

Marketing Communication Management Level as a Healthcare Organizations Competitiveness Tool

P. Staňková, M. Sasínková and G. Končítíková

Abstract—The importance of marketing communications in health care is increasing within the context of competitiveness. Even though hospitals are often merely passive recipients of patients, more and more hospitals realize that a patient may choose a hospital where he/she will be treated and so the competitive pressure on the services quality, communication standards and approach of hospital staff to clients is increasing. The Czech Republic's vision lies also in privatizing and restructuring of hospitals, which would affect not only the business management of healthcare organization, but also significantly affect the general management of the organization. A hospital would become a regular part of the market and marketing management would become a competitiveness tool. The aim of the article is to present individual healthcare systems, define the marketing communication role in hospital management, present marketing communication as an important competitiveness tool of healthcare organizations marketing management and evaluate the scope and level of usage of respective marketing communication tools in selected healthcare organizations in the Czech Republic.

Keywords—Healthcare Organizations, Hospitals, Marketing Communication, Outsourcing.

I. INTRODUCTION

CURRENTLY, the area of marketing communication in healthcare is a rather discussed topic; most professional authors come up with their own definition of this issue or own qualification of acute problems in this area.

Kotler, Shalowitz and Stevens (2008) allege that successful communication is based on understanding the following nine communication elements: sender, encoding, message, media, decoding, recipient, response, action and feedback. Healthcare organizations have to also focus on understanding the different response levels of their "audience": from awareness, through knowledge to liking, preferences and conviction up to purchase. [6]

According to Kotler, Shalowitz and Stevens (2008), any created efficient marketing communication consists of eight

P. Staňková is with the Department of Management and Marketing, Faculty of Management and Economics, Tomas Bata University in Zlin, CO 76001 Czech Republic (e-mail: stankova@fame.utb.cz).

M. Sasínková is with the Department of Management and Marketing, Faculty of Management and Economics, Tomas Bata University in Zlin, CO 76001 Czech Republic (e-mail: sasinkova@fame.utb.cz).

G. Končítíková is with the Department of Management and Marketing, Faculty of Management and Economics, Tomas Bata University in Zlin, CO 76001 Czech Republic (e-mail: koncitikova@fame.utb.cz).

steps: Target audience identification, communication targets determination, communication style proposal, communication channels selection, estimate of total budget of marketing communication, decision on media mix selection, results measurement and last but not least also communication integrity management. [6]

Another distinguished author, Berkowitz (2006), is of the opinion that marketing communication in medical centres has gradually turned to personal sales and personal sale support as efficient communication methods with their prospective and existing customers. Further he agrees with Kotler, Shalowitz and Stevens (2008) on the successful communication elements, in particular then he mentions the role of the sender, encoding, decoding, recipient and action. The author states that medical centres have been using more frequently the so-called "pull" strategy for communication and advertising. [1]

Berkowitz (2006) also emphasizes the creation of the so-called Web 2.0 and its impact on marketing communication. Applications focusing on social media require establishment of certain trust in their users and at the same time they create a platform for interactive communication with their "audience". By way of conclusion he notes the unique nature of healthcare and that in particular emotions provoked especially by fear have to be used with increased caution. [1]

A renowned author dealing with marketing communication in healthcare is Richard K. Thomas. Thomas (2010) believes that the trends affecting the future of medical centre marketing are not to use marketing only as an option but as a necessity. Moreover, the diversification of the so-called health plans (basic care, extended care for a surcharge etc.) will require new marketing tools and communication methods. Marketing is thus to become a critical process in all medical centres. According to Thomas (2010), the trends affecting medical centres marketing are the following: Changing demand for services, growing consumption orientation, increasing competition, technology domination, growing costs, emphasis on output, growing fears of labour forces and globalization. [14]

Marketers operating in medical centres have a unique opportunity to shape the marketing which falls within their competence. They have a position enabling them to contribute to success of their organizations, to secure health and

satisfaction of customers of medical centres and to improve the general health condition of surrounding communities. [14]

Marketing communication in healthcare is distinctive namely by the environment being different - healthcare has to comply with high demands on ethics. Ethics in marketing communication in particular has been the topic of many contemporary global discussions. The problem of ethics and marketing communication in healthcare was pointed out by Marcello Montefiori in his study "Information vs advertising in the market for hospital care", who says that in view of information asymmetry set up in this area, marketing communication of healthcare organizations will never follow the same principles as marketing communication in other fields. Hospitals and doctors will always have more information than the general public, which they cannot, however, use due to ethical grounds. [9]

However, many authors agree that the importance of marketing communication via the Internet has been growing. The study of Chase which examined a sample of 1008 respondents (507 men and 501 women) states that 76% of respondents search the Internet when trying to find health information. [5] And Schivao speaks about a new approach of doctors to marketing communication via the Internet in his article "Growth of e-health". It was established that up to 90% of all doctors in the USA have their web sites and it is possible to communicate with them via the Internet. On average, the doctors spend up to one hour of their time by responding to questions of their patients via the Internet. [11] According to Shahrestani, Internet and network-based healthcare, or eHealth covers the Information and Communication Technology (ICT) related interaction between health care professionals and the system clients. It can also be taken to include telemedicine services, systems for monitoring and assisting patients and health information networks. Health ICT industry can become the third largest industry in the health sector. [10]

Therefore, in the future we may expect especially the growth of modern communication technology and as Dunn wrote, there are 4 trends of marketing communication in healthcare which we cannot ignore in 2012:

Trend No. 1: The increasing role of social media in health care.

