PECULIARITIES OF THE HEALTHCARE SERVICES CONSUMER BEHAVIOR IN ROMANIA

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Abstract:
The study of the behavior of the healthcare consumer has been and will remain a matter of interest as the influence factors that act on it are experiencing a continuous dynamics, especially in the last decades when, thanks to technological development, access to information has become much easier, the consumer being given the opportunity to get acquainted with the new procedures and treatments in the field, with the facilities and services offered by the medical units, which will directly reflect the expectations and implicitly the degree of satisfaction.
In Romania, although the field of healthcare and health services has been a priority objective at least in the electoral programs of the ruling parties, the low funding and the inefficient allocation of resources hampered concrete reforms, as confirmed by the last place Romania occupies in the framework of European statistics on the state healthcare service system.
Against this backdrop, the present paper aims to analyze the main factors of influence which act on the behavior of the consumer of medical services, which are corroborated with an analysis from secondary data sources regarding the degree of satisfaction of the Romanian healthcare consumer.

Key words: consumer behavior, medical/healthcare services, healthcare services marketing, factors of influence, satisfaction.

JEL classification: M31, I12.

1. Introduction

Efforts to raise public awareness regarding its own responsibility in terms of health protection are the main healthcare policy action guidelines in

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developed countries. Encouraging the public to use government-funded online platforms that provide information on new medical technologies, investigative methods and treatment is directed to prompting consumers (patients) to abandon traditional treatment methods and to accede to revolutionary treatments with scientifically proven results. Thus, consumers basically become an active part of the decision-making process regarding the chosen treatment scheme. Practically, raising public awareness and empowering people to assume their own health protection by adopting a healthy lifestyle that involves a healthy diet and giving up health-related high-risk activities t are the main coordinates that define a coherent policy on healthcare services.

The conceptual approaches to healthcare services are extremely varied, but all converge towards the idea of preventing and protecting the health of the population, applicable both at the level of the individual and in the community.

Therefore, according to Andreea Zamfir (2011) in the paper entitled "Service Management", medical services are defined as "activities of general interest that aim at protecting, preserving or restoring the health of people by preventing, diagnosing and treating diseases or ameliorating their symptoms".

Another extremely interesting approach is that of Petru Armean et al. (2004) according to which health services are "a system of officially recognized institutions, whose objective is to satisfy the demands and needs of the population, providing health care to individuals and the community, with a wide range of prevention, curative and recovery activities, using personnel with various attributions" (quoted in Pentescu, 2014).

Seen by some authors both as a component of social marketing, given that medical services provided aim at educating and orienting consumers towards prevention, and adopting a healthy lifestyle and also as a component of service marketing, considering the fact that the same service-specific characteristics are found in the medical services, namely: intangibility, inseparability, variability and perishability, it can be concluded that the marketing of healthcare services is "an interdisciplinary field because at both conceptual and operational level, it uses a number of specific marketing concepts, methods and techniques both for service marketing and for social marketing, aiming, on the one hand, to sale a service by a provider to a beneficiary, and on the other hand, to increase adhesion to an idea, cause, or social behavior of an individual or of a community. In addition, the need for

health services places this area at the economic and social boundary between profit and non-profit, with profound implications for marketing and macroeconomic marketing" (Rădulescu, 2008 quoted in Pentescu, 2014).

Although the use of marketing in the field of healthcare services is often perceived negatively, with some legal restrictions on the use of promotional techniques, which usually focus on public relations in the field of medical services (, 2008), its role in the meeting of the needs of healthcare consumers by offering products, services and information to meet patient demand cannot be challenged.

2. Factors that influence the behavior of the healthcare consumer

In highly developed economies, the medical services market has undergone radical changes, basically experiencing a shift from the "seller's market" to a "buyer's market", where the healthcare consumer plays an extremely important role, as the entire medical activity is directed towards the consumer, in order to maximize the satisfaction they get after the purchase of medical services.

In the field of medical services, the "consumer" refers to that "category of people who may consume a medical service", a classification of which indicates the following categories (Thomas, 2005):

- potential consumers, designating any individual or organization that could purchase a medical service;
- clients, targeting people who acquire the medical service knowing that there are situations in which the client is not the actual consumer of the service provided;
- consumers, referring to that category of clients that require the development of a continuous relationship with the service provider, as compared to the "patient" who can only have a temporary relationship with the provider until the medical problem is solved;
- patients, respectively the person diagnosed as having a medical condition and who is under medical care.

