UNIVERSITY OF KWAZULU-NATAL

The branding of Private Health Care Services: Experiences of General Practitioners in Private Medical Practice

By:
Vukani Mkhize
963096376

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College of Law and Management Studies
Graduate School of Business & Leadership

Supervisor:
Dr Muhammad Hoque

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Declaration of Originality

The author declares that the content of this research report, unless specifically indicated to the contrary, is his own work, and that the research report has not been submitted simultaneously, or at any other time, for another degree.

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Vukani Mkhize

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Date

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Abstract

<u>**Background**</u>: The main aims of this descriptive research study were to ascertain General Practitioners" levels of knowledge of branding strategies in general, their experiences in branding their medical practice businesses and perceived levels of success.

<u>**Method**</u>: This was a quantitative study conducted among 24 General Practitioners (GPs), using a self-administered anonymous questionnaire.

<u>**Results**</u>: It was found that almost half the GPs (46.7%) were not familiar with the concept of branding health care services and that knowledge levels amongst their personnel were significantly low. The majority of GPs (71%) were either unsure or had no idea whether or not their branding approaches differentiate them from their competitors. Only 40% of the respondents felt that their customers benefited significantly from the branding strategies implemented. Almost half (46.7%) indicated that their practice had been able to retain patients through branding solutions with a total of 67% of the respondents reporting an increase in turnover. The affordability of medical services, excellent patient experiences, high standards of medical equipment, a sensitive attitude towards patients" needs, and the availability of medication and diversification of medical services were perceived by all respondents (100%) as significant branding value propositions for attracting customers in private medical practice.

<u>**Conclusion**</u>: Knowledge of branding approaches and how these could be crafted and managed is poor amongst GPs. If branding approaches are well-managed, GPs can leverage them in order to gain a competitive edge in the private health care sector.

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CHAPTER ONE
Introduction

1.1. Introduction

South Africa"s health care system is undergoing rapid transformation. The disease burden and the demand for quality health care are driving health care costs (Mash, Fairall, Adejayan, Ikpefan, Kumari, Mathee, Okun, Yogolelo, 2012). Close to 80% of the country"s population still use the public health care sector (Sibiya and Gwele, 2013). This sector is fraught with disease management challenges such as for chronic diseases, Tuberculosis and HIV/AIDS (Okorafor, 2012). The private health care sector serves about 20% of the South African population (Sibiya and Gwele, 2013). Since only 20% of the population can afford private health care, there is considerable competition amongst service providers (Life Healthcare Group Annual Report 2013). General Practitioners (GPs) in private practice occupy a large space in the private health care sector and patient entry into the private health care sector is largely facilitated by GPs. This implies that GPs need to remain competitive (Corallo, Croxford, Goodman, Bryan, Srivastava, Stukel, 2014).This chapter discusses the relevance of branding health care services to GPs and defines ways to explore their experience of this concept.

1.1.1. Background and Context of the Study

The increase in life expectancy to 60 years has resulted in increased demand for health care services (Mayosi, Lawn, van Niekerk, Bradshaw, Abdool Karim, Coovadia, 2012). The incidence of lifestyle diseases such as hypertension and heart disease has also increased. Whilst the government is addressing lifestyle risks through various interventions including policy implementation and programs, the disease burden is one of the key drivers of the utilization of hospital services and facilities. The ageing population is also resulting in prolonged hospital stays and a subsequent increase in the cost of admission (Life Healthcare Group Annual Report 2013). Escalating health care costs threaten the viability of private health care schemes; hence, efforts to reduce costs have become an important

endeavour for all private hospital groups (Gavaza, Rascati, Oladapo, Khoza, 2012).

The increase in the use of health care facilities in South Africa is well documented (Mayosi et al., 2012). Coupled to this is the observation that patients are not only active consumers of health care, but they now have greater expectations of health care providers in terms of the quality of health care, resulting in increased costs (Ching-Sheng, Su-Yueh, Yi-Ting, 2013). People have become more knowledgeable about the level and quality of health care that they should receive. Providing quality health care is therefore a priority for private hospitals in order to enhance patient satisfaction as well as to prevent litigation. Quality improvement systems and related interventions such as staff training and quality audits to ensure the delivery of quality health care also attract costs. This is a crucial requirement for health care providers that aspire to deliver medical care that meets the highest international standards (Life Healthcare Group Annual Report 2013).

One of the important changes impacting on the future of health care in South Africa is the introduction of National Health Insurance (NHI). Under NHI a single fund would be created to finance healthcare (Sibiya and Gwele, 2013). The aim is to make health care more equitable (Rowe and Moodley, 2013). Every South African will contribute to NHI in some way, either through a tax contribution or through monthly salary deductions for those who are working. Citizens will be required by law to make contributions to NHI even if they are members of a medical aid scheme. This dual expense might force many people to deregister from medical aid schemes. Hence, NHI will affect the viability of these schemes which will, in turn, negatively affect the usage of / demand for private health care services and ultimately reduce profits or cause private institutions to fail to break even (Okorafor, 2012). The NHI is due to be phased in over a period of 14 years (Sibiya and Gwele, 2013). While private hospital groups are permitted to participate in the NHI, they will have to conform to the standards set by the state (Okorafor, 2012).

Competition is a norm in the private health care sector; hence, some providers are unable to attract and retain new customers (Corallo et al., 2014). General

Practitioners who are running private medical practices compete with reputable private hospitals for walk-in patients. General Practitioners also compete amongst each other for patients. They therefore need to adopt various strategies to attract and retain patients. Such strategies will of necessity carry costs (Corallo et al., 2014).

General Practitioners" approach to patient management is often based on the skills and training of the individual doctor. It is often observed that GPs have limited ability to investigate patients. Very few have facilities like X-ray machines and ultrasound scans in their rooms. They refer patients to private hospitals or medical specialists for investigation (Damiani, Silvestrini, Federico, Cosentino, Marvulli, Tirabassi, Ricciardi, 2013).

In the KwaZulu-Natal Managed Care Coalition (KZNMCC) Conference held at Elangeni Hotel in Durban from 5th to the 7th of June 2015 attended by General Practitioners practicing in Durban and surrounding areas it was confirmed that the key challenges in the GP Private Practice Sector are:

- high degrees of GP autonomy – GPs work independently, thus they decide individually how they want to deliver care to patients,
- low levels of structured cooperation – No or ineffective collaboration amongst GPs, as a result there is no networking amongst GPs to improve standard of care,
- limited use of processes and continuous improvement – there is inefficient use of resources with no emphasis on the implementation of quality audits done,
- lack of performance and value creation information – information obtained for service provision is not used for improvement purposes. Customer satisfaction surveys are not conducted for improvement purposes, and
- lack of benchmarking and best practice research - lack of efforts and information amongst GPs to keep abreast with changes in the health care industry with new technology introduced inefficiently hence not taken full advantage of.

These observations imply that GPs lack information which is important for decision making. This leads to delivery of care that is:

- Disorganized and unstandardized
- Lacking measurement or does not reflect real costs
- Poorly managed

This, in turn, implies the need for change (Damiani et al., 2013).

On the other hand, the majority of South Africans are not satisfied with the services offered in the public health sector (Mayosi et al., 2012). The country"s public health care system is under severe strain. Current challenges include, *inter alia*, increased demand for medical services owing to a growing population, the ravages of HIV/AIDS and accompanying opportunistic infections, the impact of violent crime that results in complex injuries, ageing infrastructure, and staff shortages as well as budgetary and other institutional governance constraints (Sibiya and Gwele, 2013). Hence, citizens seek affordable private health care service providers. This presents an enormous opportunity for GPs. However, they need to employ appropriate strategies in order to be able to deliver effective health care services at affordable rates (Grensing-Pophal, 2011).

Patients are exploring and evaluating their health care options and are often influenced by what they see, hear or what is recommended to them (Editor and Monday.com, 2013). They often have some idea of the kind of health care service they are looking for but do not know exactly where to find it. Branded health care services now assist patients in making a choice as to which health care service provider to consult (Snihurowych, Cornelius, Amelung, 2009). Developing a strong brand identity has become important in marketing health care organizations (Kemp, Jillapalli, Becerra, 2014). Appropriate use of branding strategies by the medical fraternity has been shown to have positive results on health care services, including, amongst others:

- Improved service quality and level of care
- Improved level of patient retention and satisfaction
- Increased profit margins

(Snihurowych et al., 2009).

Branding is all about creating differentiation that helps to attract and retain patients, grow the practice and yield more favourable profit margins (Hagerman, 2012) . This study thus explores GPs" experiences of the concept of the branding of health care services.

1.2. Aim of the Study

This study aimed to determine GPs" levels of knowledge of branding strategies in general, their experiences in branding their medical practice businesses and their perceived levels of success. The study also aimed to explore and recommend winning branding strategies/frameworks for private health care service providers, specifically GPs in order to leverage business success in this highly competitive sector.

1.3. Objectives of the Study

The objectives of this research study are three-fold:

- To determine the level of understanding/knowledge, value and benefits of health care services branding strategies amongst GPs operating private medical practices.
- To identify and analyse branding strategies GPs in private medical practice have used for improvement and their perceived levels of success.
- To explore and recommend winning branding strategies/frameworks for private health care service providers, specifically GPs, to leverage business success.

1.4. Research Methodology

This is a descriptive research study that aimed to describe the health care branding practices of GPs in private practice as well as the value of these practices. A structured questionnaire was designed and developed by the researcher to collect relevant data for this research. The questionnaire was administered to a total of 15 GP"s out of 18 who agreed to participate, from a total population of 24 GPs in the area. The sample (15) was drawn from those GP who

were conveniently available to participate in the study. The results were analysed using the SPSS version 22.0 computer software system and conclusions then drawn from the results.

1.5. Study Organization

Chapter one is an introduction of the study. It provides the background and context to the study, aim of the study, objectives of the study, research methodology, organisation of the study and chapter summary.

Chapter two outlines the literature that was reviewed in relation to the study, defines key terms i.e. branding, the value of branding, including the value of healthcare services branding. It focuses on how a brand should be developed, implemented, marketed and evaluated in order to derive value, with particular reference to the private healthcare sector.

Chapter three defines the research method that was used to understand and describe GPs" experiences of the concept of branding health care services. Once more the aim and objectives of the study are highlighted, explains the location and setting of the study, data collection strategies used, recruitment methods utilised for participants, sampling framework, the research instrument, data analysis methods as well as identifies the key limitation of the study.

Chapter four presents the results obtained from the study as well as the analysis of results.

Chapter five is a discussion of the research findings and draws conclusions based on the data in alignment and reference to the literature review presented in the previous section, chapter two.

Chapter six presents conclusions and recommendations based on the findings of the study.

1.6. Summary

The transformation of South Africa"s health care sector, rising health care costs, and fierce competition to attract and retain patients in the private health care sector raise the question of what GPs are doing to sustain their business. This

study examines how GPs have leveraged the concept of branding of health care services in order to remain competitive.

CHAPTER TWO

Literature Review

2.1. Introduction

Branding has become a valuable asset for individuals and organizations in differentiating the products or services they offer (Franzak, Makarem, Jae, 2014). Brands play an important role in the market and offer benefits to both consumers and the organizations or individuals that deliver them (Iglesias, Singh, Casabayo, 2011). This chapter explores the concept of branding in general and the branding of health care services with the aim of understanding the crucial steps in the planning, implementation and evaluation of branding strategies for health care service providers.

2.2. Branding

According to the American Marketing Association, "a brand is a name, term, sign, symbol, or design, or a combination of them, intended to identify the goods and services of one seller or group of sellers and to differentiate them from those of competition" (Keller, 2013, p.30). A branding element as defined by the American Marketing Association can refer to a single item or a combination of items (Maas and Martin, 2009). A brand can be developed and enhanced around the following entities:

- A product – the brand is crafted around some unique dimension of a product which appeals to the customer
- A service – the brand is crafted through the delivery of a special and credible service offering that attracts customers
- People and organizations - the brand is generated through what people do and organizations grow their brand through their programs, initiatives and products
- A place – the branding of places has become important in the tourism industry as it entices people to visit these destinations and thus boosts the economic value of a place

- Sports, arts and entertainment – building a strong brand in these areas is valuable as it creates loyalty and it is an important financial contributor
- An idea – increasing awareness of an idea through an excellent branding strategy can garner support for the idea and pave the way for it to proliferate

Brand dimensions provide a means of distinguishing the goods/services of one organization from those of other organizations (Rahman and Areni, 2014). A brand represents the implicit promise offered to customers by an organization, giving customers a reason to remember, recognize, consider and ultimately choose the brand when making a purchase (Maas and Martin, 2009). Strong brands are built through distinctive attributes, excellent performance and a consistent message; and are delivered in ways that appeal to customers" emotions. Research has shown that a high level of customer commitment can be cultivated through emotionally appealing brands. This helps an organization to gain differential and competitive advantage in the market. There is a general agreement among marketing academics that enhancing the value of a brand goes beyond its features and benefits to include its ability to penetrate customers" emotions (Kemp et al., 2014).

An organization"s brand is the foundation of marketing, i.e., the platform for its marketing efforts (Rahman and Areni, 2014). The value of a brand resides in the promise that the service/product will deliver, and involves a focus on the resources required by selected tangible and intangible attributes in order to differentiate the brand in an attractive, meaningful and compelling way for the targeted audience (Pralea, 2011). A brand is a strategic resource that companies use to reach various segments of the market (Borg and Gratzer, 2013). If well-crafted, branding creates a competitive advantage for a company and ensures market leadership. An excellent brand translates into higher profit margins (Dopico and Porral, 2012).

In order for customers to identify with a particular brand, the owner of the brand has to introduce it into customers" lives. Distributing marketing information is not sufficient. Customers need to experience the brand. In order to develop a long term relationship with a customer, some benefits have to be offered through an

experience with the brand. This can serve as an effective way of transforming customer behaviour and creating a bond with the customer (Pralea, 2011).

Branding is about creating differentiation and distinctiveness and marketing the features that distinguish the products/services of an organization from those of other organizations. Some organizations rebrand if their brands have negative associations. The new brand then serves as a tool for transformation, sending a new message about an organization (Maas and Martin, 2009). A well-crafted brand can lead to:

- An improved image for an organization.
- Increased profit margins.
- Enhanced customer loyalty.
- Increased growth opportunities.
- More thrust in marketing communications.
- Competitive advantage.
- Survival during a market crisis.
- Enhanced perceptions of quality among customers.
- New opportunities for brand extension.
- A favourable response to price changes.

Coca-Cola is an example of a company with a strong brand. Jesitus (2014) notes that, "Coca-Cola has successfully communicated brand value to us, and we receive genuine pleasure from experiencing the brand that we don"t experience from other brands" (Jesitus, 2014, p.76). Keller (2013) argues that "The power of the brand lies in what resides in the minds and hearts of the customers" (Keller, 2013, p.69).

Other very strong brands include but are not limited to Microsoft, Google, McDonald"s, Apple, Disney, Nike, BMW, Samsung, Toyota, etc. These brands have exhibited staying power in the market. Their owners have had to respond to numerous market changes and appropriate reaction ensured their success (Brown, 2011). However, even the strongest brands have the potential to fail if poorly managed or if the owners of the brand react inadequately or incompetently.

A clear vision for the brand, continuous innovation and committing the necessary financial resources generate enduring power for a brand (Franzak et al., 2014).

2.3. Brand Management Process

A brand management process is a brand positioning strategy through communication in order to create, alter and reinforce perceptions in customers" minds for increased shareholder value and sustainability (Keller, 2013). It is important to understand and adopt the psychological principles that assist in making better decisions about a brand. The "strategic brand management" process begins with the conceptualization of what the brand should represent and where it should be placed with respect to competitors. This involves the following four essential steps:

2.3.1. Identification and development of brand plans

Keller (2013) advocates three models:

- The brand positioning model which defines the organization"s marketing strategies to gain competitive advantage
- The brand resonance model which describes the activities that the organization should undertake to cement loyal relationships with customers
- The brand value chain which involves an analysis of the financial and customer results that flow from the brand attributes and marketing efforts.

This becomes a competitive tool and a map for the brand.

2.3.2. Planning and implementation of brand marketing strategies

This involves:

- Choosing the branding elements that effectively represent what the brand is all about
- Designing marketing communications that support the brand and form part of an integrated marketing program

- Linking the brand to secondary associations and leveraging them; this could take the form of sporting or entertainment events, philanthropic activities, places, etc.

Developing and leveraging secondary associations increases brand awareness, enhances its meaning to customers and builds equity.

2.3.3. Evaluating and interpreting brand performance

An organization must adopt:

- A brand equity measurement system – this a set of monitoring tools that provides accurate information to marketers and helps them to make tactical decisions
- A brand audit – the process of evaluating the health of the brand and its value as well as how it delivers equity.

2.3.4. Enhancing the value of the brand and creating mechanisms to sustain brand equity

This involves maintaining and growing the brand through the continuous adjustment of branding strategies (Keller, 2013).

2.4. Branding in the Health Care Services Industry

The practice of branding is not new. It can be traced to farmers using a symbol or sign to brand cattle to differentiate it from those of other farmers. Organizations in many industries have used branding to communicate the elements that differentiate them from other organizations in the sector as well as to communicate their commitment to such elements. Although branding has been widely used in many industries, it has not been fully embraced and utilized by many health care service providers and organizations (Snihurowych et al., 2009).

Whilst commercial branding aims to change behaviour in order to increase sales or increase the use of a particular service, health care service providers use it to

offer a platform for a personalized experience; hence customers" emotions are considered to play a critical role in decision making (Pralea, 2011). The customer shares personal information with the service provider. This intimate service influences physical and psychological well-being. Hence trust is absolutely essential (Kemp et al., 2014). A health care organization"s ability to build trust with patients assists patients in decision making (DeGeetern, 2009). The value proposition of a health care service brand should therefore be defined in far more rigorous terms than commercial brands in order to convince the customer that they will gain significantly from the brand. Recognition of promised benefits can influence customer behaviour (Pralea, 2011).

According to Snihurowych et al. (2009, p.133), "in the health care industry patients continue to find the process of choosing health care services providers a daunting and anxiety-ridden task, rife with inconsistencies, imperfection and inaccessible information". Patients exploring and evaluating their health care options are often influenced by what they see, hear or are recommended (Editor and Monday.com, 2013). They often have some idea of the kind of health care service they are looking for but do not know exactly where to find it. Branding offers a guide to patients on the presence or absence of what they might be looking for. The attributes of a medical service should convey a special meaning to the patient, thus creating a strong bond between the patient and the service provider (Snihurowych et al., 2009).

Proximity of the health care organization to the patient is no longer the only driver of health care utilization (Kemp et al., 2014). Pertinent factors that influence patient choice include, amongst others:
- The means to provide an excellent patient experience.
- Customer-centric service.
- In-house technology.
- Aesthetically appealing facilities.
- Level of care.
- The quality of health care outcomes.
- Efficiency of services and costs.

- Community involvement.

A strong brand identity has become important in marketing health care organizations (Kemp et al., 2014).

The appropriate use of branding strategies in the medical fraternity may produce positive results in health care service delivery which include, but are not limited to:

- Improved service quality and level of care.
- Enhanced patient perceptions of the quality of care and its impact on health outcomes.
- Enhanced communication and alignment of service provision with customers" interests.
- Enhanced transparency and improved patient information. Snihurowych et al. (2009, p.130) argue that "brands are the conduit by which information is communicated from the organization to the customer".
- Enhanced value and more choices for the customer, making the market more efficient.
- Improved levels of patient retention and satisfaction.
- Increased profit margins.
- Innovation and reinforcing the organization"s position in the market.

Good branding mediates not only an increase in the actual quality of a health care service, but may also affect patients" perceptions of quality (Snihurowych et al., 2009). The uniformity and consistency of service assure patients of quality (Kemp et al., 2014). It becomes an added value an organization possesses purely because of the way in which patients perceive it (Jesitus, 2014).

The most pronounced brand meaning for a patient is distilled from their direct experience of the brand (Jesitus, 2014). This in turn encourages the patient to promote the organization through word-of-mouth which helps to attract other patients. In order to derive value from a brand, patients have to feel a meaningful connection with the particular brand (Pralea, 2011). This can be achieved by sharing sound information on the brand with the patient through information

brochures, posters, flyers, leaflets, a website, appointment cards, magazines, employee uniforms, etc. (Dunlop, 2009). In order for the patient to be loyal, the brand has to deliver consistently on its promise (Rahman and Areni, 2014). This develops a relationship with the patient and enhances their continued interaction with the brand. Customers" perceptions of a brand emanate from their actual experience with the organization; hence organizations should invest in and implement measures to ensure positive customer experiences (Pralea, 2011).

