Declaration

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This Thesis/Dissertation/Research Project entitled: "Marketing in the osteopathic practice" is submitted in partial fulfillment for the requirements of the Unitec degree of Masters of Osteopathy

CANDIDATE'S DECLARATION

I confirm that:

- This Thesis/Dissertation/Research Project represents my own work;
- Research for this work has been conducted in accordance with the Unitec Research Ethics Committee Policy and Procedures, and has fulfilled any requirements set for this project by the Unitec Research Ethics Committee.
  Research Ethics Committee Approval Number: 2010-1077

Candidate Signature: ……Date: ……

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Marketing in the osteopathic practice

Tonia Peachey

A dissertation submitted in partial fulfilment for the requirements for the degree of Master of Osteopathy, UNITEC New Zealand, 2011.

ABSTRACT

Introduction: The number of osteopathic and other healthcare practitioners is growing, causing increased patient choice and competition in healthcare. Alongside this growth, there is increased global economic turmoil resulting in tighter monetary spending. Consequently, the need for marketing in osteopathy appears to be increasing. There is a dearth of research and few anecdotal articles in the literature related to marketing in osteopathy. Therefore, the three main aims in this dissertation are: 1) To investigate what factors influence marketing in the osteopathic practice 2) To identify what, if any, marketing strategies are being used 3) To compare what the practitioners perceives to be successful promotional strategies with what the patient reports as bring them to the practice.

Method: This study employed a mixed method design of quantitative questionnaires and qualitative thematic analysis. The quantitative questionnaires were used to ask 287 patients from five purposely selected clinics about how/where they had initially heard about the practice. The qualitative interviews involved six osteopathic participants from the five clinics to gain a deeper understanding of what factors influence marketing in osteopathy and what marketing strategies they perceived to be successful. Thematic analysis was used to find common themes and statistical analysis was used to compare patient reported results with the participants' estimated results.

Results: Key themes regarding factors influencing marketing in the osteopathic practice were inadequate definition of what constitutes osteopathy (osteopathic definition), problems within the osteopathic profession and lack of healthcare marketing knowledge and understanding. It was identified that none of the participants had marketing strategies but nevertheless used marketing. They all used parts of the 'four P' marketing mix strategy; promotion, product, place and price. The observed results from the patients, indicated that word-of-mouth accounted for 68%, referral for 16% and advertising for 15% of promotion. Advertising had the largest variability and misperception by practitioners.

Conclusions: This research concluded with three major recommendations. It is suggested that educational institutions need to incorporate further marketing into the curriculum, which could be achieved by introducing a practical clinical component. Professional cohesion needs to be developed to establish an accepted identity and definition for osteopathy. The identity then needs to be communicated to target audiences at an individual level.

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ABBREVIATIONS

ACC	Accident Compensation Corporation
APC	Annual Practising Certificate
CAM	Complimentary and Alternative Medicine
GP	General Practitioner
HPCAA	Health Practitioners Competency Assurance Act
ISOP	International Society for Osteopathic Practice
NZ	New Zealand
NZRO	New Zealand Register of Osteopaths
NZOA	New Zealand Osteopathic Association
OCNZ	Osteopathic Council of New Zealand
OSNZ	Osteopathic Society of New Zealand
UREC	Unitec Research Ethics Committee

CHAPTER ONE

Introduction

CHAPTER ONE: Introduction

Introduction

Osteopathy is a growing profession in New Zealand (NZ), with a 127% increase in practitioners from 1996 to 2010 (Career Services, 2008; OCNZ, 2010a). Literature from conventional medicine and complementary and alternative medicine (CAM) also indicates that there is an overall growth in the number of healthcare practitioners. Specifically there is growth in the numbers of physiotherapists and chiropractors (Career Services, 2010, 2011), who are the osteopaths' main competitors. Due to the increase in patient choice for both osteopathic and other healthcare practitioners, it has been suggested that for osteopathy and certain osteopathic practitioners to survive, more emphasis needs to be place on marketing in osteopathy (Szmelskyj, 1993b). Furthermore, NZ has an aging population which is increasing the demand for healthcare; thus there is a need to educate this growing demographic about osteopathy (Cornwall & Davey, 2004). Alongside this growth, there is increased global economic turmoil resulting in tighter monetary spending.

The healthcare marketplace has become a competitive environment, which suggests that there may be a need to incorporate marketing into healthcare businesses. "Marketing is the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large" (American Marketing Association, 2007). Every business requires revenue to continue to operate and in osteopathy, patients generate the revenue. Consequently, there is a need to attract and retain patients to remain financially and operationally viable. It is posited that the implementation of some form of marketing strategy may help to produce patient satisfaction and loyalty and assist the practitioner to remain competitive in the tightened market economy (Corbin, Kelley, & Schwartz, 2001). There is a dearth of research about marketing in osteopathy, with no literature in the NZ context. Very little is known about what marketing is taking place, how successful or unsuccessful it is and what factors influence marketing in the osteopathic practice.

The research described in this dissertation of marketing in osteopathy, is mixed method involving quantitative questionnaire and qualitative thematic analysis. It highlights of some of the factors that influence marketing within six NZ osteopathic practices. Additionally, it provides an understanding about what marketing strategies are being used by the six practitioners and compares what the practitioners perceived to be successful promotional

strategies with how or where their patients initially heard about their osteopathic practice. The findings of the study are discussed in relation to relevant literature. The conclusions review how the factors that influence marketing in the osteopath practice can be addressed by individual practitioners, educational institutions, and the osteopathic profession.

In this chapter the reasons for healthcare marketing will be identified and discussed. A brief development of the researchers own interests in this topic is presented, followed by the rationale, aims and objectives of the study. This chapter concludes with an outline of how this dissertation will be presented.

Background

Four main reasons why healthcare marketing is needed are identified by opinion articles and high-quality healthcare marketing books, which are underpinned by academically credible marketing theory. The main purposes claimed for marketing are: to increase and maintain patient satisfaction, to influence consumer decision making, to effectively communicate about the therapy and to create a brand that is distinguishable. Consequently, establishing and maintaining a patient list that will provide sufficient revenue to operate a business is the end product of first-rate marketing.

One of the main philosophies underpinning marketing theory is how marketing strategy can be used to fulfil the customer's needs and create satisfaction (Berkowitz, 1996; Kotler, Shalowitz, & Stevens, 2008). Hills and Kitchen (2007a) point out that there are many facets involved in patient satisfaction, for example, the facilities, treatment content and effect, the organisation, explanations, expectations and communication. At present, there is no literature relating to what marketing strategies are being used or patient satisfaction in NZ osteopathy.

Additionally, marketing is used to influence consumer decision-making in a growing and competitive market (Kotler et al., 2008; Thomas, 2005). This is achieved by enhancing the visibility or the image of the healthcare service. The main aim is initially to attract new clients to the practice, retaining customers and staying in the mind of past patients and referral sources; this consequently has an impact on the revenue and success of the business (Berkowitz, 1996; Chhoda, 2009a; Corbin et al., 2001; Herrick, 2000; Lafoley, 1999; Mack, 1993; Sherman, 1989; Szmelskyj, 1993b; Thomas, 2005).

Another reason for marketing in healthcare is to effectively communicate and educate the public, potential clients, other healthcare providers, insurance companies, and government agencies about the therapy (Chhoda, 2009a; Lafoley, 1999; Mack, 1993; Robertshawe, 2006; Szmelskyj, 1993b; Thomas, 2005). This is imperative, as the target audience needs to have some knowledge and understanding about the therapy before they are likely to use it. Current research in NZ suggests that osteopathy is less well known than our main competitors (A. Evans, Duncan, McHugh, Shaw, & Wilson, 2008; Moore, 2003).

Finally, marketing can be used to create a niche, brand, or public profile through standardising a reputation so that the therapy can be distinguished from other competitors and stand out from similar services (Chhoda, 2009a; Kotler et al., 2008; Lafoley, 1999; Thomas, 2005). International research, and anecdotal evidence in NZ, suggests that the general public, other healthcare professionals, and government agencies are still unaware about the difference between osteopathy, physiotherapy and the chiropractic profession (A. Evans et al., 2008; Moore, 2003; Szmelskyj & Morris, 1992).

Why study marketing the osteopathic practice

The above summary of the purposes of marketing supports the claim that marketing in osteopathy could be used to facilitate a successful osteopathic practice and further establish the osteopathic profession by assisting to increase the public awareness and perception of osteopathy. There were a number of motivations that led to the research of this topic. The researcher comes from eight years of marketing, a business work experience and holds a Bachelor of Business Degree. During the undergraduate osteopathy programme it became apparent that the majority of the general public knew very little about osteopathy. Additionally, there appeared to be another problem that it took between two to five years to establish a business and it was extremely challenging to start a practice and get patients through the door.

It was apparent that once graduated from the osteopathic programme, most students would be in private practice and probably self-employed. Thus they would need to generate a client list from nothing, which indicated a need for marketing. Despite this, there seemed to be only minimal course content relating to small business management and marketing offered as part of the Unitec osteopathic programme. This led me to what I thought would be the first logical step in research, to try to understand what marketing strategies were or were not being used and what factors influence marketing in the osteopathic practice. Consequently, a decision was made with my supervisors that the most appropriate study would be an exploratory

investigation, using a mixed method approach, to explore the marketing strategies and the factors influencing marketing in the osteopathic practice.

Rationale for the study

Qualifying as an osteopath involves intensive training and significant financial commitment to course related costs of approximately NZ$40,000. On completing the course, new graduates are expected to enter into the competitive work force as self-employed practitioners or associates. Only a very small number of graduating osteopaths will be fortunate enough to have a client list provided to them, and thus a revenue stream on starting. Everyone else will have to find some way to generate business, against a growing number of competing healthcare professionals. It is proposed that marketing could provide a system to help to deal with this. Yet there is a paucity of research into the area.

Understanding what factors influence marketing in NZ osteopathy and identifying some of the successful marketing strategies in the osteopathic practice may help new graduates and or any currently practising osteopaths to build their business. Equally, there will be changes recommended at a professional and educational level to hopefully improve marketing within osteopathy as a professional group. Finally, the main outcome of this project is to provide useful exploratory information to help build a solid foundation, so that further studies can stem from this initial exploratory research.

Project aims

There are three main aims in this study:

- To investigate what factors influence marketing in the osteopathic practice.
- To identify what, if any, marketing strategies are being used.
- To compare what the practitioners perceive to be successful promotional strategies with what the patient reports as promotional strategies that have brought them to the practice.

Project objectives

The objectives to achieve these aims are:

1. ***Quantitative Phase:*** Use a basic questionnaire to gather descriptive statistical information about how/where the patients initially heard about the practice.
2. ***Qualitative Phase:*** Gain a deeper understanding of what factors influence marketing in osteopathy and what promotional strategies they perceive to be successful.
3. Use the descriptive statistics to compare the questionnaire results with what the participants perceive as being effective promotional strategies.

Dissertation outline

This thesis is an investigation into the marketing strategies and the factors that influence marketing in the osteopathic practice. It is set out in seven chapters as outlined in the table of contents. This first chapter has introduced the study, the background, my motivation to study this topic, and the rationale, aims and objectives of the study. The second chapter reviews the relevant literature relating to the history of marketing, marketing in healthcare, osteopathy in NZ and its relationship to marketing, marketing in osteopathy, factors influencing marketing in healthcare, and physical therapy marketing strategies. The third chapter explains the methodology and research methods used to conduct this study, which includes sampling, data collection, data analysis, rigor, credibility, and ethics. Chapter four presents results from the qualitative interviews about the factors that influence marketing in the osteopathic practice. This section is divided into three main themes that comprise: inadequate definition of osteopathy, lack of marketing knowledge and understanding, issues within the osteopathic profession. Chapter five presents the results from the quantitative and qualitative data analysis about the marketing strategies being used and compares what the practitioners perceive to be successful promotional strategies with what the patient reports about how they initially heard about the practice. The discussion, chapter six, follows the themes from chapters four and five and compares them to the current literature in osteopath, physiotherapy, chiropractor, and complementary and alternative medicine (CAM). In the final seventh chapter, the main findings of the study are summarised and the study's implications, recommendations, future research and limitations are discussed. There are seven appendices attached including the participants' information sheet, consent form, questionnaire, interview questions, transcriptionist confidentiality agreement, the demographic results, and ethic approval.

CHAPTER TWO

Literature Review

CHAPTER TWO: Literature Review

Introduction

The number of osteopathic and other healthcare practitioners is growing, causing increased competition and patient choice in healthcare. Moreover, NZ has an aging population which is increasing the demand for healthcare and need to educate this population. In conjunction with this growth, there is escalated global economic disorder resulting in tighter monetary spending. Therefore, there may be a need for marketing in osteopathy. Marketing in osteopathy could be used to help create patient satisfaction and loyalty, influence patient decision making, gain a competitive advantage, educate and communicate to target audience about what osteopathy is and help to create a brand that will distinguish osteopathy for its competitors. There is a very small amount of research and few anecdotal articles in the literature related to the marketing of osteopathy. Therefore, due to similarities in the practice environment, this review draws upon research and opinion literature from general healthcare services and marketers to illustrate factors that influence marketing across healthcare professions. The chapter will discuss the literature, which has been divided into three main sections; background, factors that influence marketing in healthcare, marketing strategies in physical therapy.

A review of the literature was conducted via internet, database, specific journal and bibliographic searches. 'Google' provided the primary search engine used for the internet searches at http://www.google.com. EbscoHost, ScienceDirect, PubMed, and Emerald were the primary databases used. Specific journals that were searched included the New Zealand Medical Journal, International Journal of Osteopathic Medicine, Healthcare Marketing Quarterly, and Complementary Therapies in Medicine. Comprehensive lists of keywords were used, in many combinations for the literature search. These included: marketing, advertising, referral, word-of-mouth, ethics, business, management, attitudes, experiences, osteopathy, physiotherapy, physical therapy, chiropractor, physiotherapy, practitioners, complementary and alternative medicine (CAM), general practitioners (GPs), health services, health personnel, medical practitioners, consumers, factors and influences. In addition, the reference sections of the originally retrieved articles were reviewed for related literature that had been previously missed or omitted. A date range from 1980 to 2011 was used due to the acceptance of healthcare marketing in 1980 and its evolution since. Literature from the pharmaceutical industry was excluded as it is marketing a product rather than a healthcare service.

Background

History of marketing

Marketing has been around since the time of the ancient Greeks. During this period it was not recognised as *marketing,* it was recognised as good business practices that are still used in *marketing* today (Egan, 2008). *Marketing,* as we know it today, is a relatively modern concept. It was first used around 1910 to describe what we today call *sales* (Berkowitz, 1996; Kotler et al., 2008; Thomas, 2005). This sales era consisted of manufacturers making products that the consumer could either take or leave. During this period there were enough differences between the products offered and the mindset was that if a product was good then it would sell itself; therefore, if the field of marketing had existed during this period it would have been redundant (Berkowitz, 1996; Thomas, 2005).

However, during the post war period from the late 1940's onwards, a variety of new consumer products and services emerged along with an increase in discretionary spending. This development contributed to the beginning of *marketing* as consumers needed to be educated about the new products and services and new businesses needed to distinguish their goods and services from their competitors (Kotler et al., 2008). This resulted in a shift from a seller's market to a buyer's market as suppliers were not only catering for consumer *needs* they were now catering for consumer *wants* (Berkowitz, 1996; Thomas, 2005).

The next stage of marketing evolution observed the change in role for the sales representatives who use to take orders from a captive audience. Sales representative became consultants and opened the communication channels between buyers and sellers, which facilitated the consumer-driven phase. This consumer-driven approach is what the field of marketing is currently focused on (Kotler et al., 2008; Thomas, 2005).

Towards the end of the twentieth century marketing in the production industries became increasingly standardised and the service industries became more market driven. Marketing a service has different challenges from marketing products as services are variable and they are generally produced as they are consumed, and cannot be taken away or stored (Kotler et al., 2008). Marketing healthcare services has even more challenges than other service industries due to the products and services offered, the professionals involved and the consumer (Thomas, 2005), which will be subsequently discussed.

History of healthcare marketing

Historically in the United States, it has taken a long time for marketing activities in healthcare to be accepted. In 1980 there was formal recognition of healthcare marketing, which was an important milestone (Thomas, 2005). Prior to this in the 1950's the pharmaceutical and fledgling health insurance industries were starting at a very basic level to market to physicians. At this stage, most hospitals and physicians viewed marketing (advertising) as inappropriate and unethical. However, they were using marketing through free educational programmes, public relations (PR) activities, aligning with practitioners that were potential referral sources and networking (Thomas, 2005). These activities continued to grow in the 1960's; in particular, the role of PR was enhanced. Print media was developed in the form of sophisticated annual reports, informational brochures and community publications (Berkowitz, 1996). During the 1970's legal restrictions on marketing were loosened and hospitals extended their mandate to a broader marketing, which created a growth in the for-profit hospital. Hospitals began to recognise that patients might play a role in hospital selection and a second strategy for selling emerged, which included mass advertising strategies such as billboards, television and radio advertisements (Berkowitz, 1996; Thomas, 2005).

In the 1980's the healthcare industry evolved into a buyer's market from a seller's market. Since then, there has been rapid evolution in a relatively short amount of time, with periods of marketing frenzy, retrenchment, and ongoing tension between those who accept and those who resist marketing (Krohn & Flynn, 2001; Mack, 1993; Thomas, 2005). In the 1990's healthcare became market driven as consumers were better educated and more assertive in relation to their healthcare needs. The development of the internet enhanced the rise of consumerism in healthcare, which led to healthcare administrators becoming more business orientated. Patient satisfaction became important and market research grew (Thomas, 2005). Over time the limitations of the initial large advertising campaigns were acknowledged and healthcare organisations began to develop a more balanced approach to marketing. Currently, the role of marketers and marketing in healthcare has expanded as it has become an accepted part of the healthcare business function (Bell & Fay, 1997; Mack, 1993; Manu, Cooper, & Reinhart, 1996; Thomas, 2005)

In New Zealand literature, only one study of note was found in regard to the progression of healthcare marketing. This was a longitudinal study performed by Bell and Fay (1997) examining private practice GP's attitudes towards competition and advertising. This suggested that the attitudes of New Zealand medical personnel are steadily changing and that there has

been a move towards accepting informative advertising and competition from 1985 to 1994. However, there was still a reserved attitude towards persuasive advertising (Bell & Fay, 1997).

Marketing in healthcare

Marketing is an enormous discipline. Today marketing is defined as:

> The management process through which goods and services move from concept to the customer. As a philosophy, it is based on thinking about the business in terms of customer needs and their satisfaction. As a practice, it consists in co-ordination of four elements called 4P's: (1) identification, selection, and development of a product, (2) determination of its price, (3) selection of a distribution channel to reach the customer's place, and (4) development and implementation of a promotional strategy (Business Dictionary, 2010).

There appears to be no separate definition for healthcare marketing. However, it is recognised as being different from marketing in other industries as it has special challenges (Thomas, 2005).

One difference that Kotler et al (2008) indicates is that there are two different opinions about the purpose of marketing. One aims to make as many sales as possible by advertising or salesmanship. This method is predominantly used in other industries and is considered to be inappropriate in healthcare marketing (Kotler et al., 2008; Latham, 2004; Mack, 1993; Thomas, 2005). The other method focuses on customer relationship building and customer satisfaction. This approach aims to serve the customer so that they will come back again or recommend the seller to others, which is what healthcare marketing is based around (Kotler et al., 2008).

Within *marketing* there are numerous marketing strategies that are used to integrate an organisation's marketing goals to achieve customer satisfaction and sustain a profitable business. In healthcare marketing, creating customer satisfaction does not mean that the organisation should give the consumer everything that they want (Kotler et al., 2008). This is one of the major differences that sets healthcare apart from other industries, as healthcare professionals have a duty of care to their patients (Thomas, 2005). In osteopathy a problem may arise when the patient wants something that is not in his or her best interest. For example, if a patient has previously seen other practitioners and requests a specific technique that is not appropriate for their current complaint, then the osteopath must act as a clinician and give the appropriate treatment and not focus on the business aspect which would be to follow what the

patient may be requesting. In healthcare marketing the customer is not always right (Kotler et al., 2008).

There is much debate about the existence of a true economic market in healthcare. The operation of a market makes four assumptions. Firstly, there are organised groups of sellers. Thomas (2005) suggests that the healthcare industry tends to be less organised in the United States as they are fragmented due to the lack of information sharing, co-ordination and centralised systems that are found in other industries, which are the typical characteristics of an established market. Secondly, the consumer has sufficient knowledge of the products or services. This can be difficult in healthcare as the nature of their services can be difficult to describe (Kotler et al., 2008; Lund, 2006; Thomas, 2005). Thirdly, there is a rational pricing system due to the laws of supply and demand that operate (Thomas, 2005). However in healthcare some providers maintain a monopoly and dominate a particular market, there is often a lack of seller discretion as some healthcare organisations are obliged to accept clients that are unable to pay and demand for healthcare is relatively elastic, therefore supply and demand normal rules do not apply (Berkowitz, 1996; Thomas, 2005). Finally, in other industries there is a straight forward means of financing the purchase of the goods or services (Thomas, 2005). In NZ healthcare there are user-pays, government funded/subsidised, Accident Compensation Corporation (ACC) and other health insurance companies that complicate payment mechanisms. These bodies can also influence another important difference in healthcare marketing, which is the referral-relationship that other industries do not emphasise. Some healthcare organisations only accept referral patients and certain bodies will only refer to specific healthcare providers.

Additionally, healthcare consumers are virtually everyone as everyone is likely to utilise healthcare at some point, whereas other industries usually only cater to specific individual target markets. Social marketing has developed in healthcare to address prevention (Ling, Franklin, Lindsteadt, & Gearon, 1992). All of the above mentioned challenges in healthcare marketing relate to the factors that influence marketing in healthcare.

