sciendo

ARS Medica Tomitana - 2023; 3(29): pag. 153 - 165

doi: 10.2478/arsm-2023-0023

MAPPING STAKEHOLDERS AND THEIR NETWORKS FOR STRATEGIC COMMUNICATION IN THE ROMANIAN HEALTH SECTOR – A PUBLIC RELATIONS APPROACH

Andreea Roxana Raceanu[1]

[1] Faculty of Communication and Public Relations, National School of Political Studies and Political Administration

Andreea Roxana Raceanu

email: andreea.raceanu@comunicare.ro

ABSTRACT

Introduction: Communication has a significant role in achieving objectives in the medical sector. It involves information, collaboration, partnership and starts from understanding the profile, needs and interests of main stakeholders and their relationship networks. Healthcare public relations (HPR) provides a useful framework for strategic communication, by identifying stakeholders and their potential connections, designing, and implementing interactions that lead to positive results for all those involved and for supporting health in general. The current study proposes a mapping of stakeholders and networks in the healthcare system in Romania, as premises for efficient HPR.

Public relations and stakeholder approach: Professional public relations (PR) is based on two-way communication, implying partnership and collaboration. Stakeholder theory, as approached within PR framework, is appropriate for present realities, considering the network society and the interdependency between actors.

Methodology: This is an exploratory study using in-depth documentation and analysis of public data (statistics, reports, legislation), accessible online.

Results: The author provides a graphic and verbal map of stakeholders in the Romanian health sector (patients, medical body, pharmacists, health facilities, academia, healthcare producers and suppliers, authorities and international bodies, professional representatives, NGOs, and mass media), and their networks. Five types of linkages are highlighted, by considering the criteria of the impact the connection has on healthcare (direct and indirect) and the connection grounds (functional, support), and including mixed interactions.

Discussion: Results and implications of the analysis are discussed in relation to previous scholarship. The HPR approach is emphasized as an advantageous framework for strategic communication in the healthcare sector.

Conclusions: Healthcare communication implies a complex process of documentation, planning, strategy, and implementation. Its outcomes are translated into more than plain public information or promotion of specific products and services in this area. By focusing on interconnectivity, and mutual understanding, HPR fosters common engagement and collaboration between stakeholders, within their natural networks, and offers valuable strategic communication coordinates for the medical sector and its challenges.

Keywords: healthcare public relations, stakeholders, networks, health communication, strategic communication.

Introduction

Communication is an important and necessary element associated with the realities and objectives of the medical sector. The recent situation created by the COVID 19 pandemic highlighted both the relevancy of healthcare system efficiency and its shortcomings. The communication models and practices used for finding solutions, disseminating information, engaging all categories of public, and implementing daily activities in the healthcare environments must be considered in depth. Healthcare public relations (HPR), as strategic modern approach, is a useful framework for communication in the medical sector. Public relations (PR), designed to build reputation, positive relationships, and trust, contribute to performant and valuable

organizational processes and outcomes. As compared to other types of communication (advertising, marketing, journalism, lobby, advocacy), PR brings extensive outputs, which include healthcare related responsible research and assessment, information, persuasion as well as partnership and collaboration. These are required to generate sustainable results in situations or areas characterized by pressure and risk, as in the case of healthcare.

Mapping the stakeholders and their relationship networks is a starting point for an increased understanding concerning the realities of the medical sector, identifying the key challenging points and the areas where communication offers the opportunity and power to bring changes. Highlighting the types of relationships and their importance contribute to understanding the potential and risk of communication flow, and the need to activate specific tools which imply positive interactions. These are necessary to unlock or increase the efficiency of certain processes at the macro or micro level in healthcare.

Romania has mixed results in the healthcare sector, according to the latest reports, published at the European level, with many improvement areas and shortages in resources, in relation to the current needs (1). Communication and PR can make relevant contributions, especially considering that the number of communication professionals in healthcare, as well as academic training programs in this area are increasing. Also, it is expected that funding from the National Recovery and Resilience Plan (2), by accelerating digitalization, will positively impact the health sector, with respect to its functioning and gathering data evidence. Effective communication and stakeholder relationships, within networks, represent key elements in successfully applying the necessary measures in the health sector. HPR can make a valuable contribution in this respect.

The purpose of this study is to identify relevant stakeholders and networks in the health sector in Romania, premises in strategic communication, provided trough the framework of modern professional PR, focusing on partnerships and collaborations between relevant entities their publics, mutually beneficial outcomes, and positive social changes.

Public relations framework and stakeholder approach

PR is meant to deliver outcomes by building and maintaining positive reputation, relationships, and trust. It is a strategic communication activity, seen as both an art and a science of understanding and responding to communication needs through an ethics-based approach. It is defined as a management function, involving two-way communication, complex research and planned activity (3–9). Analyzing models of communication and PR, Grunig underlines the ethical value and advantages of *professional PR* (based on two-way communication, from asymmetrical to symmetrical, excellent PR), differentiating if from *craft PR* (using one-way communication forms of PR, from manipulation and press agentry to public information) (4).

Stakeholder theory is a useful framework for identifying relevant actors and emphasizing the importance of communicating with them, according to their needs, interests, and the general context. Ever since it was introduced by Freeman, stakeholder concept (10) and analysis have been used in various areas, especially for implementation and evaluation of communication programs and organizational and public policies. The concept of *stakeholders* used to be avoided in PR, since it was associated with the area of public policies or business management, considering the pragmatic coordinates and interests of the organization towards that category of relevant entities. Instead, the concept of *publics* was preferred, emphasizing the more relevant own interest and engagement of these categories towards the organization and the communication and interaction potential, within a PR framework based on partnership. However, the two concepts merged and started to be used interchangeably in practice and research in PR approach (10). This is associated to the relevancy, presently attributed to communication and collaboration between various stakeholders. Modern professional PR portrays the stakeholder collaborative approach, based on mutual contribution in obtaining the desired outcomes, within a complex interconnected ecosystem.