Patients value different things about health care service providers. These may include location (distance to the health care service provider), the cost of services, utilitarian needs, service quality, aesthetic needs and other variables (Kemp et al., 2014). The quality of care, clinical excellence and ethical behaviour also ensure an enduring and successful practice (Heymann, 2011). Tailoring care to the needs of the patient reduces the habit of "doctor shopping" (Snihurowych et al., 2009). Due to the increasing cost of medical care, some customers use this variable to select a health care service provider (Kemp et al., 2014).

Some customers are attracted to brands that they can trust, that offer added value and are committed to corporate social responsibility (CSR) (Jillapalli and Jillapalli, 2011). Organizations that adopt CSR are able to create a socially responsible brand value which encourages customers to identify with the organization, leading to customer attraction and retention. This helps businesses to improve their market penetration and/or access new markets, leading to increased competitiveness (Prasertsang, Ussahawanitchakit, Jhundra-indra, 2012). Increased customer satisfaction and retention further boosts the organization"s performance, enabling it to achieve healthy cash flows and superior market share (Melo and Galan, 2011). Kemp et al. (2014) also advocate that health care service organizations engage local communities as means to cultivate a relationship with patients.

It is important for an organization to keep its interaction with the customer alive and to constantly monitor changing customer needs (Franzak et al., 2014). This can be done through direct email campaigns, patient surveys and other forms of follow-up. The organization should develop and implement a customer relations

management strategy to maintain constant interaction with its customers (Brown, 2011). Patient surveys provide information that is crucial and important for marketers in appropriately managing the brand and ensuring that it continues to be relevant to the patient. In today"s well-connected society, engaged patients spread the word in the form of referrals (Franzak et al., 2014).

Health care service providers should keep abreast of changes in the health care industry in order to be able to develop effective branding strategies (Jillapalli and Jillapalli, 2011). This will enable proper alignment of branding strategies with such changes as well as alignment with changes in the macro-environment. Hough (2011, p.5) argues that a "business strategy consists of the competitive moves and business approaches that business leaders and managers employ to grow the business, attract and please customers, compete successfully, conduct operations and achieve the targeted levels of organizational performance". Therefore, sound strategic insight is founded on a proper evaluation of industry trends which includes, but is not limited to, the analysis of changes in legislation, general economic conditions, advances in technology, population dynamics, competitors" actions and changing customer needs. Furthermore it involves an analysis of the company"s capabilities by examining its strengths, weakness, opportunities and threats (Hough, 2011).

Health care service providers must continuously review their strategic plans, and monitor progress and make adjustments when necessary (Mezger and Violani, 2011). They should make time to analyse the industry and integrate new changes as well as align their strategies with the vision for the future. Sound insight into a company"s external and internal environment plays an important role in crafting and creating excellent strategic direction (Hagerman, 2012).

2.5.   Health Care Services Branding Solutions

The development of a great brand involves careful planning and the implementation of creative and effective strategies (Franzak et al., 2014). Strategic brand development assists a company to position itself better in the market in

relation to its competitors, enhances recognition, communicates a promise and delivers value (Pralea, 2011). The six "brand-building blocks" are salience, performance, imagery, judgments, feelings, and resonance (Jillapalli and Jillapalli, 2011). Brand salience refers to brand awareness; it relates to how easily customers recognize and recall a brand. Brand performance is the extent to which a brand meets a customer"s needs, be these emotional, aesthetic, economic or functional. Brand imagery is the image that the brand sends out, its extrinsic properties. Brand judgments are customers" personal opinions that are influenced by brand performance and the brand image. Brand feelings are customers" emotional reactions that are cultivated by the brand"s marketing message. Finally, brand resonance defines the depth of a customer"s relationship with a brand. These six building blocks should form the central part of a brand in order for it to attain distinctiveness (Jillapalli and Jillapalli, 2011).

Another important factor in building a brand is the choice of brand elements. Brand elements help customers to identify a brand. These may include names, logos, slogans, signage, etc. Keller (2013) identifies the criteria for selecting brand elements. Brand elements must be:

1. Memorable – customers must be able to recognize and recall the brand elements.
2. Meaningful – brand elements must clearly outline what the brand is about and must be convincing.
3. Likable – brand elements must be interesting and aesthetically appealing.
4. Transferable – brand elements must be able to transcend and penetrate different geographical boundaries and market segments.
5. Adaptable – brand elements must be able to adapt over time.
6. Protectable – it must be possible to legally protect the selected brand elements.

Brand elements varies in their effectiveness when it comes to differentiating the brand; hence marketers are required to mix and match a combination of brand elements in a way that collectively contributes to brand equity (Keller, 2013).

A health care service brand promise must be delivered across all aspects of an organization, at every touch point with its patients. This helps to enhance the patient experience with the brand and develops brand value and equity (Snihurowych et al., 2009). An organization develops its brand from the type of employees that it hires, the training it provides, the design of its facility and its approach to patient care. In offering more value to patients, "differentiation is one of the most important strategic activities in which an organization must constantly engage". Effectively building a brand and executing growth strategies hinges on the uniqueness of what the brand offers (Brown, 2011, p.35).

One of the most effective ways for health care service providers to advance to a superior equity position is to consistently expose three essentials about their medical practice:

- name;
- location; and
- unique value proposition

These elements communicate the soul of the health care service brand, embedding the brand in the hearts and minds of key customers (Brown, 2011).

According to DeGeetern (2009, p.10), "The goal of branding is to create a consistent perception of what a company stands for and what they believe in" (DeGeetern, 2009).The first major decision to make in the creation of a brand is to choose an aspect of the service that an organization will develop and use to compete in the market. This could be a certain type of service or technical quality which is unique in the market. This should be developed and mastered so well that it sets the organization apart. It may also help to describe the brand using short phrases, verbs, nouns and adjectives that concisely point to its different elements (Jesitus, 2014). The organization has to ensure standardization so that patients consistently receive what they anticipate from the service (Snihurowych et al., 2009). This will help patients to understand what the organization is all about and convince them to develop a relationship with the name of the organization. Such a relationship is important for the brand of the organization (Hagerman, 2012).

"It has been said that the greatest human tension is between one's need to be an individual who stands out distinctively and one's deep desire to fit into a community" (Hagerman, 2012, p.22) . The organization has to strive to move beyond the boundaries of conformity, conduct extensive market research to understand the public mind-set, evaluate best practices and craft its unique branding strategy (Hagerman, 2012).

Various aspects of an organization can be branded. Brown (2011) highlights the following as the basis of the branding solution:

- Present a well-maintained and attractive environment.
- Ensure that all personnel exhibit friendly and customer-orientated behaviour.
- Remain sensitive to patients" valuable time (Brown, 2011).

Maas and Martin (2009) advocate:

- Medical excellence as this is important to customers
- Helpful and well-coordinated patient care
- Creating a caring environment
- Cutting edge service and respect for patients

 (Maas and Martin, 2009).

DeGeetern (2009) is of the view that:

- The atmosphere must immediately give the impression that one has arrived at a centre of health and healing
- Patients must believe that they will be taken care of
- A sense of trust and connection must be developed with the patient
- The premises should be visually appealing

The entire health care experience could inspire all who visit the facility to look after their health and well-being (DeGeetern, 2009).

An organization that delivers medical care is ultimately branded by the actions of the main service providers – doctors. The organization can leverage its success

on the reputation of its doctors. While human branding has mainly been limited to politicians, famous musicians, actors and other celebrities, the branding of medical practitioners within an organization has also become important as it helps to develop positive brand associations in a patient"s mind. Furthermore it enhances brand awareness, brand recall and brand recognition. The manner in which medical practitioners address the functional needs of a patient plays a role in boosting brand performance. Jillapalli and Jillapalli (2011, p.21) argue that "judgments and feelings of the brand must evoke positive reactions and the nature of the relationship between the patient and the medical practitioners" brand must be intense, active and loyal". This helps to enhance the level of trust and commitment that a customer develops to the health care service provider (Jillapalli and Jillapalli, 2011).

During the time that a patient spends in a health care organization waiting to be attended to by a medical practitioner, they come into contact with administrators and other employees. Their interaction with staff and the surroundings impact on their perceptions of the organization. Hence an excellent branding solution not only involves the branding of medical practitioners but also of all aspects of the organization, including those that the patient comes into contact with. This supports the notion that, "it is the employees that deliver the brand to the customers" (Holland and Weathers, 2013, p.24). For an organization to be a service leader, its owners must commit to supporting service training initiatives, implement service standards and ensure accountability (Brown, 2011).

Branding a service unveils a future promise that an organization is making. Standardization of services is essential so that customers are always aware of what to expect (Kemp et al., 2014). This helps to establish a brand meaning in the customer"s mind. Brand meaning refers to the reputation or image which an organization has crafted in the customer"s mind through its services. The organization can use the brand meaning it has established to launch new service lines (Snihurowych et al., 2009). It can also make use of its excellent brand meaning to pursue developing markets and to satisfy the unmet needs of existing customers (Hillen, 2014). The organization should make every effort to maintain and/or improve the level of the brand meaning and expectations it has established.

An organization that is armed with an excellent brand meaning is more likely to survive negative events than an organization with a poorly-developed brand meaning (Snihurowych et al., 2009).

Figure 2.1 below illustrates the differences between an organization that has distinguishing features and one that does not possess any features. This figure indicates how branding helps mediate a patient"s choice of service provider, resulting in a "better match" (b) compared with labyrinthine uncertainty without brands (a). The brand in (a) has no clearly defined benefits, whereas the brand in (b) has benefits which patients can identify. Patients are attracted to organizations that have distinguishing features (Snihurowych et al., 2009).
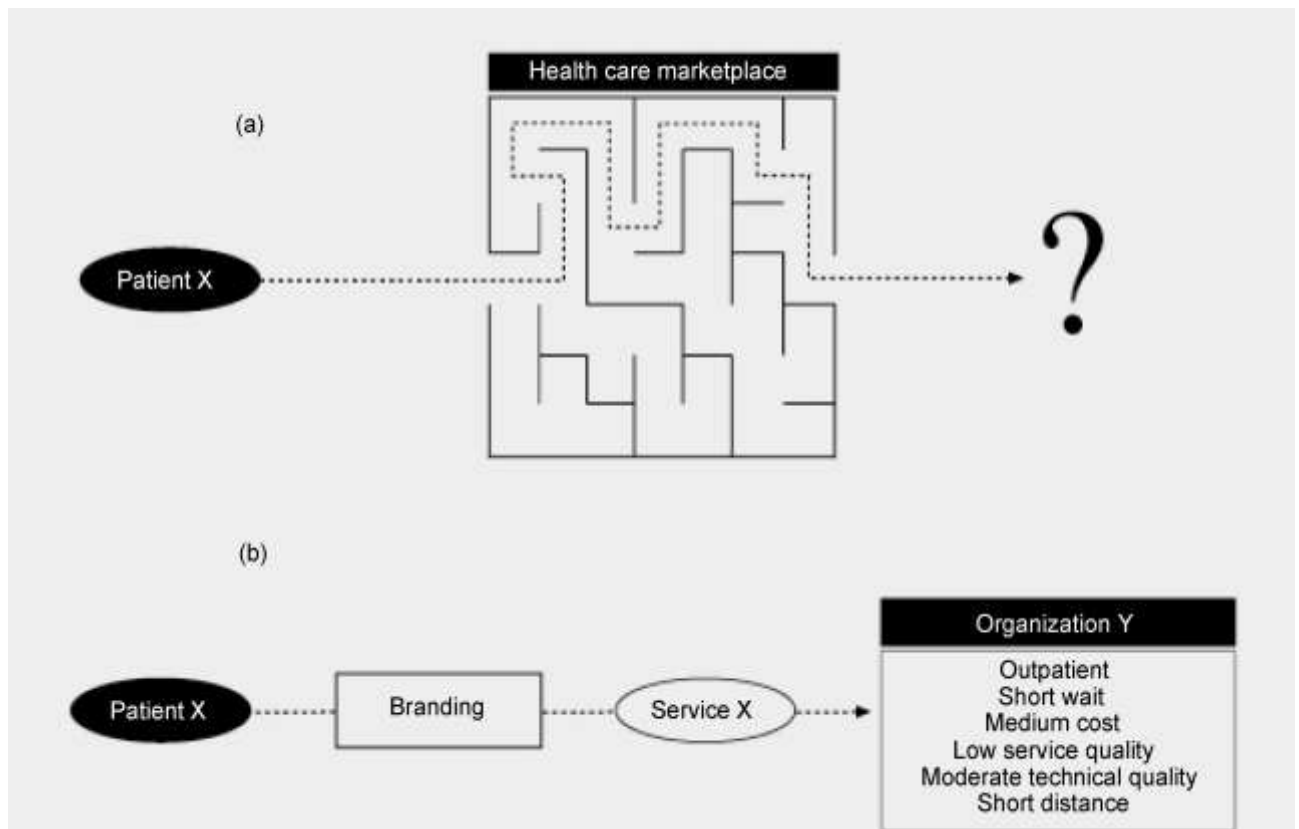
Figure 2.1 Branding helps mediate a patient"s choice of service provider (Snihurowych et al., 2009).

Good service requires that patients experience the service they anticipate in a respectful, timely, and appropriate manner. Nothing can replace sensitive and caring service, reasonable waiting times and constant clear communication with

patients and their loved ones (Weiss, 2010). If patients come to expect a certain grade of service but do not receive it, this will have a negative impact on the service provider. Once an expectation of a certain standard of quality is anticipated, as reinforced by the patient‟s experience with the brand, there is great pressure to maintain it (Snihurowych et al., 2009). Patient experience is the ultimate source of a brand. It is thus important to deliver a care experience that is worth talking about (Hagerman, 2012).

According to Snihurowych et al. (2009, p.130) "The focus is on understanding that the largest component of brand meaning for a patient is his or her own experience with the organization and that good experiences translate into improved word-of-mouth advertising by patients to other potential patients". Experience-based perceptions, whether positive or negative, will always prevail. Even in the presence of well-designed advertising activities, service reputation cannot be rescued if, based on their experience, patients perceive it as unacceptable.

The Life Health Care Group and Mayo Clinic are two examples of companies that have achieved success in branding health care services.

2.5.1. Mayo Clinic

Mayo Clinic is one of the most prominent health care service brands in the USA. Since 1863 the company brand has enhanced its competitive advantage through the following aspects:

- A commitment to patient care delivered with the highest level of compassion and trust.
- Well-trained and highly competent personnel.
- Developing medical care teams.
- Cultivating a culture of team work.
- Proper maintenance of an educational and research development environment.
- Innovative diagnostic technology.

It is reported that 95% of the clinic‟s patients voluntarily share positive information about their experience at Mayo Clinic. The Clinic communicates a consistent brand message to patients that is reinforced inside and outside the organization. This is done through Mayo Clinic Brand Management Guidelines and the Mayo Brand Management Acid Test, which help employees and staff ensure that the brand message is consistent (Keller, 2013).

2.5.2. Life Health Care Group (LHC)

Life Health Care is a diversified healthcare business with more than 10 sub-brands that reaches various customer segments in the health care industry in South Africa. LHC has emerged as one of three leading private hospital operators in the country and is reported to have achieved a competitive advantage through the following aspects:

- Powerful and effective brand name.
- Proper maintenance of an effective brand strategy and extensive investment in marketing its services.
- Effectively used CSR activities to enhance its brand as well as various social media channels.
- Excellent track record in customer service and operational excellence.
- LHC facilities have an aesthetic feel that attracts customers.

The overall patient satisfaction index for LHC has always been above 98% (LHC Annual Report 2013). The Group summaries its brand management process as shown in table 2.1:

Table 2.1 The brand management process of the Life HealthCare Group

Taken from the Life Healthcare Group Gateway – "The brand management process".

VALUE PROPOSITION (Brand Positioning)	Unique selling points
	Big idea
	Compelling vision
	Belief
OBJECTIVE	Occupy a distinct and valued place in target customer"s mind
	Influence customers to develop a relationship with our company name
BRAND COMMUNICATION	Marketing
	Customer Relations Management
	Advertising
IMPLEMENTATION	Seamless Service
	Flexible implementation
	Multiple points of access
SUSTAINABILITY	Deliver on Value Proposition
	Continuous changes in implementation strategies fed by measurements
	Measure Brand Performance

Thorough research and understanding their target population enable health care organizations to formulate a relevant value proposition. However, they also have to live up to this value proposition and develop a delivery mechanism that ensures that customers experience the brand (Pralea, 2011).

2.6.   Communication of the Brand

Advertising activities, the brand name, a website, logo, employee uniform, and the design of the health care facility are among the instruments used to communicate the desired branding message (Keller, 2013). These are known as external brand communications and are the product of successful branding strategies. They provide information about a service, its value, quality, appropriateness, standard and consistency. Communication impacts on brand awareness, which in turn impacts brand meaning. Brand awareness is important in that it helps patients understand the depth and breadth of the services offered by an organization (Hagerman, 2012). However, brand awareness and brand meaning have different influence. A customer who is aware of a brand but is not happy with it might still consult other service providers, whereas a customer who has developed a

favourable meaning of a brand, is likely to want to re-experience the brand (Keller, 2013).

A typical marketing program can endorse one or more of the activities shown in table 2.2.

Table 2.2 Marketing activities (Keller, 2013)

Traditional Advertising	Online Advertising	Inhouse Advertising	Outreach Programs
☐ Radio	☐ Website	☐ Uniforms	☐ Health Promotions
☐ Newpaper	☐ Internet	☐ Posters	☐ Sponsorships
☐ Magazines	☐ Social media	☐ Signage	☐ Collaborations
☐ Billboards	☐ Email	☐ Packaging	☐ CSR
☐ Brochures	☐ Interactive video	☐ Vehicle branding	☐ Free Screening

- **Press releases** – it is important for an organization to communicate positive news and its achievements. This may relate to a milestone, e.g., new equipment, or something that the organization is doing for the community

- **Direct mail campaigns** – these allow the organization to reach its targeted patients

- **Patient surveys** – the results of written, telephonic and email surveys conducted at regular intervals will help an organization to develop an integrated marketing strategy

- **Newspaper advertising** – local newspapers provide a means of reaching the target market

- **Customer Relations Management** – enhances the organization‟s relationship with its customers

- **Website** - Web pages offer patients detailed information about the organization and the services it offers. Patients can access such information at any time

Creativity and innovation are crucial in marketing a brand value (Brown, 2011). Technology is available to create dynamic innovations that deliver the right message to the patient (Heymann, 2011).

The ultimate aim of brand communication should be to gain brand equity as represented in figure 2.2 below.
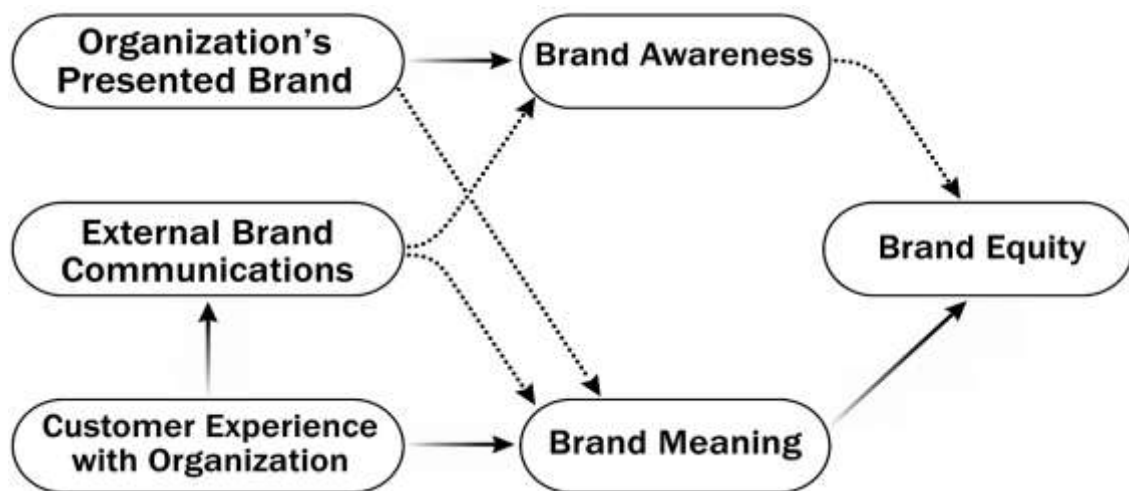
Figure 2.2 A services branding model (Berry and Seltman, 2007).

