

СЕКЦІЯ 3.

Публічне управління та адміністрування проектами відновлення: інноваційні аспекти

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ADAPTATION OF RELATIONSHIP MARKETING AS A RESPONSE TO CHANGES IN HOSPITAL MANAGEMENT

The specificity of medical services lies in the fact that it touches on the issues of health, i.e. the basic factor guaranteeing the demographic, social and economic development of the country. Therefore, not only health care, understood as activity for health, becomes important, but above all health care, which basically boils down to service activity, consisting in the provision of medical services that meet specific needs.

When choosing the form of management for the hospital as a market entity, one should start from the obvious assumption that medical services are personal services. This statement entails further (logical) consequences: a service organization should be managed in a manner adequate to the performed functions and tasks. However, the *differentia specifica of a service*, clearly distinguishing it from a tangible product (immateriality, simultaneity, impermanence, heterogeneity, no transfer of ownership), determines the choice of management model. Due to the separateness of the service sector in relation to the sectors of material production, it is impossible to adopt models developed on the basis of industrial enterprises producing investment funds or mass consumer goods. The key issue is therefore choosing the right version of marketing.

The list of critical comments regarding the use of transactional marketing in services is long:¹:

- focus on maximizing (number of) transactions;
- “hunting” for new customers, and less effort to maintain good contacts with existing customers;
- attaching excessive importance to forms (methods) of mass communication while neglecting more effective means of communication, such as direct communication;
- “burning” energy to provide temporary saturation (satisfaction) instead of real satisfaction;
- the number of “attracted” customers is to prove the effectiveness of marketing activities instead of the more reliable number of satisfied buyers;
- dominance of retrospective shots. Marketing has been and is oriented primarily to the past, which makes it an “expert” of accomplished events;
- constant cherishing of the “black box”. Designing or manufacturing technology of a service product are still outside the scope of marketing interest. The phenomenon of “black box” is revealed in all its negative vividness, especially in the context of quality management.

If not transactional marketing, the question can be asked: what version of marketing will be most appropriate to use? **The aim of the article is to** define and indicate arguments as a possibility of implementing relational marketing as a management concept for hospitals.

As K. Rogoziński writes, when it comes to services, there is no choice, there is only relational marketing, because it was derived from services. Relationship marketing appears at the base of service activity and accompanies it inseparably throughout the entire cycle of the buyer’s activity. The state of reciprocity on which it is based is intended to consciously indicate the dependence of the participants of the service relationship, jointly creating the product. As W.J. Paluchowski, writes the relationship established during the provision of the service is based on

¹ K.Rogoziński, *Nowy marketing usług*, Wydawnictwo AE w Poznaniu, Poznań 2001, s. 30-31.

commitment, trust and acceptance of the interdependence between the service provider and the service recipient. It develops gradually - from conscious identification of the relationship, through its examination and exploration, increasing commitment and devotion, to its dissolution and disintegration. The relationship between the service provider and the service recipient is an interpersonal relationship in which the expectations of the parties play an important role. It should be emphasized that in communities, interpersonal relations are crucial for creating social bonds, civic engagement and strengthening the community. Strong social relations foster integration, cooperation and solidarity. Shared goals, values and activities in communities foster the development and well-being of each member of the community.

Adoption of the relational marketing paradigm causes a fundamental change in the perception of a service organization. The choice of this version of marketing indicates the model of marketing management inscribed in the context of a pro-quality strategy. It is a model of such management that does not aim at transforming the market environment into a sphere of influence and domination, but using relational marketing, aims to absorb what is external, to include customers and stakeholders in the organizational structure. Additional arguments in favor of introducing relationship marketing are:

Argument 1. Appreciation of the service recipient.

The relationship between the service provider and the service recipient becomes important, in which these entities mutually influence each other and, being dependent on each other, bring the service into existence. The basis of these considerations is the relationship *I - You* (the opposite of the relationship *I - It*, resulting from the fact of having an object), which, thanks to the meeting between the service provider and the service recipient, reflects the present relationship manifested in “momentality”, uniqueness and makes the service happen and last as long as its provision. So it will be different each time - individual. When a patient meets the medical staff, there is a situation of directness, dialogue, which determines the emergence of mutual ties and dependencies. This meeting is necessary not only from a medical point of view (e.g. in order

to obtain important information so as to make the right diagnosis and apply a specific treatment path) but it takes on a special character in creating market and non-market relations. Relationship marketing describes this relationship as Winner-Winner, which is a positive-sum relationship. Thanks to this, cooperation is born between the parties, a lasting marketing balance, which results in the fact that the patient, having unlimited trust in the manufacturer, climbs the ladder of loyalty and finally becomes the "advocate" of the hospital.

