

# Hospital communication between perception and cost savings: An Italian Case Study

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## Abstract

**Background.** Communication field is very much studied by Companies but not so much from the Italian NHS. We aim to study the “suffering communication” that patients, relatives and customers feel when they approach a hospital. The research was carried out in an Italian region: Lazio. The Objective was to take a picture of the current state of Regional Health-Care System (RHS) communication by local “Visual Communication” (VC), telematic, internal perception, communication propensity and perception of hospital’s “brand”.

**Materials and Methods.** We have sampled 7 hospitals (114 items):

- Web-site’s analysis
- Location’s VC
- Urp’s manager interview
- Focus-group
- Analysis Valuator of the Hospital’s Brand (AVoHB).

**Results.** WEB: 14% of web-sites had a positive score, 86% had an “Hospital Service Guide”, 43% hadn’t Urp’s e-mail, 29% had a ward’s map, 0% was W3C. Average: -17pt. on  $\pm 74$ pt.

**Visual Communication:** 100% had a Help-desk at the entrance, 100% had readable signpost, 43% had a readable badge, 29% had chromatic signpost, 0% had an assistance signpost and none of them had the Toiletttes signpost. Average: -10,42pt. on  $\pm 58$ pt.

**Focus-group:** Staff underline their very high interest in interpersonal communication. They report a lack of VC inside their hospitals that cannot help patients to be self-oriented. Lost users can only ask information to the first doctor they see, taking staff time, which is already lacked.

**AVoHB:** Powergrid shows that the positioning of the “Aggregated Brand” (RHS) and of each hospital analyzed are in the III quadrant.

**Conclusions.** By a “Corporate Communication” point of view we can see that almost all companies reach a good level in terms of effective communication but none of them excel in all critical areas for an effective communication. *Clin Ter 2012; 163(4):e149-155*

**Key words:** hospital communication, interpersonal, medical ethics, philosophy of medicine, visual-communication, web-communication

## Introduction

Thousand of doctors (3,7 per 1,000 inhabitants), nurses (7,1 per 1,000), technicians and operators, competent and professional administrators work in the Italian health sector, nearly 13 million hospitalizations each year, 4,700,000 surgery, more than 79 million days of hospitalization for more than 1,337 public and private hospitals (1, 2).

If we had an overview of the health-care system we could/should say that the “Health-care Company” in Italy, has thousands of employees and, each hospital is a territorial dislocation of the main Italian “Health-care Company”.

As in any large company, if it is given much importance to the effectiveness and efficiency of services offered, at the same time it should be placed, first the relationship with its services’ users.

But it is not always so.

The question of the relationship between health-care system and its users, primarily from the perspective of the choices implemented by the health-care system itself, it’s rarely discussed and it’s unsatisfying if compared with a desirable relapse of applications intent to improve the often unsatisfactory communication flow that is established in this relationship.

It often happens that users’ complaints about the services provided by the structure are not collected properly, because of lack of communication which usually is inflexible, not very focused on individual and unable to meet demands that go beyond pre-set responses.

While the user feels that is not listened to by the company, by the other side the company itself, lacking a full understanding, adopts measures which are unrelated and independent from the problems of users, in contrast with ideal performance of the service. Sometimes it’s a real waste of money. So, there is a double damage.

The study of these dynamics is desirable, in order to fully implement the “Italian Health’s Right” (3) of all citizens, but also in order to avoid that the health-care system would become “*a sell at a loss*”.

An example of the importance of extending studies on communication and sources of dis/satisfaction, is easily detectable when we consider that some structures are apparently close to excellence's model, based on extremely low numbers of complaints.

It is only by considering real lacks of every hospital that we can make good strategies in order to improve (in a long term) the several malfunction inside the Italian HS.

Even if the State seeks to pursue an ideal "corporatization" of the Italian HS what is lacking in some cases, it is "the idea of company" (4). The attention to users complaints, upsets, suggestions and criticism, is an integral part of the business, is one of the major components that allows more satisfied customers, who see fulfilled their "right to speak". Good listening, clear and efficient communication always lead to beneficial results, and it isn't coincidence that all the biggest companies in the world have a great section of "Customer Relationship Management" (5).

