
Volume 12, Issue 1 /2010 - PR and Communication

Marketing and Clinical Leadership

Marketing has not always been considered relevant or appropriate within the public sector of healthcare, not least by healthcare professionals. However, policy reform in the public health sector has introduced competition and customer choice as a mechanism for improving services, which has in turn renewed interest in marketing. Leaders in healthcare organisations, therefore, are more likely to perceive marketing as a relevant approach but there may be a need to overcome resistance to a subject perceived as only relevant to commercial organisations.

In private sector organisations, marketing is accepted as a core function, associated with strategic development, and as a way of dealing with competition and responding to the needs of customers. Up until recently it has not been considered appropriate in the public sector because of differences in context, lack of competition and problems in defining the customer. For example, in some countries the public sector is in a monopoly position as provider; the "customer" may not be an individual; and there is the distinction between "services" provided for patients and "products" sold to customers. But this is changing thanks to increased competition and customer choice. This article introduces two wellknown approaches to marketing, and applies these to the public healthcare sector.

Marketing is one of many disciplines emanating from the private sector being put forward as having potential for application in the public sector. In recent years, this has tended to be a one way transfer of knowledge from the private to the public sector.

Policy changes in recent years, for example, in the UK health sector, have increasingly shifted away from state provision towards a mixed economy of public and private sector providers or in some countries entirely from the private sector. Alongside this change has been a related emphasis on competition between providers as a mechanism for improving performance and quality. The involvement of the "customer" or patient in healthcare- is increasingly perceived as a central, although it will vary, depending upon whether the system involves a direct customer-supplier exchange or indirect via insurance companies or state sponsored organisations acting on behalf of the customer. Regardless of this, the new competitive market context represents a challenge to those with leadership responsibilities in healthcare organisations.

Leadership

Alongside the new market context, there has been a renewed interest in leadership in healthcare, in particular clinical leadership. It is noted that leadership is of vital importance to the delivery of high quality healthcare services. The link between quality and effective leadership has been made explicit in recent policy, for example, in the UK health service.

In healthcare, the trend is to focus on leadership at the level of the clinical team, and thus the emphasis is on developing clinical leadership. The latter is based on shared or team-based leadership, as opposed to individual, top down, "heroic" models of leadership. Clinical leadership is essentially about empowering clinicians to assume leadership roles within their specialist domains, or teams, at the same time ensuring integration with other teams, and contributing to the delivery of high quality services to their patients.

Leaders within these teams need to have, or acquire, a range of skills, for example,-

1. Influencing skills, to influence clinical peers and ensure they are responsive to change;
2. Motivational skills, to provide motivation and developmental support for colleagues within teams;
3. The skills to promote clinical engagement, ensuring clinicians are committed to healthcare reforms;
4. Diagnostic skills to understand and diagnose organisational problems; and
5. Strategic skills to provide strategic direction and vision for the team.

These skills are important to leaders of clinical teams. The latter need to be fully part of their organisations and willing and able to contribute to service development and change; ensuring that services are continuing to meet the needs of patients, and are of high quality and fit for purpose; and that the clinical unit or division is responsive to external demands and changing market conditions.

These core objectives are also compatible with, and a part of, the marketing approach. The next section will introduce two well-known approaches to marketing: the classical approach based on the marketing mix; and relationship marketing.

Marketing

It can be noted at this point that there are many different approaches to marketing, with differing emphasis and a range of different variables. The classical tradition in marketing is centred on the idea of the "marketing mix", that is the emphasis on the 4 Ps (sometimes extended to the 7 Ps). This has been around for many years but is still relevant, particularly as a strategic framework.

The Marketing Mix

1. Product;
2. Price;

3. Place; and
4. Promotion.

These variables, although somewhat simplistic, provide a framework for conducting a diagnostic analysis of the healthcare organisation. They enable the clinical leader to assess the current situation and provide an evidence base to inform the strategic direction of the clinical unit or division.

Thus, the "product" or service requires an analysis of core attributes relating to service delivery; the "price" requires either an understanding of costing or adjustment to price, depending upon healthcare system (in the UK price is fixed by national tariff); the "place" requires scrutiny of the quality of the delivery setting; and "promotion" requires attention to the way in which services are promoted and communicated to those commissioning or buying the service.

