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Effect of Health Care Consumer Education on Health Services Organisations

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Abstract

Medical care Education is influencing consumer behaviour more and more, initially as a component of the cultural environment and then as a result of the ongoing approach to consumer information and learning. In the past few years, the level of education of the populace has significantly increased across practically all consumer groups in all European nations, including Romania. Consumers demand for services offered by firms that are trustworthy, focused on the market, and customer-friendly now more than ever. Additionally, the consumer is now seen from a fresh angle, as a hybrid of the conventional patient and the modern consumer, with considerably more knowledge about the healthcare system, an open mind to new ideas, and a proactive involvement in determining the diagnosis, treatment, and advancement of health. In these essay seeks to demonstrate the relationship between culture and education and health care consumer behaviour, as well as how that relationship affects health care organisations' marketing plans.

Keywords: Health Care Education; Health Services; Cultural Influence; Marketing Strategy.

Introduction

Health organisations that operate in a certain market are influenced by certain characteristics of supply and demand as well as buying and consumption behaviour, which has an impact on how marketing strategies are developed. Consumer behaviour in the healthcare industry is the result of numerous variables acting in varying degrees of intensity [1]. Of these, socio-cultural factors play a significant role in educating the consumer perspective. As a result, non-formal education, which results from a person's membership in their culture and subculture, and formal education, which is the result of a deliberate process of transmitting experience and knowledge and necessitates the efforts of teachers and students, both play important roles. In light of this, the article suggests identifying the key sociocultural elements influencing consumer behaviour. And the organization's course of action, which must be based on an understanding of these impacts in their marketing strategy. From this perspective, we will first discuss how sociocultural factors affect consumer behaviour in the health care industry before highlighting marketing strategies that health organisations can use to raise the calibre of services provided while, on the one hand, taking consumers' needs into consideration [2]. While also working to change that behaviour through education. The paper concludes with a discussion of the function of healthcare organisations in informing patients.

Method

All members of a society share a common set of rules, beliefs, attitudes, and behaviours known as culture, which, to a considerable extent, governs how they behave in all spheres of life, including their purchasing and consumption habits. (2000) Catoiu and Teodorescu Regarding the influence of culture on individual behaviour on health, numerous studies have demonstrated that opinions or beliefs about illness, disability, or death, cultural knowledge and education on the causes and treatments of diseases, empirical healing practises, etc., are cultural components that can motivate people to accept or deny the role of the sick, or delay seeking medical care. As a result, there may frequently be communication gaps because of the sociocultural differences between educators and information recipients, a poor level of audience receptivity, unfavourable attitude toward the doctor

or instructor, poor comprehension, or presenting mixed signals [3]. Religious and ethnic factors exert significant pressure on an individual, influencing how they are educated and how they view and treat sickness. Thomas Additionally, society and morals influence how people respond to suffering. Italians and Jews experience pain emotionally, whereas Anglo-Saxons handle it stoically, and the Irish even frequently pretend they don't feel it. In contrast to Jews, who react less to the immediate experience of pain and more to its future significance and can only relax once an adequate explanation of the causes of their pain has been provided, they perceive pain sensations as an immediately harmful fact and can only relax after taking some medication. Even Nevertheless, some beliefs that are ingrained in a specific society or subculture can drastically alter a person's behaviour. In contrast to the normative landmarks of that culture or subculture, beliefs such as the notion that a disease is a punishment for sin, the bias that sexually transmitted diseases are a stain of sin and shame, etc., are nothing more than manifestations of cultural anxiety [4].

Results

Even the empirical assessment of a person's state of health is based on a set of cultural norms regarding the kinds of activities and capacities that the cultural group in question considers to be normal. The centralised system of financing healthcare services used in Romania up until 1990 and the current social security system, which prioritises giving all citizens access to primary care medical services and the majority of specialised healthcare services, have contributed to some perceptions about healthcare services and the establishment of certain consumer habits, which have become part of the cultural values of the people [5]. Additionally, a lack of health education, both

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in rural and urban regions, results in a lack of knowledge about how to prevent certain diseases, a disdain for symptoms, and self-medication. Romanians prefer to use conventional medical procedures or heed the advice of their friends or neighbours; this practise is especially prevalent in rural areas.

