Google feedback are insignificant, our analysis sheds light on a more nuanced conclusion that reveals the ambiguity of both GPs and cosmetic surgeons in their relationship with positive and negative feedback, often employing what could be interpreted as feigned indifference.

In the third category, one GP expressed a preference for not having any online presence rather than dealing with the risks associated with negative feedback.

I'd rather not have any reviews at all than have reviews that are sometimes negative for reasons unrelated to medicine or for personal issues—like people who weren't happy and leave comments that don't reflect what I do. I didn't want to deal with that kind of problem, so I decided not to have a Google profile. (GP – Interview No. 10)

While the doctors interviewed demonstrated an awareness of Google reviews, we do not rule out that a larger sample of interviews would have allowed us to analyse additional categories. Below, we further explore the critiques associated with publicly available patient feedback on Google for doctors.

6.3.2. Critiques of the commodification of medical work

Our results reveal that some doctors are critical of being evaluated or rated in the same way as good or experience-driven services, given that their obligation is one of means, not results. The quotes below highlight how doctors feel that patients are judging them as if they were providing a wellness service, like a massage or a show, rather than professional expertise:

Health has become a consumer good. This is the impression we get every day. Patients come to you as if they were going to the hairdresser. It has lost a little of its exceptional character. Not everyone, but we often get the impression that when people come in, they expect an experience of service. (...) People are more likely to criticise, to find faults that are not necessarily there in the care, but in any case, to blame you for x or y reason. (Cosmetic Surgeon – interview n°5)

I find it very strange to comment on a person. On an establishment, a restaurant, I understand that you can put stars, but here, we're judging persons in their own name. I'm doctor M, and I'm a person (...). It is not like I'm providing an experience. I'm a doctor, I apply the scientific bases I have been taught. I'm not here to please people, I apply what I think is good for their health, whether it pleases them or not (...). People do not come here because you're pampered, as I say, it is not a wellness centre. (GP – interview n°7)

In this last quote, the general practitioner criticises the transformation of care assessment into what [Illouz \(2017\)](#) called an emotional commodity (an 'emodity'). Indeed, the professional emphasises her commitment to the well-being and health of her patients, regardless of whether she is pleasing their satisfaction or entertaining them. This quote draws a distinction between what she sees as her role as a doctor and the typical scenarios in which establishments offering emotional experiences, such as restaurants or entertainment venues, are reviewed. Even when responding to some online feedback, doctors may express their anger toward Google's patient feedback. The answer of a GP to one of his patient feedback illustrates this anger:

We thank you for your comment. (...)

6/I am sure madam that you will find YOUR doctor who will give you complete satisfaction; as for me I have tried to bring you 'the best' as I promise to do each time.

7/now regarding GOOGLE itself

DOCTORS ARE NOT HOTEL ESTABLISHMENTS (2 stars here ... 3 stars there ... THAT'S ENOUGH!!!) NOR EVEN RESTAURANT SERVICES (GP's answer to an online feedback).

These statements converge on the idea that judging doctors can be interpreted as an underestimation of the complexity of their work. The following is a quote of Cosmetic Surgeon 2:

We're judged more on our behaviour than on the substance of things. We're judged more on our attitude. People judge the relationship, not the technical care. (...) One thing that is quite astonishing is that when people have met several surgeons, they do not go for the most competent one, even if we tell them so. They will go for the nicest one. (Cosmetic Surgeon – interview n°2)

Our results show that the emotional dimension of care for patients is a criterion of performance. On Google, a surgeon's competence is considered a given (a must-have), so the assessment of doctors is primarily driven by their bedside manners. Thus, patients who choose their doctors based on the Google assessment of doctors choose the surgeon perceived as the 'nicest' rather than solely based on technical competence. This highlights the significance of the emotional component of healthcare decisions on the part of patients. Moreover, regarding their emotional satisfaction, patients may have high expectations, striving for perfection regarding care experience. One general practitioner illustrated this expectation:

It is very hard to be perfect from January to December, from Monday to Friday, whether you have joys or sorrows, when someone arrives, they have a lot of expectations, and I understand that. For the patient, it is a very, very important meeting, and everything must be perfect. It is like when you go to Disney, everything must be perfect. (GP – interview n°4)

This quote suggests that patients may have idealised or high expectations, striving for perfection as they judge the doctor with a magnifying glass. Here, in this quote, the general practitioner draws a parallel between patient's expectations and the desire for a perfect experience. In this context, emotional frustration often arises from unmet expectations, which can lead, in certain cases, to negative feedback. According to the GP below, dissatisfaction may also arise from the difficulty of adapting communication to each patient throughout the day and to the human aspect of doctors because they are not exempt from emotions themselves.

What can be said in a consultation can totally suit one patient as it can totally not suit another patient (...). You must adapt to the patient, but the thing is, when it is on a first consultation, it is not easy, so you can get negative comments even though the relationship is not truly established. (...) You remain human, so if you're in a period of your life that is not great, and the patient triggers a negative emotion in you, even if you try not to show it, it is still a human relationship, so you might be a bit harsher or a bit more direct, less filtered. (GP – interview n°8)

Thus, even when doctors may try to do their best regarding their attitudes, various factors may influence their communication skills during consultations with some patients. This rejection of standardised care implies empathy and adaptability for every patient to adjust their approach according to the patient's needs. However, patients' criticism can lead to online tensions between the patient and practitioner. Below, we analyse a comment where the patient expresses general satisfaction with the doctor's work, while the doctor's response introduces unexpected tension, suggesting that the comment may have been edited after receiving the doctor's response.



Doctor X is a very competent Doctor. listens to her patients. Even when she is absent, it is always possible to obtain a quick appointment with her replacement in case of emergency which is very appreciable. I highly recommend this Doctor.

