

HOW THE MARKETING RESEARCH AFFECTS THE IMPROVEMENT IN THE DENTAL DOCTOR-PATIENT RELATION

Petronela Iuliana GEANGU*, Lecturer Ph.D. Student

Daniel Adrian GÂRDAN*, Lecturer Ph.D. Student

Iuliana CETINĂ, Professor Ph.D.

Academy of Economic Studies of Bucharest

Elena GURGU*, Lecturer Ph.D.

* Faculty of Marketing and International Affairs

Spiru Haret University

Abstract

The relation between provider and customer in the services area, mainly medical, represents a fundamental desideratum. This type of relation derives from a two-way involvement of both parts at the entire marketing mix level. The base of new marketing strategies that imply effective relation models can only be built by setting out an ample time related investigation process of the mechanisms pertaining to the customer's perception of the quality and the coordinates of the relationship with the provider. The article aims to investigate the mechanism leading to customer retention in the case of dental offices, both from the perspective of customers and providers.

The authors conducted an in-depth interview-type qualitative research, which identified and pointed out the extent to which the marketing activity, as seen from the perspective of specific principles and scientific methodology, is implemented in the dental offices in Bucharest.

The research was also focused on the perception of specialists, dental office/clinics managers or owners regarding the concept of customer retention, elements which could lead to keeping customers, and the image of the ideal office from the perspective of services adjusted to consumers.

Key-words: *in-depth interview, dental marketing, consumer perception, relation strategies*

JEL Classification: M₃₀, M₃₁, I₁₀, I₁₁

Introduction

The article provides an excursion into a field of great importance, both internationally and nationally, at the level of speciality literature. Studies about methods for implementing marketing in the organizations providing medical services are welcome in the context of organizational and structural changes of health insurance systems.

At the same time, the research area related to methods of implementing the marketing activity in medical services is a generous one, and also of relevance from the perspective of the thorough changes that affected consumers in the last decade.

The use of information technology nowadays is also present in the medical field, the existence of operational information systems in ministries and territorial organizational structures being already an everyday reality in many countries. For some years, in Romania, the national health insurance system, along with the infrastructure of the Ministry of Health District Offices, and the network of medical institutions in the territory have already benefitting from a computerized system of the patients accounts.

By implementing these databases, together with the application of e-government principles for health systems as well led to the emergence of the e-health concept, promoting not only the large-scale use of the latest information technologies, of up-to-date medical technique and of high speed communication provided by the Internet, but also considerable changes in the behaviour and habits of medical services consumers.

Thanks to the much easier access to medical information with a large degree of scientific specialization, to more diagnostic sources for the same illness, the way in which patients react to treatments and build their own habits for maintaining health is much more different compared to 20-25 years ago.

In this context, the evolution of applied marketing in the medical field in general and the development of customer retention techniques in particular cannot be conceptualized without adapting the both theoretical and practical instruments of marketing activity to those essential changes in the perception and behaviour of the medical services consumers.

The present article aims to investigate, in an experimental manner, the way managers and/or physicians in key positions in Bucharest dental offices conceptualize loyalty and the customer retention process, as well as the essential features of medical activities specific to dental offices. At the same time, the article will investigate the defining elements for the marketing activity of these offices, i.e. elaborating marketing policies and implementing organizational structures specific to the marketing activity.

Literature review

Recently, studies in health services marketing have become more and more numerous, deriving from a series of relevant marketing research.

Most works published abroad, as well as the ones published in Romania, emphasize the social part of marketing those services, and the great role that the state has in providing health services in general. In the field of dental services, even in Romania, upon the privatization of offices and granting practice licences after graduation, as well as to the fact that the number of specialists in dentistry graduating every year from the Faculty of Dental Medicine is higher than in any other medical specialty; hence, the increased competition, where services are mainly provided in private offices.

At the level of marketing of every new area, where the medical one is no exception, it is extremely important to study the consumer behaviour. The consumer of medical services represents a constant source of innovation for the

marketing managers and its perception of the service provided has its own dynamics within the conditions of the present changes of consumer culture.

The double condition of the consumer of medical services – both as consumer and as patient – ‘the person with health dysfunctions’, implies a set of attributes referring to the complex of consumption satisfaction, compared to other services.