It goes beyond the transactional framework of stakeholder management, based on pragmatic interests and advantage seeking actions.

Several authors in PR literature and scholarship have focused on the segmentation and prioritization of stakeholders in PR (10–15), aiming to contribute to anticipation of risks and to public solving. As Rawlings summarizes (10), by citing previous studies, stakeholders can be mapped and prioritized according to their relationship with the organization (by enabling, functional, diffused or normative linkages respectively), their attributes (power, legitimacy and urgency), relationship with the situation (level of involvement, and problem and constraint recognition, respectively), and communication strategy (aligned with the active/inactive or supportive/non-supportive characteristics of the stakeholders). More recent studies underline the relevancy of multi-stakeholder PR, as in the case of co-creation of knowledge for innovation (16). Collaboration and partnership model, which take into account the importance of interconnectivity, is also emphasized in scholarship (17–19). Moreover, a network perspective in PR is considered appropriate to the present network society, emphasizing the connections between different actors and their relationships (20).

PR, as a management function (8), considering the professional model of excellence symmetrical communication (4), represents a natural umbrella for the modern efficient and responsible communication with stakeholders, aiming to obtain positive outcomes for all parties involved.

Methodology

To analyze and map the stakeholders and their networks, *in-depth documentation* was used, based on the *analysis of public data and documents* (including regulation, official reports, and official websites), all accessed online. A synthetical presentation of stakeholders in the Romanian health sector is provided and a verbal and graphic mapping is proposed. The study highlights five *types of linkages* and *communication networks* between various categories of stakeholders, based on their *impact (direct or indirect)* in providing healthcare to the final beneficiary, and the *purpose of the interaction* between actors (*functional or support)*. Effective strategic communication with stakeholders is discussed, based on the types of connections between them, also referring to the correspondence with the findings of previous studies. The advantage of the PR approach is underlined, towards its potential to increase the positive results in the medical sector.

Results

Stakeholders in the health sector in Romania

Based on the documentation and analysis regarding health landscape in Romanian, the following categories were identified: patients (the main beneficiaries), health professionals (first line providers of healthcare), the academia, health facilities, healthcare producers and suppliers (which are the basic and additional providers of health-related products and devices), authorities and international bodies, representative bodies, NGOs, and mass media.

Patients**,** as central stakeholders, are the final beneficiaries of health products and services. As indicated by recent European reports, in 2022, 73% of Romanians (as compared to the EU average of 68%) considered themselves to be in “very good” or “good” health. However, older population (which grew to 19% of the total population) have a shorter life expectancy than the EU average (83,7 years for women and 78,4 years for men), with less healthy life years (1). According to the same study, in Romania, rates of treatable mortality (as indicator of the effectiveness of public health and prevention policies) and of preventable mortality (indicator of the effectiveness of the health system) are well above the EU averages. Ischemic heart disease, pneumonia and stroke are the main causes of treatable mortality in the country, while preventable mortality rates are associated with ischemic heart disease and alcohol-related disease, along with Covid-19. Lifestyle (unhealthy diet, smoking, alcohol consumption, low physical activity) and pollution (air quality) are risk factors. Some of them can be at least partially controlled at the individual level, provided a responsible behavior. Romanian

health system is based on a compulsory health insurance payroll contribution, exempting non-working people. Uninsured residents (12% of the population) receive basic healthcare services, financed from the public budget. (1) Patients are expected to access healthcare products and services for treatment but also for prevention.

Health professionals (doctors, physicians, surgeons, dentists, nurses) **and *pharmacists*** are the main responsible actors for healthcare services and health product distribution, respectively. Many physicians work in two or more medical centers, in the public and private sector. According to recent European reports, the medical body, counting 8.0 nurses per 1000 population and 3.5 doctors per 1000 population, is lower than the European average (1). Figure 1 and Figure 2 illustrate the recent data.

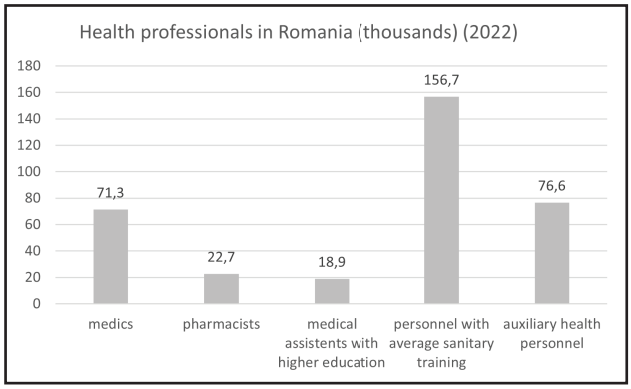

Figure 1 Health professionals in Romania in 2022, Source: compiled by the author of this paper, based on data provided by National Institute of Statistics (21)

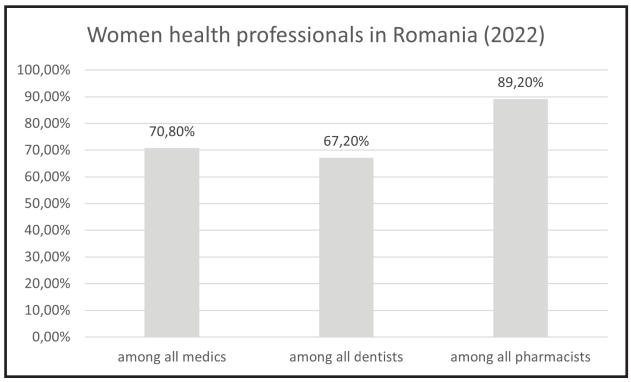

Figure 2 Women professionals in Romania in 2022, Source: compiled by the author of this paper, based on data provided by National Institute of Statistics (21)

