CONSUMER'S SATISFACTION MEASUREMENT IN PUBLIC HOSPITALS

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Abstract

Customer satisfaction is an important indicator in determining the future coordinates of any entrepreneurial activity, be it company, institution or non-governmental organization. Our research is performed in the public hospital units from Alba County. The purpose of this paper is to identify an instrument for measuring the satisfaction of consumers of health services respectively patients. The questionnaire has led to validate/invalidate the working hypotheses assumed at the start of the study. We also found data regarding the place of activities of the respondents to the questionnaire, in order to see further what extent the employment rebounds on achieving the service tasks and responsibilities and the involvement physicians in decision making. In other words, we observed specific influence of the working environment of those.

Key words: consumer satisfaction, medical services, service quality, patient, public hospitals

JEL Classification: M31

I. INTRODUCTION

For over 50 years consumer satisfaction is a special preoccupation for both: businessmen and marketing theorists. Since 1965 when Cardozo wrote the first work which dealt with consumer effort, expectations and satisfaction, thousands of other works have appeared on this theme, consumer satisfaction, dissatisfaction and complaining behaviour. A very important contribution in this respect was brought by the consumerist movement, which emphasized the consumer's dissatisfaction regarding the various products, services, marketing activities. Being aware of how important consumer satisfaction is led to a proliferation of the researches in this field during the last decades.

Previous researches show a wide spread of dissatisfying shopping which varies according to the class of products or the category of services. For instance Andreasen and Best (1977) proved in a study that one of five shopping experiences produced dissatisfaction. In the same way, Day and Bodur (1978) frequently reported dissatisfactory situations regarding the goods for long time use. This way, the minimization of dissatisfaction and the maximization of satisfaction become the main objectives for both: companies and consumers.

II. LITERATURE REVIEW

The origin of the approaches on consumer satisfaction/dissatisfaction as object of study are lost in time but, it is certain that an increased interest in this respect has been for a few decades, the prove of this being the existence of all the organizations dedicated to their study.

We can talk about the existence of a few forerunners who did organized studies about consumer satisfaction/dissatisfaction, which became very common from the late 70's to nowadays. Surprisingly, some of the first studies dealt with satisfaction at an intercultural level. In one of these studies the researcher Hans B. Thorelli accomplished a comparative analysis of satisfaction based on some reports about Germany, USA and Norway from 1969 to 1970.

In the summer of 1972, the specialists Robert Herman and Rex Warland got involved into pre-testing a questionnaire conceived on the occasion of organizing a study about the migration of the consumers and the implications of this one in the food industry. In this questionnaire were also included two straight questions: "Did you feel good or bad about the way you were treated as a consumer?" and "What did you do?". One of the

conclusions reached by the researchers was that a significant part of those who had been discontent hadn't lodge a complaint about their problem. This can be considered the first discovery regarding the dissatisfied consumers who don't lodge complaints or do nothing about it.

One of the first dissertations in the United States regarding consumer's satisfaction was conceived by John Miller and led by Professor Hans B. Thorelli from Indiana University in 1972. The title of the thesis was "Satisfaction and Answering Possibilities to Dissatisfaction for the Category of Supermarket Costumers". Miller's work was a fundamental one in conceptualizing satisfaction and dissatisfaction.

The importance of these studies restrained itself only to constitute a solid foundation for further researches. Unfortunately in that period neither the governments nor the organizations were interested in consumer satisfaction. Alan Andreasen attributes this lack of interest in the business environment about consumers' satisfaction, to the conception of those times, namely that the complaints must be ignored. If the complaints were admitted or registered, these can signify two things: (1) the manager didn't do a good job or (2) the identified problems require time and money to be solved, and this affects the profitability threshold. Later on, the researches underwent by Andreasen and Best proved that the "incorrigible complainer" was just a myth.

Further on, the following question is raised: How was this research field launched since neither the governments, nor the business environment showed any interest in this? According to Andreasen and Day, at that time there were two work groups interested in developing the research on consumer's satisfaction/dissatisfaction. One of these groups was trying to develop this concept from a theoretical point of view and the other group was trying to offer empirical descriptions and explanations about the various parts of the process. Numerous researchers like Hunt, Day, Best, Andreasen and others, continued to make efforts despite the bureaucratic structures and other obstacles, in order to reach a consensus regarding the concept of consumer satisfaction.