This exercise is crucial in terms of understanding how effective your services are, from a multiple perspective i.e. from the perspective of different stakeholders. It is also an important prerequisite for formulating strategic goals and direction, and therefore, marketing is part of the strategy process.

Relationship Marketing

Another, more recent tradition in marketing is centred on the importance of building and sustaining longer term relationships with customers and is, therefore, termed "relationship marketing". The main emphasis is the relationship building process, and the impact this will have on "customer retention" and obtaining new customers or in the case of healthcare, patients.

Central to success in the process shown in figure 1 (see below) is quality, the latter being a mechanism for establishing and sustaining the relationship and it is seen as a collaborative and iterative process, involving both customer and supplier. This means that leaders need to develop relationship building skills, for example:

- Communication and listening skills;
- Influencing and persuasive skills;
- Negotiating skills;
- Empathy and understanding; and
- Ability to sustain relationships and credibility with partners.

A relationship marketing approach is not incompatible with a competitive market context. Whilst competition is increasingly used as a mechanism for improving service quality, alongside this is an emphasis on partnership working, collaboration, and networking with key stakeholders.

With the latter in mind, relationship marketing has the potential to provide a framework for exploring the key issues and informing the future strategic direction of the organisation or clinical unit. It is a way of developing collaborative working between healthcare and partner organisations, with a view to improving quality and performance.

How is Marketing Perceived in Healthcare?

Historically, marketing, like other private sector managerial approaches, has not been viewed favourably in the public healthcare sector. Clinicians, in particular, are cynical about the focus on "selling products to customers" and not services to patients. Even the language used in marketing is perceived as alien to clinicians (hence the reason the term "social marketing" has been used in healthcare to distinguish it from commercial marketing).

It is not surprising therefore, that marketing has been perceived with considerable scepticism. However, as stated earlier, marketing is increasingly one of several approaches being adopted in the public sector, alongside others, such as Japanese approaches to quality, Lean, the Learning Organisation, Six Sigma, etc.

Overcoming Resistance

It is important to promote marketing with due recognition of its limitations, for example, it is not another managerial fad or panacea designed to "fix" the problems faced by public sector healthcare organisations. Therefore, the concepts inherent in this approach have to be adapted for use in specific contexts, and this means taking account of cultural, political, and historical differences between public and private sectors.

There are several ways to overcome the resistance to or scepticism about marketing, for example:

- Raise awareness of the purpose and underlying philosophy;
- Ensure that it does not seek to displace traditional clinical values about patient care;
- Develop ownership amongst clinicians and clinical teams- change champions;
- Utilise core techniques in team building and training sessions;
- Ensure it gives due regard to evidencebased practice, that is marketing needs to be based on sound evidence; and
- Make it clear that marketing is just one of many approaches, with emphasis on ensuring a fit with specific contexts.

Conclusion

As an approach marketing offers one way of exploring and analysing issues of central importance to the effectiveness of public sector healthcare organisations. These issues include:

- Emphasis on being "customer" or patient-centred;
- Involving patients in delivery and planning of services;

- Designing services with quality and patient satisfaction in mind;
- Identifying core attributes of services in terms of developing competitive advantage; and
- Building and sustaining long term relationships with "customers", thus ensuring survival of the organisation.

This article has only discussed two well known approaches, each with a particular emphasis and set of tools and techniques.

There are many more but outside the scope of this short article. Marketing may be relevant to those occupying clinical leadership roles, given the centrality of the above issues in healthcare delivery. It is unlikely that the market context will change in the foreseeable future and indeed will become even more important, given the current economic climate and the world recession. It will be necessary to embrace a more commercial and "customer" focused approach in order to ensure effectiveness and long-term survival.

(This article is based on and acknowledges material/references used in Willcocks, S.G.(2008)Clinical leadership in UK healthcare: exploring a marketing perspective, Leadership in Health Services, 21, 3)

Author:

Dr S. G. Willcocks

School of Public Health and Clinical Sciences,

University of Central Lancashire

sgwillcocks@uclan.ac.uk

Published on : Mon, 1 Mar 2010