Trend No. 2: An explosive growth in mobile marketing.

Trend No. 3: The growing need for integrated communications and highly targeted messages.

Trend No. 4: Focusing on measuring success. [4]

Very interesting is trend no. 2 – mobile marketing and we can see connection mobile marketing and telemedicine. Mobile telemedicine is one of the advanced technologies of the 21st century. It can be used to provide auxiliary medical service and has accordingly been used in emergency situations, mobile hospitals, personal healthcare, and in rapidly alerting doctors to patients' disease, rehabilitation, etc. Using this technology, family doctors can be more actively involved in the daily lives of their patients. This technology is expected to bring about revolutionary changes in the fields of medicine

and engineering. Such changes will be accompanied by ample opportunities for business,

scope for the early diagnosis of diseases, and improvements in medical services. [7]

II. EUROPEAN HEALTH SYSTEMS

There are three main healthcare systems in Europe:

- a) the national healthcare system – NHS (Beveridge),
- b) the social health insurances system (Bismarck),
- c) the centralized healthcare system (Semashko).

The national healthcare system was first introduced in England by William Beveridge. This type of system can also be found in Denmark, Finland, Ireland, Norway, Sweden, Greece, Italy, Portugal and Spain. The system is financed through general taxes, is controlled by the government and has both a state budget and a private sector. All citizens have free access to the system, the coverage is general and the state authorities manage the system. The doctors are paid as regular employees or paid according to the number of patients subscribed on their lists; in certain cases, the patients pay a part of the cost of some medical services.

The social health insurances system is the most used national insurance system, based on compiling the main elements of the social and medical insurances. This system operates in Germany, Austria, Belgium, Switzerland, France, Luxembourg and Holland, although differences occur from one country to another. The system is financed through compulsory contributions of employers and employees. It offers a broad coverage, but there is a proportion of the population that remains outside the coverage area of the medical services.

The centralized health system was typical for the Central and Eastern European countries, which are now experiencing a transition process to the market economy. In these countries' case, the state had full control over the production factors, health facilities and services. The doctors were state clerks and there was no private sector. The medical assistance was free for everyone and employed oversized personnel and hospitals. [3]

III. PROBLEM FORMULATIONS

The level of management and use of individual marketing communication tools was examined by a marketing survey, which was carried out within the framework of the Internal Grant Agency (IGA/FAME/2012006 - Research and application of marketing management tools in healthcare organizations management in the light of healthcare reforms).

The particularity of marketing communication of healthcare organizations rests namely in it being applied across several fields, which are often very different, yet mutually closely interconnected.

The interconnection of individual marketing communication areas is shown on the Fig. 1. [13]

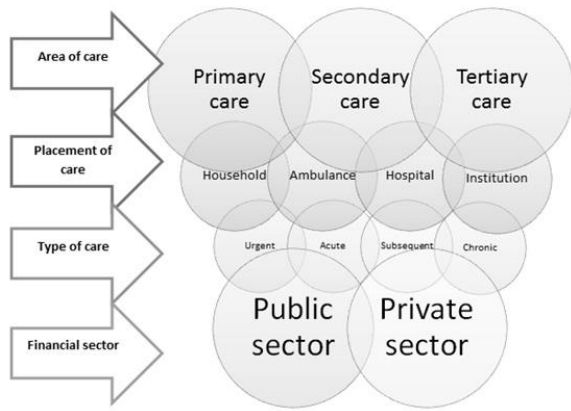


Fig. 1 – The Classification of Healthcare Organizations and the Interconnection of Individual Marketing Communication Areas

The interconnection of individual marketing communication areas is shown on the Fig. 1. [13]

Marketing communication of healthcare institutions is adapted to areas of care in which it is applied; the areas include primary, secondary and tertiary care. This healthcare is provided in different types of facilities, such as outpatients' departments, hospitals, mental homes and, last but not least, the clients' households. Therefore, marketing communication in healthcare must not take into account only the place of the healthcare provision, but also how urgent it is; we distinguish between urgent, acute, subsequent and chronic care. The manner in which a particular care is paid is essential for marketing communication in healthcare; the communication methods selected by facilities financed from the state budget are different from those used by private entities.

Hospitals are often passive and they only wait for the customers in needs to provide services. The importance of marketing communications in health care is increasing within the context of competitiveness. Moreover, in recent years, with more hospitals, the supply of medical industry has increased significantly and the industry has become competitive. Thus, hospitals must start considering the approach to break through current situations and provide more services for the customers and use the marketing communication tools, too. [15]

In 2012, the Society for Healthcare Strategy & Market Development of the American Hospital Association (SHSMD, 2012) [12] which investigated the position of marketing in the US healthcare organizations management system provided very interesting results on marketing communication management.

According to the survey report of the Society (the survey sample included 269 respondents), the Marketing and Public Relations Department is largely responsible for healthcare organizations marketing management (29%). The Marketing and Communications Department ranked second and the Marketing Department ranked third in the survey - See Fig. 2.

