

The role of marketing in improving communication between medical staff and the beneficiaries of health services

Abstract

This article seeks to explore the relationship between communications and health care services in Serbia, chiefly through the extent to which communications techniques may aid the understanding and treatment of the users, or beneficiaries, of health care services, thus increasing the quality of service as well as gaining trust. By improving the communications process, and better satisfying beneficiaries' requirements, loyalty and a better reputation for the health care institution is increased leading, in a market-based system, to improved profit levels. The article stems from a belief that marketing has a role in improving the communications process. It identifies the expectations that beneficiaries have of health care services and the marketing strategies that might aid communications, as well as those which might most successfully be based on the psychological profile of the beneficiary, so as to develop effective relationships with beneficiaries in each instance. The article concludes by analysing the role of modern inter-based communications strategies.

Keywords: *marketing techniques, marketing communications, communications strategies, health care services, health care institutions, users of health services, Serbia, telemedicine.*

Introduction

The purpose of this article is to try to analyse the key aspects of mutual correlation and conditionality between two different activities – between marketing, which represents a specific category of communications, and social interaction. We consider general information and experiences as well as the specific feature of these services in Serbia, a country where quite unique and conflicting processes of transition are in progress. The following working definition of integrated marketing communications was the starting point. Integrated marketing communications imply the way an organisation communicates with its internal and external surroundings which are: advertising, personal communications, publicity and public relations, sale development and direct marketing. The purpose of integrated marketing communications is, among others, the creation of a positive image, attitude or opinion towards the organisation, its products and services, brand or brands, by employees, consumers and other participants in the environment in which it carries on its business.

Marketing's main purpose is to stimulate the sale of certain products and services and that is why there are certain restrictions on its application in the health care sector. However, health services represent a key strategic issue for each country and each

community; they are the precondition for the preservation of the health, vitality and working capability of a nation. That is the reason why providing health services has its key points in the basic postulates of organising a society such as, for example, the protection of human life, the protection of vulnerable social groups, humanity and solidarity, as well as the eternal ethical principles of the medical profession. That is the reason for the restricted number of health services on the market. The problems regarding this field become extremely visible with the appearance of new legislative regulations which have enabled, but still have not quite precisely regulated, the development of private medical practice, which has opened a whole range of political, economic, social and moral questions regarding this issue. That is also the reason why integrated marketing communications are not completely applicable within health care.

The Health Care Law regulates health care advertising in the Republic of Serbia.¹ The Law prohibits the advertisement of medical treatments and health care methods, including health services and the methods and techniques of traditional medicine, in the direction of public information and in any other advertising media regulated by the Advertising Law. Besides, information about patients, their health condition, treatment methods and effects are something completely private; that is the reason why they are protected and cannot be the object of any marketing activity. Health establishments in the Republic of Serbia are allowed to produce institutional advertising; they are allowed to advertise the name of the health institution, i.e. the business name of a private practice, its central office, the activity which is regulated by the Resolution on the fulfilment of conditions for health activity and its hours of work.²

Health care institutions communicate with the beneficiaries of their services and with the rest of the public by presenting results in the use of expert-medical methods and health care treatments at professional and scientific gatherings, as well as by putting forward such results in the use of medical and health care methods in professional and scientific magazines and other publications. Bearing in mind that marketing activity always represents an aspect of communications with the public, when it comes to health care we should point out that there are several types of 'public': the direct type – i.e. the immediate beneficiaries of health services (the sick and their families); the professional public – i.e. medical staff; and the general public – which is the beneficiary of certain aspects of preventive health care and the potential beneficiary of immediate health care situations, i.e. the beneficiary of treatment. Health care institutions present their work through press conferences at which they inform the public about their work and the results of this related to scientific and research activities. Each health care institution in the Republic of Serbia must engage a person that will carry out public relations.

The purpose of marketing in health care is to enhance the communications process between those who provide health services and their beneficiaries. By improving the communications process, we satisfy the requirements of the beneficiaries which leads to loyalty and a better reputation for the health care institution, as well as to profit in

1 According to Article 71 of the Health Care Law of the Republic of Serbia.

2 The name of the health institution, i.e. the business name of the private practice, must not contain any characteristic that could have an advertising or promotional character.

private practice. The aim of marketing is to improve communications between those who provide health care services in order to elevate their quality and to strive for gaining the trust of citizens.