Osteopathy in NZ and its relationship with marketing

In the United States of America, in the late nineteenth century, osteopathy was established by Andrew Taylor Still, a disenchanted regular physician. He developed *osteopathy* as a manual medical system in response to what he believed to be the many shortcomings in regular medicine (Baer, 2009). In the early twentieth century osteopathy was introduced to New Zealand by qualified American and British osteopathic practitioners, who migrated to New

Zealand in small numbers and started practising (Bowden, 1987). The profession grew slowly and was largely unregulated until 1973 when it became (partly) self-regulated by the New Zealand Register of Osteopaths (NZRO). The NZRO was formed by a group of practising osteopaths. They imposed minimum education and training requirements for entry, which prohibited certain practitioners from joining. This caused the profession to remain disunited. Consequently, the International Society of Osteopathic Practice (ISOP) and the New Zealand Osteopathic Association (NZOA) were formed by practitioners who did not share the aims of the NZRO or had been excluded from it (Lambert, 2007). In 1986 the Accident Compensation Corporation (ACC), which subsidizes the treatment and rehabilitation costs of an injury, recognised NZRO osteopathic members as providing a credible service and began subsidising treatment costs for patients who had a valid claim (Duke, 2005).

According to the Australian Competition and Consumer Commission a profession is defined as

> "A disciplined group of individuals who adhere to high ethical standards and uphold themselves to, and are accepted by, the public as possessing special knowledge and skills in a widely recognised, organised body of learning derived from education and training at a high level, and who are prepared to exercise this knowledge and these skills in the interest of others." (Southwick, 1997)

This definition would indicate that osteopathy is a profession. Additionally, in 2003 the Health Practitioners Competency Assurance Act (HPCAA) included osteopathy as a registered health profession. "The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions" (OCNZ, 2011a). Under the HPCAA, the Osteopathic Council of New Zealand (OCNZ) was established. The OCNZ is the regulatory authority and maintains the public register of osteopaths. The primary purpose of the OCNZ (2011b) is to "ensure public safety through effective regulation and monitoring of the ongoing competency of the Osteopathic profession". This means that the OCNZ council members are government appointed members who are accountable to the public and government and it is not within their remit to perform marketing for the osteopathic profession. However, according to Vos and Brennan (2010) in the United Kingdom the formation of a regulatory professional body that establishes and enforces minimum competency standards can inadvertently manifest marketing by creating competitive advantage over unregistered therapies. Their research concluded that 49% of respondents thought it 'very important' for their therapist to be a registered practitioner.

Today all practising osteopaths are required to be registered with the OCNZ. Additionally, they can choose whether or not they become members of a society. The current societies are ISOP, and the Osteopathic Society of New Zealand (OSNZ), which was established in 2004. The marketing aims of the OSNZ, as expressed on the OSNZ (2011a) web site, are: yellow page block listing; education material such as pamphlets and flyers; a website promoting osteopathy to the public and other allied health professionals; raising the profile of osteopathy in the educational and public domains; and working towards a high profile at government level. According to ISOP web site, this organisation does not aim to provide any marketing for their members or the profession (ISOP, 2011).

Presently, the New Zealand healthcare system comprises a public healthcare system, ACC, and the user-pays healthcare system that includes insurance companies that provide medical cover. Osteopaths operate primarily within the user-pays system; they are not part of the public healthcare system in New Zealand, other than receiving subsidies from ACC. This means that osteopaths can determine their practice's location, conditions of work, fees and marketing strategies (Adams, 2003). Osteopaths are categorised as primary healthcare providers by the New Zealand Health Workforce Advisory Committee (2002). This means that osteopaths are private practitioners and patients can seek treatment from an osteopath without the need for referral from any another primary healthcare provider.

According to Career Services (2008) osteopaths generally work either from home, in rented premises or from multi-disciplinary clinics such as medical centres. They are usually self-employed and work either as a sole practitioner, in a partnership or as an associate to an established osteopathic practitioner. Moreover, Career Services (2008) indicate at the majority of osteopaths are employed in the Auckland (31%), Canterbury (15%) and Wellington (11%) regions.

Currently, it is believed that patients and other healthcare practitioners view osteopathy as a complementary therapy, which is used to supplement allopathic medicine (Duke, 2005; Sibbritt, Adams, & Young, 2006). However, research performed by Poynton, Dowell, Dew, and Egan (2006) of 300 New Zealand GPs found that opinions amongst respondents were divided, with 42% (n = 126) saying that osteopathy is part of conventional medicine and no longer fell under the complementary and alternative medicine (CAM) banner. The reason for this view was the acceptance of osteopathy by ACC, which includes it as part of the dominant healthcare system.

Osteopathy is growing in New Zealand. The census figures show that the number of osteopaths in New Zealand in 1996 was 169, in 2001 there were 243, and in 2006 there were 312 (Career Services, 2008). Furthermore, the number of manual therapists is growing as indicated by the number of annual practicing certificates (APC) issued by OCNZ (2006, 2007, 2008, 2009a, 2010b), the Physiotherapy Board of New Zealand (2003, 2006, 2007, 2008, 2009, 2010), and New Zealand Chiropractic Board (2003, 2006, 2008, 2009, 2010) shown in *Table 1*.

Table 1: Number of osteopathic, physiotherapist and chiropractic APC

Date	Osteopathic APC	Physiotherapist APC	Chiropractic APC
1998-1999	Not applicable	2398	Not applicable
2002-2003	Not applicable	2774	267
2005-2006	320	3480	315
2006-2007	330	3620	Not available
2007-2008	366	3847	357
2008-2009	376	4016	384
2009-2010	384	4166	414

Currently, under the Osteopathic Council of New Zealand (OCNZ) competency framework, there are no specific restrictions to marketing within osteopathy. Practitioners, however, must comply with the HPCAA (2003), Consumer Guarantees Act (1993), Commerce Act (1986) and the Fair Trading Act (1986). Osteopathic practitioners are obligated to "conduct his or her business in a professional and lawful manner" (OCNZ, 2009b). Additionally, they have to comply with the New Zealand Advertising Standards Authority (ASA). The ASA provides a therapeutic services advertising code and ASA code of ethic (ASA, 2010). All of the above Acts and codes allow osteopaths to market themselves lawfully within the constraints identify by the various Acts and codes.

Factors influencing marketing in healthcare

The factors that influence marketing in healthcare will be discussed under two categories, the practitioner's perspective and opinion literature.

The practitioner perspective

Very few research articles discuss the practitioner's perspective of factors that influence healthcare marketing; the articles will therefore be examined individually. An unpublished research project by Bhambra (2010) from the British School of Osteopathy used a questionnaire

asking how osteopaths gain the skills required to market their practice effectively. They received 44 responses from 200 questionnaires sent to members of the General Osteopathic Council. The results indicate that osteopaths in Great Britain do not understanding the aims of marketing, do not have a strategy when marketing their practice and used generic ways such as the Yellow Pages to market their practice. However, the "osteopaths believed that they gained something by marketing and wanted marketing units in their degree" (Bhambra, 2010, p. 2).

Manu, Cooper and Reinhart (1996), surveyed marketing professionals working in the healthcare industry in Baltimore, in the United States. It needs to be recognised that although this study makes some good points, they may be less relevant as it is dealing with specific marketing staff in healthcare rather than practitioners. Their results suggested that inadequate budget, lack of marketing knowledge and organisational red tape are the major factors inhibiting effective marketing. They conclude that marketing failures in healthcare are internal, due to how the healthcare organisations apply their marketing strategies, rather than the marketing *per se.*

Furthermore, it is suggested that marketing strategies need to be supported by all staff as they are a long-term process that the marketing needs to be relevant to the practice and to be evaluated to ensure its effectiveness. The practitioner needs to be educated about marketing strategies or if an outside marketer is contracted or employed they need to be educated in the aspects of the healthcare that they intend to market (Manu et al., 1996). Szmelskyj (1994) indicates that in the United Kingdom there was a lack of adequate marketing training for osteopaths at the undergraduate and postgraduate level. A more recent unpublished thesis by Bhambra (2010) in the United Kingdom indicates that there is still inadequate marketing training.

One factor noted by Andrews and Phillips (2005), was that the majority of CAM therapists who responded to their combined questionnaire and interview survey on business and business attitudes had aspirations to achieve business related goals such as expanding their business and stabilising their income. They indicated that they had undertaken a modest form of business promotion. This generally consisted of low cost forms of advertising such as flyers and leaflets or advertisements in local newspapers.

Opinion literature

Opinion articles and some books, which are grounded in established marketing theory, discuss factors influencing marketing in healthcare. These authors suggest that most practitioners are clinicians not marketers and therefore do not have the necessary skills, knowledge or education

to effectively market their practice (Kautzmann, Kautzmann, & Navarro, 1989; Lund, 2006; McGuigan & Eisner, 2006; Robertshawe, 2006; Thomas, 2005). Practitioners will often resist business aspects as they are concerned with the unfavourable connotation that business needs are not compatible with clinical concerns (Thomas, 2005). Many practitioners are concerned with marketing costs and therefore, they have limited or no marketing strategy and allocate a minimal budget to marketing (Kautzmann et al., 1989; Rapp, 2006; Thomas, 2005). Additionally, Thomas (2005) indicates that in the United States some healthcare organisations believe that there is no real or perceived need to market due to their monopolistic control of a market and their referral channels that are influenced by insurance plans.

It is proposed by other writers that there is often little professional coordination and organisation within healthcare, which creates problems for responsibility, participation, resources, and budgets (Lafoley, 2001; Lund, 2006; Thomas, 2005).

Finally, there are ethical considerations for healthcare marketers, which encompass concerns relating to the lack of evidence based practice particularly for CAM practitioners and some healthcare professionals regard some forms of marketing as unprofessional (Cengiz, Yazici, & Erdal, 2010; Cunningham, 2001; Ernst, 2009; Gray, 2008; Latham, 2004). Another factor presented by Krohn and Flynn's (2001) review of international opinion literature, indicates that healthcare practitioners view the use of advertising promotions as unethical, often misleading and deceptive, that they can cause price increases and that they can damage the medical profession's image. However, this article seems to be presenting only the negative attitudes portrayed in various other papers.

Physical therapy marketing strategies

Marketing strategies are ideally drawn from marketing research and then set out in a marketing plan (Berkowitz, 1996; Business Dictionary, 2011a). There are many different meanings for the term "strategy" (Thomas, 2005). For the scope of this project the focus will be on the "marketing mix", which is a set of controllable variables that can be used to influence the target market (Thomas, 2005). In the 1960's McCarty developed this concept to achieve customer satisfaction and business success; the *four P's* marketing mix could be used: product, price, place and promotion (Gray, 2008). It is believed to be somewhat transferable to healthcare to create patient satisfaction and business success (Thomas, 2005). In the osteopathic practice setting:

- *Product* is the osteopathic service, which is an ephemeral, perishable and variable event. This means that once the treatment has taken place it can never be repeated due to the nature of human beings and the diversity within osteopathy.
- *Price* is the amount the patient will pay for the osteopathic service and any products that the osteopath may offer.
- *Place* refers to how the osteopathic service is distributed to the consumer, which involves the practice location, hours and physical features of the premises.
- *Promotion* in the osteopathic practice is about communicating to potential patients, allied healthcare personnel, and other professional bodies about what osteopathy is and developing a long term relationship that should stimulate demand for osteopathy.

The *four P* marketing mix is one of the most widely recognisable and used marketing strategies (Kotler et al., 2008; Thomas, 2005). Depending on the business's aims, the four components can be used in varying degrees to help create business success. It is important to note that there are many other marketing strategies and there are criticisms within marketing of the 4P model (Constantinides, 2006; English, 2000), however due to the scope of this project it will be used.

There are numerous opinion articles suggesting marketing strategies and tools that can be used to help develop a physical therapy business (Chhoda, 2009b; Cunningham, 2001; Forbes, 2008; Hair, 1998; Herrick, 2000; Holloway, 2006; Kautzmann et al., 1989; Lafoley, 2001; Lund, 2006; McGuigan & Eisner, 2006; McKenna, 1991; Rapp, 2006; Robertshawe, 2006). These articles are all based on marketing theory. However, only a few research articles could be found about healthcare marketing strategies, how successful they are and how patients use promotional marketing to select a practitioner. Furthermore, Skålén, Fougère, Moufahim and Svensson (2007) suggest that mainstream marketing is unaffected by the critical research endeavour as top marketing journals never publish critical marketing articles. This lack of critique of marketing can be problematic as *marketing theory* could be looked upon as suspicious (Skålén et al., 2007). The limited research will be reviewed individually as they some have minor to major limitations.

The patients' use of marketing strategies to select a practitioner

The general theme throughout research and opinion literature is that over the past three decades consumers have had a positive attitude towards marketing and are more accepting toward marketing than most practitioners (Crocker & Alden, 1986; Hite, Bellizi, & Andrus, 1988; Krohn & Flynn, 2001; Mack, 1993). Crocker & Alden (1986) argue that healthcare marketing and advertising is important to the consumer as it has led to greater consumer awareness of

services and qualifications that permits them to make informed choices about which health professional they choose to see. Krohn & Flynn (2001) note that it promotes competitive pricing thus lowering healthcare costs. Furthermore, Belanger (1998) argues that marketing in Canada has turned an essentially closed market, where the consumers were placed on sometimes long government waiting lists, into more of a free market. Additionally, Vos and Brennan (2010) suggest that there is very little known about the consumer choice process when selecting a CAM therapy or therapist.

Abraham et al.(2011) investigated the set of factors that consumers consider when selecting a provider. They analysed data from a survey of 467 patients at four clinics in Minnesota. Their findings are consistent with prior research indicating that many factors affect a patient's choice of provider. They established that reputation of the physician and the organization appear to be highly influential factors. Additionally, consumers assign high importance to referrals from a physician and recommendations from family or friends. Appointment availability was also an important consideration. Patients rely less on advertisements and formal sources of quality information in choosing their providers.

A study performed by Stevens, Mansfield, and Loudon (2005) detailing the public's image of chiropractic services indicated that personal or social influences are far more likely to be used when searching for a chiropractor than either referrals or formal advertisements. They performed a structured questionnaire by telephone in Louisiana to 250 residents and received a total of 120 full questionnaire responses (48% response rate). However, only 35 respondents had used chiropractor services previously, which is a 14% response rate and made the results of this section of the questionnaire limited due to low number of participants. The overall results indicated that chiropractors in the United States showed that 60% were referred by a friend and 26% by word of mouth.

Sheppard (1994a, 1994b) produced two slightly different articles, one in Health Marketing Quarterly and the other in Australian Journal of physiotherapy, which presented the same data from one study. The section that is relevant to this study is the telephone survey, which interviewed 510 randomly selected members of the general public. The response was from 301 participants (clients) who had used a physiotherapist previously and 209 participants (nonclients) who had not. One question asked the participants how they would choose a physiotherapist. The results indicated that it was predominantly by referral from a doctor. It is important to note that in the Health Marketing Quarterly version (Sheppard, 1994a, p. 86) had incorrect data inserted into table 2 which represented the clients results. The data for the non

clients had been inserted twice, once in the clients table and once in the non clients table. However, in the Australian Journal of Physiotherapy the data appeared to be correct for the clients and non clients. The two articles in different journals about the same study and the mistake in one, raises serious limitations with this author.

The practitioners' use of marketing and promotional strategies

There is extremely limited literature relating to marketing in osteopathy. Szmelsky is one of the only authors to have written about marketing in osteopathy, predominantly in the early nineties, when Great Britain restricted marketing activities of healthcare professionals. His opinion based on research cites that for osteopathy to survive it is vital to educate the public about osteopathy and how it can contribute to the healthcare system. He believes that without this publicity there is a threat to the existence of many osteopathic practices due to an increase in practising osteopaths and other healthcare professionals that are competing for the same patients (Szmelskyj, 1993b). He summarises research from the chiropractic, physiotherapy and medical professions, which indicates that other professional bodies have far more effective strategies for marketing their profession than osteopathy. He suggests that the whole osteopathic profession needs to make a concerted effort to increase public profile. Clark's (2000) letter to the editor also discusses how increased awareness of osteopathic medicine is essential to the survival of the profession. One example of trying to educate the public about osteopathy, is an informative article by Betser and Cook (2009). This article is about developing the role of osteopaths in sport, which was aimed at educating the readers of SportEX Medicine Journal about osteopathy. According to Bhrambra (2010) many osteopaths used the Yellow Pages to market their practice and perceive it to be the most successful. However, there is no comment on how successful this method actually is. Some osteopaths have used word-of-mouth and other practitioner referrals to steadily build their client list, although this is a relatively small portion (Bhambra, 2010).

Schutz and Beaton (1989), examined the marketing knowledge, attitudes and practices amongst Australian private practitioner physiotherapists. The received 625 fully completed self report questionnaires were returned from 1200 mailed out. Their results indicated that practitioners are to some extent using price, promotion, place, process, referral relationship as part of their marketing. This article gives a general idea and a base line about what is being used and what problems there are. However, there is no discussion of reliability or validity of the survey and content validity is unknown. Additionally, the questionnaire has no open questions.

Two articles were found that discussed the effectiveness of specific promotional tools in osteopathy. One was by Cusworth (1994) which involved a 'small give-away practice brochure'. This was a 12 page booklet that explained what osteopaths treat and the benefits of this treatment. This study is very limited. It has no literature reviewed, the methodology was minimal, and measurement of effectiveness is questionable as this was done by measuring the change in income and the number of patients seen by the osteopath. There was no assessment of the patients to ascertain if they had been influenced by the booklet. The other article was by Szmelskyj (1993a) about the effectiveness of public speaking as a means of educating the public about osteopathy. He found that 56% of participants attending a small talk given by an osteopath to members of an Arthritis Care group improved their knowledge of osteopathy. This was assessed after by a survey with subject rating if the talk altered the knowledge of osteopaths. This study is limited by its small scale and limited methodology.

Additionally, an exploratory study has been performed into GP referrals (1992). This entailed a questionnaire sent to 82 GP's in the in Huntingdon Health Authority area in the United Kingdom. Only 12 fully completed questionnaires were returned and used as part of their study. Thus the study is limited and may be biased due to the respondents not being representative of the whole group. There have been no follow-up studies published. The results indicated that all of those who responded were open-minded to referring patients with musculoskeletal complaints to an osteopath. However, 58.3% (n=7) did not refer to a specific osteopath.

Summary

There is increasing competition and patient choice within the healthcare sector, which indicates that there may be an increased need for marketing in healthcare. Whilst much of the above-mentioned literature has come from general healthcare, the themes are considered relevant to osteopathy, as marketing in all healthcare professions is to educate target audiences, create patient satisfaction, gain a competitive advantage and brand, and influence decision making. Therefore, the factors that influence marketing in other healthcare settings and from opinion literature may be similar in osteopathy. Furthermore, it is not clear from the literature what marketing strategies are being used and if they are successful. Because of the paucity of literature an investigation using a mixed methods approach to investigate what factors influence marketing in the osteopathic practice; identify what, if any, marketing strategies are being used; and compare what the practitioners perceive to be successful promotional strategies with what the patient reports as promotional strategies that have brought them to the practice.

CHAPTER THREE

Methods

CHAPTER THREE: Methods

Introduction

This chapter will discuss the two methods that were used in this study and the research method. This was predominantly a qualitative study with a small portion of quantitative method used to help support and develop the qualitative data. The two methods will be discussed in the order that they were performed during the study, and will be referred to as the Quantitative Phase for the patient questionnaires and the Qualitative Phase for the practitioner interviews. Additionally, this chapter will discuss rigour, credibility, ethics associated with the project and notes on reading the text.

Methodology

Quantitative Phase

A quantitative method was chosen as it aims to measure concepts with scale and provide numerical value (Zikmund & Babin, 2007). A simple one page questionnaire was used, as it is believed to be an efficient way of collecting descriptive statistical information from a large number of respondents when the information required is fairly straightforward (Domholdt, 2005). Questionnaires can be administered in many ways such as mail, email, telephone, and in person. They allow for a measurable response in the data analysis phase and can be used to enhance the question development in subsequent qualitative interviews.

Qualitative Phase

A qualitative approach was used to investigate and gain an in-depth understanding of factors that influence marketing in the NZ osteopathic practice. It is believed that qualitative interviewing is especially useful to access individual attitudes, experiences and values, in a particular context and the meaning that they place on it (Byrne, 2004; Maxwell, 2005). Data were transcribed and transcripts were analysed using thematic analysis, resulting in the development of themes. Ezzy (2002, p. 85) posits that "when new theories or interpretations are required the researcher typically requires a more inductive methodology such as thematic analysis". The qualitative method was deemed to be an appropriate approach and will be discussed further throughout chapter three. Furthermore, performing a quantitative survey of osteopaths would not provide such in-depth information, as survey questions typically do not

allow expression of individual participant's experiences or attitudes due to the response categorisation.

Research method

The following section outlines the processes used to complete this study, including, sampling, data collection, data analysis, rigor and ethics.

Sampling

Qualitative Phase

The first step was to select the six osteopathic participants. This number was estimated to be sufficient to obtain a rich set of data in the qualitative phase. They were selected using purposive sampling as qualitative research is about studying small groups in detail not about finding representativeness of a population (Davidson & Tolich, 1999). Domholdt (2005, p. 112) proposes that "Purposive sampling is used when a researcher has a specific reason for selecting particular participants for study." Therefore, this strategy should ensure that the participants and their activities are selected deliberately, so that they are appropriate for the study, in order to provide information that cannot be obtained as well from other choices (Maxwell, 2005).

The selection criteria for the six participants were that they held a current APC osteopathic registration in New Zealand, and practice in Auckland, Wellington or Christchurch. These larger centres were chosen due to the number of osteopaths within each area; 31% of the national total practice in Auckland, 15% in Wellington, and 11% in Christchurch (Career Services, 2008). It was believed that there would be a greater need for marketing due to the perceived competition in each centre. A further criterion was the participant must have been a practitioner in their current practice for a minimum of 1 year. To enhance the data one participant was selected from each of the following groups:

1. A new graduate (2006-09) who had started their own business
2. A new graduate (2006-09) who was working as an associate
3. A new graduate (2006-09) who had taken over an established business
4. Any practitioner concerned that their client base was not growing
5. Any practitioner who was currently experiencing a growing client base
6. Any practitioner who had been established for longer than five years

By including participants from different areas and experience within the profession it was anticipated that a rich sample of data would be obtained as the variables could affect what, if any, marketing strategies they may be using. The main purpose of this study was to obtain

information from a broad range within the osteopathic professional spectrum, not to work towards maximising generalisability. It is argued that individuals who have personally lived an experience are often the best source of knowledge about that experience (Thorne, Kirkham, & MacDonald-Emes, 1997). Thus they are able to provide a relevant and rich sample of data. Participants were not limited to those who were educated in New Zealand as marketing experiences and attitudes could differ due to where they were educated.

