The importance of the professional personal brand. The doctors`personal brand

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Abstract

Against the background of a thorough specialization, any professional, no matter his/her specialization, has to build around and for himself strong integrated and marketing campaigns, which should shed light on him/her and make him/her eligible for the consumers of services from his/her area of specialization. The personal brand is what a person wishes to do in order for him/her to escape the anonymity of his/her profession, to become visible in a certain circle or for a particular cause. The cover is important, but the content is essential, as it is the one that gives the final touch to the product and/or services.

As regards the medical field, the evolution of the medical system in Romania and, even more so, the existence of private medical services are factors against which the imposing app, the reputation, the fame of a doctor work as an elegant and outstanding label placed in front of the consumers.

Unlike other types of services, medical services, including doctors, no matter their specialization, have that particular feature of being evaluated by the consumers only from the point of view of perception, few of them having the necessary competences to make an objective assessment.

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1. Introduction

The public health system from Romania is subject to a double change pressure. On the one side, the need for reforms is accounted for through the necessity for adaptation to the framework and exigencies imposed by the European integration at all the levels, and also of the exigencies imposed by the patients, who start to know and choose specialists by their fame and reputation, even in a field as sensitive as the medical one. On the other hand, the need for reforms is generated by the evolution of medicine itself, of the society in general and of the modern systems of managing different public sectors in particular, need that configures the change tendencies that take place in other developed countries as well.

The choice the patient makes regarding a doctor is the result of the degree of satisfaction of other patients, in the case of a first examination, or of one’s own perception, starting from the second examination onwards.

Therefore, against the background of the consumer’s free will regarding choosing a doctor, an important emphasis is placed in contemporary Romania on the personnel deficit in the medical field (mainly as a result of the migration of professionals from the area of health and partially of the current policy of blocking the advancements from the health system), on the insufficient professional formation of part of the personnel involved in the patient’s care, which leads to great variations as far as the medical practice, as well as the clinical results obtained are concerned or the lack of qualified personnel in the field of the systems of hospitalization quality.

We record the current situation of the doctors’ migration according to counties in Table 1: The percentage of physicians emigrated from the total of physicians, per county

| Percentage (%) | Counties (%) |
|----------------|-------------|
| Less than 1 %  | - Arges, Bistrita-Nasaud, Braila, Brasov, Calarasi, Dolj, Galati, Ialomita, Mures, Prahova, Suceava, Tulcea, Vaslui, Vrancea |
| 1-2 %          | - Botosani, Caras - Severin, Covasna, Dambovita, Gorgj, Harghita, Mehedinți, Olt, Teleorman, Vâlcea |
| 2-3 %          | - Alba, Bacau, Buzau, Giurgiu, Maramureș, Neamt, Salaj, Satu-Mare, Sibiu, Sectorul agricol Ilfov |
| 3-4 %          | - Bihor, Cluj, Constanța, Timiș, mun. București |
| 4-5 %          | - Arad |
| over 5 %       | - Iasi |

Source: cursdeguvernare.ro, available at: http://cursdeguvernare.ro/quo-vadisdoctore-i-cu-cat-finanteaza-romania-sanatatea-europei.html

2. Literature Review

Tom Peters, also known as the father of the post-modern corporation, created the new manner of thinking in terms of management due to his energy, style, influence and ideas. Tom Peters is on one of the first places in the global classification of the most influential business thinkers. At the beginning of the 2000s he wrote an article, „The Brand Called You”, that revolutionized the concept of personal brand. In this article he tackles the issue of the Individual’s Era, where the emphasis is placed on the personal brand. The management specialist describes a world of brands, where we are defined and perceived through their prism; however, things will be different the moment we admit to the importance of the “EU” brand. According to Peters, the success of a contemporary business is given by the force of the personal branding, the partnership relationship being one based on personal interaction rather than on competence.

The doctors’ personal brand becomes easier to build as the specialization and specificity degree is higher, given that a brand has a distinct position in the client’s mind, based on the experiences from the past and future associations and expectations. It is a shortcut for differentiated attributes, advantages, beliefs and values, that are complexly reduced, simplifying the decision-making process. A brand is emotional, it has personality and gains its clients’ hearts and minds (Comanescu, I., 2009).