Specific features of communications in health care

Health care institutions provide medical services, while medical services are connected with the deep emotions of beneficiaries – fear, uncertainty, pain, etc. That is why communication with the beneficiaries of health services has a more important role than communications in other services. The point is that the centre of communication here is illness, the hope for healing and about the healing itself while, in a certain number of cases, hope is the only thing there is. Most certainly, the inevitable issue is the responsibility of medical staff and services, as well as the attitude of the public towards this responsibility. That is why it is inevitable to establish communications between medical staff and the beneficiaries of health care services at different levels.

The significance of non-verbal communications in health care is a consequence of the presence of emotion amongst the beneficiaries of health services. Non-verbal communication is more sincere than verbal forms. Research shows that 60-80 % of the total impression of one interlocutor about another is body language,³ as an expression of non-verbal communication.⁴ Body language is hard to hide, since it is under the control of the vegetative nervous system which is not always easily managed willingly.⁵

The body language of medical staff, as the expression of non-verbal communications, defines the attitude of medical staff towards the beneficiaries of medical services and it can be dominant, equal or submissive. Body control and control of the speed and dynamics of movement represent the most significant aspects of communications between staff and the beneficiaries of health services. The majority of beneficiaries' complaints regarding medical services in the Republic of Serbia is related to poor communications between staff and beneficiaries. Research shows that communications between staff and beneficiaries of health care services in the public sector is worse than in the private sector of the Republic of Serbia.⁶ Employees are frustrated because of low salaries, hard working conditions, poor organisation or insufficient engagement in and commitment to work. The reason for this is also that staff do not know the principles of communication and its significance in the relationship between medical staff and the beneficiaries of health care services.

The purpose of this article is to show that marketing has a role in improving the communications process between staff and health care beneficiaries, taking into con-

3 Body language, as a category of non-verbal communication, is accomplished by: body moves; body touching; physical distance; non-verbal speech; and appearance. Body moves are the position of the body and head, movements of the arms and legs, facial expressions and look.

4 Piz, A (2004) *Questions and Answers MOST*: Belgrade, p. 88.

5 Maric, J (2002) *Medical Ethics* Megraf: Belgrade, p. 186.

6 Based on the opinion of a great number of beneficiaries of medical services, obtained while the author of this thesis was in the Gynaecology and Obstetrics Clinic 'Narodni front' in Belgrade, from December 8-12 2005, and the Oncological Institute in Belgrade, from February 9-13 2006. During this visit, she carried out research into what beneficiaries-patients and medical staff think.

sideration the public sector health care institutions of the Republic of Serbia. Research methods are analytical, empirical, comparative and by method of analogy.

Analysis of the expectations of the beneficiaries of health care services

Hippocrates said:

If out of several doctors one cures with herbs, another with a knife and the third with words, you should first go to the one that heals with words.⁷

The power of communications in health care is becoming stronger than the power of medicine. The experience of our country and of that of other, mostly developed and successful, countries in transition confirms that only a connection between a well-chosen course of medical treatment and good communications between medical workers and the beneficiaries of health services, leading to positive energy, trust and the motivation of the beneficiary (the patient) to fight for his/her life, gives a complete effect. The experiences of the managers of health care institutions from south-east Serbia⁸ point to poor communications between medical staff and health services beneficiaries, as a result of bad working conditions,⁹ inadequate rewards and the ignorance of medical staff regarding marketing and management, leading to an underestimation of the significance of the relationship between medical staff and the beneficiaries of health services. Beneficiaries' expectations determine the strategy for improving mutual communications. Research¹⁰ shows that the beneficiaries of health care services do not question the knowledge and expertise of medical staff, and that they trust their own doctor most,¹¹ but also that they expect from staff politeness and respect, courtesy, a smile and a warm reception.

7 Maric, *op. cit.* p. 181.

8 Based on an exchange of experiences at an educational seminar in the Health Centre in Zajecar (according to Milanovic-Golubovic, V (2006) 'Communication cause – Communication solution', educational seminar *Communication with Patients and Beneficiaries of Health Services* Part 1, Health Centre Zajecar and Management Faculty, Zajecar and Megatrend University of Applied Sciences, Belgrade, held in Zajecar on April 15 2006).

9 In the Republic of Serbia, there is one paediatrician per 850 children up to 6 years old; one doctor to treat 1 500 schoolchildren; one general practitioner per 1 600 adults; and one gynaecologist per 6 500 patients. The inadequate equipment in the public sector compared to the private, and too many employees, the structure of whom is not adequate for the needs of the population, also leads to poor communications with beneficiaries. Our country spends almost €2bn on health care (10 % of Gross Domestic Product) – a much bigger figure compared to many developed countries (around 6 % of GDP).