Participants were found via the Osteopathic Council of New Zealand (OCNZ) database, which is in the public domain. An invitation email was sent introducing the researcher and topic. Potential participants were asked to make contact if they fit into the inclusion criteria and would be prepared to be part of the project. Over a two month period of recruiting only six males from the Auckland region replied. The researcher had initially aimed to include participants from Wellington and Christchurch as well. However, within the limited time and scope of this study this was not possible due to the lack of response from the possible osteopathic participants. This may consequently have caused bias, and therefore this study should be recognised as an Auckland based project.

The six participants were sent an information letter (Appendix A), which provided additional information about what the study would entail, the data collection methods, consent procedures, usefulness of the research, implications of the study, timeline for the research and scope of the study. All of the participants were able to fit into two or more of the categories. Therefore they were placed into the one that they fit into the best. An email was sent to confirm interest and a time was set to meet the participant so that the project could be explained in more detail and any questions could be answered. At the meeting a written consent form was signed (Appendix B) and the participant was issued with questionnaires for the Quantitative Phase.

Quantitative Phase

The quantitative sample size (of 500) was deemed sufficient in size to provide data representative of typical osteopathy patient profiles. Convenience sampling was used. The osteopathic participants or their receptionist were asked to inquire if the patients would be willing to fill in the questionnaire. As the patients randomly attended each clinic, convenience sampling was reasoned to be the most appropriate approach due to the resources and collection time available (Creswell, 2009).

Data collection

Quantitative Phase

A simple self-report questionnaire (Appendix C) was developed to determine the demographics and how the patients initially heard about the practice. Many osteopathic clinics collect a minimal amount of this descriptive information. Therefore, the questionnaire was developed based on demographic categories from census New Zealand and phoning osteopathic clinics to gain anecdotal promotional techniques that are used in osteopathy. The researcher expanded the promotional categories to gain as much descriptive information as possible. Additionally the use of an "other" category, allowed patients to express any other information that was not covered in the questionnaire categories. As this questionnaire is only designed for descriptive information are no reliability and validity issues.

Two of the osteopathic participants were from the same clinic as they both met different criteria. Therefore, five of the six osteopath participants were each provided with 100 questionnaires to be distributed in the five clinics represented in the study. They were asked to issue questionnaires to patients as they arrived for treatment. Clinics were reminded that if they no longer wished to take part in the study they should withdraw within two weeks of the questionnaire being delivered.

Questionnaires were available in the practices for four months between June 2010 and September 2010. Because of difficulties experienced by some of the clinics in distributing questionnaires within the allowed time-frame, the original target of 500 questionnaires was reduced to 250. The total numbers of questionnaires returned from each of the 5 clinics were 92, 61, 53, 51, and 30, equating to a total of 287 questionnaires or a 57% return rate from the original 500 distributed.

Qualitative Phase

Once the questionnaires were completed and subsequently picked up by the researcher, a time suitable for both parties was scheduled for the qualitative interview. The interviews occurred during August 2010 and October 2010. Each participant was interviewed in person to enable the researcher to take in any of the participant's physical gestures alongside what they said, thus enhancing the interpretation of the spoken word. One, 60 to 90 minute, semi-structured, interview was used to ask open-ended and flexible questions of the six osteopathic participants. The interviews were audio recorded. This approach allowed the participant to give a substantial response and gave the researcher an opportunity to comprehend the participants' attitudes, opinions, beliefs, values, understandings of their experiences (Byrne, 2004). The

semi-structured interviews permitted the researcher to have pre-developed questions of the topic (Appendix D), which guided the line of questioning and ensured that the same topics were covered in each interview (Creswell, 2009). Furthermore, it allowed the interviewer to follow up on unexpected responses that lead in an unanticipated direction, whilst still allowing exploration of the participant's individual experiences (Domholdt, 2005). Limitations of interview process were acknowledged, which were that the presence of the researcher may have inhibited or biased participants. However, it is believed that these limitations were balanced out by the richness of information that was gathered and the researcher's ability to follow up on the responses, within the semi-structured format (Thorne, 2008).

The interviews were transcribed throughout the data collection period by a transcriber who had signed a confidentiality agreement (Appendix E). Once the interviews were transcribed each of the participants was forwarded a copy of his transcript for review to ensure that it was an accurate record of the interview. The participants were reminded to contact the researcher within 21 days with any necessary changes and that a non-response was recognition of the accuracy of the transcript and continued consent. One participant requested minor amendments. Two participants indicated that they were satisfied. No response was received from the other three participants, which was accepted as continued consent.

Data analysis

Quantitative Phase

This phase of the study aimed to determine the demographic distribution of people attending osteopathy clinics and the contribution of various promotional marketing strategies, using the one-page questionnaire.

In order to determine whether all sectors of the population were proportionally represented amongst clinics, demographic data, including gender, age, ethnicity, occupation and suburb of residence, from the respondents were compared with census data. Deviation of observed demographics from that expected from population statistics was assessed. Demographic data were analysed using Excel 2010 for descriptive statistics and SPSS Version 18 for Chi squared.

Data relating to promotional strategies helped to identify questions for the qualitative phase of this project. The patient reported data about how they initially heard about the practice which was then compared to the estimated values from the practitioners in the interview section about what they believe to be successful promotional strategies.

Qualitative Phase

The qualitative in-depth interviews produced a large volume of data. Therefore thematic analysis was used as the method to code and analyse the data, which is in keeping with the exploratory nature of the research (Rice & Ezzy 1999). "Thematic analysis involves the search for and identification of common threads that extend through an entire interview or set of interviews" (Morse & Field, 1996, p. 119). Each transcribed interview was reviewed via listening and reading the transcripts. This enabled both reading the written word and hearing the tone of the participant. After reviewing each interview twice, the data were further reviewed, highlighting text and phrases that appeared to be significant or relevant to a particular point. This allowed initial themes to be identified.

Thematic analysis endeavoured to make sense of the data by identifying concepts, categories and themes within the data. This was achieved by themes being added, clarified, altered and deleted until the data had been exhaustively reviewed and analysed and no new information could be identified. During this process the themes were not always immediately apparent and would often only appear via a stepping back and reflecting process. Therefore, repeated immersion and reflection of the data was used before coding, categorising or creating linkages, which allowed for synthesising, conceptualising and re-contextualising rather than merely sorting and coding (Thorne et al., 1997). Feedback on emergent themes was provided by supervisors, a process that adds strength to the findings by challenge and defence.

Qualitative Phase rigor and credibility

This research project endeavoured to maintain rigour and credibility through the procedures outlined below:

Audit trail

A clear audit trail was important for the trustworthiness of the research as it allows the reader to judge the quality of the processes, the data and the findings for themselves (Thorne et al., 1997). A clear audit trail throughout this dissertation illustrates how the participants were selected, how the data was collected and how the analysis process ensued, which provides greater credibility to the research findings. Moreover, the use of selected participant quotes in the text provides a link between data and interpretation for the reader to confirm the findings (Creswell, 2009).

Assumptions

Assumptions were identified by using a reflection journal throughout the whole process of the study. This helped to outline and monitor the potential impact that any assumptions might have on the conclusions of the research (Thorne et al., 1997). Throughout the data analysis there was constant reflection on personal assumptions, previously recorded in a peer interview. This was done as it is believed that researchers who are unable to put aside their preconceived opinions of a topic, are in danger of simply confirming their own beliefs (Silverman, 2000).

Immersion in the data

The process of listening, reading and re-reading interview transcripts allowed full immersion in the data and contributed to the identification of themes. This immersion in the data as well as revisiting the interviews meant that it was possible to keep the themes that emerged in context to what was actually said by the participants, which was necessary as qualitative research is context dependent (Brink & Wood, 2001). This contributed to the authenticity of the themes that emerged.

Transcription review: Member checking

Once the transcription of the interviews was completed, a copy was returned to the participant to validate and check for accuracy and to offer an opportunity for clarification if necessary prior to data analysis. This was done to ensure that each transcript was an accurate reflection of the interview and that the participant was satisfied with the process, thus adding credibility and reliability to the study (Brink & Wood, 2001; Rice & Ezzy 1999).

Outside auditing

Spot auditing by the supervisors was performed to help verify the data. The supervisors did a 'walk through' of some of the data analysis to determine that the steps taken and conclusions made logical sense and fit the data (Domholdt, 2005). Additionally, the researcher checked for strength and volume of emergent themes, and checked the data also for negative instances.

Ethics

A full ethics proposal was submitted to the Unitec Research Ethics Committee (UREC) and was subsequently approved (Appendix G). Ethical issues for this study are related to anonymity, confidentiality, data security and withdrawal from the study.

Anonymity and confidentiality

There was a social risk of breach of confidentiality (Domholdt, 2005). Therefore, for the quantitative phase no names were collected in the questionnaire. For the qualitative phase, the interviews were transcribed by a professional transcriber. A confidentiality agreement (Appendix E) was signed by the professional transcriber to maintain anonymity and confidentiality. Furthermore, every interviewed participant was assigned a short pseudonym. In order to preserve anonymity identifiers, such as geographical and practice locations, which should not affect the overall interpretation of the data, are not discussed.

Storage and destruction of materials

All interview recordings, transcripts, email correspondence and thematic analyses were kept electronically stored in a computer in password-protected files. The consent forms from the interview and the print transcript copies were kept in a locked filing cabinet to which only the researcher had access. All of these items will be kept for five years in accordance with Unitec New Zealand's regulations for research projects. After this time, all computerised files will be deleted and any written information will be shredded.

Withdrawal from study and withdrawal of data

Issues of withdrawal have been outlined above and in the information sheet in Appendix A.

Notes on reading the study

Throughout the data analysis and discussion chapters verbatim quotations from the interview transcripts are used to present themes and concepts expressed by the participants as interpreted by the researcher. These quotations are italicised and referenced by the participant's pseudonym and page number of the interview transcript. Throughout the text, reference is made to each participant's selection criteria for the study. For ease of reference each is listed below;

- Nick: a new graduate from Unitec who has started his own business with a client base that is not growing.
- Luke: a new graduate from Unitec who is currently an associate with a growing client base.
- Vince: a new graduate from Unitec who has taken over an established practice and has a growing client base.
- Zane: an established practitioner of longer than five years, who is not experiencing growth in his practice.
- Mark: an establish practitioner of longer than five years, who is currently experiencing a growing client base.

- Kyle: has been practising longer than five years and is experiencing a steady client base.

CHAPTER FOUR

Results

Factors that influence marketing in the osteopathic practice

CHAPTER FOUR: Results

Factors that influence marketing in the osteopathic practice

Introduction

The results section is divided into two chapters. Chapter four communicates the results from the first aim, which is to investigate what factors influence marketing in the osteopathic practice. The fifth chapter presents the results from the second aim, which is to identify, what, if any, marketing mix strategies are being used and compare what the practitioners perceive to be successful promotional strategies with what the patients report regarding how they heard about the practice.

This chapter presents the findings from the qualitative thematic analysis. The focus of the data analysis phase was to uncover the underlying themes about the factors that influence marketing in the NZ osteopathic practice. Many coded themes emerged from the data. Three major themes were identified along with subthemes. These will all be discussed and verbatim excerpts will be used to exemplify the main points and ground the analysis of the data.

The first theme is the 'Inadequate definition of osteopathy' which has one subtheme, 'Brand osteopathy'. The second theme is 'Marketing within the osteopathic profession', which has two sub themes of 'Uncertainty about marketing responsibility' and 'Professional cohesion'. The final theme is 'Lack of marketing knowledge and understanding', which has three sub themes; 'Insufficient marketing education' and 'Concern of appearing unethical and unprofessional' and 'No marketing budget and minimal marketing strategy'

The need for marketing in osteopathy was first discussed with all of the six participants.

> *"It's fundamental" (Zane p.5)*
>
> *"Osteopathy as a whole is poorly marketed" (Vince p.4).*
>
> *"I think we are generally shit at it as a profession" (Luke, p.3).*

The main reason why participants believe that it is important to market osteopathy is to create a public profile. Luke indicates:

"*you want to maintain some kind of, I don't know, reputation or, it's not quite the right word but some profile in the public but also with other professions and...to other bodies, which doesn't happen" (Luke, p.5).*

For example,

"We've seen that the chiropractic and physiotherapy professions have a higher profile in the public" (Kyle, p.4).

This statement indicates that the osteopaths' main competitors, who are physiotherapists and chiropractors, are believed to be marketing themselves better and creating a much greater public profile. Additionally, the participants believe that there is a need to market the individual practice, particularly when starting out:

"There's an individual practitioner practice level, i.e. I'm going to build my own business, get my own patients, make more money for myself" (Kyle, p.4).

Due to the believed poor public profile, increased healthcare completion and building a business all of the participants believe that there is a need for marketing in osteopathy. The factors that influence making in New Zealand Osteopathy will now be discussed.

Inadequate definition of osteopathy

The overwhelming theme that emerged about the factors that influence marketing in osteopathy is the inadequate definition of what osteopathy is. This has a direct effect on the knowledge of osteopathy by the public, healthcare professionals and bodies such as ACC.

"Osteopathy worldwide suffers from an identity crisis. We don't know how to describe ourselves and that's even from the people who are within the profession. We can't even describe it to fellow colleagues let alone the people who we want to come and see osteopaths" (Nick p.10).

The above quote makes a fundamental point that is expressed by all of the six participants. If you cannot define your service in an easy and understandable way to the target consumers then why would they purchase it, as they do not know or understand what they are getting? For example, Zane suggests that:

"You need to go out there and drag anybody off the street and ask them what their opinion was of a phsyio or a chiropractor and you'd probably get an opinion. Whether it's accurate or not is immaterial but you ask them for an opinion about an osteopath, probably most of them wouldn't know what the hell you're talking about" (Zane, p.5).

The lack of understanding about what osteopathy is has a large impact on marketing osteopathy at a professional level and within osteopathic practices as osteopaths appear to be uncertain about how to portray themselves and their service to perspective consumers.

One reason that is highlighted as a cause for this lack of definition is the diverse nature of treatments within the osteopathic profession:

> *"It's difficult to just market I'm an osteopath, because some people may have seen an osteopath who saw them for two minutes and put a couple of needles in their back or another osteopath who might have seen them for 10 minutes and cracked every bone in their spine or another osteopath that might have just held my (their) head and did nothing" (Nick p.7).*

Luke puts forward that current definitions of osteopathy are vey musculoskeletally focused rather than osteopathic:

> *"The way it is advertised at the moment is very much more, it's more musculoskeletal rather than a total health perspective...What we promote is, I think maybe a little bit narrow but then it also makes it a little bit safer to push musculoskeletal" (Luke, p.6).*

This statement indicates that the current definitions do not encompass the founding philosophies and principles, which does not truly represent osteopathy. Zane believes that the first step to remedy this is:

> *"I think it's about the profession engaging with its individual members and deciding what it is they think osteopathy is and what it is that sets it apart from everything else and putting that into plain English, into very practicable understandable terms by Joe Bloggs" (Zane, p.6).*

This excerpt claims that collectively osteopaths need to define osteopathy. However, it also suggests that it is important for osteopaths to display a point of difference that distinguishes osteopaths from other musculoskeletal practitioners, such as physiotherapists and chiropractors. The point of difference is often referred to in marketing as the unique selling proposition (USP), which is defined as: "Real or perceived benefit of a good or service that differentiates it from the competing brands and gives its buyer a logical reason to prefer it over other brands. USP is often a critical component of a promotional theme around which an advertising campaign is built. " (Business Dictionary, 2011b). Thus, if there no USP then it may be difficult to promote osteopathy. This leads to the consideration of the possible need to develop an osteopathic brand.

Brand osteopathy

Five participants believe that the lack of uniformity in osteopathic treatments and the inadequate osteopathic definition influences the ability to create brand osteopathy effectively:

"*We've never been able to brand what we do in a way that makes sense. For example, I changed my business cards to list some of the other things we treat because I'd had people that had come in for years that didn't realise we saw people with headaches" (Mark p.3).*

The idea of 'brand osteopathy' to some osteopaths is likely to be contentious, as osteopaths pride themselves on individuality. However, branding appears to be necessary so that the public, healthcare professionals and other governing bodies understand what osteopathy is. Creating a brand would involve "a name, symbol or other identifier that marks a seller's goods and/or service and differentiates them from similar goods and or services offered by competitors" (Thomas, 2005, p. 442). Nick supports this concept:

"What I would really like to see is more unity of promotion of osteopathy as a brand rather than a whole bunch of fragmented individuals trying to promote themselves because that kind of just pulls things all over the place" (Nick, p.10).

All the participants believe that it is their treatment and communication skills that help to advance the osteopathic brand through positive word-of-mouth:

"We do try and foster good word-of-mouth but it's purely by trying to do as good a job with the person as possible and have them leaving number one, informed about what we do, and number two, informed of their problem, their diagnosis and prognosis and hopefully having left with a really positive experience" (Vince p7).

W.D. Evans, Blitstein, Hersey, Renaud and Yaroch (2008) posit that the brand is developed by thousands of patients enjoying excellent medical results, which creates the reputation for that service. Currently, there is minimal research supporting the effectiveness of osteopathic treatments. However, what appears to matter for the marketing of osteopathy is how the patient perceives the treatment and whether they obtain their desired results thus creating satisfaction. For example,

"You're only as good as the last patient you treat" (Kyle p.3).

"if you got the results that was the best marketing you could do and you didn't have to write a letter, you didn't have to do anything, it just needed to focus on getting the job done" (Mark p.2).

The concept of branding osteopathy relates heavily to the osteopathic product, which is the service osteopaths provided. This will be subsequently discussed in chapter five under 'product'. Additionally, this theme of inadequate definition of osteopathy links in closely with the next theme issues in the osteopathic profession.

Issues within the osteopathic profession

All of the practitioners agreed that it is necessary to market their osteopathic practice at a 'grass roots' level. However, it was also agreed that marketing needs to be occurring at a professional level, to help develop a profile and raise public awareness of the osteopathic profession and serve as an information resource for all target audiences.

> "*I'm not quite sure how you can market an osteopathic practice without marketing osteopathy first" (Zane, p.5).*

Two sub themes emerged within marketing in the osteopathic profession that affect marketing in the osteopathic practice. These were 'uncertainty about marketing responsibility' and 'professional cohesion and indifference'.

Uncertainty about marketing responsibility

> *"I think that's probably where it's falling down is that nobody's really claiming responsibility for it (marketing)" (Kyle, p.6).*

All of the participants indicate that they believe that every osteopath, the OSNZ and the OCNZ should have some sort of responsible for marketing in osteopathy. However, opinions differ about whose role it is to market the osteopathic profession and to what extent each individual osteopath, the societies and the Council should be involved. Luke considers who should be raising the awareness and marketing osteopathy:

> "*Well individually practices do that and osteopaths do that but a certain amount of role comes from the professional association but I think that the Council should also be doing that and I think it's part of their job that they haven't done" (Luke, p.4).*

Individual practitioners

Two participants indicated that it is primarily the individual practitioner's role to market osteopathy as they need to build their own business.

> "*I think all of us as osteopaths have a role to play obviously because we need, all of us are in business for ourselves, (and) we all have to make a living as individuals (Nick, p.10).*

Two other participants indicated that the individual practitioner's role was broader than developing their own business. They expressed that if every practitioner did their bit and communicated effectively to their patients about osteopathy then people would have a better understanding of osteopathy, then this information would gradually filter in to the community. For example:

> *"I think each individual practitioner has that role and whether that be in terms of marketing or just in terms of communication within a treatment session just to make sure*

that people know what, particularly new patients, know what they're in for and know what's going to happen and that's been communicated to them and that they're comfortable with that" (Vince, p.6).

Kyle indicates that the communication needs to go to more than to just the patients. He believes that it is vital to be involved in the community and create effective communication channels with everyone that you are involved with as a practitioner.

"Well we could do it at grass roots level which is by offering the best service we can and educating our patients, people that we talk to, working, liaising with the medical profession in your area and building good links and good rapport and good referral channels with those people" (Kyle, p.5).

Zane goes on to discuss that this is not only an important factor for all osteopaths but all staff need to have the appropriate attitude, skill, appearance and communication skill for the osteopathic product to be successful. For example, Zane believes that:

"It's the role of the individual professional as well and it's the role of anybody else that the professional is going to engage with whether it be the practice manager or the cleaner. It's about creating a piece of conversation" (Zane p.6).

Osteopathic Council

Information that the participants offered about the council was variable and at times inaccurate. Currently, all osteopaths need to become registered with the OCNZ to be able to legally practice as an osteopath. Due to the mandatory nature of the OCNZ three of the six participants believe that it should be part of the OCNZ's role to promote osteopathy.

"*I think that the governing body as well has a role to play there" (Vince, p.6).*

One reason why the participants believe that the council should be involved in marketing is due to the perceived notion of how the General Osteopathic Council (GOC) in the United Kingdom works for the public and for the profession. For example:

"The General Osteopathic Council in England works slightly differently in the sense that it is the registry body and it does protect the public but it also has an interest in the profession itself and the members of the profession and it works for the members of the profession. So it's a dual purpose there and I think that that's a big problem here in New Zealand" (Kyle, p.6).

However, this perception appears to be incorrect as according to the General Osteopathic Councils web site their role seems to be the same as the OCNZ (General Osteopathic Council, 2011).