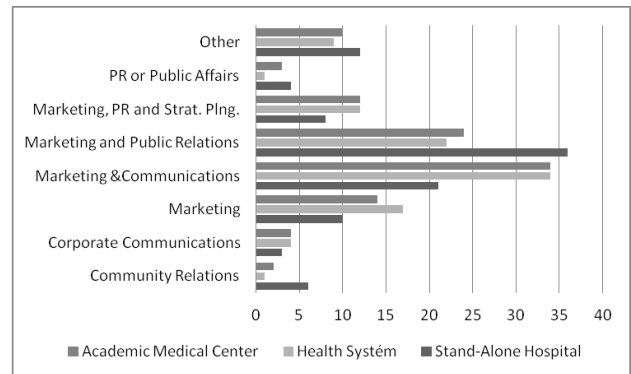


Fig. 2 – Name of Department with Primary Responsibility for Marketing [12]

According to the survey report of the Society (the survey sample included 269 respondents), the Marketing and Public Relations Department is largely responsible for healthcare organizations marketing management (29%). The Marketing and Communications Department ranked second and the Marketing Department ranked third in the survey - See Fig. 2.

As regards the title of the departmental head, the most frequently used title was a manager (41% out of total hospitals, 53% in stand-alone hospitals), the second most frequently used title was a vice-president and the third senior vice-president – See Table 1 and Fig. 3.

Table 1 – Highest Title in Marketing Department (Percentage) [12]

	Senior Vice President	Vice President	Associate Vice President	Director	Manager	Coordinator /Specialist	Other
Stand-Alone Hospital	2	22	2	53	10	2	7
Health System	18	34	3	32	1	0	6
Academic Medical Center	12	35	5	35	3	1	7
Total	11	28	3	41	5	1	7

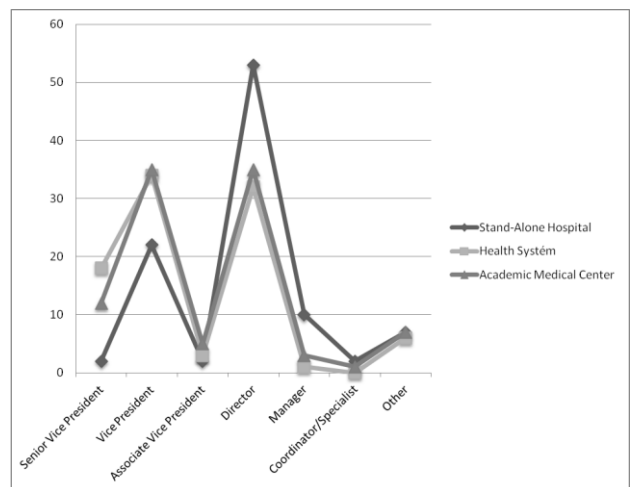


Fig. 3 – Highest Title in Marketing Department (Percentage) [12]

The principal questions asked within the survey were aimed at establishing the marketing activities which the departments involved in marketing have to carry out, the marketing

activities for which other than marketing departments are responsible or which marketing activities are carried out externally, as the case may be. According to the survey results, the most frequent activities of the marketing department included: advertising activities, marketing planning, publishing activity and auxiliary materials and graphic design activities. The survey brought interesting results in activities carried out externally, i.e. through outsourcing. The most frequently used outsourcing activities include the collection of e-mail addresses, Customer Relationship Management and a call centre operation - See Table 2.

Table 2 – Activities for Which Marketing is Responsible [12]

	In/Under Direction of Marketing	In/Under Direction of Another Department	Not Performed at Organization	Don't Know
Advertising	100	0	0	0
Marketing Plans	98	1	0	0
Publications/Newsletters	97	3	0	0
Collateral Materials/Graphics	97	1	1	1
Website/Online Media Management	96	4	0	0
Communications	95	5	0	0
Media Relations	94	6	0	0
Public Relations	93	7	0	0
Brand Development/Strategy	93	5	1	0
Internal Communications	88	12	0	0
Social Media Management	88	3	7	2
Market Research	76	21	3	0
Medical Staff Marketing	76	19	4	1
Community Events	74	26	0	0
Intranet Content	54	41	4	0
Community Education	49	49	1	0
Customer Relationship Management	48	14	30	8
Service Line Program Development	40	57	2	1
Call Center	40	26	30	3
Physician Liaison/Sales/Outreach	37	57	6	0
Business Development / Plans	33	65	1	1
Collecting Patinents' Email Addresses Systematically	27	25	40	8
Government Relations	20	66	9	5
Customer Services	16	78	4	2
Development	16	77	5	2
Coordination of Volunteers	15	83	2	0
Physician Recruitment	10	87	2	0
Employee Recruitment	10	87	2	0
Managed Care Contracting	2	92	2	4

Other interesting results were obtained from a survey carried out by the Public Opinion Research Centre, Institute of Sociology, Academy of Sciences of the Czech Republic. This survey is carried out annually and so a comparative study of years 2003 to 2011 is also available. The last survey was carried out in December 2011 and 1060 respondents participated in it. The aim of the survey was to namely establish the level of satisfaction with health care in the Czech Republic. According to this survey, the satisfaction level was highest in 2007 and has been decreasing since. The satisfaction has, however, slightly increased to 44% in the last measured year - See Table 3 and Fig. 4.