I will take the time to respond to this review to make things clear for everyone

YES I work full time at the office from Monday to Thursday and sometimes on Sunday more than 50 h a week

YES I have 2 schedules, one for emergencies provided by interns that I systematically supervise and one by me where I receive, on average, 40 patients per day, which allows for emergency appointments on the same day in an office where we already have our file.

(...)

Of course, I will no longer receive him for consultation because of this loss of confidence on his part and good luck finding a practice that receives in less than 12 h most of the time.

Yours and forever

Dr X. (GP's answer to an online feedback)

Here, this interaction reveals a critique of this form of accountability, highlighting an awareness of the need to maintain a relationship of trust. However, the doctor demonstrates accountability by explaining their time management, emphasising their commitment to providing efficient care. The use of the capital letters 'Yes' and the anaphora indicate frustration in responding to the feedback, reflecting the emotional impact of the situation. Additionally, the decision not to see the patient again because of a loss of confidence reveals the importance the doctor places on mutual trust in the doctor–patient relationship. Thus, some doctors take proactive steps to protect themselves against emotional focus and potential criticism. Practitioners may pay careful assessment of patients' attitudes during consultations as a pre-emptive measure against future negative feedback, especially in a competitive market, where negative feedback is taken more seriously. In cases where the doctor perceives potential difficulties in handling certain patients, they redirect them to other professionals.

I can assure you that this changes our relationship with patients a great deal. We're systematically trying to protect ourselves through consent, explanations and instructions that we have made clear to patients. We see them several times, we're very vigilant, we try to identify the personalities that are going to be problematic postoperatively (...). I have been known to refuse, not to refuse, but to kindly refer patients to someone else or to make them understand that I would not take them on. (Cosmetic surgeon – Interview n°5)

Thus, this subsection highlights the critiques of the commodification of medical work. The following subsection will analyse how this focus on emotional satisfaction can conflict with achieving professional ethics.

6.3.3. *Potential competing goals between achieving patient emotional satisfaction and respecting professional ethics*

In Google's patient feedback, patients have gained an unprecedented platform to publicly voice their opinions through emotional language. Our results reveal potential competing goals, from the doctors' perspective, between achieving patient emotional satisfaction and respecting professional ethics. One cosmetic surgeon shared a concrete example illustrating these competing goals:

Once, I had a patient who left me a negative review. A patient, a young woman, came to see me with a scar on her cheek and told me she wanted to have it removed, but it couldn't be removed. I told her, 'Unfortunately, I'm sorry, but you must learn to live with it. You do not have a solution. You cannot remove it, because you cannot remove a scar, you always put another one in its place. When you put another one in its place, sometimes it is better, sometimes it is the same, sometimes it is worse, and you cannot predict that' (...). She got an answer that was completely the opposite of what she wanted. However, this was a rational and professional answer. She wrote that I did not want to operate on her and that I rejected her. Do I deserve this negative comment? I do not think so. (Cosmetic Surgeon – interview n°2)

In line with this statement, we found, in the data collected on Google, virtual interactions between patients and practitioners where doctors intend to defend their professional ethics when facing patient dissatisfaction.



I came in for a consultation for a metastasis and an umbilical hernia; I made an appointment with this cosmetic surgeon because the opinions were good. He asked me for 8 500€ without asking me for my medical results and told me that it was not covered by social security, even though I know someone for whom it was covered [...]. (Cosmetic Surgeon's online patient feedback)

Dear Madam, your comments testify to my uprightness in the exercise of my profession, and for that, I thank you. You wanted me to break the law by having diastasis treatment without an abdominal apron paid for by social security (thus the community), which is strictly prohibited. A previous surgeon had told you the same thing. I explained it to you again, but you do not accept it. [...] Sincerely yours. (Cosmetic Surgeon's response)

This interaction highlights the difficulties inherent in doctor–patient relationships when professional ethics conflict with patient emotional satisfaction. Here, the platform facilitates open communication, allowing doctors to emphasise the significance of maintaining medical standards, deontology or technical expertise. As explained by GP 9, GPs are concerned with ethical tension as cosmetic surgeons are, but the main difference is that GPs can overcome this ethical conflict because they are not under pressure from their number of patients.

Currently, because I have enough patients, I can remain true to my values. When someone asks for a sick leave note without being ill, I make it clear that I'm not their mother to excuse them from work; I'm a doctor. Similarly, when someone requests an unnecessary antibiotic, I explain why I will not prescribe it to them. Inevitably, if the number of doctors increases in the future, we will be forced to capitulate to patient demands and please the patients out of fear that they won't return and will spread the word that we don't cater to their wishes. (GP – interview n°9)

According to this GP, in a competitive environment where GPs would need to attract more patients, this tension is likely to intensify. As illustrated by the feedback below, patients expect their needs to be addressed, and when these expectations are not met, it can lead to dissatisfaction and negative feedback.



I strongly advise against seeing this doctor. I needed a sick leave because I was unable to work, but he dismissed my concerns, claiming I was in good health and that my condition wasn't serious, despite having all the symptoms of COVID. There was a complete lack of respect for the patient. (GP's online patient feedback)

This feedback highlights that patients expect the doctor to respond to their request in a service-oriented manner. However, patients may judge from their emotional experience, sometimes irrespective of realistic expectations. Below, the doctor–patient interaction on Google illustrates how a GP focuses his work on dedicating ample time to patients who require it, which might contribute to the delay and negative emotional feedback online.