But the goodness of these strategic choices isn't still very clear to Italian HS. Yet too often, especially at the top of structures, it is believed that communication is an enhancement to its core business, "that complaints and grievances are marginal elements: the URP is there because it must be" (6) less people work there, more resources company can save, collecting too many complaints means losing money and many other beliefs of this kind lead to not devote attention to the communication in the company (7). So we wondered: When the issue related to communication is not ignored, how do the structures react? When you have done research on the illnesses of citizens or the most common complaints, how do they reflect on the strategic choices of structures? Are they acknowledged or the whole strategies remain unused? How do structures perceive themselves?

Self-awareness of your own image or the desire to communicate a certain image could have a decisive influence on the choices implemented to improve the offered services.

Recalling the statement of the communication axiom that states: "Result of communication is in the feedback that you get" (8) we believe that health-care quality cannot be related to only one aspect, nor indeed can only cover the relational aspect.

Medical culture is obviously out of question, the satisfaction of a citizen is a pale result if there isn't an effective intervention.

The medicine has its own domain, its dignity, its social role, which cannot abdicate, because it's function to the other sectors of society, even if lawfully required, cannot override its own way of acting.

Medicine is an instrumental sub-system of the general system of "Care" (provides resources and medical resources for health), but it is in a more complex system of social integration that aims to improve people and population's health as its own and main goal.

Some time ago, a survey was published in an Italian newspaper (9), where was highlighted that "when patients come back home after the hospitalization, they don't follow the requirements... therefore, more than 30% of hospital spending goes to new tests".

From other studies it seems that patients don't follow directions and prescriptions of physicians because of a

non-efficient empathic communication/trust established with their doctors.

It isn't easy to assess the effectiveness of communication in economic terms on the NHS, even because there is still no scientific literature on this.

In Italy it is only with the current process of "corporatization" that some facilities have begun to perceive the importance of communication also in an economic way.

We said "perceive", because communication is still not considered in the strategies of the new businessmen in the Italian HS.

Too many times in Italy we underestimate the negative effects of an ineffective communication inside hospitals.

## Materials and Methods

The research aimed to valuate the Hospital's communications dynamics from 2008 to 2010.

We have sampled 7 Hospitals in Rome based on: 1. Asl. 2. Specialization (Hospital, University, IRCCS); 3. Numbers of beds. 4. Geographical location:

A. Gemelli Polyclinic University (1,822 beds), S. Eugenio Hospital (486 beds), Tor Vergata Polyclinic University (360 beds), I.F.O. Hospital (302 Beds) and Fatebenefratelli Calibita Hospital (302 Beds), C.T.O. A. Alesini Hospital (254 beds), Campus Bio-Medico Polyclinic University (163 beds), total 3,689 beds, then we have also introduced the Cristo Re Hospital (242 beds) only for the VC and Web analysis.

We wanted to investigate the principal forms of hospital's "persuasive communication" in order to find the "guidelines" for an essential and efficient communication. We have decided to analyze 5 main parameters of the "Business communications" (10), through 114 items:

- A. **Web Communication:** qualitative and quantitative analysis of the development of Web-sites.
- B. **Visual Communication:** qualitative and quantitative analysis of the Location's structural and strategic communication (ward's color lines, medical badge's visibility and readability).
- C. **Urp's manager approach to communication** analyzed by standardized interview.
- D. **Perception of the daily communication problems** that health professionals need to solve with users, analyzed by focus-groups.
- E. **Hospital Brand's** in the modern business sense of "Brand", ie external evaluation of the perception we have of a hospital, especially in terms of effective communication. This is a new model "Analysis Valuator of the Hospital's Brand" of quantitative analysis designed and tested by Young At Work communication on 4 main pillars: Differentiation, Relevance (Brand Strength), Esteem and Knowledge (Brand Stature).

## Results

**A. Website Communication:** 100% had the telephone number of the switchboard. 86% had the "Services Guide", a document (in .doc or .Pdf files) that contains basic information about the structure and the services it offers.

86% gave directions to be reached by public transport and the hospital ward's names.

0% of the "on-line wards" were consistent with the number of units analyzed during the Visual Communication analysis.

