

Services Marketing in Dentistry – Knowledge, Practice, Attitude in Bosnia and Herzegovina

Vedran Jakupović¹, Maja Martinović², Kutluk Özgüven¹, Amra Vuković³

Faculty of Business Administration, IUS, Sarajevo, Bosnia-Herzegovina¹

Zagreb School of Economics and Management - ZSEM, Zagreb, Croatia²

Faculty of Dentistry, University of Sarajevo, Sarajevo, Bosnia and Herzegovina³

ORIGINAL PAPER

SUMMARY

Specificity of marketing in dentistry comes from the difficulty of defining the services, due to a combination of tangible, concrete, visible work of the dentist and the intangible, additional service, experienced by patient. Dental care cannot be separated from the subject of service-provider or object-user. Additionally, each service performance is unique and cannot be identically repeated. Services have many characteristics of the experience, which can be determined after use, and beliefs, which cannot be determined, even after use. Marketing tools and techniques are used to render the intangible tangible, to keep the quality of services and affect the movement of demand. In fact, the vast difference in patients' satisfaction, which can be related to the physical environment or the process performed by dentist professional, can affect the credibility of particular dental practice. In this study, a field study has been conducted through a survey of one sixth of all private dental practitioners' offices in Bosnia and Herzegovina with a view to understand their approach towards implementation of elements of services marketing and what obstacles and opportunities there can be in the transformation of dental services.

Keywords: Services Marketing, Marketing Communications, Organisational Culture, Internal Marketing, Dental Services.

1. INTRODUCTION

Service activities nowadays are the affair of various sectors, and day by day we are facing a growing field of new sorts of service activities.

In the past, service activities lagged behind production because there are many services businesses of small volume which do not apply the usual management and marketing practice, partly because of the assumption that marketing is not in accordance with the dental profession or a perception that high demand does not require application of marketing methods, though this vision has been in significantly change recently.

The most difficult task of marketing application in the services sector is in defining precisely the services and therefore creating an adequate marketing strategy for these services. There is a whole line of specific features related to the production, design, commercialization, sale, and distribution. Service sector differs from the production of tangible products in terms of productivity, quality and competitiveness. The aforementioned specific qualities, according to Torres (1) are a result of four fundamental features that distinguish the services from the tangible products and they are intangibility, inseparability, perishability and variability.

Specific strategies are required for each of these features in order to make intangible tangible, to increase the pro-

ductivity of service providers who are inseparable from the products; to standardize the quality of the service despite its non-existence; to influence the movements of the demand as well as better capacity offers despite the impossibility of service storing (2).

This makes the knowledge and the skills of service marketing and management very specific and cannot be directly transferred from the palpable products sector. Services marketing include a constant service provider and his interaction with the recipient, and therefore the specific qualities of marketing application lies in the necessity that all employees providing the service, in particular the dental health service are the part of the application. Besides the people as the crucial resource there are two additional important elements of the services marketing mix, namely: process and physical evidence.

It is crucial to accelerate administrative processes, ordering process and patient mobility process, in order to reduce unnecessary waste of time so doctors and auxiliary staff can dedicate to the patient. Physical evidence gives the patient additional security and strengthens trust in service quality.

Competition in service providing health care is ever growing so it is necessity for all health organizations to introduce market thinking in their strategy. Confrontations regarding the ethical side of such actions are present for decades but the ethics is embedded both in the roots of