Table 3 – I am Satisfied with Healthcare (Czech Republic – Percentage) [2]

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
2011	7	37	33	16	5	2
2010	6	34	36	18	5	1
2009	5	36	36	16	6	1
2008	6	36	33	18	6	1
2007	7	43	29	16	4	1
2006	6	39	32	18	3	2
2005	5	40	33	16	3	3
2004	5	44	30	16	4	1
2003	5	44	30	15	4	2

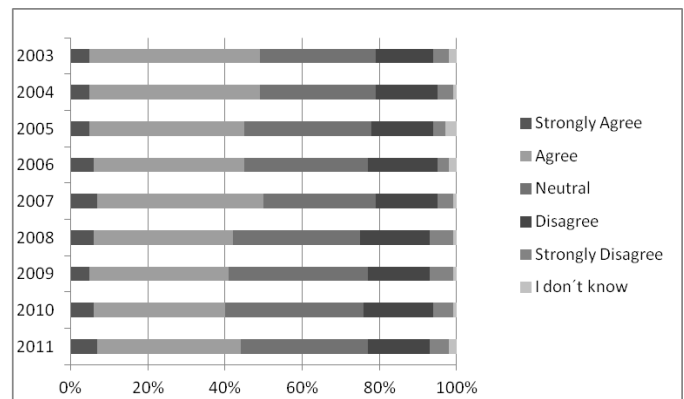
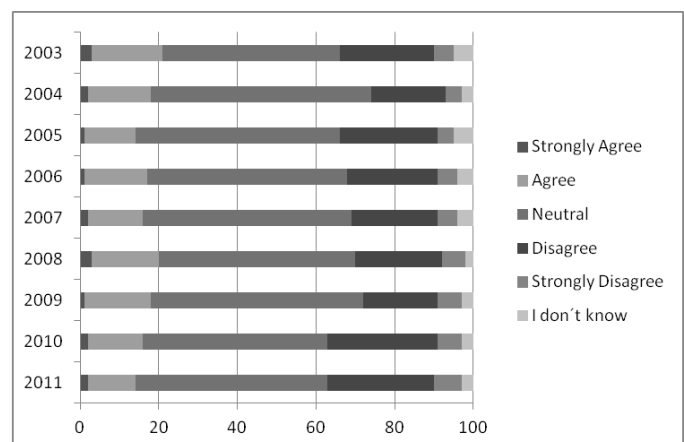


Fig. 4 – I am Satisfied with Healthcare (Czech Republic – Percentage) [2]

Further development will show, whether this trend has been caused by discussions on privatization of hospitals resulting in better approach of hospital staff and improvement of healthcare or just by growing tolerance of clients.

In order to confirm the trend in satisfaction with healthcare, the opinions on whether healthcare improved in the last year was also subject to the survey. Even though the respondents are rather reserved when expressing their opinions (neutral responses prevail), dissatisfaction with the healthcare system development has slightly increased in the last year. - See Table 3 and Fig. 5.

Table 3 –Healthcare Improved in the Last Year in the Czech Republic (Percentage) [2]



	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
2011	2	12	49	27	7	3
2010	2	14	47	28	6	3
2009	1	17	54	19	6	3
2008	3	17	50	22	6	2
2007	2	14	53	22	5	4
2006	1	16	51	23	5	4
2005	1	13	52	25	4	5
2004	2	16	56	19	4	3
2003	3	18	45	24	5	5

Fig. 5 – Healthcare Improved in the Last Year in the Czech Republic (Czech Republic – Percentage) [2]

We can thus say that according to the results of the survey of the Public Opinion Research Centre, Institute of Sociology, Academy of Sciences of the Czech Republic [2], satisfaction with healthcare has decreased and at the same time dissatisfaction with the healthcare system development in the Czech Republic has increased.

The survey conducted at the Faculty of Management of Economy of the Tomas Bata University in Zlín focused on two specific target groups:

a) Hospitals - for the purposes of the survey they are described as state healthcare organization, inpatient care and outpatient care healthcare institutions holding a license to provide healthcare with a defined number of beds, organized medical team with required qualifications and able to provide continuously medical and nursing services. They can have different forms, such as district, regional, teaching etc. hospitals. It was rather difficult to identify the correct person who is competent to complete the questionnaires. Most hospital managers did not have time and we were referred to a press agent, whom they considered as a person competent to provide relevant information. In most hospitals, a press agent is regarded as a marketing person, as they associate marketing with advertising and marketing communication, i.e. communication of information by the hospital to the public.

b) Private healthcare organizations - they are characterized similarly as hospitals by the possibility of providing inpatient or outpatient care, but they are non-governmental, i.e. private healthcare organizations.

The goal of the survey was to establish:

- from the point of the healthcare organization - self-assessment of its marketing communication management;
- from the point of view of the research team - assessment of the scope and level of tools used for marketing communication by respective healthcare organizations.

The following assumptions were defined within the framework of the survey:

H₁₀: The use of outsourcing in the planning, management and implementation of communication campaigns is independent of the healthcare organization type.

H₂₀: Communication tools used by healthcare organizations are independent of the healthcare organization ownership type.

IV. PROBLEM SOLUTION

A. Survey of Marketing Communication Management Level of Healthcare Organizations

The first survey was conducted by means of questionnaire, when healthcare organizations were addressed by an e-mail or an interview arranged in advance over the phone. A total of 83 healthcare organizations were addressed, whereas results were obtained from 72 healthcare organizations. This 87% response rate was achieved due to addressing students of the part-time study programme Healthcare Management, who work in various healthcare organizations all over the Czech Republic and facilitated cooperation with the Faculty of Management of Economics. The sample for the survey consisted of 72 medical institutions in the following structure: 29 % hospitals and 71 % private medical institutions. See Fig. 6.