The human resource, either possessing the personal brand or not, represents the most important resource
from within a medical organisation. That is why, especially during the recent years, it is looked at as a component that is essential to the success of the medical organisations and to the good functioning of the health system as a whole.

The importance of the management of human resources, considered against the high or low level of the performance of the health organizations, was ignored in the past. The reforms from the medical sector mainly focused on structural changes, on the monitoring of costs, on the integration and development of market mechanisms, as well as on the enhancement of the patients’ satisfaction. The management of human resources from the area of health is currently facing numerous challenges that are determined by the same type of problems other health systems from the whole world deal with, that is: staff’s financial shortages, its ineffective use, low productivity, inadequate formation and last, but not least, its bad geographical distribution within the health system.

Developing a professional personal brand in the medical area is a process that is closely connected to, even interdependent with the patients’ degree of satisfaction. Their satisfaction is closely related to the monitoring of one’s own state of health and also to the self-reporting of the existence of a chronic disease or disability. The persons evaluating negatively their state of health are less satisfied of their own health. Likewise, the ones having reported the existence of a chronic disease or disability have a lower level of satisfaction towards the state of health (Anderson, 2004). The satisfaction regarding the health is also related to the factors that determine the state of health, as well as its evaluation: gender, age, educational level, occupational status and income level (Anderson, 2004, Precupetu, 2008, Anderson and others, 2009).

3. Objective and Methods

Our case study is based on the results obtained through applying a questionnaire. The sample that we had in view comprised women, mothers of at least one baby, women aged between 18 and 40, of rural or urban origin, with all the levels of formation, persons who used the family doctor’s services at least once in the last 3 months and the specialist doctor’s services, no matter the specialization or location (private cabinet, state hospital or private area) at least once in the last 6 months. The questionnaire was applied during the sequence October 2012 – June 2013 in the cardiology section of the Emergency “Sf. Maria” Clinic Hospital of Iasi, the only hospital for children from Moldavia, as well as in the private cabinet “Sanatatea 2000”; following their analysis, 266 questionnaires were declared valid. The structure of the sample is rendered through the Figure no. 1:

![Sample Structure](image_url)

Fig. 1 – Sample Structure

4. Case Study
Without knowing information regarding the origin area of each respondent’s doctor (state or private field), one of the questions that were asked referred to the degree to which the ones having had the kindness to answer the questionnaire think that there is a difference between the private and state areas, which is noticeable both at the doctors’ professionalism’s level, as well as at the one of the area itself (atmosphere, accommodation, cleaning, ambience, equipment etc.), the results being illustrated by Figure 2:

Fig. 2 – To what extent do you agree with the statement that "There is a considerable difference between the private hospitals and the state ones?"

It can be easily noticed that the respondents from the urban area who declared that they had an income above the average totally agreed with the statement. At the opposite pole, the ones with a low or average income, from the urban area, but with a minimum level of instruction (highschool degree) disagreed with the statement. The respondents with college or university degrees, but with an income above the average, agreed with the statements. The answers can be accounted for if we think of the fact that the population’s general perception is the one that the private area disposes of a better offer even from a medical point of view, going from the staff’s competences up to the equipment and care quality. As far as this aspect is concerned, the specialty literature shows the fact that the equity and the access to qualitative health services represent constant objectives for the European health policies; among the fundamental principles that are frequently invoked are: accessibility for all, the high quality of the medical care services and the long-term sustainability. The fight against the social exclusion, the discrimination, the promotion of the equality of chances and social justice as far as the social protection is concerned at the level of the social security system are important points that need to be taken into consideration in a reformation of the health system (Soitu, Rebeleanu, 2011).

Figure no. 3 illustrates the answers that are peculiar to the question regarding the first option, when choosing the doctor or the hospital, in the sense that, when there is no emergency to be chosen by the respondent, she chooses a certain hospital or a doctor’s brand.
The hospital is the first option for those persons that come from a rural area, have medium education and, from the point of view of the income, fall under the low income category or under the one peculiar to a medium income. This choice can be accounted for from the perspective of the fact that this category of respondents who favor the hospital first and foremost against the doctor believe that the compulsory medical insurance can be covered in the state hospital area with no supplementary costs. The persons with an income above the average, coming from an urban area and having high school certificates, at the least, tend to choose the doctor, no matter the location where he/she carries out his/her activity – in state hospitals or private cabinets.

