

A SCOPING REVIEW OF INTERNAL MARKETING DEFINITIONS, TOOLS AND STRATEGIES IN THE CONTEXT OF HEALTHCARE SYSTEMS

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BACKGROUND: Since human resources are essential for the healthcare system decision makers must take measures in order to minimize the consequences of factors affecting workforce supply, turnover intention and the medical migration phenomenon. Using the tools, methods and strategies proposed by internal marketing theorists to re-think the relationship between healthcare organisations leadership and the different professionals working in the healthcare sector, can lead to improved healthcare workforce satisfaction and organisational commitment. **AIM:** This article aims to review the literature on the application of internal marketing tools, methods and strategies in the context of international healthcare systems. **METHODOLOGY:** A search of the PubMed database was conducted by using as keywords 'internal marketing' and 'healthcare system'. Out of 466 initial results, based on title, abstract and full text screening, a number of nine articles were selected and included in this scoping review. **CONCLUSIONS:** internal marketing is an important tool which can be used in order to deal with human resources shortage in the medical field.

Keywords: internal marketing, scoping review, healthcare system.

1. BACKGROUND

Human resources are essential in the healthcare system and although internal marketing (IM) is an old concept, only quite recently increased attention has been dedicated to human resources and IM. [1]

Many countries are facing medical migration or what is better known as the "brain drain" phenomenon. Romania has been facing the migration issue since the collapse of communism. In the last 20 years, thousands of doctors have left Romania, generating a healthcare crisis that it is still getting worse. The brain drain phenomenon often has strong negative effects on the countries of origin.

After Romania joined the EU in 2007 doctors' migration increased. Between 2007 and 2010, 8131 medical doctors left the country. [2] Moreover, by 2025 the number of employed doctors is expected to decrease by almost 10%, because of the large number of physicians expected to retire in the next several years. [3]

Regarding other healthcare professionals, there are no official data about migration among nurses, for example. The Romanian Ministry of Health has data for nurses who requested supporting documents for the recognition of their diplomas in the EU. According to this data, in 2007-2008, 4608 nurses and midwives requested the certificate for the recognition of their diplomas in the EU.[4]

The Romanian educational system has delivered thousands of top medical professionals, but Romanian hospitals are therefore left with a lack of qualified staff. [5] Moreover, it has been noticed that there are several contributing factors to the migration phenomenon. Besides financial compensation, workplace environment can also affect staff quality of work life (QWL), for example. [6] Unfortunately, until today, no concrete measures were implemented in order to diminish this phenomenon. [2] Under these circum-

stances, we need a better comprehension of the magnitude of the medical migration factors in order to implement adequate measures.

International literature suggests that by using IM tools methods and strategies can lead to improved healthcare workforce satisfaction and organisational commitment. Even though the IM concept is based mostly on customer satisfaction, it has been shown that IM principles actually help organizations to attract and retain employees. [7] This paper will explore the importance of IM in the healthcare system.

The idea of IM was first described by L. Berry in 1976 as a concept developed to increase quality of services provided. [8] Berry continued to develop the concept and in 1981 he defined IM as a concept which considers the employee as an internal customer and emphasizes the fact that in order to have satisfied customers, a company needs to have satisfied employees first. [9, 10]

According to the IM concept, for an organization to become successful, it is important to focus on employee well-being by satisfying employees' needs. [9] IM, therefore, involves creating, enlarging and maintaining an organizational services culture that leads to motivated employees performing quality services. [11]

Meanwhile, the concept acquired a major expansion and its application is no longer limited to the services area. It has been shown that any type of organization can use the IM concept by focusing on the employee-employer relationship in order to increase management quality. [9] However, IM has a variety of interpretations which led to actions and activities that further broadened the concept. This variety of interpretations has also led to struggles in the implementation and extensive approval of IM.

For this reason, five main elements of IM were identified: (1) Employee motivation and satisfaction; (2) Customer orientation and customer satisfaction; (3) Inter-functional co-ordination and integration; (4) Marketing-like approach to the above; and (5) Implementation of specific corporate or functional strategies. [9]

Other authors, such as Gronroos [12], split IM into two aspects: (1) attitude management and (2) communication management or three aspects according to Ahmed and Rafiq [9]: (1) employee motivation and satisfaction; (2) customer orientation; (3) strategy implementation and change management.