Academia (universities, teachers, researchers, students) provide education and training for health professionals, and contribute to health research and scholarship. In Romania there is both public and private higher education for the medical profession. Rates of trained medical professionals per 100.000 population is higher than EU average (26.2 for medical graduates, as compared to 17.5 and 108.6 nursing graduates, as compared to 44). However, many migrate to work in other countries (1, p19). Educational institutions offering medicine and sanitary studies are not the only important actors in these categories. Considering the present medical realities, medical engineering (an interdisciplinary area, combining engineering, mathematics, physics, medicine, and biology, to answer a medical problem with the use of technology-based solutions) is a significant component in both Romanian practice and education. Romanian Polytechnic higher education institutions offer academic programs in this area, preparing future specialists, whose responsibility is the correct use of the technological component in health facilities (including supervision and training of the personnel). Also, medical engineering graduates and academia have the role to work closely with entities that develop medical devices. They are involved in testing and providing feedback for finding optimal solutions. Medical communication is an area of study and practice particularly addressed in the last years by particularly designed educational programs offered within higher education specialized in communication (22) and dedicated publications (23–26).

Public and private healthcare facilities (hospitals, clinics, polyclinics), including their management, professional and administrative employees, and pharmacies are first level providers of healthcare services and products. Regarding public sector entities, Figure 3 illustrates the numbers for 2022.

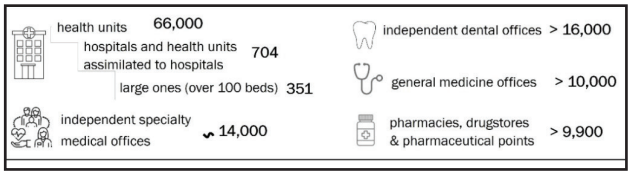

Figure 3 Romanian public health facilities in 2022, in numbers, Source: compiled by the author of this paper, based on data provided by National Institute of Statistics (21)

While inpatient and outpatient services are financed from the governmental budget, dental care is almost completely financed privately. Out-of-pocket payments in Romania, dominated by pharmaceuticals, are above the EU average. Romanians bypass general practitioners, seeking care from a specialist directly at a hospital (1).

Health facilities depend on their human resources. Alongside health professionals, these include management, engineers (medical and non-medical, supervising the proper functioning of ventilation, gas, and electrical systems), cleaning, and support and client service personnel. Complete and synthetic data regarding categories other than medical personnel are difficult to access and therefore are not included in the present analysis.

Secondary providers (in relation to the medical experience) in the health sector are producers and suppliers of products used in the medical and sanitary area. They can be categorized into two groups: basic producers and suppliers (in the pharmaceutical industry or producing and distributing medical equipment – e.g.: PET scan, ultrasound, CT devices), and additional suppliers (providing various consumables, or material and electronic goods and services, customized for health entities - e.g.: furniture, software).

Romanian public ***authorities*** provide regulation, governmental financing, and evaluation for the health sector. According to Law 95/2006 on health reform (27), updated in 2023 (28), ***Ministry of Health*** is the central authority in the field of public health in Romania, coordinating the activity of all types of state and private health facilities. Additionally, the main public entities responsible for public health are *the Public Health Departments* (DSPs) (central, county level and in Bucharest) and *The National Health Insurance House* (CNAS). Also, there are the *local public administration authorities,* as well as the *specialized structures* within the Ministry of Health and other ministries and institutions (Ministry of National Défense (MApN), Ministry of Internal Affairs (MAI), Ministry of Justice (MJ), Ministry of Transport and Infrastructure (MTI), Romanian Intelligence Service (SRI), Foreign Intelligence Service (SIE) in Romania, Special Telecommunications Service (STS), and Romanian Academy), with their own healthcare networks (27, arts2 & 5).

The Public Health Departments *(DSPs*) are decentralized public entities created on the basis of ministerial order issued by the Ministry of Health. They function as legal persons, and have under their authority territorial medical units, except for those of national interest or those belonging directly to ministries and other public institutions. One of their important responsibilities is to ensure the expenditures (salaries for medical staff salaries, medical equipment, and supplies), through funds from the state budget, through the Ministry of Health. Also, they collect data, prepare reports, and forward them to other institutions. Transparency regarding the activity of DPSs in Romania is facilitated online, trough their personalized websites, interconnected in the integrated interface for the entire country (29).

The National Health Insurance House *(CNAS)* (30) is a public, autonomous institution, functioning as legal person, which subordinates the health insurance houses at the level of the counties in Romania and Bucharest respectively, and *OPSNAJ health insurance house* (31) (for defense, public order, national security and judicial authorities) (27, art278). Its main attributions include: managing the Unique National Health Insurance Fund, established on the basis of the financial contribution of people working in Romania; managing the social health insurance system, and record of insured persons and management of the IT platform for health insurance, including the national system of health insurance cards (27, art280).

Health institutes and national and/or regional centers provide technical guidance, input in the development of strategies, expertise, technical assistance, health surveillance meant to identify community health problems, methodology for monitoring and evaluation of public health services, promotion, input in education of medical staff, and in research and development activities (on public health and health management), analysis and dissemination of statistical data on public health, and ensuring the existence of an integrated information and IT system for public health management. In the case of epidemics or emergencies in public health, they provide public health assistance, based on the measures established by Order issued by the

Ministry of Health (27, art24).