The consumerist movement determined a growth of the importance of consumer satisfaction for governments and for the business environment too, by paying a special attention to the consumer dissatisfaction with different products, services or marketing activities. Unfortunately, this increased interest and these preoccupations concerning consumer's satisfaction/dissatisfaction, weren't immediately accompanied by proper researches to reveal the determinants of this concept.

In this period (the '70s) the researches regarding consumer satisfaction/dissatisfaction can be split in two categories: (1) the first category was about researches which wanted to emphasize the incidents of satisfaction for different products and services and this incidents were analysed together with the evaluation of the relationship between satisfaction and various socio-economical and demographical variables. These researches revealed the fact that satisfaction varied from a person to another and from a category of products or services to another. Some of these tried to explain this differences by correlating consumer's satisfaction/dissatisfaction with different socio-economical and demographical variables. Although these studies provided important descriptive data, they didn't have a relevant contribution in understanding the determinants of consumer satisfaction/dissatisfaction. (2) the second category was represented by experimental researches conceived in order to evaluate the impact of the expectations regarding the performance of the product over the post-consume satisfaction or the perceived performance.

Some specialists held that satisfaction represented a function of the discrepancy between consumer expectations concerning the performance of the product, and the perceived performance of this one. A few functional relationships between expectations and perceived performance were proposed in order to explain satisfaction by various specialists. Beside these, the researches were focused around three fundamental approaches.

The first refers to the contrast hypothesis, held by authors like Howard and Sheth in 1969, Engel, Kollat and Blackwell in 1973 and Cardozo in 1965. The contrast theory, based on Helson's adaptation level theory (1964), holds that most times consumers compare the effective performance of the product to their expectations regarding the performance. If the performance does not meet their expectations the consumer is not satisfied. On the other hand, if the perceived performance meets the expectations or even exceeds them, the consumer is satisfied with the product or the service.

The second approach is based on the assimilation-contrast theory developed by Sherif and Hovland (1961). According to this theory the expectations play the part of an anchor in appreciating the performance of the product, and the assimilation or contrast effect will manifest as a result of the discrepancy level between the obtained performance and that, which is expected (Andreasen in 1973, Olson and Dover in 1976). Unless the discrepancy is too big the assimilation effect will appear. In this case the expectations which are bigger than the obtained benefits lead to performance evaluations at a higher level (and in conclusion to a greater satisfaction) then it would have if the expectations had been up to the exact level of the obtained performance. In the same way, the expectations which are smaller than the obtained benefits lead to perceiving a weaker performance (and in conclusion to a smaller satisfaction) than it would have if the expectations had been up to the exact level of the obtained performance. But if the discrepancy is very big the contrast effect will appear. In this situation, the expectations which are greater or smaller than the obtained benefits will lead to perceiving a weaker

performance or a greater one (in conclusion to a smaller or bigger satisfaction) than it would have if the expectations had been up to the exact level of the obtained performance.

The third approach is based on various psychological theories (Olshavsky and Miller in 1972, Anderson in 1973). According to this approach the consumers will confront a psychological tension when there are discrepancies between the expected level of the performance and the obtained one. The displeasure which is caused by this tension will generate in the consumer an underestimation of the performance in comparison with their expectation. So, as the expectations are higher, the perceived performance of the product would have to rise and in conclusion the satisfaction, which will result from this, is greater.

K. Hunt analyzed in one of his works, the period between 1972 and 1982 concerning consumer satisfaction, and presented it at a conference held on this theme in 1982. The author insisted on emphasizing the fact that in 1972 had been published only ten works having as main theme consumer satisfaction but ten years later, Keith's bibliography had had over 560 titles of articles and other scientific works.

According to another study made by J. E. Swan and I.F. Trawik, this one being published in 1993 in Journal of Consumer Satisfaction, Dissatisfaction and Complaining Behavior, in the big marketing journals of those times, between 1973 and 1982 nine works had been published on this theme (consumer satisfaction). Four of them had been published in Journal of Marketing and the other five in Journal of Marketing Research.