Lately IM has been conceptualised as organizational citizenship behaviour which has the main purpose that employee play a part to the organizational healthcare institution through a developed sense of belonging. [13]

The appliance of IM in the sanitary field differs from other sectors due to its particularities, the particularities determined by the characteristics of the market, products, organizations, personnel and consumers. In the service sector, both Leonard Berry and Christian Gronroos are turning their attention to consumers. Both specialists emphasize the importance of human resources in dealing with consumers (patients).

2. METHODOLOGY

2.1. Search strategy

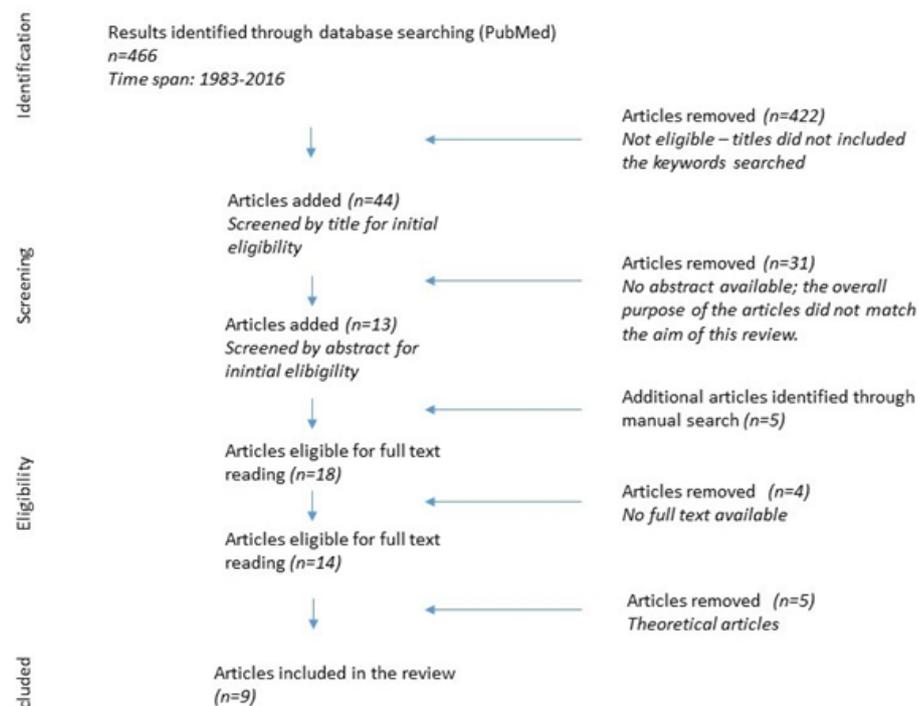
A literature search was conducted in the PubMed online database. Articles were searched using the following key words: 'internal marketing' and 'healthcare system'. The selection process was directed manually by reviewing the titles, abstracts and full text articles in order to evaluate their relevance to the topic of the current review.

2.2 Inclusion/exclusion criteria

Articles were deemed to be eligible if they met all of the following pre-determined criteria: (1) The title included the key words; (2) Titles were at least related to the key words; (3) Articles written in English or articles written in other languages with abstracts or full text translated into English; (4) Abstracts available; (5) Full text available; (6) Minimum outcomes and statistical analysis; and (7) Articles of original research on IM concept.

Articles were excluded from the current analysis if they met any of the following criteria: (1) Inappropriate study design/article format; (2) Study not related to the medical field or the internal marketing concept; (3) No abstract

Figure 1. Prisma flow diagram illustrating the articles selection



available; (4) No full text available; and (5) No IM concept measured.

2.3 Data collection

Eligible articles were examined in full text. General characteristics of the articles are described in Table 1 and the variables collected are described in Table 2. This review involved the information extraction from the articles including descriptive characteristics. This type of classification allowed us to provide organized information.

3. RESULTS

Our initial search yielded 466 results. Studies that were not relevant by titles were manually removed in this selection phase and after removing the irrelevant titles (n=422), 44 articles were evaluated by their abstracts. Out of the remaining 44 articles, 31 titles were eliminated due to missing abstracts or because the overall aim of the articles did not match the purpose of this review. If the abstract did not provide enough information to clarify its relevance then the full text was reviewed for a final decision. As a result of these steps, 13 articles were included for a full text scan and 5 new auxiliary records were identified via manual search (n=18). Out of the 18 records, 4 of them were excluded after full text reading (n=14) and 5 others were excluded because they were just theoretical and had inappropriate study design for this review. Finally a total of 9 articles were found to be eligible, including a total number of 2193 participants (the detailed PRISMA flow diagram is included as Fig. 1).

