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**THE IMPACT OF INTEGRATED MARKETING  
COMMUNICATION ON THE QUALITY  
MANAGEMENT OF MEDICAL REHABILITATION  
SERVICES  
PHD THESIS SUMMARY**

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## **Introduction**

The PhD thesis entitled “The Impact of Integrated Marketing Communication on Quality Management of Medical Recovery Services” aimed to determine the impact that integrated marketing communication (internal and external) has on the quality management of medical recovery services offered to patients, by conducting three studies.

Thus, in the literature there are numerous studies that provide information about integrated marketing communication in general, but the originality of this thesis comes from the lack of concrete studies on medical specialties.

For the realization of this doctoral research, we started from the hypothesis that an effective IMC leads to professional satisfaction of health care specialists and, implicitly, inpatients (who benefit from the services in the field of medical recovery) and their families.

## **I. General part**

### **Chapter 1. Health care system in Romania**

#### **1.1. Health care system**

The health care system is made up of organized structures that provide services and resources to the general public in an effort to improve or maintain health, while the health care system is made up of human, material, financial, informational and temporal resources that are organized and used in various ways to deliver health care services. These take the form of medical and health activities aimed at improving or maintaining the health of the general public and reducing the number of people with dysfunction due to ill health. [1].

#### **1.1.2. Objectives**

The main objectives of a health system are to ensure universal access to health care, to maintain the health of the population and control emerging diseases, and to improve the quality of health care provided [2].

The National Health Strategy proposes general and specific objectives that redefine the role of the public health system with a view to strengthening the long-term positive impact of the social determinants of population health and essential public health interventions, being citizen-centered [3].

#### **1.1.3. Particularities of the health system in Romania**

The particularities of the health system can be considered as follows:

- patient-centered service delivery;
- leadership responsibility for human and material resources;
- the involvement of internal stakeholders (doctors, employees) and external stakeholders (Ministry of Health, patients) in the achievement of the objectives proposed for each health organization.

### **1.2. Type of relationships and health system priorities in Romania**

Whatever the healthcare system, there are three main actors in the financial flow: payer, provider, consumer or patient. There are several types of healthcare systems that can be described based on the different types of relationships that exist between them [1].

### **1.3. The role of rehabilitation services in the Romanian healthcare system**

Medical rehabilitation is an ongoing process, requiring an inter and multidisciplinary approach, directed by the rehabilitation physician, which includes within the team: physiotherapist (physical therapist, occupational therapist, massage therapist), nurse, orthotist, speech therapist, psychologist, social worker and religious assistance, with individualized and long-term therapeutic schemes. A major component of rehabilitation is education, with communication becoming essential [4].

The main goals of medical rehabilitation are:

- to diminish the sequelae arising from a congenital or acquired disease;
- the development of skills that allow functionality as close to normal as possible;
- to achieve as far as possible a functional independence enabling the person to carry out daily care activities, socio-professional and family activities;
- social integration or reintegration of the person with disabilities.

## **Chapter 2. Quality management of medical rehabilitation services**

### **2.1. The concept of quality in medical rehabilitation services**

#### **2.1.1. Generalities regarding the quality of medical recovery services**

In the context of health care, 'quality' refers to the totality of relationships established between the patient and the health care facility, as well as to the professionalism and qualifications of the care staff and the attitudes and behaviors of hospital staff [5].

The provision of high quality health care is central to the performance of a health system, contributing to improved health outcomes [6].

### **2.1.2. Particularities of medical rehabilitation services**

The beneficiaries of medical rehabilitation services can be both adults and children up to the age of 18 who can access these services as follows:

- on an integrated outpatient basis where either simple consultations or accompanied by procedures (diagnostic/ therapeutic/ treatment) are offered;
- in continuous hospitalization;
- day hospitalization;
- medical rehabilitation services provided in sanatoriums other than spas and prevention centers.

### **2.2. Quality management coordinates in health services**

Since quality assurance is a rigorous and necessary process that the state must undertake, raising the standard should be a priority for professional organizations. However, any healthcare provider must implement quality management [7].

#### **2.2.1. Quality models**

Conceptual models are in turn used to develop methods and tools for assessing service quality and for improving and monitoring service quality [8].

Based on a set of theoretical concepts, models include 'customer perception' and "client expectations" about service quality [9].

### **2.3. The coordinates of quality marketing management in medical recovery services**

#### **2.3.1. Models of quality in medical recovery services**

Through an integrated quality-marketing approach we analyze three directions:

- analytics;
- managerial;
- multidisciplinary.

All these approaches to quality, some new, others that have taken a different perspective on the concepts already applied, have constantly contributed to improving and enhancing the quality of the services and products offered to customers.

#### **2.3.2. Patient satisfaction**

Assessment of patient satisfaction influences access to health services, which is why it is a priority theme for healthcare organizations, representing how the health unit comes to meet the values and expectations of patients (e.g., a satisfied patient will return to the doctor or hospital, increasing the addressability [10]).

### **2.3.3. Communication from the perspective of the consumer and the provider (doctors or specialists)**

The doctor-patient relationship is of great importance in the field of health care, constantly changing. The doctor-patient relationship is of paramount importance in health care and is constantly changing. Knowing how to communicate is the key to building a doctor-patient relationship, involving the patient as much as possible in the whole care process, from listening to the patient to considering the patient as a partner in the therapeutic approach.