2.7. Measuring Brand Performance

2.7.1. Brand Equity

Branding is all about creating differentiation. Brand equity follows and is generated through the attributes of a brand. Brand equity paints a picture of how effective an organization"s marketing efforts have been in enhancing its brand (Rahman and Areni, 2014). Brand equity also offers useful information on the value of the brand in the market. The selection of a well-designed branding strategy is critical for effective brand equity management (Dopico and Porral, 2012). According to Keller (2013), the three key ingredients in customer-based brand equity are as follows:

- Differential effect – this involve gauging how customers respond to the brand. A positive response adds to brand equity

- Brand knowledge – this involves gauging customers" knowledge of the brand, and what they have seen, heard or experienced about the brand
- Customer response to marketing – this involving a customer"s response to sales promotions and advertisements

It is important to deliver a favourable experience to patients. A patient"s interaction with a health care service provider creates an impression. Cumulative experience ultimately builds the patient"s meaning of the health care service provider. Standardization and consistency are vital tools in creating brand meaning (Hagerman, 2012). Kemp et al. (2014, p.126) emphasize that, "healthcare branding requires a solid, organized commitment to delivering unique standards of consistency through the institution"s products and services". The message that the health care service provider sends to the patient through marketing and what others say about the service provider add to the patient"s meaning of the health care service provider. However, the impact that personal experience has on the meaning of a brand far exceeds the meaning that emanates from the service provider"s external communication (Rahman and Areni, 2014).

Ultimately, the measure of brand equity is that it is able to provide useful information on the value of the brand in the market (Dopico and Porral, 2012).

2.7.2. Brand Value Chain

According to Kotler and Keller (2012, p.277), "the brand value chain is a structured approach to assess the sources and outcomes of brand equity and the way marketing activities create brand value". The dimensions that are evaluated include, among others, marketing programs and communication, customer mind-sets, brand performance and shareholder value (Kotler and Keller, 2012).

- **Marketing Program Investment:** Understanding the needs and wants of consumers and rendering services and products that satisfy their needs is the foundation of successful marketing (Dopico and Porral, 2012). The return on marketing investment should be evaluated

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- **Customer Mind-Set:** Conduct patient-focused surveys to understand the overall patient satisfaction index. This can be done by means of an email to the patient or short, unstructured supplementary service data sent via a cell phone or a questionnaire.
- **Brand Performance:** Examine the growth of the organization in terms of patient numbers and profit margins. It is important to look at a growth plan in the context of the factors the organization encounters on a daily basis (Brown, 2011).
- **Shareholder Value:** Determine whether the value of the business has been enhanced. If the owner/s were to sell the business, would they make more out of it than prior to the branding strategies?

Other tools recommended by Keller (2013) to measure brand performance include:

- The new accountability – this involves measuring return on investment. All capital invested in marketing must produce a return on investment
- Brand audits – it is critical to unveil the sources of equity.
- Brand tracking studies – collect brand information and measure key dimensions that quantify brand performance results.
- Implement a brand equity management system – put processes in place to effectively use the brand equity concept.

2.8. Summary

A brand is a combination of attributes, communicated through a name or a symbol that influences a thought process in the minds of an audience and creates value. Strategic brand development assists a company to position itself better in the market in relation to its competitors. Brand equity measures can be used to measure the effectiveness of a strategic move that a company has adopted. The nature and scope of this study are current and relevant in that its results promise to be beneficial to the health care industry, especially GPs running private practices.

CHAPTER THREE
Research Methodology

3.1. Introduction

Research is a systematic and objective inquiry into a specific problem that requires a solution or new knowledge. Research follows step-by-step, logical methods to evaluate problems and gather accurate data that is used to draw valid and reliable conclusions about a problem. Research methods vary depending on the situation that is being researched (Sekaran and Bougie, 2013). This chapter defines the research method that was used to understand and describe GPs" experiences of the concept of branding health care services.

3.2. Aim and Objectives of the Research Study

The aim of this study was to ascertain GPs" level of knowledge of branding strategies in general, and their experiences in branding their medical practices and perceived levels of success. The study also aimed to explore and recommend winning branding strategies/frameworks for private health care service providers, specifically GPs, to leverage business success in the highly competitive health care industry.

The objectives of this research study were three-fold:
- To determine the level of understanding/knowledge, value and benefits of health care services branding strategies amongst GPs operating private medical practices.
- To identify and analyze the branding strategies that GPs in private medical practice have used and their perceived levels of success.
- To explore and recommend winning branding strategies/frameworks for private health care service providers, specifically GPs, to leverage business success.

3.3.   Participants and Location of the Study

The contextual environment was the GPs practicing in the north of Durban in the areas of KwaMashu, Newlands East, Ntuzuma and Inanda. These areas have a combined population of approximately 512 242 (Census 2011). The population is very diverse in terms of culture, level of education, gender, and age group. The total number of medical practitioners operating private practices in these areas combined was 24 (Medpages website).

3.4.   Data Collection Strategies

Data collection methods are the procedure or instruments used by a researcher to measure the key variables in the research problem. These methods are planned as part of the study design to answer the research questions (Brink, van der Walt, van Rensburg, 2012).

According to Sekaran and Bougie (2013), data collection methods influence the value of a study. A researcher has to ensure that an appropriate data collection method is selected and ascertain the advantages and disadvantages of utilizing that particular method (Sekaran and Bougie, 2013). The selection of a data collection method should be guided by the nature of the study, duration of the study, costs implication and the availability of resources to conduct the study (Brink et al., 2012).

There are many methods that can be utilized when collecting data. These include amongst others participant observation, survey, experimentation, interviewing, un-obstructive measurement, systematic observation, documentary analysis, content analysis, psychometric testing, discourse analysis and narrative analysis (Mouton, 2014). The main three data collection methods supported by Sekaran and Bougie (2013) include observation of events or phenomenon, conducting interviews and administering questionnaires.

Data in the form of written notes can be collected from conducting observations on events or on a phenomenon. Observations can also involve video or audio

recording. Observational data collection method has an advantage in studies that involves behavior evaluation. For an example, this could be an analysis of actions and behavior of customers, employees, traders, etc. It involves "describing, analyzing and interpreting what one has seen" (Sekaran and Bougie, 2013, p. 129).

Conducting interviews is a method of collecting data from participants by asking questions that provide information on the topic of interest. Interviews can be conducted face-to-face or over a distance through the utilization of an electronic media and can be structured with predetermined set of questions or unstructured without any set of planned questions. Conducting interviews has an advantage during an exploratory stage of a study (Sekaran and Bougie, 2013).

As defined by Sekaran and Bougie (2013, p.147) a questionnaire "…is a pre-formulated written set of questions to which respondents record their answers, usually within rather closely defined alternatives". Administering a questionnaire is considered appropriate for a descriptive or explorative study. Bertram and Christiansen (2014) differentiates between two types of questionnaires structured and semi-structured questionnaires. They define a structured questionnaire as that which has closed-ended questions hence makes it possible for the researcher to count how many answers are given in each category. Hence can be analyzed using statistical methods. On the other hand a semi-structured questionnaire is defined as that which has open-ended questions, hence allows the respondent freedom to answer a question in their own words as deemed fitting without any categories of answers to choose from (Bertram and Christiansen, 2014).

Administering questionnaires is less expensive if administered to participants who are in close proximity and responses can be collected within a short period of time (Bertram and Christiansen, 2014). Questionnaires can be administered directly in person, posted to the participants or sent through electronic means such as an email (Sekaran and Bougie 2013). A structured questionnaire was used to collect data for this study since this study is descriptive in nature. The questionnaire was administered directly by the researcher to the respondents. This was beneficial as the researcher was able to introduce the research topic to the participants, clarify

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questions and doubts where required, hence misunderstandings were properly dealt with as soon as they arose. Also, this assisted the researcher to achieve a high response rate as the respondents had to hand over the questionnaire immediately after.

A structured questionnaire was designed and developed by the researcher to collect relevant data for this research. The questionnaire was in English as the participants are conversant with this language. It comprised of two sections. Section A gathered biographical data and section B comprised questions or information pertaining to the implementation of various branding strategies and related outcomes. As the primary data collection tool, the questionnaire was administered to the GPs with the researcher as interviewer asking questions and filling in the data as per the respondents" responses. However, due to time constraints some questionnaires were left with GPs to complete with the researcher collecting them at a later stage. The questions were predominately closed-ended with a couple of open-ended questions. The data collected was captured on an on-line electronic system.

Having obtained ethical clearance and permission from the Ethics Committee of the University of KwaZulu-Natal (UKZN) and the Graduate School of Business, the researcher began approaching all GPs in the selected areas for participation and data collection purposes during the months of April and May 2015. Pertinent information about the research study provided during these engagements included the purpose of the study, the benefits of the study"s outcomes, the sampling method employed, consent and the identified limitations of the study. The participants" right to withdraw from the study at any time was emphasized.

The participants were contacted and an appointment was made. Upon meeting the participants, the purpose of the research was explained and their consent to participate was secured. Questionnaires were then given to the participants and took approximately 20 - 30 minutes to complete. The researcher explained to all prospective participants that they were free to participate or not participate in the study and encouraged them to answer the questions honestly in keeping with the principles of beneficence, justice and autonomy.

3.5. Research Design

3.5.1. Descriptive Research

This was a descriptive research study that aimed to describe the health care branding practices of GPs in private practice as well as the value of these practices. According to Brink et al, (2012), a descriptive design is very useful when a researcher intends to describe variables to answer research questions without the intention of establishing a cause-effect relationship. It is favourable when one seeks to justify current practice, make judgements and determine what other professionals in similar situations are doing, and or to develop theories and frameworks using quantitative and qualitative methods (Brink et al., 2012). Descriptive research is often designed to collect data to describe the *status quo* of a situation. It may involve the collection of data such as job satisfaction ratings, sales successes or production statistics. It also involves the collection of qualitative data. This refers to data such as the factors that motivate employees at work or data that might be gathered to describe the decision making process of patients when they have to choose which medical practitioner to consult if they have a medical condition (Sekaran and Bougie, 2013).

Furthermore descriptive designs are based on various assumptions which include, amongst others, the following:

- Variables exist in the study population as single variables that are amenable to description, in the case of this study, branding practices amongst GPs.
- Where the concept is known, existing studies may provide the rationale and theoretical framework for the study at hand. In the case of this study of branding among private health care service providers, this included previous research conducted by private hospitals and researchers in South Africa and abroad (Brink et al., 2012).

Descriptive research may assist a researcher to:

- Understand the profile of a given group within a particular situation (e.g., a certain segment of customers).

- Think logically about the key factors of a given situation (e.g., factors related to patient satisfaction with a certain standard of medical care).
- Describe aspects that require further research.
- Make sound decisions based on an understanding of the characteristics of a given situation (e.g., appropriate marketing strategies for a certain segment of customers).

Descriptive studies are also used to describe the natural history of events as well as to estimate the need for certain interventions, e.g., the need for a particular health care intervention (Sekaran and Bougie, 2013). In this research study, the aim was to describe profitable health care service branding solutions which generally apply to GPs and to understand how GPs leverage such branding solutions in their quest to satisfy customer needs, gain competitive advantage and improve profits.

3.5.2. Quantitative Data Collection

According to Brink et al. (2012) there are two types of research data collection approaches: quantitative and qualitative (Brink et al., 2012). Both are used in descriptive research. Quantitative data is data in the form of numbers collected through a closed-ended questionnaire. Qualitative data is data in the form of words which may be generated through open-ended questions (Sekaran and Bougie, 2013). In this research study, a questionnaire was designed to collect quantitative data. The questionnaire was completed by GPs under the researcher"s guidance.

3.6. Recruitment of Study Participants

The Medpages Directory contains a database of a large percentage of GPs. However since the database is not 100% accurate, further verification was done through other GPs in the area. A letter (See annexures) providing brief information about the study and requesting participation was sent to all the GPs identified in the study areas. Meetings were then scheduled with each GP at their consulting rooms to obtain consent (See annexures) and to administer the questionnaire.

3.7. Population and Sampling Frame

The sampling frame is a comprehensive list of all the sampling elements in the target population (Brink et al., 2012). A convenient sampling method was adopted. This meant that information was collected from the members of the population who were conveniently available to participate in the study (Sekaran and Bougie, 2013). The Medpages Medical Directory was used to identify GPs and contact tracing was employed to identify and include those not listed in Medpages. The total population of medical practitioners in the areas of KwaMashu, Newlands East, Ntuzuma and Inanda operating private practices was 24 (Medpages website). Due to the fact that a representative sample would have been too small and had the potential to present a source of error, the total population size (100%) was approached for participation. Every effort was made to get 100% participation.

3.8. The Research Instrument

The research instrument consisted of 31 items, with a level of measurement at a nominal and an ordinal level. The questionnaire was divided into two sections. Section A gathered respondents" biographical information, while section B measured overall service offering status. In section B, question 1 to 12 addressed the first objective i.e. to determine the level of understanding/knowledge, value and benefits of health care services branding strategies amongst GPs operating private medical practices). Questions 13 to 27 addressed the second objective i.e. to identify and analyze the branding strategies that GPs in private medical practice have used and their perceived levels of success. Finally, questions 28 to 31 addressed the third objective i.e. to explore and recommend winning branding strategies/frameworks for private health care service providers, specifically GPs, to leverage business success.

3.9. Reliability and Validity of the Instrument

Reliability and validity are fundamental to the measurement of an instrument to ensure that the findings are credible and trustworthy. Reliability refers to the degree to which the instrument can be depended upon to yield consistent results if

used repeatedly over time on the same person or if used by two different researchers. Reliability is very much part of validity in that an instrument that does not yield results cannot be considered valid. It is therefore important to determine both the reliability and validity of the questionnaire designed for data collection. On the other hand, validity refers to whether or not the instrument measures what it is supposed to measure (Brink et al., 2012).

3.9.1. Reliability

There are various methods to test the reliability of data collection. A pilot study, which is sometimes used to test the questionnaires for the main study was not undertaken in this particular study due to the small population size. A Cronbach"s alpha score was examined for all the items that constituted the questionnaire. A reliability coefficient of 0.70 or higher was considered "acceptable".

3.9.2. Validity

In order to ensure the quality of the quantitative instrument, the researcher should ensure that it actually measures the things it is supposed to measure, otherwise the researcher cannot be certain what the results mean (Brink et al., 2012). In this study the researcher developed an instrument based on an in-depth literature review. This review revealed the essential aspects of the variable and relevant themes/dimensions that should be included in the content. After development, the instrument was presented to the supervisor who is an expert in the field of marketing and branding strategies for input before finalisation. The supervisor evaluated each item on the instrument in terms of its degree of representation of the variable to be tested as well as appropriateness for use. Suggestions made were incorporated into the questionnaire before finalisation.

3.10. Ethical Considerations

A researcher is required to conduct research in an ethical manner from the conceptualization and planning phases, throughout the implementation and dissemination phases (Brink et al., 2012). The UKZN Ethics Committee approved the study (Reference no. HSS/0188/015M).

3.11. Informed Consent

The ethical principles of voluntary participation and protecting the participants from harm are formalised in the concept of informed consent (Brink et al., 2012). The consent form (See Annexure) was kept separate from the questionnaires so as to ensure autonomy. Participants were informed of their right to participate, to refuse participation or to withdraw from the research at any time. The researcher ensured that the participants were not coerced to take part in the research study.

3.12. Privacy and Confidentiality

Three fundamental ethical principles guide researchers during the research process: respect for person, beneficence and justice (Brink et al., 2012). Furthermore, four principles that are based on human rights need to be thoroughly observed in research studies: the right to self-determination, privacy, fair selection and treatment and the right to protection from discomfort and harm. Confidentiality was maintained; respondents" names were not attached to the results presented and the participants remained anonymous at all times. All data collected is kept under lock and key with the key handled by the researcher and the information saved in a computer file that is password protected. The computer file password is only known by the researcher.

3.13. Principle of Beneficence

According to Brink et al. (2012), participants should not be harmed and researchers should adhere to this principle in order to secure the well-being of participants who have the right to be protected at all times until the research process is complete. The principle of beneficence was observed at all times during the research process.

3.14. Data Analysis

Data analysis entails categorizing, ordering, interpreting, manipulating, organizing, communicating, evaluating and summarizing the quantitative data and describing

them in meaningful terms (Brink et al., 2012). Various strategies or methods can be employed. Statistical techniques were utilized to analyse the data using SPSS version 22.0. These statistical techniques included Factor Analysis, Rotator Component Matrix, Chi Square Test and Bivariate Correlation.

3.15. Summary

This was descriptive research into GPs" health care branding strategies. The primary data collection instrument was a questionnaire that was developed and administered to GPs that were conveniently available to participate in the study. The following chapter presents the results that emerged from the analysis using the SPSS version 22.0 computer software system; conclusions are then drawn from the results.

CHAPTER FOUR
Presentation of Results

4.1.   Introduction

This chapter presents the results and discusses the findings obtained from the questionnaires used for this study. The questionnaire was the primary tool to collect data and was distributed to General Practitioners in the areas of KwaMashu, Newlands East, Ntuzuma and Inanda. The results are presented in the form of graphs, cross tabulations and other figures for the qualitative data. Inferential techniques include the use of correlations and chi square test values which are interpreted using the p-values.

4.2.   Response Rate

In total, 18 questionnaires were distributed with 15 completed and returned, which represents an 83.33% response rate. The sample size is adequate and is a fair representation of the medical doctors available in the study area.

4.3.   Reliability Statistics

The two most important aspects of precision are **reliability** and **validity**. Reliability is computed by taking several measurements on the same subjects. A reliability coefficient of 0.70 or higher is considered "acceptable". The table 4.1 reflects the Cronbach"s alpha score for all the items that constituted the questionnaire.

The reliability scores for all sections exceed the recommended value of 0.700. This indicates a high (overall) degree of acceptable and consistent scoring for the various sections of the research. The detailed scores are presented in the table below.

Table 4.1 Cronbach's Alpha

Section	No. of Items	Cronbach's Alpha
B6	9	.774
B11	4	.858
B19	4	.943
B28	6	.703
B29	9	.750

4.4. Factor Analysis

The matrix tables are preceded by a summarised table that reflects the results of Kaiser-Meyer-Olkin (KMO) and Bartlett's Test. The requirement is that the KMO Measure of Sampling Adequacy should be greater than 0.50 and Bartlett's Test of Sphericity should be less than 0.05. In all instances, the conditions are satisfied, which allows for the factor analysis procedure.

Table 4.2 KMO and Bartlett's Test Scores

	Kaiser-Meyer-Olkin Measure of Sampling Adequacy	Bartlett's Test of Sphericity		
		Approx. Chi-Square	df	Sig.
B6 –Factors that define the practice as a brand)	.524	72.454	36	.000
B11 – Aim behind adopted branding approach	.668	31.749	6	.000
B19 – How patients have benefited from the branding strategies implemented	.717	53.033	6	.000
B28 – Factors that are important to ensure future success	.591	19.581	15	.189
B29 – How significant are branding value positions in attracting customers	.644	46.035	36	.122

All the conditions are satisfied for factor analysis.

4.5. Rotated Component Matrix

Certain components were divided into finer components. This is explained below in the rotated component matrix. All of the conditions are satisfied for factor analysis.

Table 4.3 Rotated Component Matrix^a Scores

B6	Component		
	1	2	3
Affordability of medical services	-.216	.128	.753
Excellent patient experience	.885	.212	-.004
Aesthetic appeal of the doctor"s practice	.704	.620	-.221
Sensitive attitude towards patient needs	.913	.013	.200
High standard of medical equipment within the practice	.249	.846	-.172
Well-trained staff	.767	.463	.018
Availability of medication	.343	-.047	.696
Diversification of medical services	.051	-.037	.751
Community involvement	.106	.787	.355

Extraction Method: Principal Component Analysis.
 Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 6 iterations.

