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IMPACT OF CULTURE ON THE MARKETING OF HEALTH SERVICES

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ABSTRACT

Health organizations operating within a specific market, determined by certain features of supply and demand and buying and consumption behavior, which leaves its mark on how to develop marketing strategies. Health care consumer behavior is the result of a complex of factors that act with different intensities. Of these, cultural factors have an important role by educating the consumer perspective, therefore, on the one hand, non-formal education, resulting from the belonging to a particular individual's culture and subculture, and on the other hand, due to formal education, resulting from a planned process of transmitting the experience and knowledge, which requires an effort of teaching and learning, and educators. The paper therefore proposes, based on exploratory research, to identify the main cultural factors affecting consumer behavior health services.

KEYWORDS: Culture, marketing of health services.

INTRODUCTION

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.[1]

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:
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,[2] 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.[3] 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 a few suppliers of health services may use the price as a marketing instrument fighting with the competition[4], 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;[5] the access to specialized medical services is made in terms of references and cross-references system, the petition and the consumer 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;[6] 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.[7]

The possibility to choose between several options is limited, many health services being not-replaceable, whereas the number of specialists is limited;[8] 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.[9]

Background

Our theoretical framework for the development of services marketing strategy in relation to adaptation and standardization rests on culture, trust, and networks. Standardization and adaptation interact with trust and networks to provide service quality and respond to local culture, needs and values.[10]

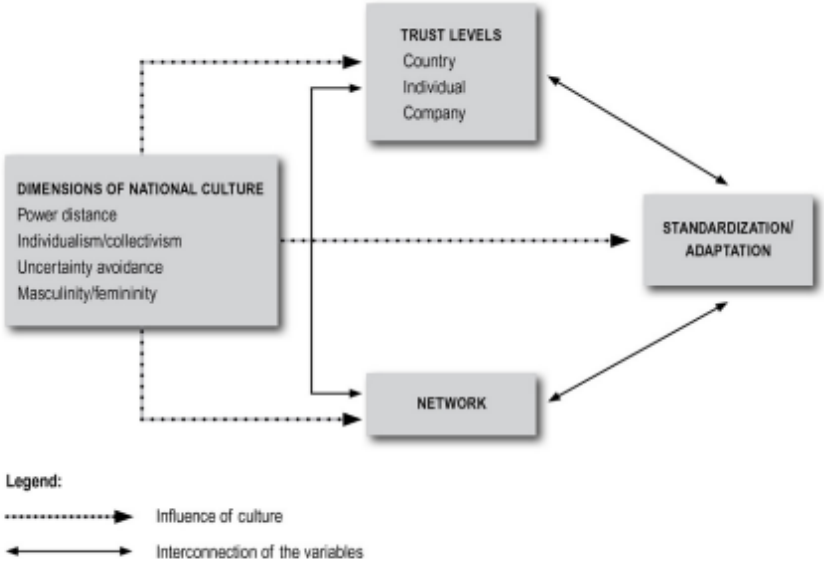

Fig. 1. The process of international services marketing.

The logic behind the framework is that building trust and networks, combined with standardization/adaptation, can help to resolve problems related to international services marketing. These constructs are discussed below (Fig. 1).

Culture and Hofstede's cultural dimensions Hofstede (1991) defines culture as the collective programming of the mind that distinguishes the members of one group or category of people from others. He discusses four cultural dimensions: power distance, individualism/collectivism, masculinity/femininity, and uncertainty avoidance. Power distance focuses on relationships between people, where a small power distance indicates equality and a large power distance suggests authority and status in society.[11]

Individualism refers to independent values and collectivism to societies where people are integrated and value informal relationships and loyalty to groups. Masculinity emphasizes earnings, advancement, and assertiveness, and femininity signifies relations with others and

nurturance. Uncertainty avoidance is linked to anxiety in unknown situations, where security is sought by developing rules and laws. Hofstede's national cultural dimensions have drawn the criticism of others. Fa, for example, criticizes Hofstede's model as static and suggests that culture-related issues are dynamic, vibrant and intricate. Considering the wide acceptance of Hofstede's model.[12]

Influence of socio-cultural factors on the behavior of health services consumer

Among the socio-cultural factors that influence health services consumer behavior, can be mentioned culture and subculture, social class to which they belong and level of education.

Culture and subculture

Culture represents a set of norms, material and moral values, convictions, attitudes and habits acquired by humanity over time, which are shared by all the members of the society and drive their behavior, including their buying and consumption behavior to a large extent.[13] Regarding the impact of culture on individual behaviour on health, many studies have shown that the opinions or beliefs about the illness, disability or death, cultural information and education on the causes and treatment of diseases, empirical practices of healing, etc., are cultural components that can motivate people to accept or deny the role or sick, or delay seeking medical care. Thus, there may often communication barriers due to the socio-cultural distinction between educator and receiver information, receptive audience low, negative attitude to the doctor or teacher, limited understanding or sending contradictory messages. Ethical and religious aspects are powerful sources of pressure on the individual, which underlie the latter's education and influence the way an illness in accepted and treated.[14]