## **Chapter 3. Integrated marketing communication in medical recovery services**

### **3.1. Communication process**

Communication is unavoidable, so in any field we communicate, pass on information, maintain people-to-people links and exchange productive ideas [11].

#### **3.1.1. The model Shannon-Weaver**

This model greatly simplified communication, influencing various fields such as information theory and communication theory [12].

#### **3.1.2. Types of communication**

In any professional communication system, interpersonal communication is essential, being a component of informal communication, as the members of the system interact constantly and not only in the professional setting [13]. Being part of organizational communication, "communication is not an individual game, but a team game", therefore, we can only examine the collective performance, we do not identify and analyze the individual communication performance [14].

#### **3.1.3. Barriers in the communication process**

The existence of barriers in communication is a minus to communication, which leads to a new strategy for the doctor-patient relationship [15].

The efficient internal communication is an important element of organizational strategy. By eliminating communication barriers, a "highly productive relationship field" is created, which can lead to the achievement of the organization's common goals [16].

### **3.2. Integrated marketing communication in medical recovery services**

The level of implementation of Integrated Marketing Communication (IMC) has a positive influence in achieving the goals of the organization [17]. Healthcare facilities

understand that there are benefits of CIM, the advantage of implementing CIM increases performance. In this regard, CIM related activities should be considered as a strategic priority of the care unit [18].

### **3.3. Integrated marketing communication models in medical recovery services**

For the success of an organization, integrated communication comprises CIM [19]. In the new trends of marketing, the organization practices innovative tools in CIM [20], with the aim of satisfying the customer (gaining his trust) and gaining advantages over the competition [19].

Nowadays, we distinguish an evolution of CIM models, which is an integrated process that can be implemented in several stages and at different levels of progress [21].

## **II. Personal contribution**

### **Chapter 4. Working hypothesis and overall goals**

This research had as a general objective to evaluate the perception of medical recovery specialists regarding CIM and its impact on the quality of medical care.

The research hypotheses were:

For Study I:

–H1: Communication between employee and supervisor is important factor in achieving employee satisfaction;

–H2: Collaboration between employee and supervisor is an important factor in achieving employee satisfaction.

For Study II:

–H1: Face-to-face communication is the most effective type of communication.

For Study III:

–H1: Marketing communication is a predictor of job satisfaction of specialists working in healthcare organizations;

–H2: Components of Marketing Communication are predictors of job satisfaction of specialists working in healthcare organizations;

–H3: Perceived Importance of Quality of Health Care is a predictor factor for job satisfaction of specialists working in health care organizations;

–H4: The components of the perceived importance of the quality of health care are predictors for job satisfaction of specialists working in health care organizations.



## **Chapter 5. General research methodology**

The present PhD Thesis research consists of three studies.

### **5.1. Research material and methods**

The present doctoral research was carried out between 2018-2024 at the "Dr. Nicolae Robanescu" National Neurorehabilitation Center for Children (CNCRNC "Dr. N. Robănescu"), Bucharest, Romania, with a batch of specialists that has been divided into sublots as follows: subplot 1 (physicians), subplot 2 (psychologists), subplot 3 (biologists), subplot 4 (pharmacists), subplot 5 physiotherapists (kinetherapists, occupational therapists, physiotherapists) with or without higher education, subplot 6 (medical assistants). All sublots interact with patients.

The questionnaire method is a basic, valuable, versatile and powerful tool providing a structured approach for collecting data from a significant number of respondents. Proper questionnaire design facilitates standardized data collection and analysis for quantitative research [22].

The contents of the questionnaires (Annex 5 for studies 1 and 2 and Annex 6 for study 3), which were administered to the specialists using the "pencil-paper" method, were analyzed for the first two studies:

- communication and collaboration of employees of the CNCRNC "Dr. N. Robănescu" structures, training in the field of communication (questions had 3-6 answer options) and
- the perceptions of specialists regarding the communication process with patients or their relatives (with 3-7 response options);

For the third study we aimed:

- quality of health services, with the following dimensions (Reliability, Professionalism, Empathy, Safety, Medical services offered, Responsiveness and Tangibles) which followed a self-report scale with 37 items;
- perceived marketing communication with five dimensions (Motivation, Education and Training, Organizational Culture, Internal Communication and Satisfaction) comprised a 17-item scale;
- perceived job satisfaction scale with 5 items.

### **5.2. Characteristics of the study sublots**

#### **5.2.1. Inclusion criteria**

- employees, specialists of the CNCRNC "Dr. N. Robănescu" in the medical field working with patients.

### **5.2.2. Exclusion criteria**

- employees with less than 1 year of seniority;
- employees on vacation;
- non-medical staff.

### **5.3. Ethical considerations**

The doctoral research was conducted at the CNCRNC "Dr. N. Robănescu" with the Ethics Commission's approval, no. 7514/ 25.09.2019 (Appendix 1), for the first 2 studies, and for the third study, the approval with no. 11856/ 14.09.2023 (Appendix 2) from the same Center.

Subjects were enrolled in the study only after signing/ obtaining Informed Consent from the specialists.