An relevant actor is the ***National Institute of Public Health*** *(INSP*) (32), a specialized body of the central public administration, subordinated to the Ministry of Health (27, art13). It operates through 4 national public health centers (Communicable Disease Surveillance and Control, Monitoring of Community Risk, Health Evaluation and Promotion and Public Health Statistics and Informatics) and 6 regional centers (Bucharest, Cluj, Iasi, Timișoara, Târgu Mureș and Sibiu) (33).

Romanian public authorities have a key role in managing relationships, funding, evaluation, and collaborations with other ***international actors*** (such as EU bodies, or the World Bank), which provide support (especially financial) for Romanian healthcare facilities and the health system.

Representative bodies (*Romanian College of Physicians (CMR)* (34), *College of Pharmacist in Romania (CFR)* (35), *College of Dentists in Romania (CDR)* (36), *Order of Nurses, Midwives and Medical Assistants in Romania (OAMGMAMR)* (37) and the territorial entities) keep the record of health professionals and represent their interests. The professional colleges are organized at the national and county level and for Bucharest municipality respectively (27, arts405, 501, 577). They have legal person status and are autonomous in relation to any public authority. Also, in 2015 the *College of Patients (CP)* (38) was created, dedicated to respecting the rights of the patients, by fighting against cases of malpractice, corruption and abuse, and supporting transparency in the Romanian medical system.

NGOs initiate and provide support for specific or general health-related causes. In Romania there are numerous entities that contribute to increasing the quality of services and information on healthcare and to improving resources in the medical area. Notable examples include: *Dăruiește Viața (Give Life) Foundation* which built the first hospital for children, exclusively from donations and sponsorships (39); *Magic Association* which started their activity with a project dedicated to children with oncological diagnoses; *Dăruiește Aripi (Give Wings) Association* dedicated to ensure access to quality medical services for children with cancer in Romania, certified by the Romanian Government with the status of Public Service Provider (40); *HOSPICE Casa Speranței (The House of Hope)*, initiator of palliative care in Romania, offering free services for patients with incurable diseases (41); *Zi de Bine (Good Day) Association* which implements fund raising campaigns and provides help in different areas (42).

Mass media (including *social media*) *actors* disseminate information related to healthcare and practices in this sector. Besides general media journalists, publishing content they consider relevant, there are journalists specialized in medical topics, affiliated to the Association of Medical Journalists. Also, there are Romanian specialized medical publications for the general public (such as Viața Medicală (43). Prestigious universities have scientific journals, indexed in international databases and publishing studies in the medical area, counting also as professional media channels. Moreover, there are social media influencers, among healthcare professionals in Romania but some of their online content is debatable.Yet, there are also popular social media influencers, which do not have any medical background and disseminate health-related content to substantial number of followers. The level of medical scientific legitimacy, reliability of this information and the source of information are important topics and generate challenges in the health sector for both patients, medical body, and facilities. Besides all this, there is still the classical instrumentalization of media channels, by using old and new types of content, to promote products and services related to healthcare and to increase sales. Private healthcare providers are relevant communicators in the media environment. They use *paid media* to disseminate messages for commercial purposes. Furthermore, trough their *owned media*, integrating several communication channels (website, blog, social media pages), they provide specific information, especially intended to promote, or educate about healthcare, linked to their services and products, supporting their marketing objectives. The professionalism and responsibility of the communicating entity, and the quality of the products or information they distribute are not primary criteria for the media

power they have at their disposal. Nevertheless, their relevance towards healthcare is extremely high, as they can have a major impact on the intermediary and final public.

Stakeholder networks

Figure 4 illustrates the map of stakeholders and their networks, proposed as a result of the present study.

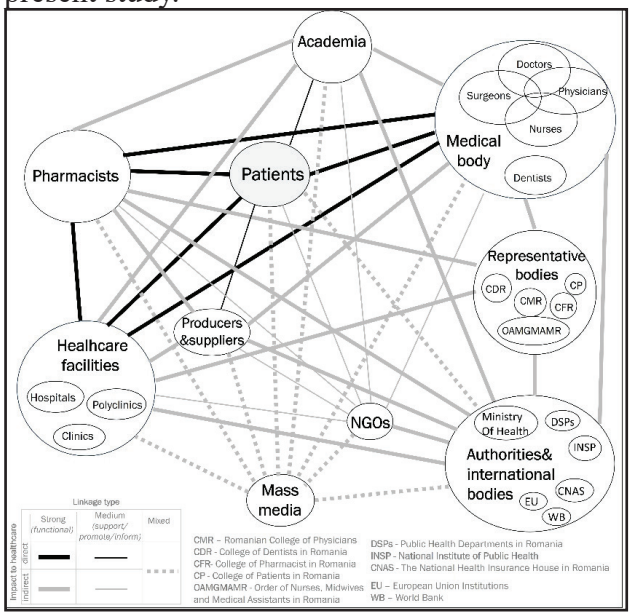

Figure 4 Map of stakeholders and networks in the health sector in Romania

Two criteria were considered in mapping the stakeholder networks (Fig.4): the *impact of the connection on healthcare* (*direct or indirect*) and the *type of linkage* between actors (*functional*, meant to *provide support, promotion, or information*). The *direct impact* is graphically represented by solid black lines. It implies direct experience with the medical services or products, as a result of the connection between the two types of entities. The indirect impact (requiring mediation) is indicated by gray lines. It implies that connections between the indicated actors bring auxiliary contributions to healthcare, based on the secondary application of healthcare particular solutions or patients' subsequent access to the medical services or products. *Strong (functional) links* are illustrated by solid thick lines. They indicate that the activity at the level of one or both interconnected stakeholders, particularly impacting healthcare, depends on that connection. *Medium links* are indicated by solid thin lines. They characterize optional interactions, bringing an additional input in the health sector. There is also the case of mixed *linkages* (combining direct and indirect, and functional and support-based connections respectively), graphically represented by dashed lines.