Research conducted by specialists in the well-known consulting firm McKinsey Quarterly Company (Kurt D. Grote, John R. S. Newman, Saumya S. Sutaria, 2007) revealed a series of unexpected aspects about the defining attributes for patient satisfaction, for their decision of changing the medical institution (the hospital), which offers them the necessary medical services at a given time. Thus, it was revealed that two attributes are extremely important in this process: on the one hand, the ability of the institution to inform the patient extensively, in an accessible and complete manner about the service offered, both during and after the stay in the hospital, and on the other hand, the shortening of the waiting time and fully complying with the appointments for different services.

It is surprising the fact that, for the global consumer decision, these considerations related to the non-clinical aspects of services matter more than the purely clinical aspect of the quality of the services offered.

In other words, even in the case of patients on a private insurance, the decision is more influenced by these aspects, collateral to the clinical medical activity. Research referring to doctor’s opinion, both the MP and the specialist, on the recommendations for hospital admissions that they operate, has revealed the same position – doctors are willing to recommend hospitals well positioned from the point of view of the information capacity, where appointments are complied with and there is a coherent flow of appointments, the patient registration process is easy; thus, they are reluctant to recommend hospitals well equipped at the level of clinical operation capacity.

The crossed results of those researches conducted on a sample of 2,000 patients and 100 physicians, representative for the whole range of hospitals in the USA, revealed aspects that cannot be ignored in building a viable marketing strategy for the medical institutions under investigation. Since the advertising expenses increased by circa 13% in the 2002-2006 interval, for all the medical institutions on the US market, the choice of communication objectives, doubled by a policy of services which really fulfil the consumer needs becomes a compulsory requirement for winning competitive advantages.

Another important article based on marketing research was written by *Ram Misra, Avinandan Mukherjee, Richard Peterson* (2008, p. 321-337), and presents the importance of creating websites and discussion forums for a health services organization.

Upon the emergence of the internet cafes, chat rooms, instant messaging, special interest for e-groups on blogs, people do not have to be physically close in order to change ideas. The participants who share their experiences could have the same concerns and meet instantaneously, starting from the natural need of people to meet others with same interests. The members of those virtual communities share their knowledge, cooperate to solve problems, but have to feel responsible for

them. Internet-based technologies greatly facilitated the emergence of the virtual communities. In the sector of high-involvement medical assistance, patients seek more and more online information and counselling, by taking part in virtual communities. In this context, it is important to know the process of creating consumer value in virtual communities. It is important to find out the discussion topics of interest in the medical field, as well as the people who offer credibility to the other discussion partners, and the time period assigned for the group conversation. The building of discussion groups moderated by doctors could have a great impact on public education about timely prevention and treatment of different diseases, and it could finally lead to the improvement of organization image to which the doctors belong.

From the publishing perspective, the field of marketing applied to dental health services stands out by a more accentuated development after the year 2000, in a series of speciality works, both PhD theses [Clouse Bradley Alan (Kentucky 2003)] and miscellaneous articles.

Zhengyuan Wang, Swinder Janda, C.P. Rao (1996) used the method of the multiple linear discriminant, trying to point out the differences between segments in the dental market, differentiating customers from the point of view of different reasons which trigger the choice of a dentist.

Most articles on health services marketing start from research that mentions the factors essential in the consumer satisfaction with such services (Alessandra Mazzei et al, 2009, pp. 365-381). The purpose of this article, according to the authors, is to establish the most qualitative factors and communication activities that are adequate for increasing the competitiveness of the dental services organizations.

The authors founded their article on a research based on a model which focuses on the reciprocal influence between patient satisfaction and the dentist's reputation. The model underlines that experience/behaviour, explicit communication and mouth-to-mouth communication among patients are the most important factors leading to patient satisfaction. This research is based on interviews with different dentists, on surveys conducted on patients who used to benefit from dental services, or still are.

The most important factors leading to patient satisfaction are the doctor-patient relationship and the transparency of the information about cost and treatment. The essential communication mechanisms are, formerly, the implicit communication coming from successful treatments and from the quality of services in general, and, latterly, the explicit communication resulting from the interpersonal relations with the dentist and the auxiliary personnel, as well as the recommendations from previous patients.

The practical implications could be the improvement of the dentist-patient relationship and, subsequently, the greater dental service consumer satisfaction. In order to acquire competitive advantages, the dentist has to determine an average patient satisfaction level, starting from the knowledge of the factors contributing to it; he should also pay special attention to 'strategic factors' and to explicitly communicate the 'opportunity factors', as patients are usually aware of their value.