### **Statistical analysis**

Statistical data processing was performed with Statistical Package for the Social Sciences (SPSS) v. 22, 27, 28 and Microsoft Excel, 2016.

Calculations were performed on: mean, standard deviation of the measured parameter values, Chi-square normality test for correspondence, Kaiser-Meyer-Olkin (KMO) test of sampling adequacy and Bartlett's test of sphericity.

## **Chapter 6. Study I: The perspective of medical staff on improving the integrated communication process – A pilot study**

### **6.1. Introduction (Working hypothesis and specific goals)**

This study aims to compare the communication process within the interdisciplinary team on the 3 functions: physicians, physical therapists and nurses.

The specific objectives of the study were:

- To explore the levels of communication and collaboration between horizontal and vertical employees in the CNCRNC "Dr. N. Robănescu";
- Identification of the level of professional training on communication among employees of CNCRNC "Dr. N. Robănescu";
- Analysis of the hierarchical superior's receptivity to the proposals of the three sublots.

### **6.2. Material and method**

The study included 44 participants (32 women and 12 men), aged between 23 and 53 years, and was conducted in the same medical facility between October-December 2019.

Physicians, physiotherapists and nurses were the specialists who took part in the study. Questions were explained to the participants enrolled in the study and informed consent (Appendix 3) for participation was obtained.

Data were collected using a pencil-and-paper questionnaire (Appendix 5).

Frequencies and percentages were obtained to perform qualitative data analysis.

The  $\chi^2$  (Chi-square) test was used to highlight differences between sublots. The level of statistical significance was  $p < 0.05$ .

Data collection and processing were performed using SPSS version 27.

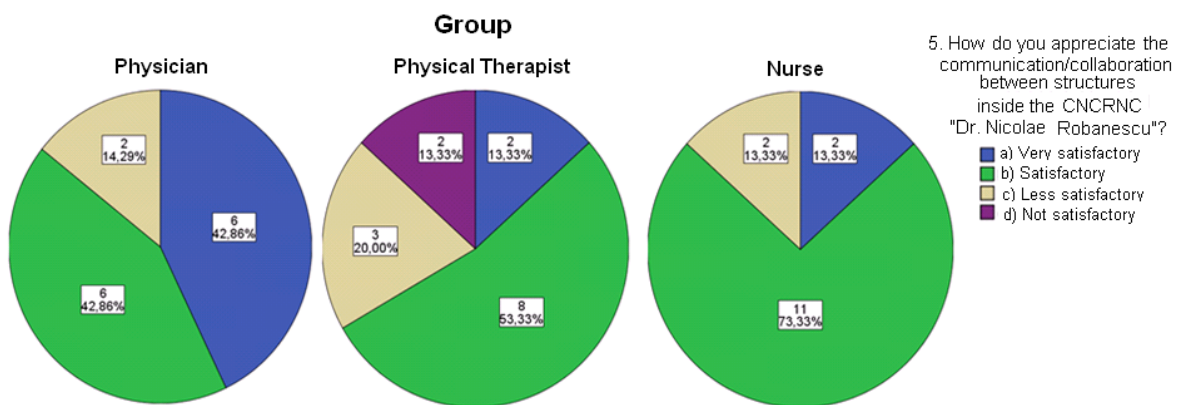


Fig. 6.1. Percentage distribution of the staff related to communication and collaboration

The Chi-square test for the question "communication and collaboration between employee and supervisor" showed a  $p$ -value = 0.556, which means that the groups do not differ statistically significantly from each other.

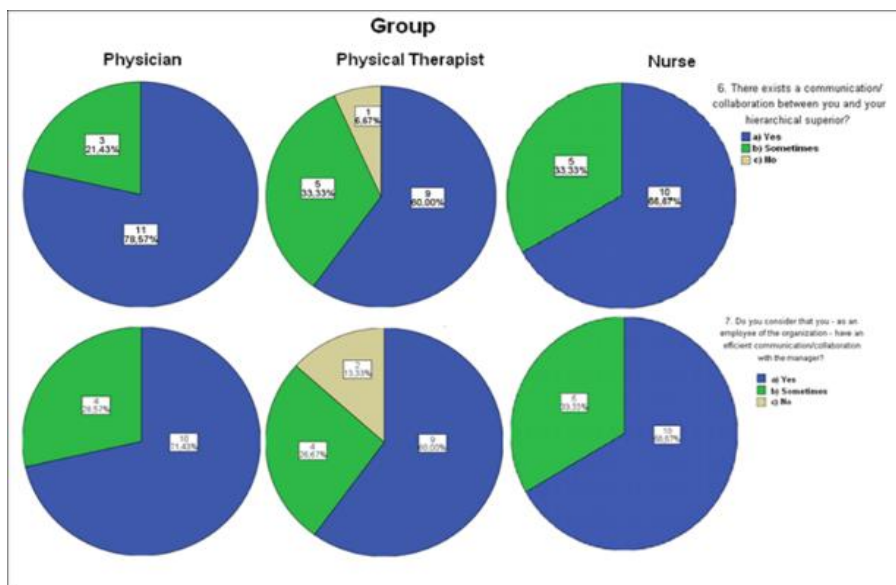


Fig. 6.2. Employee percentage distribution in terms of communication and consultation relationships with the supervisor, as well as effective communication and collaboration with the manager.