Another reason that is indicated by one of the participants is he believes making people aware of what osteopaths do is part of the OCNZ role:

> *"The thing there is about competency of practitioners but it's also about other practitioners knowing what we do so that we can, so there's an awareness of what we do. I don't think they followed through on that role at all. At all!...I think they were given a substantial sum of money by the NZRO I think in the belief that that perhaps would happen but hasn't so far" (Luke, p.4).*

This misperception about what the Council does suggests that there needs to be greater communication between the Council and the profession. However, Kyle points what he perceives to be the Council views:

> *"The Osteopathic Council is more interested in the day-to-day politics and safety of the profession and has pretty much openly said, we're only interested in the patient safety and public safety, we're not really interested in the osteopaths themselves and we're certainly not interested in promoting osteopathy as advertising or marketing" (Kyle, p.6).*

This view is what is indicated on the OCNZs website (OCNZ, 2011a). Therefore, it has been communicated by the Council; however, Kyle still believes that they could be involved in marketing by promoting osteopathy at a higher level:

> *"I would think that it would be a role that they could take on, they could be the advocate for the profession at a higher level, at a political level, at a public awareness level and I don't see why that shouldn't be possible for them to do" (Kyle p.6).*

Additionally, Luke believes that if the OCNZ does not become more involved then there may not be any osteopathy:

> *"They (should) have a bit of an interest in this (marketing), because if for example, the Osteopathic Associations can't keep members and therefore can't keep funding, there's not going to be a profession for them to administer" (Luke, p.4).*

There appears to be problems with the understanding about the role of the Council.

Societies

Currently in New Zealand it is not mandatory for osteopaths to join the societies. Five of the participants are members of the OSNZ and they suggest, like Mark:

> "*If we pay money into an organisation that's working for the interests of professions, part of that has to be marketing" (Mark, p.3).*

Vince believes that this responsibility should mainly fall to the OSNZ; however, he is not a member himself.

> *"The OSNZ being the biggest union of osteopaths, I think that they have a responsibility there" (Vince, p.6).*

Other participants indicate that ISOP should also take some of the responsibility.

> *"The Osteopathic Society, so whether that be OSNZ or ISOP or whoever" (Kyle, p.6).*

However, ISOP do not indicate that they perform any marketing in osteopathy. The participants suggest that there are factors that influence the Society's ability to perform marketing in the profession and these include a decline in membership levels causing a lack in the necessary marketing budget and the necessary people with the right skill set to be able to deliver a marketing campaign.

Four participants mentioned that there are not enough osteopaths with the right skill set and leadership capabilities to mobilise a profession-lead marketing strategy. Therefore, they argue, any marketing in the osteopathic profession will be impeded. Marks' point of view is

> *"You've got everyone with an opinion and only a few people with any initiative or ability and unless those people are tasked with creating something, you get stuck down in the bureaucracy of decision making" (Mark p.2).*

Another reason for the lack of marketing at a professional level is that it is a big job and there is a lack of co-ordination.

> *"We don't help ourselves by actually having a concerted effort at a professional level...I think that's partly because of resource...it's not well organised. (Luke, p.4).*

Within the OSNZ there is a marketing portfolio. However, "Currently, the Vice President Brian Collins, is maintaining the Marketing role, but due to other priorities this isn't currently top priority" (L. Mounter, personal communication, January 19, 2011). Therefore, with no one actively working on marketing in the profession, it is very unlikely to progress. Nevertheless, Mark indicates marketing has improved within the OSNZ:

> *"We've got the flyers and they're a step in the right direction and you can argue whether they've got the right content in it or not till the cows come home but they're there and there's something in the hand and there's something for people to pick up and that wasn't there before" (Mark, p.3).*

The brochures are a piece of marketing that can help to brand osteopathy and help with the apparent lack of uniformity affecting osteopathy.

Another issue that was raised was that there does not appear to be enough membership to sustain the societies' aims:

> *"I think the professional societies would be a great place to market but unfortunately the professional societies are suffering themselves from a lack of numbers because people within the profession are now questioning, what's the value in having a professional society?" (Nick, p.10)*

There appears to be a vicious circle occurring within the OSNZ; the members are not seeing the projected results and questioning the value to the society, causing a decrease in membership, which is in turn affecting the Society's budget. The decrease in budget will decrease the outputs from the society, thus decreasing membership satisfaction, which will again decrease membership uptake and feed into the cycle. Luke highlights this loss of membership:

> *"The numbers of people who have joined the Osteopathic Society (OSNZ), I think there are about 50 or 60 members down this year from last year which is pretty horrific really. That's really to me people saying well I'm looking after myself but I don't care much for the profession as a whole, I'm just fighting to keep my own little piece of the pie" (Nick p.10).*

The statistics in 2006/7 were that the OSNZ had 212 members and in 2009/10 they had 171 members, excluding student membership (L. Mounter, personal communication, January 25, 2011). Additionally,

> "*there's quite a significant number of osteopaths who don't belong to the Osteopathic Society or ISOP or whatever" (Kyle, p.6).*

In March 2010 the OCNZ recorded 384 osteopaths with annual practising certificates; however, there are 544 registered osteopaths (OCNZ, 2010b). The members of the OSNZ stood at 171 and it is estimated that there are 65 member of ISOP (Clive Standen, personal communication, May 13, 2011). Some osteopaths are members of both Societies. Therefore, it is estimated that there is roughly 43% of registered osteopaths that are not members of a society. This lack of membership creates a serious problem for marketing in the osteopathic profession as without membership fees the societies are able to do less for osteopathy.

Professional cohesion and indifference

Five of the participants suggested that one influencing factor for marketing in osteopathy is the lack of cohesion within the osteopathic profession. Mark's view is that:

> "*we have a complete lack of coherence [cohesion] within the profession and that most people actually don't give a shit" (Mark, p.5).*

According to the results the main reasons for why there is a lack of cohesion towards marketing within the profession are apathy, willingness to be involved and the ability to work together.

Four participants believe, like Luke,

> *"we're generally apathetic towards it (marketing)" (Luke, p.4).*

This perceived state of indifference would make it difficult to run a marketing campaign at a professional level. Manu, Cooper and Reinhart (1996) propose that marketing needs to be adopted by all within the organisation or profession for it to succeed. Kyle raises an important

point about the number of people that are willing to participate at a professional level. One of the reasons why this is believed to be the case is due to practitioner's limited time:

> "*people are quite busy in their own practices getting through just that small business administration that they don't probably have time to devote to a wider sort of profession activity" (Luke, p.4).*

Additionally, it is believed that osteopaths do not have the necessary motivations

> *"they just want to turn up and do their job and they want to do what they know, they don't really want to create empires, they don't want to work in groups, they don't want to work as a corporate" (Mark p.5).*

The cost of participating and devoting time to the profession as a whole has a cost for the practitioner on an individual level. However, any short sightedness in relation to marketing may eventually be a downfall to all osteopaths. As more osteopaths graduate and other allopathic and complementary practitioners are all fighting for the same patients the attitude may need to change within the profession to ensure that osteopathy has an increased profile.

Another reason for the lack of professional cohesion is the osteopaths' perceived inability to work together. Four participants equated osteopaths to be:

> *"like herding cats" (Kyle, p.7)*
>
> *"like cats in a cattery" (Mark, p.2).*

These statements appear to be insinuating that osteopaths are unwilling or unable to work together, thus causing a lack of professional cohesion. Nick believes that this is down to protecting their businesses:

> *"I've made my little piece of the pie and I'm going to fight to protect my piece of the pie... It's like a whole bunch of people like, 'hi, great to see you, don't you dare steal any patients from me or I will stab you'" (Nick p.23).*

However, Luke, Kyle and Zane all indicate that the lack of cohesion and inability to work together in osteopathy is because of the type of people osteopaths are. Luke describes osteopaths as:

> "a *group of disparate individuals"* that are *"not mainstream" (Luke p.4).*

Kyle believes that we tend to:

> *"attract people who are naturally humble and possibly shrinking violets in a sense that we just want to get on and do our own thing and be left alone" (Kyle, p.5).*

While, Zane takes a slightly harsher viewpoint:

> *"Isolated, insular, arrogant, fearful, belligerent, I'm not quite sure what the right word is for something that doesn't evolve, stagnant? Dysfunctional and not only isolated but also*

disassociated from themselves and some of the time I think they're disassociated from reality" (Zane p.16).

Therefore, if osteopathic practitioners are not prepared to work together, it would be very difficult to establish an osteopathic profile or take this concept further and create a concerted effort towards promoting what osteopathy is.

Lack of healthcare marketing knowledge and understanding

The third main theme is the lack of healthcare marketing knowledge and understanding appears to influence marketing in the osteopathic practice. This was particularly evident with four of the six participants. The other two practitioners did have previous marketing training. One worked as an associate and did not have a large role in the marketing responsibilities at his practice. However, the other practitioner indicated that he was unsure of healthcare marketing:

"I think it's basically that we don't know how to use marketing that well perhaps and we're not of the mindset of the role that marketing plays" (Vince p.4).

The sub theme, 'insufficient healthcare marketing education' emerged as the strongest basis for this theme. The two other sub themes flow from this and include, 'concern of appearing unprofessional' and 'no marketing budget and minimal marketing strategy'.

Two of the participants with a growing client list had a good understanding of what marketing is, as they had previously studied marketing. Luke portrays his thoughts:

"Well it's everything isn't it from the position of where the clinic is, the receptionist says, what the appearance of the clinic is when they walk in rather than just the narrowly defined having a business card or a website, all that kind of thing" (Luke, p.2).

However, the other four participants with no marketing background seemed to have a lack of appreciation for what marketing is. Forsyth (2009, p. 1) suggests that "Marketing is one of the most misunderstood business disciplines. Too often it is assumed to be just one aspect of what it involves, such as advertising." This extract portrays how the four participants with no marketing background appeared to believe that marketing is just about promotion. The follow statements illustrate this further:

"*Marketing is making people aware of something" (Mark, p.1);*

"I suppose employing Saatchi and Saatchi having a string of TV and radio commercials. That's marketing in my book but that's not really for osteopaths" (Kyle, p.3).

"Pretty much anything that promotes either yourself or the practice of osteopathy or the osteopathic practice or looking after yourself healthcare" (Nick p.3).

There is much more to marketing than just promotion (Berkowitz, 1996; Thomas, 2005). Marketing in osteopathy is the entire process that the patient goes through to receive the osteopathic service. For example, this entails the ease of booking, the location, layout and interior design of the practice, the greeting by the receptionist and waiting room, the treatment, education and explanations given, the price and payment, the feedback and tracking, which all amount to patient satisfaction.

The lack of awareness about marketing is believed to influence osteopathic practices by limiting the practitioners' ability to build their business quickly. For example, Mark indicates that it took him *"three years"* to build his business. Whereas, with the right marketing he believes that it should take no longer than *"A year" (Mark p.1).* The lack of marketing understanding appears to be due to deficient marketing education in the participants place of osteopathic education and in post graduate courses.

"I think there needs to be undergraduates and I think there needs to be immediate postgraduate training and I think there needs to be probably an ongoing revalidation process where maybe every five years there is a, not necessarily compulsory but where there is an opportunity for people to visit those subjects and what they're doing with their practice because it's a changing environment out there so the context changes. So what you learn has been an appropriate management strategy and an appropriate marketing strategy that you had 10 years ago" (Zane p.12).

Insufficient marketing education

Education in osteopathy is intended to prepare the student for a career as an osteopath. At Unitec this involves education in biological health science, osteopathic technique and philosophy, clinical diagnosis and a very small component of professional practice management. Thus, there is a strong emphasis on clinical competence. Practice competence, which is part of the osteopath's career, appears to be neglected. Career Services (2008) indicates that the majority of osteopaths are self employed and therefore will spend a large part of their osteopathic career trying to run a successful practice. The lack of marketing training, which would give the practitioner basic skills for building and growing a practice is reported by the participants as a major limiting factor for marketing in the osteopathic practice. All of the participants indicated that they had very little or no training from institutes worldwide over the last ten years. At the European School of Osteopathy:

"Oh, there was a small part about how you might keep your books, sorts of things you might have to tell the IRD, but I mean I've got to write that down on the back of a fag packet probably. No, it was hopeless...there should be shit loads of it" (Zane p.12).

At the British School of Osteopathy:

"None at all. No. That's something that was sorely lacking" (Kyle p.13).

At the Royal Melbourne Institute of Technology:

"*Only on exit. Very short and last minute" (Mark p.6).*

At Unitec:

"Part of the Unitec course, there's hardly (any), I mean there's forty five minutes on accounting and writing a business plan and it's actually pretty pathetic. I did more in my massage training than I did at Unitec in a five year (course), we did a (lot more for massage training and) it was a fourteen month course. So I think it's incredibly weak and I don't think it serves graduates very well at all... I would say that providers of the Unitec osteopathy course will say well you can go and do this elsewhere but that's a bit of a copout. I think it's quite, there's stuff that is particular to health practices, management and marketing of them that really need to go in there" (Luke p.10).

The participants did not learn about marketing, in particular the context of marketing in healthcare, therefore it appears that this may be correlated to them avoiding and misunderstanding the role that marketing could play in osteopathy:

"*I think it's basically that we don't know how to use marketing that well perhaps and we're not of the mindset of the role that marketing plays" (Vince p.4).*

This lack of marketing knowledge may affect the resources and budget that are applied in individual practices to marketing and may contribute to concerns about how marketing might be used inappropriately and appear unprofessional.

Concerns of appearing unethical and unprofessional

The theme, 'concerns of appearing unethical and unprofessional', was expressed by all six participants. Their anxieties related to generalised and unsubstantiated statements about 'other' healthcare professionals. They agreed that making negative statements about other healthcare professionals was not professional. Additionally, they felt uncomfortable with some marketing strategies that they felt were more commercial than they liked:

"I think there are lots of incidents in healthcare ...lacking in some ethical flavour or lacking in some integrity...I think marketing often carries a connotation that it seems to cheapen things...So I think that osteopathy needs to decide what kind of flavour it has to carry, not only what its message is but how it might deliver" (Zane p.6).

All of the participants indicate that they had concerns about some health professional making unsubstantiated claims and making negative claims about other healthcare professions. They all indicated that they had an understanding that this should never be done due to ethical reasons and advertising standards:

> *"I mean the cardinal rule is you should never bag anybody else either individually or another profession. You should never make claims that you can't substantiate and you should never promise something that you can't deliver. I don't think that any of that has any position in osteopathic marketing" (Kyle p.13).*

The participants all agreed that any form of promotion should be about what you can do:

> *"The best strategy would be to promote what you can do. Not what you can't and not what you might offer, just promote what you can do and then you'll never be caught out because you deliver or you have a reason why you can't" (Mark p.7).*

However, Nick points out that there is a 'lack' of scientific evidence related to osteopathic treatment. Therefore, he argues, osteopaths need to rely on anecdotal evidence:

> *"You (osteopaths) do suffer from a lack of acceptable scientific evidence to do this. We encourage our members not to make baseless claims. Osteopathic treatment relies beneficially on what's deemed anecdotal evidence but we encourage our members not to say they can cure this or cure that because that's just going to get you into trouble" (Nick, p.21).*

Currently, sales promotions and personal selling are not being used by the participants, as they are perceived as being unprofessional and unethical. Sales promotion is defined as "Any short-term inducement or offer for a particular product or service" (Berkowitz, 1996, p. 394). Sales promotions are generally considered by the participants to be unethical.

> "*I think that some marketing can cross the line between professional and popular/vulgar" (Kyle, p.4).* For example, "*Come in and get your free spinal check and buy one get one free, bring all the family in and get a free key ring, that kind of thing" (Kyle p.4)*.

Or:

> *"you can put a little offer out if you get five people in we'll give you a free treatment or something like that but I just don't like, I'm not comfortable with that. I think we provide a medical service and say in relation to say a doctor doing that, it doesn't feel quite right" (Vince, p.7).*

All of the participants related this back to the need to maintain credibility. Luke believed that:

> "*there's no point doing some of the activities that are out there...some of them maybe don't give you credibility" (Luke, p.6)*

Additionally, personal selling is "any paid personal presentation of goods, ideas, or services" (Berkowitz, 1996, p. 391) and is considered to be unethical and unprofessional by the participants. Kyle gives an example of this type of personal selling marketing:

> *"By marketing are we supposed to go to the AMP shows or sit around in malls all Saturday morning with billboards and things like that. I don't think that's the kind of marketing we're wanting. There's nothing, again I bring it down to are we advertising or are we raising public awareness in the public education" (Kyle p.5).*

Kyle raises an important point about the reasons for advertising. Is it to increase knowledge and understanding about osteopathy, which the all participants are comfortable with. Or should advertising be used to increase their marketing share, which half of the participants seem uncomfortable with. This seems to illustrate the mindset that 'if you are good at what you do patients will come', which underpins the next subtheme.

No marketing budget and minimal marketing strategy

Due to the lack of understanding about what marketing is, what it entails and how it works, there appears to be few resources applied to marketing the participants' practices. All of the participants indicated that they had no marketing budget and committed limited resources to marketing. The reason for this was best summarized by Mark:

> *"Because we're osteopaths, not advertising people" (Mark p.1).*

This statement indicates that the general view is that osteopaths are not business people or marketers they are clinicians with an aim to treat patients. Most osteopaths do not have full time business managers or administrators and only three of the participants had a receptionist. It is noteworthy that the three participants that did not have a receptionist had businesses that were not growing and booking was also difficult.

None of the participants had a specific marketing budget. The two main reasons that emerged as to why they did not have a marketing budget were firstly, if the osteopaths' businesses were not growing they felt that they did not have the money to spend on marketing:

> *"I don't have any extra money to build my business and that's like, at the moment my business isn't paying for itself. So it's kind of, it's difficult to justify spending more when I haven't got any return at all. I've been a bit disappointed" (Nick, p.16).*

Secondly, if they were practitioners that had a growing business they felt that they did not need to spend money to generate more customers:

> *"Money is important. It's not cheap. If you're satisfied with where you're at in terms of your clinic and clinic numbers or progression and growth or the types of patients that you're seeing, then I think you are probably less likely to advertise" (Vince p.6)*

As has been previously discussed, there is more to marketing than advertising. For example, they have all furnished their clinics, which is part of marketing. Their idea of a marketing budget appeared to be an advertising budget rather than taking in to consideration the other marketing factors. This directly relates to not understanding what marketing is and thus having no marketing strategy. The participants did (mostly unknowingly) use parts of the marketing mix, which consists of product (service), promotion, price, and place. This concept will be discussed in chapter five.

Summary

This chapter has presented the qualitative data findings from six osteopaths about the factors that can influence marketing in the osteopathic practice. Three major themes emerged, which were: Inadequate definition of osteopathy, Lack of marketing knowledge and understanding, and Issues within the osteopathic profession.

The inadequate definition of what osteopathy is can influence the public and other healthcare professional knowledge and understanding about osteopathy. Due to this the participants believed that osteopathy is less well known than its competitors. Additionally, the inadequate definition internally impacts osteopaths as the practitioners are unsure about how they should portray themselves and what their distinguishing features are. It is posited that osteopathy needs to be developed into a brand to deal with this.

Issues within the osteopathic profession were identified as influencing how the practitioners market their practice. It is argued that there is a need to increase the general awareness about what osteopathy is before practitioners are able to effectively market their practice, which links back into brand osteopathy. However, there appear to be two main factors within the profession that influence marketing in the practice, which are uncertainty about whose responsibility it is to market osteopathy and lack of professional cohesion and indifference.

The lack of marketing knowledge and understanding is attributable to insufficient marketing education in all osteopathic training institutions. This lack of understanding about marketing affects the practitioners by causing them concern over appearing unethical and unprofessional if they engage in certain types of marketing, and influences their marketing budget and marketing strategies as they are unsure about what they need to be doing. The next chapter is linked closely with this theme and will report the finding from the quantitative and qualitative data.

CHAPTER FIVE

Results

Marketing strategies in the osteopathic practice

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Marketing strategies in the osteopathic practice

Introduction

This chapter presents the findings from the quantitative questionnaire and further qualitative thematic analysis. The focus of the data analysis in this phase was to uncover what marketing strategies were being used and what the practitioners perceived as being successful marketing strategies versus how patients indicated they had heard about the practice. One of the factors that characterises marketing in the osteopathic practice is that none of the participants have or ever had a specific marketing strategy. However, when queried in depth all of the participants had used part of the *four P's* marketing mix at some point. Therefore, this chapter is based around the marketing mix concept and is divided into four themes 'Promotion and its perceived effectiveness', 'Product', 'Place', and 'Price'. Within the promotion theme the results from the patient questionnaire 'how/where you initially hear about this osteopathic practice' are presented. The observed results from the above question asked to the patients are compared to the practitioners' estimated results about what they perceived to be successful promotional strategies that initially brought the patient to their practice. Qualitative data are then used to provide richer information about why the practitioners felt that the promotional activities were or were not successful with verbatim excerpts provided to exemplify the main points. Additionally, geographic information gained from patient addresses in relation to the site of clinics is used to discuss 'Place'.

