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The impact of health care consumer education on marketing strategies of health services organization

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Abstract

Health care consumer behavior is increasingly influenced more and more by education, regarded, in first way like part of the cultural environment and in second way, like as a result of the permanent approach consumer information and learning. Level of education of the people registered a significant increase in last few years, at almost all segments of consumers in all European countries, including Romania. Today more than ever, consumers look for services provided by organizations responsible and market-oriented, customer-friendly. In addition, the consumer is now viewed in a new perspective, as a combination of traditional patient and modern consumer, having much more knowledge about the health system, open to innovation and with an active role in establishing the diagnosis, treatment and health improvement. For these reasons, this paper aims to present the influence of culture and education on health care consumer behavior and its impact on marketing strategies of health care organizations.

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1. Introduction

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, socio-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 socio-cultural factors affecting consumer behaviour health services, and direction of action of organization, which must base their marketing strategies through knowledge of these influences. From this point of view, we will present first, the influence of socio-cultural factor on health care consumer behaviour, and then we highlight the marketing strategies that the health organizations can adopt, to improve quality of services offered, taking into account, the one hand, consumer

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behaviour, but at the same time pursuing its modification by education. The paper ends with a conclusion on the role of healthcare organizations in educating healthcare consumer.

2. Influence of socio-cultural factors on the behaviour of health services consumer

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

2.1. 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 behaviour, including their buying and consumption behaviour to a large extent. (Catoiu, Teodorescu, 1997).

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 socio-cultural distinction between educator and receiver information, receptive audience low, negative attitude to the doctor or teacher, limited understanding or sending contradictory messages.

Ethnic and religious aspects are powerful sources of pressure on the individual, which underlie the latter's education and influence the way an illness is accepted and treated. (Thomas, 2005)

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 (Radulescu, 2002).

There are even certain convictions incorporated in a particular culture or subculture which significantly modify an individual's behaviour. 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 specialised 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 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 neighbours or friends, such phenomenon being particularly spread in rural areas.

2.2. Social class

Social class also has a significant impact on the behaviour 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 behaviours. (Catoiu, Teodorescu, 1997)

Differences between social classes, also brought about by education, leave their mark on consumers' attitudes and behaviours with regard to healthcare services. Thus, individuals from the lower classes most frequently reject

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