In the early '80s the whole research work, either theoretical or empirical was organized around the socalled "paradigm of refuted expectations". According to this model, satisfaction/dissatisfaction represents a function of consumer expectations regarding the performance of the product, the performance offered by the product and the comparison made between before-buying expectation and after-buying performance. According to the initial version forwarded by Oliver in 1977 and improved in 1980, when the perceived performance of the product outruns the expectations (positive refutation), the consumer will be satisfied and when the perceived performance doesn't meet the expectation (negative refutation) the consumer will be dissatisfied. In 1983, Woodruff, Cadote and Jenkins reviewed the initial model, holding that when the perceived performance is up to the exact level of consumer expectations, a "neutral" "cold" satisfaction will be felt. The model was validated in the '80s, based on studies regarding a great variety of products, including retail services, automobiles and other long time use goods.

Even though most part of the researches made during this period were focused on the refutation model, the interest also started to rise and expend towards other new or little explored phenomena. A very good example would be the after-buying feelings (Westbrook and Oliver). We can also talk about the first studies focused on measuring consumer satisfaction. Churchill's and Suprenant's works (1982) and those of Bearden and Teel (1983) were focused on making this concept operational and establishing its antecedents. The SERVIQUAL scale for measuring the quality of the services, developed by Parasuraman, Berry and Zeithhaml in 1988, was one of the first endeavors of making the concept (consumer satisfaction) operational.

In the literature belonging to this period of time, the possibility that other comparison standards could exist, was looked into by various researchers. One of these comparison standards would be the desired level of product performance (Westbrook and Reilly 1983), the standards associated with the category of brand or product (Woodruff, Cadotte and Jenkins in 1983) etc.

The context which followed after 1982 cannot be overlooked without reminding the impulse gave by R. Day in 1982 regarding the need of a clear definition for consumer satisfaction. This need of a universal definition was emphasized by Day's observation according to which there are more than one different conceptualizations for each component of the refutation paradigm. Later on in 1990, Y. Yi emphasized the same thing.

In the early '90s the interest of the companies about consumer satisfaction studies grew. In a work published by Honomichl in Marketing News (1993) was shown that in 1992 the expenses for the researches concerned with consumer satisfaction had been 23% higher than in 1991. The programs created for measuring consumer satisfaction were mostly used in banks and health institutions.

As a comparison to the earlier period, between 1982 and 1992 over 900 articles were published regarding consumer satisfaction, dissatisfaction and complaining behavior.

During the last decade the attention of the researchers who dealt with consumer satisfaction was drawn towards determinants, consequences, exploration of new comparison standards in the refutation process and attempts to mound the formation process of satisfaction at both levels: microeconomic and macroeconomic. A fundamental contribution in developing this field of research was given by Journal of Consumer Satisfaction, Dissatisfaction and Complaining Behavior founded in 1980.

III. METHODOLOGY RESEARCH

In the current context, the satisfaction degree of patients' needs constitutes a major coordinated of performing the activity from public hospital units in terms of efficiency and effectiveness.

The case study is part of a much larger research which had as main objective the measurement of institutional performance. The chosen instrument for achieving our goal was Balanced Scorecard which treats

global performance through the four perspectives, respectively financial perspective, internal processes perspective, learning and growth perspective and the perspective of customers, in this case patients. In order to have the big picture of the performance of hospitals, we considered our empirical study completion by applying a questionnaire, addressed to medical staffs which perform their activities within hospital units in Alba County.

In our research we used as a statistical tool - questionnaire. This includes 13 questions succinctly formulated, comprehensive, pre-choice response applied to medical staff of public hospital units from Alba County.

The questionnaire deals with four major important issues in the evaluation and monitoring of institutional performance. The questions 1-4 are designed to provide us with data regarding the respondents' the workplace: typology hospital, work experience, nature of responsibilities assumed at work. Questions 5-8 are designed to highlight what extent human resources involved in the whole process of medical insurance actively participate in optimizing financial resources involved in this process. The third part of the questionnaire, namely question 9 aims at measuring the degree of continuous improvement of the respondents; Continuous improvement is one of directions of the business optimization and to increase quality of services. The last part of the questionnaire deals with the problem of patients as an important component in the whole process of achieving of the performance, in terms of ensuring quality services to satisfy their needs.

Working hypothesis formulated are designed to identify the defining parameters of those four perspectives of a balanced scorecard respectively to give us new directions for action regarding the patient's perspective. It is very important to identify the current situation from public hospital units because only by setting weaknesses of the existing situation will be able to adopt future decisions for obtaining notable performances, but also to highlight strengths to continue their exploitation. As such, we considered the following hypotheses:

- > Public hospitals do not take sufficient information programs for patient.
- > The majority of physicians are not involved in patient information programs.
- > Measurement of patient satisfaction on health services provided is not effective.
- > The quality of medical services provided to patients can be constantly improved.