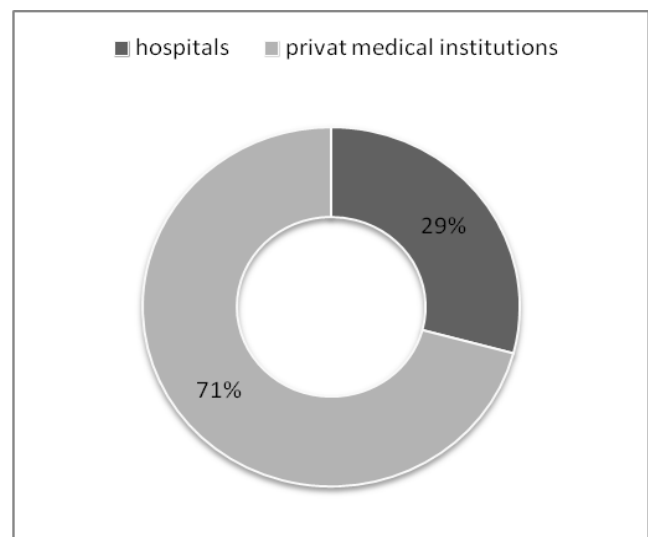


Fig. 6 – Structure of Respondents

The main findings of the research are following:

a) The first question was relating to marketing communication organisation. It was aimed to establish whether the healthcare organization prepares marketing communication on its own or in cooperation with a communication agency. The results were very similar in both target groups. The biggest group of respondents consisted of healthcare organizations which organize their communication activities internally (52% of hospitals and 47% of private healthcare institutions). The second position was occupied by organizations which cooperate in a certain (very often marginal) way with an advertising agency and participate in its solutions (48% of hospitals and 49% of private healthcare institutions).

The assumption that healthcare organizations do not largely use outsourcing in the planning, management and implementation of communication campaigns was thus confirmed (none of the hospitals and only 4% of private healthcare organizations). See Fig. 7.

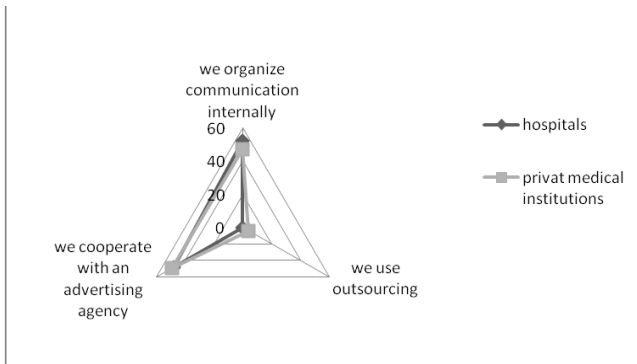


Fig. 7 – Marketing Communication Organization

b) The second question was relating to communication targets. As it already resulted from the analysis of theoretical or already published research knowledge, marketing communication of healthcare organizations will never follow the same principles as marketing communication in other sectors. Subsequently, the main target of marketing communication is often not to win new clients, but to inform them better, create positive image and eliminate negative emotions created by the fear of medical procedures.

As shown by the research results, the communication targets of government hospitals and private healthcare institutions slightly differ.

As regards government hospitals, the target number one was to win clients (39%) and target number two was to improve awareness of the hospital (36%); while the proportion was the opposite with private healthcare institutions - 47% awareness improvement and 38% winning of clients. See Fig. 8.

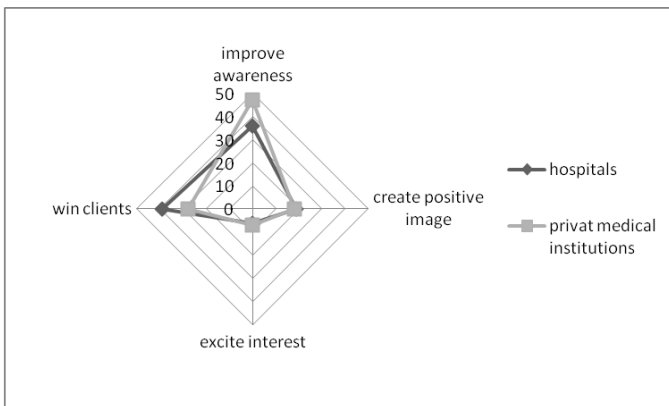


Fig. 8 – Communication Targets

c) The next research question was the selection of communication media. The research results show that hospitals are more prudent and careful in the selection of communication media (because they are not the founders and have to justify all expenses to their founders). 48% of hospital representatives say that they carefully consider a pre-defined criteria and their impacts on the target groups and select the particular media based on that. While only 27% of respondents from private healthcare organizations responded in the same way. See Fig. 9.

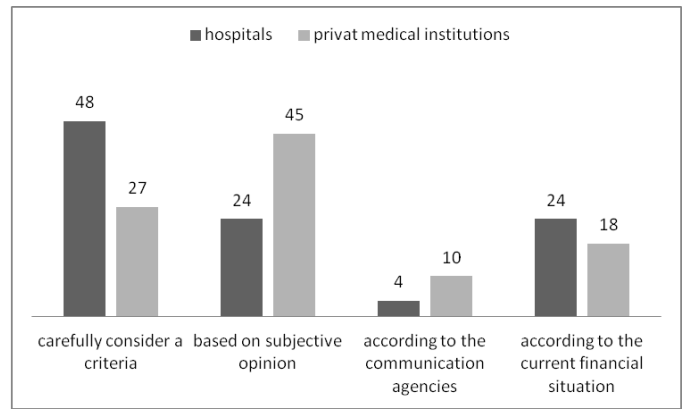


Fig. 9 – Selection of Communication Media

The second position, as regards hospitals, was occupied by the possibility to select a communication media based on subjective opinion (24%), when representatives of organizations select those communication media, which are the best in their own experience, knowledge and opinion (this possibility ranked first with 45% with private healthcare organizations). The possibility to select communication media according to the current financial situation ranked third with both target groups - hospitals 24% and private healthcare institutions 18%. Small involvement of communication agencies was again confirmed; hospitals 4% and private healthcare institutions 10%.

d) The next survey question asked to what extent the selection of media honours media usage of target groups. See Fig. 10.

