

Grounding the Marketing Strategy of the Organizations in the Field of Health Care

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***Abstract.** The application of marketing in the health services presents certain particularities determined by market characteristics, of the organizations, products, staff and consumers. The consumers of health services are different of those of other goods and services, due to the lack of information concerning the means of rendering a service and its price, the means of taking a decision, the purchase and consume conduit, the capacity limited by the assessment of the services' and result quality. In addition, within the last years there have been registered major changes in the conduit of the consumer of health services pursuant to the significant modifications occurred at the demographic and social level.*

Under these conditions, the grounding of the strategies of the organizations which function in the health field, both at macroeconomic, and microeconomic level, cannot be performed without a deep knowledge of the consumer of health services, with its needs, preferences, and its conduit of purchase and consume.

Key words: patient; consumer; need of health services; demographic and social changes; image of health services.

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The marketing, during its wide evolution, begins with the investigation of the market and the knowledge of the consumer with its needs, wishes, and conduit of purchase and consume. Thus, the consumer represents the element of reference in the activity of any organization, this one couldn't exist without those who support its activity.

The consumers of health services differ from those of other goods and services, due to some particularities which result from the market specificity, the performer – client relations, the manner of organization of the health system. Unlike other fields, where, usually, the number of the consumers is limited, within the health services, anyone may become theoretically a consumer on a certain moment, and, therefore, the potential market is very large.

In spite of all these, the organizations in the field do not perceive the consumers as such. Traditionally, the individuals are not considered consumers of health services but when they get sick, although many of them resort to the periodical control or to routine analyses. This restricts the application of marketing in health (Rădulescu, 2008).

However, there are services of health to which one resorts not due to a disease condition, of treatment and prevention, but due to some aesthetic desires of the consumers (aesthetic surgery, skin care, programs of weight loss etc.), when the organizations focus on obtaining profit and resort to different marketing techniques to attract the consumers.

The main elements which differentiate the consumer of health services from other consumers are (Thomas, 2005):

- its incapacity to establish in most of the cases the need of services, the doctors

deciding what is best for the consumer, what services it needs; the consumer may refuse the treatment, but usually this does not happen;

- due to the intervention of a paying third party, most of the time, the consumer does not have knowledge about the price, this not representing an element on which relies the service purchase. This situation generates positive aspects as well, which consist in delivering medical services independent of the payment capacity of the consumer, but negative aspects as well, since the end consumer or the doctors do not limit to the use of these services, the costs for the system being very high. On the other hand, only few suppliers of health services may use the price as a marketing instrument fighting with the competition (Laing and co., 2002);

- the consumer usually decides in terms of some subjective criteria, which involve a series of personal and social factors and not in terms of some objective criteria;

- the access to specialised medical services is made in terms of references and cross-references system, the petition and the consume not being influenced by the end consumer, but by doctors, thus the target of the marketing evolution is not always the end consumer, but the physicians from primary assistance;

- another differentiation factor consists in the lack of information considering the attributes of the service and its quality. There is no base in the assessment of the services' quality, the consumer following to differentiate the organizations or services on the grounds of the supplier reputation or superficial factors such as endowment with different machines, the amiability of the staff or the quality of the alimentation;

- the possibility to choose between several options is limited, many health services being non-replaceable, whereas the number of specialists is limited;
- the limited capacity in the assessment of the result of the service, both due to the lack of information and to the high competition involved by some services;
- the consumer of health services unlike

other consumers of goods and services face as well a series of factors of emotional order. Any analysis may disclose unexpected issues, any operation as simple as it may seem may have serious consequences;

- since the consume of certain health services involve hospitalization, the conduit of the consumer is strongly influenced by a series of specific factors (figure 1):