Ridiculous! He has no respect for his patients. I have been once, and I'm never going back. He's late for an hour or more and does not even apologise. Therefore, why make an appointment if he does not respect time? I don't recommend him. (GP's online patient feedback)

Thank you for your comment, madam. My delay, when seeing patients is often much more than an hour, and you did well not to wait for me. This comes from my conception of medicine, which is to take as much time as necessary with patients who need it. Therefore, I am not the kind of doctor who meets your expectations. Thank you for your opinion; it is very useful for other people who would like to consult me and who, like you, are looking for a punctual doctor. (GP's response)

This subsection highlights the potential competing goals that can arise between achieving patients' emotional satisfaction and respecting doctors' ethics. We next analyse the challenges of public scrutiny for doctors to develop appropriate strategies for responding to emotional accountability online.

6.3.4. *The challenges of addressing patients' feedback under public scrutiny*

In this subsection, we explore how doctors manage this online emotional accountability by deciding whether to respond to patients' feedback in the virtual space under scrutiny. Responding to feedback, especially negative, can be seen as a necessary aspect of maintaining professionalism for both cosmetic surgeons and GPs:

In the case of negative reviews, if a doctor does not respond, I see it as a lack of seriousness and professionalism. It is a form of contempt not to respond. However, it is only my opinion. (Cosmetic Surgeon's Community Manager – interview n°1)

I tried to respond to certain reviews (...), and it was commonly suggested that responding demonstrates acknowledgement of the feedback. I've come across advice online, emphasising the importance of always responding to negative comments. (GP – Interview n°7)

Indeed, responding to online feedback can shift attention away from the specific content of the comments and focus on the doctors' response. The way in which comments are addressed by doctors becomes as important as the information conveyed in patient feedback. This is because of the multilayered audience and the impact on future patients' perceptions. One cosmetic surgeon emphasised the need to be aware of their wording and tone in their answer to patient feedback:

Responding to a Google review is very special. You respond to one person in theory, but in fact, you're read by all the others. It is very special. It is like answering a personal question in an amphitheatre. You're answering a personal question, but everyone else is listening and judging. In fact, you're not truly talking to the person you're answering because you do not care, their opinion is already made (...) There's no hope of changing their opinion with a simple response, but you're being judged by everyone else, so you must be careful what you write. (Cosmetic Surgeon – interview n°2)

Our results show that although the response is directed to an individual, it is also scrutinized by all those who read the review and influences their perception of the doctor. See the underlined sentence in the post below, in which a doctor is criticized for the way he responds to patients on Google:



He's more of a charlatan than a doctor. Unpleasant, insolent, he gives you a diagnosis in 3 min because he doesn't have time. One of my colleagues went to see him and was also unpleasantly surprised (to prove to you that this isn't made up, it was Mr. G). This doctor (or rather, charlatan) doesn't take criticism well; just look at the aggressive way he responds to negative reviews, and that clearly shows his unwillingness to reflect on himself. (GP's online patient feedback)

As for me, I would rate this review ZERO, both in terms of "content" and "form," if I may say so... Unknown patient!! Without identity!! Someone I have probably never met, by the way. I would like to take this opportunity to reassure Google review readers: I feel compelled to state the following in response to such "comments":

1/ I TAKE MY TIME: an average of 15 min

2/ I am FRIENDLY (according to my patients)

3/ I am EFFICIENT (and not rushed... I'm not a psychologist either). Actually, it's rather reassuring when a doctor quickly makes a diagnosis, as long as it's CORRECT, right?!4/ I am very POLITE, ATTENTIVE, and REASSURING.

Although one should always strive to improve... which I do, day by day!! I look forward to meeting you and perhaps satisfying your needs. Have a wonderful day and good health to everyone. (GP's response)

In addition, the quote above revealed that there are different objectives for responding to online patient feedback. The goal may be to protect the practitioner's reputation by explaining their usual quality and behavior. Cosmetic Surgeon 2 confirmed this goal of protecting the practitioner's reputation and admitted to asking patients to remove or mitigate negative reviews and influencing the opinions of those who read the reviews:

To reply to a negative message, you want to save your reputation, you may want the message to skip, you may want the person to remove it (...). We want to be well judged by those who read us and who are a bit like referees who will form an opinion. Referee and judge in fact. (Cosmetic Surgeon – interview n°2)

These quotes underline the strategic considerations involved in crafting adequate responses that address individual concerns while managing the perceptions of a broader audience. However, several of our interviewees opted not to engage with either positive or negative feedback and criticised the practice of soliciting reviews from patients to artificially boost visibility.

There are many doctors who constantly ask people to leave reviews. You can see it in the number of reviews (...). I am deeply honest. I don't like it. If someone leaves a review, I am pleased, but I do not ask for it. I will obviously thank them, but I feel it is no one else's business. I don't like this escalation of messages on Google where every doctor responds with 'Thank you for your kind review, etc.,' I prefer to do it privately. (Cosmetic Surgeon – interview n°3)

In contrast to this cosmetic surgeon, who prefers responding privately rather than publicly to patient feedback, our sample in the [Appendix](#) shows that 27 cosmetic surgeons out of 30 and 9 general practitioners out of 30 chose to respond publicly, as we demonstrated below.