DIMENSIONS	CHARACTERISTICS	EXAMPLES IN DENTAL SECTOR
RELIABILITY	Consistency in service provision Fulfilment of promises Welcome to the provision of services in the first attempt	Accuracy of accounts issued Proper record keeping Accuracy (time) in providing services
BUSINESS AND RESPONSIBILITIES	Willingness and availability of employees to provide service Competence of employees Timely Action	The timely processing of information and administrative The current response to the promise of the service user
COMPETENCE	Ownership of knowledge and skills necessary for the provision of services	Level of expertise of dentists Level of expertise of staff supporting services
ACCESSIBILITY	The ease with which users come into contact with the service	Suitable opening hours Good location
AFFABILITY	Courtesy, respect, understanding, cordiality the contact personnel	Kindness in a phone contact Kindness of all staff Appearance of employees Respect for and attention to customers
COMMUNICATION	Continuously inform users on how to understand it Listening to opinions, suggestions and user comments	Service explanation An explanation of the price The system for collecting opinions and user comments Convince the user that his problem will be resolved Periodic reporting on results achieved
CREDIBILITY	Honesty, reputation, formality, professionalism, confidence	Name and trademark of institution Reputation Personal qualities of staff employed The way to address
CERTAINTY	Removal of the possibility of danger, risk reduction and / or suspicion	Physical Security Confidentiality Existence of Quality Control Quality Assurance
USER UNDERSTANDING	Effort was to understand user needs	To disclose specific customer requirements Understand the customer's problems
TANGIBLE ELEMENTS	The visible elements that indicate the service	Exterior and interior Appearance of employees Equipment Following the tangible elements of service: books, etc. Other service users

Source: Adapted by: LL Berry, VA Zeithaml, A. Parasuraman, "Quality Comes in Services, Too," published in CH Lovelock, "Managing Services Marketing, Operations and Human Resources, Prentice-Hall International, Inc., 1988., pp. 216-225.

Table 1. Characteristics of quality of services, additional columns added to Berry et al (6)

medicine and marketing and is a prerequisite for long-term business conducting. According to Kirdar (3), commercialization must be coordinated with marketing approaches such as consumerism and fair-trading suggesting that the competitive advantage will be achieved by directing towards an ethically-aware behaviour.

Dental service is intensive service because it is dominated by human factor. It is specific and because of that, it requires the presence of users in the process of service delivery. Della (4) states that satisfaction of the user with the health care service partially lies in the pleasure of the service provider as an individual, and partly it depends on the broader establishment of the health care system Yorke (5) had divided professional from other service types, highlighting the relevant differences saying that professional services consist: (a) Consulting and focused problem solving, (b) provided by a qualified person, a professional who has a narrow specialization in a particular area, (c) monitored by professional associations that attempt to define the area of competence, carry out control work in practice and require action in accordance with ethics

In the quest for, the selection and use of health care services that will meet the health (existential) needs, the user

behaves differently than in case of any other existential need. In most cases, the user can not foresee when or how he/she will get ill, and the recovery process is often related to unpleasant experiences.

The goal of every dental practice is to meet or exceed the quality of services expected by their customers. In addition to defining, the problem exists in measuring service quality. Quality of service is not only difficult to measure, but it is impossible to measure even after the provision of services. Therefore, the services are very strong properties of beliefs and characteristics of the user experience of services. Properties of experience can be derived after the service act and relate to how the patient experienced one, e.g.: friendly staff, pleased treatment. The properties of belief cannot be estimated even after the service is provided, but they are referred to the patient's confidence on professionally job conduction. The quality of dental service can be viewed from different angles. For example: measures of quality can be an indicator, such as how many patients are reimbursed to the same doctor as long term.

In addition to quality measures that are centered around the patient, there are other related processes such as: the time required for answering the phone in the office or to

respond to the requests of people concerned. This can go on forever, because the quality is a subjective category and can have different meanings for different people. However, it is possible to speak of ten major factors that make up the criteria for assessing the quality of service.

Quality has to be carried through the entire process. It is almost impossible to compensate poor service quality with some marketing activities. Quality of service is kept by special organized procedures that dental practice should be developing and constantly improving at all times. It may also be the case that the price may be perceived as a reflection of quality. There is a general assumption based on economic principles that lower pricing offer leads to increased demand. However, the reality can often be totally different. Today, consumers seek value and are willing to pay a higher price, thinking of getting a high quality product. It is important that the promotion of dental practice is consistent with the quality level of other elements. For example, sending information on photocopied forms does not create high quality image of respective dental practice. Every detail that could affect the perception of quality from potential users should be taken into account, because the more patients are confident in the quality of practice and value of its offer, the easier it will justify the price.

2. MATERIAL AND METHOD

Objectives of this study are (a) to indicate the importance and specifics of marketing services in dentistry, (b) to point out marketing tools and techniques as possibility of enhancing the service quality in dentistry, and (c) analyse the current use of marketing in Bosnian dental practice.