Table 4.4 Component Matrix^a Scores

B11	Component
	1
Improved image of the practice	.781
Increased profit margins	.702
Enhanced customer loyalty	.906
Increased growth opportunities	.955

Extraction Method: Principal Component Analysis.
a. 1 components extracted.

Table 4.5 Component Matrix^a Scores

B19	Component
	1
Improved service quality and level of care	.885
Enhanced patient perceptions of quality of care	.951
Enhanced communication and alignment of service provision with customer interests	.952
Enhanced transparency and improved patient information	.914

Extraction Method: Principal Component Analysis.

a. 1 components extracted.

Table 4.6 Rotated Component Matrix^a Scores

B28	Component	
	1	2
Knowledge of and understanding competitors	.771	-.289
Ensuring excellent customer care	.065	.745
Implementing effective marketing activities	.694	.308
Provision of advanced medical services	.174	.833
Diversification of services provided	.771	.338
Differentiating your practice from your competitors	.764	.163

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 3 iterations.

Table 4.7 Rotated Component Matrix[a] Scores

B29	Component		
	1	2	3
Affordability of medical services	-.016	-.055	.925
Excellent patient experience	.747	-.139	-.276
Aesthetic appeal of the doctor"s practice	.056	.901	-.038
Sensitive attitude towards patient needs	.605	-.487	-.134
High standard of medical equipment within the practice	.798	.406	-.172
Well-trained staff	.664	-.153	-.476
Availability of medication	.702	-.274	.265
Diversification of medical services	.734	.269	-.159
Community involvement	.835	.008	.312

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 5 iterations.

It is noted that the variables that constituted Sections B11 (aim behind adopted branding solution) and B19 (how patients have benefitted from the branding strategies implemented) loaded perfectly along a single component. This implies that the questions in these sections measured what they set out to measure.

The remaining questions of the various sections loaded along 2 or 3 components (sub-themes). This means that the respondents identified different trends within the sections.

4.6.　Section A

This section describes the biographical information and nature of the respondents" practices.

Amongst the Indian respondents, all of the respondents (100.0%) were male. Within the category of males only, Indian males constituted 71.4% of the (male) sample. This contingent of (Indian) males constituted two-thirds (66.7%) of the sample. The table below indicates the racial classification of the respondents by gender. There was only one female participant that is of coloured origin. African males constituted 26.7% of the total population of respondents and 28.6% of the total male gender. In total males made up 93.3% of the sample.

Table 4.8 Respondents' Racial Classification by Gender

| | | What is your gender? | | Total |
		Male	Female	
Which race	Indian	10	0	10
	African	4	0	4
	Coloured	0	1	1
Total		14	1	15

Nearly 90% of the respondents were based in either KwaMashu or Inanda with the majority (60%) based in KwaMashu. The figure below indicates the location of the respondents" practices.
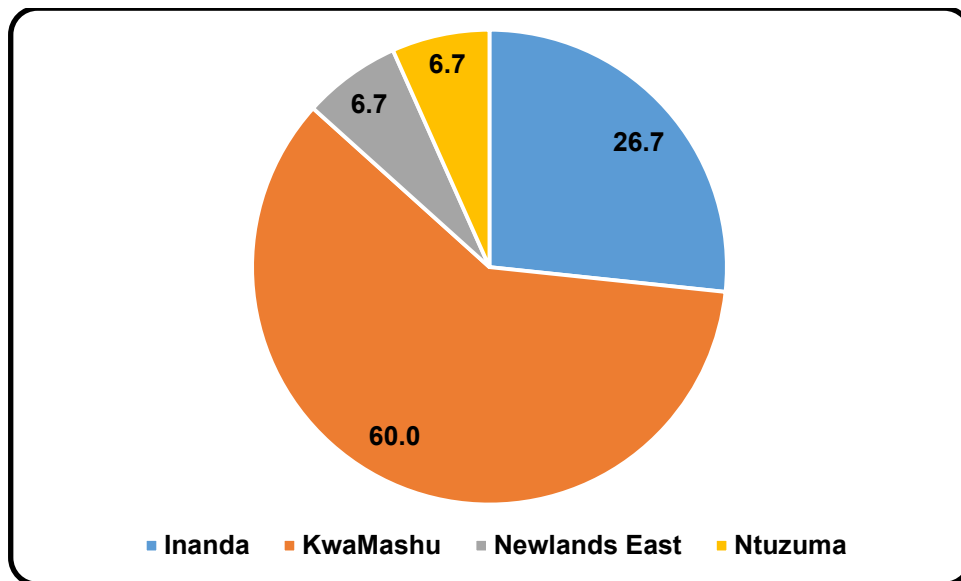
Figure 4.1 Location of Respondents' Practices

All of the respondents had been practising for at least six years, 53.3% had been in private practice for 6 to 10 years and just over a quarter (26.7%) had been in practice for more than 20 years (Figure 4.2).
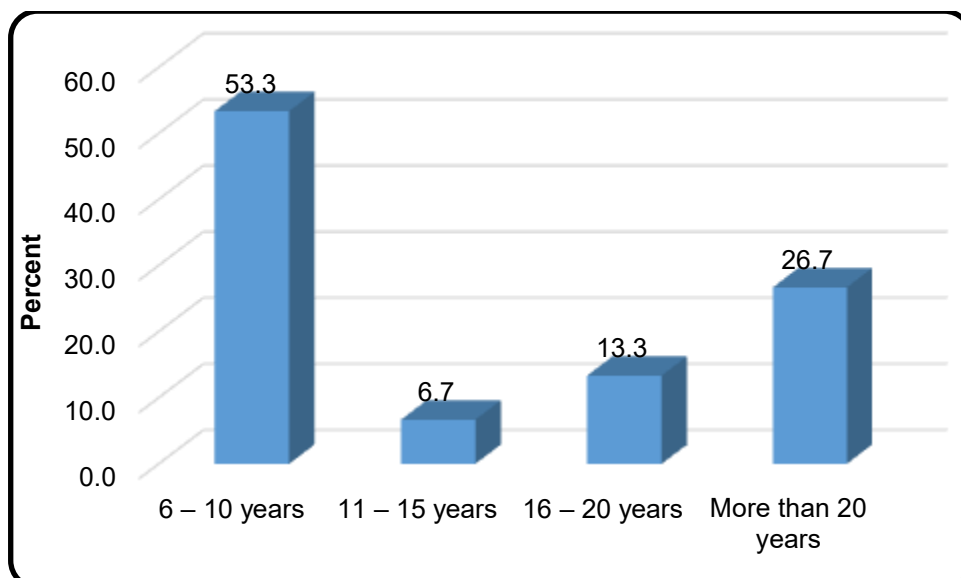
Figure 4.2 No. of years that the respondents have been running a private practice

45

The majority (86%) of the respondents stated that, on average, they see more than 10 patients a day (Figure 4.3).
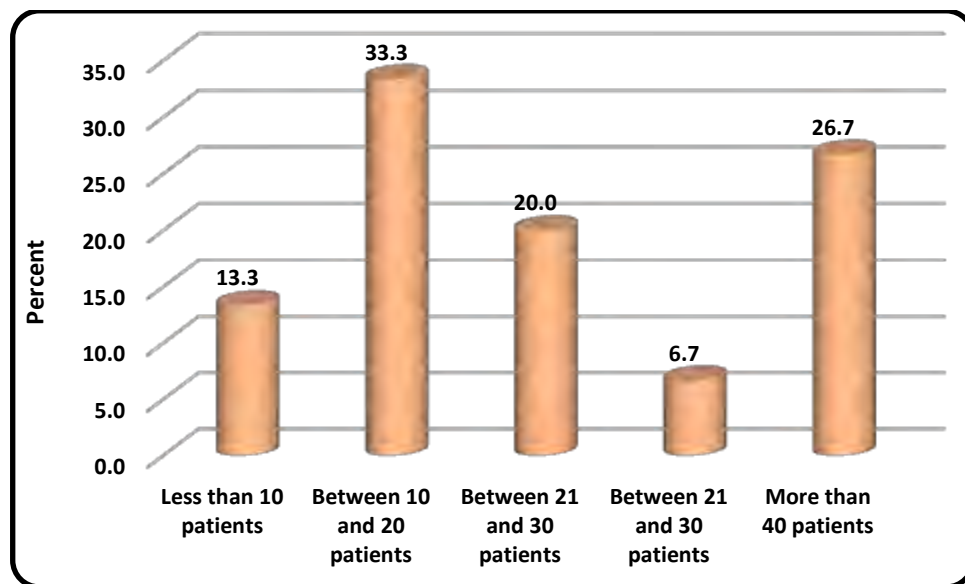
Figure 4.3 Average number of patients treated per day

Table 4.9 indicates the cross-tabulation between the hours the respondents are available for patients to contact them and the number of days the practice opens. About half of the respondents are open 7 days a week (46.7%). Six out of ten respondents indicated that patients could only contact them during working hours, irrespective of the number of days they opened their practice. Only 33.3% of doctors were available to patients during both working hours and after hours.

Table 4.9 Cross-tabulation between two questions - days and hours of the day the practice is open

		How many days of the week is your practice open?			Total
		5 days of the week	6 days of the week	7 days of the week	
Which hours of the day are you available for patients to contact you?	During working hours	2	3	4	9
	After hours	0	1	0	1
	During working hours and after hours	0	2	3	5
Total		2	6	7	15

There were similar numbers of medical aid patients (40.0%) and a combination of medical aid and cash patients (46.7%). The main types of patients seen by the respondents are depicted in figure 4.4.
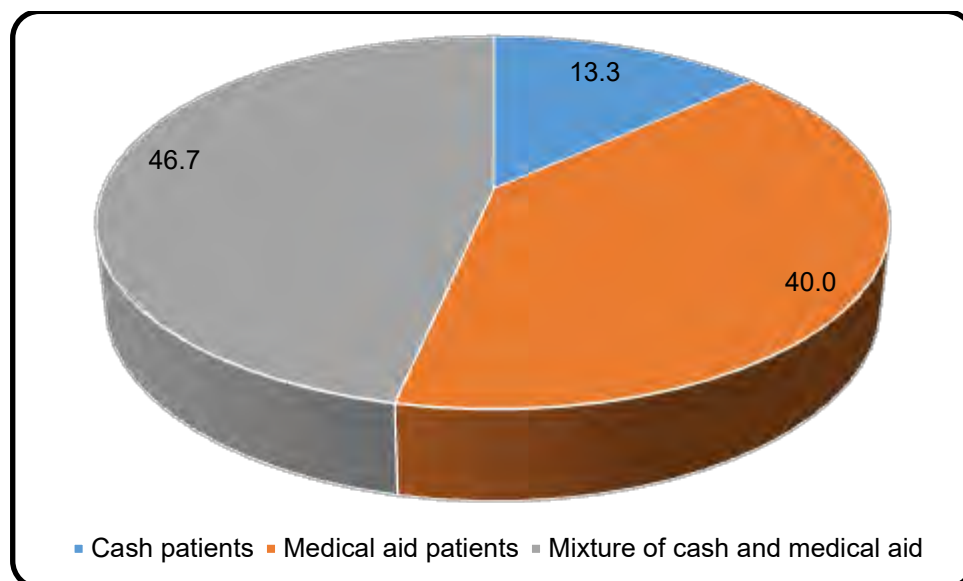
Figure 4.4 Main type of patients treated by respondents

47

As shown in figure 4.5, only 1 in every 5 respondents indicated that they belonged to a consulting group of doctors.
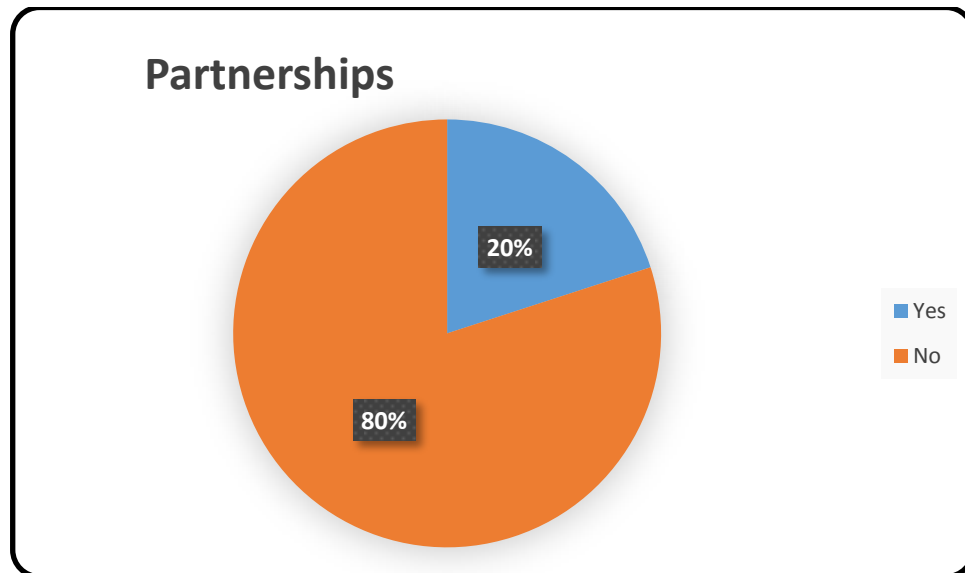
Figure 4.5 Partnerships with other Medical Doctors

Figure 4.6 below shows that the first seven factors are the core functions provided by medical professionals in communities. The patterns observed are in keeping with this. Specialised fields, such as maternity services, are not available from all providers, with a very small percentage working with traditional healers.
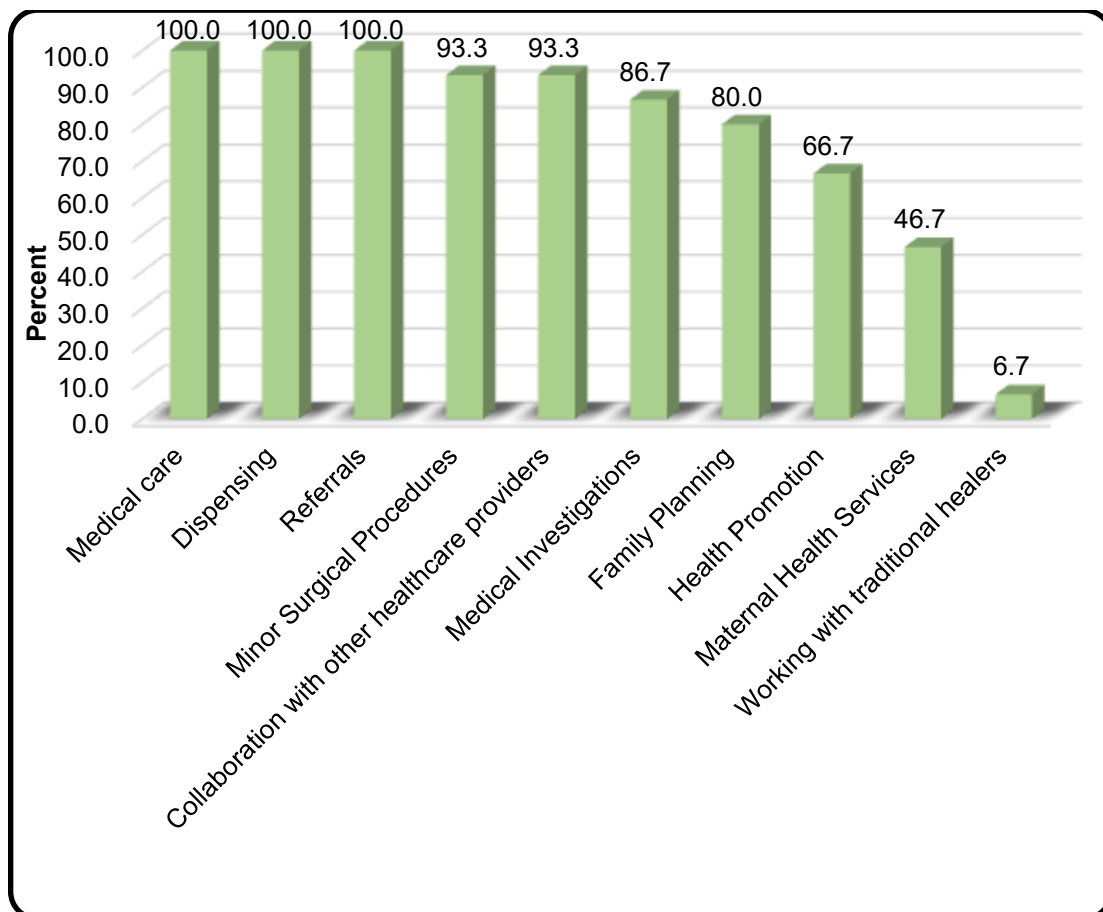
Figure 4.6 Type of Medical Care Provided

The areas of work interest are shown in figure 4.7. General medicine and dermatology constitute the large percentages with 73.3% and 46.7%, respectively. This is in keeping with the responses above on core services. The respondents have less interest in more specialised medical fields.
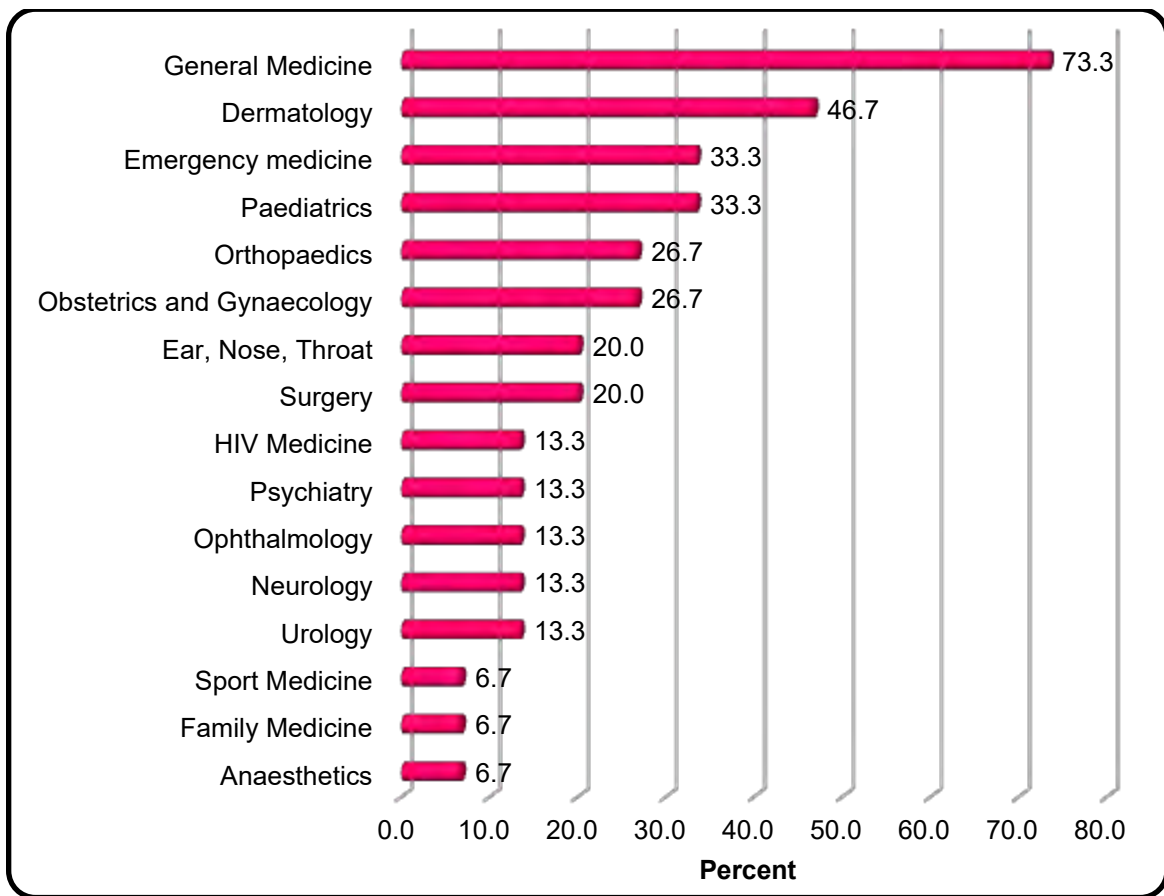
Figure 4.7 Areas of work interest

4.7. Section B

This section examines the various service offerings according to the five themes indicated above.

