Abstract: Strategies of quality assurance in health services mean a new approach of primary medical assistance, focusing on the consumer. This can be achieved by the development of the integrated services of primary assistance within a group of medical practice that gathers more doctors with the sanitary and auxiliary medical staff.

Sometimes in hospitals quality is difficult to be measured, especially when it is about the carrying out of an individual or a team, at certain departments or therapeutic interventions as operations or complex treatments. The quality of the services offered by the hospital can be appreciated from the consumer’s point of view, by means of the following elements: staff, physical support of carrying out, hospital environment, and process of creation and delivery of service, the result of the treatment.

Keywords: marketing in the field of health care services, health care service, the market of health care services, marketing strategies, product strategies, improving quality strategies

The foundation of the product policy grounds on the content of the process and it is materialized through the formulation of some objectives and strategies which concern the product on the whole and within its components. As an element of the marketing mix, the product refers to the finality of the organization’s activity.

In the health services, in the projection of the offered product are involved several factors from the macro and microeconomic level, namely: the Ministry of Health, the organizations, the physicians and the consumers (figure 1)\(^2\). The insurance of equity and equality with respect to the access to the health treatments for all the members of a community imposes that the Ministry of Health to play the major role in the projection and dimensioning of the health service, the strategies aiming at the projected product as a component of the external marketing. Consequently, the access to the services of primary, secondary and tertiary assistance, as well as the series of activities through which the service is performed are strongly regulated. The health product is above all a global product formed of a series of interdependent services, most of it being included in the object of activity of any organization. Its components, theoretically, may enter separately as well in the offer of a single organization. Therefore, there may be consulting rooms of primary assistance, specialized consulting rooms, hospitals, ambulatory centres, etc.

In order to reach the objectives of the health organizations, they must establish directions of action with respect to the services range, in order words to formulate product strategies. In a first approach, the product strategies concern the quality, the differentiation and the productivity\(^2\).

The quality is at the basis of the product policy within the health services, being impossible to separate it of the utility, a defining element of them.

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\(^{223}\) Kotler, Ph. – Quoted work, pp 592
The totality of actions of the organization through which it is determined the attitude towards quality is included within the quality policy in the services field. The objectives of this policy are defined by the differences which occur between the promised quality and the one effectively delivered, between the perceived quality and the one received, as well as between the promised quality and the effectively delivered one, on the one hand, and the perceived and received one on the other hand. These differences are determined by the ignorance of the consumers’ expectations, the use of some inadequate standards of these expectations, the non-delivery of the services according to the prescriptions and the incompatibility of the performances with the promises.

During the last years, it is noticed within some organizations from the health field as well a preoccupation for the reduction of this gap through a series of measures such as: the representation of the consumers in the board of directors, the performance of some marketing researches concerning the satisfaction of the consumers, the development of some mechanisms of settlement of the claims, etc.

The basic principle on which rely the strategies concerning the quality of the medical services from the primary medical assistance is represented by the “strategies dictated by clients”\(^{224}\). The system of creation and delivery of the health services involves an assembly of interconnected elements which operate in terms of some pre-established regulations. The relations between different groups of partners, between the components of the system, as well as the relation with the consumers are reflected directly on the quality of the services. Therefore, from the government point of view or of the third parties payers, the quality is closely associated with the efficiency and the adequate use of the resources, whereas the health staff focuses on the professional competence, on the existence of some adequate means and the consequence of these processes over the patients’ health. For the consumers, the quality has first of all a dimension granted by the interpersonal relations and then by the professional competence, the sanitary units determining certain characteristics of quality through the competence of the staff, an individualized conduit of care deliveries, the technical-material base\(^{225}\).

The insurance of the health services at different levels (primary assistance, specialists’ services, ambulatories) imposes a clarification of the concept of quality for each level.

1. The approach of the services **delivered by the family physician** in the light of quality focuses on the following elements\(^{226}\).
   - **Accessibility** considered from an organizational, geographical, financial and psychological point of view.
   
   From an organizational point of view, the family physician should organize his activity so as to be permanently at the disposal of the clients. Since this fact is not possible, are necessary actions of cooperation with other physicians in order to ensure an availability of the products.

   With respect to the geographical aspect, it is important that the location of the building where the consulting room is situated is not too far; this aspect is often met in the rural environment, fact which determines the opening of some working points.

   Concerning the financial aspect, the introduction of the health insurances system allows the access of some important part of the population to these services. There is also a series of services and categories of persons for which the access is restricted by the financial availabilities, the payment being made through individual contribution.