The issue of factors that influence the behavior of the healthcare consumer starts from the premise that individuals live and develop as part of a community. As a result, they influence and are influenced by the healthcare services of their own families, the information provided by the social

networks, the organization in which they operate, their communities (membership groups) they belong to and by those to which they refer (reference groups) and, last but not least, by the society as a whole. In addition to all these factors with exogenous action, a number of personal, physiological and psychological factors also act on the behavior of the healthcare consumer. Furthermore, the directly observable factors manifested by the action of the demographic and economic factors, and of the factors specific to the marketing mix, and not last, of the situational factors, are able to modify and determine at some point a certain "acquisition" of medical services.

In what regards the endogenous (internal) factors that influence the behavior of the healthcare consumer it is necessary to take into account the fact that the "patients" are different, having various needs and expectations. Present studies reveal that patients' expectations are not exclusively related to the need to treat a medical condition, but also to the manner in which they are treated by medical staff during hospitalization or the conduct of investigations, their courtesy and willingness to discuss illness-related issues, the response time to their requests and, last but not least, the quality of the additional services offered (quality of food during hospitalization, hygiene in salons and bathrooms, the possibility of TV and Internet access etc.). Consequently, with regard to the perception of the quality of the medical services provided, we are dealing with a two-dimensional approach, namely (Susan Edgman-Levitan, 2008):

- technical excellence, taking into account variables such as the diagnostic capacity and the experience of the medical staff, the facilities of the sanitary unit, procedures and possibilities for investigation and treatment;
- a subjective dimension, targeting the perception of medical experience through the eyes of the patient.

As a consequence, the perception regarding the quality of medical services is subjective, being mainly influenced by the efforts made by patients to benefit from the medical service (financial, time-related, psychological efforts etc.), which leads to a different perception of the usefulness of medical services delivered. In what concerns the perceptual process of medical services, the past experience of the patient, as a factor characteristic to the individual, can have a major influence on the appreciation of the quality of

services rendered and, implicitly, on the construction of the consumer's attitude.

The favorable or unfavorable attitude of the healthcare consumer can be analyzed through a three dimensional prism (Cătoiu & Teodorescu, 2004):

- *the cognitive component* - reflects the whole of the individual beliefs about the medical services and is directly influenced by the patient's previous experiences;
- *the affective component* - concerns emotions, emotional reactions to the object of attitude; generally, patients react favorably if the treatment is effective, resulting in the expected results;
- *behavioral or contextual component* - expresses the tendency to act on the object of attitude, usually measured by the intention to buy it or not as a result of the knowledge, sentiments and preferences of the healthcare services consumer.

In what concerns motivation, more specifically the mechanisms which determine consumers to acquire medical services, it can be pointed out that, in most cases, these can be considered as vital, superior, with a major significance for the patient, the phrase "health is priceless" adding emphasis on the motivational importance of this aspect.

Another factor of endogenous influence that determines changes in the manifested behavior regarding medical services is also the personality of the consumer. Generally, patients with a rational temperament may be more open to preventive activities to protect their own health, while people with "hostile" behaviors tend to ignore any screening or medical education activities.

From the category of factors with exogenous influence on the behavior of the consumer, the family becomes most important when it comes to medical services. Family relationships are considered to have the highest emotional intensity as compared to the rest of the social relationships, with studies clearly highlighting a close correlation between family habits (attitudes towards tobacco consumption, alcohol, hyper-caloric diet, as risk factors on the state of health) and the subsequent behavior towards health promotion and protection services. In addition, the family is the main moral support in case of illness of a member of the family, often representing the main means of financing and / or communication regarding the provision of the financial resources necessary for investigation and treatment procedures.

Membership groups (friends, colleagues, neighbors etc.) are another factor with indisputable influence on the behavior of the healthcare consumer. The interconditioning between the two categories of endogenous and exogenous action factors determines the consumer to "learn" from the experience of people around, most often adopting diet, exercise, or screening behavior as a result of the actions of these social influences.