The main *functional (mandatory) and direct links* (involving the direct access to the medical experience, products or services, or with a direct impact with respect to decisions on health-related behaviors), are the ones associated with the *actors providing healthcar*e (*health professionals – medical body and pharmacists - and healthcare facilities),* in their relationships and communication with the *final public (patients)*. The connections among themselves are also direct and functional. That these categories of stakeholders are interdependent and can hardly conduct their activity, directly significant to the patient, without interaction and collaboration between them. Furthermore, there are *strong*, *functional (mandatory) connections* between the pri*mary health providers (medical body, pharmacists, and healthcare facilities*) and the following stakeholders: the *authorities* (given the regulatory framework and the financial support and health evaluation they provide), *professional representative bodies* and *academia* (considering the need for professional representation, registration, academic training and also research, and the fact that many of the health professionals are active university professors) and *producers and suppliers* respectively (providing the main health entities with the necessary devices and products, such as medical gauze, masks, gloves, furniture, etc.). Yet, these connections have an indirect impact to healthcare, as they do not generate immediate results at the level of the final beneficiaries, but it is the main providers that mediate their outcome.

Additionally, *public authorities*, as important stakeholders, framing and applying the public health policies, have *functional relationships* with *academia* and NGOs, with impact on their functioning and activity. The law of education provides for autonomy in the case of universities. Nevertheless, the general coordinates and financing (for public higher education institutions) depend on the relevant governmental authority (Ministry of Education).

Most of the connections and interactions that *patients* have with other stakeholders are of *direct type*, given that the input can generate an immediate effect on their health. *Patients* access services and medical products offered by *health professionals*, within *health facilities,* thus activating *direct functional linkages*. Patients also have *direct but auxiliary* connections with *health producers and supplier*s and *academia* actors, respectively. The public information, marketing offers and solutions (products, services) for healthcare may appeal to fake news and propaganda, besides scientific data. Patients evaluate these and decide upon behaviors related to their personal health depending on both the credibility or persuasion abilities of the communicators, and their own attention, motivation, interest, emotions, and health literacy. It is the responsibility of all stakeholders, including the academia and health providers (including producers and suppliers), to foster health literacy. In the case they are targeted as audience by *entities producing health-related goods or components* (including devices, application, medical products), the purpose is to increase the interest of patients, to seek or ask for these alternatives when interacting with the medical personnel or within healthcare facilities. This complements the efforts of producers and suppliers in their direct relationship with the primary health providers (medical professionals, pharmacists, health facilities). Responsibility and engagement of both parties is an essential element, supported through HPR activities.

Patients have important *mixed connections* with the *authorities*, considering that in Romania medical services are supported from the state budget, based on a substantial monthly financial contribution of the Romanian workforce. Medical referrals from the family doctor and the healthcare card system are the basis for accessing specialized services, free of charge. However, accessing private health services, is a practice long established in Romania. There are private healthcare networks with a long tradition in the country. They can offer three types of services: subscription-based healthcare (paid by private companies for their employees or paid by individuals), paid healthcare services, outside any subscription, or private services settled from the state budget, based on the referral from the family doctor, contractor of the health insurance house Finally, there are *indirect and auxiliary* but relevant linkages between *patients* and *NGOs*. The latter lead support and engagement from the general public, the authorities and other health key stakeholders, and other entities, in order to generate conditions and resources to benefit patients who need health services.

Media is an important stakeholder category, including both traditional professionally trained journalists and new media influencers. With the recent technology, anyone can start an online channel and develop a communication network, thus turning into a public actor disseminating content, like professional journalists, but lacking specific training and competence. Along with this, communication ethics and legitimacy are in many cases questionable. Yet, for the public these details matter only if provided an appropriate level of media (and health) literacy, needed to differentiate between quality information (and reliable communicators) and messages based on propaganda and fake news that can lead to inappropriate decisions for one's own health. In the general mapping of stakeholders and networks in the health sector, *mass media* has links with all the other stakeholders and can play multiple roles. Mass media acts both as a sender and a receiver in health communication. Mass media plays a key role when used as a channel for disseminating information. The content may be newsworthy or with promotional value, based on positive or negative data, intended to contribute to healthcare positive results, or used for manipulative purposes, associated with sole commercial objectives or even propaganda, sometimes detrimental to the population healthcare. When considering that mass media may function as audience for the other categories of stakeholders (especially NGOs, representative bodies but not only), this is associated with the role of the media actors to capture relevant messages, as an intermediate step within the media specific algorithm, intended to disseminate information to the general public. Thus, mass media can be a good instrument for drawing attention to certain important topics related to health, or for creating opportunity windows for public health policies, by activating some issues

on the public and political agenda. There are cases of mediated communication, disseminating information related to the health system or patient experiences, without direct linkage to the medical outcomes. The tone of voice in media articles, media visits to the healthcare facilities, mediated content scientific support are only some of the many relevant aspects which relevantly impact the public opinion on healthcare and its direct realities and practices. Therefore, in the health-related landscape, *networks* involving the media are of *mixed type*. Media actors are not associated with a functional role in healthcare. Nevertheless, mass media can have an *indirect* but also *direct impact* on healthcare and health-related decisions and behaviors at the level of all stakeholders and especially the final beneficiary (the patient).

The relations between *academia* and *NGOs*, characterized by *optional links and indirect impact* on healthcare, are relevant, and their potential is still emerging in Romania. Considering the specificity of both categories of stakeholders and their relevance and legitimacy in relation to the medical sector, partnerships of this type can be nurtured organically, if the necessary resources are found, to support joint efforts.