5 **Table 1. Synthetic presentation of data extracted from**

Article	Country	Participants included	Aim of the study	Setting	IM - Conceptualization	IM - Definition	IM - Measurement	Results
Bogyun et al. 2016	Korea	138/150 nurses	To examine the effects of personal traits, emotional intelligence, IM and service management on customer orientation.	4 hospitals in Seoul	Predictor for Customer Orientation: Other predictors: individual characteristics: age, personal traits, emotional intelligence, service management.	IM refers to the management philosophy of promoting the organization and its policies to employees as if they are the internal customers of the organization.	26 items IM instrument (by Yeo YJ, 2008).	Factor found to be significant in regression analysis (B=21, P=.001).
Ching and Hae 2009	Taiwan	300/450 nurses	To determine whether a favorable perception of IM is associated with increased OC.	2 large teaching hospitals in Southern Taiwan	Predictor for Organizational Commitment.	3 definitions: IM is an application of marketing and human resource management that integrates theory, technique, and rules to inspire and manage employees at all levels of an organization to continuously improve its service for external customers. (Papasolomou-Doukakis, 2004). IM is a communication process of creating a customer-oriented organizational culture. Employees are regarded as corporate partners who cooperate with corporations to provide products and external customer service (Bernstein, 2005 and Longbottom et al. 2006); Gronroos (1994) divided IM into two aspects: 1.attitude management: internal and external viewpoints should be closely integrated to ensure the commitment of the organization to the public and inspire employees to place customer needs first. 2. Communication management: effective management and allocation of information and capability can enable employees to satisfy customer needs effectively. Conduit and Mavondo (2001) analyzed the nature of IM and proposed the following five aspects of internal marketing activities: 1.market training and education, 2.management support, 3.internal communication, 4.personnel management and 5. Employee involvement in external communication.	A 3 scale, 15 items IM instrument (Mavondo, 2011; Gronroos, 1994; Longbottom, 2006).	The path coefficient from IM to organizational commitment was statistically significant (t value 30.86, p<0.01)
Peltier, Pointer, and Schibrowsky 2008	SUA	309/405 nurses	To develop scales that can be used to empirically test a model of the proposed antecedents of nurse job satisfaction and loyalty which have been used widely in the internal marketing and the relationship-marketing literature; To investigate the degree to which structural bonding, social bonding, financial bonding activities, and quality of care impact how well nurses are satisfied with their job and their commitment to the organization.	A large Mid-western health care organization.	IM (financial relationships, social relationships, structural relationships) together with perceived quality of care are predictors for global job satisfaction and loyalty.	IM integrates "marketing, human resources management, and allied theories, techniques and principles to motivate, mobilize, co-opt, and manage employees at all levels of the organization to continuously improve the way they serve external customers and each other" (Joseph 1996,p.55); IM presumes that organization shave a variety of internal stake holder groups and that those firms which treat their employees as they would customers are well positioned to positively impact the satisfaction and loyalty of this all-important organizational resource (Peltier and Scovotti 2004).	35 items questionnaire related to financial relationships, social relationships, structural relationships, care quality, and overall satisfaction measures.	All 3 dimensions of IM (financial relationships, social relationships, structural relationships) have been found to be significant in regression analysis p<.001.
KA-RASA, Arzu, et al. 2008	Turkey	320/500 (doctors, nurse/midwife, anesthesiologist, technician, X-ray technician, laboratory technician, medical officer, official, janitor, other); 64 managers	To identify what kind of contributions IM can make toward maintaining the success of Total Quality Management programs through employee communication and participation;	A training-research hospital in Ankara, Turkey	IM (institution bulletin, management meetings, notice boards, announcement, etc.) tools and methods correlates positively with knowledge regarding organizational goals, participation in management, employee's feeling of belonging to the organization.	IM is seen as "the application of marketing, human resources management and allied theories, techniques and principles to motivate, mobilize, co-opt and manage employees at all levels of the organizations to continuously improve the way they serve external customers and each other. Effective IM responds to employees needs and it advances the organization's mission and goals." (Joseph, 1996, p.55); There are different ways that IM can be implemented. One approach is to use tools that provide information such as newsletters, brochures, e-mail communication, and closed circuit television.	37 items questionnaire (7socio-demographic and 30 items directly related to the research topic).	There is positive association between the awareness of the organizational goals by employees and the use of IM tools and activities.