4.7.1. GPs' knowledge of branding of health care services

This section summarises the biographical characteristics of the respondents and measures GPs" knowledge and that of their personnel of branding of health care services.

Almost half of the respondents (46.7%) were not familiar with the concept of branding health care services. Doctors rated themselves as having better background knowledge of the concept than their personnel, but only 6.7% of the

respondents rated themselves as having an excellent understanding. Within each grouping (separately), the frequencies are not that different (p > 0.050).

The levels of understanding by doctors and personnel staff as groups are shown in figures 4.8 and 4.9.
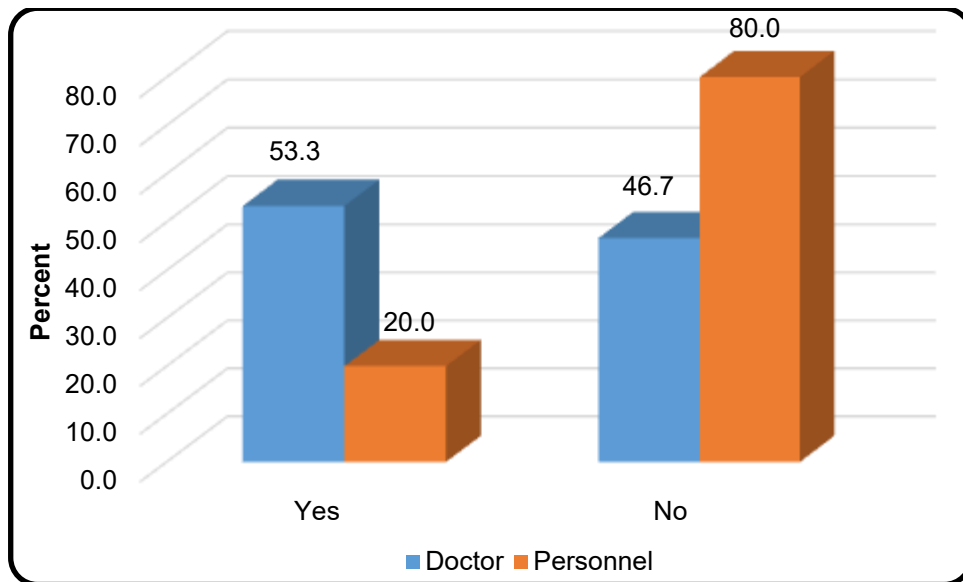
Figure 4.8 Level of understanding of the concept of Branding by Medical Staff
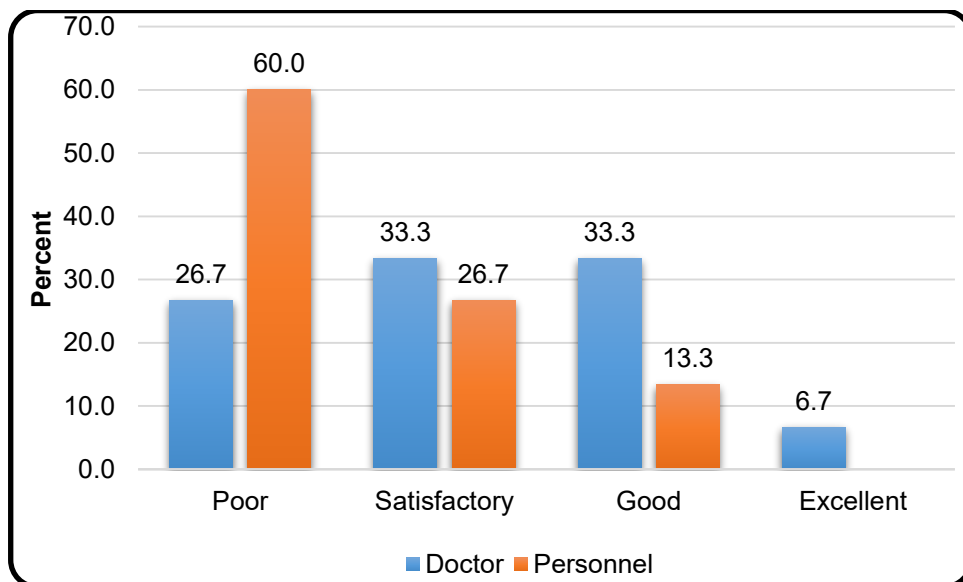
Figure 4.9 Levels of understanding of the concept of branding by group

4.7.2. Branding Practices adopted by GPs and Outcomes

This section examines the branding practices and the extent to which the GPs"
have adopted them. It also looks at the reasons for the adoption of branding
practices.

The factors that were rated highest in terms of representing the doctor"s brand
include sensitivity to patients" needs (80%), an excellent patient experience
(73.3%) and the availability of medication (66.7%). The majority of the
respondents rated high standards of medical equipment within the practice
(80.0%), diversification of medical services (53.3%) and affordability of medical
services (60.0%) as factors that represent the doctor"s brand to a moderate extent.
Some respondents noted that the aesthetic appeal of the doctor"s practice
(20.0%); well-trained staff (13.3%) and community involvement (20.0%) were not
incorporated in their branding approaches. However, the remainder, which make
up the majority, found these approaches useful.
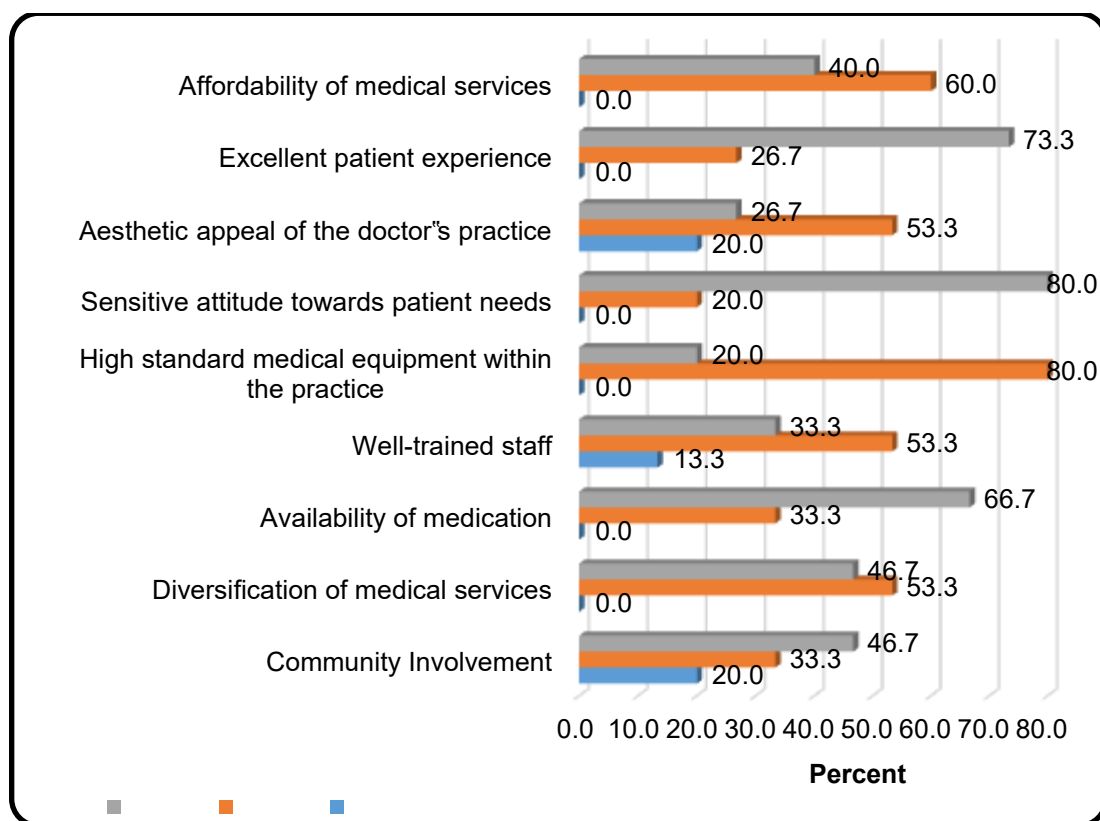
**Figure 4.10 Factors that define the practice as a brand and to what extent
they have been adopted**

To determine whether the scoring patterns per statement were significantly different per option, a chi square test was done. The null hypothesis claims that similar numbers of respondents scored across each option for each statement (one statement at a time). The alternate states that there is a significant difference between the levels of agreement and disagreement. The results are shown in table 4.10.

Table 4.10 Test Statistics Scores on factors that define the practice as a brand

	Affordability of medical services	Excellent patient experience	Aesthetic appeal of the doctor's practice	Sensitive attitude towards patient needs	High standard medical equipment within the practice	Well-trained staff	Availability of medication	Diversification of medical services	Community Involvement
Chi-Square	.600[a]	3.267[a]	2.800[b]	5.400[a]	5.400[a]	3.600[b]	1.667[a]	.067[a]	1.600[b]
Df	1	1	2	1	1	2	1	1	2
Asymp. Sig.	.439	.071	.247	.020	.020	.165	.197	.796	.449

a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 7.5.

b. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 5.0.

The highlighted sig. values (p-values) are less than 0.05 (the level of significance); this implies that the distributions were not similar. That is, the differences between the different extents were significant.

The top five visual elements used to communicate the brand were signage, business cards, names, medicine packaging and uniforms. As shown in figure 4.11, the use of a website is bottom of the list.
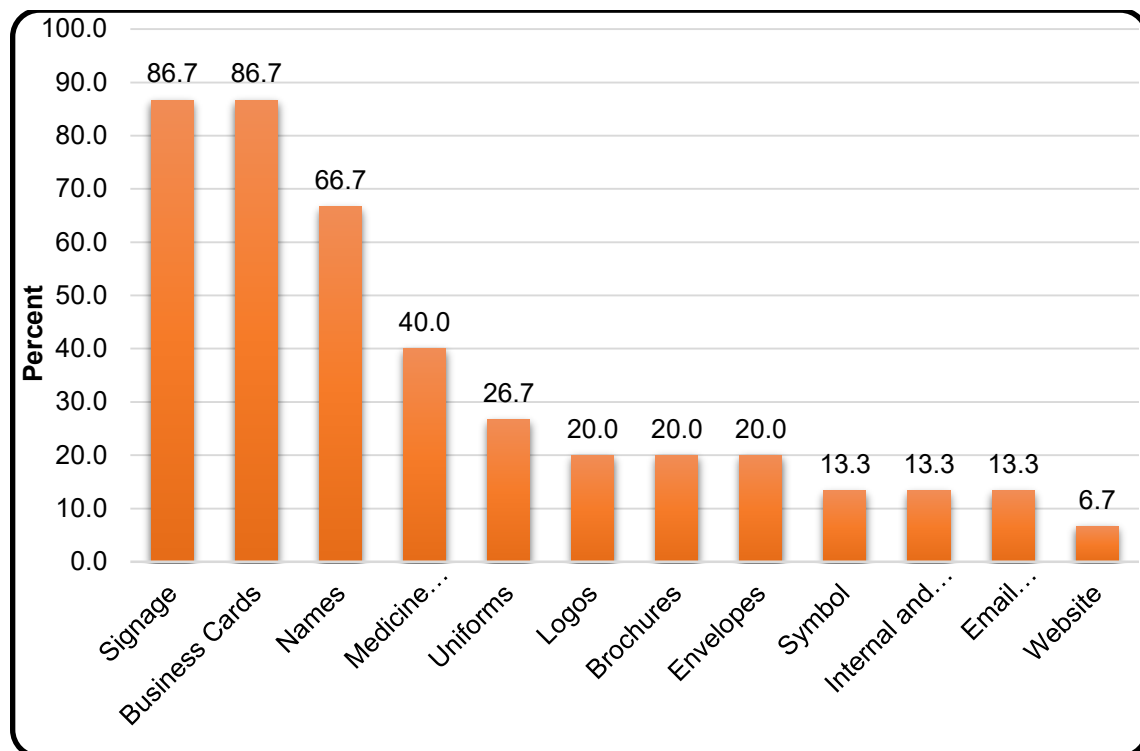
Figure 4.11 Visual elements used to communicate services to the target market

A significant number of respondents (46.7%) indicated that visual elements were not effective (Table 4.11).

Table 4.11 Effectiveness of the visual elements used

	Frequency	Percent
Yes	6	40.0
Not Sure	2	13.3
No	7	46.7
Total	15	100.0

The findings reveal that signage, and giving all patients quality consultation time and treatment as well as maintaining clear communication are valuable. This

includes a holistic approach to the management of patients – i.e., attending to their social, physical and psychological needs (See table 4.12).

Table 4.12 Branding solutions adopted to attract customers

	Count	Percent
Use of signage	2	13.3
Use of social media, i.e., SMS and WhatsApp	1	6.7
Giving all patients quality consultation time and treatment and maintaining clear communication	2	13.3
Holistic management of patient – social, physical and psychological needs	2	13.3
Courtesy phone calls to follow-up on their well-being	1	6.7
Brand stationary	1	6.7

Figure 4.12 shows that 78.5% of the respondents indicated that these elements were in place for more than a year, with 57.1% stating that they had been in place for more than 5 years.
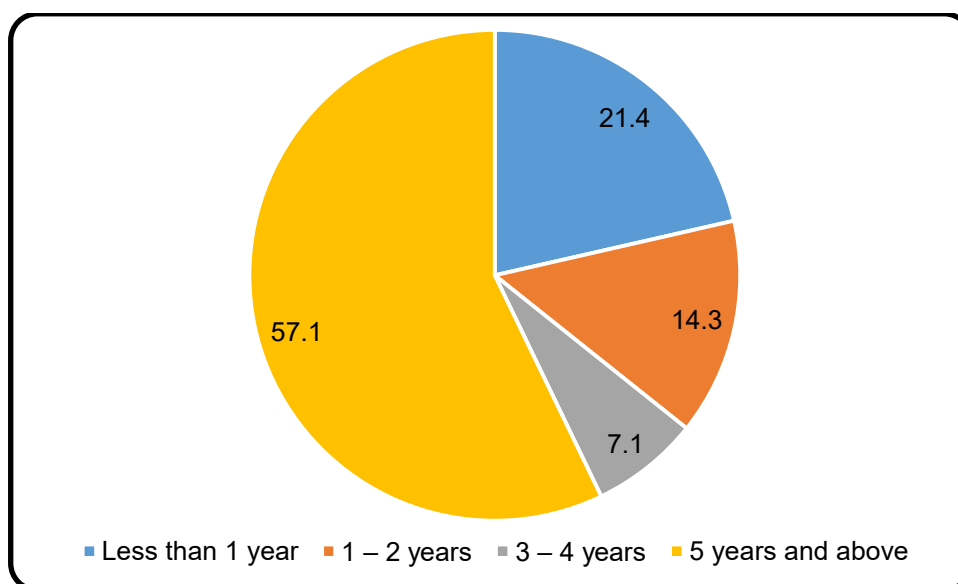
Figure 4.12 Period for which the branding solution has been in place

The majority of the respondents indicated that it is very important to adopt branding approaches in order to increase growth opportunities and enhance customer loyalty (both represented by 73.3%). Increasing profit margins by means of branding approaches was also regarded as important (53.3%), as was using branding approaches to improve the image of the practice (40.0%). This is shown in figure 14.13.
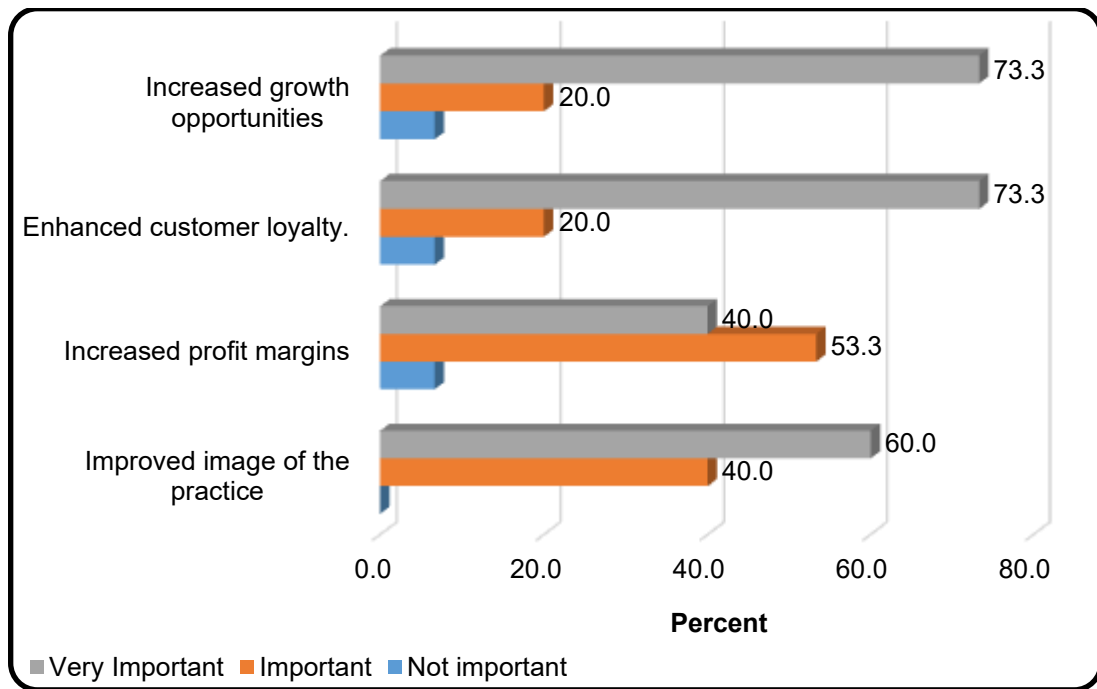
Figure 4.13 Aim behind the adopted branding approach

Table 4.13 Chi Square Test statistics for the aim behind adopted branding approaches

	Improved image of the practice	Increased profit margins	Enhanced customer loyalty	Increased growth opportunities
Chi-Square	.600[a]	5.200[b]	11.200[b]	11.200[b]
Df	1	2	2	2
Asymp. Sig.	.439	.074	.004	.004

a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 7.5.

b. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 5.0.

The scoring patterns for the last two statements in the table are significantly different (p < 0.05).

Figure 4.14 shows that approximately 29% of the respondents indicated that the branding approaches adopted made a difference. The remainder (71%) were either unsure or had no idea whether or not their branding approaches differentiated them from their competitors.
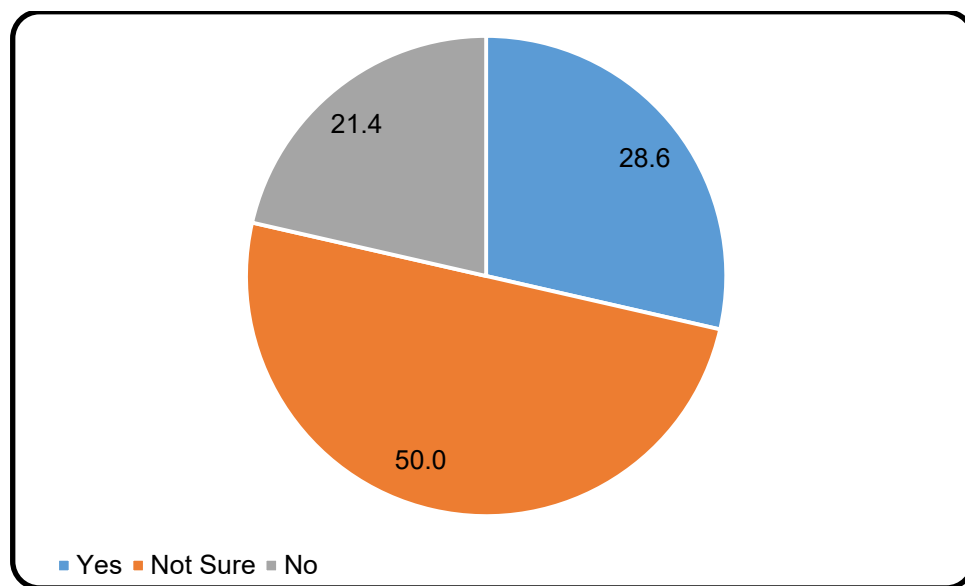
Figure 4.14 Did the branding approaches adopted differentiate the practice from its competitors?