Dentists should also improve interpersonal relationships, and at the same time look at the communication of third parties with patients (auxiliary staff – nurses, people who accompany patients, etc.).

A Romanian article about dental services quality and user satisfaction with this type of services in the Bihor area, based on survey-type marketing research, shows that, despite the presence of dental offices in the rural environment as well, dental offices in Oradea have a large number of patients of rural origin (54%). (Bodog Simona Aurelia et al, 2008, pp. 120-129) The explanation is the patients' general opinion regarding the quality of dental services provided in urban dental offices, regarded as superior to rural ones. We can also notice an increased confidence in the professionalism of dentists who work in urban environment, regarded as significantly superior to those working in villages. The patients' attitude toward the expectations or appreciation of the dental services received is influenced by the information about the environment where the dentist comes from, as well as his age and studies.

In Romania, as in all the countries in a transitional period of time, competition is not always and everywhere noticed, as it should be, according to the experience of its functionality in highly industrialized countries. At the same time, there is an acute lack of scientific literature and methodical works regarding the methodological aspects of evaluating and ensuring competitiveness. Therefore, a conceptual approach of the problem, which takes into account the world experience, becomes useful, allowing the drafting of a direction and possible ways of having and developing economic competitiveness in Romania.

Theoretical background

The decision-making problem which lies at the foundation of conducting an in-depth semi-guided interview-type research is the successful implementation of marketing concepts, in order to offer the necessary framework for improving the dentist-consumer relationship, starting from the increase of satisfaction and subsequent customer retention.

The semi-structured in-depth interview will focus on identifying the extent to which the marketing activity, from the perspective of specific principles and scientific methodology, is implemented at the level of dental offices in Bucharest.

The sample will be rigorously selected, both because of the characteristic of the in-depth interview as a qualitative research technique, and of the specificity of the research theme and of the professional qualification of the respondents. The criteria for building the sample, which will be eloquent for the diversity of the possible cases, are the following: Gender; Age (26-35, 36-50, over 50); Basic field of expertise: dentist, economist, others; Decision-making capacity in the dental office: owner dentist, practice manager, specialist physician with more duties in organizing the medical services.

As for the sample sizing, an equal number of respondents, both men and women will be considered. The proportion of persons included in relation to the decision-making capacity in the dental office is also approximately equal. The total

sample size is 30 persons, a sufficient number for the aim and objectives of the research, in relation to the corresponding market in Bucharest.

According to the president of the Dental College in Bucharest (dr. Alexandru Brezoescu), there are 2,370 private dental offices in the city at present. The number of dentists working in their own offices, in hospitals, clinics and school offices is 4,000, which means a dentist for 480 patients. So, for the Bucharest market, competition is great and almost every area is already covered.

Information analysis and results presentation

After the analysis of the audio-video transcripts, a series of conclusions emerged from the in-depth interview-type research.

As a first observation, the subjects' willingness to take part in the interview is obvious, most of them being co-operant and willing to thoroughly discuss the topics proposed by the moderator (researcher).

In the finally interviewed sample, the main categories studied – specialist physician with more decision-making tasks in the dental office, specialist physician and office manager, physician manager and owner – were represented almost equally; most respondents belonged to the 35-55 age group.

The first discussion topic, the degree of familiarity with concepts and notions specific to marketing in general or to dental marketing in particular revealed the fact that most respondents were lacking specialized marketing knowledge. Younger generations, who had attended dental management courses at the university, had the opportunity of a brief introduction to marketing concepts and terminology.

The perception on marketing is structured on two basic levels, as follows: for doctors with more decision-making tasks in the dental office, who are not managers or owners, the prevailing perception associates marketing with sales, the promotion of a product or service on a market. The medical activity that implies the offer of the dental medicine service is seen separately, as a particular doctor-patient relationship. For doctors who are also managers-owners of the practice, a more developed entrepreneurial spirit is noticeable, leading to the perception of the marketing concept in terms of efficiency of the office activity and its intensive promotion in a strongly competitive environment. However, they too agree with the idea that the doctor performs first a medical act and only afterwards he provides a service.

The second discussion topic revealed the fact that the utility of the marketing activity in the dental office is conditioned by the doctor's experiences in this area over time. Some specialists regard the marketing activity as generally useful, but most physician owners do not; on the one hand because of the not relevant results derived in time, after applying marketing techniques, and on the other hand because of the lack of a complete and correct understanding of the ways marketing strategies operated in a dental office.