Discussion

The general *map of stakeholders in the health sector*, generated as a result of this study is convergent with other findings, highlighted in recent scholarship (O'Donnell et al., 2020; Wu et al., 2019). It is important to communicate with both the main actors and those who may seem to have a supporting role, as reflected in previously published studies on the topic. Recent scholarship regarding stakeholders in the health sector and the associated communication and PR activities provide examples of both positive stakeholder activation for promoting health (44,45) or health technology assessment (46), and their responsiveness and negative perception towards health-related manipulative information (47). Older studies focus on the importance of communication and stakeholder engagement in healthcare simulations (48), health research in low and middle-income countries (49), patient-centered medicine (50), or shaping perceptions regarding crisis situation (51).

Acknowledging and assessing their potential for interconnected relationships is equally relevant to the effect of macro-level communication. The priority investments in communication at the level of the key stakeholders must exceed the simple functional component (e.g.: providing information or prescriptions related to health - in the doctor-patient relationships, or the formal resolution of task, according to the responsibilities listed in the job description, in the case of medical activity within health facilities, including peer interaction between health professionals), as well as activities mainly associated to commercial objectives (e.g.: one-way public communication, intended to disseminate the results of medical reports and statistics). Public health communication can and should provide more than only plain information about the recommendable or mandatory nature of a health-impacting behavior (such as mask wearing, vaccination, or certain treatment schemes), or promotion of medical services or products (mostly visible in the case of private health facilities). Instead, it should support the core purpose of medical activity - improving healthcare and health outcomes, both in treatment and prevention - by unlocking the potential of relationships and collaboration between stakeholders in this sector. In this sense, HPR offers greater advantages than marketing (intended to support sales) or advertising (which contributes to awareness) or the important but limited communication associated to the activity of HR departments (in relation to the communication with the internal public). By relying on a set of tools meant not only to inform and promote (for commercial purposes), but also to build and maintain positive relationships, reputation, and trust, HPR can help foster networks and effective communication between key stakeholders in the health sector. When appropriate, it seeks to solve problems, at the micro and macro level, through communication based on partnership and collaborative problem solving and decision making. Further, at the level of secondary stakeholders, which do not directly provide healthcare services or products, but support practices and developments in this

area (authorities, academia, suppliers, NGOs, representative bodies) or those disseminating health-related messages (mass media), communication focused on building positive relationships and reputation is equally significant to achieving their own objectives, as well as those related to the state of health in Romania in general.

The media category is considered a particularly relevant actor, especially in the context of the new technologies, with an emphasis on communication in social media and the extended power that the public receives, given the coordinates of the digital era and the multiple associated challenges (9,52,53). Thus, in shaping the health communication plan, together with the central stakeholders in this sector (patients and health providers), mass media must receive extended attention, even more from the communication specialists, who have the responsibility of a proactive approach, oriented towards identifying risks and preventing problems. Media actors represent potential partners and the role of relations with them can be reassessed to increase medical literacy of the general public, and not only manage promotion or damage control.

Effective communication and relationship with stakeholders, within the PR framework, appealing to networks, can be applied extensively in the health sector for various relevant purposes, including: health research, health related education and training (for both the general public and health), interactions at the level of medical personnel and those between them and patients, health policy dialog, evaluation of health programs, communication of health results, analysis of the actual health situation, outlining the needs and opportunities for developments in health, finding and allocating the necessary resources. Implementing strategic communication at the level of stakeholder networks, HPR activity goes beyond simple segmentation of distinct categories of stakeholders or drawing and implementing tactical actions in relation to some of them, or to specific problems and objectives. Instead, it provides a complex multi-level, research-based plan to activate interconnections. By using a network approach, this starts from offering an overview of the relevant categories of stakeholders, their profile, and the relationships between them, highlighting the communication flow and how it can be used effectively. HPR has the advantage of a strategic communication framework based on ethics, responsibility and mutual understanding, appealing to symmetrical communication, as described by Gunig excellence model (4), in order to increase present results in the medical area (1).

Conclusions

The current study introduced the first mapping of stakeholders and networks in the health sector in Romania, by using a PR approach. Considering the interconnected multi-way communication environment outlined by the current technological realities and the multivariate global and local risk factors at the political, social, and economic level, as well as recent pressure, particularly noticed during the COVID 19 pandemic, the health system needs sustained support. Communication is a lever and a necessity. Mapping of stakeholders, networks and their three types of linkages, as emphasized in the present study, can foster communication and HPR. Within a strategic communication process, HPR can help identify opportunities and useful solutions, to deal more effectively with the challenges currently faced by the Romanian healthcare system.

HPR goes beyond the narrow framework of communication aimed at disseminating information or tactically supporting a specific behavior with preventive, curative or commercial purposes. Moreover, HPR, emphasizing relationships at the level of health stakeholders and their networks, offers a framework for analysis, planning, and effective implementation. It is based on mutual respect, attention towards multiple stakeholders and their needs, and considers the significant importance of interconnections, potential partnerships and collaborative relationships that must be established between these actors, to obtain superior results in the health sector. Professional health communication using HPR approach brings extended advantages and can have a positive impact at the level of each party and for society as a whole.

