

MARKETING IN HEALTHCARE UNIT

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ABSTRACT

Healthcare marketing is a part of public services marketing. In developed countries, healthcare marketing can be applied to a microeconomic as well as to a macroeconomic level. The main feature of healthcare marketing is that there are products, markets, but there is no cash equivalent. For both traditional marketing and public healthcare marketing, the user of a product or service is called "consumer" and a group of consumers is mentioned as a "market". Acceptance of marketing by USA health specialists in the '80s was the start in considering marketing as a function of health organizations. Stating marketing strategies, the process of planning marketing starts from the generic strategy for which the organization has opted, in accordance to its mission and objectives. Marketing strategy is not either a static or final approach. Actually, it has to be renewed and modified as needed.

A patient satisfaction survey was applied using an anonymous questionnaire. This questionnaire was developed and administered among patients in total 100 respondents who had termination of treatment in the County Emergency Hospital.

As part of public services marketing, healthcare marketing has known an appraisal in the last 20-25 years by creating special occasion which have urged its appearance.

In developed countries, healthcare marketing can be applied to a microeconomic as well as to a macroeconomic level, but in less developed countries it applies only to a macroeconomic level due to limited financial resources.

Healthcare marketing aimed both healthy and sick person, a situation that implicitly assumes the use of differentiated strategies and even the appearance of anti-marketing strategies such as alcohol and cigarettes manufacturers advertise for consumption acetic, and society tries to combat the consumption of those products as well as the consumption of drugs, areas in which strategies to fight against apply to.

The main feature of healthcare marketing is that there are products, markets, but there is no cash equivalent.

Effective marketing strategies lies in the image of healthy citizens, in the determination of categories of public patients to adhere to secondary prevention by browsing the entire recovery process in rehabilitation professional re-fitting in, social reintegration of patients.

Application of healthcare marketing was imposed by health problems in human society.

In Romania, healthcare marketing services is rather a new component, its future development is marked by a number of limitations as well as by favourable conditions.

Marketing is a process through which products are used to satisfy both human and social needs. Quality is the connection between supplier and consumer, marketing in is an essential part of the exchange of goods and services. Marketing fundamental issues are exactly the same with no regard to whether do comply to the need for a certain product or to a public health service.

Therefore, for both traditional marketing and public healthcare marketing, the user of a product or service is called “consumer” and a group of consumers is mentioned as a “market”. The main features of a market are taken into account at each and every step of the marketing process including the initial development of a product.

Incorporating marketing into healthcare system in the ‘50s was seriously questioned, it was a controversy arose from both ethical and moral issues that this type of service implies, and also it was a controversy generated by the difficulty of accurately determining the demand, the uneven access to information of the participants, regulated pricing mechanism and paying fees and third party intervention, the important role of the state with a regard to enabling the evenly fuall access of the population to the basic services.

Acceptance of marketing by USA heath specialists in the ‘80s was the start in considering marketing as a function of health organizations.

For fully understanding how to apply marketing to these organizations level it is necessary to clarify the content of healthcare services and of the specific elements that encourage and limit the application of concepts, marketing methods and techniques.

With the entry in EU there have been some changes with a regard to healthcare system in our country. The European Union does not require to the member counties a specific healthcare system or a specific type of hospital or laboratory, but it still focuses mostly on quality certificate such as ISO.

Healthcare community approach aims at establishing both objectives and guidelines and Romania, as any other EU state member, has to take good care of good progress in the field of activity.

Stating marketing strategies, the process of planning marketing starts from the generic strategy for which the organization has opted, in accordance to its mission and objectives. Being forced to adapt to the environment in which acts, to cope with change, the organization has to have perspective vision, all its acts have to comply with that vision by a unified marketing policy.

Implementing marketing strategies within a County Emergency Hospital – Cardiology Unit

Development of implementation tools: marketing strategy is not either a static or final approach. Actually, it has to be renewed and modified as needed.

We considered vitally important structuring tools of strategy implementation. Since both service and quality improvement are broad notions and go beyond this paper, price which subjects to this debate and implementation tools, taken into account, are the general effects of marketing strategies and promoting County Emergency Hospital.

A patient satisfaction survey was applied using an anonymous questionnaire. This questionnaire was developed and administered among patients in total 100 respondents who had termination of treatment in the County Emergency Hospital. The real aim of this study wasn't an "academic" one, but it was rather aims to produce a method or, a simple tool to use to continue to be used in the management process of a County Emergency Hospital, all the way during the evaluation of the level of marketing strategies implementation.