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Article	Country	Participants included	Aim of the study	Setting	IM - Conceptualization	IM - Definition	IM - Measurement	Results
Tsai, Y. (2014).	Taiwan	114/200 nurses	To provide patients with excellent care, to ensure they are satisfied with that care, to establish how changes in the work attitudes of nurse can be accomplished.	A medical center or regional hospital in Taichung City, Taiwan.	Predictor for Organizational Commitment, learning organization and organizational commitment.	IM is a human resource management tool used by organizations to successfully educate, train and motivate employees to provide better services to customers.	3 subscale instrument with 49 items (learning organization - 20 items, IM-14 items, organizational commitment - 15 items)	IM was found to have a mediation effect between learning organization and organizational commitment (Sobel Z=2.41, BC=95%, CI of B=0.09-2.42)
Eliopoulos, C Priporas, 2011	Greece	450/482 doctors, nurses, paramedics	To explore the effect of IM on job satisfaction in health services, in public hospitals.	3 hospitals in northern Greece.	Predictor for job satisfaction.	IM refers to all the actions that an organization (i.e., health care organizations, hospitals) has to perform in order to develop, train and motivate its employees, so to enhance the quality of the services provided to its customers.	Questionnaire with 3 groups of questions (1.Money and Foreman questionnaire - 15 items for IM; 2. Stamps&Plemonite - one part for job satisfaction; 3.demographic and occupational profile - 10 items).	Spearman r test (Linear Bivariate Correlation). All statistics were checked at statistical significant level of 0.05. A significant correlation ($p = 0.554$) was found between IM score and job satisfaction score.
Ching and Chang 2007	Taiwan	300/450 nurses	To explore the relational model of nurse perceptions related to IM, job satisfaction, organizational commitment.	Two medical centers in Southern Taiwan.	Predictor for job satisfaction, organizational commitment.	IM refers to the behavior of selling a corporation to its internal customers (employees) under the principle that highly satisfied employees will help create a market-oriented and customer-centered corporation and, consequently, encourage employees with customer-oriented awareness (Bernstein, 2005; Longbottom et al., 2006; Gronroos 1981).	A self-designed questionnaire with three dimensions, including IM, job satisfaction and organizational commitment.	Path coefficient from IM to job satisfaction of .52 ($t = 12.75$), which reflects a positive relationship, indicating that IM has an evidently positive influence on job satisfaction. Path coefficient among IM and "organizational commitment" reveal a path coefficient from IM to organizational commitment of .46 ($t = 8.63$), which reaches significance ($p < .05$). This reflects a positive relationship, supporting the premise that IM has an evidently positive influence on organizational commitment.
Peltier, Nill and Schibrowsky, 2004	Germany	55/75 nurses	To apply customer-based relationship building theories in the quest to develop a better understanding of what impacts nurse loyalty on a global level.	A hospital in Hamburg, Germany	Predictor for loyalty, financial, structural, social bonds	IM with its emphasis on enhancing employer-employee relationships, views loyalty in terms of training and motivating employees for the purpose of increasing satisfaction, reducing turnover, generating positive word-of-mouth, and ultimately for providing better overall service quality (Benoy 1996; Cooper and Cronin 2000; Peltier et al. 1997; Rafiq and Ahmed 2000).	19 different items questionnaire related to financial, social and structural bonds	All significant, $p < 0.001$ structural bonds = .668, social bonds = .409, and financial bonds = .333
LEE, KIM and YOON, 2011	Korea	207/210 nurses	To examine the discriminating factors of Korean nurses turnover intention among IM, organizational commitment, job stress.	6 general hospitals in South Korea	IM (education training, staffing promotion, communication, segmentation, working environment, reward, management philosophy) is a predictor for turnover intention, job stress organizational commitment.	IM is the management philosophy of considering employees as customers and of offering jobs that meet employees' demands in order to gain employees' loyalty and commitment (Longbottom, Osseo-Asare, Chourides, & Murphy, 2006).	4 scale questionnaire 68 items - OC - the Korean version of the OCO-15 items, Job stress-the JS Scale by Hingley-30 items; IM instrument by Lee (2001) and revised by (Doo2004) - 20 items; turnover intention - 3 items by Michaels and Specter 1982	Organizational commitment was the most important factor. Job stress and the IM components of staffing promotion, reward, management philosophy, working environment, and segmentation were significant discriminant factors of TI.