Data shows that websites have been interpreted first of all as a "showcase" tool (passive action) without considering that they are one of the best "media" to provide constantly updated information of the company, establishing so in a stable relationship with its users.

Just in one case the customer had an on-line complaint's form. Unfortunately it couldn't be filled in on-line, but it had to be sent by regular mail, so it was an inefficient tool.

Just in few cases it was quickly and easily possible finding the Urp's e-mail (in 43% was not found any e-mail in order to write to Urp's office).

We have to remember that new technologies are a big field of study and "new wireless communication devices offer converged voice and data functions that can speed communications and, ultimately, improve patient safety" (11).

Data shows that hospitals don't feel the need to communicate in a clear and accessible way to the entire population (including people with physical, sensory or learning limitations and technological barriers), in fact 0% of the analyzed websites result neither W3C (Total Access defined by the World Wide Web Consortium (12)) nor Web 2.0 (see Fig. 1 and 2).

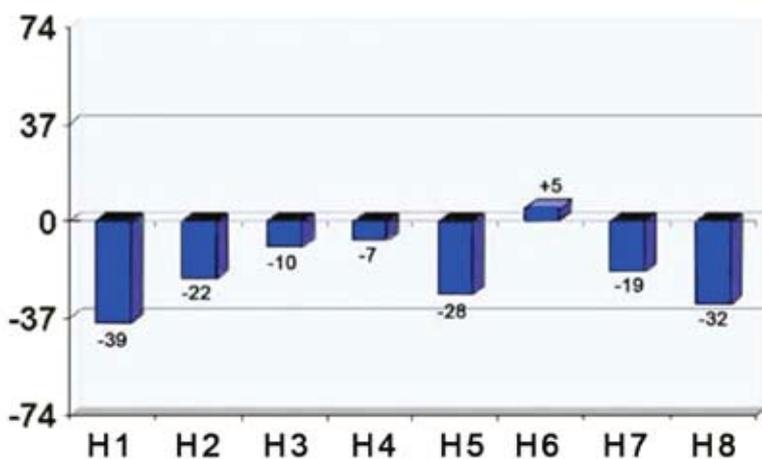


Fig. 1. Web Communication.

The sample had the following mean scores on a total of ±74pt.:

- a) Search Engine: -4pt.
- b) Usability: +2pt.
- c) Customer Relationship: +0.29pt.
- d) Accessibility and navigability: +2.57pt.
- e) Community: -9.71pt.
- f) Ward's Life's: +0,86pt.
- g) Total Web Communication (Cw): -17pt.**

**B. Visual Communication:** 100% of hospitals have an help-desk at the entrance. In two structures we also found excellent "courtesy points" with volunteers in several strategic areas that support user orientation.

In addition, all hospitals signage was readable, thanks to the "font" choice, "font size" and "color contrast".

No hospital had "subsidiary information" signage as "dedicated register" (for the elderly, disabled, pregnant, etc.), nor parking register, no signpost for disabled assistance. Additionally, 0% of the "in situ" communication was consistent with the Telematic one.

43% of hospitals have a map, sometimes only structural (not useful) sometimes obsolete and outdated (so useless to the user).

Providing information about primary services to the customer is useful to mitigate the sense of unease and disorientation that often patient feels when enter a structure (especially if it is a big hospital). Only 29% hospitals have used the "chromatic communication" (color lines on the ground or on the walls) and only 14% of cases, was consistent with the service that it really meant.

All the signage was only in "Italian", unlike the Federal Regulation of the U.S. Hospitals "that requires that health-care organizations provide language services to pa-