6.3.4.1. Amplifying echoes of joy: From expressing gratitude to a potential elevating market appeal. When opting to respond, both surgeons and GPs emphasised the simplicity of responding to positive feedback. Although the expressions of gratitude might vary slightly, the following quotes suggest that showing gratitude is generally sufficient for responding to positive feedback:

For positive reviews, I try to thank the patient who left the review. (GP – interview n°9)

When I see the review, I reply, and I see the stars (...) It is always pretty much the same. 'Thank you for your review', 'Thank you for your trust', 'Thank you for trusting us', 'The whole team thanks you.' (...). They mostly talk about the welcome and the kindness of the team. It would have been more interesting if they had put keywords such as 'rhinoplasty', 'facelift', 'eyelids'. (Cosmetic Surgeon – interview n°6)

Here, although the responses are primarily gratitude based, the surgeon would like patients to incorporate keywords related to procedures such as *'rhinoplasty'* or *'facelift'* to improve online visibility in search of results related to those procedures. Responses containing these keywords can potentially attract more patients. Moreover, this quote highlights a disconnect between the criteria used by patients in assessing doctors (the emotion generated) and criteria the doctors desire for their own assessment (the expertise).

Although publicly available positive feedback contributes to enhancing online visibility, our findings also reveal a crucial aspect often overlooked: skilfully addressing negative feedback can be perceived by doctors as important in bolstering online presence and market appeal. However, for GPs, it is not necessary to attract new patients, and this is significant for cosmetic surgeons, as we observed earlier. Below, we detail two approaches based on how doctors react to negative feedback: the defensive posture and the acceptance of criticism.

6.3.4.2. *Dealing with echoes of frustration: Adopting a defensive posture.* Several of the doctors stated they are defensive when confronted by negative emotional feedback, being almost authoritarian in their response to the patient's criticism. The types of responses adopted in these situations could include the following:

Blaming casual/irresponsible patient behaviour. The 'blaming mode' of irresponsible patient behaviour serves to pass the blame on to the patient rather than directly responding to the patient's allegations. The two interactions below demonstrate that this blaming reaction was observed in the responses of both cosmetic surgeons and GPs when patients strongly criticised them:



Appointment cancelled without even a call to reschedule [...]. (Cosmetic Surgeon's online feedback)

Dear Madam, (...), we contacted you on Tuesday April 27 by telephone (...). We left you a voice message and then sent you an email at 10:31 a.m. asking you to confirm your appointment. You did not respond to any message, which is why your appointment was cancelled, as indicated in the email you received. Best regards. (Cosmetic Surgeon's response)



I had an appointment with this doctor, and I am very disappointed; I don't recommend him! (...). (GP's online feedback)

Dear Miss, (...) For all those who will read the following response, please show up to your appointment with a smile and a kind word for my poor secretary who has been mistreated all day long (...). (GP's response).

Here, in the face of an attack on their reputation, the doctor publicly criticises the patient's behaviour.

Denouncing defamation and patient dishonesty. The 'defamation denunciation mode' is common among doctors who address negative comments. Here, instead of addressing the patient evaluation itself, the doctor uses accusations of defamation to negate or denigrate the negative comment:

Dear Sir, I have never received you; you are not one of my patients (...). Defamation is covered by laws, which I intend to enforce. You will also understand that it is my duty to inform my lawyer of your actions, and I reserve the right to initiate any proceedings that the latter deems necessary. (Cosmetic Surgeon's response)

Doctors can deem patients mentally unstable and unfamiliar, emphasising the defamatory and dishonest nature of their remarks.



Do not go there! He is the worst! (...). (GP's online feedback)

Such a crazy woman unknown. (GP's response)

Threatening patients with the prospect of filing a legal complaint. The 'threatening' mode addresses patient feedback with an aggressive approach.



Disastrous experience (...). Stay away from this GP. (GP's online feedback)

Mr. G, as a result of your actions, a complaint will be filed regarding your conduct, along with your phone and postal coordinates. (GP's response)

Here, the doctor's response appears confrontational and lacks a constructive and explanatory tone because it does not address the specific concerns raised by the patient in their feedback.

Investigating other comments and suggesting the chronic malevolence of patients in online evaluation. The 'investigator mode' is a strategy of investigating the content of the other comments made by the patient to judge the benevolence or malevolence of the patient reviews and discredit the review. In response to the negative comment, this doctor compares this patient's comment to most of their patients to show that this patient uses the internet as a channel for exclusively expressing disgruntlement:

Hello Mr. Y, (...) Judging by all your other comments shared on the internet, in other areas, your communication process has a very specific purpose (...). Sincerely Dr. X. (Cosmetic Surgeon's response)

Overall, the doctor's response attempts to defend their professional expertise, address criticism about surgical decisions and express disappointment with the patient's behaviour both after consultation and on the internet. This disappointment is illustrated, for example, in the following interaction on Google:



To be avoided... No empathy. [...] You quote all your clients and the positive side, but you threaten those who dare to give their opinion [...]. (Cosmetic Surgeon's online feedback)

Hello Mrs. X. We are very surprised to read such a comment (...). In view of your Google profile, you seem to be a fan of negative reviews, and we cannot let you write such a misleading comment [...].
(Cosmetic Surgeon's response)

The specificity of this type of response, which was found in the responses of other doctors, is that it is addressed to the patient, using the patient's full name (we decided to anonymize it by using X, but the full name was used publicly).

Citing law/professional ethics. The surgeon's response, while focused on defending professional ethics, places emphasis on ethical principles and the regulatory framework governing medical conduct over the emotional perceptions of the patient.³



I'm very shocked by your approach as a doctor. (...) HALLUCINANT. (GP's online feedback)

Good evening, madam! Due to medical confidentiality to which I am bound, I will make NO COMMENT!! (GP's response)

Here, the response reveals strict adherence to medical confidentiality, which is a cornerstone of patient–doctor relationship ethics. *Accusing patients to harm the doctor–patient relationship of trust.* The exchange below reveals a contentious interaction between an anonymous patient and doctor.