Society and values also trigger different reactions to pain. While Italians and Jews react emotionally to pain, Anglo-Saxons endure pain stoically, while the Irish even tend to deny they feel pain. Thus, they perceive pain sensations as an immediately harmful fact and can only relax after taking some medication, unlike the Jews who react not so much to the immediate sensation of pain as to its future significance and can only relax once an adequate explanation as to the causes of their pain has been provided.[15]

There are even certain convictions incorporated in a particular culture or subculture which significantly modify an individual's behavior. The idea that an illness is a punishment for having committed a sin, the prejudice that sexually transmitted diseases are a blemish of sin and shame, etc., are nothing but forms of cultural anxiety as compared to the normative

landmarks of that culture or subculture. Even the empiric appraisal the state of health starts from a string of cultural values with regard to the types of activities and capacities deemed normal by the cultural group in question. In Romania, the centralized system of financing healthcare services, practiced until 1990, and the social security system currently in use, which focuses on providing all citizens with access to primary care medical services and to the most part of specialized healthcare services, has led to some perceptions about healthcare services and the establishment of certain consumer habits, as part of the people's cultural values. In addition, is a lack of health-related education, both in the rural and the urban areas, leading to a lack of prevention of certain diseases, disregard for symptoms and self-medication. Romanians would rather use traditional treatment methods or follow the advice of their neighbors or friends, such a phenomenon being particularly spread in rural areas.[16]

Social class

Social class also has a significant impact on the behavior of the healthcare services consumer. Social class is defined as individuals grouped together according to economic, historical and sociologic criteria. These are relatively homogenous and permanent groups, whose members share the same system of values, similar lifestyles, interests, and behaviors.[17] Differences between social classes also brought about by education, leave their mark on consumers' attitudes and behaviors with regard to healthcare services. Thus, individuals from the lower classes most frequently reject the role of potential patients, setting themselves apart from middle-class and upper-class individuals by the following elements: are less informed and less educated on their symptoms and the medical services available to them, they pay less attention to the symptoms of an illness, show weaker preventive behaviours, are sceptical towards the virtues of medicine and delay in seeking assistance for more serious problems.

Their belonging to the middle or upper class requires individuals to adopt a certain type of instrumental and rational behavior, centered on "normality", compared to the attitude of consumers from the lower class, who have an aversion to the role of potential patient, to drug consumption, etc.[18]

Level of education

The relationship between education and the use of health services resembles that for income, and educational level is probably one of the better predictors of the utilization of health services. The individuals' level of education influences both the demand for healthcare services and the type of services solicited. Highly educated individuals, while affected by less

serious healthcare concerns than those with lower levels of education, resort to healthcare services more often, especially to specialized services which can be paid for on the spot, as opposed to free primary medical care services. In most countries, educated population is growing, consumers are more concerned about their health, ask questions and seek answers. More and more, individuals relate to as consumers rather than patients and expect to receive information, ask to participate in decisions that affect them directly and insist to receive health services at the highest qualitative level.[19] According to "The Empowerment of the European Patient – Options and Implications" Report recently published in Brussels, Romanian patients are among the least informed in Europe, ranking as the 30th on a list of European countries. The report shows that Romanian patients, together with those of other European countries, are not aware of their rights and need to receive explicit, easily accessible information on the healthcare system and the possibility to choose among various healthcare services providers.

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 as significant decisions in the last decades, at almost all the segments of the consumers, in the European countries and in the 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 the 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 a few organizations in the health field from the USA were still using the term of the patient due to its narrow sense, the term is replaced with that of the client, consumer, insured, depending on the situation. Since the term "patient" involves a dependent status, any of the other terms show 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 a purpose the prevention of health. The knowledge of the consumer's conduit and of its satisfaction pursuant to the purchase and consumer of the service represent the starting point of any marketing evolution. From this point of view, the organizations in the health field take also measure 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.[20]

Marketing health services covered by its mode of application, both within social marketing, as well as some in the marketing of services. By its nature, improving the health of the individual, is a service that involves a sequence of activities, whose design is achieved at the macroeconomic level, the Ministry of Health, through regulations, and is virtually created and delivered by organizations in the field. Health policy not only concerns the individual considered separately, but also the community as a whole, for which there are many organizations working in the public health sector, aimed at promoting ideas and social behaviors among a community defined geographically and demographically. Marketing strategies aimed at informing and educating the population on healthcare, as well as at changing the consumer's behavior with a view to increasing the quality of the services offered; these strategies need to be based on the study of the socio-cultural factors which underlie the Romanian market, which contribute first of all, to market segmentation, identifying a number of segments that require a different approach, and secondly, their influence determines the consumer's degree of participation in the healthcare service provision and the effectiveness thereof.[21]

Product strategies

The product strategies developed by healthcare organizations aim to improve the quality of the services they offer, and consumer education is the first course of action to such an end. Because of healthcare services intangibility, consumers tend to render them tangible and, to emphasize elements that best describe the service while assessing its quality, thus resorting to as much information as possible on how the service is provided, what results are obtained, and how involved the provider is in delivering the service and its desired effects.[22]