Promotion and its perceived effectiveness

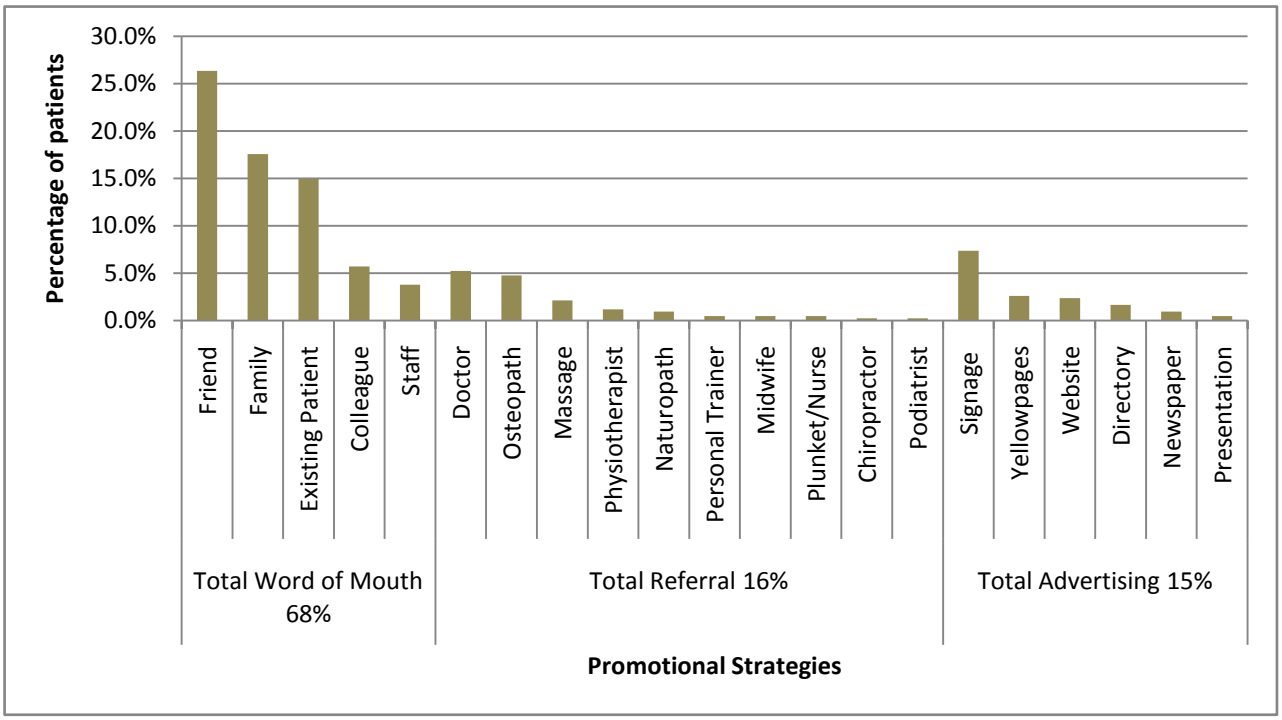
As discussed, promotion is often perceived as marketing in its entirety, instead of just being one component (Forsyth, 2009). Consequently, part of the second aim of this project is to understand what promotional strategies were reported by patients as initially bringing them to the practice and to compare them to what the osteopathic participants perceived to be effective promotional strategies that they are using.

Promotion in the osteopathic practice is about communicating to potential patients, allied healthcare, and other professional bodies about what osteopathy is, and developing long-term relationships that should stimulate demand for osteopathy. There are many forms of promotion

available to osteopaths. Some forms of promotion are being used very well and some are not being used at all *(Tables 2, 3, and 4)*. It is important to note that most of the osteopathic participants collected some of this statistical information themselves prior to being involved in the study. However, the osteopaths only provided a few options for the patients to select from and none formally analysed the data to see what strategies were working for their practice.

In total 287 questionnaires were returned from a total of 500 distributed questionnaires. The return rate was 57.4% from the combined five clinics. This number of returns satisfied the 250 returns aimed for (as discussed in the *Methodology).* For this section, the patients were allowed to indicate as many avenues of finding out about the practice as were applicable to them. There were 26 options available for patient section on the questionnaire (Appendix C). A total of 421 sources were identified by the 287 respondents. Six of these categories were not selected by any patients. Additionally, five alternative categories that were listed by patients indicating "other" sources of information were coded. The twenty six options were categorized into three main forms of promotion that brought the patient to one of the five osteopathic practices; word-of-mouth, referrals and advertising. These will be discussed in greater detail with comparative statistical data; qualitative data will be used to discuss why the practitioners felt the promotional strategies were or were not successful. The overall successful promotional strategies are depicted in *Figure 1.*

Figure 1: Percentage of patients from all clinics who indicated that they had heard about the clinic from various media



Word-of-mouth

Word-of-mouth marketing is defined as "oral or written recommendation by a satisfied customer to the prospective customer of a good or service. Considered to be the most effective form of promotion" (Business Dictionary, 2011c). Word-of-mouth is shown in *Figure 1* to be the most successful form of marketing with a total of 68% (n =288) for the six participants, with 26.4% (n = 111) of patients initially attending one of the osteopathic clinics following recommendation by a friend.

Figure 2: The accuracy of perception about word-of-mouth marketing that compares the practitioners estimated results with the patient reported results

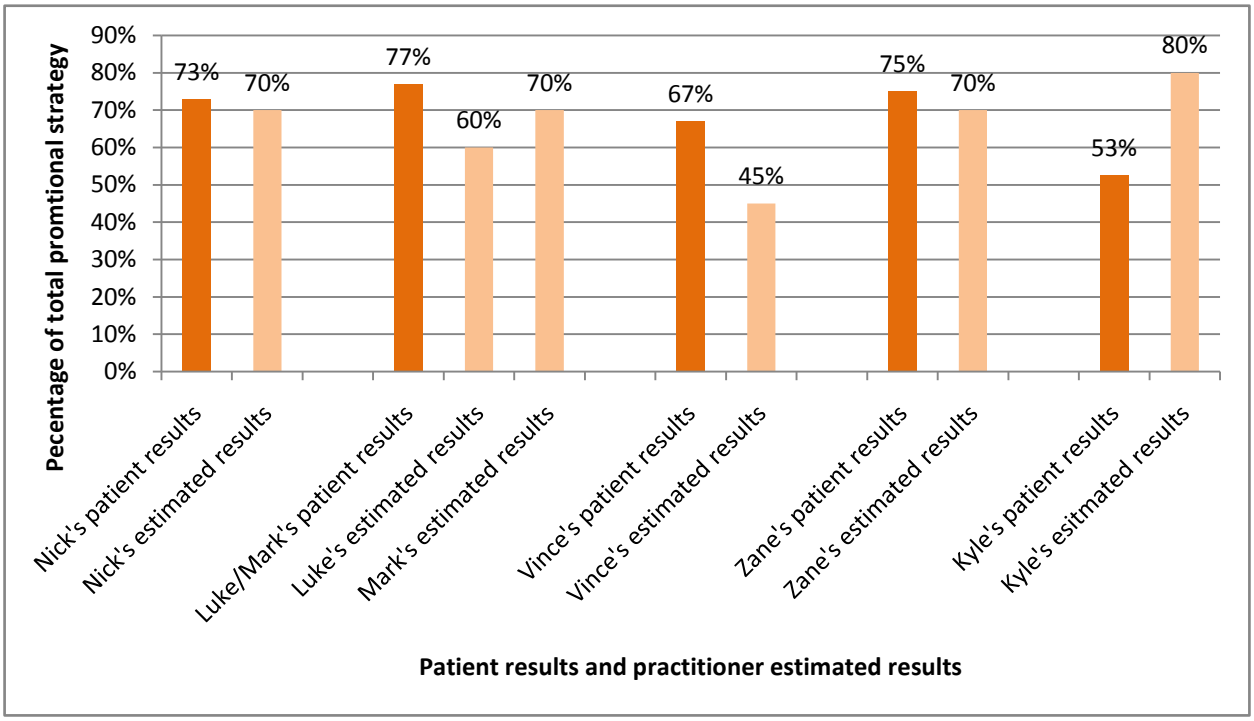


Figure 2 indicates there is a wide range of practitioner estimates (45% - 80%) of the proportion of patients attending the clinics due to a word-of-mouth recommendation. Nick has the most accurate perception. Whereas Luke and Vince, who have previous marketing experience, underestimate the effectiveness and Kyle greatly over estimates word-of-mouth in his practice, compared to actual reports from their patients.

Further analysis of the success of particular word-of-mouth categories was undertaken bv comparing what the practitioner perceved as benifical (PPB) sources of word-of-mouth to the patients reported results (PRR), which is illustrated in *Table 2.* The practitioners were asked to indicate if the category was yes (Y) a beneficial form of word-of-mouth or no (N) it was not a

benefical category. The majority of the six practitioners believed that they were benefiting from all forms of word-of-mouth. There was only one category that was shown to not be beneficial (shown in red). There are two catergories that are believed to be non-benificial, however the PPR indicate them as benefical categories (shown in blue). *Table 1* represents that there is only a slight misperception between what the practitioner believes are benefical or unbenefical methods compared to what the patient indicates that is happening.

Table 2: Word-of-mouth categories that the practitioners perceived that they were benefiting from compared to patient reported results

Word-of-mouth Categories	**Nick**		**Luke/Mark**		**Vince**		**Zane**		**Kyle**	
	PPB	PRR	PPB	PRR	PPB	PRR	PPB	PRR	PPB	PRR
Friend	Y	16%	Y	44%	Y	19%	Y	31%	Y	25%
Family	Y	11%	Y	14%	Y	29%	Y	12%	Y	15%
Existing Patient	Y	31%	Y	11%	Y	9%	Y	27%	Y	4%
Colleague	Y	7%	Y	5%	Y	6%	Y	4%	*N*	*5%*
Staff	Y	7%	*N*	*2%*	Y	4%	**Y**	**0%**	Y	4%

Key

Results in *blue* represents if the practitioner indicated they did not percieve this category to be beneficial, however the patients indicated that it was a beneficial category.

Results in **red** represent if the practitioner indicated they percieved this category to be beneficial, however no patients indicated this category was beneficial.

PPB = Patient Percieved as Beneficial

PRR = Patient Reported Results

Y = Yes / N = No

The majority of the osteopathic participants think that the greatest message in word-of-mouth recommendation is that osteopathy gives positive results. Vince expresses his thoughts:

> *"Our marketing is poor, but in general, people that come to us are very happy with what we do and we create positive word-of-mouth...primarily that's because I think we have pretty good treatment efficacy and we get people better" (Vince p.10).*

However, good treatment alone does not always work as Nick explains:

> *"The people who I've treated who have been happy I've always thought they would be, they're the kind of people you treat them, they feel better, they will tell other people to come and see you and they don't seem to have. They themselves have called again a few*

months later oh look I've done this, and again you treat them and they're happy but again they haven't referred. I don't know. I have tossed and turned many times as to whether my personality repels people because people seem so happy...It's really frustrating because I just try and be as nice a person and honest and genuine person and I always hope that will bring more people in but I don't know" (Nick p.16).

This indicates that there is more to word-of-mouth than just the successful treatments. Hill and Kitchen (2007b) agree that patient satisfaction has many facets and is a very complex construct. This concept will be discussed further in chapter six.

Zane gives an example of how he develops word-of-mouth, which is unrelated to treatments and more about community involvement:

"For my practice what's the most appropriate is working, being part of the community, operating an identity within that community and showing up, and that showing up doesn't have to be purely in the context of being an osteopath and if anything I don't necessarily think that's the most powerful way...Whether that's about helping to coach the kids touch rugby or playing inter-gender netball, at my local sports club and having a beer with people and talking to them. It's actually being somebody and also being somebody who's very, I would like to think, approachable and someone that people can relate" (Zane p.3).

Another issue that was raised is that the practices in this study are more established and word-of-mouth is not an effective form of marketing when starting a business.

"I think to get an increased workload you have to market the profession because word-of-mouth is not good for people coming into the profession" (Mark, p.1)

Referral

In marketing, *referral* is a form of word-of-mouth. However, for the purpose of this project referral is defined as 'the referral from another healthcare or fitness professional who is transferring their care of that patient/client to one of the participating osteopaths'. Almost a sixth (n = 68) of all promotion equates to referral, with doctors (5.2%, n = 22) and other osteopaths (4.8%, n = 20), being most likely to refer to one of these five practices (*Figure 1*).

Figure 3: The accuracy of perception about referral marketing that compares the practitioners estimated results with the patient reported results

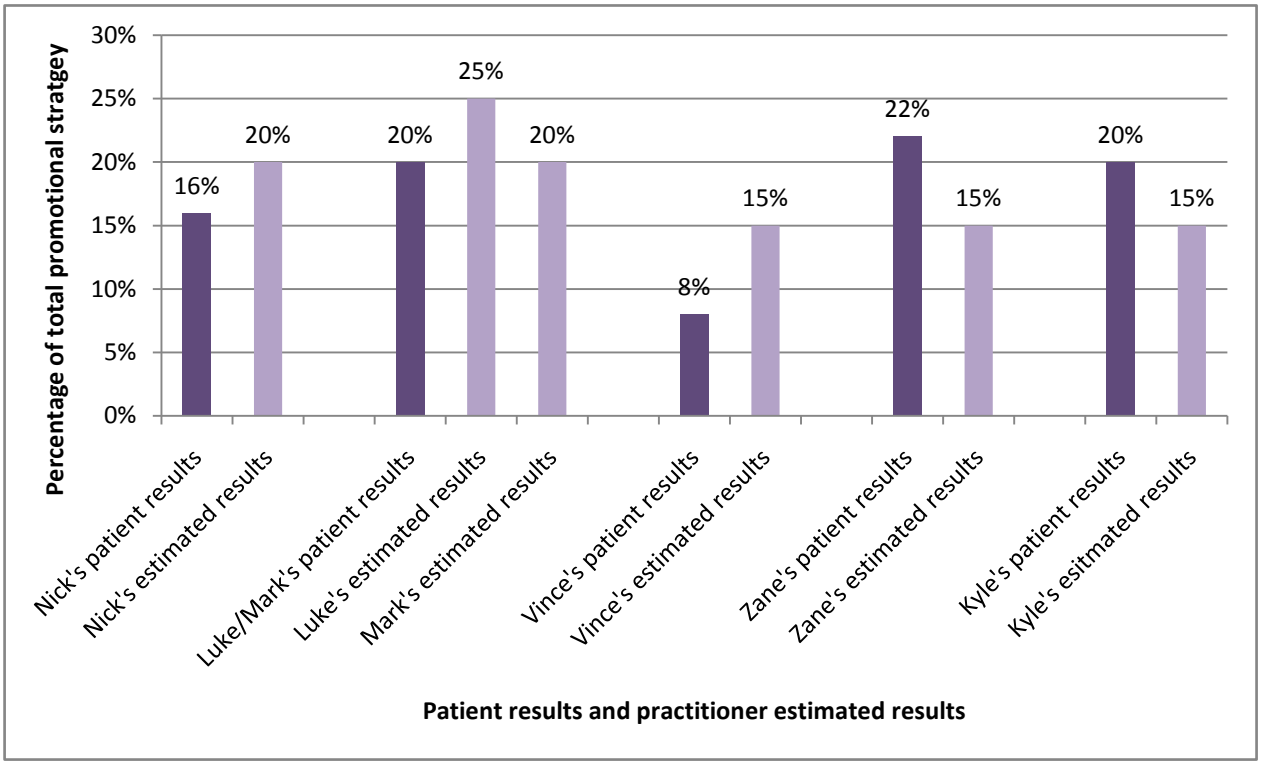


Figure 3 indicates that all of the practitioner estimated results for the percentage of total promotional strategy of referrals were within 4-7% of their patient reported results.

Closer consideration of success of referrals categories was undertaken bv comparing what the practitioner perceved as benifical (PPB) sources of referral to the patients reported results (PRR) (*Table 3).* Again the practitioners were asked to indicate if the category was yes (Y) a beneficial form of word-of-mouth or no (N) it was not a benefical category. *Table 3* illustrates that there are many misperceptions about referrals by practitioners, with four red results indicating that these categories were not beneficial during the period of this research. What is promising is that there are eleven results shown in blue, indicating that these categories are beneficial, even if the practitioners do not realise it. Therefore, the practitioners could look to foster a relationship with the other professionals that are willing to refer so that more referrals are likely. These misperceptions suggest that more research is needed in this area of referrals.

Table 3: Referral categories that the practitioners percieved as benefical compared patient reported results

Referral Categories	**Nick**		**Luke/Mark**		**Vince**		**Zane**		**Kyle**	
	PPB	PRR	PPB	PRR	PPB	PRR	PPB	PRR	PPB	PRR
Doctor	Y	1%	Y	4%	Y	3%	Y	10%	Y	10%
Osteopath	Y	9%	*N*	*4%*	Y	3%	Y	2%	*N*	*5%*
Massage	Y	1%	Y	4%	**Y**	**0%**	Y	4%	*N*	*3%*
Physiotherapist	*N*	*1%*	N	0%	Y	2%	Y	2%	*N*	*1%*
Naturopath*	Y	2%	Y	1%	N	0%	*N*	*2%*	N	0%
Personal trainer*	N	0%	*N*	*2%*	**Y**	**0%**	N	0%	N	0%
Midwife	**Y**	**0%**	N	0%	**Y**	**0%**	Y	2%	*N*	*1%*
Plunket/Nurse**	*N*	*1%*	*N*	*1%*	N	0%	N	0%	N	0%
Chiropractor	N	0%	Y^	1%	N	0%	N	0%	N	0%
Podiatrist	N	0%	*N*	*1%*	N	0%	N	0%	N	0%

Key

Results in *blue* represents if the practitioner indicated they did not percieve this category to be beneficial, however the patients indicated that it was a beneficial category.

Results in **red** represent if the practitioner indicated they percieved this category to be beneficial, however no patients indicated this category was beneficial.

PPB = Patient Percieved as Beneficial

PRR = Patient Reported Results

Y = Yes / N = No

* Category was not on the original questionnaire; However, was suggested by practitioner(s) and patients that it should be.

** Category was not on the original questionnaire; however, was suggested by patients that it should be.

^ Luke indicated that his chiropractic referrals were by default as the patients were unhappy with the treatments. It is uncertain if this is what was meant by the patient reported result.

Naturopath was not on the original questionnaire. However, Nick, Luke and Mark indicated that it was applicable to their clinic and this was supported by their patient results. Zane did not indicate that this was applicable to him (*Table 3* blue result). Nevertheless, he also had naturopath as a source of referral.

Personal trainer was not in the original questionnaire. Zane suggested that it should be. However, his patient reported results did not support this (*Table 3* red result). Furthermore, Luke and Mark did not recognise personal training as a referral source, yet it was indicated by the patients as working for them (*Table 3* blue result).

Plunket/Nurse was not on the questionnaire and was not suggested by any of the practitioners. Nevertheless, Nick, Luke and Mark's results show that they received referrals from this source (*Table 3* blue result).

Additionally, there were three referral categories in the questionnaire that were not selected by any patient, which were acupuncture, dentist, and green prescription. Dentist and green prescription were not indicated by any of the practitioners as a referral source. However, acupuncture was indicated as being used by Zane but not by any of his patients; therefore, is highlighted in red (*Table 3)*.

All of the participants have tried to approach a range of healthcare professionals in their local area, and have met with varying degrees of perceived success. Two participants, Nick and Mark, perceived that they were unsuccessful as the statements below indicate. However, *Figure 3* indicates that they have similar results as the other participants:

> *"I have tried to contact most of the GPs sort of within about a 2 or 3km radius. Not a lot of positive reception there. Unfortunately several of them work as part of medical facilities or practices which have physiotherapists attached to them and so despite contacting the GPs and trying to make some contact, if they weren't aware what osteopathy was or how it could treat or what it could do. One practice was very blunt and just saying 'we don't refer to alternative practitioners'. So I don't think I'll be getting any referrals there" (Nick, p.5)*

Or:

> *"What we did was we went and talked to some of the GPs that we dealt with and we tried to establish a rapport. Gave up after a while because what would happen is that you would go in and they really didn't have the time to talk to you or the inclination and they were really only concerned about results" (Mark p.2).*

These statements indicate that it is, or may be difficult to get other health professionals to refer. This could possibly be due to the lack of understanding about osteopathy and lack of peer-reviewed data demonstrating what treatments may achieve clinically. More research is needed in this area as this data does not necessarily indicate objective success as it is unknown what would have happened if they did not to talk to any health professionals. Additionally, it is unknown if the GPs are referring anywhere else.

Conversely, three participants believe they have had better success with referrals. One was by working in a multidisciplinary clinic.

> *"Currently I work out of the local medical centre. So we have GPs, there's a counsellor, there's a beautician, there's a pharmacy, there's a good referral pattern" (Kyle p.7).*

Another found success by treating the other health professional:

> "*I treated personal trainer a while back and she just really, really was very good at positive word-of-mouth and suddenly from her we probably saw another 10 patients within the next month" (Vince, p.7)*

This seems to indicate that forming a more substantial bond with the professional that may refer appears to be important, rather than just having a meeting. However, the results from *Figure 3* indicates that all practitioners had similar referral results and Vince actually had the lowest referrals.

Advertising

Advertising is defined for this thesis as a form of non-personal communication that is usually paid for, and which is used to create awareness and transmit information to gain a response from a target audience. *Figure 1* shows that the total advertising contributes to one sixth (n = 63) of the total promotional strategy. Road and clinic signage at 7.4% (n = 31) is the most significant form of promotion in this category.

Figure 4: The accuracy of perception about advertising marketing that compares the practitioners estimated results with the patient reported results

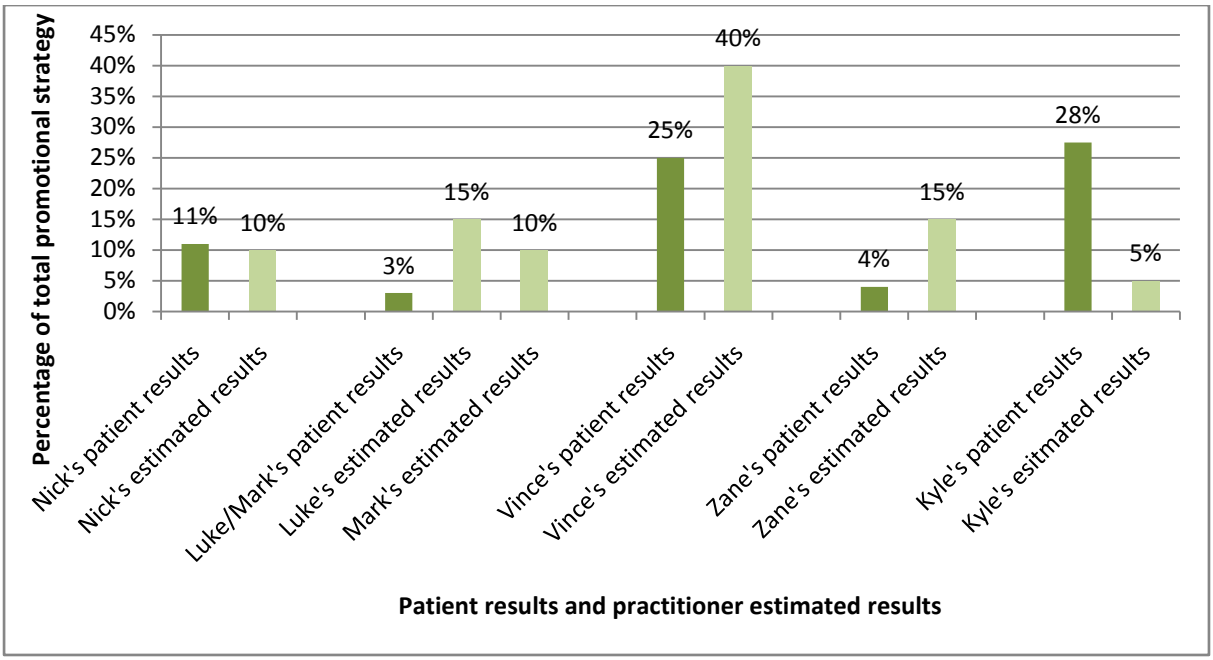


Figure 4 indicates there is a wide range of patient reported results (3% - 28%) of the proportion of patients attending the clinics due to advertisiting. This indicates that some are using advertising more effectively than others. Moreover, the practitioner estimations about the successfulness of their adverising had considerable variance between the practitioners estimations and the patient reported results. Again Nick had the most accurate estimated results. Kyle had the greatest underestimation of advertising results, as *Figure 4* depicts. His entire 28% (n = 22) advertising total was made up by 20% (n = 16) of signage and 8% (n = 6) of directory advertising *(Table 4)*. Vince, who had previous marketing training, has one of the highest advertising results and the greatest over estimation of advertising as shown in *Figure 4.* He felt that advertising was vital.