Culture, generally considered to be a set of habits, traditions and the value system of a nation, also plays an important role in the formation and determination of the individual's behavior towards medical services. Religious differences, as a component part of a nation's culture, often influence the consumer's decision whether or not to approve a particular manner of investigation and treatment. The medical system in the consumer's home country will have an important impact on the education and training of the healthcare provider on preventive and curative medical services. Attitudes towards health professionals and the perception of the conditions and quality of services provided are also influenced by the culture specific to the society in which the individual grew and formed. Also, the economic, legislative and policy environment specific to a particular society may encourage or inhibit people's access to free or government-sponsored medical services.

Regardless of the manner of classifying the influence factors of a healthcare consumer's behavior, their action on the individual as a patient or client should be considered in their interconditioning, knowing that the demographic and economic variables specific to the individual, in conjunction with healthcare marketing policy can lead to different manifested behaviors in prevention and curative activities (e.g. low-income and low-education people will be more likely to adopt negative behaviors in terms of diet, tobacco and alcohol consumption, being the target audience of health promotion education campaigns).

In close correlation with the issue of the factors influencing the behavior of healthcare consumers, the patient / client's satisfaction should also be taken into account when using medical services. Studying consumer satisfaction is extremely useful in identifying ways to improve the medical act. The aspects pursued in most researches on measuring the satisfaction of the healthcare consumer are targeted at: the medical service attributes and how they are perceived by the patient, the ratio between the quality perceived / price and conjunctural factors (Pentescu 2014).

3. Secondary data sources research regarding the behavior of the healthcare consumer in Romania

Public health assistance in Romania is carried out in accordance with the provisions of Law no.95 / 2006 with the subsequent amendments regarding the health reform, the main areas of intervention being (http://www.consiliulconcurentei.ro/uploads/docs/items /bucket12/id12155/raport_servicii_medicale.pdf):

- prevention, surveillance and control of communicable and non-communicable diseases;
- healthcare monitoring;
- promoting health and education for health;
- occupational health;
- health in relation to the environment;
- primary and secondary regulation in the field of public health;
- public health management;
- public health services;
- medical services and specific treatment for diseases with a major impact on public health.

An overview of the extent of the healthcare sector requires an analysis of the share healthcare spending is attributed in relation to the GDP. Thus, at the level of 2014, with 5.5% of spending on health care services in GDP, Romania occupied the last place at the level of EU countries, being overtaken by Hungary and Bulgaria, each with a percentage of 7.7% of the GDP, the Czech Republic by 7.4%, and Poland by 6.3% (http://www.consiliulconcurentei.ro/uploads/docs/items/bucket12/id12155/raport_servicii_medicale.pdf).

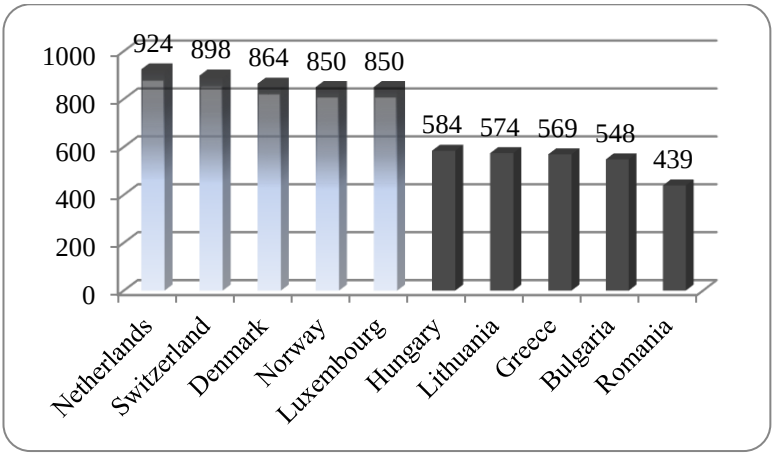
In 2015 the situation has not improved either, with Romania remaining last at EU level, with 814 euros health spending per capita (4.9% of the GDP), less than one third of the EU average (www.oecd.org/State of Health in the EU: Health Profile in 2017-Romania)