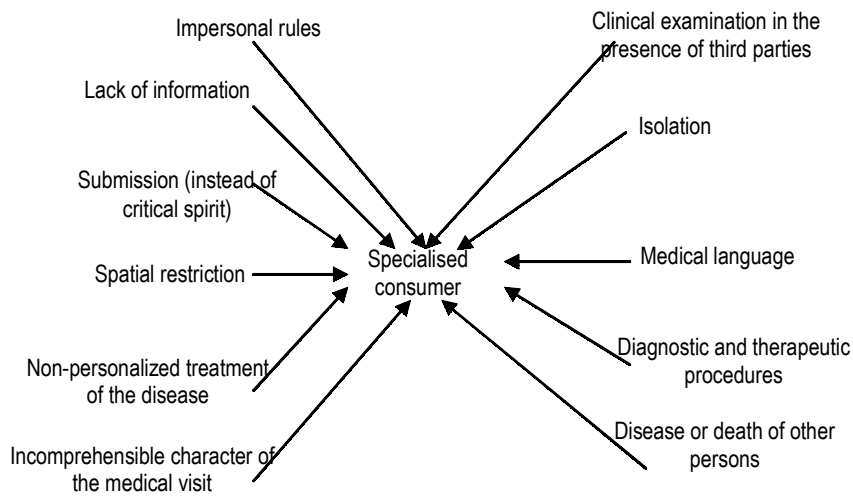


Figure 1. Specific factors which influence the conduit of the hospitalized consumer

Source: adaptation of Rădulescu, S. – Sociologia sănătății și a bolii, Editura Nemira, București, 2002, p. 268.

The differences between the consumers of health services and the other consumers are presented in synthesis in the following table:

Differences between the consumers of health services and the other consumers

Characteristics	Consumer of health services	Consumer of other services
Awareness of the need	Seldom	Often
Involvement in taking the decision of purchase of the service	Seldom	Frequent
Manner of taking the decision	On subjective bases	Often on objective bases
Knowledge about price	Very little	Many
Taking decision in terms of price	Seldom	Frequent
Involvement of the paying third party	In great majority of the cases	Never
Use of the system of references and cross-references	Frequent	Almost never
Possibility to choose between several options	Limited	Unlimited
Knowledge about the attributes of the service	Less	Significant
Capacity to judge the quality of the service	Reduced	Raised
Capacity to assess the result	Limited	High
Target of the marketing evolution	Not always	Always
Application of the classical techniques of marketing	Seldom	Often

Source: Thomas, R., Marketing Health Services, 2005.

By the specific of the manner of performing a service and of the degree of involvement of the consumer at the level of the market of health services, there are distinguished several types of consumers. In general, when we speak about consumers we consider the individuals, but the organizations and the staff appear as well in this position, each of these categories possessing different needs and conduits.

Also, depending on the needs encountered at the level of the market, there are four categories of consumers:

- the first category is formed of the persons with serious problems who need specialised staff and equipments;
- the second category is formed of those who come to routine controls, the persons who come by themselves for treatment at the medical rooms;
- the third category is formed of those who need facultative services;
- a fourth category is formed of the persons who do not resort to medical services, who most of the times cure themselves. The researches proved that their number is very high, and that, usually, they go to doctors if the first option did not give results. The chemist's shop offers a wide range of products for treatment at home, whereas the personal sources and the Internet facilitate this type of treatment.

Due to these reasons, Richard K. Thomas (2005) identifies several types of buyers and users of health services:

1. *the potential consumer* is any individual who may purchase a service; theoretically, in health anyone is a potential consumer;
2. *the buyer* is a person responsible with the purchase of health goods and services. as

we have already mentioned, the consumer is not always the one who purchases the service, this role devolving upon the physician, the family or other persons;

3. *the patient* – although the term of patient is used often enough in the informal discussions, technically this stands for the „sick person who is under the care of a physician” (Cetină, 2005). Theoretically, an individual doesn't become a patient until a physician declares him sick, even if it has resorted previously to medicines or to cares on its own.

4. *the client* is an effective consumer, but who resorts more to the services offered by the primary assistance. This fact involves rather continuous and personal relations than impersonal and sporadic relations; a client is deemed to have mutual relations with the supplier of health services, unlike the patient who depends on and relies on the performer; the client is less dependent, more involved in the process of taking a decision and more informed with respect to its health problems than the patient. The term of client may be used especially in case of the relation between the consumer and the family physician.

5. *insured* – although the insurance companies were the first to use the term of insured for their consumers, this concept became more and more used by the suppliers of health services

In the opinion of Richard K. Thomas, in health appear, besides the individual consumers, other categories of consumers such as: medical staff, hospitals, other medical organizations, etc.