   The psychological aspect is considered to be equally important as the professional competence. For many consumers, the family physician must display availability for the problems of the patient, others than the medical ones.

   - **Continuity**, through the insurance of the services both within the consulting room and the home visits, the optional organization of the hours of consulting and of the non-scheduled patients, the existence of a medical file and of a medical archive;
   
   - **Satisfaction of the patients** given by the measure in which the physician corresponds with the consumers’ expectations. They are interested both of the professional competence and of the interhuman

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\(^{224}\) Armeanu, P. – Management of the health services quality, Coresi Publishing House, Bucharest, 2002, pp 57

\(^{225}\) Palmer, R.H. – Consideration in defining Quality of Care, Health Administration Press, 1991, pp 23

\(^{226}\) Armean, P. - Quoted work, pp 43
relations. The evaluation of the consumers’ satisfaction allows to the family physician or to the generalist physician to determine the level on which his services meet the expectations of the client.

The strategies of insuring the quality of the health services mean a new manner of approach of the primary medical assistance, placing in the centre of attention the consumer. This may be performed by developing some integrated services of primary assistance within a group of medical practice which gathers several physicians along with the sanitary and auxiliary medical staff. The organization of an integrated system of services of primary medical assistance leads to the improvement of the service quality by reducing the waiting time of the patients, ensures a fast and easy access, ensures the continuity of the cares, allows planned investigations, imposes the training and improvement of the staff, increases the satisfaction of the patients.

2. In the hospitals, the measurement of quality may be sometimes determined with difficulty, especially when it refers to the performance of an individual or of a team, at certain sections or therapeutic interventions of the type of complex surgeries and treatments. The quality of the services granted by the hospital may be appreciated from the consumer’s perspective, through the following elements: staff, the physical support of the performance, the hospital environment, the process of creation and delivery of the service, the result of the treatment.

• the staff includes one of the most important factors in the insurance of quality, this being defined in quantitative (the number of the staff) and qualitative (qualification and competences of the staff) terms. In addition to these, is added, as in the case of the family physician, the availability for the problems of the patient (kindness, personal interest, to be accessible and trustful etc.);

• the physical support of the performance - the performance of the services involves equipments and specific endowments, from the most simple to the most complex. Their safety and functioning is essential for the insurance of a high qualitative level of the services;

• the hospital environment must offer comfort, safety and a pleasant environment. The safety refers to an environment lacked of risks which may cause infections, complications, traumatisms. The comfort and the environment involve both cleaning and a soothing image offered by the décor and furniture. In the private hospitals and sections where the accommodation service is offered on cost, the comfort includes as well a series of additional facilities (television, fridge, room-service);

• the process of creation and delivery of the service includes on the one hand the activities performed by the physicians for the obtainance of the diagnostic and the recommendation or imposing of the treatment and, on the other hand, the activities of the consumers for the search and obtainance of the cares.

• the result refers to the impact of the services offered on the health condition of the consumer. The evaluation of the result must not be made only in the light of the services offered, it must consider as well a series of factors such as: environment, genetic and conduit factors.

• The increase of the productivity represents another direction of action and relies on the perishable services, on the impossibility of stocking and delivering them on the moment of the request. For this reason, the demand and the consume are performed during a waiting moment which affect the quality and the quantity of the services delivered. The inclusion of the productivity within the objectives of product is justified by the effects that it generates with respect to the quality of the service, as against the waiting time of the consumer for the delivery of the service.

Although the health productivity may seem improper and opposite to quality, it may be considered a method of improvement of the quality if it is compared the release program of two similar sections or the number of programs of education placed at the disposal of the consumers.

➢ The differentiation of the services represents a means of positioning the product on the market. This appears as an effect of the services intangibility and it is imposed by the necessity of ensuring a distinct representation of these in relation with similar products. Its enrollment as direction of action relies on the fact that the innovations, as elements of differentiation, not being protected, are easy to be copied, loosing without difficulty the competing advantage obtained.

In the health services, the strategies of differentiation considered by organizations aim at:

• the operational advantage – the consumers are offered services of confidence, easy to obtain;

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227 Armean, P. - Quoted work, pp 77
• **the closeness to the consumer** – the thorough knowledge of the consumers and their capacity to answer fast to all their specific needs;

• **the advantage through product** – the offer of some new services, with a superior utility in comparison with those of the competition.

The application of theses strategies is realized with the help of some specific instruments, namely the standardization and personalization, the dimensioning of the offer and the ordering of the demand and the use of the brands.

