
Service Marketing Challenges for Healthcare Professionals. Empirical Evidence from Some Components of the South African Healthcare Industry

Kantilal Bhowan and Nicola Govender

ABSTRACT

This paper constitutes an exploratory enquiry into the consumer behaviour factors of allopathic and alternative medicine users. The researchers used qualitative (e.g. focus groups and collage) and quantitative techniques (survey) to obtain the data. The research addresses the following areas of the behaviour of consumers towards allopathic and alternative medicine:

- Patient's perceptions of allopathic and alternative medicines.
- Motives for resorting to alternative medical treatment.
- The attitudes of patients towards allopathic medicine and alternative medicine.
- To determine the market segments of allopathic and alternative medicine users.

The results of this research indicate that the current users of allopathic medicine are satisfied with the treatment and there is an overall positive attitude towards allopathic medicine. Allopathic medicine users will not easily switch to alternative medicine.

Service marketing issues emanating from the research will be discussed in the paper

1. INTRODUCTION

Alternative medicine has been used by people for many centuries and is now presenting a serious alternative to the conventional allopathic medicine. In the years to come, there might be a marked shift from allopathic to alternative medicine around the world. In the wake of many new complementary medicines entering both the marketplace and some hospitals, allopathic doctors will have to remain informed about such developments to adjust their approach in treating patients (Seidman 2001).

Use of complementary and alternative medicine (CAM) is growing rapidly in most countries of the world. In a strategy report compiled by the World Health Organisation (WHO) for the period 2002 to 2005,

it is estimated that the global market for CAM is worth US\$60 billion (www.who.int/mediacentre/factsheets/fs134/en/). The growth of the CAM industry is quite strong in countries that traditionally favoured allopathic medicine. A report issued by the Institute for Alternative Futures states that in the USA, one-third of the population used alternative healing methods in 1990, but by 2010 it is expected that two-thirds of the population will resort to some form of alternative medicine. The Institute anticipates that by 2010 there will be a surplus of 100 000 physicians, 200 000 nurses

<p><i>Prof. Kantilal Bhowan</i> <i>Acting Deputy Dean Faculty of Management Studies</i> <i>Howard College Campus, South Africa</i> Nicola Govender <i>Faculty of Management Studies Howard Campus</i> <i>South Africa</i></p>
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and 40 000 pharmacists (www.heall.com/body/altmed/future/statistics.html). This growth in the direction of alternative medicine is clearly a threat to the traditional allopathic medicine industry. According to the World Health Organisation, 70 % of Canadians have tried alternative medicine at least once, 90% of Germans tried alternative medicine at some stage between 1995 and 2000, and in the UK the annual expenditure on alternative medicine is US\$230 million. In Africa, it is estimated that up to 80% of the population use traditional medicine (TM). In many other parts of the world, the growth rates for TM and CAM is also rapid (www.who.int/mediacentre/factsheets/fs134/en/). This is the reason why allopathic doctors should be very interested in consumer behaviour studies that probe consumers' behavioural reasons for choosing any one or more of CAM, TM and allopathic medical treatments.

In a study undertaken in 1993 by Perkin *et al*, a comparison of the attitudes shown by general practitioners, hospital doctors and medical students towards alternative medicine, showed that much controversy surrounded alternative medicine although the view of the medical profession seems to be changing (Perkin, Percy and Fraser 1993). These researchers stated that the term alternative medicine is used as a catch all definition for anything not taught at an allopathic medical school. In their study, all respondents were asked to rate their attitudes to alternative medicine on a scale of one to ten, where one represented no interest and ten, active interest. Questions were asked to establish whether they knew the principles involved in alternative medicine, and whether they knew of official qualifications required for alternative medicine practitioners. They were also asked if CAM should be taught as a course during conventional medical training. Finally they were asked if they practiced any form of alternative therapy and whether they would refer patients to alternative medicine practitioners.

The results showed that the pattern of responses changed with the knowledge of the official qualifications of alternative practitioners. Compared to hospital doctors and medical students, GP's were significantly more informed about alternative medicine. The majority (medical students 84%, GP's 75% and hospital doctors 60%) felt that alternative medicine should be taught as a topic during medical school

training. They also felt that all practitioners should be formally qualified and licensed by law. It was found that a significant number of the doctors are already practicing alternative therapies. Despite the high referral rates from doctors, knowledge of the official qualifications of the alternative medical practitioners was poor. The lack of good scientific work in the field of complementary medicine is quite obvious and that presents a huge problem to the CAM practitioners (Perkin, Percy and Fraser 1993). Similarly in a study undertaken by Cooper (1998) it was revealed that medical practitioners are adding to or would like to add certain alternative medical qualifications (such as acupuncture, chiropractic, homeopathy and naturopathy) to their allopathic qualification.