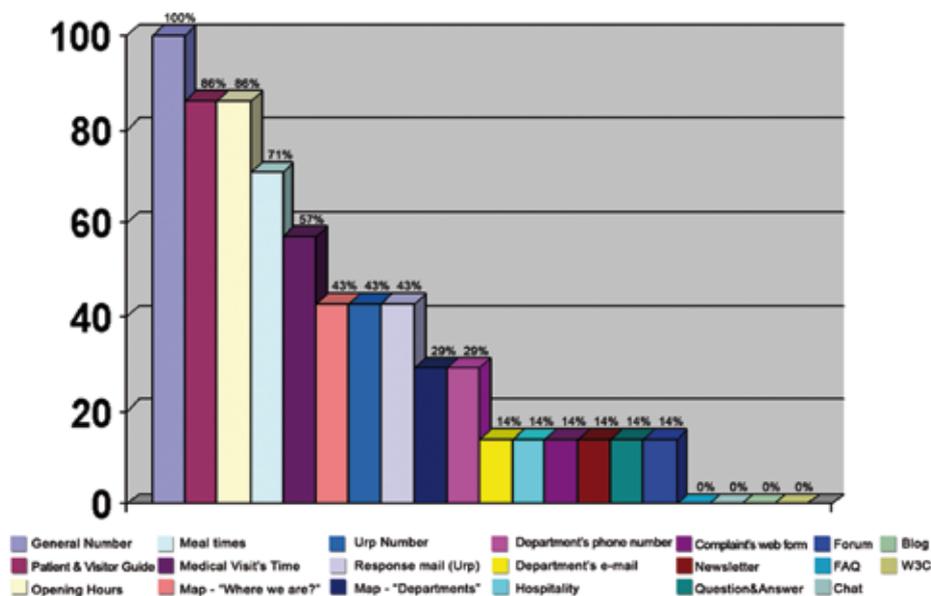


Fig. 2. Web's Indicators.

tients with limited English proficiency” (14). The Title VI of the Civil Rights Act of USA (13) states that people cannot be discriminated against as a result of their “national origin,” including their primary language; health care organizations receiving federal funds, such as Medicaid or Medicare, must make a reasonable effort to provide services in a language that a LEP (Let Everyone Participate: meaningful access for people who are limited English proficient) patient can understand (15).

Finally, the pay-off or “mission statement”, that sums up company’s “mission” and “vision” was present only in 2 cases even although possessing a pay-off, they don’t communicate it in an efficient way to the public losing a means of communication with a high-impact “visibility” (see Fig. 3 and 4).

The sample had the following mean scores on a total of ±58pt.:

- a) Information Strategic Services: -7.14pt.
- b) Information Subsidiary Services: -9.28pt.

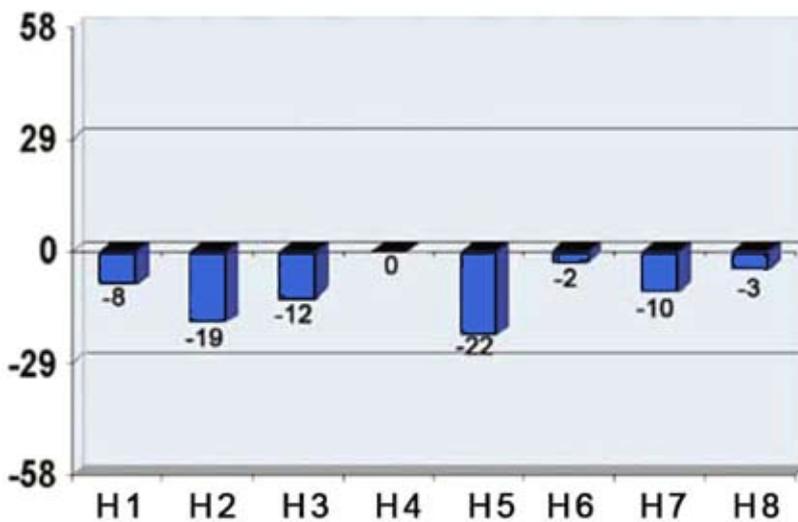


Fig. 3. Visual Communication.

- c) Readability: +5.71pt.
- d) Visibility: +2pt.
- e) Total Visual Communication (VC): -10.42pt.

**C. Communication’s approach:** Data shows that from hospitals self-perception of complaints and indignation causes, relationship problems are reported only in 2 cases.

We have seen that most of complaints encompass “Technical and organizational problems” such as waiting lists and relationship with CUP (Unique Center Booking), often it is due to a problem of management and customer relationship communication but in some cases internal signage’s problem are also reported.

It is remarkable that, in only one case the answer was “there are not indignation problems” it seems that the structure is perfect or, maybe, that the organization is seriously flawed about customers possibility to express their complaints and indignation.

