

## Understanding the target group

# Physician personas and the appropriate communicative approach

Over-psychologisation and over-interpreted target groups demonstrably help marketing strategies less than assumed. Nevertheless, personas are very popular - also in healthcare marketing and in addressing doctors, personality traits are supposed to help explain the decision-making behaviour of medical professionals. Studies in behavioural economics show that tangible everyday conditions have a stronger influence than any persona overestimation.

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The idea that personality traits explain most of the prescribing behaviour of physicians is widespread. Segmentations help to get a first impression of how doctors can be clustered or typologised. In addition to socio-demographic variables, information on the professional background, size and location of the practice, number of visits per quarter, patient clientele and other objective dimensions are used to determine the target group. Whether the plan works out that doctors became prescribers of a therapy due to their cluster can be checked comparatively easily. In most cases, however, such target group descriptions are only of limited help in obtaining indications as to how marketing measures can be used to change the prescribing behaviour in an intended direction. For this reason, the desire to create speaking target group personalities from descriptive facts and figures of physician groups is correspondingly great.

## From the target group to the persona

The fact that doctors are only human and are also guided by their emotions and needs in a professional context has become common sense. When talking to the outside world, it is no longer enough to only present facts and figures of the

studies and to illustrate them with graphs. The doctor with his needs should be more in focus. And because "not all doctors are the same", and statistically determined facts such as the age of the doctor, the proportion of private patients or the specialist training do not provide enough creative imagination for a communicative approach, target group descriptions have also become more and more detailed and psychographical for doctors. This has gone so far that target group descriptions in agency briefings can sometimes be read like horoscopes.

For sales activities, Big Five had already established itself as a standard model in personality research and the Myers-Briggs type indicator. Different behavioural patterns play an essential role in the composition of global teams in particular. To use such patterns at the same time for the archetypal description of doctor groups and to supplement them with the "help" of additional flowery typology descriptions makes a doctor type to be addressed more lifelike, but often leads away from the reality of everyday life in the doctor's office. In order to systematise doctors' target groups and to translate them into a way of addressing them that is appropriate to their type, character types such as "Hectic Choleric" or "Logical Lisa" are offered and visualised to help doctors in surgeries.

to be addressed adequately by the sales force.

This brings with it supposed advantages: the doctors to be approached are divided into vividly different types of a psychogramme that is as detailed as possible. The employees have the feeling that they now know exactly and in depth how certain types of doctors make decisions. Accordingly, a doctor of the type "Logical Lisa" is convincing mainly through data and facts and much less through compliments, emotions and feelings.

## Behaviour in context

Understanding one's own target group of healthcare professionals in depth, thus making them more predictable and able to communicate one's own products more efficiently, is a tempting promise against this background. Unfortunately, however, it is a very complex one, even after extensive study. Modern psychology knows that people and their behaviour are by no means as one-dimensional as a beautifully illustrated persona construct suggests.

No doctor or group of doctors can be squeezed onto a postcard-sized profile and given a headline like "Stubbornness".

## FROM CONTEXT TO BEHAVIOUR IN THE EVERYDAY PRACTICE OF DOCTORS

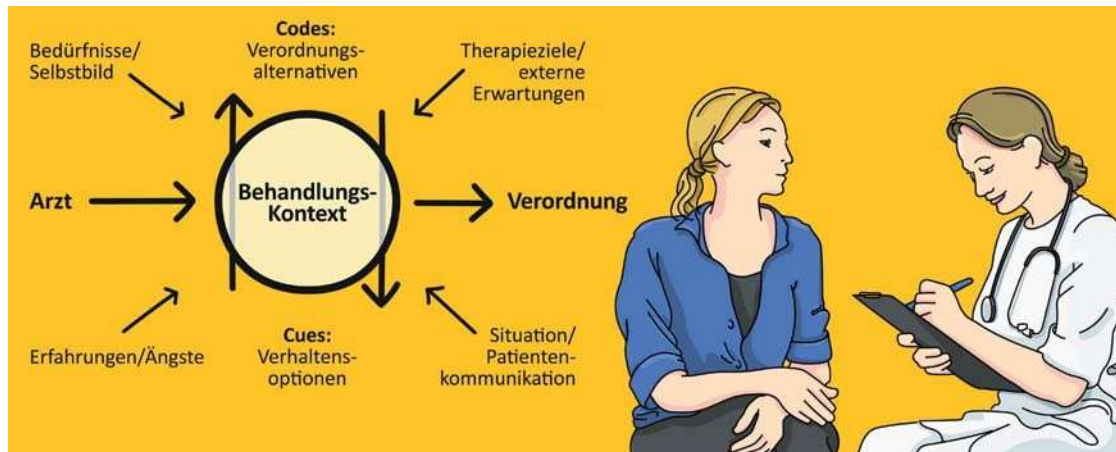


Photo: K &amp;

The treatment context is responsible for how a doctor behaves

ger Helmut" or "Human Mila". At least not in all life situations, everyday situations or treatment environments. The behavioural economist and Nobel Prize winner Daniel Kahneman has repeatedly demonstrated that our actual behaviour is much more strongly determined by external variables in decision-making contexts than by internal variables such as deeper-lying motives, archetypal pattern-schemes or purpose. Like all other people, doctors have attitudes, but do not always behave consistently according to them. Doctors also behave systematically differently in different situations - depending on the context and the prevailing contextual conditions.