For the individual offices, the marketing activity is completely absent, but for larger clinics, there are 3-4 employees who have duties in the area of supply, relations with suppliers or 'customer service'.

Also, in the case of most individual offices, nurses have the role of public relations personnel, managing the relationship with the patient before and after the services were performed.

Other categories of marketing activities with a certain continuity are the ones in the online promotion, advertising through flyers, relevant journals in the office.

Any type of professional marketing research is zero, although there were sporadic attempts of building customer databases, in spite of the fact that there are medical records for every patient in each office.

As for the degree of concern about the competition activity, respondents have no relevant market information about the competition, but they are generally aware of its existence, mostly in the immediate proximity of the office. For the sources of information on the dental services market in general, respondents pointed out the two international medical congresses held in Bucharest and the Information Bulletins issued by the Dental College. Some doctors also have subscriptions to a series of specialist journals talking about the latest medical technologies – not necessarily information about the market itself, or studies conducted on consumers, etc.

From the point of view of client segmentation, each respondent, regardless of his quality of physician and/or manager, was able to outline relatively easily the customer variety of the office. However, a natural concern, a conscience of the importance of using their rigorous segmenting is totally lacking, even in the case of offices or clinics that conducted more elaborate promotion activities (radio/press), those that were not initiated based on information about segmentation.

Customer variety is relatively large, depending on the office location, equipments, the doctors' specializations (orthodontics, pedodontics, implantology, etc), price, age, education.

It is interesting to see the distinction that some doctors make from their perspective on the quality of patient and dental service consumer, respectively. Thus, the quality of 'patient' belongs to people who actively follow a dental treatment, come regularly to check-ups, while the quality of 'consumer' belongs to people who ask for auxiliary services (cosmetic dentistry, etc) and are not actively involved in a course of treatment.

As for the dynamics of needs and consumer behavior, or the degree of concern about dental hygiene, we can outline a series of conclusions which are generally valid at the urban level for most dental offices or small clinics. Thus, young people and educated people (university studies) are more diligent in following the treatment, more co-operant, have a better prophylaxis, an increased preoccupation with dental hygiene – it is also noticeable the observation according to which, from the doctor's perspective, women are more concerned about prevention than men.

As for the customer flow, one could notice, for all dental offices, a greater flow before the winter holidays, and a smaller one in summer, on holydays, this flow being related to the socio-demographic characteristics not only on age categories but also for the urban population segment with above-average incomes, active, the segment which, in fact, accounts for more than 90% of the clients of urban dental offices in Romania.

Most respondents are not fully aware of the office/clinic position on the market, and here one can notice differences between specialist physicians and manager/owner physicians, the latter having a considerably clearer image related to the attributes that position their offices or clinics on the market. Thus, the main attributes identified by them are: office location, price, service quality, the quality of materials and equipment, contact personnel, environment.

The opportunity of resorting to marketing specialists is seen differently, doctors involved in management see it as a waste of resources, are not convinced of its efficiency (unfortunately, managers/owners who declared they worked with specialists did not contact marketing professionals, but only media channels – magazines, radio, etc.); doctors involved only in medical activities regard the use of marketing specialists as beneficial.

The category of personnel which was, in most cases, indicated for an effective communication with customers is represented by medical nurses, both in the office (in the case of individual offices) or at the front-desk (in the case of clinics).

There is an overwhelming unanimous view that the nurse has the role of a real public relations and customer service specialist, her communication with the patient before and after the service provided by the doctor preparing the environment necessary for its optimal performance.

The questions about ways of measuring feed-back from customers revealed the fact that this is conducted empirically, without specially designed instruments for this purpose, that there is only a natural dialogue between the doctor and the patient – they are different as feedback – some are co-operant, while others want to change the treatment, pay less and try to have a ,little negotiation' with the doctor.

The doctor's perception about the opportunity of education in marketing is also fragmentary, there is, however, the synthetic opinion according to which they are open to the possibility of training in this field, provided the existence of highly specialized dental marketing, and not general marketing theory, presented at international dental congresses or online.

As for the opportunity of knowing the dynamics and structure of customers, as well as their needs – it is important the knowledge of customer dynamics and structure, and as well as the dynamics of their needs, on condition that the customer's privacy is complied with. It is essential to reveal the aspects related to the evolution of needs in two categories of customers: patients and dental services consumers, the way their quality changes over time, as a patient becomes a loyal dental service consumer for the office after the treatment is finished.