10 According to research into the level of satisfaction of the beneficiaries of health services carried out in the Republic of Serbia and Croatia, presented in *Dnevnik Online* Novi Sad, June 21 2004; and according to D. Kocijan-Hercigonja and J. Despot-Lucanin (2004) *Communication Skills of Medical Staff* manual: Ministry of Health and Social Services of the Republic of Croatia: Zagreb.

11 60 % of the population of the Republic of Serbia trust most their doctor; 14.5 % their pharmacist; 14.5 % an alternative medicine expert; and 14.8 % others (TGI Serbia, 2006) *e-magazin* October 2006.

When they refer to politeness, beneficiaries of health services imply the respect that they should receive from medical staff. That respect is measured by the way they are invited to enter the consulting room, the way they are addressed and the way they are treated during examinations, reception and documentation processing. Courtesy, smiles and the dedication of medical staff towards the beneficiaries of their services are key factors in creating opinions regarding the service and the health care institution itself. Being polite in such an institution implies: always smiling; addressing the interlocutor by his/her name; looking him or her in the eyes while speaking or listening; showing by looking that you understand the verbal communications; sitting beside the patient; etc. A smile provides therapy for the beneficiary (patient), since it relaxes, inspires trust and gives hope for cure. Research¹² show that courtesy and smiling reduce fear and anxiety, and strengthen trust, respect and self-esteem as well as the will and hope for a successful cure. Courtesy leads to personal development and the maturity of the medical staff and other employees and strengthens mutual relations within a health institution. When it comes to a warm reception, the beneficiaries of health services imply a 'warm' smile, a pleasant voice and an encouraging posture and look. That is how they gain impressions of how serious their illness is and the scope of possible outcomes.

According to marketing concepts, the beneficiary of health care services is the focus towards which all the strength of the health care institution is bound. It means that, if there is no beneficiary, there is no health institution. Based on that conclusion, it is possible to define marketing strategies which will improve communications between medical staff and the beneficiaries of health care services. Based on research into the work of medical institutions in the Republic of Serbia, focusing primarily on south-east Serbia, and on an analysis of communications between medical staff and the beneficiaries of health services, it is possible to define marketing strategies that would improve communications between medical staff and the beneficiaries of their services. Such strategies might be for:

- strengthening trust between the beneficiary and the health institution
- strengthening the respect of the beneficiary for the health institution
- raising the expertise of medical staff in communicating with the beneficiary of health services
- expressing a warm reception in communications with the beneficiary
- managing the time dedicated to the beneficiary
- strengthening comprehension.

Strengthening trust between the beneficiary and the health institution

Health service beneficiaries trust the medical institution and the staff only if they are properly informed and carefully listened to (whether they receive answers to their questions), and whether they expect the instructions they receive. Their trust is raised even further if medical staff speak slowly, avoid talking to them while heading somewhere else, do not use technical language and do not talk with colleagues about their illness in their presence.

12 Kocijan-Hercigonja, D and J. Despot-Lucanin, op. cit.

Strengthening the respect of the beneficiary for the health institution

A beneficiary of health services is usually an ill person but one who nevertheless demands respect and dignity. Strengthening the respect of such a person is accomplished by providing a pleasant environment for examination, privacy and protecting his/her intimacy and personality.

Raising the expertise of medical staff in communicating with the beneficiary of health services

A beneficiary of health services needs to talk to the medical staff, especially to the doctor. He/she wants the diagnosis and the therapy, as well as the possible consequences and the expected recovery etc, explained. When talking to the beneficiaries of health care services, it is necessary to make oneself clear in order to demonstrate knowledge, experience and certainty in one's statements.

Expressing a warm reception in communications with the beneficiary

It is desirable to talk to beneficiaries during examination, surgery, etc. That means informing them that their help during the examination is important. This does not need to be expressed verbally: a smile, a supportive gesture, a pleasant voice or a self-confident posture will sometimes indicate a more friendly relationship between the medical staff and beneficiaries as well as implying the warmth that such a relationship provides.

Managing the time dedicated to the beneficiary

Beneficiaries of health care services consider themselves to be the only patients and think that medical staff and other employees should dedicate their time only to them. That kind of selfishness is the consequence of fear. That is why examinations and conversations with patients must not be rushed, since the consequence of doing so can be to create doubt and a sense of being under-estimated. When a doctor's office has to be left before working time is over, it is necessary to explain gently to service users the reason for leaving the office and to schedule another meeting, at which the beneficiary must not be left waiting. In this situation, beneficiaries will be especially satisfied because they have helped their doctor, or other medical employee, take care of an important issue or an emergency intervention.