Although the physicians are rather regarded as suppliers of health services, they

may also appear as consumers for certain goods and services. Therefore, the hospitals demand the services of certain external specialists, different programmes of prevention involve their participation, the activity of many specialists depends on the references and cross-references of their colleagues. Also, the physicians, especially those from the individual medical rooms, grouped or associated, represent the consumers for the distributors of medical devices, and the enterprises manufacturing medicines.

The changes produced in the '80s in USA and in Europe, as well as in Romania after 1989 in the field of health services, were related to the passing from the payment mechanism based on the costs reimbursement to the mechanism of payment in advance (based on probability). Following the new systems of payment, the organizations were forced to consider the potential petition for services, the unitary cost for each service and the sensitivity to price of the buyer.

In addition, besides the change of the payment mechanism, the approach of the governments concerning the structure in the field of health determined a series of transformations concerning as well the number of tenderers on the market. The liberalization and privatization of the sector led to the increase of competition, since anyone with enough economic resources may enter on the market.

In addition, in the last decades there are noted significant changes at the level of population as well, on three plans - age, family and education, fact which needs a rethinking of the marketing strategies of the organizations in the field.

- *Age* – No tendency is more obvious than the extension of the life duration in all

developed countries. In USA over 21% of the population were in 2005 over 65 years, and in the next 30 years it is estimated that this percentage shall increase, fact which shall determine higher costs assigned even than those for defence industry. The statistic data referring to the dimension of the population emphasizes also an increase of the life duration of the population in the states members of the European Union, as well as modifications in the structure of the population on age groups, especially through the increase of the number of old population (Adăscăliței, 2004).

The increase of the number of old consumers determines the development of some specific health services, such as the asylums, the care facilities on long term, the facilities for granting medical and life assistance etc.

The challenge for the organizations in the field of health services shall be to attract those segments of old consumers who possess medical insurance or who may allow to pay the services which these organizations offer.

Structure of the family

Considering the average dimension of a family, it is noticed that an important share belongs at present to the families formed of a single person, especially in the north countries, whereas the countries in the south area are characterised by families formed of five or several persons. In addition, the number of women occupied outside the household has increased.

Like the ageing of the population, this restructuration of the family shall also affect the marketing strategies of the health organizations, especially by introducing

some new types of services. Thus, there have appeared the ambulatory services, whereas the clinics and the medical rooms extended their program. By these measures, the organizations offer to the occupied persons as well the possibility to take care of their health.

More than that, the future strategies of the organizations in the health field must be adopted considering as well the fact that the working women, due to their role in taking decisions in the family, influence the conduit of purchase and consume of the family.

Education and attitude of the consumers

The education appears as a determinant element in the definition of the nature of the health services' market. The education level of the population has registered as well significant decisions in the last decades, at almost all the segments of the consumers, in the European countries and in USA.

The suppliers of medical services must acknowledge the fact that the educated population is increasing, the consumers are more preoccupied of their health, they ask questions and they search answers. This day, more than ever, the consumers are searching the services offered by responsible organizations, oriented towards market, towards the client.

In addition, the consumer is regarded at present from a new perspective, as a combination between the traditional patient and the contemporary consumer, possessing more knowledge about the health system, opened towards innovations and with an active role in the process of establishing the diagnostic, the treatment and in the maintenance of health.

The individuals regard themselves rather as consumers than as patients, and they expect to receive information, they demand to take part in the decisions which affect them directly and insist on receiving health services at the highest qualitative level.

Thus, at the end of XX century, only few organizations in the health field from USA were still using the term of patient due to its narrow sense, the term being replaced with that of client, consumer, insured, depending on the situation. Since the term of "patient" involves a dependent status, any of the other terms show an active participation of the individual in the issues which regard its health.

In addition, this preoccupation for education is manifested, especially, at the level of the services of fighting against diseases, an increasing number of people joining different organizations which have as purpose the prevention of health.