For the question on "appreciation of communication and collaboration between structures", the test produced the value  $p = 0.093$ , which shows that there are no statistically significant differences between specialists.

For the question on "effective communication and collaboration relationship between employee and manager", the Chi-square test produces a  $p\text{-value} = 0.807$ ; the groups do not differ statistically significantly from each other.

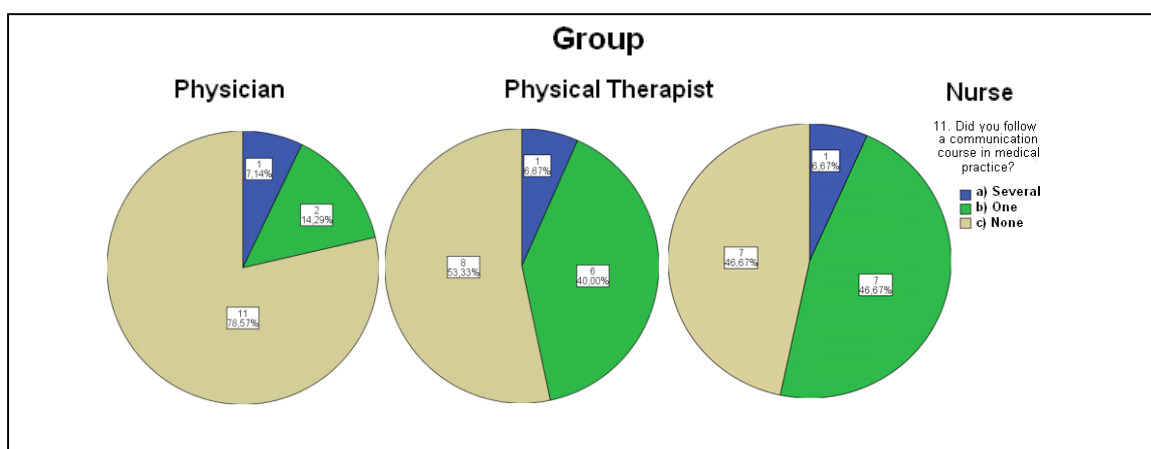


Fig. 6.3. Percentage distribution of the number of communication courses in medical practice by professional categories.

The Chi-square test for the question "Have you attended a course on communication in medical practice?" showed a value of 0.0605, the answers show that there are no statistically significant differences between groups.

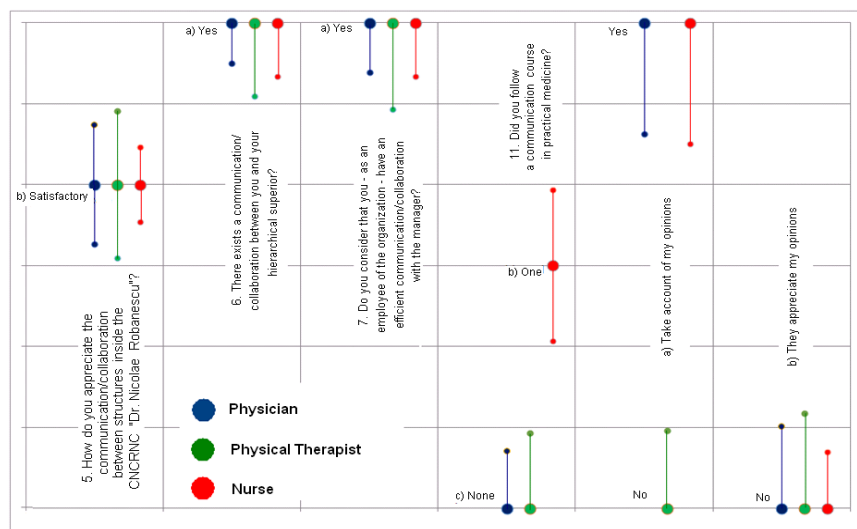


Fig. 6.4. Situation of the groups based on their responses to the study's questions

For the question on "listening and analyzing the proposals of professional categories by the superior and the management team" the value of statistical significance  $> 0.1431$  is too low to say that the groups would differ based on the answers to any of the sub-questions of this question.

### **6.3. Results**

Results of the questionnaire

Only two employees chose the answer "(communication is) unsatisfactory", while the majority of respondents (25 out of 44, i.e. 56.8%) chose the option "(communication is) satisfactory".

The Chi-square test showed a p-value of 0.556, which indicates that the answers of the three sublots are not statistically significantly different (but that they do not give similar answers).

### **6.4. Discussions**

Communication between different sublots of professionals is indispensable in the implementation of the quality system reported at all levels of the organization and for the optimal functioning of the health facility. Feedback from patients who have received health services reflects their satisfaction and the quality of services provided by health facilities.

### **6.5. Conclusions**

The role of policies in health communication is to ensure the provision of high quality health care and services to the population, so that the outcome of these services and care has the desired impact on the health status of the individual and the population.

The results show that there are no essential differences between the sublots, therefore we cannot state that the three sublots respond statistically significantly differently on:

- "appreciation of communication and collaboration between structures";
- "effective communication and collaboration relationship between employee and manager";
- "the relationship of listening and analyzing proposals of professional categories by the superior and the management team".