The study included doctors from the dental private practice. Respondents filled out questionnaires that were related to the use of marketing in private dental practice. We should bear in mind that the questionnaires are quantitative method of obtaining data. The advantage of using it is that in a relatively short period of time we can examine a large sample and compare the results easily, while their shortcomings have limited responses in advance, needing information provided, and the fact that respondents often give socially desirable answers.

Primary data were collected by the method of surveying, using questionnaires, specially designed to cover all of the aspects of the marketing process in comparison to other studies conducted in the region regarding the expectations in marketing of dental practices (7).

The anonymous questionnaire consisted of ten questions. Total number of private dental offices in Bosnia and Herzegovina is approximately 450. Displayed was 111 questionnaires and final sample was 75. The survey was conducted in Fall 2009 – Spring 2010. period.

Questionnaires were distributed throughout Bosnia and Herzegovina covering major cities, regardless of ethnic background and administrative region. They include Sarajevo, Banja Luka, Mostar, Tuzla, Bihac, Dobojo, Travnik, Orasje, Zivinice, Gorazde, Prijedor and Velika Kladusa.

3. RESULTS AND DISCUSSION

The answers to the questions were analysed and significant trends were found in the types of the dental practices,

having more than three quarters general dental offices, less than a fifth were specialised dental offices and only 4% polyclinics.

Most respondents said that target population doesn't exist (41, 6%), while 31.6% of them said that their target population are whole families of patients, and then professional employed patients (15%) or the middle-class (Chart 1).

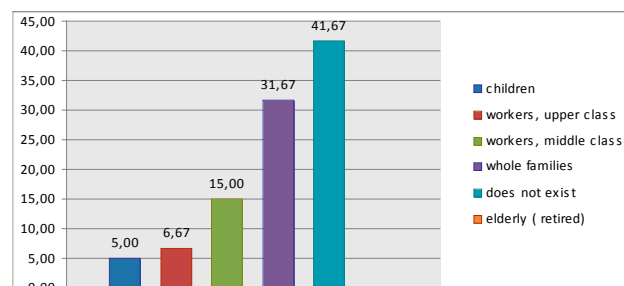


Chart 1. Target population of dental offices

The questions 2a. and 2b were on customer profile targeting, “where there particularly special patients among your targeted group of patients?” and “if so, name them”: the majority (60%) said that among all their patients, there are no particularly special group (Question 2 a.), while in 40% there are particularly desirable group of patients and, patients with a particular lifestyle (32.3%) and those with special interest (29,4%) (Chart 2.).

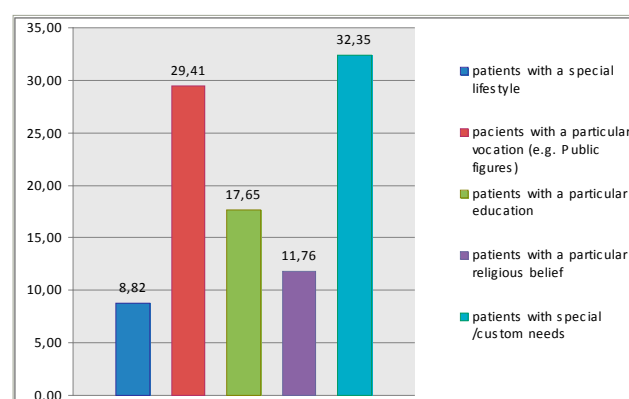


Chart 2. Customer profile

The third question on how to attract the targeted segments “do you have particular manners of attracting of the target population (groups of patients)?” and “if so, name them”, almost 71% of respondents say they have special ways to attract the target population, mainly through direct contact, business card or a well recommendations (54%), while

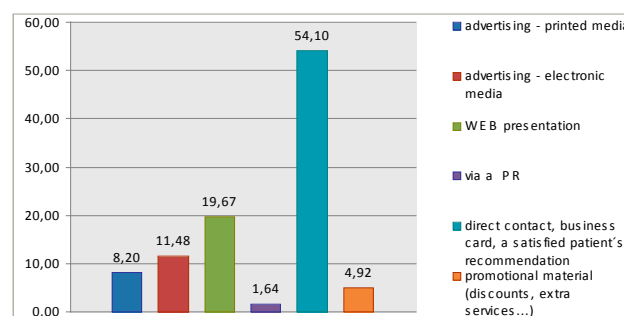


Chart 3. The way to attract the targeted segments

it is significant that 20% mention Web site and 11% mention electronic media, meaning that approximately a third of respondents see Internet Marketing as the primary channel of the marketing process (Chart 3).