Strengthening comprehension

Beneficiaries of health services need comprehension from the staff, especially from their doctor. They demand to be considered as individuals, not as numbers awaiting their turn to enter the doctor's office. This comprehension implies the expression of wish, not the obligation of the staff to see the beneficiary. Beneficiaries of medical services pay attention to the way that medical staff, especially the doctor, refer to them: if they are pleased to talk to them or not; and if they look them in the eyes while talking or keep looking at their watch, out of the window, etc. Such postures signalise indifference towards the beneficiaries. Service users evaluate the level of comprehension

by the way that something is said and how fast it is said, while they also evaluate the signs of non-verbal communication that are also expressed.

All these strategies must encompass a very important aspect – the role of marketing in the public health care service. The key purpose of marketing in health care must be to educate citizens about their health; in other words, to seek the continuous raising of a health culture and of the notion of citizens towards their own responsibility for their health and life. That is how marketing in public health inevitably penetrates the whole plethora of similar and mutually-dependent fields, such as nutrition, the quality of the micro-working environment, living environment, etc. – in other words, the entire quality of life, in which the health of the individual and of the whole nation represent a collective indicator of the standard of life and its quality.

In order to motivate medical staff to use strategies for improving communications with the beneficiaries of health care services, it is necessary to improve their material and social position as well as their level of satisfaction with their work and working conditions. Marketing strategies should accomplish the following strategic cause – to inform the public, i.e. to gain public control over the functioning of medical institutions.

The analysis of communications according to the personality profile of the beneficiary of medical services

Marketing managers within health care institutions should be familiar with the factors which influence the expression of demand for health services. Expressing those demands is influenced by the attitudes, opinions, character and other psychological factors which create the personality and psychological profile of an individual. When it comes to sociological factors, it is important to understand the influence of the culture, education, social status, origin, marital and family status, social role and lifestyle of the individual on his/her expression of the need for medical services. Attitudes towards religion, religious denomination, philosophy and other philosophical factors may also influence the expression of the need of an individual or of a group for health services. Economic factors, in which the most dominant are the level of living standard and purchasing power, working status, workplace, etc., also have an influence on the possibility of satisfying one's medical needs, although the influence of such factors is positive.

Experience of working with the beneficiaries of health services in the Republic of Serbia¹³ has shown that social and economic factors are not dominant in the behaviour that beneficiaries show during the selection of medical services. Psychological and philosophical factors become greater allies of the inner motives which motivate bene-

- 13 Milanovic-Golubovic, V (2006) 'Marketing Management and Controlling Quality in the Public Health Service', at educational seminar *Management in health care* organised by Management Faculty in Zaječar, February 24 2006. There were around fifty medical workers at the seminar, mostly doctors, pharmacists and dentists who had stayed in their professions or who work as managers of their institutions and organisations, but also including those with PhDs in medical science. In that sense, the seminar also had an educational role for the lecturers since they had the opportunity to gain information about the conditions in our own and in foreign health care services from specialist individuals.

ficiaries to satisfy their needs and to act in a certain way. Most beneficiaries of health services feel, at the same time, fear, unpleasantness, uncertainty or anxiety. These emotional conditions depend on a type of 'favour' and it is the deployment of that favour that protects or improves their health. In consequence, employees of the public health care service should have medical and marketing knowledge and skills. These are necessary for recognising the psychological profile of health service beneficiaries and of the people in their environment who provide them with support. There is a need to define a new role for marketing in the health care sector, i.e. for developing specific communications strategies according to the personality profile of the health service beneficiary concerned. Such strategies may be targeted in certain ways, i.e. towards one of the following areas:

- a beneficiary who has the psychological profile of a child compared to one who has the psychological profile of an adult
- a submissive beneficiary
- a beneficiary whose family is taking part in the treatment
- a colleague who is the beneficiary of health services
- communications over the internet, as a modern type of communication with beneficiaries.