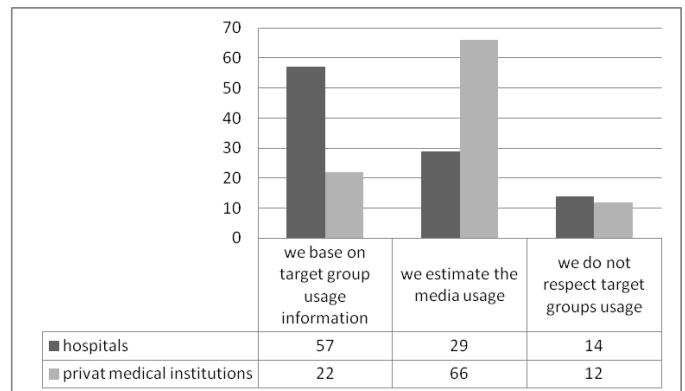


Fig. 10 – Respect of Target Group Usage

The assumption of prudence of hospitals due to financial dependence on not-own sources was confirmed here. 57% hospitals base their selection of communication media on target group usage information, which information they obtain from secondary information such as survey results and published statistics, unlike only 22% of private healthcare organizations. As regards private healthcare organizations, the majority approach is to estimate the media usage - 66% (hospitals 29%).

The last survey area was to establish whether healthcare organizations also consider surveying of communication tools as a necessary part of a marketing communication plan. See

Fig. 11.

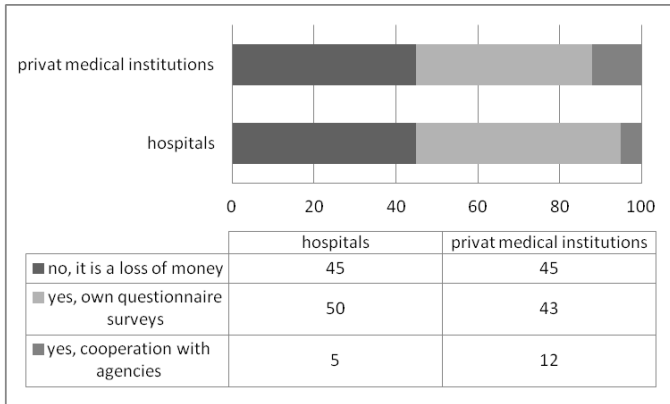


Fig. 11 – Assess the Efficiency of Communication Campaigns

The differences in results were minimal here. 50% of hospitals and 43% of private healthcare organizations conduct their own questionnaire surveys, by means of which they assess the efficiency of communication campaigns. Further, 45% of both hospitals and private healthcare organizations consider the process of evaluation of communication campaigns as a loss of money and finally, the small role of outsourcing was confirmed, when 5% of hospitals and 12% of private healthcare organizations cooperate with specialized agencies.

For the sake of comparison, the survey also included a question of Society for Healthcare Strategy & Market Development of the American Hospital Association [12] aimed at evaluating the returnability of funds invested into marketing. The survey showed that 73% of healthcare organizations are concerned with their investments returnability. A majority of these healthcare organizations use pre-tests, continuous tests and post-tests, by means of which they establish how individuals respond to advertising campaigns; the performance increase index when compared to the previous period ranked second and the growth of awareness and preferences with key clients ranked third - See Table 4 and Fig. 12.

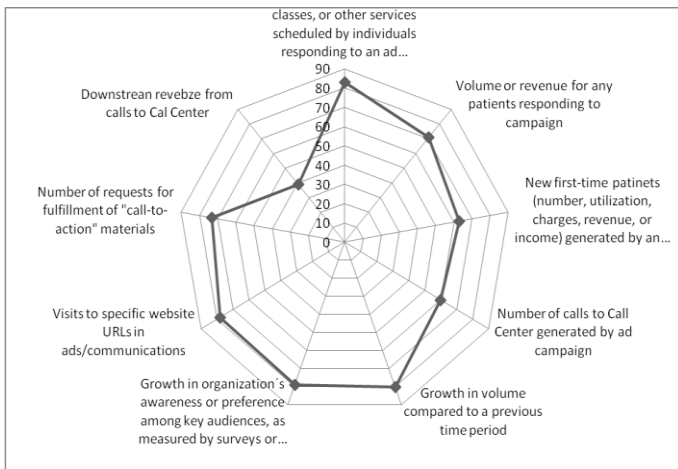


Fig. 12 – Percentage of Organizations Using Specific Measures of

ROI [12]

Table 4 – Percentage of Organizations Using Specific Measures of ROI [12]