> "*It has a very important role. Primarily I guess for osteopaths it's important in terms of, I think, in terms of raising awareness of what we do" (Vince, p.3).*

Additional analysis of the success of particular advertising categories was undertaken bv comparing what the practitioner used (PU) and perceived as benificial sources of advertising to the patient's reported results (PRR), which is illustrated in *Table 4.* The practitioners were asked to indicate if the category was yes (Y) a form of advertising that they used and percieved as beneficial or no (N) it was not used or a beneficial category.

Table 4: Advertising categories that the practitioners were using compared to the patient reported results

Advertising Categories	**Nick**		**Luke/Mark**		**Vince**		**Zane**		**Kyle**	
	PU	PRR	PU	PRR	PU	PRR	PU	PRR	PU	PRR
Signage	Y	4%	**Y**	**0%**	Y	9%	Y	2%	Y	20%
Yellow pages	**Y**	**0%**	Y	2%	Y	8%	**Y**	**0%**	**Y**	**0%**
Website	Y	7%	Y	1%	Y	3%	**Y**	**0%**	N	0%
Directory*	N	0%	N	0%	*N*	*1%*	N	0%	Y	8%
Newspaper	**Y**	**0%**	N	0%	Y	3%	Y	2%	N	0%
Presentation**	N	0%	N	0%	*N*	*2%*	N	0%	N	0%

Key

Results in *blue* represents if the practitioner indicated they did not use this category, however the patients indicated that it was a beneficial category.

Results in **red** represent if the practitioner indicated they used this category, however no patients indicated this category was beneficial.

PU = Practitioner Used this category

PRR = Patient Reported Results

Y = Yes / N = No

* Category was not on the original questionnaire; however, was suggested by practitioner(s) and patients that it should be.

** Category was not on the original questionnaire; however, was suggested by patients that it should be.

Directory was not included on the initial questionnaire, it was suggested in 'other' by patients and Kyle indicated that he used the Lions Club directory:

> *"I support the Lions Club directory which is a very good source of referral for me" (Kyle, p.8).*

Vince also received patients from the directory; however he was unaware of this indicated by a blue result in *Table 4*.

Presentation was not included in the original questionnaire. Two of Vince's patients indicated this category under 'other'. However, when this was enquired about during the interview Vince indicated that he had never given any presentations (*Table 4* blue result). Therefore, if other osteopaths were giving presentations this may have inadvertently benefited Vince.

Additionally, there were three categories under advertising that were not selected by patients; these were email, mail drop pamphlet and radio. Interestingly, two of the participants indicated that they have been involved with radio promotions and Nick was the only practitioner who was involved in mail drops:

> *"the mail drops are probably the most successful" (Nick, p15).*

However, mail drops were not indicated by any patient in this particular questionnaire. This may have been due to the time of when he last performed the mail drop and response rate.

Table 4 is arguably the most important to the participants as they are spending money on advertising, which is indicated as not being successful with six red results. For three practitioners the Yellow Pages advertising was unsuccessful, and for one, signage was ineffective, for another practitioner a website was being used but unsuccessful, and for yet another practitioner, newspapers were unproductive. This suggests that it may be important to do some market research into paid advertising before producing or continuing with it. All of the participants have at some point spent money on forms of advertising such as in the Yellow

Pages, signage or a web page. However, five of the participants had the view that advertising as part of promotion did not work very effectively.

> *"Most of the osteopaths I've ever spoken to have always told me that you get very little return from advertising expenditure" (Nick, p.7).*

For example:

> *"I've seen so many initiatives or drives pushed with no result, (Mark p.2)* Such as, advertising *I've seen a little bit of stuff in the newspaper, I've seen plenty of individual things in the Central Leader, I've seen some flyers, we've done emails. We did 2,500 emails with five responses ...if someone has done it better, good on them, but we gave up" (Mark p.2).*

However, Vince and Kyle's patient results suggest that there is a scope for advertising in osteopathy.

Demographics

The questionnaire also collected demographic data. These data are presented in Appendix F in *Figure 6, 7, 8 and 9.* Demographic factors can greatly influence a practice's marketing strategy. In summary, the demographic data were proportionately under represented as osteopathic patients in relationship to the 2006 Auckland Census information (Statistics New Zealand, 2010a, 2010b, 2010c, 2010d). For example, males compared to females, ($p = <0.001$); children and the very elderly compared to other age groups ($p = <0.001$ for overall age-group Chi Square statistic); and Maori and other ethnic minorities compared to NZ European ($p = <0.001$). Since the demographic data are only from five practices the data cannot be generalised across the wider osteopathic population. However, they do indicate that there are portions of the population not being seen or that have limited exposure to these osteopaths.

Product

The product is the osteopathic service, which is an ephemeral, perishable and variable event. This means that once the treatment has taken place, it can never be replicated. The osteopathic service, like many other services, is produced and consumed at the same moment. Therefore, the practitioner needs to individualise every session to meet the treatment and educational needs of every patient. Mark explains how there is more to the treatment than just getting good results:

> *"By getting a result ... and explaining yourself and explaining what you can do and explaining what you seeing happen. So people leave with a better understanding of what you're about, how you work, what can happen and then they make their own decisions...*

then they're more likely to go around telling people that you knew exactly what was going on because you added all this extra information to their understanding" (Mark, p.4).

This statement illustrates that it is not only important to get a successful treatment result but also that it is vital to communicate effectively with the patient and explain what may have happened. However, it appears that the standard of communication and relating to patients may not be uniform across various osteopathic practices. This has to do with personality; everyone is an individual and practices differently. However, Luke points out that the importance of this was not emphasised when he attended Unitec and that it was something that he learnt once he started practising.

"*It's something that you don't really understand when you're training because it comes with a little bit of experience what you expect and being able to say well if this happens we expect it so don't worry" (Luke p.8).*

Zane gives another perspective, which is that patients are more likely to see osteopaths that they like and can relate to.

"*The most pig ignorant attitude and you can guarantee that that patient will go and see somebody who is much more fun to be around" (Zane p.7).*

This statement highlights that it is not only about practitioner competency and results. It is about the total experience that the patient receives from their osteopath. This illustrates the difficulty of differentiating the osteopath from the personality:

"That's the tricky bit because my practice is largely built around personality rather than osteopathy...So somehow it has to be about disengaging the personality from the process or the service but people like to have someone they can relate to, they like to have an identity" (Zane p.10).

The product strongly relates to being able to define what osteopathy is. As Zane points out, it is very difficult to disentangle the osteopath from the personality, which is another reason why defining osteopathy may be so difficult.

Place

'Place' in the 'marketing mix' for osteopathy refers to the physical location and physical features of the practice. Mark and Vince both took over established practices and currently have a busy and growing clientele. Mark describes how this aspect of the marketing mix has been successful for him:

"We took on an established practice, so it was already established. Over the years we've looked at many places to move to and everything's had pros and cons and we're still here.

So the things we benefit from people can get to us from any direction in the day. We don't bog down badly with school traffic. There's always an option to get to us and we're on some pretty main arterial routes and we've got landmarks around us that most people know" (Mark p.5).

Both Kyle and Nick have a client base that is not growing and did not have a 'place' strategy:

"*I lived out in this direction...it grew out of treating friends in the community and where I lived (Kyle p.3).*

"I think it was more of just a building that came up" (Nick p.4).

These examples may indicate that place may be an important aspect to consider. There did not appear to be any consideration about other competing therapists, who may refer to them or how visible they would be with these practitioners.

However, four of the participants believe that 'place' is not an important factor as Nick states:

we've got people (who come to Auckland Central) who drive miles. They'll drive from the far end of the earth to come and see 'their osteopath'. They will pass 10 osteopaths to come...because they've established a rapport with their practitioner but also...the marketing of osteopathy as a brand is quite weak (Nick, p.10).

This statement indicates that due to a lack of uniformity in osteopathy patients are prepared to travel vast distances as they are unsure about going to any other osteopath because they do not know what they are going to get. This concept also relates to defining and branding osteopathy.

Figure 9 illustrates the statistics from the patient questionnaire, which demonstrates that patients in three of the five practices are prepared to travel long distances to see "their" osteopath. In contrast, the other two practices have a much more local following and people are not travelling outside of their district as much.

Figure 5a, b, c, d, e Geographical distribution of osteopathic patients

Figure 5a: Nick's Auckland clinic

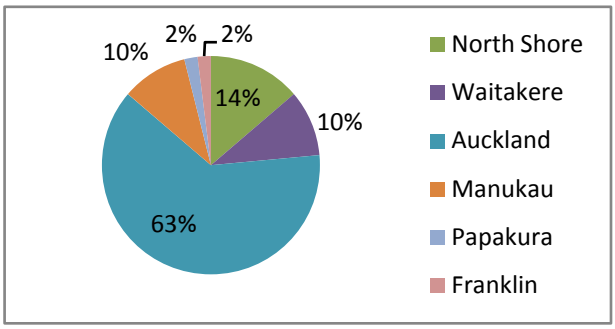


Figure 5b: Luke/Mark's Auckland clinic

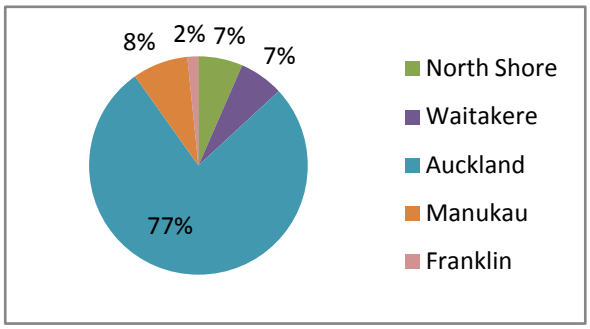


Figure 5c: Vince's Rodney clinic

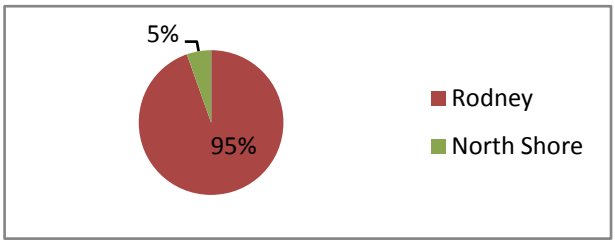


Figure 5d: Zane's Rodney clinic

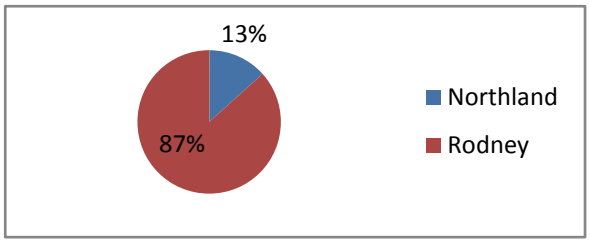
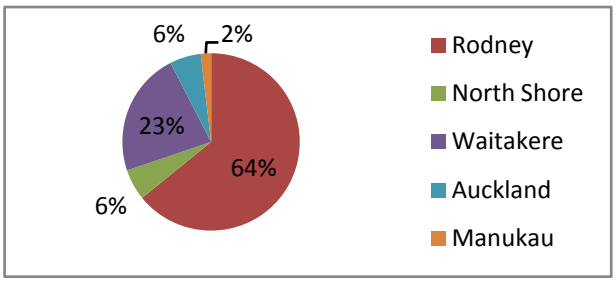


Figure 5e: Kyle's clinic based in Rodney



The other aspect of place is the physical features, which are the material part of a service. As there are no tangible attributes to the osteopathic service the patient would rely on material cues. In the osteopathic practice these would include physical building, furnishings, the magazines in the waiting room, and the associated internet and web pages. Luke, who is currently an associate at a busy practice but had previously started his own business, experienced how getting a physical feature incorrect in his marketing mix could massively impact his business:

> *"I got that wrong. It was in a good area but the actual, the building configuration was not right...I think that site was majorly handicapped by physical factors...lots of stairs, so access wasn't great... I left as soon as I found out about the New Zealand Standards for health practice" (Luke p.14).*

This factor was the main cause of the termination of his business and illustrates how important getting the 'place' correct can be.

Price

There are many ways to price a service for the various situations. However, the participants did not tend to consider these strategies. Two of the six participants primarily set their prices on the surrounding competition.

> *"On the market. Just rang around and did a sample and parked ourselves right in the middle of it (Mark p.7).*

Another two participants set their prices principally on what they felt they were worth.

> "*I think it boils down to what I think I'm worth and sometimes I think that I probably charge less than I'm worth. So yeah, that's the one overriding factor really" (Kyle p.3).*

In addition, these two participants expressed that what they were worth included what they were comfortable with charging:

> *"I wanted to be comfortable with the price I charged. I didn't want to have any qualms saying to someone at the end of treatment that will be... [price]" (Nick p.6).*

Vince considered everything that the others have discussed. Additionally, he took more of a marketing and business approach and considered the psychology of pricing.

> *"There's a lot of psychology behind pricing. Some people think because they pay a lot of money that they're getting fantastic service. It's really important for me as a practitioner to be affordable. Obviously you need to make money and you need to make a profit to survive but I don't like to price myself away from people who are a bit poorer, lower socio economic and need help. I didn't get into this game to, well I got into this game to help everybody and so that's really important to me" (Vince p.11).*

Zane considered both the competition and what he felt he was worth. However, he took a more businesslike approach and also considered what he needed to run a business and what was appropriate for the local economy.

> *" I mean it's about pitching what I can survive on, what the local economy will stand, what I think the service is worth and what I would be comfortable paying if I were a client" (Zane p.11).*

Summary

This chapter has used the marketing mix as a structure for presenting the findings about what marketing strategies are being used by the six practitioners. Promotion identified what the six practitioners perceive to be effective promotional strategies versus how or where the patients initially heard about the practice. This statistical information cannot be generalised across all osteopathic practices. The results indicate that word-of mouth (68%) is the most successful promotional strategy compared to referrals (16%) and advertising (15%). Advertising is the

most variable approach reported by patients with practices having a 25% range between their advertising totals. Additionally, advertising has the most misperception of success attached to it, reflected by *Figure 4 and Table 4,* which is important as there is a monetary cost attached.

The product strongly relates to the lack of osteopathic definition and is largely influenced by the practitioners' communication skills and their personality. The place, in respect to the location, appears to be of lesser importance as patients are prepared to travel to 'their osteopath'. This seems to be due to the variability of the product. However place, in regard to the physical features of the building, emerges as an important factor as it may contribute to the demise of a practice. The price component varied between practitioners. Factors determining the price set by osteopaths included competition, perception of worth, being comfortable with what they were charging, as well as consumer psychology and business viability. In the next chapter the data associated with the previous two chapters are compared and contrasted with the findings from the marketing strategies and the factors influencing marketing in the osteopathic practice.

CHAPTER SIX

Discussion

CHAPTER SIX: Discussion

Introduction

This chapter is divided into two main sections: 'factors that influence marketing in the osteopathic practice' and 'marketing strategies in the osteopathic practice'. Each major theme from the previous two results chapters is represented within the respective sections. The themes are compared and discussed with the literature from health care, CAM, physical therapy, and the chiropractic and osteopathic professions.

Factors influencing marketing in the osteopathic practice

This section will discuss the inadequate osteopathic definition, issues within the osteopathic profession and the lack of marketing knowledge and understanding, with the relevant literature.

Inadequate definition of osteopathy

The theme of inadequate healthcare definitions appears to be similar throughout many healthcare disciplines. "Healthcare providers are generally concerned with the promotion of a service, yet the nature of their service is difficult to describe" (Thomas, 2005, p. 30). For example, it is believed that chiropractors do not have an agreed identity either (Lund, 2006). The findings from this study show that the participants believe that there is an identity crisis in osteopathy, which is creating an inadequate osteopathic definition. Currently, there are many different definitions of osteopathy by various practitioners, societies and councils both within New Zealand and internationally. This affects the public awareness of osteopathy, creates uncertainty about how osteopaths should portray themselves, and makes it very difficult to create an osteopathic brand that can be marketed, as discussed below.

The main osteopathic literature relevant to this theme is by Wagner and van Dun (2010). They performed a systematic and comparative analysis of 29 websites in Europe and internationally, to consider how osteopathic organisations currently present osteopathy. Their conclusions are similar to this study's findings: "osteopathy is undergoing a crisis of identity in Europe" (p.129). They suggest that the reasons for this may be due to disparity in terminology and practice,

which exist within osteopathic professional groups and believe these factors may have lead to communication difficulties between osteopaths and may create intra-professional differences between the various organisations. Further, they argue that these issues may be currently making it difficult to form a collective identity and define a professional profile that would clearly distinguish osteopathy from other medical occupations. Although this is an untested and arguable assertion these issues are similar to the findings within this study and appear to be linked to the product theme, which is subsequently discussed in the marketing strategies section.

There have been many attempts at producing an all encompassing and easily understood definition. For example, the OCNZ has a long but informative definition:

> Osteopaths use a variety of techniques to help correct abnormal physical conditions which include back and neck pain, headache, physical injuries to bones, joints and muscles, and many other physical and functional disorders.
>
> A wide variety of treatment techniques are used, which could include manipulation and mobilisation to joints and soft tissues, muscle energy stretches, and cranial-sacral therapy. The Osteopath will use appropriate treatment, after fully assessing the patient.
>
> Osteopaths are front line health professionals and work with other registered health professionals including general practitioners, specialists and radiologists to provide the best service to their patients.
>
> Osteopaths are able to treat ACC claims patients without referral from a medical doctor and refer for x-rays and to other health professionals if required (OCNZ, 2011c).

In contrast, OSNZ states "Osteopathy is a practical form of health care that treats the body as a whole. Osteopathy is a hands on treatment that works on the physical body to allow it to return to good health" (OSNZ, 2011b). It is very difficult to describe and define osteopathy as there are many different ways of practising, terms of reference of the body involved and the target audience. Therefore these definitions are very broad to encompass all osteopaths. However, the definitions offered may not be easily understood by the general public. Lucas and Moran (2006) suggest that osteopathy should not only be defined on the diagnosis and treatments that osteopaths provide, but on the principles and philosophies that underpin osteopathy. Further research is needed in this area.

Participants of this study suggested that the awareness of osteopathy was less than that of other manual therapies, in particular, physiotherapy and chiropractors. A study by A. Evans et al. (2008) of 92 in-patients at a provincial New Zealand hospital in Gisborne examined the use,

understanding, and attitudes towards CAM therapies. The results of the more mainstream manual therapies are illustrated in *Table 5*.

Table 5: Mainstream manual therapies ranked by patient use

	Not heard of or used	**Heard of this CAM**	**Used this CAM**
Massage	1% (n = 1)	28% (n = 25)	70% (n = 62)
Chiropractor	8% (n = 7)	41% (n = 36)	51% (n = 45)
Osteopath	22% (n = 19)	50% (n = 44)	28% (n = 25)

A. Evans' et al. (2008) research supports the findings of this research project that osteopathy is less well known, and not used as much as other manual therapies. In further support, an unpublished master thesis by Moore (2003) indicates that 99 participants from a selected population within the general public in NZ, rates their knowledge and usage of osteopathy as lower than other therapies as illustrated in *Table 6.*

Table 6: The NZ General public's familiarity with manual therapies

	Heard of the therapy	**The therapy works**	**Have tried the therapy**
Massage	97%	88%	74%
Physiotherapy	97%	87%	73%
Chiropractor	97%	66%	37%
Osteopathy	87%	40%	26%

Another research article by Sheppard (1994b) considered the competitors of physiotherapists and randomly asked 510 members of the Australian public who they would chose to see for a muscle, sporting or back injury. Their responses were primarily for a doctor, physiotherapist and chiropractor, with only 5% of respondent indicating 'other', which may or may not include osteopathy. These three studies all support the findings of this study that osteopathy is less well known than other manual therapists. This implies that our competitors have a greater competitive advantage, suggesting that osteopathic marketing needs to become more effective to compete and gain a greater client base. Szmelskyj (1993b) has the same opinion for the United Kingdom osteopathic profession.

A very small osteopathic study by Szmelskyj & Morris (1992) notes that 58.3% (n=7) of GP's were aware of the difference between osteopaths, chiropractors and physiotherapists, whereas 41.7% (n=5) were not aware of the difference. Their study indicates, like this study does, that

there is a need to differentiate and find a point of difference for osteopathy, thus allowing osteopathy to be distinguishable from other healthcare professionals.

Issues within the osteopathic profession

According to the participants, one of the main factors that influence marketing the osteopathic practice were issues within the profession itself. The central issues were attributed to the uncertainty about whose responsibility it is to generally market osteopathy and concerns relating to professional cohesion and indifference.