I did not have the opportunity to consult Dr. N, and I had disastrous experience with his assistants [...]. (Cosmetic surgeon online feedback)

Good day Mrs, Thank you for this review. [...]. You will agree that receiving negative opinions under a pseudonym without it being my fault is never pleasant; it calls into question my medical practice (Google page for my name) when it has nothing to do with it. It affects me. [...] It is 'thanks' to people like you who confuse doctors on the web hidden behind pseudonyms with negative opinions, that the doctor–patient relationship and the reciprocal trust that results from it suffer. (Cosmetic surgeon's response)

Here, the results revealed the aggressiveness of the interaction between some patients and doctors. Thus, the discursive space of Google allows not only joy to be expressed but also anger or sadness, whether on the part of the patient or doctor. Indeed, in this last response, the doctor expresses how they feel and how these types of comments affect not only them but also the '*doctor–patient relationships and reciprocal trust*'.

Our results also show that these strategies for addressing negative comments serve to discredit patients' opinions instead of addressing the issues mentioned. The target audience of the discredit attempt is not the patient who posted the negative comment but rather other readers who come across it. This indicates that the response may be motivated by public scrutiny. Similarly, another category of responses we analyse below focuses on strategies for accepting criticism, with these responses also being tailored to address the public scrutiny they receive.

6.3.4.3. Dealing with echoes of frustration: Accepting criticism. Doctors may choose to accept criticism, regardless of the emotional negativity of the comments. Our results reveal two main strategies for responding to critics who know that their response is under scrutiny. First, some doctors accept criticism and respond with deference. Second, some doctors turn negative comments into a strategy of self-promotion.

Responding with deference. The '*deference mode*' suggests that the doctor expresses in an extremely considerate tone their compliance with the expression of the patient's voice. This way of responding is used to reinforce the credibility of the doctor by showing a great deal of empathy and respect towards the patient, therefore creating an extremely positive vision of the doctor's attitude towards patients, as exemplified in the response to the following comment:



RUN AWAY!!!! The doctor and the secretary are a pair! (...). He will be nice as long as you pay him and you shut up. (...).
(Cosmetic Surgeon's online feedback)

Dear sir,
Thank you for your time spent writing this review for me to read. I read it with the greatest attention. I sincerely regret the welcome you received (...). You should know that I have a deep respect for my patients and the people who, like you, do me the honor of choosing me by contacting my office for a first appointment (...). Best regards, Dr Y. (Cosmetic Surgeon's response)

³ Please refer to the previous section on potential conflicting goals between achieving patient emotional satisfaction and respecting professional integrity to see examples of feedback.

Despite the criticism, the overall tone is professional. In the same way, a GP's response below emphasises the importance of mutual respect and attentiveness in a consultation and uses a positive tone to express professionalism and courtesy.



NO LONGER ACCEPTING PATIENTS
SHOULD MENTION IT
EXPEDITIOUS PHONE RECEPTION. (GP's online feedback)

Good evening, Madam,
Given the influx of patients and to ensure quality care for my existing patients, I am (unfortunately) compelled to limit appointment scheduling for new patients. I regret this, rest assured... This information is also specified on Doctolib. As for any perceived 'hastiness' from my office, if that is indeed the case (although I doubt it), I apologise.
Have a pleasant evening. (GP's response)

Here, the GPs answered the criticism by reaffirming their dedication to the quality of care, apologising and expressing regret and demonstrating empathy for patients.

Self-branding and offering additional services. The 'self-branding mode' is a strategy of turning negative comments into new medical opportunities. Our results reveal that some cosmetic surgeons use negative comments to increase their attractiveness by promoting additional services that can encourage patients to come back and be taken care of:



I did not have good experience with my breast surgery; my scars are still white and very visible after two years, and the results do not meet my expectations. (Cosmetic Surgeon's online feedback)

Dear Madam, I read your message with regret. Unfortunately, I don't know who you are to answer you personally: it is very rare to have hypochromic scars (white scars) after a breast reduction (this can happen in some people; it's a way of healing). However, there are solutions to remedy this problem (laser, medical tattooing, scar recovery, etc.). I remain at your disposal. Best regards.
(Cosmetic Surgeon's response)

The response below emphasises the empathy of doctors who consider the patient review and integrate it to further extend the relationship:



HORRIBLE. (...) The operation took place, but almost no result (...). Run away. (Cosmetic Surgeon's online feedback)

We have taken your opinion into account. Dr. Zwillinger, a pioneer in France in the treatment of lipoedema, has treated more than 400 patients affected by this pathology in 4 years. We achieved a satisfaction rate of more than 95 %. Dissatisfaction can be because of various factors, as in any aesthetic surgery. Your case was mild, but the before and after photos speak for themselves. In spite of everything, each patient has always noticed a gain in mobility, a reduction in heaviness because of lipoedema (...). Dr. Z offers touch-ups if necessary (...). (Cosmetic Surgeon's response)

Our results reveal that, although GPs and cosmetic surgeons in Paris face distinct challenges regarding visibility, they both receive similar types of comments. These virtual interactions between doctors and patients, which are visible to all, provide future patients with important information for understanding doctors' positioning in relation to their patients.

7. Discussion and conclusion

In this article, we investigate the increasing phenomenon of online feedback from non-experts about experts on a non-peer-to-peer platform, specifically Google. Drawing on the critical theory of emotional capitalism of [Illouz \(2017\)](#) to explore this growing phenomenon, we offer several contributions to the literature on online accountability in the context of professions and, more specifically, on consumer-generated feedback ([Jeacle, 2017](#); [Jeacle & Carter, 2011](#); [Lowe et al., 2012](#); [Scott & Orlikowski, 2012](#); [Van den Bussche & Dambrin, 2021](#)).