The ways of attracting customers were not included in a unified promotion strategy, with objectives, budget, resources, etc, more frequently were used ,mouth-to-mouth' advertising, investments in ensuring the attributes of the office related to the total quality of services provided, materials and equipment used, the accessibility of the location, the environment and the waiting room, the client service personnel behavior, direct communication as well as the doctor's charisma.

There were sporadic classical promotion efforts – flyers in mailboxes, radio and advertising in specialist journals. Without a strategic foundation, the messages

sent, their formulation, the layout choice and the choice of the target audience were done empirically without resorting to professionals, which led to an almost total failure from the point of view of communication efficiency. Two of the offices investigated even tried to retain and attract customers by offering a fidelity card, but, again, the defective management of this promotional tool led to extremely weak results – no customer was effectively attracted by the card itself.

A promotional effort common to all offices is online promotion, creating sites and posting them on servers dedicated to the offices. Here the lack of coordination and specialist knowledge were also felt, leading to a decreased efficiency of the capacity of attracting customers. The creation of the site itself was not realized starting from the basic requirements of a successful web design (the characteristic indicators, – 7C of web design, etc.), the contents, structure, menus, ease of navigation were not adjusted to the concrete needs of potential customers who surf the Internet. Moreover, the creation of websites was not accompanied by an effective SEO (Search Engine Optimization) policy, by cross-promotion with other sites or speciality portals, so site visibility and effective traffic were extremely reduced.

In the analysis of the reasons for customer return, from the perspective of the subjects interviewed, some elements emerged, such as: the high quality services, the creation of a dependence between patient and doctor – an attachment which determines patients not to change their doctors for long periods of time (years) and to follow the doctor, regardless of the office where he is working, office location and reputation.

An excessive emotional involvement was also noticed at some doctors, as they do not agree that a patient should come into their office, 'test' the services provided, and then go to another office and, finally, after the comparison, should return to their office. The doctor would refuse to treat such a patient.

This suggests the fact that the doctor sees himself, first of all, as somebody who performs a medical action, a noble one, who builds a deeply emotional human relationship, and less, or not even at all, as a simple service provider, who can be replaced with somebody else's offer in a classical competitive market.

From the perspective of the evolution of the Romanian dental services market, this observation is very important, because the diffusion of this perception among all medical staff, and even among customers, could lead to essential changes of the relationships on this market, to a superior model for the satisfaction of needs.

In most cases there are no customer databases, although every office has the obligation to make and keep medical records of all patients. Both specialist physicians and manager/owner physicians agree that databases would be necessary, but the ignorance of methods suitable for their organization and management is obvious. Also, for those who conducted more elaborate promotion efforts, there was no connection between the notion of their efficiency and the use of customer databases, which obviously contributed to the failure of the promotional efforts.

Most subjects interviewed declared that the method for approaching customers was the same, that there were no differences in the treatment received by

customers – this is another characteristic which indicates the perception of the service as a medical act, as opposed to its ‘cosmeticizing’.

Even for doctors who develop, in time, more personal relations with their patients, the protocol and method, as well as the willingness of approaching the patient, is the same as on the first visit.

From the point of view of the ways for managing unhappy customers, the perception is that apparently some customers will always belong to the ‘forever dissatisfied’ category – whether they want a smaller fee, or because of their snobbery. Justified complaints can be addressed in different ways – dental work restoration, using other materials, free check-ups, etc. The perception was also revealed according to which some customers who are also patients can only be unsatisfied by a certain stage in the treatment, or with some auxiliary services – they cannot be unsatisfied by the service itself, or else they wouldn’t be patients.

All doctors interviewed declared themselves willing to educate their customers about dental hygiene, moreover, most of them already perform constant and concrete actions for this purpose.

The definition of loyalty concept from the doctor’s perspective in relation to the services of a dental office is also nuanced, however, a series of conclusions can be drawn, regarded as relevant:

- The degree of return is an indicator of loyalty.
- The degree of return should be accompanied by the exclusivity that the patient gives to the doctor (office) – sometimes this is enough to define loyalty.
- Patients will become loyal to the doctor, less to the dental office exclusively.
- A loyal patient implies a patient who completes a treatment.