According to Seidman (2001), the term alternative usually refers to medicines meant to take the place of traditional medicine, while complementary indicates treatments used in addition to conventional medicine. During a long career, which includes experience in both traditional and additional medicine, he has found that many patients are not satisfied and in fact are quite distrustful of conventional medicine and its practitioners who are often referred to as "money hungry" and "cold". Most individuals have no health insurance and can't afford conventional medical care with its costly prescription drugs.

Many patients are well informed about options for treatment of illnesses, especially with the advent of the Internet. It is known that some patients don't consult their doctors about the use of alternative medicine. Sometimes the dosage of alternative medicine would inhibit conventional therapy. Some natural remedies produce toxic side effects. Patients need to understand that even though a product is natural, it is not exactly safe. Some doctors do not mind if their patients consult CAM or TM practitioners. Changes in the Health industry make it imperative for the constituent stakeholders to, *inter alia*, become more market focused. Thomas (2003) supports this viewpoint when he argues that patients should be treated like customers.

Thomas (2003) goes on to explain that patient satisfaction measure is now mainstream, especially when compared to the situation that prevailed 10 to 15 years ago. The emergence of the satisfaction measurement in healthcare also goes together with

the fundamental realisation that patients are customers. The traditional healthcare model has been that physicians and nurses know what is best for their patients and that patients are relatively passive recipients of treatment, not active consumers of health care services wanting to make informed choices. The conceptualisation of patients as customers has led healthcare professionals to view the people who use their facilities quite differently. There was an initial reluctance among hospital administrators and healthcare providers to view the patient as a customer or to see the hospital as an economic enterprise that would use the same kind of tools as other industries. These concerns have diminished as the healthcare industry has realised that the patients' satisfaction with the experience of care is part of the healing process. Healthcare organisations have also learned that positive word-of-mouth, market share and financial performance are important to the ongoing mission of the organisation and that patient satisfaction scores are related to these competitive considerations.

2. OBJECTIVES OF THIS STUDY

The objectives of the survey are: to collect behavioural data to determine how patients perceive allopathic medicine, to investigate and understand what motivates the users of allopathic medicine, to determine the attitudes of patients towards allopathic medicine, and to determine the market segments of allopathic medicine users.

3. RESEARCH METHOD

Qualitative research was done in the form of a focus group discussion to uncover respondents' feelings about allopathic medicine. According to the respondents, there is definitely a difference between allopathic medicine and alternative medicine because allopathic practitioners have degrees with a scientific background and alternative practitioners do not have degrees. The respondents indicated that allopathic practitioners gave them a sense of security and going to an alternative practitioner would be considered only as a last resort. When home-made or traditional medicine was explored in the focus group discussion, the respondents said that it was healing that worked only in the mind of the individual concerned.

For the purpose of this study, the collage

technique was selected as the appropriate projective research method. Collages are assembled by consumers to represent their feelings about brands, stores, services, and so forth. They enable researchers to gather information on imagery and its meaning (Havlena & Holak 1995). Five respondents were requested to create the collages to serve as the initial stage of this research project. The themes that emanated from these collages are: loyalty to allopathic medicine, allopathic medicine gives quick relief, feeling threatened by allopathic doctors, need for medical advice from birth to death and the need to make a decision whether to use an allopathic or alternative medicine practitioner. This information, along with feedback from the focus group discussion was used to design the survey questionnaire.

A convenience sample was used for this research. A total of 100 questionnaires were distributed to patients of allopathic medicine practitioners in the Durban (South Africa) area. The target population for the research was defined as all persons, males and females, 18 years and older, who were using or had used allopathic medical treatment in the past.

The questionnaire consisted of 43 questions. Section A consisted of demographic questions while Section B contained five-point Likert scale questions to measure the respondents' perceptions, motivations, and attitudes relating to allopathic medicine. The respondents were required to rate the various statements ranging from 1 = strongly agree to 5 = strongly disagree.

Only content validity can be claimed for the research instrument used in this study.