1. **The standardization** of the services represents a technical regulation of the process of creation and delivery, realized through specification, typifying and unification and follows the reduction of the gap between the promised service and the effectively delivered, on the one hand, and the perceived and expected one, on the other hand. Although considered inadaptable for services due to their intangibility, the health services’ nature makes necessary the use of the standardization (the stages covered for the performance of the service is every time the same – programming, consulting, fill up the personal medical sheet, the prescription etc.).

The activity in the health field relies on five types of standards: (1) fundamental standards which refer to terminology, conventions, signs and symbols; (2) organizational standards which describe the functions of the organizations, their connections and the modeling of the activities; (3) the standards of specifications which set forth the characteristics of a product, service, proceeding, or of a system and the levels of performance; (4) the standards of method of attempt and of analysis through which are measured the characteristics of the products, services, proceedings; (5) the standards of recommendations which contain a series of instructions, directive lines, etc.

2. **The personalization** of the services represents their performance in accordance with the individual requirements of the consumers, the adjustment of a “standard” service to their individual services. Although the performance of a health service, as we have mentioned, involves a high degree of standardization, its specificity imposes as well a high degree of personalization. The personal manifestation of the consumer’s conduit involves a great variety and therefore a necessity of personalization given by the tendency of individualization of the one who requires the respective service.

Besides the aspects related to the individual characteristics of the consumer – genetic and of conduit – to which are added the environmental factors, the consumer brings with him as well a series of norms, values and knowledge which impose a high degree of personalization.

The great diversity of the demand and the variety of the services determine that not all the health services to be carried out at the same degree of personalization. Considering the model of Richar Larson and David Bowen\(^228\), it may be obtained a typology of the health services according to the diversity of demand and the degree of participation of the consumer at the realization of the performance:

3. **The dimensioning of the offer and the ordering of the demand** represents another tool used for the application of the product strategies, imposed by the rigidity and perishable offer on the one hand, and the variety of the demand on the other hand.

The performance of the services is closely related to the capacity of the offer, namely the capacity of the resources intended for the attraction and maintenance of the consumers, of the equipments and of the staff, as well as to the sometimes limited capacity of participation of the consumer. The capacity of the hospitals, consulting rooms, surgery rooms, recovery rooms, wards, is limited by the number of places stipulated by the regulations imposed by the Ministry of Health and from the level of the organization. The offer is conditioned as well by the number of equipments and their degree of physical and moral use. The labour force represents maybe the most important element of the production capacity and it is expressed by the number of physicians, nurses, auxiliary staff and by the professional preparation. The ordering of the demand follows the reduction of the effects generated by the limited capacity of the offer and by the impossibility of serving the demand according to its manifestation. Due to the specificity of the health services, their performance brings modifications to the physical and psychical condition of the patient and although the offer is dimensioned correspondingly, there are situations when the service cannot be carried out and therefore, it cannot realize a balance of the demand with the offer.

4. **Renewal of the services.** As an instrument of the marketing policy, the renewal of the services ensures the increase of quality and the differentiation of services and appears under the form of major innovations, new services on the current market, the extension of the services line, the perfection of the services.

The **major innovations** represent new services unknown at the moment of their occurrence. In the health services, the major innovations are related to a strong activity of research, being represented by the occurrence of new equipments, new monitoring procedures, treatment and recovery, as well as new medicines. The **new services on the current market** represent the inclusion in the offer of an organization of some types of services existent in the portfolio of the competition (taking over the laser surgeries, 4D echography etc.). The **extension of the services lines** involves the addition of services in terms of some supplementary or potential services (for instance the public-private partnerships within the hospitals in Romania led to the modification of the degree of comfort at the level of the wards, by the introduction of side-rooms of 1 or 2 beds, with all the medical and comfort facilities). The **perfection of the services** brings modification in the manner of process performance, without modifying the basic service (more performant equipments, extension of the physician’s or consulting room’s program, informatization of the patients’ evidence etc.).

5. **The use of the brands** represent, in the conditions of some similitudes related to the power of services, the main tool of differentiation and positioning on the market. Considered a technique of promotion, the use of the brands is at the same time an instrument of quality certification, symbol of the basic characteristics and of the organization’s culture.

If in the selection of the family or stomatological consulting rooms the role of the brand name has a relatively reduced role for the consumer, this cannot be stated in the case of the hospitals. The consumers are tempted to select those hospitals about which they have heard, associating to the name a certain quality of the carried out services.

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**Figure 1 Factors involved in the projection of the health service**

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229 Olteanu, V. – Quoted work, pp 183