Discussion

Social class has a substantial influence on how people who use healthcare services behave. Individuals are categorised into social classes based on sociological, historical, and economic factors. These are typically stable, homogeneous groups, whose members have similar ideals, way of life, interests, and behaviours. (2007) Catoiu and Teodorescu Social class differences, which are partly a result of education, have an impact on how consumers feel and act toward healthcare services. Therefore, people from lower social classes are more likely to refuse the role of potential patients, distinguishing themselves from people from middle and upper social classes by the following characteristics [6]: people pay less attention to the symptoms of because they lack knowledge and education about their symptoms and the medical treatments that are available to them. an illness, exhibit weaker preventative behaviours, have doubts about the benefits of medicine, and put off seeking help for more serious issues. 2002's Radulescu In contrast to the mindset of consumers from the lower class, who have an aversion to the role of possible patient, to medication intake, etc., belonging to the middle or higher class forces persons to adopt a certain sort of instrumental and rational behaviour, focused on "normality [7]."

Conclusion

The association between education and the use of health services is similar to the relationship between income and use, and educational attainment is probably one of the better indicators of health service use. The demand for healthcare services as well as the kind of treatments requested is influenced by the educational level of the person [8]. Although they have less major health issues than people with lower levels of education, people with higher levels of education use healthcare services more frequently, especially specialised ones that may be paid for on the spot as opposed to free primary medical care services. The educated population is increasing globally, and as a result, people are becoming more curious and inquisitive about their health. Individuals increasingly view themselves as consumers rather than patients and anticipate receiving Ask for information, demand a say in choices that directly affect them, and demand the best caliber of healthcare [9]. Romanian patients are among the least informed in Europe, ranking 30th on a list of nations, according to "The Empowerment of the European Patient - Options and Implications" Report, which was recently published in Brussels. The study demonstrates that patients in Romania, like those in other European nations, are unaware of their legal rights and require clear, readily available information on the healthcare system as well as the option to select from a variety of healthcare service providers.

Marketing health services falls under its purview in terms of both social marketing and certain service marketing. By its very nature, enhancing a person's health is a service that entails a series of tasks, the design of which is accomplished at the macroeconomic level by the Ministry of Health through regulations, and which is practically produced and provided by organisations in the field [10]. The community as a whole is also impacted by health policy, which is why there are numerous organisations working in the public health sector to promote ideas and social behaviours among a group that is geographically and demographically defined. Marketing campaigns seek to change consumers' perceptions of products and services as well as enlighten and educate the public about healthcare.

References

- 1. Denault D, Gardner H (2022) OSHA Blood borne Pathogen Standards.
- Choi GH, Loh BG (2017) Control of Industrial Safety Based on Dynamic Characteristics of a Safety Budget-Industrial Accident Rate Model in Republic of Korea. Saf Health Work 8: 189-197.
- Koroma ET, Kangbai JB (2020) Agro-industrial accidents linked to length of service, operation site and confidence in employer adherence to safety rules. BMC Public Health 20: 591.
- Yoo B, Choi SD (2019) Emergency Evacuation Plan for Hazardous Chemicals Leakage Accidents Using GIS-based Risk Analysis Techniques in South Korea. Int J Environ Res Public Health 16: 19-48.
- Shin K (2021) In-house Contractors' Exposure to Risks and Determinants of Industrial Accidents; With Focus on Companies Handling Hazardous Chemicals. Saf Health Work 12: 261-267.
- Chen H, Zhen Z, Todd T, Chu PK, Xie J (2013) Nanoparticles for improving cancer diagnosis. Mater Sci Eng R Rep 74: 35-69.
- Cormode D P, Naha PC, Fayad ZA (2014) Nanoparticle contrast agents for computed tomography: a focus on micelles. Contrast Media Mol Imaging 9: 37-52.
- Do KH, Gustafon D (2016) General principles of radiation protection in fields of diagnostic medical exposure. J Korean Med Sci 3: 6-9.
- Mahan MM, Doiron AL (2018) Gold nanoparticles as x-ray, ct, and multimodal imaging contrast agents: formulation, targeting, and methodology. Nanomedicine 10: 321-41.
- Mohs AM, Provenzale JM (2010) Applications of nanotechnology to imaging and therapy of brain tumors. J Biomed Nanotechnol 10(9):1713-1731.