4. RESULTS AND DISCUSSION

By using suggested guidelines for raw data editing outlined by Aaker *et al* (2001), the necessary procedures were adopted to edit the completed survey questionnaires before data capturing was undertaken. As the fieldwork was personally undertaken by one of the authors of this paper, proper completion of the questionnaires by the respondents was ensured so there was no need to reject any of the completed questionnaires. Descriptive and multivariate statistical techniques were utilised to analyse the raw data

obtained from the survey.

4.1 Education

Table 1: Highest level of education of respondent (n=100)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid School Leaving certificate	47	47.0	47.0	47.0
Degree	20	20.0	20.0	67.0
Other (Specify)	14	14.0	14.0	81.0
Technical Diploma	17	17.0	17.0	98.0
Postgrad	2	2.0	2.0	100.0
Total	100	100.0	100.0	

Table 1 shows that most of the respondents (47%) have a school leaving certificate, followed by 20% of the respondents who have degrees, while 17% of the respondents have technical diplomas, 2% of the respondents have post-graduate degrees and 14% of the respondents have some other higher level education.

4.2 Gender of Respondents.

The sample consisted of 63 females and 37 males.

4.3 Employment

The employment status table shows that most (64%) of the respondents are employed full-time. Ten percent of the respondents are students, 3% of the respondents are retired, 9% of the respondents are self-employed, 5% of the respondents are employed part-time, and 5% of the respondents are unemployed. (See Table 2 below)

Table 2: Employment status of the respondents (n=100)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Full time employed	64	64.0	64.0	64.0
Student	10	10.0	10.0	74.0
Retired	3	3.0	3.0	77.0
Self-employed	9	9.0	9.0	86.0
Part-time employed	5	5.0	5.0	91.0
Unemployed	5	5.0	5.0	96.0
Other (Specify)	4	4.0	4.0	100.0
Total	100	100.0	100.0	

4.4 Age of Respondents

Table 3 below reflects that the majority of the respondents (61%) were in the 26-35 and 36-45 age

categories. Eighty three percent of the respondents were in the forty-five or lower age category.

Table 3 : Age of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25	22	22.0	22.0	22.0
	26-35	34	34.0	34.0	56.0
	36-45	27	27.0	27.0	83.0
	46-50	9	9.0	9.0	92.0
	Over 50	8	8.0	8.0	100.0
	Total	100	100.0	100.0	

4.5 Consumer Behaviour Factors Relating to Use of Allopathic Medicine

Reasons for the respondents using allopathic medicine were examined to understand underlying factors that influenced their consumption of allopathic medical services. One of the appropriate vehicles for achieving this aim is the use of the factor analysis technique to analyse the data. The Kaiser Meyer Olkin (KMO) measure was used to assess the appropriateness of factor analysis of all the questions relating to respondents' preference for allopathic medicine. The KMO score obtained was 0.858 (sig .00) which indicates that factor analysis of these questions would be statistically appropriate.

To identify the optimum number of factors that can be extracted before the amount of unique variance begins to dominate the common variance structure, eigen value measure was used. Eigen value measures the amount of variation in the data accounted for by a factor. Eigen values greater than one are significant and eigen values less than one are insignificant (Hair *et al.* 1998).

In this study nine factors would qualify for interpretation as shown in Table 4 below. Beyond the ninth factor the remaining factors do not yield any substantial information because the eigenvalues are less than one.

Table 4: Total Variance Explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	13.709	37.052	37.052	13.709	37.052	37.052
2	2.288	6.184	43.237	2.288	6.184	43.237
3	1.861	5.028	48.265	1.861	5.028	48.265
4	1.612	4.358	52.623	1.612	4.358	52.623
5	1.567	4.236	56.859	1.567	4.236	56.859
6	1.331	3.597	60.456	1.331	3.597	60.456
7	1.216	3.287	63.743	1.216	3.287	63.743
8	1.168	3.155	66.898	1.168	3.155	66.898
9	1.039	2.808	69.707	1.039	2.808	69.707

Extraction Method: Principal Component Analysis.

The above table reflects the nine factors and their relevant percentage of variance explained. The nine factors represent 69.707% of the variance explained. Factor 1 accounts for most of the variance, 37.052% and after Factor 1, the following eight factors increase by a very small percentage. Principal Components

Analysis was used to extract the factors and Varimax and Quartimax methods of axes rotation were utilised to facilitate the interpretation of the data. Both methods of rotation yielded similar results as reflected in Table 5 below. The researchers' descriptions of the factors are also given as headings for each of the nine factors.