Because of Italian hospitals are companies with high social responsibility, the Asset Valuator of Hospital Brand (AVoHB), based on the old Young&Rubicam Brand Asset Valuator (16), aims to assess them as a whole and not as ordinary commercial companies competing with each other.

The Y&R BrandAsset®Valuator serves as an exceptional diagnostic tool for building and managing brands. The BrandAsset®Valuator’s Power Grid is a graphical description of the relationship between brand strength and brand stature and shows the strengths and weaknesses of a brand. It identifies the strategic direction to maximize brand strength and helps clarify the role of elements in the marketing mix. BAV helps business executives, investors and marketers assess and drive strategic direction and intangible value of brands. BAV is based on over 714,550 consumers, 44,366 brands, 276 studies, 51 countries, 17 years’ worth of data and US panel of over 16,000 respondents.

The 4 pillars that define the brand are: Differentiation, Relevance, Esteem and Knowledge:

- **Brand Strength:** it is the sum of Esteem and Knowledge (17).
- **Brand Stature:** it is the sum of Differentiation and Relevance

Patients who live in metropolis know that there are lots of hospital services in their city. They tend to choose what they consider the most functional for their needs. The assumption is that, all the sampled brand of this case-study contribute to study the perception of the aggregated RHS Brand.

Patient satisfaction it’s not measured by comparing this or that hospital, but it’s related to an overall assessment of the RHS. AVoHB powergrid shows that the RHS brand is in the 3rd quadrant, especially in the “declining” side (Fig. 5).

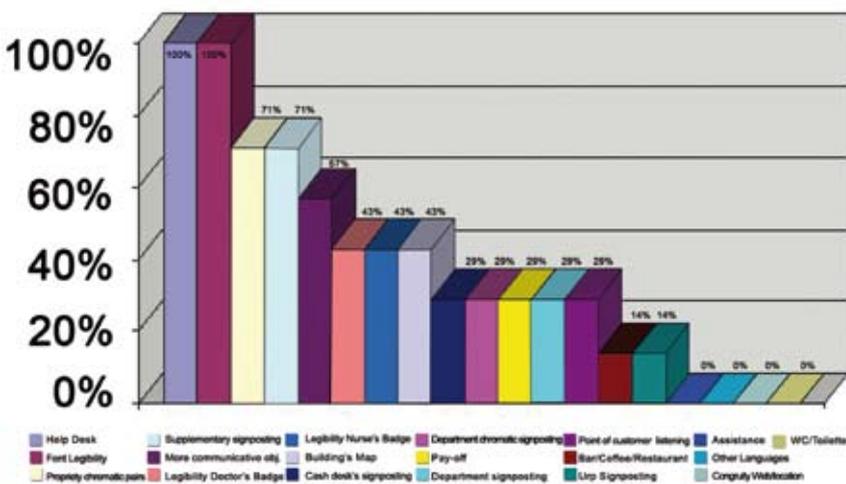


Fig. 4 Visual Communication's indicators.