First, the current research extends the literature on online consumer-generated feedback in professional contexts ([Jeacle, 2017](#); [Jeacle & Carter, 2011](#); [Lowe et al., 2012](#); [Scott & Orlikowski, 2012](#); [Van den Bussche & Dambrin, 2021](#)) by integrating the concept of online accountability with Illouz's theory of emotional capitalism. Although past research has shown that the shift to online feedback has brought significant transformations—the counterbalance of professional expertise by user opinion ([Jeacle & Carter, 2011](#)), the expansion of an audit society to the virtual world ([Jeacle, 2017](#)) and the construction of narcissistic entrepreneurs of the self ([Van den Bussche & Dambrin, 2021](#))—our research delves deeper into the emotional dimensions of online accountability and its implications. Using the theoretical framework of [Illouz \(2017\)](#), we build on these foundations and we introduce the concept of 'online emotional accountability', emphasising how emotional evaluations have become a central component of public professional assessments on non-

peer-to-peer platforms like Google due to the freedom of expression they provide.

Although the consideration of emotional aspects in medical practice is not entirely a new phenomenon—esteemed doctors have always been attentive to the ‘emotional aspects and the environmental stresses of their patients’ (Wittkower & White, 1954, p. 1434) and patients’ experiences have been acknowledged (Komporozos-Athanasiou et al., 2018)—online feedback has amplified this focus. Traditionally, evaluations of bedside manners were evaluated through word of mouth (Freidson, 1962), personal interactions or internal organisation-directed questionnaires. Today, public platforms allow the widespread dissemination and scrutiny of patient feedback focusing on ‘emotional satisfaction’ and ‘emotional expressiveness’ (Illouz, 2017, p. 9), with total freedom of speech. Our findings reveal that online consumer feedback is reshaping professional evaluations of experts in two significant ways: (1) emotional dimensions are increasingly integrated into their public evaluations of experts; (2) expert physicians’ responses reflect the publicly emotional tone and thus become part of their evaluations.

This constant public assessment of doctors’ work through emotionally charged language has several critical implications for the medical profession. Emotional accountability—defined in the literature as ‘a type of accountability that focuses on management its stakeholders’ diverse and multiple emotional expectations, such as issues with anxiety, honor and respect, religious beliefs, sufferings, happiness, or sadness’ (Demirag et al., 2020, p. 891)—is now rendered public, thus playing a crucial role in placing responsibility on doctors of emotional results, meaning that they have the responsibility to cater to the emotional needs and expectations of the community they serve, notably the patients. This phenomenon allows potential patients to assess not only the emotional tone and content of feedback but also the emotional tone and content of virtual doctor-patient interactions, thereby influencing their healthcare decisions. Although, from a patient perspective, providing online feedback may encourage respectful attitudes from the part of doctors and help enhance the quality of care and decision-making for other future patients, our findings highlight that the increase in online emotional accountability may also have critical implications for doctors. Our findings contribute to existing studies by highlighting four critical implications of online emotional accountability for professionals on the Google platform: (1) the feigned indifference; (2) the critiques of the commodification of medical work; (3) the potential competing goals between achieving patient emotional satisfaction and respecting professional ethics; and (4) the challenges of addressing patients’ online feedback under public scrutiny.

7.1. *A feigned indifference: Between professional detachment, strategic manoeuvres and painful experiences*

The first to suppress critical implications align with the literature emphasising how traditional expertise contends with the rising influence of public opinion (Jeacle, 2017; Jeacle & Carter, 2011). Digital platforms like Google facilitate the creation of specific representations and knowledge templates that can crystallise tension (Berlinski & Morales, 2024). Our research extends this understanding by illustrating that professionals often exhibit a facade of indifference towards online feedback while simultaneously maintaining an acute awareness of this information about their online reputation, acknowledging responding to select comments and even pushing patients to post good comments. This approach involves publicly minimising the significance of online feedback while seeking to preserve their public image with the practical realities of reputation management in the digital age. While doctors may project an image of detachment or indifference to maintain professional credibility, in contrast they might actively strategize to manage their online reputation. Notably, our findings reveal that cosmetic surgeons appear to engage more actively with online reviews than GPs (see Table A1 and A2 in the Appendix). This higher engagement level among doctors could be attributed to the competitive nature of their medical field, where reputation and patient perception are critically important. However, both specialties show a degree of interest in Google’s patient-generated feedback, reflecting a broader trend where professionals across various medical fields recognize the influence of digital reputations.

7.2. *The critiques of the commodification of medical work*

Secondly, we further contribute to this body of work by shedding light on the critiques addressed by doctors towards the commodification of medical work brought by Google’s patient feedback. Doctors express their discomfort to be evaluated in a similar manner to facilities such as a massage or show. This criticism is significant for doctors who emphasise a core distinction between their field and other professions, stating that their expertise transcends the pursuit of a pleasurable experience, an experience of service or an emotional commodity, such as an experience in a wellness centre. Thus, this shift in emphasis could foster unrealistic patient expectations, leading to dissatisfaction when these emotional parameters are not met. The specificity of online accountability lies in its public nature, acting as an amplifying megaphone and reinforcing the expectations placed on doctors to create a positive emotional experience. Our results highlight that doctors criticise the transformation of their work into an experience of service from a patient perspective, transforming the assessment of medical work into an emotional commodity, what Illouz (2017) called an ‘emodity’.