Table 5: Factor scores

ROTATION OF FACTORS	VARIMAX	QUARTIMAX
FACTOR 1: Loyal patients		
It is likely that I will remain loyal to Medical Practitioners (MP)	.828	.872
It is likely that I would recommend MP to my family	.824	.869
Front office assistants always provide help	.828	.872
FACTOR 2: Satisfied patients		
MPs give me an effective treatment	.782	.835
It is likely that I would recommend MP to my friends.	.752	.825
My family recommends MP	.749	.797
I am pleased with service of MP	.737	.791
MPs are qualified in treating ailments	.723	.783
MPs properly trained	.725	.726
MPs make me feel better immediately	.790	.462
FACTOR 3: MP's are trustworthy		
My family always consult MP	.696	.765
MPs are trustworthy	.666	.740
FACTOR 4: MP's are reliable		
MPs have an excellent knowledge	.625	.727
I am willing to reveal intimate details to MP	.604	.720
MPs give proper diagnosis	.612	.568
MPs always have time to listen to problems	.607	.562

FACTOR 5: Reliable Service		
MPs are universally recognised	.590	.704
MPs give a good explanation as to why sickness occurred.	.590	.701
MPs can be relied upon	.565	.679
MPs have convenient business hours	.544	.668
Medical aid play a vital role in selecting MP	.556	.718
FACTOR 6: Western based med. Vs alt med		
Western based medicine give security over alternative medicine	.570	.539
MPs provide more cost effective treatment than alternative medicine practitioners	.513	.368
Western based medicine is better than alternative medicine	.549	.554
People choose MP because they are not satisfied by alternative medicine practitioners.	.541	.410
People wait for long at hospital rather than use alt medicine	.533	.252
Western based medicine together with alt medicine is better than West medicine alone	.539	.898
FACTOR 7: MP's give good advice		
Regardless of no medical aid people are still loyal to MP	.498	.661
MPs encourage patients to lead healthy lifestyle	.490	.646
Doctor room provide professional environment	.480	.620
MPs successful in treating minor ailments	.425	.611
Patient should consult MP before using alt medicine	.420	.606
FACTOR 8: Alternative medicine		
Alternative medicine is effective	.384	.839
Alternative medicine has side effects	.376	.782
All alt medicine is risky	.352	.758

Western-based med. has no side effects.	.304	.837
FACTOR 9: Affordability		
People who can't afford to go to MP use alt medicine	.148	.581
MP = Medical Practitioner		

The factors implied by the data presented in Table 5 suggest that the support for the allopathic doctors is based on service attributes that most marketers would regard as portraying customer-orientation. Factors six and nine show these patients' perception that exclusive use of alternative medicine is not an option for their medical needs.

4.6 Cluster Groups

Cluster analysis starts with an undifferentiated group of people, events or objects and attempts to reorganise them into homogenous subgroups. K-Means cluster analysis technique helped to segment the market for allopathic medicine patients. Three segments were identified. Two segments, comprising of 96 respondents, were favourably inclined towards allopathic medicine and one group, comprising of only four respondents, reflected negative perceptions of allopathic medicine. The two cluster groups that are favourably inclined merely differ in their degree of positive perception for allopathic medicine. The results are not surprising because the sample was chosen from users of allopathic medicine.

5. COMPARISON WITH ALTERNATIVE MEDICINE USERS

Bhowan and Naicker (2003) conducted a study of patients that used the services of alternative medicine practitioners in Durban, South Africa. They surveyed a total of 96 patients of; *inter alia*, Chiropractors, Homeopaths, Herbalists, Aromatherapists and Ayurveda practitioners. The sample for their study comprised mainly females (81.3%), and their respondents were on the whole better educated than the sample for this study. The age groups of respondents for their study and this study are roughly comparable.

Factor analysis of their survey data revealed eleven factors. Of these, nine factors relate to reasons for choosing alternative medicine. These factors are: motivation for using alternative medicine, family influence, value for money, service and safety, effectiveness of treatment, causes of illness explained, role of culture, holistic treatment and allopathic failure. On the whole, the respondents indicated that they very satisfied with the CAM service providers whose services they used. The remaining two factors covered diverse beliefs of the respondents and pricing issues.

Through cluster analysis, Bhowan and Naicker (2003) identified three market segments of alternative medicine users. The first (50 respondents) group of patients were classified as those who chose alternative medicine, because it is a **Family Tradition**, the second group (25 cases) were classified as those who are **Alternative Medicine Seekers** and finally a small group of six respondents were profiled as having **Allopathic Preference**. Fifteen respondents did not provide full information for clustering purpose.