Table 2. Variables collected

	Study variables
Bogyun et al. 2016	<ul style="list-style-type: none"> Personal traits, emotional intelligence, IM, service management and customer orientation.
Ching and Hae 2009	<ul style="list-style-type: none"> IM, organizational commitment.
Peltier, Pointer, and Schibrowsky 2008	<ul style="list-style-type: none"> Satisfaction and loyalty in a dependence relationship with financial bonds, social bonds, and structural bonds.
Karaza, Arzu, et al. 2008	<ul style="list-style-type: none"> Hospitals managers and employees views regarding: organizational goals, IM tools and methods, IM activities and their use, internal communication, problem solving techniques used in the organization, participation in management and belongingness, image among the public and service quality.
Tsai, Y. (2014).	<ul style="list-style-type: none"> Learning organization (learning, communication, information); IM (vision& development, human resources management); organizational commitment (affective commitment, normative commitment, continuance commitment).
E liopoulos, C Priporas, 2011	<ul style="list-style-type: none"> IM as an independent variable, job satisfaction as a dependent variable.
Ching and Chang 2007	<ul style="list-style-type: none"> IM (management support, human resources management, external communication, internal communication, education training), organizational commitment (value commitment, effort commitment, retention commitment), job satisfaction (internal satisfaction, external satisfaction).
Peltier, Nill and Schibrowsky, 2004	<ul style="list-style-type: none"> Financial, social and structural bonds, loyalty, IM
Lee, Kim and Yoon, 2011	<ul style="list-style-type: none"> Organizational commitment, job stress, IM (education-training, staffing -promotion, communication, segmentation, working environment, reward, management philosophy), turnover intention.

the United States (n=1), Greece (n=1), Germany (n=1) and Turkey (n=1).

In terms of the outcomes measures targeted, job satisfaction and organizational commitment are by far the most recognized and widely used in the studies reviewed [7] [13-16]. Studies have also investigated the impact of IM as a predictor for loyalty, customer orientation, job stress, and turnover intention. [13, 17, 18]

These outcomes also have spillover effect at patient level, according to Bogyun et al. IM encouraging nurses to embosom patients. [17] More than that, effective IM offers good communication channels, establishes good enterprise culture, and treats nurses cordially as internal customers to achieve external marketing objectives. [7]

Additionally, IM is helpful in positively influencing nurses' organizational commitment when hospitals promote a learning organization culture [14] and has also a positive influence on job satisfaction and organizational commitment. [7] Besides, IM has a significant positive effect on job satisfaction of healthcare personnel. [15] At last, organizational commitment, job satisfaction, and IM play important roles in the turnover intention of nurses. [18] (Table 2)

4. DISSCUTION

The articles were published between 2007 and 2015 and the included participants ranged from a minimum of 55 (nurses) to a maximum of 450 (doctors, nurses, paramedics). In the most of the articles (n=7), the participants were nurses (n=1423), in one of the article participants were doctors, nurses, paramedics (n=450) and in one article participants were managers (n=64) and employees (n=256, doctors, nurse/midwife, anesthesia technician, X-ray technician, laboratory technician, medical officer, official, janitor, other). Regarding the setting, most of the articles (n=6) were done in hospitals (n=17), two studies were conducted in medical centers and one in a healthcare organization.

Most of the articles selected are from Taiwan (n=3) and

A number of limitations were identified regarding this review. First, there was a significant difference between the IM conceptualization among the nine articles included. This heterogeneity has prohibited us to attempt the aggregation of results, and limited our presentation of results to narrative format.

Second, there are a limited number of articles we identified on this subject. One reason for this reduced number could be due to a conceptual shift from IM towards organizational citizenship behaviour. We suggest that future research on this topic should extend the search strategy to also include more recently coined, overlapping concepts.

Finally, most of the participants in these articles were nurses. It would be worthwhile to investigate the IM on

more professional categories and it would be interesting to apply a larger scale to several of them. Literature indicates that IM plays a role in reducing the intent of turnover reducing the deficit of human resources from the healthcare system. [18] However, it has been noticed that IM depends on the involvement of managers. [19]

5. CONCLUSIONS

To our knowledge, the present article is the first to review the IM in the healthcare system. While we did not performed a meta-analysis due to the heterogeneity of the arti-

cles in terms on settings, methodologies and data analyses utilized by primary authors, our results show that all included articles have highlighted a significant relationship of IM with employee related concepts such as organizational commitment, job satisfaction, loyalty, employees feeling of belonging to the organization, job stress and turnover intention.

Further research on various groups of medical personnel and with an increased sample size should be done in order to establishing causal factors, to evaluate job satisfaction in order to take measures for increasing both the worker's quality of life and the quality of the medical act.

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