Argument 2. The need for joint design and implementation of a service product by the service provider and the service recipient.

The role of the client also takes on a broader meaning in the context of specifying the order. It turns out that even a typical service is created in changing conditions each time. Therefore, the shaping of a service product depends on two parties. A service becomes a service product only after "marketing treatment". In the case of medical services, the role of the patient is not limited to providing information about the ailments and participating in the preparation and selection phase of the offer, but also in co-designing.

Argument 3. A new interpretation of quality.

It is not enough to use management models based on internal verifiers, because internal quality based on developed standards of medical conduct does not take into account the most important issues. The final verifier of a properly performed medical service (despite the phenomenon of information asymmetry) is always the patient. It is he who evaluates the final result of treatment through the prism of service improvement. This new situation implies the use of new organizational solutions, thanks to which the client is "inscribed" in the scheme/structure of the hospital. Such an interpretation of quality consists in the fact that it becomes a category integrating marketing functions with management functions. Value is created, which means not only a benefit for the service provider, but also for the client - patient.

Argument 4. Increasing value with the customer

By building lasting relationships, the institution has the opportunity to increase value not only for but with the client. This interpretation shows

a completely different approach in the organization. Customer relationships are a key success factor. The company strives to build lasting, mutually beneficial relationships with clients, based on trust, mutual understanding and communication. It is important for the client to feel appreciated, engaged and connected to the company.

The sources of the concept of relationship marketing and its application in services can be traced back to the 1960s, when scientists from the so-called of the Nordic School undertook research on this issue. Relationship marketing is not a marketing concept speculated at a desk, its creation is rather like putting together a large multicolored mosaic, in which several implementers participated. E. Gummesson, Ch. Grönroos, R.Norman and A.Payn, who not only presented but also consolidated this concept. Relationship marketing, being a panacea for the “American export product” derived from different assumptions, changes what created the current “marketing mix”. In the Polish literature on the subject, reading about relationship marketing there is a great variety of terminology and meaning of this concept². The most accurate definition is provided by K. Rogoziński, according to whom relationship marketing means the mobilization of personnel, aimed at making the buyer not only a co-producer of the product (understood as “value”), but also “binding” him permanently with the company. This definition implies the existence of a close relationship between internal marketing and external influence on the customer. By making contact personnel strategic personnel, relationship marketing assumes that buyers cannot be retained permanently if the cooperation between employees is not properly arranged first. It should be remembered that individual employees, organizational units and structures provide mutual services. In addition, in relational marketing, when interpreting the relationships that occur between the parties to the exchange process, it is not enough to describe the level of interest.

Attention should be paid not only to the stages of preparing the offer, but also to cooperation with the client in the execution of the order. In relations, first of all, value is created, regardless of its level of

² And so relationship marketing is translated as: 1. partnership marketing 2. relationship marketing 3. marketing of relationships and mutual relations 4. Relationship Marketing

concretization. Such a specific value for the buyer may be boundless trust in the manufacturer, and for the company it may be a network of connections with co-workers built over the years. As K. Rogoziński writes, the effort of limitless interpersonal communication is a confirmation of the truthfulness, and thus the sincerity of intentions. The existing (Porter's) value chains are transforming into a constellation in which the participants face each other as if face to face, having nothing to hide. Most of the marketing functions are transferred to customers who, as marketers - volunteers, will create a positive image of the plant. Such assumptions of relational marketing direct interest to quality. It becomes a category that integrates marketing with management functions. Since relationship marketing creates value for its clients, associates and network participants, similar tasks are performed by management through quality - Total Quality Management. The wording "total", i.e. comprehensive, means that all entities (inside and outside) of the organization are covered by the scope of management.

Ch.Grönroos, K.Storbacka, T.Strandwick list the four most important relations creating the transition from the quality of services to the profitability of the project, i.e.between³:

- service quality and customer satisfaction,
- customer satisfaction and the strength of the relationship,
- the strength of relationships and their longevity,
- long-term relationships and their profitability.

According to the analyzes conducted by E. Gummesson, relations can be not only ordered (into groups and types) but also hierarchized. And so in the Total Relationship Marketing position. rethinking *Marketing Management. From the 4Ps to 30Rs*, the author distinguishes 30 types of relations⁴ arranged in four groups⁵:

³ perceived service quality - assessment of services made by the client, based on his own experience, confronted with formal and informal evaluation standards; customer satisfaction - customer's assessment resulting from his experience during the process of providing the service, based on existing relationships; relationship strength – measured by both purchasing and communication behaviors. In this context, loyalty is based on positive commitment, suggests a strong bond between the customer and the service provider; relationship longevity – duration of the relationship; relationship profitability - income from the relationship minus the costs incurred.