The anonymous questionnaire consists of 12 questions to which the patient has to give a blunt answer; if the patient is under 14 years old, than filling in the questionnaire would burden the parents. Results are displayed in graphical form, Excel, so that it could be analysed and the indicators needed to produce. This effort was undertaken due to the direct support of County Emergency Hospital management.

At first, the questionnaire was tested on a group of 10 patients of The County Emergency Hospital at the end of the 2009. Than, it has been improved, completed and implemented on a sample of 100 patients discharged during 1st January 2009 – 31st March 2009.

This study, taken within the County Emergency Hospital, proved to be effective in creating a true image of the present situation.

Following discussions with The County Emergency Hospital management we found useful in the future the continuity of these patient satisfaction rating actions as needed.

Summary of questionnaire data obtained from "Patient satisfaction"

Table 1

INDICATORS	VALUES	95% County Emergency Hospital	Comments
<i>Source</i>	75%	64% - 85%	75% were recommended by a cardiologist and shows a filter network efficient
<i>Phone appointment</i>	18%	10% - 27%	percentage of patients with telephone appointments can be increased in future
<i>Checking-in procedure</i>	81%	71% - 90 %	More than 81% of patients perceived this procedure as an easy one, which shows that The County Emergency Hospital does not have a network yet
<i>Patients who pay the official fee</i>	61%	50% - 72%	61 patients were considered able to pay the official fee for admission and treatment

INDICATORS	VALUES	95% County Emergency Hospital	Comments
<i>Tax acceptability</i>	97%	94% - 99%	97% is considered acceptable (30% of them consider it is high, but bearable for personal budget)
<i>Waiting time</i>	67% 29%	56% - 78% 19% - 40%	67% considered normal waiting time, while 29% believe it long or very long
<i>Medical staff who listen the patients views</i>	70%	59% - 80%	70% said that their medical staff took into consideration their opinion
<i>Medical staff who explain the treatment procedure</i>	75%	64% - 85%	More than 75% of patients said that medical staff always kept them informed
<i>Medical staff who explain the secondary effects</i>	70%	59%-80%	70% said that it was explained the secondary effects of the treatment
<i>The opinion of the patients regarding the attitude of the medical personnel</i>	78%	70%-80%	70% affirm that the medium medical personnel respect their dignity and intimacy
<i>The opinion of the patients regarding the attitude of the doctors</i>	95%	89%-99%	More than 95% affirm that the doctors respect all the time their dignity and intimacy
<i>The brut indicator of satisfaction</i>	84%	74%-93%	84% are satisfies regarding the services that their receive

After the analyze of the dates from the questionnaires distribute to the patients, we can establish the following opinion:

The more numb reuse age group is formatted from the peoples between 15 and 56 years old, with 14% more are from the rural communities. Almost 3 from 4 patients have recommendations from the cardiologist doctor for the Hospital, and the rest (12%) from the family doctor and they have informed from other sources. Only 18% from the questioned peoples can make a phone programation.

How we see, this aspect needs to enterprise more activities for the improvement of the actual situation.

815 from the patients understand the admission procedure like easier one, that signify a good access indicator .61%from the patients have pay a official tax for the admission, 2/3 from this understand this tax like acceptable, and the other 1/3 believe this tax acceptable, but hard to supported for the own budget.

As we have mentioned, the price policy must be carefully realized in our country.

Other access indicator-the waiting time-was considered short for 68%, long for 28% and very long for only 1%.

The data obtained at this chapter can be considered as good, but is necessary to enhance this data.

The medical personnel has listen with attention the opinion of 71% from the patients during the time of all the treatment.

8% affirm that their opinion was not considered ever or rarely.

Otherwise, more than 75%from the patients affirm that the medical personnel have explained the method and the necessity of the treatment.

Additional, only 70% affirm that the medical personnel have spoke about the secondary effects of the treatment. 78% from the interviewed peoples declare that their dignity and intimacy was respected by the medium medical personnel, and the doctors behavior have a better result-95%.

Finally, 84% from the interviewed peoples declare the satisfaction regarding the services that they benefit in this medical care unit.

The patient's satisfaction is a very good criteria of the measurement of the quality of the services, of the access, of the price(tariff) .Also, it can be evaluate from the patients perspective how the medical personnel treat the patients and respect their dignity.

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