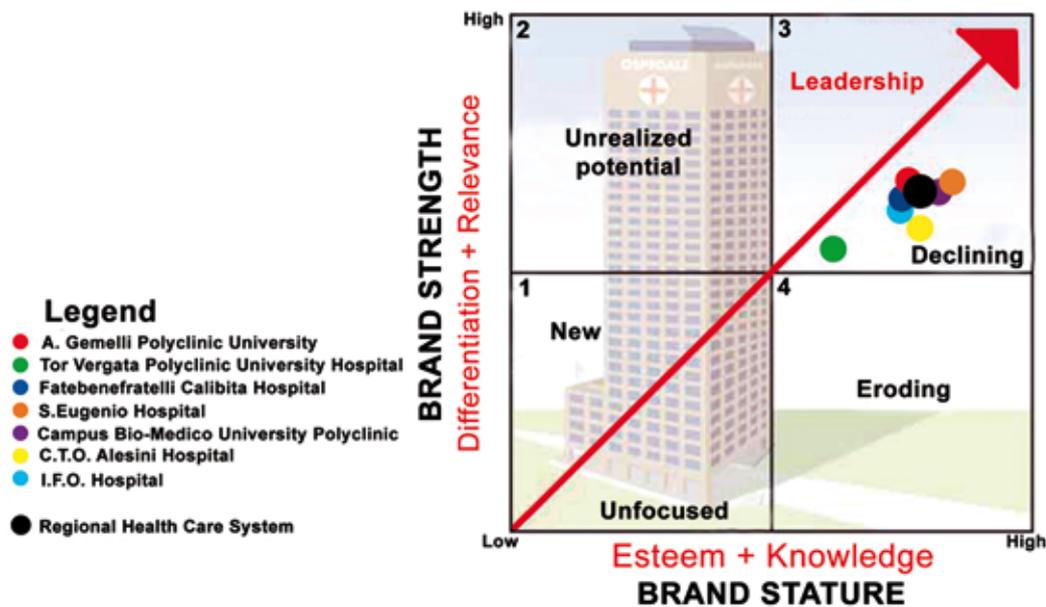


Fig. 5 Powergrid.

The upper right quadrant (3td) is a characteristic position of a “mature company” that is experienced and perceived as a “familiar Company” (well-known company), when Strength is high the company is a “Leader” of its sector.

Our RHS position is in the “declining position”, it means that the Strength of this brand is going to be eroded.

Hospital “self-perception”, compared with external perception, is overestimated in almost all cases. This could lead us to believe that analyzed structures are in a “closed and self-referential environment”, with a little evaluation of what is the *external perception*. From a business communication point of view, hospitals should invest more to find the fulfillment of users desires and not only to their needs.

There is not sufficient stimulus to improve their organizational models and quality of services offered, often because there is an external projection of responsibility attributed to factors that cannot be directly controlled by hospitals.

URP Manager’s gender is equally distributed: 43% male and 57% female, mean age 48 years for males and 52 for females. The average work experience in the field is: 22.33 years for males and 26.57 for females.

We noted that all Urps Managers proved to pay attention to “active-listening” with users.

Almost all hospitals pointed out us that lots of reservations aren’t respected by many patients, this miscommunication affect unfulfilled patients, doctors and administrators.

Often patients who have reserved a service in an hospital, once found an alternative hospital, do not bother to cancel the appointment made earlier in the first hospital, helping to keep the waiting lists unnecessarily involved.

Sometimes due to this miscommunication surgeries and services are empty, with staff’s discomfort and frustration that you can easily imagine. Finally, in many cases, it is also reported serious problems caused by inadequate or incorrect communication carried by website and by internal signage,

causing in both users and internal staff, a deep sense of disorientation and “communication suffering”.

**D. Focus-group:** we have interviewed the hospitals Staff and we have found this critical points:

1. Work Overload
2. The inconsistency between 86% of hospitals claiming to create a “Familiar Climate” for users and the fact that it isn’t perceived so by users
3. Demotivation of personal initiative
4. Lack of institutionalized training in interpersonal communication
5. Lack of comprehensive VC for user’s independent orientation
6. Inexistent or inadequate internal signage. Patients and relatives are often lost in hospital’s corridors needing to ask information to the first “white coat” (doctors) they meet.

Our focus-groups revealed that all participants (100%) showed a work malaise: “You can’t wear a ‘white coat’ that you become an information office, we can not walk in the hospital that users stop and ask us information; information that sometimes we even don’t know”.

Perhaps not everyone knows that an efficient and effective signage could save more than € 675,000.00 per year for every company with more than 1,000 doctors.

We have supposed, on what doctors, nurses and health-care staff told us during the Focus Group, that an effective and efficient internal communication allows a great savings. Indeed, if we assume a structure with a.c. 1,000 physicians and assuming that they work a.c. 8 hours a day, 6 days a week for 4 weeks to 11 months, we get 126,720 working minutes. If we take note of the fact that every doctor (as stated in all focus groups) is stopped during the working time by users requesting information from various

sources, for an average of about 3 minutes of information, for 5 times a day we get 3,960 minutes in a year dedicated to “giving orientation information” inside the structure, which is equivalent (with an average salary of 2,000 euros per month) to 687.50 euros per year. If the structure has become a 1,000 medical expenditure 687,500.00 per year, due to ineffective internal visual communication, of course this varies if the salaries of doctors are higher than 2,000 euros suppositories and if the structure has more than 1,000 physicians, it should also do the same reasoning for the time taken from the work of nurses, spending a not so effective communication, could easily exceed one million euros per year.