References

1. OECD/ /European Observatory on Health Systems and Policies. Romania: Country Health Profile 2023 [Internet]. Paris: OECD Publishing; 2023 [cited 2023 Dec 21]. Available from: https://www.oecd-ilibrary.org/social-issues-migration-health/romania-country-health-profile-2023_f478769b-en
2. European Commission. REPowerEU [Internet]. 2022 [cited 2023 Dec 23]. Available from: https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/european-green-deal/repowereu-affordable-secure-and-sustainable-energy-europe_en
3. Theaker A, editor. The Public Relations Handbook. 4th ed. London: Routledge; 2011. 504 p.
4. Grunig JE, editor. Excellence in Public Relations and Communication Management. New York: Routledge; 2013. 680 p.
5. Aghazadeh S, Aldoory L. Health Communication Theory in Public Relations. In: Botan C, Sommerfeldt Er, editors. Public Relations Theory III [Internet]. Routledge; 2023. Available from: https://doi.org/10.4324/9781003141396
6. Botan C, Sommerfeldt E. Public Relations Theory III: In the Age of Publics. Reprint edition. New York London: Routledge; 2023. 556 p.
7. Gregory A. Public Relations and Management. In: The Public Relations Handbook. 6th ed. Routledge; 2020.
8. Gill M. Public Relations and Social Media. In: Thompson TL, editor. Encyclopedia of Health Communication. Sage Publications; 2014. p. 1137–40.
9. Duhé S, Wright DK. Symmetry, Social Media, and the Enduring Imperative of Two-Way Communication. In: Public Relations and Communication Management. Routledge; 2013. p. 93–107.
10. Rawlins B. Prioritizing Stakeholders for Public Relations [Internet]. Institute for Public Relations; 2006. Available from: https://www.instituteforpr.org/wp-content/uploads/2006_Stakeholders_1.pdf
11. Grunig JE, editor. Excellence in Public Relations and Communication Management. 1st edition. Hillsdale, N.J: Routledge; 1992. 680 p.
12. Grunig J. Situational theory of publics. In: Heath R, editor. Encyclopedia of Public Relations. SAGE Publications Ltd; 2005. p. 778–80.
13. Kim JN. Public segmentation using situational theory of problem solving: Illustrating summation method and testing segmented public profiles. PRism. 2011;8(2):1–12.
14. Bernstein D. Company Image and Reality: A Critique of Corporate Communications. First Edition. Eastbourne: Holt Rinehart and Winston; 1984. 261 p.
15. Siano A, Palazzo M, Foroudi P, Vollero A. Rethinking Bernstein communication wheel: A re-visitation of a communication tool. Bottom Line [Internet]. 2017 Jan 1 [cited 2023 Sep 22];30(3):186–94. Available from: https://doi.org/10.1108/BL-08-2017-0018
16. Ruoslahti H. Co-creation of Knowledge for Innovation Requires Multi-Stakeholder Public Relations. In: Public Relations and the Power of Creativity [Internet]. Emerald Publishing Limited; 2018 [cited 2023 Dec 22]. p. 115–33. (Advances in Public Relations and Communication Management; vol. 3). Available from: https://doi.org/10.1108/S2398-391420180000003007
17. Rowley TJ. Moving Beyond Dyadic Ties: A Network Theory of Stakeholder Influences. Acad Manage Rev [Internet]. 1997 Oct [cited 2023 Dec 23];22(4):887–910. Available from: https://journals.aom.org/doi/abs/10.5465/AMR.1997.9711022107
18. Doerfel ML, Taylor M. The Story of Collective Action: The Emergence of Ideological Leaders, Collective Action Network Leaders, and Cross-Sector Network Partners in Civil Society. J Commun [Internet]. 2017 Dec 1 [cited 2023 Dec 23];67(6):920–43. Available from: https://doi.org/10.1111/jcom.12340
19. Yang A, Uysal N, Taylor M. Unleashing the Power of Networks: Shareholder Activism, Sustainable Development and Corporate Environmental Policy. Bus Strategy Environ [Internet]. 2018 [cited 2023 Dec 23];27(6):712–27. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1002/

bse.2026
20. Yang A, Saffer AJ. Embracing a network perspective in the network society: The dawn of a new paradigm in strategic public relations. Public Relat Rev [Internet]. 2019 Nov [cited 2023 Dec 23];45(4):101843. Available from: https://linkinghub.elsevier.com/retrieve/pii/S0363811119303790
21. Activitatea rețelei sanitare și de ocrotire a sănătății în anul 2022 [The activity of the sanitary and health protection network in 2022] [Internet]. Institutul Național de Statistică (INS), România; 2023 Mar. Available from: https://insse.ro/cms/sites/default/files/com_presa/com_pdf/activ_unit_sanitare22r.pdf
22. Facultatea de Comunicare şi Relaţii Publice - Program postuniversitar de Comunicare in domeniul sănătății - S.N.S.P.A. [Internet]. [cited 2023 Jan 27]. Available from: https://www.comunicare.ro/index.php?page=comunicare-in-sectorul-medical
23. Popa-Velea O, Diaconescu LV, Mihailescu AI. Comunicare. Comunicare medicală. Bucuresti: Editura Universitara Carol Davila; 2023.
24. Popa-Velea O, Diaconescu LV, Mihailescu AI. Psihologie medicală și comunicare medicală. Note de curs. Bucuresti: Editura Universitara Carol Davila; 2023. 225 p.
25. Mahler B. Comunicarea medic–pacient în cuvinte și dincolo de ele. Bucuresti: Humanitas; 2023. 22 p.
26. Barbaros CM. Comunicarea în domeniul sănătății. Teorii, modele explicative, aplicații. Iași: Editura Universităţii "Alexandru Ioan Cuza" din Iași; 2021. 216 p.
27. Legea 95/2006 privind reforma în domeniul sănătății [Internet]. 95 Apr 14, 2006. Available from: https://legislatie.just.ro/Public/DetaliiDocumentAfis/268541
28. Legea 269/2023 pentru modificarea și completarea Legii nr. 95/2006 privind reforma în domeniul sănătății [Internet]. 269 Oct 10, 2023. Available from: https://legislatie.just.ro/Public/DetaliiDocument/275200
29. DSP- website [Internet]. [cited 2023 Dec 26]. Available from: https://dsp.ro/
30. CNAS - website [Internet]. Casa Națională de Asigurări de Sănătate. [cited 2023 Dec 26]. Available from: https://cnas.ro/informatii-generale/
31. C.A.S.A.O.P.S.N.A.J. - The health insurance house of defense, public order, national security and judicial authorities [Internet]. [cited 2023 May 27]. Available from: http://www.aopsnaj.ro/
32. National Institute for Public Health [Institutul National de Sanatate Publica] [Internet]. [cited 2023 Dec 27]. Available from: https://old.insp.gov.ro/
33. Order 82/2019 for the approval of the organization chart and the Organization and Operation of the Institute National of Public Health [Internet]. 82 2019 p. 26. Available from: https://old.insp.gov.ro/dj/documente/Regulamentul%20de%20Organizare%20si%20Functionare%20al%20INSP%20in%20viguare%20incepand%20cu%20data%20de%2012.02.2019.pdf
34. Romanian College of Physicians [Colegiul Medicilor din România] [Internet]. [cited 2023 Dec 26]. Available from: https://www.cmr.ro/
35. College of Pharmacist in Romania [Colegiul Farmacistilor din Romania] [Internet]. [cited 2023 Dec 26]. Available from: https://www.colegfarm.ro/
36. College of Dentists in Romania [CMSR – Colegiul Medicilor Stomatologi din Romania] [Internet]. [cited 2023 Dec 28]. Available from: https://cmdr.ro/
37. OAMGMAMR [Internet]. [cited 2023 Dec 26]. OAMGMAMR - Ordinul Asistenţilor Medicali Generalişti, Moaşelor şi Asistenţilor Medicali din România. Available from: https://www.oamr.ro/
38. College of Patients in Romania [Colegiul Pacientilor din Romania] [Internet]. [cited 2023 Dec 27]. Available from: https://colegiulpacientilor.org/
39. Dăruiește Viață [Internet]. [cited 2023 Dec 23]. Available from: https://www.daruiesteviata.ro/investeste
40. Daruieste Aripi [Internet]. [cited 2023 Dec 23]. Available from: https://www.daruiestearipi.ro/en/what-we-do/
41. HOSPICE Casa Speranţei [Internet]. 2018 [cited 2023 Dec 23]. HOSPICE Casa Speranţei. Available from: https://www.