A beneficiary who has the psychological profile of a child, and one who has the profile of an adult

If the beneficiary is an adult who demonstrates the psychological profile of a child, doctors and nurses may play a parental role. The beneficiary may see a father in the doctor and a mother in the nurse.¹⁴ In the majority of families in the Republic of Serbia, the mother is a gentler figure and softer in her relationship with the child, representing a shortcut to a father's cold heart. If the beneficiary has such an attitude towards the doctors and nurses, then it is extremely important that the nurse communicates with the beneficiary in an adequate way and one that inspires confidence. Success in that is by the use of calming words which confirm the expertise, knowledge and courtesy of the doctor. Such communication reduces the awe that the beneficiary may feel for the doctor. If the beneficiary acts as an adult, communication is simple since both sides are equal, rational and willing to co-operate.

A submissive beneficiary

When a beneficiary is submissive, the staff must not demonstrate authority. This means that it is absolutely necessary to listen carefully to the beneficiary, to look him or her in the eyes and talk to them face-to-face. An attitude that inspires confidence is of primary importance. Such a type of beneficiary will then start to trust in him or herself as well as to trust in the medical staff.

14 Kocijan-Hercigonja, D and J. Despot-Lucanin, op. cit.

A beneficiary whose family is taking part in the treatment

The family members of a beneficiary must neither be treated as patients nor be given a doctor's role. This is especially important if the family members are medical workers. They must be assistants in the treatment of the beneficiary.

A colleague who is the beneficiary of health services

In communications with a beneficiary of health services who is also a medical worker, then the beneficiary-colleague must not be under-estimated as a professional. That means that they must realise that they are a beneficiary-patient and not a member of medical staff, and that they should let the doctor play that role. A great number of doctors who are themselves in the position of being a beneficiary of health services want to trust their doctor and not themselves. Such a wish should be respected.

Communications over the internet, as a modern type of communication with beneficiaries

Communications over the internet overcome the problem of the different psychological profiles of beneficiaries and communications with him, as well as the need to control body language in communications. Internet communications increases the satisfaction of beneficiaries. It is enabled by an information system which supports electronic records and the databases that are necessary for electronic communications; i.e. telemedicine and 'smart' electronic medical cards.

The number of internet users who discuss health care issues in an electronic way is increasing year-by-year. During 2001, 28 million internet users visited web pages that dealt with health issues¹⁵ although internet communications are still not that widespread in the Republic of Serbia. A web page helps a health institution to facilitate communications between beneficiaries and their doctor or other medical worker, between beneficiaries and other doctors, or between other medical workers. That sort of communications enables beneficiaries and medical staff compare information, come to conclusions, upgrade experiences, etc. Beneficiaries of health services take part in their treatment and become the best controllers of that process, i.e. the controllers of their own health. Medical workers may exchange their experiences, consult each other and take part in diagnostics, therapy and prognosis led by one of them.

New telemedicine services become an exceptional means of positioning medical institutions in the eyes of beneficiaries and they have been used for quite a while in the Republic of Serbia. The Medical Military Academy, Belgrade and the Oncology Institute of the Clinical Centre of Serbia established this type of communication in 1997.¹⁶

15 www.ideasoft.co.yu.

16 The Norwegians are the most successful in the world regarding telemedicine, according to Mihajlovic, B and N. Kostic (2005) *Management in Health Care* Cigoja stampa: Belgrade, pp. 210-213.

Conclusion

The experience of health care institutions in the Republic of Serbia and the professional experiences of medical staff¹⁷ have confirmed the assumptions behind this article:

- that the medical education of the Serbian population is at a low level
- that the educational, advisory and information role of medical staff is often lacking
- that communications between medical care workers are at a low level.

Health institutions in Serbia should create and apply specific marketing strategies in order to develop a relationship with the beneficiaries of health services. Only if they apply strategies regarding communications with health service beneficiaries can we expect beneficiaries to be loyal to particular services and institutions, and only then can we expect profit growth of medical institutions in the private sector. In order to create and apply marketing strategies for developing a relationship with the beneficiaries of health care services, it is necessary to have marketing experts and medical staff which have a certain marketing knowledge. Serbia is obligated in that direction as a result of the whole range of accepted and ratified international legal standards. Above all, this is one of the many conditions which are a precondition of the European integration for which Serbia is seeking.

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- 17 Health Centre Zajecar (Dr. Nebojsa Paunkovic, endocrinologist; Dr. Jane Paunkovic, endocrinologist); The Institute for Cardiovascular Diseases Dedinje (Dr. Goran Vucurevic, cardiovascular surgeon); Gynaecology and Obstetrics Clinic 'Narodni front' (Dr. Andja Knezevic, gynaecologist-obstetrician; Dr. Nikola Sankovic, gynaecologist-obstetrician); The Oncological Institute Belgrade (Dr Neven Jokic, surgeon).

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