## **Chapter 7. Study II: A pilot study of the perception of specialists from a Medical Rehabilitation field regarding the efficiency of Marketing Communication**

### 7.1. Introduction (working hypothesis and overall goals)

The aim of this study is to evaluate the perception of specialists working in a health care organization regarding the marketing communication used in CNCRNC "Dr. N. Robănescu".

Study hypothesis:

–H1: The "face to face" communication channel is the most effective type of communication.

The specific objectives of the study are:

–to analyze the level of communication and collaboration between employees of CNCRNC "Dr. N. Robănescu" and family members or caregivers of patients;

–to find out how the medical staff of the CNCRNC "Dr. N. Robănescu" communicates with patients and their family members or relatives.

### 7.2. Materials and Methods

The sample of those who were included in the study was 85 specialists, employed at the CNCRNC "Dr. N. Robănescu". The specialists had the functions: physicians, psychologists, pharmacists, pharmacists, biologists, physiotherapists and nurses, 61 (71.76%) were women and 24 (28.24%) were men.

Data were collected using a self-administered questionnaire (Appendix 5). The questions refer to the specialists' perceptions of the communication process with patients or their relatives or family members.

### 7.3. Results

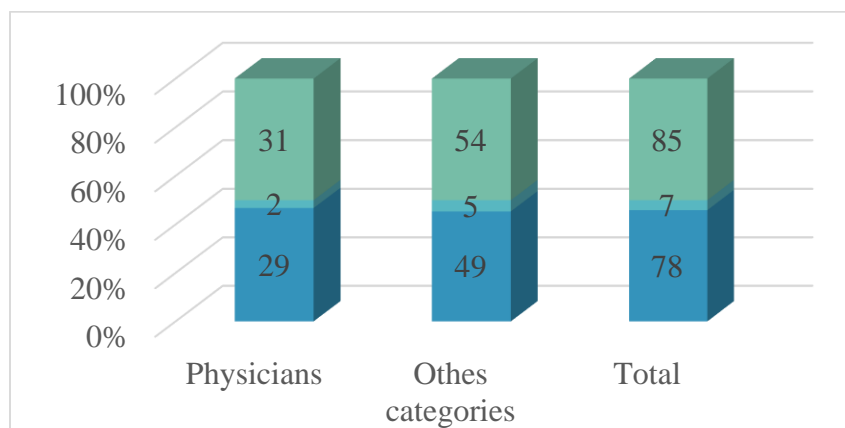


Fig. 7.1. Collaboration with patients' relatives for the realization of the medical/ therapeutic act, by professional categories

To the question "Do you collaborate with the patient's family in carrying out the medical/therapeutic act?", most of the respondents stated that they collaborate with the

patient's family in carrying out the medical/therapeutic act (91.8%). The remaining 8.2% of the respondents stated that they sometimes collaborate with the patient's relatives.

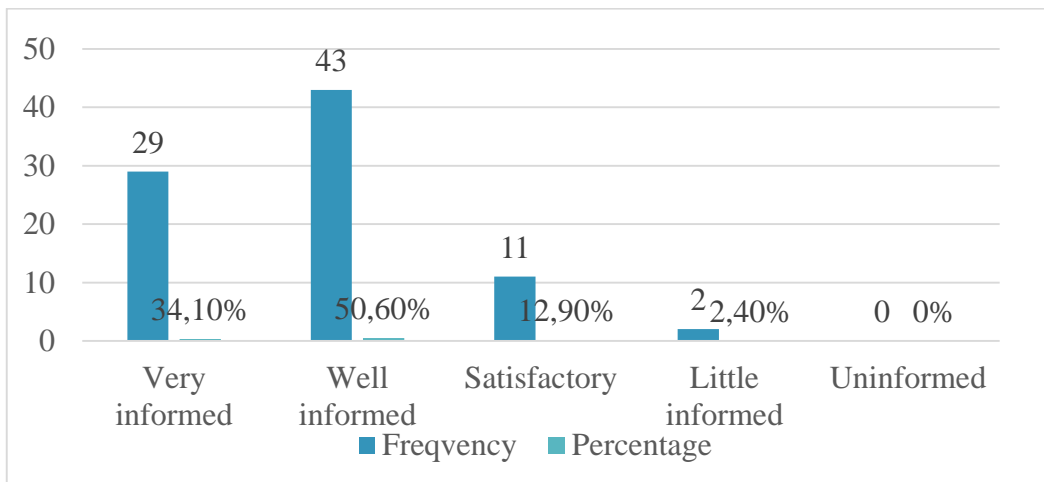


Fig. 7.2. Distribution of the participants' answers to the question "To what extent do you think that the patient/ caregiver/ visitor is informed about the services offered by your organization?"

"To what extent do you think that the patient/caregiver/visitor is informed about the services offered by your organization?" the majority of the subjects stated that the patient/caregiver/visitor is very informed (29; 34.1%) and well informed (43; 50.6%).