4.7.3. How do GPs promote and communicate their brand?

This section examines how GPs promote and communicate their brand.

Figure 14.15 shows the advertising channels used by the respondents. Pamphlet distribution is the most common (33.3%), followed by social media (20%) and others. Signage was amongst the least used for marketing services (6.7%).
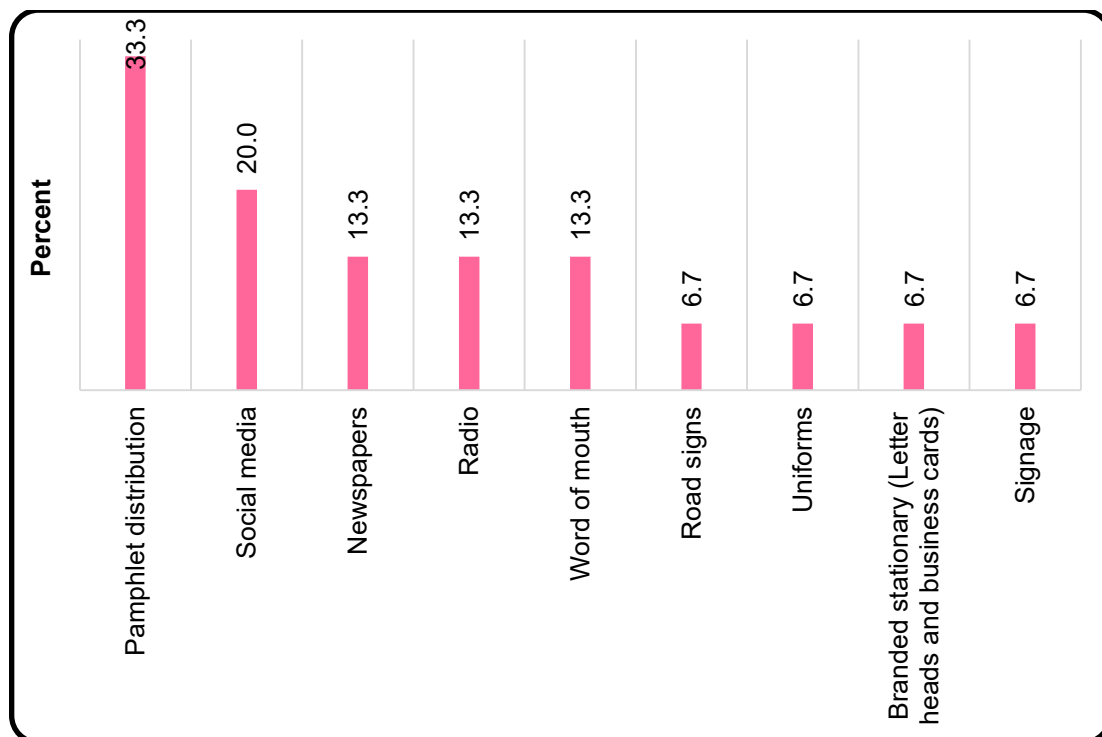
Figure 4.15 Advertising channels used to market the services offered

Table 4.14 summarizes the scoring patterns regarding respondent"s on-going dialogue with patients.

Less than 50% of respondents maintain on-going dialogue with their patients and less that 50% monitor complaints and compliments. About 93% of the respondents attend to customer complaints and about 7% of complaints are never attended to.

Table 4.14 Summary of on-going dialogue with patients

	Never		Occasionally		Frequently		Always	
	Count	Row %	Count	Row %	Count	Row %	Count	Row %
How often do you have on-going dialogue with your customers?	2	13.3%	4	26.7%	5	33.3%	4	26.7%
Do you monitor the number of complaints and compliments received by your practice?	1	6.7%	7	46.7%	0	0.0%	7	46.7%
Do you respond to customer complaints?	1	6.7%	0	0.0%	1	6.7%	13	86.7%

Figure 4.16 indicates the channels the respondents use to communicate with their patients. A total of 73.3% of the respondents use telephone calls to communicate with their patients. To a lesser extent, respondents have adopted social media, with Whatsapp being the most common (26.7%) and twitter never used. Communication via letters is also not used.
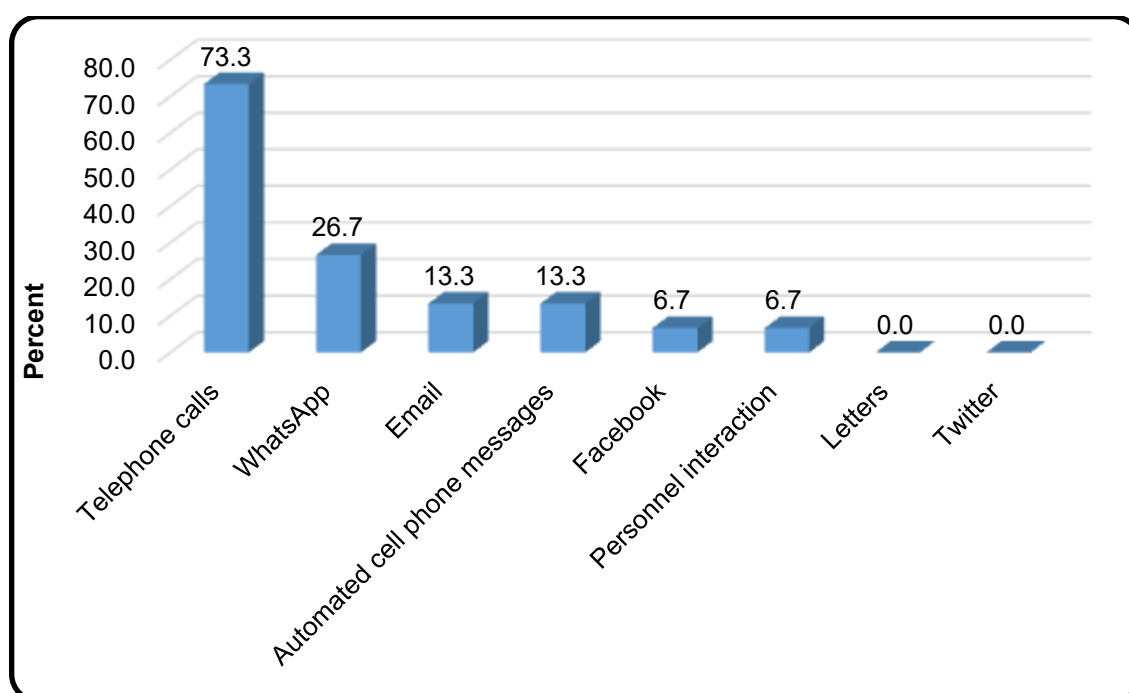
Figure 4.16 Channels that doctors use to communicate with their patients

59

A total of 80% of the respondents believe that their patients received good service from their practice, 13.3% of this being very good.

Table 4.15 Respondents' opinion on how customers perceived their practice

	Frequency	Percent
Satisfactory	3	20.0
Good	10	66.7
Very Good	2	13.3
Total	15	100.0

4.7.4. What benefits have been derived from the adopted branding practices?

This theme investigates the benefits that have been derived from the adopted branding practices.

The respondents indicated that the branding strategies they have implemented benefitted their patients immensely in the form of enhanced communication and alignment of service provision with customer interests (33.3%) and enhanced transparency and improved patient information (40%). In terms of improved service quality and level of care and enhanced patient perceptions of the quality of care, 73.3% and 60.0% of the respondents, respectively felt that patients benefitted satisfactorily. This is shown in table 4.16.

Table 4.16 How patients benefitted from branding strategies implemented

	Not benefited		Benefited satisfactorily		Benefited immensely	
	Count	Row N %	Count	Row N %	Count	Row N %
Improved service quality and level of care	1	6.7%	11	73.3%	3	20.0%
Enhanced patient perceptions of quality of care	2	13.3%	9	60.0%	4	26.7%
Enhanced communication and alignment of service provision with customer interests	2	13.3%	8	53.3%	5	33.3%
Enhanced transparency and improved patient information	1	6.7%	8	53.3%	6	40.0%
Patient continuity	1	100.0%	0	0.0%	0	0.0%

The chi square tests for individual statements are shown in figure 4.17. The first statement shows significantly different scoring options. There is a 100% level of scoring for the last statement. This implies that the distributions were not similar. That is, the difference in scoring of the different statements was significant.

Table 4.17 Chi-Square Test Results on how patients have benefitted from the branding strategies implemented

	Improved service quality and level of care	Enhanced patient perceptions of quality of care	Enhanced communication and alignment of service provision with customer interests	Enhanced transparency and improved patient information
Chi-Square	11.200[a]	5.200[a]	3.600[a]	5.200[a]
Df	2	2	2	2
Asymp. Sig.	.004	.074	.165	.074

a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 5.0.

In terms of the value of branding approaches in attracting new patients, table 4.18 shows that 40% of the respondents indicated that their branding solutions were good, 20% indicated that their branding solutions were very good, 33.3% of the respondents obtained satisfactory results and the remainder obtained very poor results (6.7%).

Table 4.18 Value of using branding solutions to attract new patients and ensure the success of the practice

	Frequency	Percent
Very poor	1	6.7
Satisfactory	5	33.3
Good	6	40.0
Very Good	3	20.0
Total	15	100.0

Table 4.19 shows that two-thirds (66.7%) of the respondents believe that patients would be loyal to them.

Table 4.19 Perceptions about loyal customers

	Frequency	Percent
Yes	10	66.7
Not Sure	3	20.0
No	2	13.3
Total	15	100.0

Amongst those who answered positively, 53.3% indicated that the provision of an acceptable level of care, follow-up and appropriate referral to achieve good outcomes were important in ensuring that patients remain loyal to the health care provider. This is followed by 26.7% of the respondents who felt that respecting patient autonomy and confidentiality is valuable in cementing patient loyalty (See table 4.20).

Table 4.20 Factors that influence 'loyalty' amongst customers in such a way that they do not want to switch to other doctors

	Count	Percent
Provision of an acceptable level of care, follow-up and appropriate referral to achieve good outcomes	8	53.3
Respecting patient autonomy and confidentiality	4	26.7
Good service that is provided by suitably qualified personnel	3	20.0
Provision of an efficient and affordable service	3	20.0
Honesty, transparency and knowing one‟s limitations	3	20.0
Maintaining a clean environment	2	13.3
Giving the patient attention and offering comfort	2	13.3
Knowing patients by name and treating generations of families and friends through word-of-mouth referrals	1	6.7
Having the doctor‟s mobile telephone number	1	6.7
Making the service available 7 days a week	1	6.7
Brand medication	1	6.7

According to the respondents, mismanagement of patients and charging higher fees, thus making the service unaffordable are amongst the most important factors that will cause „loyal‟ customers to want to switch to other doctors / service providers. As shown in table 4.21, each was cited by 13.3% of the respondents.

Table 4.21 Factors that will influence 'loyal' customers to switch to other doctors

	Count	Percent
Mismanagement of patients	2	13.3
Charging higher fees, making the service unaffordable for patients	2	13.3
Giving inadequate sick leave	1	6.7
Transport availability and accessibility of the practice	1	6.7
Better aesthetics of other practices	1	6.7
Other doctors being able to provide more services	1	6.7
Relocation of the doctor	1	6.7

Nearly half of the respondents (46.7) indicated that their practice had been able to retain patients through branding solutions (figure 4.17).
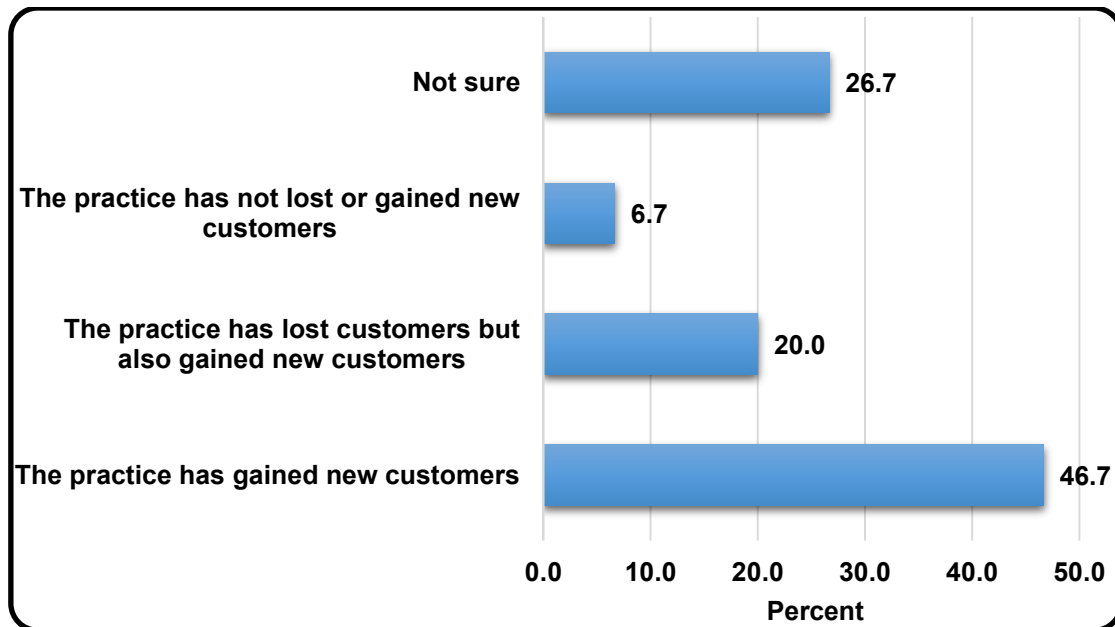
Figure 4.17 Performance of the practice since it started to use branding solutions in terms of customer retention

Figure 4.18 shows, that 67% of the respondents reported an increase in turnover, with only 33% reporting no difference in turnover per annum. It is noted that, at most, there was an increase of R8 000 per month. On average, for standard or routine consultations, this would translate to 32 additional patients per month.
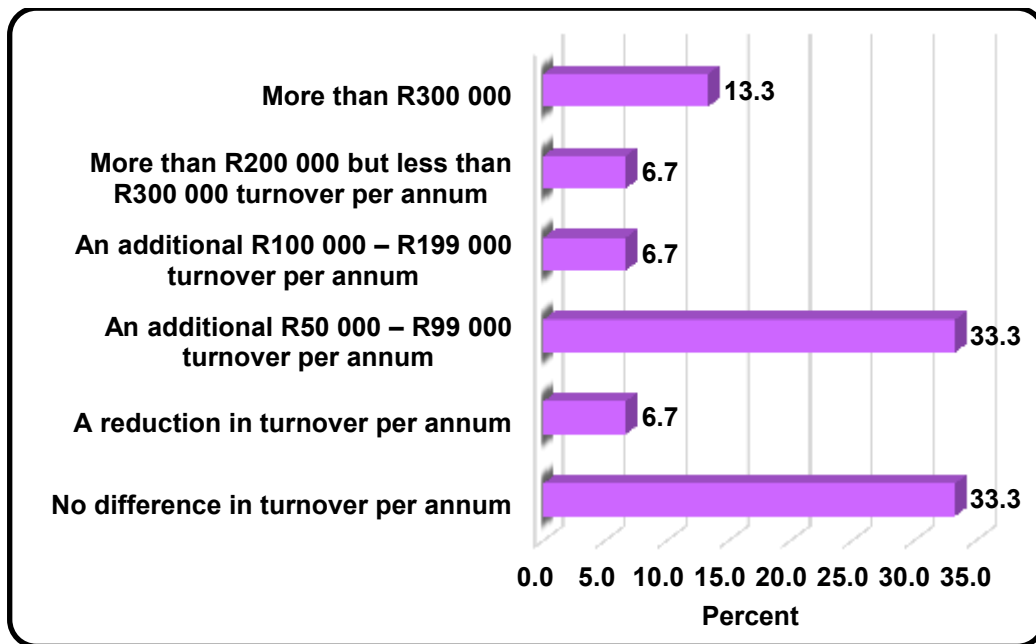
Figure 4.18 Practice performance in the 2013/14 FY compared to before the implementation of the branding solutions used

As shown in figure 4.19, 78.6% of the respondents presented a positive view of their branding efforts in terms of producing the desired financial gains.
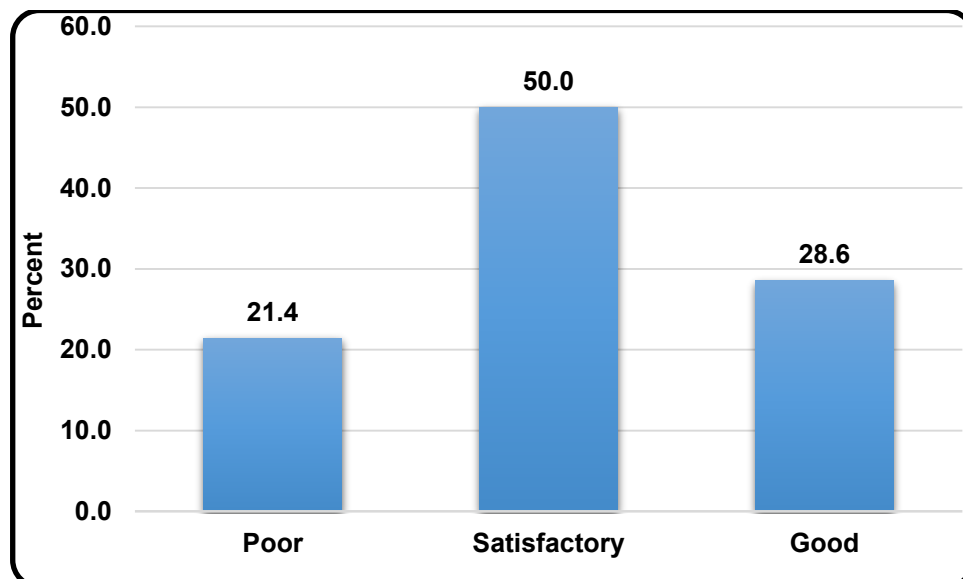
Figure 4.19 Financial performance against the branding efforts implemented

The GPs provided a list of strengths and weaknesses of their branding strategies. This is shown in figure 4.22. Most of the factors have low frequencies (frequency of 1). Under strengths, those with a higher frequency (of 2) are consistency of service, fixed opening hours and the availability of the GP. Under weaknesses the factors with a higher frequency (of 2) are the cost implications of the initial and re-branding exercise as well as very poor branding design which did not reach all customers.

Table 4.22 Strengths and weaknesses of branding efforts implemented

Strengths		Weaknesses	
Comment	Count	Comment	Count
Using large signage	1	Cost implications of initial and re-branding exercise	2
Building doctor-patient relationship	1	Interference from non-clinical administration	1
Target narrow spectrum of patients and are specific	1	Not reaching the majority of the population served	1
Quality of service	1	It is dependent on how well one sells him/herself	1
Consistency of service, fixed opening hours and trying to be available	2	Does not clearly show the service capabilities of the practice	1
Using portable cards	1	Cards are easily misplaced or lost	1
Broader geographic coverage – radio	1	Sometimes too broad to enable patients to reach you	1
Customer loyalty	1	Very poor branding/did not reach all customers	2
Patients informed	1	Not always available	1
Services are more accessible	1	Demands you cannot afford	1

4.7.5. Branding solutions that are considered important for the future of GPs' practices

This section investigates the type of branding solutions that are considered important for the future of GPs" practices.

The factors that were rated very important in ensuring the future success of the practice include knowledge and understanding competitors (26.7% of the respondents), ensuring excellent customer care (80.0%), implementing effective marketing activities (40.0%), provision of advanced medical services (53.3%), diversification of the services provided (80.0%) and differentiating one"s practice from one"s competitors (53.3%). Empowering nursing staff was rated as not important by all (100%) of the respondents. This is depicted in table 4.23.

Table 4.23 Factors perceived to be important in ensuring the future success of the practice

	Not important		Important		Very Important	
	Count	Row N %	Count	Row N %	Count	Row N %
Knowledge and understanding competitors	3	20.0%	8	53.3%	4	26.7%
Ensuring excellent customer care	0	0.0%	3	20.0%	12	80.0%
Implementing effective marketing activities	1	6.7%	8	53.3%	6	40.0%
Provision of advanced medical services	1	6.7%	6	40.0%	8	53.3%
Diversification of services provided	0	0.0%	3	20.0%	12	80.0%
Differentiating one"s practice from one"s competitors	1	6.7%	6	40.0%	8	53.3%
Empowering nursing staff	1	100.0%	0	0.0%	0	0.0%

All the respondents (100%) placed some importance on all the factors in attracting customers to the private medical practice with the exception of three factors which received a rating of 6.7%, thus rating them as poor. These include a high standard of medical equipment within the practice, well-trained staff and community involvement. See table 4.24.