hospice.ro/despre/
42. Asociația Zi de Bine! - E simplu să faci Bine [Internet]. [cited 2023 Dec 23]. Available from: https://www.zidebine.ro/
43. Viata Medicala [Internet]. [cited 2023 Dec 23]. Available from: https://www.viata-medicala.ro/mass-media-si-interesul-sanatatii-publice-21600
44. Kok G, Gurabardhi Z, Gottlieb NH, Zijlstra FRH. Influencing Organizations to Promote Health: Applying Stakeholder Theory. Health Educ Behav [Internet]. 2015 Apr 1 [cited 2023 Dec 22];42(1_suppl):123S-132S. Available from: https://doi.org/10.1177/1090198115571363
45. Dabravolskaj J, Montemurro G, Ekwaru JP, Wu XY, Storey K, Campbell S, et al. Effectiveness of school-based health promotion interventions prioritized by stakeholders from health and education sectors: A systematic review and meta-analysis. Prev Med Rep [Internet]. 2020 Sep 1 [cited 2023 Dec 23];19:101138. Available from: https://www.sciencedirect.com/science/article/pii/S221133552030098X
46. Wale JL, Thomas S, Hamerlijnck D, Hollander R. Patients and public are important stakeholders in health technology assessment but the level of involvement is low – a call to action. Res Involv Engagem [Internet]. 2021 Jan 5 [cited 2023 Dec 23];7(1):1. Available from: https://doi.org/10.1186/s40900-020-00248-9
47. Kim Y, Zapata Ramos ML. Stakeholder responses toward fast food chains' CSR: Public health-related vs generic social issue-related CSR initiatives. Corp Commun Int J [Internet]. 2018 Jan 1 [cited 2023 Dec 23];23(1):117–38. Available from: https://doi.org/10.1108/CCIJ-05-2017-0047
48. Brailsford SC, Bolt T, Connell C, Klein JH, Patel B. Stakeholder engagement in health care simulation. In: Proceedings of the 2009 Winter Simulation Conference (WSC) [Internet]. 2009 [cited 2023 Dec 23]. p. 1840–9. Available from: https://ieeexplore.ieee.org/abstract/document/5429190
49. Hyder A, Syed S, Puvanachandra P, Bloom G, Sundaram S, Mahmood S, et al. Stakeholder analysis for health research: Case studies from low- and middle-income countries. Public Health [Internet]. 2010 Mar 1 [cited 2023 Dec 23];124(3):159–66. Available from: https://www.sciencedirect.com/science/article/pii/S003335061000003X
50. Brownstein JN, Hirsch GR, Rosenthal EL, Rush CH. Community Health Workers "101" for Primary Care Providers and Other Stakeholders in Health Care Systems. J Ambulatory Care Manage [Internet]. 2011 Sep [cited 2023 Dec 23];34(3):210. Available from: https://journals.lww.com/ambulatorycaremanagement/abstract/2011/07000/community_health_workers__101__for_primary_care.3.aspx
51. Savage GT, Dunkin JW, Ford DM. Responding to a Crisis: A Stakeholder Analysis of Community Health Organizations. J Health Hum Serv Adm [Internet]. 2004 [cited 2023 Dec 23];26(4):383–414. Available from: https://www.jstor.org/stable/41288048
52. Inoue T. Public Relations in Hyper-globalization: Essential Relationship Management - A Japan Perspective. Routledge; 2018. 321 p.
53. Sriramesh K, Vercic D, editors. The Global Public Relations Handbook: Theory, Research, and Practice [Internet]. 3rd ed. Routledge; 2020. 366 p. Available from: https://doi.org/10.4324/9781315173290