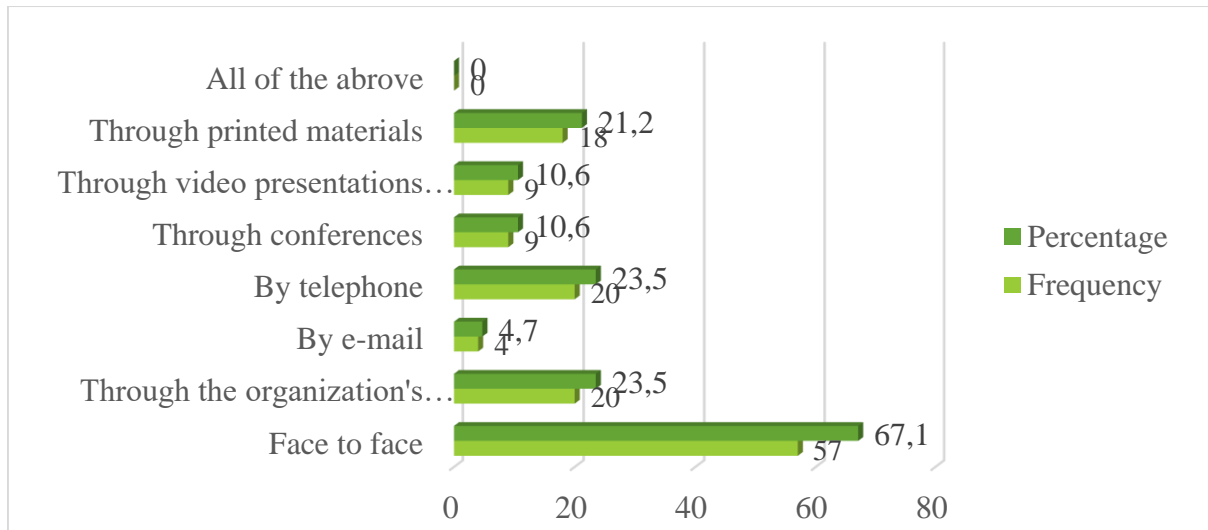


Fig. 7.3. Methods preferred by the doctor and staff for informing or communicating with patients or their relatives

When asked about "ways in which patient/ caregiver/ visitor communication/ information is carried out", respondents were given multiple choices, with most respondents choosing more than one way of communication. The highest percentage of subjects chose 'face-to-face' communication (57; 67.1%), followed by telephone/online information (20; 23.5% each), video presentations and conferences (9; 10.6%), and e-mail (4; 4.7%);

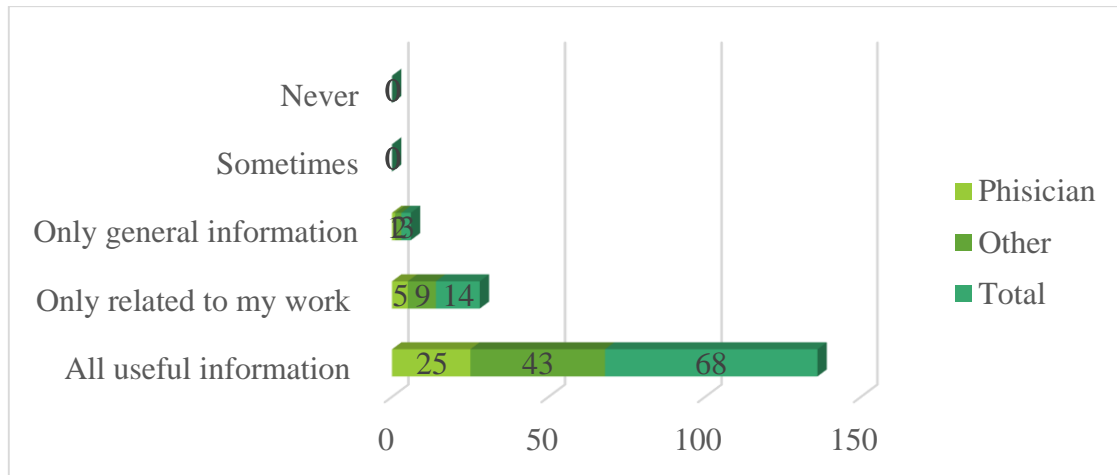


Fig. 7.4. Communication with patients/ relatives/ vizitors of informations regarding services provided by professional categories

When asked "Do you only give patients/relatives/visitors information about the services you provide?", 80% of the respondents said that they give patients/relatives "all useful information", 16.5% "only about my work" and "only general information" 3.5%.

#### 7.4. Discussions

Patients benefit from marketing communication by developing positive relationships with the healthcare facility and its specialists, facilitating information exchange and easier access to care.

According to the quality management perspective, 80% of healthcare professionals believe that all useful information and services provided by medical specialists are communicated to patients in a clear and accurate way.

#### 7.5. Conclusions

Face-to-face communication remains the most effective type of communication in a healthcare organization.

Collaboration with the patient's family in the medical act as well as information about the services offered are considered as very important aspects in the communication process.

Employees who have a positive perception of their healthcare organization will transfer that trust to their patients. As a result, marketing communication can be a useful strategy for improving healthcare brand promotion. Effective implementation of Marketing Communication is closely linked to employee communication and external marketing efforts.



## **Chapter 8. Study III: Marketing Communication and Perceived Health Care Quality: antecedents of Physiotherapists' Job Satisfaction**

### **8.1. Introduction (working hypothesis and specific objectives)**

The present research aims to investigate the relationships established between perceived quality of health care and marketing communication and job satisfaction from the perspective of specialists working in health care organizations.