Thus, there are two types of reactions of doctors facing this commodification of their work. First, there are doctors who perceive Google’s patient feedback as a potential threat that desacralizes medical expertise because of public emotionally driven evaluations focused on the ‘emotional atmosphere’ (Illouz, 2017) that has been created by the broad medical team. Although online accountability is nominative to doctors, a high or low star ranking and comments can be justified by the other member of the team managing the patient’s emotions, in turn making the doctor accountable for their team members’ emotional management and not only for themselves. Second, there are doctors who use this commodification advantage by responding to patients’ reviews and asking them to publish reviews to enhance their online visibility. These practices reveal how this heightened user expertise elevates the benchmarks for doctor-patient interactions. This, in turn, mandates a continuous demonstration of ‘soft skills’ and ‘qualities’ from doctors and their team to ensure an ideal scenario where every aspect of patients’ needs—both physical and emotional aspects—is flawlessly addressed. Although the spectrum of pressure is not quite the same among GPs and cosmetic surgeons to fit this ideal scenario, emotionally satisfying patients can have critical implications for both specialists, as we see below in our third contribution.

7.3. The potential competing goals between achieving patient emotional satisfaction and respecting professional ethics

The third critical implication of ‘online emotional accountability’ for doctors highlights new types of pressure that arise when balancing performance goals and ethical standards. This insight builds upon existing literature that examines, on the one hand, how doctors deal with performance evaluation and associated pressures (Morinière & Georgescu, 2022; Morinière, 2023); and, on the other hand, the effects of patient satisfaction surveys, which may actually lead health professionals to practice bad medicine by honoring patient requests for unnecessary and even harmful treatments (Junewicz & Youngner, 2015). We align with this literature as one of our key findings highlights the tension between achieving high levels of patient emotional satisfaction and adhering to professional ethics standards. Online emotional accountability, as conceptualised in our research, demands that doctors cater to patients’ emotional needs and expectations. This heightened focus on emotional satisfaction may inadvertently clash with medical ethics, which prioritise clinical objectivity and knowledge. Indeed, as shown in our results, some doctors may use—in addressing patients’ comments—the codes of professional ethics to defend their vision of what is valuable in their decision. These tensions can be seen in the responses of some doctors, who make no secret of their anger and discontent. However, our results suggest that GPs are currently less affected by these pressures due to the less competitive nature of their environment. One GP noted that, in a more competitive futuristic scenario, the pressure to meet emotional expectations could increase significantly. In such a scenario, refusing patient requests might become more challenging due to the potential risk of losing patients to competing practitioners. This hypothetical threat is consistent with the results we found for cosmetic surgeons in a competitive market. Indeed, our findings have indicated that some cosmetic surgeons have developed deviant behaviours, such as patient selection, to avoid negative comments. Therefore, online evaluations might result in competing perceptions of worthiness among patients and professionals.

7.4. The challenges of addressing Google’s patient feedback

The fourth critical implication we highlighted contributes to the ongoing discussion in the literature about virtual interactions, emphasising the need for further examination of how individuals actively participate (wittingly or not) in their own visibility, thereby creating new potential for surveillance by others (Brivot & Gendron, 2011). Our contribution to this body of literature lies in demonstrating that doctors who actively respond to reviews not only enhance their visibility but also incite surveillance of their virtual interactions with patients through diverse audiences who read patient-generated feedback from Google. In particular, cosmetic surgeons, who operate in a competitive market, may strategically use their online responses for self-promotion, acting as narcissistic entrepreneurs of the self (Van den Bussche & Dambrin, 2021). Thus, online accountability characterised by public scrutiny becomes a channel for indirect promotion to increase the value of a service or a product in the market. This indirect marketing effect of responding to evaluations is novel for the literature on online accounting (Jeacle, 2017; Jeacle & Carter, 2011; Lowe et al., 2012; Scott & Orlikowski, 2012; Van den Bussche & Dambrin, 2021). Given the distinct codes of conduct of Google’s patient feedback, analysing different doctors’ discursive responses to patients’ feedback, especially to negative comments, provides a deeper understanding of how patients may exploit these reviews for their benefit. It also sheds light on the norms created in a virtual context between patients and doctors, particularly in competitive markets such as cosmetic surgery.

7.5. Contribution to Illouz’s theory of emotional capitalism

Finally, our study provides an empirical case that extends Illouz’s (2017) theory of emotional capitalism to a professional context. Although Illouz primarily examined emotional commodities, our research has explored the impact of emotionalisation on professional evaluations. It complements Illouz’s work on the emotionalisation of the workplace by providing concrete evidence of how these dynamics play out in the healthcare context. Illouz (2017) demonstrated that emotions have permeated service professions, emphasising the relational dimension and emotional involvement necessary to meet customer needs. Our research builds on this by extending the analysis to expert professions, showing how emotional accountability affects the evaluation and practices of experts such as doctors. This contribution not only reinforces Illouz’s theory but also broadens its application, highlighting the four critical implications for the healthcare sector.

7.6. Limitations and future research

The present research has several limitations that suggest avenues for future research. First, the current research focused on the analysis of online patient feedback and not on the emotions of the doctors towards it. Thus, in the future, researchers may seek to observe how doctors are affected, in terms of their narcissism, by unexpected evaluations and how some doctors may develop deviant behaviors. Second, researchers should analyse whether there is a real emergence of the new doctor ‘4.0’, combining clinical, managerial and emotion management tasks, including patient and e-reputation management as well as the reasons behind such new tasks they agree to endorse. Third, our research has focused on patient-generated feedback hosted on a profit-driven platform, specifically Google. In this context, doctors are evaluated without their consent to participate on the platform and have the option to respond to comments but cannot provide evaluations of the patients. These characteristics make Google a pertinent subject for our study while simultaneously highlighting new research avenues. For instance, Turk et al. (2020) discussed the differences between public and private platforms and raised the question of how the nature and implications of online accountability might differ in these contexts. Additionally, Van den Bussch et al. (2021) explored models such as Airbnb, where participants can choose to join and rate each other, prompting us to consider what changes might occur if doctors had similar options to participate or evaluate patients. More broadly,

future research should be conducted to explore how other professionals beyond doctors may be threatened by online emotional accountability or how they can turn it to their advantage. For instance, Google consumer-generated feedback for lawyers is an empirical reality (Rigertas, 2014) and, thus affords more research opportunities for studying the impact of consumer-generated feedback on professionals.