⁴ Relations described by E. Gummesson: 1. classic bilateral relationship between the supplier and the buyer, 2. classic three-way relationship between the buyer - supplier - competitor, 3. relations between production and marketing activities, 4. relations within the distribution channel, 5. relations inside the company, 6. relations between customers and the so-called first-line personnel, 7. relationships within functional and hierarchical systems, 8. relationships

- classic relationships (typical transactional relationships with or without intermediaries - dyad, triad, distribution networks);
- market relations (the most important group for relational marketing, including, apart from the classic dyad, also relations with hidden, unrecognizable clients, relations between clients, relations in which buyers are treated as members belonging to the organization);
- mega-relations (although they cannot be called market-related, but they condition the emergence of the latter, and they are created by relations with the mass media, mega-alliances and similar relations distinguished and studied by mega-marketing);
- imperfect relations (nano-relations, ie dwarf relations, which are distinguished by the fact that they are internally oriented and which, while not appearing outside the enterprise, create rather support for the external relations described earlier).

Summary

Summing up, it can be emphasized that hospitals have a very clear goal to meet, consisting in systematic work on the organizational culture based on relationship marketing. This is only possible if staff think in the same way, solve problems and make decisions together. Such open management is only possible if the staff is motivated to improve the professional-patient relationship.

References:

1. Dobska, M., Rogoziński, K. (red.), 2008, *Podstawy zarządzania zakładem opieki zdrowotnej*, Wydawnictwo Naukowe PWN, Warszawa.

within internal marketing, 9. relationships with external marketing service providers, 10. relationships existing between market intermediaries of the company and their customers, 11. relationships of the company with its owners 12. relations between the client and the company's image, 13. relations resulting from treating the client as a participant in the company's marketing programs, 14. relations with dissatisfied buyers, 15. relations between enterprises within alliances, 16. relations within mega-alliances (mega-associations), 17. relations forced by ecological trends ("green" relations), 18. relations related to the acquisition of knowledge, 19. relations between the company and the mass media, 20. informal relations, 21. electronic relations, 22. relations within the so-called megamarketing, 23. relations between full-time and part-time employees of the marketing department, 24. relations resulting from the matrix organization of enterprises, 25. relations with the client of the company's existing client, 26. relations based on law, 27. criminal relations, 28. relations with clients created during conducting marketing research, 29. monopolistic relations - a client in the situation of a prisoner, 30. non-commercial relations. (por. E.Gummesson, *Total Relationship Marketing. Rethinking Marketing Management. From the 4Ps to 3OR*, Liber-Hermans, Mölmo 1995, s.99-167).

⁵ K.Rogoziński, *Dlaczego marketing relacyjny?*, Marketing w Praktyce 1996 nr 4, s. 23 – 24.

2. Gronroos Ch., Storbacka K., Strandwick T., *Managing Customer Relationships for Profit*, w: *Advances in Relationship Marketing*, pod. red. A. Payne, Kogan Page Ltd., 1995.
3. Gummesson E., *Relationship Marketing: von 4P zu 30 R*, Verlag Moderne Industrie, Landsberg Lech 1997.
4. Gummesson, E., 2000, *Sustainable Service Strategies: Lessons from Health Care*, w: *Service Quality in the New Economy: Interdisciplinary and International Dimensions*, 2000, Edvardsson, B., Brown, S., Johnston, R., Scheuing, E., ISQA, University of Warwick
5. Rogoziński, K., 2000, *Nowy marketing usług*, Wydawnictwo Akademii Ekonomicznej w Poznaniu, Poznań.
6. Rogoziński, K., 2012, *Kompetencje menedżera organizacji usługowej*, w: Rogoziński K., Panasiuk A. (red.), *Zarządzanie organizacjami usługowymi*, Wydawnictwo Uniwersytetu Ekonomicznego w Poznaniu, Poznań.
7. Rogoziński, K., 2012a, *Jedna kultura organizacji usługowej i cztery podstawowe kultury organizacyjne*, w: Rogoziński, K., Panasiuk, A. (red.), *Zarządzanie organizacjami usługowymi*, Wydawnictwo Uniwersytetu Ekonomicznego w Poznaniu, Poznań.
8. Rogoziński, K., 2012b, *Kompetencje menedżera organizacji usługowej*, w: Rogoziński, K., Panasiuk, A. (red.), *Zarządzanie organizacjami usługowymi*, Wydawnictwo Uniwersytetu Ekonomicznego w Poznaniu, Poznań.
9. Rogoziński, K., 2012c, *Zarządzanie wartością z klientem*, Wydawnictwo Wolters Kluwer, Warszawa