### Context beats overpsychologisation

Those who expect a doctor to be open-minded in most indications just because he attends many further education courses and congresses and dresses unconventionally in his free time will soon be disappointed: Leisure preferences are not decisive for prescribing behaviour. Leisure time is a completely different context, in which different decisions are made than in practice, when

For example, an overweight patient sits unteachably in the treatment room, complaining about his suffering in everyday life with little compliance regarding his cholesterol therapy. The treatment context is largely responsible for how a doctor behaves. To what extent does the doctor feel that therapy goals can be achieved if he invests more time in counselling? How can he increase his personal self-efficacy? What gives him an emotional efficiency advantage in the situation - vis-à-vis patients or the disease to be treated?

The consideration of the everyday relevance of decisions, which does not cling to rationalised advantage arguments of therapies on the one hand or to a reality-distorting personally on the other, comes into play in the K&A psychodrama approach. The overall system of decision-making for therapy prescriptions in the treatment environment of doctors' practices and clinics is included and the role of individual parameters in the contextual environment is analysed (Fig. above). In addition to the patient's own experience, special features during treatment, interpersonal (social) factors, patient needs, etc., registered or acquired characteristics of specific therapies also have an effect on the decision-making process.

preparations that make the doctor make a decision more quickly.

### Some doctors are more equal

A special feature of the healthcare segment is that groups of specialists differ significantly from one another - even between indications and specialisations. The reasons for this are manifold: different clinical pictures are treated, patients react differently to diseases, patients expect a certain behaviour from the doctor, the complaints differ, the budgetary framework and practice organisation are different, the available therapy options cause the doctors to act in a certain way.

Existing differences between groups of specialists are much better explained by the respective everyday and treatment context than by over-psychologising the supposed character traits and personality traits of groups of doctors. The more pronounced and restrictive the contextual factors are, the more the space for decisions made solely on the basis of supposed personality traits shrinks.

Psychiatrists are more interested in "coaching" their patients in treatment, which is why

## COMMUNICATION

For example, they do not want to put their schizophrenia patients under pressure, but work with them to optimally enable their profession, relationships and quality of life and to prevent a complete breakdown. If they were not interested in their patients and their specific "peculiarities", they would not be able to achieve any therapeutic successes from their point of view. However, they do not act in this way because all psychiatrists, for example, belong to the ENFJ type.

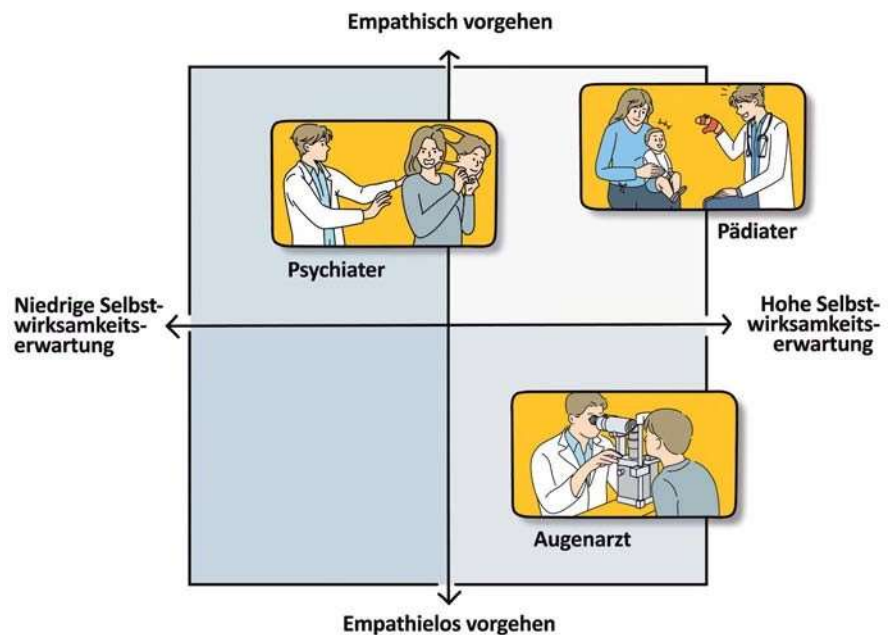
Pulmonologists deal with COPD patients in a completely different way than, for example, psychiatrists in their treatment environment. This is not because they were predestined to become a pulmonologist by their personal characteristics, but because it is difficult to achieve success in the field of COPD in their professional context. Therefore, their interpersonal interest in patients is also less pronounced. In the perception of many respiratory specialists, a patient focus does not guarantee better Tx success and only costs them time that they could use more efficiently for other patients.

COPD is, after all, from the point of view of these

The majority of patients in the specialist groups are self-inflicted.

Dermatologists who work in the field of aesthetic medicine have their own self-image. They see themselves as "designers of beautiful bodies" and experience themselves in their

## SELF-IMAGES OF SPECIALIST GROUPS



In the respective context of everyday practice, the self-perceptions differ

Practice and patient environment at a Interface of medicine, psychology and cosmetics research. The daily confrontation with beautification, aesthetics and beauty alone means that their appearance in fashion and style is often different from that of neurologists or pathologists, for example.

Of course, there are also sub-differences within groups of doctors. As the person responsible for the brand, it is always important to consider which differences are actually relevant to decision-making and behaviour, as far as the subsequent selection process of therapy options is concerned. The group of general practitioners is naturally much larger than all the individual groups of specialists and could also be clustered according to behavioural patterns.

Over-psychologised target group definitions and clusterings, which have only a rudimentary connection with actual behaviour in everyday practice, are probably needed above all by counsellors who sell such constructs as "psychological truth". Successful therapy offers, however, need above all outer limits relevant to everyday life, within which they can make the best possible use of their prescriber potential with the help of the simplest and action-triggering codification. To achieve this, a change in perspective away from fantasy personas that are misleading in terms of behavioural economics and towards behavioural variables that control everyday professional life and decisions is helpful.



Photo:

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