Given the scarcity of relevant research it is not clear if the uncertainty about whose responsibility it is to market a profession is a phenomenon unique to osteopathy, or whether it is happening in other healthcare disciplines. In this study the osteopaths have varying views about how much it is their individual responsibility to market osteopathy as part of marketing their practice. Some of the participants believe they should just be building their business. However, factors of inadequate osteopathic definition and a weak osteopathic brand, have possibly contributed to a disunited profession, or a disunited profession may be contributing to a weak osteopathic brand. Other participants propose that they have a fundamental role to educate the wider community and thus benefit all osteopaths. Lafoley (1999, 2001) claims that it is vital for everyone within the Canadian physiotherapy industry to work together to form a united brand at an individual and professional level. She indicates that advertising is required at a grass roots individual practitioner level to filter in to the community as to do this at a professional level would require a multi-million dollar budget. This viewpoint may be good advice for NZ osteopathy.

One writer argues "The healthcare industry is characterised by fragmentation, discontinuity, and a lack of coordination" (Thomas, 2005, p. 25). This opinion suggests that many healthcare professions are suffering similar problems to those found in this study, but no research specifically into this topic could be found. Therefore, it is uncertain if the extent of professional cohesion and indifference problems is more common in osteopathy when compared to other healthcare professions. Opinion literature by Larson (2011) suggests that, like the OSNZ, other small non-profit organisations also suffer from a lack of skilled leaders and managers, have inadequate revenue streams, limited resources and small budgets, and that there are too many jobs with not enough time for too few people to complete. Therefore, it is likely that other numerically small healthcare professions also experience similar issues, although none appear to have been researched to date.

The belief of three of the participants that the OCNZ should be marketing osteopathy in order to promote osteopathy and influence marketing at a professional level is somewhat concerning. Further investigation needs to be performed to establish if this is what the wider osteopathic community believes. If so, the Council may need to communicate their role again. Currently, the OCNZ state their role as: "The Osteopathic Council will ensure public safety through effective regulation and monitoring of the ongoing competency of the Osteopathic profession" (OCNZ, 2011a). As discussed in the literature review, it is not appropriate for them to perform marketing. It was implied by one participant that there may not be a profession to administer if they do not engage in marketing. However, it appears that it is the responsibility of individual practitioners and the societies, not the OCNZ, to ensure that osteopathy remains a viable profession. Vos and Brennan (2010) advocate that professional bodies that register a profession do have an inadvertent role in marketing, as registered therapists are likely to maintain a competitive advantage over unregistered practitioners. In osteopathy under the HPCAA "every health practitioner who practises the profession in respect of which he or she is registered must have a current practising certificate issued by the responsible authority" (New Zealand Legislation: Acts, 2011).

Lack of healthcare marketing knowledge and understanding

The healthcare and business literature indicates, as does this study, that there is a lack of marketing knowledge and understanding by healthcare practitioners. Vos and Brennan (2010), Thomas (2005) and Chhoda (2009a) indicate that the majority of health professionals are clinicians not marketers, administrators or business people. They make their decisions base on patient care rather than on business aspects.

The nature of healthcare service sets it apart from other service industries as the goal for the majority of healthcare practitioners is to successfully treat patients, not to maximise profits (Robertshawe, 2006). A study by Andrews & Phillips (2005) found that of the 426 CAM practitioners surveyed in England, only 2.8% viewed themselves as business people first. Thomas (2005, p. 31) posits that "Most health workers entered the field because they wanted to be in a profession, not a business, and many physicians and other clinicians hold a distorted perception of the business world." This appears to be due to two factors: medical ethics, as clinicians should do what is medically appropriate not what is most cost effective, and to lack of business and marketing training (Thomas, 2005).

There was a general consensus in this small study of the need for more marketing training in osteopathic educational institutes. The literature has begun to put forward the idea that

physical therapists today are more than just clinicians. Anyone starting their own business needs to be a business manager, marketer and administrator; for example, "more and more CAM training institutions are adding business courses to their syllabus" (Vos & Brennan, 2010, p. 350). However, osteopathy appears to be behind in this. In 2010 Unitec included two, 2-hour sessions dedicated to marketing (C. Standen, personal communication, January 24, 2011). The lack of business training was highlighted by Kleinbaum's (2009) unpublished thesis, as a factor for why osteopaths chose to leave the profession. Chapter seven will discuss how business and marketing training may be implemented into the curriculum.

In this study there were concerns raised about the possibility of unethical and unprofessional marketing practices. These results were similar to the study of 426 CAM therapists by Andrews and Phillips (2005). Their study indicated that the practitioners were aware of informal codes of ethics relating to the restricted scope and aggressiveness of their advertising. They suggested that ethical concerns were due to radical claims for cure and/or low pricing, which may potentially damage the reputation of CAM. These are very similar to themes found in this study.

Marketing strategies in the osteopathic practice

Manu, Cooper, and Reinhart (1996) concluded that marketing failures in healthcare are internal, due to how the healthcare organisations apply their marketing strategies, rather than the marketing *per se.* However, this study found that marketing strategies were not really being used, due to the practitioners' lack of knowledge about marketing and how it can be applied to their practices.

Promotion and its perceived effectiveness

This research found that word-of-mouth was the most predominant form of promotion in the five osteopathic clinics. Two studies, which are discussed in the literature review, were found to have performed survey research investigating how patients heard about chiropractors (Stevens et al., 2005) and physiotherapists (Sheppard, 1994b) services. Stevens et al. (2005). Results for chiropractors in the United States showed that 60% were referred by a friend and 26% by word of mouth. On the other hand, Sheppard's (1994b) study in Australia indicated that referral from a doctor was the main form of promotion for physiotherapists. Further research is needed in this area and will be discussed in chapter seven.

Krohn and Flynn's (2001) results were very similar to the results of this study. They indicate that word-of-mouth is very important in healthcare and advertising should be limited. They

argue this because they believe that word-of-mouth recommendations pertain to reputation and the physicians' abilities, which, they argue, should play a much larger role than obtaining patients through advertising. Similarly, Vos and Brennan's (2010) exploratory research suggests that most CAM marketing takes place through customer relationship development, word-of-mouth, networks and alliances.

Literature mentions the importance of satisfying the patient with the right healthcare service and medical products at the right place with the right promotion, pricing and distributing strategies (Latham, 2004; Robertshawe, 2006; Thomas, 2005). Essentially, this is the entire process of making the purchase of a product or service (Baum & Henkel, 1992). This can have a postive or negative effect on word-of-mouth marketing, depending on the total process that the client experienced. In this study, the importance of the entire marketing package in helping to satisfy patients was recognised by only two participants who had previous marketing education. This indicates that the lack of marketing training may affect patient satisfaction. This was specifically demonstrated by Nick in Chapter four. He felt he was giving effective treatments but was not increasing his client base. This may have been due to other marketing factors such as place, building layout or communication. Further research is needed in regard to patient satisfaction, which will be considered in chapter seven.

In this study referral rates accounted for approximately one sixth of successful promotional strategies. Five out of the six osteopaths were unaware of the referrals that they were getting from specific healthcare practitioners. This indicates that more emphasis may need to be placed on developing referral channels. There is more research relating to referrals in healthcare marketing literature than other topics as referral relationships are an important factor that sets healthcare marketing apart from other industries. Many divisions in healthcare rely heavily on referrals from other health care practitioners and some, such as specialists, may not accept self referral patients (Thomas, 2005). Over the past 23 years there have been several NZ studies of general practitioners' attitudes and referral patterns toward CAM, predominantly at a regional level. In 1988, 80% of Wellington GPs had referred patients for one or more CAM therapy (Hadley, 1988); in 1990, 68.7% Auckland GP's referred patients to one or more alternative therapy (Marshall et al., 1990). Since these large studies, there has been an upsurge in popularity and level of usage of CAM practices amongst the general population, which is why Poynton, Dowell, Dew, and Egan (2006) performed a national study to examine this concept further. They randomly selected 500 New Zealand GPs from a possible 2385 and received 300 completed questionnaires (60% response rate). The results indicated that; 94.7% *(n = 284)* GPs referred patients to one or more CAM therapy; 73% *(n = 219)* rated osteopathy as moderately

beneficial or higher; and 71% *(n= 214)* of these practitioners referred to osteopaths, most commonly to treat back pain and musculoskeletal problems. The reasons for referring patients to CAM included patient request 86.3% *(n=259),* conventional treatment failure 60.3% *(n=181),* past positive experience 60% *(n=180)* and patient belief and cultural needs. Although Poynton et al. (2006) statistics indicate that three quarters of GPs refer to osteopaths only 5% of patients came to the osteopaths in this study via doctors' referrals. This suggests that further research needs to be performed, which is discussed in chapter seven.

The reasons GPs gave for not referring patients to CAM therapies were lack of evidence 88% *(n=264),* lack of regulation 78% *(n=234)*, financial cost 50.3% (n=151) and concerns about exploitation of vulnerable patients and risk of adverse effects or harm (Poynton et al., 2006). Given these reasons against referring, there appears to be a need to educate other healthcare professionals about what osteopathy is. Many doctors feel an overview of CAM should be included in conventional medical education (Hadley, 1988; Poynton et al., 2006). However, anecdotal evidence suggests that the current undergraduate medical curriculum does not appear to provide much teaching on these topics. Poynton et al. (2006) propose that suitable teaching about CAM should be included in the medical curriculum. More research and peer-reviewed data demonstrating what treatment may achieve clinically would perhaps be likely to be better received.

The participants in this study believed that their approach to the referral source may be inappropriate or incorrect. This notion is supported by Chhoda (2009a) and Forbes (2008) who posit that many healthcare professionals may need to change their approach to potential referrers as inappropriate communication channels such as telephone cold calling and spending excess time and energy on door-to-door marketing are often ineffective. One suggestion by Andrews and Phillips (2005) is that one-half of their responding therapists worked in multi-disciplinary clinics and reported that this benefited them by providing a reliable source of referrals. However, in this study one practitioner Kyle worked out of a multi-disciplinary clinic received 20% of his clients from referral, which is on par statistically with the other participants of this study who do not work from multi-disciplinary clinics. Further research is needed.

Advertising in this study was found to have the most variable amount of success. Andrews and Phillips (2005) noted that most CAM therapists, who responded to their combined questionnaire and interview survey on businesses and business attitudes, had undertaken a modest form of business promotion. This generally consisted of low cost forms of advertising such as flyers and leaflets or advertisements in local newspapers, which is similar to the

participants of this study. No research could be found to assess the effectiveness of these promotional forms. Mack's (1993) study of Californian physicians indicates that 42.6% of respondents felt that their promotional efforts had no effect. The findings of this study showed that five of the six participants had the same opinion. However, the findings from the patient surveys indicated that two of the participants generated one quarter of their patients via advertising, which indicates that advertising may not be as unsuccessful as perceived by the participants.

Product

The product is extremely closely linked to the first theme, 'inadequate definition of osteopathy'. Currently, the osteopathic profession does not have a clear identity that can be portrayed easily to the target audiences. Therefore, it is exceedingly difficult to promote the product of osteopathy.

Furthermore, as the product in osteopathy is a service, patient satisfaction is vital to develop positive word-of-mouth and retain patients. Participants of this study note that patient satisfaction is predominantly about treatment success and communication. However, the literature reveals that patient satisfaction is a complex construct involving many more factors that the patient takes into consideration (Hills & Kitchen, 2007a; Monnin & Perneger, 2002; Stevens et al., 2005; Strutt, Shaw, & Leach, 2008). Hush, Cameron, & Mackey (2011, p. 25) specify that "The interpersonal attributes of the therapist and the process of care are key determinants of patient satisfaction. An unexpected finding was that treatment outcome was infrequently and inconsistently associated with patient satisfaction." Likewise, Stevens et al. (2005) noted that a common theme emerged, which was the importance of the interpersonal communication during the service encounter and the quality of the patient-health care provider interactions. Similarly half of participants of this study also recognised the importance of communication for patient satisfaction.

It is important that the factors associated with patient satisfaction are communicated to osteopaths so that they can enhance the quality of their patient-centred care by understanding and optimizing these determinants of patient satisfaction. One study in osteopathy has been performed by Strutt et al. (2008) and indicates that the therapeutic relationship is paramount. This includes hope, communication, respect, and trust. However, it is suggested that further research needs to be performed in the area of patient satisfaction in osteopathy as patient satisfaction is an enormous topic and is outside the scope of this project.

Place

Due to the small scale of this project it is difficult to ascertain how important the physical location is. Three clinics had a patient distribution from across most of Auckland. This could be due to two of the clinics being in Auckland central and people are travelling due to the proximity of their work. However, this is only speculation as the work locations were not measured. In addition, Kyle's practice also had a large distribution of patients from across most of Auckland. His clinic is based in rural Rodney and therefore would not appear to have patients travelling in his direction for work. It was suggested by participants that patients are willing to travel vast distances to see 'their osteopath' due to the weak brand and diversity between practitioners. No literature could be found relating to this theme. Therefore, it is unclear if this is specifically related to osteopathy. This research and Adams (2003) indicates that more research is needed to done to establish if the physical location is an issue for osteopathic marketing strategies.

The other factor in 'place' is the physical features of the practice. This part of the marketing mix caused one practice to close once the practitioner became aware of the NZ Standards and building codes for healthcare practices. There is increasing research into this field, as the healthcare facility itself is recognised as greatly affecting patient satisfaction in relation to the patients' biological, psychological, and social needs (Hair, 1998). Therefore, it appears to be an important marketing strategy for practitioners to consider.

Price

This study found that the practitioners used various ways of pricing their service: what the surrounding competition was charging, what the practitioner felt they were worth, and what the practitioner was comfortable with charging, psychological pricing and the needs of the business. There appeared to be little consideration of the numerous pricing strategies in the marketing literature. However, all participants considered discount pricing to be unethical. Unpublished research by Lambert (2007) found similar results to this study categorising that pricing in osteopathy is set due to economic considerations, ethics or values and personal or social beliefs of the participants.

Summary

This chapter has discussed the major findings of the dissertation with the relevant literature. In regard to the factors that influence marketing in the osteopathic practice, it was discovered that the themes of 'inadequate osteopathic definition' and 'lack of marketing knowledge and

understanding' are similar themes that appear in other healthcare literature. Additionally, some of the general issues within the osteopathic profession occur in the other healthcare opinion literature. However, there is no specific research of other professions. Therefore, it is difficult to ascertain whether the suggested inability for osteopaths to work together, which may jeopardise any possible marketing, is occurring elsewhere.

The discussion reveals that some of the issues that have emerged within marketing strategies in the osteopathic practice can be related and compared to some literature. For example word-of-mouth marketing was rated by a CAM professional as being the most effective. Little research could be found to effectively contrast how successful certain marketing strategies are in other healthcare practices. Moreover, no previous research has identified what the practitioner perceives as being successful with what the patient actually indicates as being successful promotional strategies.

CHAPTER SEVEN

Conclusions

CHAPTER SEVEN: Conclusions

Introduction

This chapter provides a summary of the key finding and discussions. It presents the implications and recommendations for educational institutions, the osteopathic profession, individual osteopaths and further research. Finally, it will discuss the limitations of this study.

Summary of key findings

Three major themes emerged as factors that influence marketing in the NZ osteopathic practice. Firstly, the inadequate definition of osteopathy makes it difficult to brand osteopathy effectively, thus causing uncertainty for practitioners about how to promote osteopathy to all target audiences. This theme is similar in European osteopathy and appears to be relevant to in most healthcare settings. Secondly, problems within the osteopathic profession consist of uncertainty about marketing responsibility, professional cohesion and indifference. Some of the general issues in the osteopathic profession are described in the other healthcare opinion literature. However, there is no specific research of other professions. Therefore, it is difficult to ascertain whether the claimed inability of osteopaths to work together, which may jeopardise any possible marketing, is occurring in other healthcare professions. Finally, the lack of marketing knowledge and understanding by the practitioners was attributed to insufficient healthcare marketing education in New Zealand and abroad. This contributes to the practitioner having no formal marketing budget or marketing strategy and relates to concerns about appearing unethical or unprofessional when marketing their practices. This theme was present in CAM, healthcare, and osteopathic literature.

Marketing strategies in the five osteopathic practices were not formalised, however, the practitioners were using parts of the marketing mix largely unknowingly. The results indicate that word-of mouth (68%) is the most successful promotional strategy compared to referrals (16%) and advertising (15%), which is similar to what is presented in CAM literature. In this study, advertising is the most variable approach reported by patients, with practices having a 25% range between them. Additionally, advertising has the most misperception of success attached to it. The product strongly relates to the lack of osteopathic definition and is largely influenced by the practitioners' communication skills and their personality. The place in regards to the location appears to be of lesser importance as patients are prepared to travel to

'their osteopath'. This seems to be due the variability of the product. However, place in regards to the physical features of the building emerges as an important factor as it may contribute to the closure of a practice. The price component varied between practitioners with it being set by competition, perception of worth and being comfortable with what they were charging, individual psychology and business needs.

Implications and recommendations

This research has implications for, educational institutions, the osteopathic profession, individual osteopaths, and further research.

Educational institutions

The study indicates that there is a place for increased and improved marketing, business and administration training at osteopathic educational institutions. It is suggested that fourth and fifth year students need a greater foundation in these areas. This could be achieved by completing a practical administration component in the student osteopathic clinic. For example, Doubt, Paterson, and O'Riordan (2004) performed a qualitative study about clinical education in private practice for rehabilitation professionals in Canada. They suggested that the students' learning objectives should not just be clinical but should include administrative, business and marketing skills, so that the students can experience and understand the problems associated with these areas before going into practice.

In tertiary institutions the school of marketing could be involved to provide theory classes about what marketing is and how it could be implemented into the osteopathic healthcare setting. Furthermore, the marketing department could provide osteopath-specific projects that are related to course credits in the current professional practice paper. For example, osteopathic students could be given tasks to implement around campus or in the wider community such as setting up an osteopathic tent at a sporting event to increase the general awareness of osteopathy.

Another aspect that could be considered is that either the osteopathic society or a representative from the osteopathic programme could go into the other healthcare education facilities. They could give a presentation to other studying healthcare professionals to help educate them about osteopathy and how osteopathy could complement their various healthcare practices.

Professional bodies

It is proposed that one way to progress marketing in osteopathy is to establish a short, public-friendly definition of osteopathy that has a point of difference and can be universally adopted by the majority of osteopaths. One of the main findings of this study and other research (Wagner & van Dun, 2010) is that osteopathy is suffering from a lack of identity. It is suggested that this could be led by the OSNZ to establish a definition that encompasses osteopathy. Then individual osteopaths could communicate the identity within their practices and local communities.

Another major finding was the lack of cohesion within the profession. It is suggested there needs to be a union of the two osteopathic societies within NZ and possible joining with the Australian Osteopathic Association (AOA). This may help to overcome the financial, resource and size issues that are suggested in this study.

Individual osteopaths

Individual osteopaths who are concerned with marketing their practice can seek outside help. Being part of a peer support group that has established practitioners can provide a safe place in which to discuss concerns about marketing and business aspects. Mentoring support from a specialised independent business mentor can provide a wealth of knowledge, skills and experience to assist the osteopath to problem solve, plan, manage and develop the necessary skills for achieving results. Postgraduate education or personal research into healthcare marketing may aid individual practitioners in gaining enough knowledge to effectively market their practice on their own. There is an option to seek the advice from a marketing company, which will incur a cost. However, in the long term this may enhance revenue and save time.

For new graduates, observation and working as an associate before starting a practice can provide the opportunity to see how a practice is run and may enhance the socialisation and unity within the profession. Unity and cohesion appears to be necessary for the progression of the profession as a whole. If greater unity within the profession can be developed then a recognisable identity or brand may be developed that can be used by all osteopaths to form a united front and promote osteopathy. Defining osteopathy is not trying to standardise the way osteopaths practice but to recognise the osteopathic difference and communicate effectively to the public, other healthcare providers and fund holders.

It is suggested that if practitioners are concerned with marketing their business or the profession that they try to support the osteopathic societies. If the societies are supported then they will have a more sustainable revenue stream and practitioners that are willing to help and participate in marketing osteopathy.

Further research

This study has presented that there is a need for an easy to understand osteopathic definition to educate the public, healthcare professionals and government bodies about osteopathy. Two studies are suggested. Firstly, a large survey study needs to be performed to gain an understanding from the general public, other healthcare practitioners and government organisations, about their knowledge of osteopathy. This information could be used to help develop an effective and objective marketing campaign to educate each target audience. Secondly, a survey about 'What is osteopathy?' needs to be developed and distributed to the wider internal osteopathic community to establish a definition that could be used for marketing purposes.

Part of marketing is market research and generally involves investigating the needs and wants of the consumer, which is outside of the scope of this project. This is often viewed as the external aspects of marketing. This study has only dealt with the internal aspects of marketing, which is what the practitioners are doing and is only part of the marketing process. It has been noted that there is virtually no market research or market analysis performed by these osteopaths. Therefore, it is suggested that a study could be performed about patient satisfaction to gain an understanding about the external factors that play a role in the total marketing process for osteopaths.

Further research needs to be performed following on from the section about marketing strategies in the osteopathic practice. Exploratory information has been presented in this study. For the data to become more generalizable the questionnaire needs to be distributed to a greater number of osteopathic practices and their patients. The questionnaire in this project also needs to be developed to encompass marketing in its entirety, rather than just identify the promotional strategies. This is discussed further in the limitations of this study. Performing a more detailed questionnaire on a larger selection of people will hopefully help guide osteopaths and osteopathic educational institutions about what successful marketing strategies can be taught and implemented into an osteopathic practice.

This research indicates that there is a scope for improved referral networks in osteopathy. Therefore another study could be to investigate other healthcare professions referral patterns to osteopaths.

Limitations of the study

The quantitative questionnaire focused only on the promotional aspects of marketing in asking 'how the patient initially heard about the practice'. This should have been a broader question about 'what initially brought the patient to the practice'. The questionnaire should have included the other aspects of marketing such as location of the practice, location of the patients work, income earned, cost of the treatment, and types of treatments offered as well as the promotional aspects that were asked. This omission has not significantly affected the results of this study. However, if a further study is performed, as previously suggested, creating a more in-depth questionnaire to encompass all of marketing rather than just promotion, would be of greater value.

This study was predominantly a qualitative exploratory study in a field of very little research. It needed to be small to begin with to understand the key issues in the area. It was based on experiences and opinions of a small sample of purposely selected individuals. Therefore, the qualitative findings cannot be generalised across the osteopathic profession. Additionally, all of the participants were male, which may influence opinions and patterns of marketing.