Interviewed staff told us that there is a deep interest in personal and interpersonal communication (remember the numerous studies on the effectiveness of doctor-patient communication (18) and studies about linguistic relevance (19)). This interest doesn't seem to be adequately addressed by Hospital Managers. This create unease, in the personnel, even though from the last report of the Italian Tribunal for Patients' Rights: “*since 1996 the quality of health-care is increasingly tied to medics and nurses behavior*” (20). The majority of focus-groups participant has repeatedly referred to a **lack** of deep specific **training** in the field of “interpersonal communication”.

A lack not only in relation with new emerging issues with patients and relatives, but also in relationships between colleagues and with the general management of the company itself.

We have to consider the “Communication Axiom”: You can't NOT communicate (21), for the pragmatic approach to human communication: every behaviour has a value even when it is not intentional (22).

Levels of internal conflict are often linked to a **poor quality of internal communication**, lack of places and of specific times to elaborate tensions and expectations.

- 86% say that their hospital is different for the climate of “familiarity” that staff is able to establish with patients
- 71% say that their hospital is equipped with innovative medical device
- 43% say that staff is lower than the work requirements
- 29% of health-care companies have shown a propensity for training in issues of communication for its employees (but it's only a propensity, they haven't done any communication course)
- 29% are using advanced communication technologies
- 14% are active in training their employees on company's Vision and Mission.

## Discussion

By a “Corporate Communication” point of view we can see a very heterogeneous picture. Almost all companies reach a good level in terms of effective communication, but everyone just for some particular specialties.

None of them excel in all critical areas for an effective communication.

Therefore we ask if it is appropriate or not to move from “meeting the needs” of patients to take charge of the “users' desires” (23), in order to evaluate which of them have

to be satisfied and which of them have to be cut down (in a framework of realism and sobriety).

The persuasive communication of company's Brand, is one of the most interesting challenges for single hospital, for RHS and for NHS.

We might ask if the single company's brand - and afterwards the Regional and Italian one - are interesting only in terms of communication and thus the quality perceived by internal customers (professionals who work in it) and external customers (patients, relatives, etc.) or if there are other reasons that justify an investment in this regard.

These reasons involve: 1. ethic of care and 2. ethics of resource's management.

1. Patient is entitled to receive the highest possible level of care (process objectivity), including also the awareness of being treated in the best possible way (the value of subjectivity).
2. An ethical management of the already scarce resource.

The information obtained from this research should contribute to “*making informed health decisions that implies a focus on how physicians and patients make decisions, what evidence will best inform decision making*” (24).

When the communication process decay, the patient's distrust and dissatisfaction grow and costs increase: analysis repetition that were considered unsatisfactory, visits duplication in order to verify the responses obtained from the first professional, and especially the rising costs of “defensive medicine”.

The dissatisfied patient, convinced that he's defrauded of his right, increasingly refers to the Italian Court, with economic consequences, in terms of hospitals insurance protection and professionals insurance that in terms of repayments for law matter.

This research shows how many investments and which of them can/should be done.

Because, in order to be an excellent company (hospital), we have to make strong and courageous choices.

Choices of clinical placement, scientific and technological care, and we have to make good choices in listening customer's perception.

Customers should be able to know what they can ask to one or to another company, according to their problems and needs.

If we see the different companies, not as structures in competition, but as companies in full and strong collaboration, hospitals are able to guarantee the full protection of patient's health or rehabilitation.

This research shows an overall fall of Corporate and Regional's Brand (no longer a competitive engine (25)) while retaining their position in an acceptable 3rd quadrant.

As medics and nurses told us many times in various focus-groups, we have recorded the need for a *stronger leadership* (26) and the need to bring out a still untapped potential of submerged capacity and skills and a real willingness to custom relationship with patients.

Investing on the submerged potential (27) means probably investing more in human resources, overcoming the barriers of misunderstanding that are gradually structuring in presence of a weak, confused and contradictory communication.

This could be the new Italian health-care challenge: to bring out new leadership (28) from that submerged, and in many way, still unknown, potential.

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