Consumers' cultural background and level of education also shape their involvement in the steps taken to prevent, treat and recover and their perception of a particular service. Therefore, within the organizations which provide healthcare services, the medical personnel

have their own role in educating consumers, acting as follows: to provide healthcare information and education in order to prevent certain illnesses; to provide information on the symptoms of certain medical conditions, on the way a service is actually provided and on the patient involvement in the delivery of the service; to acquire certain attitudes and skills which are beneficial to health;[23] active involvement of the population in public health awareness, with individuals being able to make decisions regarding their own state of health. Medical personnel and especially the general practitioner play an important role in promoting health, due to the prophylactic nature of their activities, which also involves healthcare education. He comes into contact with the most various categories of population in terms of their age, sex, background, and education. Also, because the family doctor also comes into contact with patients outside his office, and even gets to meet his patients within their work or family environment, he can get a better understanding of his patients' overall living environment and of their guiding life values. Having access to his patients' family environment, the general practitioner also comes into contact with healthy individuals, whose education is even more important than that of individuals who are already ill.[24]

The role of the medical personnel is however difficult, for the education of patients, when their behavior rely on the beliefs and values of a particular culture, in which the role of medicine is neglected and empirically-based self-treatment is regarded as sufficient.[25]

Price strategies

The consumers' level of information and education also affects the pricing strategies developed by healthcare providers. Even though in Romania, payment for public health services is not made directly but by means of the social health security system, the private medical sectors include other forms of payment – such as direct payment and private health insurance. In such cases, the healthcare organizations' pricing strategies must take into account, in addition to costs and competition, consumers' own perception of prices brought about by the customer's knowledge of prices as quality indicators, and non-monetary price.[26]

The customer's knowledge of prices is reflected in the reference price, defined as the price known by the consumer either based on experience or as a result of his efforts to stay informed and educated. Price as a quality indicator depends on a number of factors: the quality of the information regarding the service and its price, the consumer's degree of education in the respective field, the company's promotional policy, the risk associated with

acquiring the service in question determined by the customer's ability to assess quality; Non-monetary prices include the time, effort and discomfort associated with the search, buying and usage of the service. Consumers refer to these costs as "effort costs" or "stress costs". Such costs are usually higher for healthcare services because the consumer is directly involved in the provision of the service, which involves traveling, waiting, acquiring information, understanding how the service is provided and actually participating in its provision.[27]

Communication strategies

The communication strategy developed by any organization in the field of healthcare can be regarded by means of two components – on the one hand, the actual promotion, which emphasizes internal and external communication regarding the organization and the services it provides, and, on the other hand, communication with a view to informing and educating the consumer on prevention, treatment and recovery strategies. Healthcare organizations may use main forms of communication such as.[28] Persuasive or behavioral communication including efforts to persuade the audience to adopt a certain idea or practice. It includes social marketing techniques. Entertainment education involves the use of entertainment productions such as TV shows, radio shows, comic books, theatre, etc. to relay persuasive messages and lessons on healthcare topics. x Interactive healthcare communication is defined as the interaction between an individual – consumer, patient, medical staff – by means of technology or electronic means in order to access or send healthcare-related information or receive advice and support on healthcare issues. x Participatory communication involves the target population in the planning and implementation of a communication campaign. In all promotion campaigns carried out, the messages should take into account cultural values and education level of the target audience because the desired behavior change must not violate their cultural values and also be identified if the benefit promised in return is an individual or the group one, because cultural norms may focus on individual or community, as appropriate.[29]

Regarding the promotion techniques, over time have been used all kinds of techniques, but the biggest impact it has had public relations, which aims to communicate the organization's activities or information and education on new discoveries in the field, so new treatments. Also, communication through "word of mouth" has a major role in promoting health services. As a result of cultural values and level of education, individuals tend to give more reliable

information from private sources because they provide information on experiences regarding the service. Using these sources is difficult to control because their use raises many questions about how information will be perceived by the public, which can affect consumer perception of service and efficiency of other promotion techniques used.[30]

DISCUSSION

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 specialized staff and equipment; 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.[31]

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,[32] 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 for 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 the patient is used often enough in the informal discussions, technically this stands for the "sick person who is under the care of a physician".[33] 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 assist. 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 the client may be used especially in case of the relation between the consumer and the family physician.[34]

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.[35]

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 the 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 an increase in competition, since anyone with enough economic resources may enter 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, a fact which needs a rethinking of the marketing strategies of the organizations in the field.[36]

CONCLUSION

The recent consensus in public health and health communication reflects increasing recognition of the important role of culture as a factor associated with health and health

behaviors, as well as a potential means of enhancing the effectiveness of health communication programs and interventions. This focus on culture coincides with national health objectives that seek to eliminate disparities that exist between different population subgroups on a wide range of health-related outcomes and behaviors, as well as conditions that affect health. It is generally believed that by understanding the cultural characteristics of a given group, public health and health communication programs and services can be customized to better meet the needs of its members.

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