The knowledge of the consumer's conduit and of its satisfaction pursuant to the purchase and consume of the service represent the starting point of any marketing evolution. From this point of view, the organizations in the health field take also measures with a view to change the perspective of approaching the activity, passing from the orientation towards the product to the orientation of the activity towards the consumer

In this context, leaving from the modifications which occurred both at the level of the offer and of the demand, we have performed a research which had as purpose the image of the health services in Romania among the population, both in the urban and rural environment. Due to certain reasons,

the research performed had an exploratory and instrumental character, the sample studied being formed of 100 persons, selecting the persons who resorted in the last year at the health services.

Leaving from the research purpose there have been established a series of main and secondary objectives, within the respective evolution: the extent within which the image of the health services is formed, among the population; the nature of the image – favourable/unfavourable – at the level of primary assistance and specialised services; the characteristics of the health services which contribute to the formation of the image at the level of different medical units; the differences existent between the image formed by the population about the private and public services; the differences existent between the image formed about the health services different categories of consumers; perspectives of the health services in Romania in the context of integration in the European Union.

Pursuant to the analyses of the data resulted from data processing, there may be drawn the following conclusions:

- when they have a less serious health problem over 70% of the persons interviewed resort first of all to the family physician, whereas when they have a serious health problem, over 40% of the persons interviewed resort to the family physician, 33% to the services offered by hospital, 10% to ambulance. The resort to the family physician is determined, first of all, by its role within the health supply system from our country, through which the basic services are delivered by the family medical rooms, whereas the access to the specialised services may be possible only in terms of references drawn up by it.

- over 70% of the persons interviewed have a formed image concerning the health services, but on the whole, this is less favourable, both at the level of the services offered by the family physician and at the level of the hospital services;

- the main aspects, of which the persons interviewed are discontent are related to the waiting time to have access at the services of primary assistance, to the program of the physician and to its breach especially in case of the persons with age between 25-55 years, to the endowment with medical equipment, as well as to the attitude and the conduit of the medical staff especially of the nurses; the population from the urban environment is affected the most by the waiting time and by the program of the family physician, whereas the population from the urban environment by the distance up to the medical rooms/hospitals and by the cost.

- the services offered by hospitals have an image less favourable, even unfavourable among the population from Bucharest and Ilfov county, the main aspects which lead to this situation aiming to: the quality of the alimentation, the comfort offered and the quality of the services offered, the image not being influenced significantly by age, sex or residence environment. Therefore, for the improvement of the image there should be changed the hygiene and the alimentation, the endowments with medical equipments and last but not least, the conduit of the staff.

- the private medical units have a better image among the population that the state ones, especially the private medical and stomatological rooms; these being more appreciated by the persons aged between 18-45 years with high income. This image is influenced by the condition of the buildings,

by the endowment with medical devices, by the comfort in the waiting halls and by the booking system on which are based, reducing the waiting time of the consumer.

- concerning the grant of non-official payments (gifts or money) for the medical services 60% of the persons interviewed do not agree with this practice, whereas 19% express their agreement; over 65% of the persons interviewed consider the cost of the medical services paid officially or non-officially as being too high in comparison with their financial possibilities.

- over 60% of the persons interviewed consider that they do not have enough information about the health care system in Romania, and most of them are acquired from television and press.

- pursuant to the adhesion at the European Union, 67% of the persons interviewed appreciate that the services offered by Romanian organizations shall be better, since there are to register changes in the endowment with medical equipment and the quality of the medical act, in the condition of the buildings

and the comfort during specialization, as well as at the level of the cost of these services, which in the opinion of over 60% of the persons interviewed shall increase.

On the whole, the image of the health services in Romania is less favourable both at the level of primary assistance, and at the level of the specialised one, this image being determined by a series of aspects related to the technical endowments (equipments, condition of the buildings, comfort, cleaning), and also by aspects related to the conduit and attitude of the staff.

The adhesion of Romania at the European Union, as well as the economic, demographic and social modifications faced by the population of our country involves the revision of the manner of approach of the health services, the identification of the real needs of the population and the elaboration of strategies and programs of action on short, average and long term, which shall determine the increase of the satisfaction of the consumer of health services from the point of view of accessibility, equity and quality.

Note

⁽¹⁾ Dicționarul explicativ al limbii române.

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