In building the predetermined choice answers has been used Likert scale. This allows measuring the degree to which respondents agree or disagree with the statement made. Therefore the first response option overlaps with total agreement: a lot, excellent, with certainty; while the last response corresponds to total disagreement: not at all, of course not, low.

The sample consists of medical staff which perform their activities in public hospitals in Alba County, excluding medical residents: County Emergency Hospital of Alba, City Hospital Aiud, Municipal Hospital Sebes, City Hospital Abrud, City Hospital Cāmpeni, City Hospital Ocna Mures, City Hospital Cugir, and City Hospital Zlatna.

The sample size is 342 respondents, dates provided by the Medical College from Romania and Alba Public Health Department. The questionnaire was applied to the sample during the period May to July 2013, was applied individual in the hospital, and via email. The response rate was 84 out of 342 total of the statistical population, which is 24, 56%.

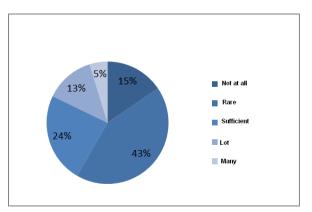
IV. RESULTS

The questionnaire has led to validate / invalidate the working hypotheses assumed at the start of the study. I also found data regarding the place of activities of the respondents to the questionnaire, in order to see further what extent the employment rebounds on achieving the service tasks and responsibilities and the involvement physicians in decision making. In other words, we observed specific influence of the working environment on individuals.

• Public hospitals do not take sufficient programs to inform patients – Validated. 43% of respondents believe that programs to inform patients about the epidemic, diseases etc. are rare. A percentage of 15% of respondents say that did not have made actions to informing patients. We appreciate that this is due to lack of involvement of respondents in this type of programs.

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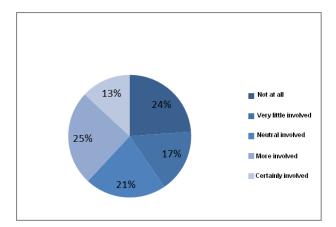
[Volume 4, Issue 1 (6), 2015]



Graphic no 1 Actions for informing the population Source: Own processing

As we can see from the chart no. 1, 5% of respondents believe that hospital units in which it operates undertaken several programs to inform patients.

• The majority of physicians are not involved in programs to inform patients - Validated. 25% of respondents are actively involved in these information programs, even if their number is quite low. However 24% of physicians do not participate not at all in these actions.



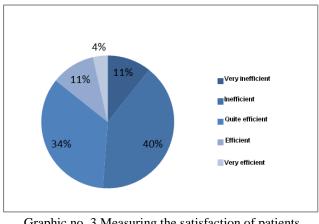
Graphic no. 2 Involvement of physicians in activities for inform the population *Source:* Own processing

We consider that a significant percentage of the respondents are neutral in terms of organization and implementation of programs to inform the population.

• *Measurement of patient satisfaction on health services provided is not effective.* – *Validated.* 40% of respondents believe that system of measuring the satisfaction of patients is ineffective. An improvement of this would surely increase the satisfaction of patients and implicitly to a higher quality of services provided. However, 4% considered the system of measuring the patient satisfaction very effective, at least in the hospital where they work.

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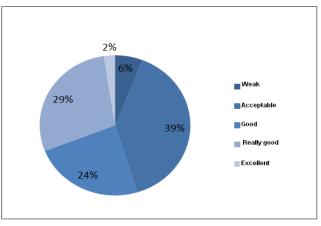
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Graphic no. 3 Measuring the satisfaction of patients Source: Own processing

Into 34% of study participants, responded that the system of measuring the satisfaction of patients is quite effective; respondents believe that motivation is derived from the previous question: if not involved in the process of informing the general public is not involved either in the process of determining the degree to which services provided meet the needs of patients.

• *Quality of medical services provided to patients can be constantly improved - invalidated.* Quality of medical services is considered to be very good in 29%. But 39% of respondent's opinion that is just acceptable. At the extreme, 2% believe quality of medical services as excellent, while 5% very poor.