As a specific objective we aimed to analyze the established relationships between the perceived importance of quality of care, marketing communication and job satisfaction of physiotherapists working in CNCRNC "Dr. N. Robănescu".

### **8.2. Materials and methods**

#### Participants and procedures

The research was conducted using a face-to-face questionnaire (Appendix 6) between September and October 2023. The sample of respondents consisted of 114 physiotherapists from CNCRNC "Dr. N. Robănescu".

#### Measures of the survey

The data collection was carried out using several tools translated from English into Romanian and rendered by two independent specialists. The questionnaire included both items on the socio-demographic profile and three self-reporting tools on the perceived importance of the quality of health care, the perception of marketing communication of the health care organization and professional satisfaction from the perspective of specialists.

#### The socio-demographic profile

Itemii profilului socio-demografic s-au referit la informațiile generale raportate ale participanților, și anume sexul, vârsta, starea civilă, tipul de angajare, experiența în domeniu și perioada de lucru în organizația de îngrijire medicală.

The socio-demographic profile items referred to the participants' reported general information, namely gender, age, marital status, type of employment, experience in the field, and length of time working in the healthcare organization.

#### The Health Care Service Quality Instrument

The perceived importance of the quality of health care services was assessed and adapted using the Romanian version of the scale developed by Lee et al. (2000) in English [23]. The scale, consisting of seven dimensions (Reliability, Professionalism, Empathy, Assurance, Basic Medical Services, Responsiveness and Tangibles), was composed of 37 items.

### The Perceived Marketing Communication Instrument

The Perceived Marketing Communication instrument consisted of self-report scales that measured Motivation, Training, Development, Internal Communication and Organizational Culture.

### The Perceived Job Satisfaction Instrument

Perceived job satisfaction was assessed using the Romanian version of the instrument, as developed in English by Gounaris [29] and Rue and Byars [30]. The instrument comprised five items (e.g., I feel good working for this healthcare organization; I feel good about my relationships with my colleagues).

### Statistical analysis

The analysis consisted of assessing the reliability of the scales and subscales by calculating Cronbach alpha values. The recommended level of Cronbach alpha values should be above 0.70 [24]. Accordingly, to examine the underlying structure of the multiple-item constructs and to obtain clues for item exclusion, an exploratory factor analysis (EFA) with Varimax rotation was performed. EFA was based on the KMO measure of sampling adequacy above 0.80, the significance of Bartlett's test of sphericity ( $p < 0.001$ ), and suppression of factor loadings less than 0.40 [25].

A correlation analysis was performed using Pearson's  $r$  as a correlation matrix. After, multiple linear regressions were performed to validate the hypotheses.

## **8.3. Results**

### Demographic Characteristics of the sample

64.9% of study participants were female and 35.1% were male. The mean age of the respondents was 39.74 years (St. Dev. = 9.56). The majority of the participants were married (61.4%), but there were also unmarried (26.3%) and divorced (12.3%) respondents, and the vast majority of them were from urban areas. Participants indicated that they were employed for an indefinite period (93%), and the mean length of service in the field was 14.74 years (St. Dev. = 8.85). In addition, the mean experience in the medical recovery organization was 12.44 (St. Dev. = 8.95).

### Reliability and Exploratory Factor Analysis

Principal component analysis (PCA) with variable rotation (Varimax) was performed to examine the dimensions underlying the study constructs. All KMO sub-subset adequacy test values were above 0.58, and the significance of Bartlett's sphericity tests were statistically significant. The latent factors that emerged from the EFA showed satisfactory statistical reliability (i.e. Cronbach alpha values  $> 0.70$ ). The items of all constructs

explained the variance of the latent variables more than 45% which means satisfactory internal consistency.

There is a statistically significant difference in the level of professionalism according to respondents' gender ( $t = 3.31$ ;  $p = 0.001$ ). Thus, female respondents consider professionalism in health services to be important compared to male respondents (4.54 vs. 4.22).

There are statistically significant differences in several latent variables according to the respondents' background, namely, reliability ( $t = 2.17$ ;  $p = 0.03$ ), professionalism ( $t = 2.20$ ;  $p = 0.03$ ), safety ( $t = 2.19$ ;  $p = 0.03$ ), services offered ( $t = 2.14$ ;  $p = 0.03$ ) and motivation ( $t = 1.99$ ;  $p = 0.04$ ).

The vast majority of variables showed moderate and strong statistically significant correlations.

In order to test the proposed hypotheses, several multiple linear regressions were run at a statistically significant threshold of  $p < 0.05$ . The first proposed model, containing the independent variable Marketing Communication, was adequate ( $F(1,108) = 195.04$ ;  $p = 0.001$ ) and was statistically significant, suggesting how Marketing Communication may be a predictor of Job Satisfaction ( $\beta = 0.80$ ;  $t = 13.96$ ;  $p = 0.001$ ). In addition, 64.4% of the variance in Job Satisfaction was explained by Marketing Communication. In Model 2, the components of Marketing Communication that have an impact on Job Satisfaction were Training and Development ( $\beta = 0.47$ ;  $t = 8.31$ ;  $p = 0.001$ ) and Motivation ( $\beta = 0.40$ ;  $t = 6.38$ ;  $p = 0.001$ ). 74.1% of the variance in Job Satisfaction can be explained by Training and Development and Motivation.