Answering the question “while choosing the location for your office your main argument was”, 42% of the respondents stated that they had pre-existing office space, 37% believed that the practice location is not that important but quality of work, while 14% of dentists considered in the selection of the existence of competition in the immediate vicinity (Chart 4).

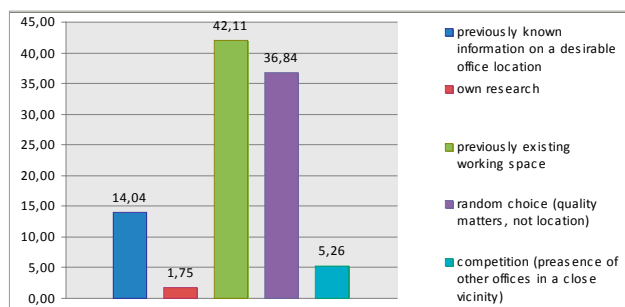


Chart 4. The way of choosing the location of dental office

To the question “while creating service prices your argument was”, most dentists (30.5%) stated that their legal framework and rules of the Dental Association is basic criteria for pricing, 27% of them believe that it is necessary to establish a real price of the service, while 23.6% considered that the price needs to be created by patients financial situation (Chart 5).

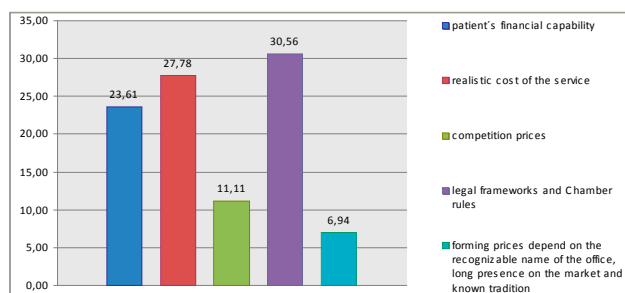


Chart 5. Forming prices of dental service

The answer to the question “do you use services of professional marketing agencies for the promotion of your practice?”, was in majority (% 77), that they do not use the services of professional advertising agencies, 17% partial benefits, while only 6% of private offices do use full marketing services.

The part on whether the law in BiH allowed marketing in the private practice, dentists mostly (43%) believe that it is permissible to use marketing in private dental practice, 31% that it's not, while 26% said they didn't know. The equal distribution of yes, no and don't know shows a sign of unclear situation.

“In your opinion what is it that a doctor's service must

In your opinion what is it that a doctor's service must include?					
	insignificant	less important	medium	important	very important
Professional, satisfactory check up	0%	0%	0%	0%	100%
The appearance of the office and waiting room	0%	5%	14%	57%	24%
Quality doctor and staff relation with the patient	0%	0%	0%	11%	89%
Brand name- visual identity	7%	9%	45%	28%	11%
Brand- the name of the doctor in the office	8%	4%	23%	42%	23%
Flexible office hours	4%	8%	8%	53%	27%
Guarantee for the service	2%	2%	10%	21%	65%
Shorter wait for the appointment	4%	0%	14%	29%	53%

Table 2. The importance of some aspects of dental practice

include?” All respondents agreed (100%) that the most important is the fair, correct and professional service that meets patients' needs, then well situated relationship between doctors and staff to the patient (89%), guarantee of the service provided (65%), shorter wait for the appointment time (53%). They also stated that the importance features surgeries and waiting rooms (57%), flexible working hours (52%), brand name of the doctor administrating the office (42%), and not so important name-brand of visual identities (Table 2).

4. CONCLUSION

From the answers it is evident that there is an emphasis on promotion, where one third of respondents consider Internet Marketing to be the set of tactics used to advance promotional activities. Yet, it is also noteworthy that no specific emphasis on the other P, place, was given. Also, there wasn't given a clear emphasis on pricing as a marketing tactic. What is more worrying is that there is no practice of cooperation between marketing professionals and dental practitioners. Dentist professionals are uncertain of legal environment and the possibilities they may have in marketing communications (8, 9, 10, 11, 12, 13, 14, 15, 16).