Figure no. 4 reflects the patients’ loyalty to the doctor the reputation of whom they know. In other words, the respondents were questioned with regard to the possibility that their doctor should have to move to another hospital. In this case, most of these respondents expressed their opinion regarding the option of following their doctor in other locations or remaining faithful to the hospital, trying to get similar medical services from a different doctor.

The persons with medium level education, both from the urban area and from the rural one, with low income, are the ones who wouldn’t follow their doctor if he/she moved to another location, despite the fact that they declare that they are very satisfied with the services provided by the doctor. The main reason for this situation is the fact that the respondents with the features mentioned above associate the changing of the location with supplementary costs.
Figure 5 helps us illustrate the answers provided by the questioned persons when they were asked to estimate, using a scale from 1 to 5, where 1 means “not important at all” and 5, “the most important”, how they see the importance given to direct or indirect recommendations for a certain doctor.

Recommendations are not as important to the persons who have a low education formation level, especially the ones with primary and secondary level studies, nor for the persons coming from a rural area. In the rural area, the medical and/or preventive education does not represent a frequent subject for discussion. From the point of view of income, the persons with low or medium income are not interested in recommendations as far as the family doctor is concerned.

The reputation of a doctor can be known by the patients if they are open to find out information about the doctors they are to see occasionally or for a longer period of time. Given this premise, one of the questions of the study referred to the aspect of searching information before seeing the doctor. The answers to this question are illustrated via Figure 6.

Fig. 5 – On a scale from 1 to 5, where 1 means “not important at all” and 5, “the most important”, how do you see the importance given to direct or indirect recommendations for a certain doctor?

Fig. 6 – Do you search in advance for information about the doctor you are about to see?
Part of the respondents admit to the fact that they search for information about the doctor they are about to see, but not in a dedicated manner nor for finding out details about his/her success. The persons coming from a rural area and with very low income fit in this category. The reason of this attitude may refer to the fact that the information tools are not at hand for them and, at the same time, they do not take into consideration the possibility of choosing the doctor. Another feature of the group where no information is searched as far as the doctor is concerned regards the income, as these persons belong to the category of low or medium income.

5. Conclusions

Taking into consideration all the information that has been gathered so far through this investigation, we can highlight the fact that a doctor’s brand is a choice for the persons with income above the average and is taken into consideration especially by the persons coming from the urban area, with a high school diploma, at least.

The respondents’ general perception is that the medical services carried out in the private institutions are superior to the ones from the state area, although the same doctor works in both areas. Most of the time, the persons having access to the private health services have a high income; the fact that certain medical services can be discounted by the House for Health Insurance in the private field as well not being generally known.

A doctor’s personal brand is easily recognizable by the persons with a high education degree – university degrees, most of the times, but who also dispose of an above-the-average income. This is also the category looking for information on the doctor they are about to see and uses the friends’ recommendations. The positive aspect for the Romanian health system is the fact that this category of persons, although rather small compared to the whole population of the country, is willing to pay for the qualitative medical services provided by the doctor they opt for.

All in all, the perception is that a famous doctor or a doctor with considerable success means, for most of the respondents, more costs. This preconceived idea also comes from a lack of education regarding the rights of the patients and from an accepted lack of information.

References

Alber, J., Köhler, U., 2004, Health and care in an enlarged Europe, Luxembourg, Office for Official Publications of the European Commission.

Anderson, R., 2004, Health and health care, in Fahey, T., Maitre, B., Whelan, Ch., Anderson, R., Domanski, H., Ostrowska, A., Olagnero, M. and Saraceno, C., Quality of life in Europe. First European Quality of Life Survey 2003, Luxembourg, Office for Official Publications of the European Communities.

Anderson, R., Mikulič, B., Vermeylen, G., Lyly-Yrjanainen, M., Zigante, V., 2009, Second European Quality of Life Survey: Overview, Luxembourg, Office for Official Publications of the European Commission.

Angheluta C., Ciutan M., Popovici G., Sasu C., 2012, Study on quality processes in hospitals from the perspective of decisionmakers and health professionals, Management in health XVI/3/2012; pp. 12-18.

Bourdieu, P., 1986, The Forms of Capital: English version. J.G. Richardson's Handbook for Theory and Research for the Sociology of Education, 241–258.