	Percentage
Measures that rely on an individual mentioning or referring to specific ads or marketing initiatives	
Number of appointment, classes, or other services scheduled by individuals responding to an ad campaign	83
Volume or revenue for any patients responding to campaign	71
New first-time patinets (number, utilization, charges, revenue, or income) generated by an ad campaign	63
Number of calls to Call Center generated by ad campaign	60
Measures that do not require an individual mentioning or referring to specific ads or marketing initiatives	
Growth in volume compared to a previous time period	80
Growth in organization's awareness or preference among key audiences, as measured by surveys or other research	79
Visits to specific website URLs in ads/communications	78
Number of requests for fulfillment of "call-to-action" materials	73
Downstream revebze from calls to Cal Center	39

B. Survey of Tools Used in Marketing Communication of Individual Healthcare Organizations

The second survey was conducted using the method of observation, when the research team selected healthcare organizations and evaluated the level of individual marketing communication tools usage. A total of 44 healthcare organizations were selected, whereas the sample corresponds to the structure of the first survey, i.e. 29% of hospitals (absolute frequency 13 organizations) and 71% of private healthcare institutions (absolute frequency 31 organizations).

The objective was to evaluate utilization of individual marketing communication tools. See Fig. 13.

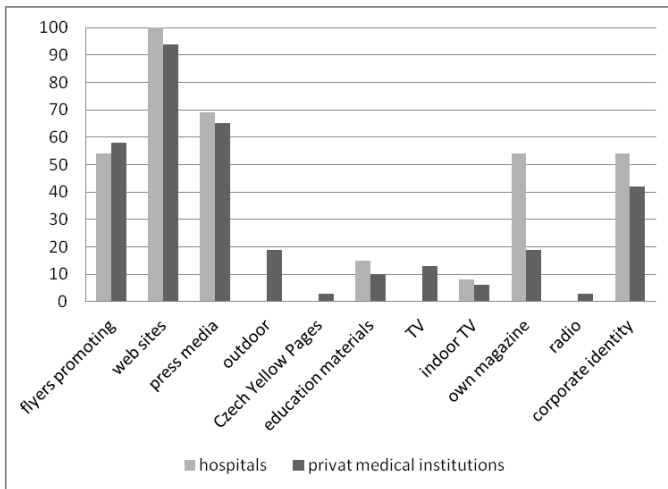


Fig. 13 – Using of the Marketing Communication Tools

The survey showed that the most frequently used marketing communication tool by healthcare organizations are web sites.

100% of hospitals and 94% of private healthcare organizations have their web sites and communicate with the target groups through them. Advertising in the press (newspapers and magazines) ranked second - 69% of hospitals and 65% of private healthcare organizations. The most distinct difference in the utilization of marketing communication tools was with the public relations tool - own magazine. 54% of hospitals use this tool for communication with employees, patients and other target groups, as compared to private healthcare organizations where the tool is used by only 19% of surveyed healthcare organizations. Other widely used marketing communication tools include flyers promoting a particular healthcare organization (54% of hospitals and 58% of private healthcare organizations) and a unified visual style through corporate identity tools (54% of hospitals and 42% of private healthcare organizations).

C. Evaluation of the Level of Individual Marketing Communication Tools

The survey carried out at the Faculty of Management and Economics of the Tomas Bata University in Zlín included also a survey of the level of individual marketing communication tools used in healthcare organizations in the Czech Republic. A selected marketing communication tool was evaluated in each healthcare organization by means of several pre-defined criteria: transparency, colouring, graphic design rendering, information content, intelligibility, quality of execution and standard of photographs and pictures. For the sake of relevance of the survey results, the marketing communication tool used most frequently in the organization was subjected to examination - flyers promoting, web sites, press media and corporate identity. Corporate identity was presented largely by a unified visual style of the whole organization, which included printed matter, logo, visual evaluation of the interior

and exterior of the organization. The rating scale ranked from 1 to 5, with 1 being the best and 5 the worst result.

The quality of web sites, as an important marketing communication and corporate identity tool, was evaluated as the best by the survey team. A shift in the understanding of the role of web sites is apparent as all healthcare organizations both have their own web sites, and take proper care of them.

The flyers promoting and press media received worse evaluation in some parameters. Especially private medical institutions relied less on pictures and photographs and more on the flyer graphic design rendering. The results were similar with the press media; only the parameters of transparency and colouring received worse results as regards private medical institutions. See Fig. 14, 15, 16 and 17.