Table 4.24 Significance of the branding value positions in attracting customers

	Very Poor		Poor		Average		Good		Very Good	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
Affordability of medical services	0	0.0%	0	0.0%	5	33.3%	3	20.0%	7	46.7%
Excellent patient experience	0	0.0%	0	0.0%	1	6.7%	5	33.3%	9	60.0%
Aesthetic appeal of the doctor"s practice	0	0.0%	0	0.0%	0	0.0%	11	73.3%	4	26.7%
Sensitive attitude towards patients" needs	0	0.0%	0	0.0%	0	0.0%	4	26.7%	11	73.3%
High standard of medical equipment within the practice	0	0.0%	1	6.7%	4	26.7%	7	46.7%	3	20.0%
Well-trained staff	0	0.0%	1	6.7%	1	6.7%	6	40.0%	7	46.7%
Availability of medication	0	0.0%	0	0.0%	2	13.3%	5	33.3%	8	53.3%
Diversification of medical services	0	0.0%	0	0.0%	5	33.3%	7	46.7%	3	20.0%
Community involvement	0	0.0%	1	6.7%	4	26.7%	5	33.3%	5	33.3%

The chi square test shows whether the differences in the scoring patterns are significant. Two of the factors had significantly different scoring patterns across the options. This implies that the difference in the scoring of the different statements is significant as shown in table 4.25.

Table 4.25 Chi-Square Test Results on the significance of branding value positions in attracting customers

	Chi-Square	df	Asymp. Sig.
Affordability of medical services	1.6	2	.449
Excellent patient experience	6.4	2	.041
Aesthetic appeal of the doctor"s practice	3.267	1	.071
Sensitive attitude towards patients" needs	3.267	1	.071
High standard of medical equipment within the practice	5	3	.172
Well-trained staff	8.2	3	.042
Availability of medication	3.6	2	.165
Diversification of medical services	1.6	2	.449
Community involvement	2.867	3	.413

Amongst the points which GPs listed as important for the future of private practice, providing transport for sick and frail patients had a frequency of 2. Other points had a low frequency of 1 as shown in figure 4.26.

Table 4.26 Factors that customers consider when selecting a private medical service provider

	Count
Transport for sick and frail patients	2
Accessibility	1
Patients" rights respected	1
Being able to overcome language and cultural barriers	1
Type of sickness	1
Being able to assist with social needs	1
Convenience	1
Providing enough time to patients	1
Other	1

As an additional comment, two respondents indicated that more information is required to assist doctors.

Table 4.27 Additional comments by respondents

	Count
Good – Well thought-out thesis, more professional information for doctors	2
Use of social media	1
Better-trained nursing staff	1

4.8. Summary

Critical information was drawn from the data analysis. Reliable statistical tests were used to analyse the results and draw valid conclusions. Having distilled reliable findings, the following chapter interprets these findings in order to address the study"s aims and objectives.

CHAPTER FIVE
Discussion

5.1. Introduction

This chapter discusses the research findings. These are interpreted and explained in conjunction with the literature. The chapter also addresses the study"s aims and objectives and draws conclusions based on the data.

5.2. Research Findings

More Indian males (71.4%) participated in the study than any other race group or gender.

A total of 60% of the respondents were based in KwaMashu. This could be due to the fact that KwaMashu has a much higher population than the other study areas and is more developed in terms of the availability of commercial centres, attracting GPs to operate private medical practices. KwaMashu has always been a central shopping area for people from Inanda and Ntuzuma, thus creating human traffic that attracts GPs. Generally population statistics determine the number of GPs in each area.

All of the respondents had been in private practice for at least six years, with just over a quarter (26.7%) having been in practice for more than 20 years. This suggests that the respondents have considerable experience in private practice and therefore have sound knowledge of the health care industry. Sound insight into customer needs and an understanding of the business landscape play a role in crafting and creating an excellent strategic direction (Hagerman, 2012).

The study found that only 13.3% of the respondents see less than 10 patients a day, with the majority (86.7%) seeing more than 10. This could imply that the majority of GPs have been successful in attracting patients. Appropriate use of branding strategies by the medical fraternity has been found to have the potential

to attract patients as well as improve the level of patient retention and satisfaction (Rahman and Areni, 2014).

The majority of GPs are open 7 days a week (46.7%), with 40% opening 6 days a week and 13.3% 5 days a week. Twenty per cent are available to patients on a 24-hour basis, whilst 26.7% are only available during working hours. This implies that the majority of GPs is leveraging opening hours. Patients value different things about health care service providers. These may include location (the distance to the health care service provider), the cost of services, utilitarian needs, service quality, aesthetic needs, availability and other variables (Rahman and Areni, 2014).

The majority of GPs consult both cash and medical aid patients (46.7%), whilst 40.0% focus only on medical aid. A small percentage (13.3%) had mainly cash patients. This implies that the majority of the respondents have an open door policy, offering patients more choice. Branding can enhance value and offer more choices to customers, making the market more efficient (Kotler and Keller, 2012).

Patients profile health care providers and often prefer networks of low cost providers (Brown, 2011). Only 1 in every 5 respondents indicated that they belonged to a consulting group of doctors. Thus only 20% finds value in working partnerships or have been successful in forming a partnership. The other 80% are not in a partnership. Partnerships offer health care providers and relevant communities of practice an opportunity for information sharing and understanding and applying best clinical and administrative practices (Cohn and Hastings, 2013).

The study also revealed that, all the GPs (100%) have an interest in general medicine and provide this as their core service. Specialised services like obstetrics and gynaecology and other specialities are not offered by all the respondents, implying that these GPs do not cover all patient segments.

An excellent branding solution not only involves the branding of the medical practitioner but all aspects of the organization, including the people that the patient comes into contact with (Holland and Weathers, 2013). Almost half (46.7%) of the

respondents were not familiar with the concept of branding health care services and the knowledge levels amongst their personnel were significantly low. However, more GPs (53.3%) were aware of the concept than their personnel (20.0%). Just 6.7% of the GPs stated that their level of understanding of the concept of branding of health care services was excellent and 26.7% indicated that it was poor. They also stated that none of their personnel had an excellent understanding of the concept and 60% of personnel were indicated to have a poor understanding. This is in keeping with the literature that notes that, while branding has been widely used in many industries, it has not been fully embraced and utilized by many health care services providers and organizations (Snihurowych et al., 2009).

The factors that were rated highest in terms of representing the doctor"s brand included sensitivity towards patient needs (80% of the respondents), an excellent patient experience (73.3%) and availability of medication (66.7%). The majority of the respondents cited high standards of medical equipment within the practice (80.0%), diversification of medical services (53.3%) and affordability of medical services (60.0%) as the factors that represent the doctor"s brand to a moderate extent. This implies that, these GPs are adopting branding strategies in line with those recommended in the literature. According to Weiss (2010) implicit in good service is that patients should receive the service they anticipate in a respectful, timely, and appropriate manner. Nothing can replace sensitive and caring service, reasonable waiting times and constant clear communication with patients and their loved ones (Weiss 2010). Maas and Martin (2009) add that medical excellence is also important to customers.

Some of the respondents stated that the aesthetic appeal of the doctor"s practice (20.0%), well-trained staff (13.3%) and community involvement (20.0%) were not incorporated in their branding approaches. However, the remainder, which makes up the majority found these factors useful. This implies that branding approaches vary amongst GPs. The literature recommends that health care providers should strive to move beyond the boundaries of conformity and conduct extensive market research to understand the public mind-set, evaluate the best practices and craft a unique branding strategy (Hagerman, 2012).

The research study revealed that the brand elements most commonly used by GPs include signage (86.7%), business cards (86.7%), names (66.7%), medicine packaging (40.0%) and uniforms (26.7%). This confirms that the GPs are using the brand elements defined by the literature. Brand elements vary in their effectiveness in differentiating the brand; hence marketers mix and match a combination of brand elements in a way that collectively contributes to brand equity (Keller 2013).

When the GPs were asked whether the visual elements they adopted to communicate their brand clearly convey the message of the value they deliver, 46.7% answered in the negative and 13.3% were unsure. This may have to do with the fact that the respondents may have not selected the correct brand elements for their medical facilities. It may also imply a lack of knowledge as well as poor monitoring of branding outcomes. The development of a great brand involves careful planning and the implementation of creative and effective strategies (Franzak et al., 2014). It is important for health care providers to select brand elements that convey the right message to patients as well as help patients to identify the brand and differentiate it from other brands (Pralea 2011).

The GPs were asked to share other branding solutions which they had adopted. Signage, and giving all patients quality consultation time and treatment as well as maintaining clear communication were cited as valuable. This included a holistic approach to the management of patients, that is, attending to their social, physical and psychological needs. This further confirms that nothing should replace sensitive and caring service, reasonable waiting times and constant clear communication with patients and their loved ones (Weiss, 2010). The patient experience is the ultimate source of a brand. It is thus important to deliver a patient care experience that is worth talking about (Hagerman, 2012).

Asked how long their branding solutions had been in place, 57.1% of the respondents indicated that the branding elements had been in place for more than 5 years. Whilst these elements may have endured and produced good results over time, there is a need to update them to ensure that they remain relevant to contemporary needs as patient values and opinions change over time. The

literature notes that, health care service providers should continuously review their strategic plans, monitor progress and make adjustments when necessary (Mezger and Violani, 2011).

Amongst other things, a well-crafted brand can result in increased growth opportunities, enhanced customer loyalty, increased profit margins and an improved image of the medical practice (Maas and Martin, 2009). The majority of the respondents (73.3%) indicated that it is very important to adopt branding approaches in order to increase growth opportunities and enhance customer loyalty. Less importance was placed on increasing profit margins (53.3% of the respondents) and improving the image of the practice (40%) through the use of branding approaches. This implies that these GPs are aware of the importance of the appropriate use of branding strategies by the medical fraternity that may have a positive impact on health care service delivery (Kemp et al., 2014).

When asked whether their branding approaches differentiated their practice from their competitors, 71% of the respondents were either unsure or had no idea whether or not this was the case. This may imply that their branding strategies are poorly designed and may also imply a lack of knowledge of their competitors. The whole aim of branding should be to create distinctiveness so that patients can identify the brand and be able to differentiate it from competitors (Kemp et al., 2014).

Brand communication impacts on brand awareness, which in turn impacts brand meaning (Hagerman, 2012). When asked about their choice of advertising channels, it was clear that the respondents have not made full use of all channels to communicate their brand. Pamphlet distribution is more commonly used (33.3%), followed by social media (20%) and others. Signage was amongst the least used for marketing services (6.7%). Even though social media and word-of-mouth may offer free marketing, the respondents seem to lack know-how. Creativity and innovation are crucial in marketing brand value (Brown, 2011). Technology is available to create dynamic innovations which should ultimately deliver the right message to the patient (Heymann, 2011).

The study revealed that, less than 50% of the GPs maintain on-going dialogue with their patients. Furthermore, less that 50% monitors complaints and compliments. This suggests that the respondents are not engaging their patients sufficiently. In today"s well-connected society, an engaged customer spreads the word in the form of a referral (Kemp et al., 2014). While it is commendable that about 93% of respondents respond to customer complaints, this also means that almost 7% of complaints are not attended to, representing lost opportunities for service delivery improvements. The health care provider should establish good brand meaning in order to be able to deal with negative occurrences. An organization that is armed with excellent brand meaning is more likely to survive negative events than those with poorly developed brand meaning (Snihurowych et al., 2009).

A total of 73.3% of respondents use telephone calls to communicate with their patients. They use social media to a lesser extent, Whatsapp being the most common (26.7%) This shows that the respondents are making an effort to communicate with their patients. The literature notes that it is important for an organization to keep its interaction with its customers alive and constantly monitor changing customer needs (Franzak et al., 2014).

Asked how patients perceived their practice, 80% of the respondents said that they believed that patients received good service and 13.3% rated the service very good. This implies that, these GPs feel that their patients are generally happy with the service they receive. The extent to which personal experience influences the meaning a patient ascribes to a brand far exceeds the meaning that emanates from external communication by the health care service provider (Rahman and Areni, 2014).

According to the literature, appropriate use of branding strategies by the medical fraternity may have a positive effect on health care service delivery which includes, but is not limited to, improved service quality and level of care, enhanced patient perceptions of the quality of care, and enhanced communication and alignment of service provision with customer interests as well as enhanced transparency and improved patient information (Snihurowych et al., 2009). When the GPs were

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asked how their branding strategies benefitted patients in terms of these aspects, some indicated that the branding strategies they adopted benefitted their patients immensely in terms of enhanced communication and alignment of service provision with customer interests (33.3%) and enhanced transparency and improved patient information (40%). Improved service quality and level of care and enhanced patient perceptions of quality of care were rated satisfactory at 73.3% and 60.0%, respectively. This implies that patients are receiving some benefits as a result of the branding approaches adopted.

At least 93.3% of the GPs said that they obtained some positive results, with 20% stating that their branding solutions were very good in terms of attracting new patients. This implies that the branding solutions were effective in attracting patients, with only 6.7% of the GPs obtaining very poor results.

Asked about the loyalty of their patients, two-thirds (66.7%) of the respondents believed that their patients would be loyal to them and 33.3% could not count on the loyalty of their patients. This implies that in only two-thirds of the cases have the attributes of a medical service conveyed a special meaning to the patient, thus creating a strong bond between the patient and the service provider. For customers to remain loyal, a brand has to consistently deliver on its promises (Rahman and Areni, 2014).

Furthermore, 53.3% of the respondents indicated that the provision of an acceptable level of care, follow-up and appropriate referrals to achieve good outcomes are important in ensuring that patients remain loyal. This was followed by 26.7% who felt that respecting patient autonomy and confidentiality was valuable in cementing patient loyalty. In contrast, mismanagement of patients and charging higher fees which makes the service unaffordable, are amongst the most important factors that will influence „loyal" customers to switch to other doctors / service providers. Patient experience is the ultimate source of a brand. It is thus important to deliver patient care experiences that are worth talking about (Hagerman, 2012).

Asked about the benefit of their branding strategies, nearly half of the respondents (46.7%) indicated that the practice had been able to retain patients through branding solutions. A total of 67% reported an increase in turnover, with only 33% reporting no difference in turnover per annum. It was noted that, on average, there was an increase of R8 000 per month. For standard or routine consultations, this would translate into 32 additional patients per month. This implies growth, an indication of good brand performance. Finally, 78.6% of the respondents presented a positive view of their branding efforts in terms of producing desired financial gains, with only 21.4% reporting poor financial margins. This implies that, for the majority of the GPs, their branding efforts have delivered good results.

The GPs provided a list of the strengths and weaknesses of their branding strategies. Most of the factors have low frequencies (frequency of 1). In terms of strengths, the factors with the highest frequencies (frequency of 2) are consistence of service, fixed opening hours and the availability of the GP. Under weaknesses the factors with the highest frequencies (frequency of 2) are the cost implications of the initial and re-branding exercise and very poor branding design which did not reach all customers. While the GPs are clearly aware of the strengths and weaknesses of their branding approaches, this implies that there is a need for the respondents to constantly review their strategies.

When asked about the factors in their business environment that GPs feel are important for their practice to ensure future success, the results revealed that the following factors were rated very important: knowledge and understanding competitors (26.7%), ensuring excellent customer care (80.0%), implementing effective marketing activities (40.0%), providing advanced medical services (53.3%), diversification of services (80.0%), and differentiating one"s practice from those of one"s competitors (53.3%). Empowering nursing staff received a poor rating among all the respondents (100%). While the literature confirms the importance of the factors that were cited by the respondents, it also notes that, for an organization to be a service leader, the owners must commit to supporting service training initiatives, implement service standards and ensure accountability (Brown, 2011).

When asked about the most significant branding value propositions for attracting customers in private medical practice, all the respondents (100%), placed some importance on affordability of medical services, excellent patient experience, the aesthetic appeal of the doctor"s practice, a sensitive attitude towards patient needs, the availability of medication and diversification of medical services. Three factors received a poor rating of 6.7%: high standards of medical equipment within the practice, well-trained staff and community involvement. This implies that some differences exist among GPs on what works well.

Further elements listed by the GPs as important for the future of private practice included the ability to provide transport for sick and frail patients, ease of access to the practice, respecting patients" rights, being able to overcome language and cultural barriers, being able to address all types of sickness, being able to assist with patients" social needs, offering a convenient service and providing enough time to patients.

As an additional comment, two respondents indicated that more information is required to assist doctors.This has a low frequency, but clearly indicates that GPs should keep abreast of changes in the health care industry. The literature notes that, this would enable them to align their branding strategies with such changes (Jesitus, 2014).

5.3. Summary

The findings of this research study revealed that the majority of the respondents have poor knowledge of the branding of health care services and that they do not manage branding processes well. The strategies the respondents found useful in branding their practices and that delivered positive results were identified and analyzed. The GPs also outlined the branding strategies which they felt were important for the future. Shortfalls and weaknesses in the way they understand and approach branding were identified. The following chapter presents recommendations to bridge these gaps.

CHAPTER SIX

Conclusion and Recommendations

6.1. Introduction

In the highly competitive, rapidly changing business landscape, a winning sustainable strategy is a prerequisite for success. It remains central in the creation of superior value for any company. Sound insight into customer needs and an understanding of the business landscape play a crucial role in crafting and creating an excellent strategic direction (Hagerman, 2012). Strategic brand development can assist a company to position itself better in the market than its competitors (Pralea, 2011). The same is true of private health care practices; sound strategic brand development and management are vital for business success.

Based on the results of this study, this chapter presents recommendations to enhance such a business mindset and approach among health care service providers.

6.2. Has the problem been solved?

The majority of patients that use the private health care system have a strong need to consult GPs. It is thus imperative that private health care service providers finds ways to adequately serve the needs of millions of patients/customers who inevitably have some form of direct contact with GPs.

The findings of this research study clearly indicate that there are various branding approaches which GPs can leverage that promise to, or have been proven to deliver positive results in gaining a competitive edge in the medical sector. A lack of knowledge of branding approaches and how these can be crafted and managed are key aspects that contribute to GPs not focusing on branding issues. A brand management process specific to a private medical health care practice is therefore proposed.

6.3. Research Implications

The findings of this research study highlighted what seems to be practical and what works when it comes to GPs branding health care services. The following guidelines are recommended for GPs to maximize their branding efforts in order to gain a competitive edge in the private health care sector. It should be noted that these guidelines are not only relevant to GPs that are already in private practice but are also relevant to medical practitioners who are working towards becoming independent and/or private health care service providers.

6.4. Recommendations

Branding is all about differentiating one‟s services from those of one‟s competitors and providing added value to customers. The selection, design, and implementation of a branding strategy are crucial in effectively and efficiently achieving brand equity. Ultimately, the evaluation and measurement of brand equity over time provides useful information on the value of the brand in the market.

6.4.1. Improve the level of knowledge of branding

Appropriate use of branding strategies by the medical fraternity has been shown to have positive results. General Practitioners need to improve their knowledge of branding, that is commercial branding, as well as the branding of health care services. This will help them to appreciate the value of branding and also help them to understand which branding approaches are best suited to the customers they serve. General Practitioners could take a short course on branding, attend seminars or consult an expert on the branding of health care services. Education and training initiatives are an essential part of becoming a brand ambassador (Grensing-Pophal, 2011).

6.4.2. Brand Strategy Development

A GP needs to select the correct branding strategy in order to effectively manage their brand. Evaluation measurement outcomes should be used to continuously review this strategy (Mezger and Violani, 2011). The factors which need to be taken into account when developing a branding strategy are as follows:

a) Understand customer needs

Extensive market research is the key to understanding customer mind-sets and values (Hagerman, 2012). It is important to understand the customer"s requirements and to identify gaps for improvement. Such information is valuable in generating strategies to address and meet customer expectations. GPs need to:

- Conduct research into customers" wants and needs.
- Engage and communicate with customers.
- Continuously evaluate and assess customer satisfaction levels.
- Review surveys conducted by other health care services providers.