Botezat D., Copoeru I., 2013, Etica si politici de sanatate in Romania de astazi, Revista Romana de Bioetica, vol 11, nr. 1, ian-martie.

Cehan, I., Manea, T., 2012, International Codes of Medical Recruitment: Evolution and Efficiency. Romanian Journal of Bioethics, 10 (1), 100-109.

Comanescu, I., 2009, Cum sa devii un Nimeni, Editura Humanitas, Bucuresti, 2009.

Dobos, C., 2008, Finantarea sistemelor de sanatate in tarile Uniunii Europene. Romania in context european, „Calitatea Vietii” nr. 1–2, pp. 107–123.

Dornescu, V.; Manea, T., 2013, Migratia medicilor romani: Dimensiuni socio-demografice şi economice, Journal of Social Economy, Vol. III / Nr. 1.

Dornescu, V., 2012, Ethical issues on the international doctors recruitment, GSTF Journal on Business Review. 1 (3).

Francu V., Francu O., 2013, Managementul resurselor umane la nivelul unui spital public de monospecialitate, AMT, vol II, nr. 1, pag. 41-45

Giannoccolo, P., 2003, Brain Drain and Fiscal Competition: a theoretical model for Europe, available at http://www.2.dse.unibo.it/wp/481.pdf.
Held, V., 2006, The Ethics of Care: Personal, Political, and Global, Oxford University Press.
Manea, T., 2011, Romanian Medical Migration: an Issue of Trust? Editorial. Romanian Journal of Bioethics, 9(3).
Kotler, P., Pfoertsch, W., 2011, B2B Brand Management, Editura Brandbuilders, București.
Marginean, I., Precupetu, I., Tsanov, V., Preoteasa, A.M., Voicu, B., 2006, First European Quality of Life Survey: Quality of life in Bulgaria and Romania. Luxembourg, Office for Official Publications European Communities.
Mcnally, D., Speak D. K., 2002, Be Your Own Brand. A breakthrough formula for Standing Out of the Crowd, Editura Berrett - Koehler Publishers.
National Institute of Statistics, 2010, The Statistic Yearbook of Romania, National Institute of Statistics 2009.
Pop C. E., 2010, Health status of Romanian population in the European context, from the quality of life perspective, Quality of Life, Issue: 34.
Precupetu, I., 2008, Evaluari ale protectiei sociale si ingrijirii sanatatii, in Marginean, I., Precupetu, I. (coord.), Calitatea vietii si dezvoltarea durabila. Politici de intarire a coeziunii sociale, Bucuresti, Editura Expert – CIDE, pp 137–146.
Rebeleanu, A., 2013, Actualitatea si importanta economiei sociale in asigurarea echitatii accesului la servicii de sanatate, Journal of Social Economy, Vol. III / Nr. 1, February.
Roman M., Voicu C., 2010, Some of the socio-economical effects of the labor force migration on the emigration countries. The Romanian case, Theoretical and applied economy, XVII (7-548), pp. 50-65.
Rose, R., Newton, K., 2010, Second European Quality of Life Survey: Evaluating the quality of society and public services. Luxembourg, Office for Official Publications of the European Commission.
Searle, J., 2010, Making the Social World: The Structure of Human Civilization, Oxford University Press.
Simion, I., 2010, Education and migration, National opinion, Journal of Social Economy, Vol. III, Nr. 1/2013.
Soitu D, Rebeleanu A, Oprea L., 2013, Politicile publice socio-medicale, intre vulnerabilitati si riscuri . Revista Romana de Bioetica, Jan-Mar;11(1):123-133.
Voicu, B., 2005, Penuria Pseudo-Moderna a Postcomunismului Romanesc. Volumul II: Resursele, Iasi, Editura Expert Projects.
www.euro.who.int/__data/assets/pdf_file/0008/88613/E91438.pdf
***, 2010, Comisia nationala de acreditare a spitalelor calitatea ingrijirilor de sanatate in spitale, Suport de curs, București
***, 2012 - Analiza functionala a administratiei publice centrale din Romania – II, Analiza Functional a Sectorului Sanatate in Romania, Cod SMIS: 37608
***, 2012, Cursdeguvermare.ro, available at http://cursdeguvermare.ro/quo-vadis- doctore-i-cu-cat- finanteaza-romania-sanatatea-europei.html