In addition, the data published in the European Health Consumer Power Index 2017 (2017 Report), shows that Romania continued to occupy the last place in 2016 and 2017 (34 of as many European countries) with a weaker medical system than Bulgaria, Albania, Macedonia or Montenegro. The main indicators taken into account were: patients' rights and information,

waiting times for treatment, treatment results, range of services offered and their extension, prevention and pharmaceuticals. (https://www.hotnews.ro/stiri-esential-22257286-sistemul-medical-romanesc-perceput-drept-cel-mai-slab-din-europa-romania-ocupa-ultimul-loc-indexul-european-consumatorului-sanatate -to-second-consecutiv.htm) - Fig. 1

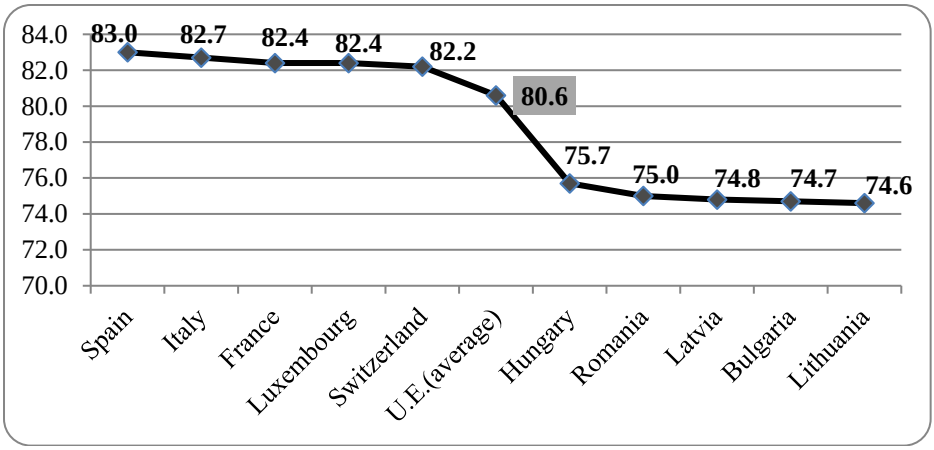
Although life expectancy at birth reached 75 years of age in Romania in 2015, it remains approximately 6 years lower than the average in the EU, with the gender gap being 7.2 years in favor of women. At the opposite end, there are countries such as Spain, Italy and France with indicators of 83, 82.7 and 82.4 years. (www.oecd.org/State of Health in the EU: Health Profile in 2017-Romania) -Fig.2

Fig.1 Top of the first and last European countries regarding the medical health system (maximum theoretical score 1000 per 6 subcategories)



Source: Adapted from https://healthpowerhouse.com/wp-content/uploads/2018/01/EHCI-2017-report.pdf, p.30

Fig.2 U.E. life expectancy in 2015



Source: Adapted from http://www.oecd-ilibrary.org/social-issues-migration-health/state-of-health-in-the-eu_25227041: Health Profile in 2017-Romania, p.2

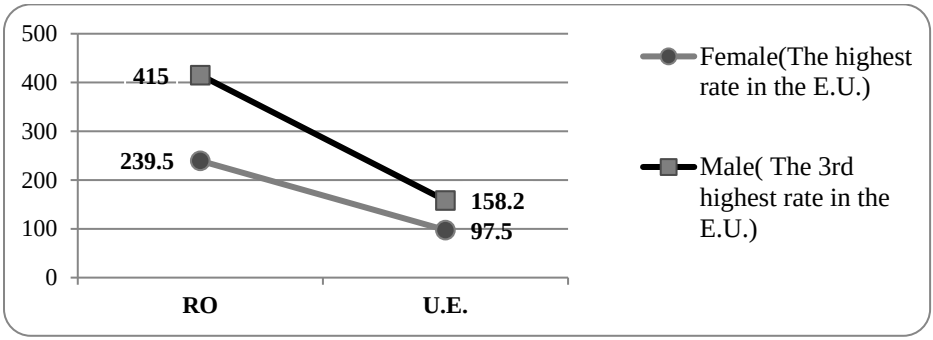
For the Romanian healthcare consumer, the main risk factors identified by the analysis of secondary data sources reveal the following:

- smoking among 15-year-olds increased by 5% in 2014 compared to 2006, the most affected by this phenomenon being, surprisingly or not, adolescents;
- excessive episodic drinking in adults is one of the major risk factors affecting the health of Romanians, with 53% of men reporting excessive episodic alcohol consumption in 2014;
- although adults in Romania have the lowest rate of obesity at EU level (only 9.1%), for the segment of 15-year-olds there has been a doubling of the indicators in the last 10 years, reaching 16% adolescents (www.oecd.org/State of Health in the EU: Health Profile in 2017-Romania, p.3)