6. RESEARCH CONCLUSIONS AND RECOMMENDATIONS

In this study, almost all the respondents indicated support for allopathic medicine. The results are in the expected direction, because the sample comprised of people who had or were at the time of the survey, consulting allopathic medicine practitioners. It is the allopathic medicine practitioners' responsibility to continue to render perceived excellent service to retain their customers (patients).

The patients are faced with the choice between allopathic medicine and alternative medicine

in an environment that is tending to favour alternative healing therapies. It is important not only for qualified allopathic practitioners, but also for allopathic medical students to understand the implications of these results, as CAM and TM are becoming a threat to them. The growth of alternative medicine could be detrimental to the allopathic medicine industry, however good marketing management could be put into practice to prevent patients switching to alternative therapies.

Consumers (i.e. patients) tend to rely on what they hear from others and are at times willing to try new and better ways to relieve themselves of illnesses. However, there are some who are so loyal to allopathic medicine that they will not change to other forms of treatment.

There are other aspects of healing that will possibly remain a niche market for allopathic doctors. Examples are surgery and trauma interventions. However, for many chronic diseases, patients can switch from one code of medicine to another. Medical practitioners have to understand consumer dynamics that drive their industry. This paper suggested some of the factors that the medical profession's customers regard as essential.

Practitioners of all codes of medicine have to realise that in a competitive arena, meeting consumer expectations is part of the healing process. In South Africa, some medical schools are responding to the threat from CAM and TM practitioners by incorporating aspects of alternative medicine in their conventional allopathic medicine syllabi. This is an appropriate action, given the growing international trend towards CAM and TM. The authors of this paper also recommend that all medical professionals should be provided with a basic understanding of consumer behaviour. If such courses also incorporate research based consumer behaviour information that is relevant for them, then the enthusiasm for embracing the subject knowledge will be greater for the medical professionals from both alternative and allopathic medical fields.

As the samples in both studies were not scientifically selected, it is not possible to draw firm conclusions from the two studies. This study can be treated as an exploratory research for other researchers working in the broad areas of this paper.

If this topic is researched by using a larger and scientific sample, then the outcome of the research can be used to make firm policy recommendations to governments for consideration.

Despite the limitation of a small convenient sample, this study confirms what services marketing literature has been advocating for years. In essence, this research hints that customer-orientation in its broadest interpretation is necessary for the medical practitioners of all codes of medicine. Service marketing academics and practitioners should be holding workshops for the Health professions to help them understand and embrace the customer orientation philosophy. Customer acquisition and customer retention is critical for the survival of any profit or non-profit organisation. Allopathic doctors must familiarise themselves with the theories and concepts that form the basis for customer acquisition and retention.

REFERENCES

- Aaker, D.A., Kumar, V., Day, G.S. 2001, *Marketing Research*, 7th ed., Wiley, New York.
- Bhowan, K and Naicker, N. Understanding Consumer Behaviour Variables for Marketing Complementary and Alternative Medical Products for Global Markets, in Kumar, M and Mishra, P. (editors) *Strategic Marketing in the Global Economy*, Nicom 2003, Exel Books, Ahmedabad.
- Cooper, R.A. 1998, Health care Workforce for the Twenty- first century: The impact of nonphysician clinicians. *Journal of Annual Reviews*, Vol.52, pp 51- 61.
- Hair, J.F, Anderson, R.E., Tathan, R.L. & Black, W.C. 1998, 'Factor Analysis', in *Multivariate Data Analysis*, 5th ed., Prentice Hall: United States of America, pp. 120-121.
- Havlena, W.J., Holak, S. 1995, Exploring nostalgia imagery through the use of consumer collages, *Advances in Consumer Research*, Vol. 13, pp 35-41.
- Perkin, M.R., Percy, R.M. and Fraser, J.S. 1993, A comparison of the attitudes shown by general practitioners, hospital doctors and medical students towards alternative medicine. *Journal of the Royal Society for medicine*, Vol. 9, pp 523-525.
- Sampson, W., M.D. 2000, Personal interview.
- Seidman, B.F. (2001). Medicine Wars: Will Alternative and Mainstream Medicine ever be friends? *Skeptical inquirer* magazine.
- Thomas, R.K. 2003, Treating Patients like customers, *Marketing Health Services*, Vol. 23, Iss. 2, pp 359.
- www.heall.com/body/altmed/future/statistics.html [accessed 27 May 2005]
- www.who.int/mediacentre/factsheets/fs_134/en/ [accessed 27 May 2005]