Model 3 includes perceived quality of care as an independent variable and it was adequate ( $F(1,110) = 22.22$ ;  $p = 0.001$ ) Perceived quality of care explained 16.8% of the variance of job satisfaction ( $\beta = 0.41$ ;  $t = 4.71$ ;  $p = 0.001$ ). In terms of components, Model 4 confirms that Reliability ( $\beta = 0.23$ ;  $t = 2.11$ ;  $p = 0.03$ ) and Responsiveness ( $\beta = 0.49$ ;  $t = 3.94$ ;  $p = 0.001$ ) explain 28.3% of the variance of Job Satisfaction. Thus, H1, H2, H3 and H4 were supported.

#### **8.4. Discussion**

The present study explored the relationships established between the perceived importance of quality of care, marketing communication and job satisfaction of physiotherapists working in CNCRNC "Dr. N. Robănescu".

Our main results showed that both marketing communication and perceived quality of care had positive effects on physiotherapists' job satisfaction. Job satisfaction has been

recognized as a key factor in ensuring the sustainability and development of health systems [33], as well as a proxy indicator of quality of care [34]. Physiotherapists who believe that quality of care is important will be more satisfied with their work [38] and perform better. As our findings have shown, physiotherapists who reliably and responsibly deliver health care are more satisfied with their work.

In terms of marketing communication, the results indicated that if managers of a healthcare organization implement specific activities to train, develop and motivate physiotherapists, they will be more satisfied with their jobs. The relationship between marketing communication and provider satisfaction is justified based on the theoretical principle of 'psychological contact' [26] and the need to increase the quality, delivery and value of the services they offer [27].

Having satisfied employees is essential for achieving high standards in the quality of services provided to consumers.

#### Limitations

Despite the positive results obtained from the research, its limitations should also be considered.

–First, it is essential to emphasize that the study was conducted within a single healthcare organization. Although the representativeness of the sample was significant for the selected healthcare organization, we could not extend our results to other healthcare organizations. Future studies should focus on other health care organizations with similar or different medical specialties and replicate the study design.

–Second, the study used self-reported measures, which are sensitive to desirable responses and bias. Thus, multiple measures should be used in future analyses.

–Thirdly, future research should also focus on more specific variables or include more variables in the model, as marketing communication has not been studied as much in the context of health care services and in particular recovery services.

#### **8.5. Conclusions**

Healthcare organizations in the field should provide training and development and motivation-oriented activities to assess job satisfaction, but it is also necessary to encourage the development of reliability and responsiveness skills among physiotherapists in order to achieve job satisfaction.

## **Chapter 9. Conclusions and personal contributions**

### **9.1. Conclusions**

The three studies analyzed the marketing communication, perceived quality of care and professional satisfaction of health care professionals and, by extension, of caregivers and inpatients receiving services in the field of medical recovery, using 2 self-administered questionnaires (Appendix 5 for the first 2 studies and Appendix 6 for the third study).

A multiple-choice questionnaire was used to conduct the first two studies and the results were analyzed using the cross-sectional research method to obtain relevant information.

Our main findings showed that both marketing communication and perceived quality of care had positive effects on physiotherapists' job satisfaction.

Regarding marketing communication, the results indicated that if managers of a healthcare organization implement specific activities to train and develop and motivate physiotherapists, they will be more satisfied with their jobs

Technical and economic advantages and disadvantages:

Advantages include:

–conducting the scientific study with low costs (coming from the multiplication of evaluation questionnaires and Informed Consent);

–short time to obtain information from the assessment tools.

Techno-economic disadvantages:

–self-administration of the questionnaires, which could lead to inaccurate answers, despite the constant willingness of the investigator to clarify any question;

–difficulty to obtain standardized research instruments, limited number of such questionnaires on the market/ within the reach of specialists;

–results obtained were not extended to other health care organizations.

Study limitations:

–the study was only conducted in a single health care facility, which meant that the results only expressed the views of a small sample;

–small sample of respondents (in the institution at the time of the study) for Study 1 (Article 1), so results were analyzed with caution;

–cross-sectional approach analyzed the data obtained comparatively by sublots at a given point in time. No reference was made to the past or future development.

The unresolved issues:

- inclusion of more specialists in the study;
- inclusion of patients to be surveyed on their satisfaction with the quality of medical rehabilitation services;
- future studies should focus on other health care organizations with similar or different medical specialties and replicate the study design.

Directions for further research:

- expanding the study to more public and private health care facilities;
- extending the research to other regions of the country;
- future studies may focus on other health care organizations with similar or different medical specialties;
- future studies may use parallel (employee/patient) or multiple methods of evaluation.

## **9.2. Personal contributions**

- by analyzing various medical and non-medical databases such as PubMed, Scopus, Elsevier, PMC, LEXIS NEXIS, MD Consult, to identify related research studies, on the specialty of medical recovery, we note that, to date, this is the first study conducted;
- in addition we believe that the results obtained have a positive impact on health care professionals;
- based on the results of this study related to the scientific endeavor, we argue that the present research has achieved its purpose considering that the results;
- we also consider that the doctoral research can serve as a basis for future studies, with elements of novelty, to comparatively analyze the impact of integrated marketing communication on the quality of health care services in several medical specialties.

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