Participants were advised about the topic prior to the study and had the questionnaire in their practice for two months prior to the interview section. Therefore, participants may have had the opportunity to review the patient data that was gathered at their clinic, which would have influenced their estimations about word-of-mouth, referrals, and advertising. Additionally, the participants knew the interview topic and could anticipate the nature of the questions, which allowed them to be somewhat prepared in the interview. Nevertheless the interviews were semi-structured, which allowed for further follow-up questioning. The anticipation and preparation by some of the participants may have resulted in them unconsciously withholding some relevant information regarding their influences, thus affecting the richness of the data or vice versa.

The participants were purposely selected. However, the inclusion/exclusion criteria did not specify about prior marketing training. Two of the six participants had previous business and marketing training, which may have influenced some of the results.

The lack of experience of the researcher conducting the semi-structured interviews was another limitation. Due to inexperience with the interview process there were some lost opportunities for gathering information. Furthermore, as the interviews occurred only once, there was no opportunity for clarification with the participants as the themes emerged during qualitative data analysis and discussion.

The study was limited by its scope. The number of themes that emerged had to be limited to prevent the analysis from becoming too complex and distant from the initial research topic.

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APPENDICES

APPENDIX A: Participant Information Sheet

INFORMATION SHEET

About this research

You are invited to take part in a research project that will be investigating how osteopaths build a client base and identifying what factors influence how osteopaths market their practice.

This research project will be completed in two phases;

Phase one: a short anonymous questionnaire will be used to gather data from 100 of your patients about how/where they initially heard about your practice. The questionnaire will be distributed by you or your staff when the patient arrives and returned to a collection box by the patient. Once the 100 questionnaires have been completed, they will be collected by the researcher and analysed. At this point the phase two interview will be scheduled. You will be provided with the raw and analyzed data

Phase two: To investigate the factors that influence how osteopaths market their practice, one sixty to ninety minute interview will be scheduled with you at your convenience. This data will be transcribed and analysed using thematic analysis. You will be able to check the transcription and make sure that it is a true representation of what you have said. The analysis will be used to understand and discuss the factors influencing how osteopaths market their practice. Furthermore, the results will be examined in the light of marketing theory in order to understand why various strategies are and are not effective.

The research is being done by Tonia Peachey from Unitec Institute of Technology, and will be supervised by Elizabeth Niven, Clive Standen and Catherine Bacon.

Your involvement in this research will help develop an understanding and identify some of the successful and unsuccessful marketing experiences of osteopaths. The study will also investigate why osteopaths are using particular marketing strategies, identify how the marketing strategies are implemented and the perceived effectiveness of these strategies, verses what the consumer indicates. It

will also provide useful exploratory information to help build a solid foundation, so that a further study could formulate a quantitative questionnaire from this initial study, which may help current osteopaths and prepare osteopathy students for the marketing element within their own practice.

Selection of Participants

You were purposefully selected as you are a New Zealand registered osteopath practising in Auckland, Wellington or Christchurch and have been practising for a minimum of one year. Six participants have been asked to take part that fit into one of the following six categories.

1. A new graduate (2006-09) who has started their own business
2. A new graduate (2006-09) who is working as an associate
3. A new graduate (2006-09) who has taken over an established business
4. Any practitioner concerned that their client base is not growing
5. Any practitioner who is currently experiencing a growing client base
6. Any practitioner who has been established for longer than five years

Returning the Questionnaire

We will contact you on a weekly basis to check when the 100 questionnaires have been completed for pickup. We would greatly appreciate that 100 consecutive patients receive this questionnaire so that the data is not compromised. It is very important that we get as many completed questionnaires as we can. The questionnaire will take your patients approximately one minute to complete.

Getting help and Information

If you require further information about this project or need help, please contact

Tonia Peachey
toniapeachey@hotmail.com
0272944049

You may also wish to contact the research supervisor for more general comments

Elizabeth Niven
eniven@unitec.ac.nz
09 815 4321 ext 8320

Right to Withdraw

You have the right to not participate, or withdraw from this research up until two weeks after the questionnaires have been collected. This can be done by contacting either Tonia Peachey or Elizabeth Niven and telling us that you do not want to participate.

Concerns

This study has been approved by the UNITEC Research Ethics Committee from 26th May 2010 to the 26th May 2011. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the Secretary (ph: 09 815-4321 ext 8041). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Confidentiality

Confidentiality and your anonymity will be protected in the following ways:

- We ask that you advise patients to not write their name *anywhere* on the questionnaire.
- The interviews will be transcribed by the researcher.
- The research will be stored on a personal computer in password-protected files.
- Every participant interviewed will be assigned a short gender-neutral sounding pseudonym. In order to preserve anonymity, identifiers, such as geographical and practice locations, which should not affect the overall interpretation of the data, will not be discussed.

This research will be submitted as a report to the Unitec Library, which all participants are welcome to view. Research briefs will be issued to complementary and alternative medicine providers to be published in their newsletters. Furthermore, an article of this research will be submitted and hopefully published in the International Journal of Osteopathic Medicine and the New Zealand Medical Journal. Additionally, this research will be presented at the New Zealand and Australian osteopathic conference and the Chiropractic and Osteopathic College of Australian conference.

Finally, we would like to thank you for your valued contribution to this research.

APPENDIX B: Participant Consent Form

Consent Form

This research project intends to investigate how osteopaths build a client base and to identify what factors influence how osteopaths market their practice. This will be completed in two phases; firstly, a questionnaire will be used to gather data from 100 of your patients about how/where they initially heard about your practice. Secondly, to investigate the factors that influence how osteopaths market their practice, information will be gathered using in-depth, semi-structured interviews. Data will be transcribed and transcripts will be analysed using thematic analysis, resulting in the development of themes, which will then be used to understand and discuss the factors influencing how osteopaths market their practice. The research is being done by Tonia Peachey from Unitec Institute of Technology, and will be supervised by Elizabeth Niven and Clive Standen.

Name of Participant:……..

I have seen the Information Sheet for people taking part in the project "Marketing the osteopathic practice: An exploratory investigation". I have had the opportunity to read the contents of the information sheet and to discuss the project with the primary researcher and I am satisfied with the explanations I have been given. I understand that taking part in this project is voluntary and that I may withdraw from the project up until two weeks after I have received the questionnaire.

I understand that my participation in this project is confidential and that no material that could identify me will be used in any reports on this project. I have had enough time to consider whether I want to take part. I know whom to contact if I have any questions or concerns about the project.

The **principal researcher** for the project "Building a client base: Factors that influence how osteopaths market their practice" is Tonia Peachey. She can be contacted on 0272944049 or at toniapeachey@hotmail.com

Signature……..participant ……..(date)

Project explained by……

Signature…….. ……..(date)

The participant should retain a copy of this consent form.

This study has been approved by the UNITEC Research Ethics Committee from 26thth May 2010 to 26th May 2012. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the Secretary (ph: 09 815-4321 ext 8041). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

APPENDIX C: Questionnaire

Research Questionnaire: How did you initially hear about this practice?

Thank you for participating in this research project. The aim of this research is to gain information about what marketing strategies osteopaths are using successfully. The information that you provide will be provided to the clinic and used for research purposes.

Please do not write your name on this form. Please return this form once it is complete to the Unitec Research Returns Box in reception.

Please circle, tick or fill in the appropriate answers

Gender: Male Female

Age: 10-19 20-29 30-39 40-49 50-59

60-69 70-79 80+

Ethnicity:

- ☐ New Zealand European
- ☐ Maori
- ☐ Pacific Island
- ☐ Asian
- ☐ Indian
- ☐ American
- ☐ European
- ☐ African
- ☐ Other _____

Level of education:

- ☐ Primary
- ☐ Secondary (level)_____
- ☐ Tertiary Certificate
- ☐ Tertiary Diploma
- ☐ Tertiary Degree
- ☐ Tertiary Masters
- ☐ Tertiary Doctoral
- ☐ Other _____

Occupation:_____

Suburb where you live:_____

Please tick as many boxes as necessary, which indicate how or where you initially heard about this osteopathic practice

- ☐ Friend
- ☐ Family member
- ☐ Colleague
- ☐ Existing patient
- ☐ Practice staff member
- ☐ Another osteopath
- ☐ Email
- ☐ Web site
- ☐ Road signage
- ☐ Clinic signage
- ☐ Yellow pages
- ☐ Mail drop pamphlet
- ☐ Newspaper advert
- ☐ Newspaper article
- ☐ Radio
- ☐ Green Prescription programme referral
- ☐ Midwife referral
- ☐ Doctor referral
- ☐ Dentist referral
- ☐ Physiotherapist referral
- ☐ Chiropractor referral
- ☐ Podiatrist referral
- ☐ Acupuncturist referral
- ☐ Massage therapist referral
- ☐ Another Osteopath referral
- ☐ Other_____

If you have any questions about this questionnaire or would like to find out the results please contact the researcher on 0272944049

This study has been approved by the UNITEC Research Ethics Committee from 26th May 2010 to 26th May 2011. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Committee through the Secretary (ph: 09 815-4321 ext 8041). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

APPENDIX D: Interview questions

General

- Where and when did you qualify?
- Since qualifying what roles have you worked in, and for how long?
- How would you currently classify your practice? Growing, constant, decreasing number
    - How do you measure this?

Marketing definitions/attitudes

- What do you consider to be marketing?
- What do you consider to be advertising?
- What are your feelings or attitudes about marketing in osteopathy? Why?
- Is marketing in osteopathy necessary? Why/not?
- How do you view any health care marketing?
- Whose role/responsibility is it to market the osteopathy?

Marketing strategies

- What is your marketing strategy?
- How long did it take you to establish your client base?
- How did you initially try to build your client base?
- How do you retain your clientele?
- What was successful? Example? Why do you think that happened?
- What was unsuccessful? Example? Why do you think that happened?
- What have you learnt along the way?
- How did you build up a referral system with other medical professionals?
- How do you encourage word of mouth?
- Do you use a database system to keep your patients in the loop about your practice? What do you do?
- Do you consider patient satisfaction as part of marketing? How do you monitor this?
- Do you sell any other products?
- Why did you set up your practice here?

- Have you considered or changed your décor?
- How did you set your price?

Marketing factors

- What factors influence how you market your practice?
- Do you have a specific budget for marketing expenses?
- At your practice who is involved in your marketing processes?
- Are there any professional or ethic considerations that you use when you do any form of marketing?
- What support/outside help have you received from others around you with building your client list? How has this helped/not helped?
- Do you have any formal training or background in marketing? What? Where from? How long ago?
- What marketing/business training or education may have helped you when first started out?
- What marketing training do you think may help you now?
- Do you think Osteopathic training institutions provide adequate marketing training to graduates?

Questionnaire

- What marketing do you currently use?
- If I broke it down into word of mouth, advertising and professional referrals, what do you think would be the percentages of each?
- Do you know the main demographics of your patients?
- Do you keep a record of this?
- How do you analyze this?

Is there anything else that you would like to add about this topic?

APPENDIX E: Confidentially agreement

Marketing the osteopathic practice: An exploratory investigation

NON-DISCLOSURE OF INFORMATION

Transcribing Typist

I _____ agree not to disclose the name of, or any information that would lead to the identification of the participants in the research study being undertaken by Tonia Peachey.

The audiotapes, transcription hard copies, and computer files will not be made available to anyone other than the researchers and will be kept securely whilst in my possession.
I will not retain any copies of the audiotapes, computer files, or transcriptions.

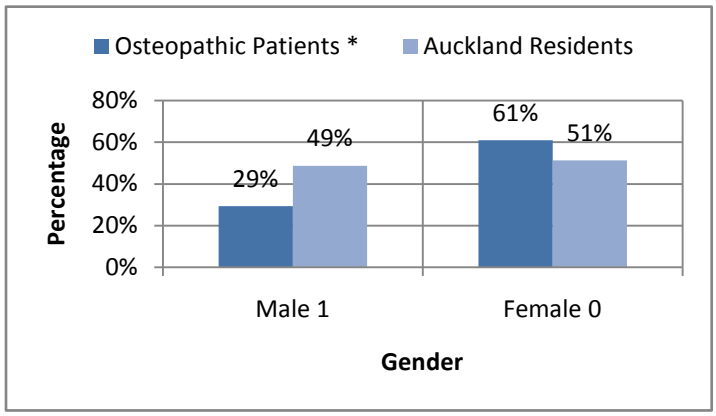
Signed: _____

Name: _____

Date: _____

APPENDIX F: Demographic Data

Figure 6: Combined clinic gender distribution compared to Auckland gender distribution



* Gender was unknown for 10% of the questionnaire respondents.

Females compared to males were over-represented in the cohort of all patients visiting osteopaths at the 5 clinics compared to the expected gender distribution from Auckland demographic statistics (Statistics New Zealand, 2010d) ($p<0.001$).

Figure 76: Combined clinic age distribution compared to Auckland age distribution (Statistics New Zealand, 2010a)

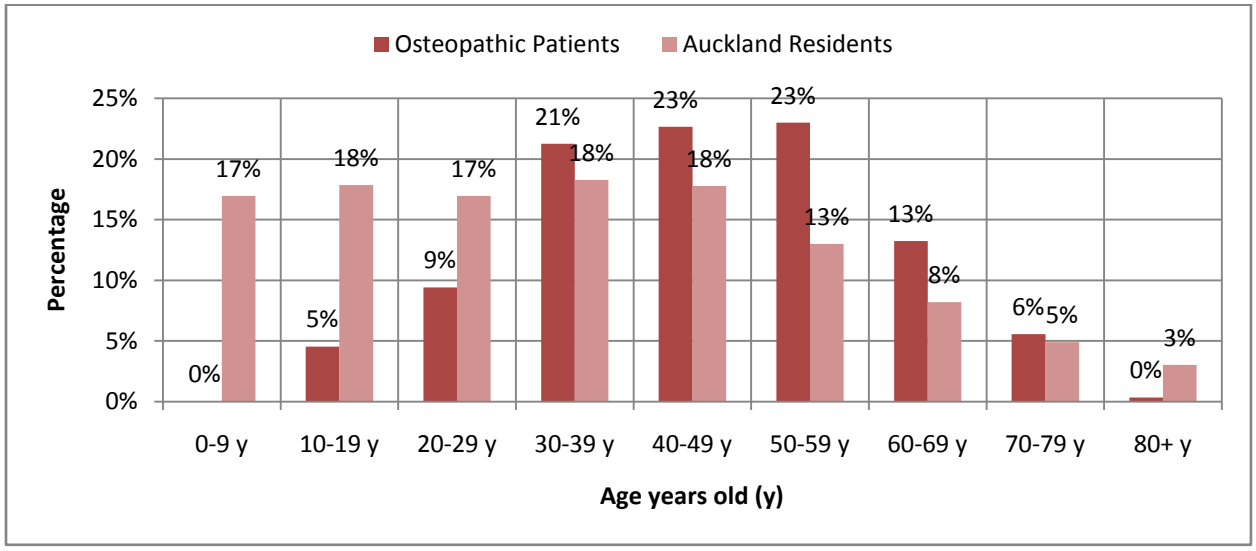


Figure 8: Combined clinic ethnic distribution compared to Auckland ethnic distribution (Statistics New Zealand, 2010b)

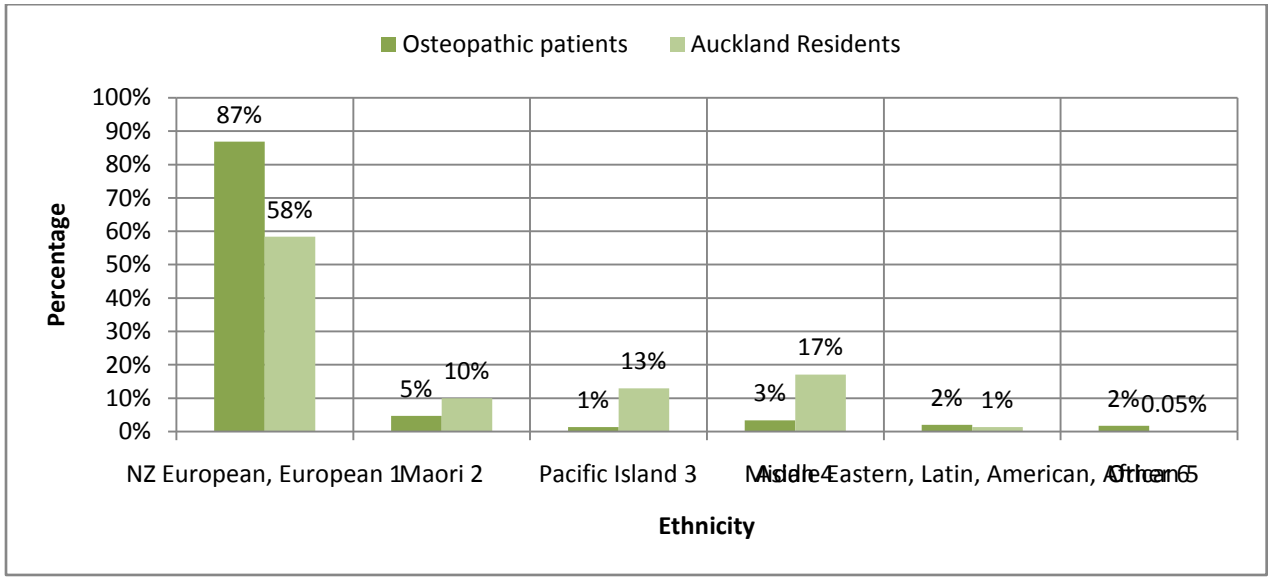
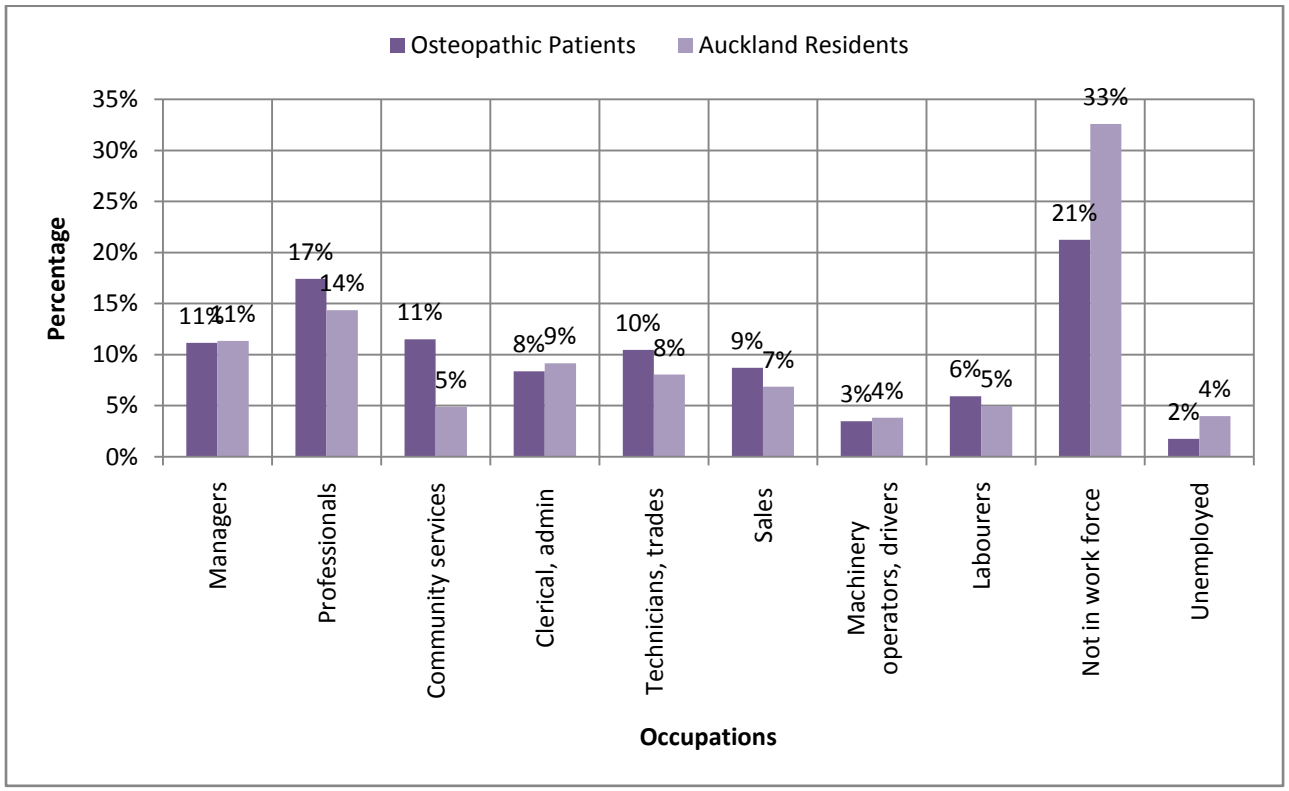


Figure 9: Combined clinic occupation distribution compared to Auckland occupation distribution (Statistics New Zealand, 2010c)



APPENDIX G: Ethics approval letter

Unitec
NEW ZEALAND
Te Whare Wānanga o Wairaka

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address Private Bag 92025, Auckland Mail Centre, Auckland 1142, New Zealand
Mt Albert campus Carrington Rd, Mt Albert, Auckland, New Zealand
Waitakere campus Ratanui St, Henderson, Auckland, New Zealand

Tonia Peachey
119 Colwill Road
Massey
Auckland

27 May 2010

Dear Tonia

Your file number for this application: 2010-1077

Title: Building a client base: Factors that influence how osteopaths market their practice

Your application for ethics approval has been reviewed by the Unitec Research Ethics Committee (UREC) and has been **approved** for the following period:

Start date: 26 May 2010
Finish date: 25 May 2011

Please note that:

1. the above dates must be referred to on the information AND consent forms given to all participants
2. you must inform UREC, in advance, of any ethically-relevant deviation in the project. This may require additional approval.

You may now commence your research according to the protocols approved by UREC. We wish you every success with your project.

Yours sincerely

Lyndon Walker
Deputy Chair, UREC

CC Elizabeth Niven
Cynthia Almeida