As for measuring loyalty, respondents consider that it is given by the rate of return in time, and especially by the exclusivity of return to the same dental office.

From the point of view of the elements which, in the doctor’s opinion, could lead to retention, we can mention: environment, friendly atmosphere, service quality, the doctor’s professionalism and charisma, the doctor’s PR, his professional explanations, his renown, the material used, location, price. As far as prices are concerned, we can appreciate that offering discounts can be dangerous, at least for some customers, as offices are obliged to increase prices, even though they had previously reduced them by cutting down material costs. The discount was greeted reluctantly, as customers believed an inferior material was used, not necessarily a cheaper, more technologically advanced one.

The image of the ideal office was described, from the doctor’s point of view, as being ‘a small, pleasant, intimate office, which should be like a waiting room, which didn’t look like an office, in vivid, warm colours, which reduce stress. The environment should make patients relax – aquariums, posters, pictures, videos, etc., also respecting their privacy.’

Conclusions

The conclusions we arrived to can be resumed mainly at the dimension of marketing activity initiated and conducted in dental offices from Bucharest, and on the second place, at the perception of doctors/managers on the process of customer retention and on the elements which could lead to the loyalty of the dental service consumer.

Thus, for the marketing activity, we can point out, first of all, to its lack of a proper organization, of management culture specific to marketing at almost all interviewed decision factors, the sporadic use, with no strategy, of some isolated marketing instruments (promotion through flyers, street banners, advertising inserts in magazines and online promotion by websites), the lack of operational customer records, the existence of a hypothetical anti-competition strategy without a scientifically founded base, and also the lack of information and/or market studies in the field.

Also, for those who conducted more elaborate promotional activities, there was no relation between the concept of their efficiency and the use of customer databases, which obviously contributed to the failure of the promotional efforts.

The perception about marketing is structured at two basic levels: for doctor with more decision-making tasks in the dental office, who are not managers or owners, the opinion according to which marketing is associated with sales, promoting a product or service on a market prevails, while the medical activity of a dental service is seen separately from this activity, as a particular relationship between the doctor and the patient.

For doctors who also have the quality of manager-owner of the office, we notice a more developed entrepreneurial spirit, which led to a perception on the concept of marketing in terms of efficiency of the office activity and its intensive promotion in a strongly competitive environment. However, they cultivate the idea according to which the doctor performs first a medical act and only second provides a service.

Thus, from the perspective of initiating and developing a unified, correctly founded marketing strategy, a series of recommendation need to be made, such as: the development of marketing knowledge at the level of decision factors, their involvement in training system which emphasize the use in conditions of simulation of real situations of marketing principles and tools specific to the medical field, and the development of the global vision on the marketing policy of the dental office; encouraging decision factors to resort to the specialized services of marketing consultants – the development and implementation of a marketing strategy, adapted and customized to the requirements of every office.

As for the implementation of instruments specific to customer retention, it is important to emphasize again the fact that the patient-provider relationship will be, in our opinion, decisively influenced by their own perception on the performance of physicians/managers of medical offices.

Thus, the research pointed out to an excessive emotional involvement of some doctors, who do not agree that patients come into the office to 'test' the services offered, then go to another office and, finally, after the comparison come back at the first office, in most cases the doctor refusing to treat the patient.

This suggests the fact that those doctors see themselves as being, first of all, people who perform a noble action, a medical treatment, who build a deeply emotional human relationship and less, or even at all, as simple service providers who could be replaced with other people's offer on a classic competitive market. Therefore, creating and maintaining a real relationship will require a profound involvement, both from the doctor and the patient.

If, in other situations (different products markets and services), the lasting involvement of the provider is enough for customer retention (at least at an acceptable level), for the dental services, the provider's initial effort followed by the consumer's emotional attachment is not sufficient; we are here talking about a real need for the provider-physician to be given a fast and strong feedback from the patient (inter-human communication), which overcomes the economical considerations.

In order to talk about real customer loyalty and about building long-term relationships, in the Bucharest dental offices, it is necessary to draft a strategy that also emphasizes the development of integrated channels of communications with the patients, the selection and management of the categories of customers who adhere to the same values based on the high quality of services and the development of a 'person to person' bond.

Future research should corroborate the data gathered from similar longitudinal research with other data obtained from research conducted on representative consumer samples, research that should also investigate the perception, both of doctors and of patients, on the long-term relation and retention.

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