From the results it can be deduced that the simplification and acceleration of procedures makes the patient and user of the service satisfied. A satisfied patient will recommend the polyclinic to other potential users – thus creating the word of mouth effect as a form of promotion.

The process as the part of the marketing mix appears as an important element in the service activities and can provide a significant comparative advantage, although, as such it can be neglected due to a false perception of marketing activities and marketing within the framework of certain activities.

It is, therefore, necessary to introduce the doctors with marketing basics, especially with the fact that marketing is not just promotion and advertising that it does not work against principles of doctors' ethics, but that it includes many more segments in the very providing of efficient health care service which will guarantee clients' satisfaction.

This appears as a result of the misconception that marketing is the same as advertising (this relationship is

comparable to relationship dentistry = filling). There is no awareness of the importance of using marketing to improve the quality of service. It is necessary to educate dentists in the field of marketing, having in mind the transition period in economy.

A potential way forward for the marketing management of dental services could be in planning the optimal combination of marketing process and then creating internal marketing process considering the practice and the employees, because only capable and satisfied employees can ultimately lead to the full and true patient satisfaction.

REFERENCES

1. Torres E, Vasquez-Parraga AZ, Barra C. The Path of Patient Loyalty and the Role of Doctor Reputation, *Health Marketing Quarterly*, July-September 2009; 26(3): 183-97.
2. Kotler P, Armstrong G. *Principles of Marketing*, 13E Global Edition, Pearson, 2010: 269.
3. Kirdar Y. The Role of Public Relations for Image Creating in Health Services: A Sample Patient Satisfaction Survey, *Health Marketing Quarterly*, 2007; 24 (3-4): 33-53.
4. Della L.J, Eroglu D, Bernhardt J.M, Edgerton E, Nall J. Looking to the Future of New Media in Health Marketing: Deriving Propositions Based on Traditional Theories. *Health Marketing Quarterly*, 2008; 25(1-2): 147-74.
5. Yorke M. X. The skills of graduates: a small enterprise perspective, in: D. O'Reilly, L.
6. Berry L. L, Zeithaml V. A., Parasuraman A. "Quality Comes in Services, Too," CH Lovelock, "Managing Services Marketing, Operations and Human Resources, Prentice - Hall International, Inc., 1988: 216-225.
7. Ozretic-Dosen DJ, Bilic V. Perceptions among Croatian Surgeons of Services Marketing Application to Health Care Organizations. *Trziste*, 2009; 21(2): 203-218.
8. Zagradjanin D. Advertising Dental Services in Dentistry, *Serbian Dental Journal*, 2005; 155-159.
9. Leggatt H. Which marketing methods do consumers trust the most? *Biz Report*, 08.10.2007.
10. Bardakci A, Whitelock J. How „ready“ are customers for mass customisation? An exploratory investigation, *European Journal of Marketing*, 2004; 38(11-12): 1397.
11. Clow KE, Stevens RE, McConkey C, Loudon D L. Attitudes of Dentists and Dental Patients toward Advertising Health Marketing Quarterly, 2006; 24(1-2): 23-34.
12. Clulow V. Marketing ethics and healthcare services: stakeholders in the network, *Marketing Discoveries, Knowledge and Contribution, Australian and New Zealand Marketing Academy Conference/ANZMAC 2003, Adelaide, South Australia, Australia, 1-3 December 2003; 2306-12.*
13. Dickinson E. Using Marketing Principles for Healthcare Development, *Quality in Health Care*, 1995; 4: 40-4.
14. Grytten J, Skau I. Specialization and Competition in Dental Health Services; *Health Economics*, April 2009; 18(4): 457-66.
15. Hooley G, Saunders J, Piercy N. *Marketing Strategy And Competitive Positioning*, 3rd edition, Pearson Education Limited, England, 2004: 270-1.
16. Moser HR. An Empirical Analysis of Consumers' Attitudes toward Physicians' Advertising, *Health Marketing Quarterly*, 2008; 25(3): 270-88.

Corresponding author: Vedran Jakupovic DMD, MBA vedranjakupovic@gmail.com