Another worrying aspect highlighted by the above-mentioned study is the inefficiency of the population's information and screening programs on diseases that could be prevented or treated at an early stage if the patient first used healthcare services (e.g. cervical cancer, breast cancer, colon cancer, measles etc.). Possible causes that place Romania again on the last place (for

female consumers) or one of the last places (for the segment of male consumers) at U.E. level are related to the lack of information campaigns on the consequences of the refusal to vaccinate children, unfair access to prevention programs for the population in rural areas or disadvantaged groups, allocation of insufficient funds to support prevention activities (Fig.3).

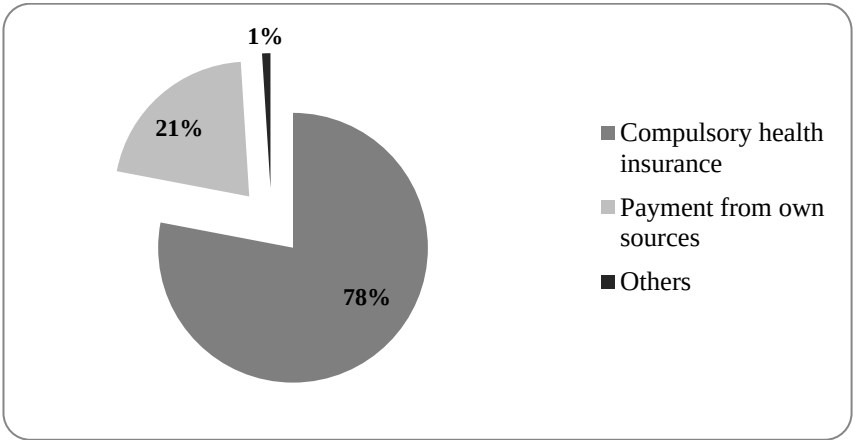
Fig.3 Avoidable mortality through healthcare in 2014



Source: Adapted from http://www.oecd-ilibrary.org/social-issues-migration-health/state-of-health-in-the-eu_25227041: Health Profile in 2017-Romania, p.9

The main reason for the consumer's dissatisfaction in Romania is the high cost of medical services in the year 2015, the expenses incurred by the patient from personal funds being 21% of the total health expenditures, most of them being for the purchase of pharmaceutical products (about 71%), while the co-payment of various medical services is not fully covered by social insurance and unofficial payments. (Fig. 4)

Fig.4 Share of payments from personal sources in total health expenditure for the Romanian patient-2015



Source: http://www.oecd-ilibrary.org/social-issues-migration-health/state-of-health-in-the-eu_25227041: Health Profile in 2017-Romania, p.12

Moreover, Romania faces great difficulties in the transition from inpatient care services (where the costs far outweigh the support possibilities, as Romania ranked second after Bulgaria in terms of the rent of the hospitalization costs in the total health care expenditures at the opposite pole including Slovakia, Portugal and England) to ambulatory care and primary care, among the possible causes being the lack of measures to attract doctors to rural areas and to stop the migration of medical staff to other European countries. (https://healthpowerhouse.com/wp-content/uploads/2018/01/EHCI-2017-report.pdf)

4. Conclusions

Underlining once more the notion that "there are no illnesses, only sick people", it can be noticed that not only the reactions of the human body are different in terms of the symptomatology and the way of responding to the different treatment regimes, but also the expectations and the behavioral

responses of patients are extremely different in what regards the influence of different factors, some reacting favorably to the view of printed materials or to information transmitted through various media channels describing the benefits of using a particular therapy, others to the advice of relatives and friends, but there are patients who react only after a sustained effort directly supervised by a doctor or family members.

Medical progress in recent decades regarding the technology used with major positive implications on investigative and treatment options has made the expectations of healthcare consumers grow and diversify, which has put a constant strain on the medical system in Romania. Because of under-financing and inefficient use of resources, Romania failed to eliminate the negative gap compared to the other European countries, the degree of saturation of the Romanian consumer of medical services being extremely low, especially with regard to the public health service.

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