Graphic no. 4 Quality of medical services Source: Own processing

We conclude that, in terms of quality of medical services are always an opportunity to improve this aspect. Orientation to the patient and their needs, become one of the main action directions within the hospital unit strategy.

V. CONCLUSION

Public hospital units direct their work to the needs of the population; entire activity of hospitals is to provide quality medical services designed to respond to patient needs.

We propose as strategic objectives: maximizing satisfaction of citizens / patients extension of mass of citizens to be addressed, increasing level of knowledge of services provided by the public hospital.

We consider that the objectives set can be achieved through measures such as:

- Setting an effective system of measuring the satisfaction of patients, based on the coordinates of the current situation of public hospital units;
- ✓ an implementation of programs which include free population in establishing a diagnosis;
- ✓ Organization of campaigns to inform and educate the population about certain diseases and ailments.

Measurement of customer satisfaction-patients is an important component in the whole process of management; embed this perspective on the performance management tool developed is a future direction of action of all managers from of public hospital units. Efficiency of medical services directly reflected to degree of patient satisfaction.

Therefore implementing a Balanced Scorecard in of public hospital units has the following advantages:

- The traditional performance measurement focuses on the financial side of the hospital unit; Balanced Scorecard is a tool developed to provide management an overview on the entire activity, by identifying the overall strategic objectives, and the measures to achieve them.
- Ensures consistency across all activities of the unit, allowing the identification of new directions for action, and the strengths and weaknesses of the activities.

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KNOWLEDGE AND INFORMATION – NEW FACTORS OF PRODUCTION IN THE CONTEXT OF GLOBALIZATION

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Abstract

The present article has as a starting point the phenomenon of globalization, so debated worldwide today. Along this work, we have tried offer a departure point, motivated of what the phenomenon of globalization means in economical context. Thus, we debate problems of major interest like: acceptances of the word "globalization", multiple influences exerted by globalization over the proper nations and the way in which the specific economical and geographic area is marked by the phenomenon of globalization in the same time.

Key words: globalization, information, production factor, cultural identity, new economy.

JEL Classification: A10; A22; O10; O19

I. ARGUMENT

Does the process of globalization imply an economical foundation? Are the internal sections in deep relation with the primary ones? As population, do we situate in strong relation with the identity of the world's consciousness? Can we include the component of rationality to protect the natural, social, economical and cultural medium?

Along this paper, we wish we offered coherent answers, proper for the questions above, in a whole relation with the opinions of the experts who debated this problem, mediated enough and always submissive for debates of any kinds. But interpretation will be an original one and it will answer a detailed study of all the perspectives and all the criteria which imply the analysis of the process of globalization.

II. INFORMATION AND KNOWLEDGE – ECONOMICAL FACTORS

Informational society has brought the Internet market. The new role of information in the existence of the internet opened the period of a new economy. The term of *New Economy* is used more and more often lately. It is understood, by the most, as being equivalent with the economy based on the Internet or digital economy.

The rapidity with which the informational society develops in a society of information and knowledge goes to a thinking about the new economy which takes into consideration many factors like:

a) the Internet market and the effect of information on the Internet on all the economical agents;

b) the effect of knowledge as economical factor which imposes the admittance of intangible goods, generally, in creating economical value;

c) the requirements of a sustainable society which among the fact that it is possible only in the society of knowledge, will impose changes of directions in the economy of society in relation with classical economical thinking (for example, the production of resources, energy, materials before the production of work). (Von Weiszacker, 1998)

Thus, the economy goes from the premise which is based on the creation of knowledge in the economic domain, under the mark of the item *novelty*.

This aspect is possible especially because of the new phenomenon called "globalization" and of its characteristic ways, and, of course, of the present economical context. A new aspect of knowledge is that of economical factor. For the last 500 years, Laurance Prusak notices, the factors of production were the land, work and the capital, neglecting the role of knowledge as a distinct factor of production. For Prusak, knowledge represents an intellectual capital, what teaches an organization: "there is no other sustainable advantage than what a company knows it can use what it knows and how much it knows it can learn something new." (Neef, D, 2003, p. 28)

The United States of America continues to be an economical leader because of their primary in the traditional culture and of their entrepreneurship medium. Because the markets of information are most of them world markets, the United States of America took advantage from the history of emigration. Because of having a