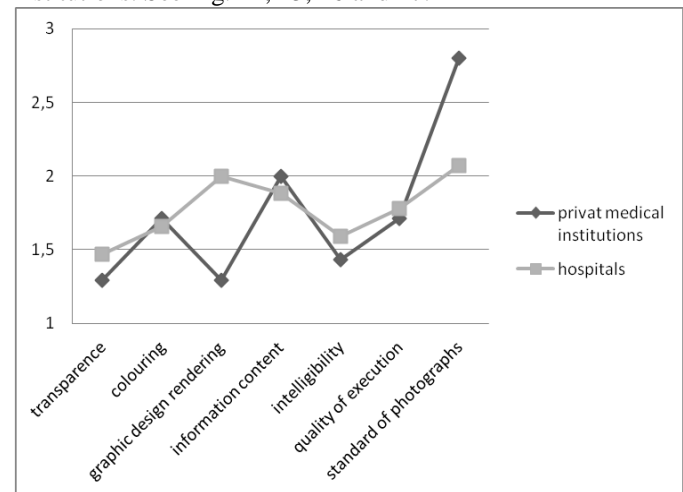


Fig. 14 – Measurement of the Flyers Promoting

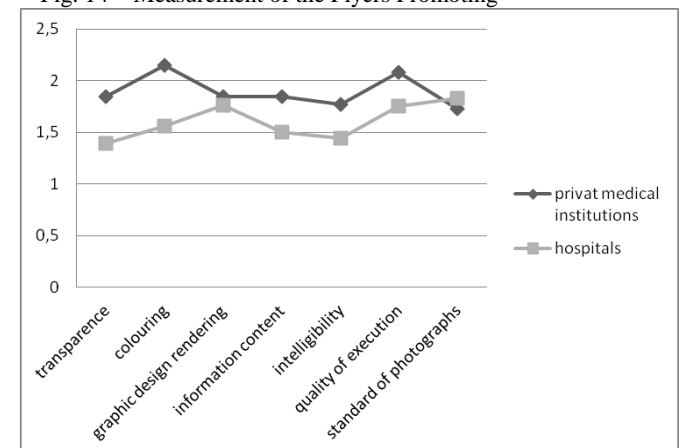


Fig. 15 – Measurement of the Web Sites

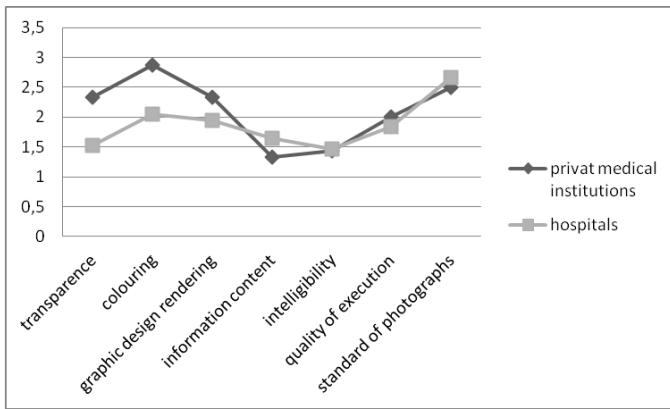


Fig. 16 – Measurement of the Press Media

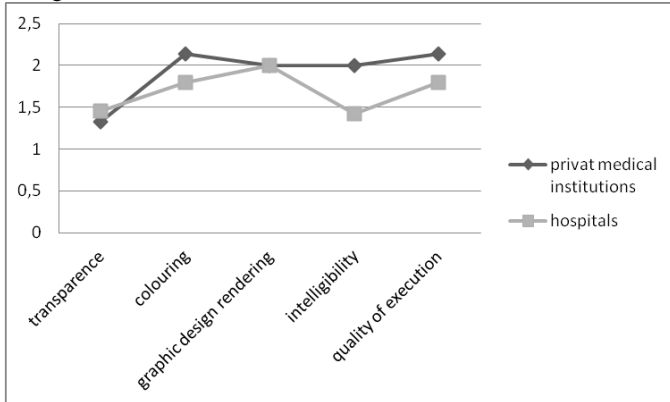


Fig. 17 – Measurement of the Corporate Identity

D. Verification of Hypotheses

By Pearson's chi-square we used to assess comparison – test of independence. A test of independence assesses whether paired observations on two variables, expressed in a contingency table, are independent of each other.

The value of the test-statistic is (1)

$$\chi^2 = \sum_{i=1}^r \sum_{j=1}^c \frac{O_{ij} - E_{ij}}{E_{ij}} \quad (1)$$

χ^2 = Pearson's cumulative test statistic;

O_i = an observed frequency in a given contingency table;

E_i = an expected (theoretical) frequency, asserted by the null hypothesis;

r and c are the number of rows and columns in the table, respectively. [8]

Problems:

H1₀: The use of outsourcing in the planning, management and implementation of communication campaigns is independent of the healthcare organization type.

$$\chi^2 = 1,20878 \quad P = 0,750899$$

Conclusion: With 5% data accuracy, the dependence of the use of outsourcing in the planning, management and implementation of communication campaigns on the healthcare organization type was not proven.

H2₀: Communication tools used by healthcare organizations are independent of the healthcare organization ownership type.

$$\chi^2 = 9,034724 \quad P = 0,528811$$

Conclusion: With 5% data accuracy, the dependence of communication tools used in healthcare organizations on the healthcare organization ownership type was not proven.

V. CONCLUSION

Even though some representatives of healthcare institutions often claim that they do not need marketing communication, the opposite is a true. Marketing communication will not represent only an auxiliary tool in healthcare organizations management, but on the contrary, it will represent a tool of strategic importance.

A research conducted at the Faculty of Management and Economics showed that many healthcare organizations realize the importance of marketing communication for management. Hospitals are more prudent and careful both in the selection of communication media, and outsourcing of marketing communication activities (because they are not the founders and have to justify all expenses to their founders). When selecting particular communication media, 48% of hospital representatives say that they carefully consider a pre-defined criteria and their impacts on the target groups and select the particular media based on that. While only 27% of respondents from private healthcare organizations responded in the same way. As regards communication tools efficiency, we can again see lack of financial resources to be spent marketing. 50% of hospitals and 43% of private healthcare organizations conduct their own questionnaire surveys, by means of which they assess the efficiency of communication campaigns. Further, 45% of hospitals and 45% of private healthcare organizations consider the process of evaluation of communication campaigns as a loss of money.

As regards the use of the Internet and modern media for marketing communication, the assumption of their growing importance and of healthcare institutions realizing their importance was confirmed. 100% of hospitals and 94% of private healthcare organizations have their web sites and communicate with the target groups through them.

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