Ethical approval

All procedures in studies involving human participants were in accordance with the ethical standards of the National Commission on Informatics and Liberty, established by the French law on Information Technology, Data Files and Civil Liberty of 6 January 1978.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Acknowledgements

Chaire Innov'Eres.

Appendix 1

Table A1

Data collection for cosmetic surgeons' Google patient feedback collected in January and June 2024.

	Name of cosmetic surgeon	Number of stars	Number of patient feedback (January 2024)	Number of patient feedback (June 2024)	Answer to which type of patient feedback	Number of answers	% of answers
1	Nguyen	5	310	322	Positive & negative	95	30 %
2	Levy	4,9	213	238	Positive & negative	200	84 %
3	Monteneri	4,6	111	127	Positive & negative	41	32 %
4	Djian	4,9	151	164	Positive & negative	132	80 %
5	Abbou	4,8	305	305	Positive & negative	102	33 %
6	Derhy	4,8	420	420	Positive & negative	354	84 %
7	Husinsinger	4,9	273	273	Positive & negative	273	100 %***
8	Ouakil	4,7	164	164	Positive & negative	130	79 %
9	Derder	4,9	1082	1082	Positive & negative	555**	51 %
10	El Haddad	4,8	54	49	No answer	0	0 %
11	Haiun	5	124	124	Positive & negative	124	100 %***
12	Franchi	4,8		169	Positive & negative	80	47 %
13	CohenHayoun	4,6	187	187	Only negative	16	9 %
14	Ohana	4,6	109	109	No answer	0	0 %
15	Halimi	4,4	85	85	Positive & negative	66	78 %
16	Masson (Jean)	5	291	309	Positive & negative	273	88 %
17	Drikes	4,8	387	418	Positive & negative	366	88 %
18	Vahedi	5	19	19	Positive & negative	14	74 %
19	Mitz-Vladimir	4,7	60	65	Positive & negative	65	100 %***
20	Kron	4,1	113	114	Only negative	1	1 %
21	Benoilid	5	370	410* (increase of 40)	Positive & negative	403**	98 %
22	Haddad	5	75	75	Positive & negative	41	55 %
23	Masson (Vincent)	4,9	168	157	Positive & negative	152	97 %
24	Poignonec	4,8	112	113	Positive & negative	113	100 %***
25	Benhamou	4,8	200	212	Positive & negative	195	92 %
26	Fitoussi	4,8	66	73	Positive & negative	60	82 %
27	Louafi	4,6	309	337	Positive & negative	305	91 %
28	Porier	5	12	12	No answer	0	0 %
29	Santini	4,8	120	159*(increase of 39)	Positive & negative	136	86 %

*In our dataset, the two highest increases in the amount of online feedback over a six-month time frame.

**In our dataset, the highest number of answers.

***In our dataset, the highest response rate of cosmetic surgeons.

Table A2

Data collection for general practitioners' Google patient feedback collected in January and June 2024.

	Name of general practitioner	Number of stars	Number of patient feedback (January 2024)	Number of patient feedback (June 2024)	Answer to which type of patient feedback	Number of answers	% of answers
1	Azot	4,7	165	167	Positive & negative	26	16 %
2	Denoyelle	2,4	87	87	No answer	0	0 %
3	Panot	5	25	25	No answer	0	0 %
4	Smadja	4,7	453	453	No answer	0	0 %
5	Lellouche	3,1	312	323* (increase of 11)	Positive & negative	79**	24 %
6	Jeanson	3,9	36	39	Positive & negative	13	33 %
7	Sebbah	4,4	333	355* (increase of 22)	Positive & negative	25	7 %
8	Panagoulas	4,1	46	47	Only negative	4	9 %
9	Schulligen	4,8	44	44	No answer	0	0 %
10	Amarger	3,7	81	91* (increase of 10)	Only negative	2	2 %
11	Benainous	4,3	23	24	Positive & negative	2	8 %
12	Fleurette	4,2	14	14	Positive & negative	1	7 %
13	Dahan	3,9	76	79	Positive & negative	53**	67 %
14	Guthmann	4,7	50	50	Positive & negative	9	18 %
15	Hugret	5	16	16	No answer	0	0 %
16	Cavalerie	4,9	21	21	No answer	0	0 %
17	Salvatore	4,6	38	43	Positive & negative	6	14 %
18	Magnier	4,8	84	84	No answer	0	0 %
19	Serkine	3,8	14	14	No answer	0	0 %
20	Boucharcourt	4	43	43	No answer	0	0 %
21	Parment	5	4	4	No answer	0	0 %
22	Opron	4,2	22	22	No answer	0	0 %
23	Bertan	4,8	17	17	No answer	0	0 %
24	Achir	3,6	216	216	No answer	0	0 %
25	Chezaud	4,4	19	19	No answer	0	0 %
26	Ben Belhassen	4,8	16	16	No answer	0	0 %
27	Delia Kreutz	4,5	62	62	No answer	0	0 %
28	Bouquiaux	5	24	24	No answer	0	0 %
29	Quincerot	4,4	40	40	No answer	0	0 %
30	Chen	4	16	16	No answer	0	0 %

*In our dataset, the two highest increases in the amount of online feedback over a six-month time frame.

*In our dataset, the highest response rate of cosmetic surgeons.

Data availability

Data will be made available on request.

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