This will help them to identify problems. They should then pursue the best way of solving market problems. A sound understanding of trends can unveil business opportunities which can unlock service ideas (Spinelli and Adams, 2012). General Practitioners can use these ideas to develop brand value propositions.

b) Build and Manage the Brand

The actions and activities that are important in building the brand are as follows:
- Define the vision for the brand.
- Conduct careful planning and implement creative and effective strategies.
- Differentiation is a key strategic activity.
- Choose an aspect of service that a practice will develop and use to compete in the market.
- Ensure standardization so that patients consistently receive what they expect from the service.

The "strategic brand management" process begins with the conceptualization of what the brand should represent and in what position it should be placed with respect to competitors (Keller, 2013).

c) Craft and implement life changing strategies

General Practitioners need to thoroughly assess their value proposition, that is:
- Evaluate what is unique about any proposed service.

- Determine the degree of appeal to potential customers, emotional reactions and the meaning it will have to customers.

- Determine the benefits for customers, that is, answer the questions of if and how it will change customers" lives.

- Determine the resources required to deliver value to customers, viz., capital, financial and human resources.

- Determine and map processes that will help to effectively and efficiently deliver value to customers, by defining who does what, how, when and where, so that promises are kept and customers are satisfied at all times.

- Form partnerships; engage in information-sharing sessions, and understand and apply best clinical and administrative practices with other health care providers and relevant communities of practice.

Strategies that improve customers" lives or those that solve something that is a problem in the market are often well-received by customers and have proven to be profitable. Fewer costs are often associated with marketing activities as the strong need for the service creates a pull mechanism and increased demand for the service, which often leads to significant profit margins (Spinelli and Adams, 2012).

d) Key aspects that need to be branded

A health care service brand promise must be delivered at all levels of an organization, at every touch point with its patients (Snihurowych et al., 2009). General Practitioners should select the relevant service offering, create a service profile, present a visually attractive environment, train staff and enhance the doctor"s reputation. The envisaged brand strategy must be structured to adequately achieve the following:

- **Brand Salience:** This refers to brand awareness and relates to how easily customers recognize and recall a brand.

- **Brand Performance:** This is the extent to which a brand meets the needs of a customer, be they emotional, aesthetic, economic or functional.

- **Brand Imagery:** This is the image that the brand sends out, the extrinsic property that it possesses.

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- **Brand Judgments:** These are customers" personal opinions that are influenced by brand performance and brand imagery.
- **Brand Feelings:** These are customers" emotional reactions that are cultivated by the brand"s marketing message.
- **Brand Resonance:** This defines the depth of the relationship that a customer has with a brand.

Figure 6.1 presents a model with key aspects that GPs should take into account when crafting, building and managing a health care service brand.
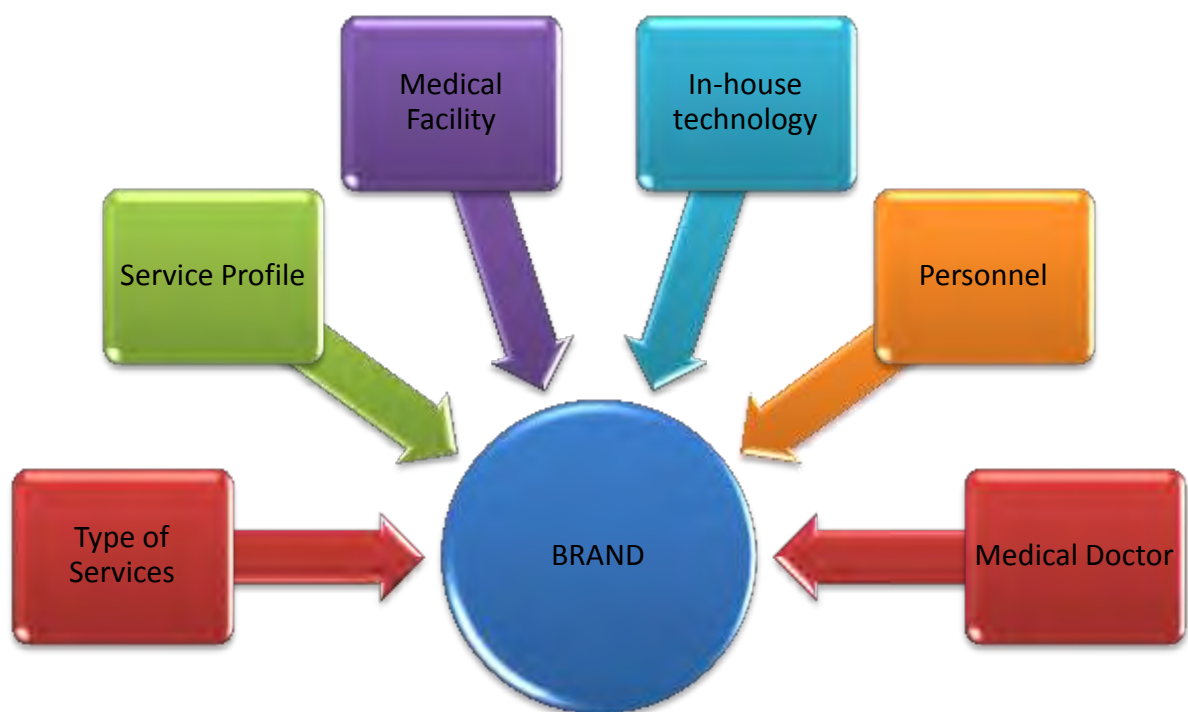
Figure 6.1 Key aspects that must be structured to create a brand identity for a GP's practice

i. Type of Services
GPs need to:
- Diversify their services – provide as many services as possible but also maintain service relevance.

- Properly design the practice layout such that it becomes a one-stop shop. If necessary, GPs should undergo additional training or form partnerships in order to be able to provide a variety of the required services.
- Develop a unique value proposition and offer efficient service at reasonable cost.

Diversification will ensure that the practice is able to serve multiple market segments. This would enhance the practice"s efficiency and also create economies of scale. Furthermore, it would prevent patients from developing the habit of doctor-shopping as they will focus on consulting a single doctor who is able to provide a variety of services (Snihurowych et al., 2009).

ii.   The Service Profile

The health care service provides a platform for a personalized experience; hence, customers" emotions are considered to play a critical role in decision making (Kemp et al., 2014). Strong brands are built through distinctive attributes, excellent performance and a consistent message and are delivered in ways that appeal to customers" emotions. The service provided must be profiled such that:

- It is sensitive and able to penetrate patients" emotions.
- It is emotionally compelling for the patient and creates a meaningful connection with the practice.
- It displays a caring culture, positive attitude and respect for the patient.
- Patients" valuable time is not wasted.

The attributes of a medical service should convey a special meaning to the patient, thus creating a strong bond between a patient and the service provider (Snihurowych et al., 2009). Nothing should replace sensitive and caring service, reasonable waiting times and constant, clear communication with patients and their loved ones (Weiss, 2010).

iii.　Visually Attractive Medical Facility

The atmosphere must immediately give the impression that a patient has arrived at a center of health and healing. GPs should present:

- A well-maintained and attractive environment.
- Aesthetically appealing facilities that offer an excellent patient experience.
- Excellent design that adequately meets operational needs.
- Layout that ensures privacy.

Good branding mediates not only an increase in the actual quality of a health care service, but may also affect patients" perceptions of quality (Snihurowych et al., 2009). Aesthetically appealing facilities thus not only stimulate admiration but can also influence the patient"s perceptions of quality.

iv.　In-house Technology

Information technology systems have the potential to deliver quality, timely, reliable and relevant information that can assist GPs with decision making as well as managing patients. GPs should power their services with:

- Innovative diagnostic technology.
- Electronic scheduling of patient appointments and setting up reminders.
- Electronic clinical records.
- Electronic communication with patients and obtaining real-time feedback on services.
- Information management systems.

An efficient and effective information management system will help capture essential business management information, work towards a paperless operational system, and facilitate an improved risk assessment and management system as well as effective analysis and generation of accurate management reports (Baltzan, 2014).

v.　Personnel

A patient"s interaction with staff and the surroundings impacts their perceptions of the practice (Holland and Weathers, 2013). The following factors are important:

- Implement service standards and ensure accountability.
- Ensure that all personnel adopt friendly and customer-orientated behavior.
- Train personnel on customer management and effective communication.
- Ensure that staff is always helpful to patients and effectively coordinates patient care.
- Cultivate a culture of team work.

Personnel play a significant role in delivering the brand to the patient. Implicit in good service is that patients should experience the service they anticipate in a respectful, timely and appropriate manner; this is often facilitated by support personnel (Weiss, 2010).

vi.   The Medical Doctor

The manner in which medical doctors address the functional needs of a patient plays a role in creating brand identity (Jillapalli and Jillapalli, 2011). The competencies of the GP are an important strategic asset. The following are crucial for GPs:

- Be sensitive to patients" needs.
- Display a high level of care and compassion.
- Deliver quality care and clinical excellence that ensures favourable health care outcomes for the patient.
- Liaise and collaborate with other health care providers that subscribe to similar patient management values.

A patient"s interaction with a health care service provider creates an impression. The cumulative experience of interacting with the health care service ultimately builds a patient"s meaning of the service provider (Hagerman, 2012).

6.4.3 Monitor and measure outcomes

Monitoring and evaluation are key to the success of any strategy implementation (Mezger and Violani, 2011). Hence, GPs should ensure that services are delivered as planned. Performing a Value Chain Evaluation by analyzing financial and customer results that emanate from the attributes of the service is critical. The

service‟s value chain can help identify strategies to enhance value as well as identify opportunities for additional services. Furthermore, it is important for GPs to monitor ever-changing customer needs by conducting patient surveys through direct email campaigns and other follow-up tools. Continuous changes in implementation strategies are essential and should be incorporated into a business and individual performance measurement system (Mezger and Violani, 2011).

6.4.4 Supporting Principles and Activities

The key supporting health care principles that GPs need to adhere to at all times are:

- Trust.
- Commitment.
- Service ethics.
- Creativity and innovation.
- Community involvement.

Kemp et al. (2014) advocate that a health care service organization should engage the community in order to cultivate a commitment between the patient and the health care organization. Jillapalli and Jillapalli (2011, p.21) noted that, "judgments and feelings of the brand must evoke positive reactions and the nature of the relationship between the patient and the medical practitioner‟s brand must be intense, active and loyal". This helps to enhance the level of trust and commitment that a customer develops in relation to the health care service provider (Jillapalli and Jillapalli, 2011).

6.4.5 Communicate Value Proposition

In order to improve their brand equity, GPs have to effectively communicate their value proposition. A sound information dissemination drive, targeting current and potential customers, with regard to the value of the service through information brochures, posters, flyers, leaflets, a website, appointment cards, magazines and other advertising channels can also assist in developing and maintaining a close

relationship and bond between a GP and their customers (Pralea, 2011). This will enable GPs to attract and retain customers.

6.5. Limitations of the study

While every effort was made to ensure 100% participation in the study, the researcher could not secure an appointment with six GPs in the study areas. Furthermore, those that did participate had time constraints. Not all the questionnaires were completed during the arranged visit to the participants" medical facilities. Some had to be left behind and took long to return. The study was also conducted in a low to middle income group area. It may have had different responses if the study was conducted in an affluent area.

6.6. Recommendations for Future Studies

A descriptive cohort study is one of the studies that would be fruitful to conduct. This would involve following the service provided by a group of GPs. Branding strategies can be applied to the services and the results can be measured. This would provide quantitative information as to which combination of branding strategies has the highest impact on health care services. It would also provide further information on what really works when it comes to branding health care services.

6.7. Conclusion

Health care service providers should keep abreast of changes in the health care industry in order to develop effective branding strategies. This will enable proper alignment of branding strategies with such changes as well as alignment with changes in the macro-environment surrounding the business. Service providers need to offer cutting edge services that patients are able to identify and connect with. This will embed the brand in the hearts and minds of patients and cement a loyal relationship with the practice.

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Annexures

Annexure A: Informed Consent Letter

Informed Consent Letter 3C

UNIVERSITY OF KWAZULU-NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

Dear Respondent,

MBA Research Project
Researcher: Dr Vukani Mkhize
Supervisor: Mr Muhammad Hoque
Research Office: Ms P Ximba, 031-2603587

I, **Dr Vukani Mkhize**, an MBA student, at the Graduate School of Business and Leadership, of the University of KwaZulu Natal, request you to participate in a research project entitled "The branding of Private Health Care Services: Experiences of General Practitioners in Private Medical Practice".

This study aims to ascertain General Practitioners" levels of knowledge about branding strategies in general, their experiences in branding their medical practice businesses and perceived levels of success. Finally the research study aims to explore and recommend winning branding strategies/framework for private healthcare services providers, specifically General Practitioners, to leverage for business success in this highly competitive health care industry and environment. The main area of focus of the study is to look at health care service branding solutions which generally applies to General Practitioners and other private health care service providers.

Through your participation I hope to identify profitable health care service branding solutions which generally applies to General Practitioners and to understand how

General Practitioners leverage on such branding solutions in their quest to satisfy customer needs, create a competitive advantage and improve profits.

The results of the focus group are intended to contribute to the knowledge about branding of health services

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this survey/focus group. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Graduate School of Business and Leadership, UKZN.

If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact me or my supervisor at the numbers listed above.

The survey should take you about 15 - 20 minutes to complete. I hope you will take the time to complete this survey.

Sincerely

Investigator's signature: …………………………..

Date: ………………..

Annexure B: Participant Consent Form

UNIVERSITY OF KWAZULU-NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

MBA Research Project

Researcher: Name (Telephone number)

Supervisor: Name (Office Telephone number)

Research Office: Ms P Ximba 031-2603587

<u>CONSENT</u>

I, ……………………………………………………………………….(full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

Signature of Participant: ……………………

Date: ……………………

Annexure C: Questionnaire

Research Questionnaire on Branding in Health Care Services

Thank you for agreeing to participate in this survey. Your opinions / views are very important to the researcher as the aim of the study is threefold. Firstly, the study aims to ascertain the level of understanding/knowledge, value and benefits of health care services branding processes and strategies amongst General Practitioners operating private medical practices. Secondly to identify and analyse branding strategies General Practitioners in private medical practice have used for improvement purposes and their perceived levels of success. Finally to explore and recommend winning branding strategies/framework for private healthcare services providers, specifically General Practitioners, to leverage for business success.

Please note that this survey is 100% anonymous. Your name will not be attached to any data, nor will your name be included in any report. Your participation is a private matter and will not be disclosed.

This questionnaire is to be answered by treating doctors / practice owners only and contains a series of questions / statements about „Branding" and related concepts in the health sector and general information on their experiences and opinions about the usage of branding strategies in the sector as well as perceived levels of success in using these. Please read the statements carefully and give them serious consideration before answering. Your responses should reflect your own experiences and opinions. There is no right or wrong answer.

Please indicate your response by putting a cross (**X**) in the relevant response.

You are encouraged to be frank, honest and ask for clarification should you not be sure of what a particular question requires.

PS: Please do not include your name anywhere on this questionnaire.

Please note that the working definition of „Branding" that has been adopted for the purposes of this study is the one by the American Marketing Association.

According to the American Marketing Association, a brand is a name, term, sign, symbol, or design, or a combination of them, intended to identify the goods and services of one seller or group of sellers and to differentiate them from those of competition. Brand dimensions provide the means of distinguishing the goods/services of one company from those of other companies.

Brand is the affect and lasting impression you leave behind in the marketplace. It is the emotional trust and enduring loyalty in products and services won by meticulously upholding business core values and brand principles. A brand questionnaire is a process of evaluating the various strategies used by an organization to promote and increase the popularity of their brand (Keller, 2013)

Section A – Background Questions

The following questions are for background purposes only.

1. What is your gender?
   - o Male
   - o Female

2. Where is the location of your practice?
   - o Inanda
   - o KwaMashu
   - o Newlands East
   - o Ntuzuma

3. Which race describes you?
   - o Indian
   - o White
   - o African
   - o Colored
   - o Other, please specify …………………．

4. How many years have you been running a private practice?
   - o Less than 1 year
   - o 1 – 5 years
   - o 6 – 10 years
   - o 11 – 15 years
   - o 16 – 20 years
   - o More than 20 years

5. Approximately how many customers do you attend to in a day at an average?
   - o Less than 10 patients
   - o Between 10 and 20 patients
   - o Between 21 and 30 patients
   - o Between 31 and 40 patients
   - o More than 40 patients

6. How many days of the week is your practice open?
   - o 2 or less days of the week
   - o 3 days of the week
   - o 4 days of the week
   - o 5 days of the week
   - o 6 days of the week
   - o 7 days of the week

7. Which hours of the day are you available for patients to contact you?
   - o During working hours
   - o During after hours
   - o During working and after hours

8. What category of patients do you predominantly see?
   - o Cash patients
   - o Medical aid patients
   - o Mixture of cash and medical aid

9. Are you working in a partnership with another doctor or group of doctors?
   - o Yes
   - o No

10. What services do you provide?
    - o Medical care
    - o Dispensing
    - o Health Promotion
    - o Medical Investigations
    - o Minor Surgical Procedures
    - o Maternal Health Services
    - o Family Planning
    - o Referrals
    - o Collaboration with other healthcare providers
    - o Other – please specify……………………..

11. What is your area of work interest?
- o Paediatrics
- o General Medicine
- o Surgery
- o Obstetrics and Gynaecology
- o Urology
- o Dermatology
- o Forensic Medicine
- o Ear, Nose, Throat
- o Neurology
- o Ophthalmology
- o Orthopedics
- o Psychiatry
- o Emergency medicine
- o Other – please specify……………………..

Section B – Service Offering Questions

1. Are you familiar with the concept of Health Care Services Branding?
    - o Yes
    - o No

2. How would you rate your level of knowledge and understanding of branding?
    - o Poor
    - o Satisfactory
    - o Good
    - o Excellent

3. Do your personnel understand the concept of branding?
    - o Yes
    - o No

4. How would you rate your personnel"s level of knowledge and understanding about branding?
    - o Poor
    - o Satisfactory
    - o Good
    - o Excellent

5. Do you consider branding in the private medical /health important for business success?
    - o No
    - o Yes
    - o Not Sure

6. What among the following factors defines your practice as a brand and to what extent? Please use the rating scale below:

1 = Not at all
2 = Moderately
3 = Large Extent

Statements	1	2	3
6.1. Affordability of medical services			
6.2. Excellent patient experience			
6.3. Aesthetic appeal of the doctor"s practice			
6.4. Sensitive attitude towards patient needs			
6.5. High standard medical equipment within the practice			
6.6. Well-trained staff			
6.7. Availability of medication			
6.8. Diversification of medical services			
6.9. Community Involvement			

7. Which visual elements do you use to communicate your services with your target market/customers?

- o Names
- o Logos
- o Symbol
- o Brochures
- o Signage
- o Medicine packaging
- o Envelopes
- o Internal and external design of facility
- o Business Cards
- o Videos
- o Website
- o Email communication
- o Uniforms
- o Newsletters
- o None

8. In your opinion, do these visual elements clearly convey the message of the value you deliver?

- o Not Applicable
- o No
- o Yes
- o Not sure

9. What other branding solutions has your practice as a business adopted in attracting patients? Please explain in detail.

………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
……………

10. How long would you say the branding solutions of your practice have been in place?

- o Less than 1 year
- o 1 – 2 years
- o 3 – 4 years
- o 5 years and above

11. What has been the aim behind your adopted branding approach, i.e. what were you hoping to achieve? Please use the rating scale below:

1 = Not important

2 = Important

3 = Very Important

Statements	1	2	3
11.1. Improved image of the practice			
11.2. Increased profit margins			
11.3. Enhanced customer loyalty.			
11.4. Increased growth opportunities			
11.5. other….(please specify)			
11.6. other ….(please specify)			

12. Does your branding approach differentiate your practice from other competitor private medical practices?

- o No
- o Yes
- o Not sure

13. Which of the following advertising channels have you used to market your services?

- o Newspapers
- o Television
- o Radio
- o Social media
- o Pamphlet distribution
- o Other–please specify ……………………………………………………
- o Other– please specify ……………………………………………………

14. How often are you keeping an ongoing dialogue with your customers?

- o Never
- o Occasionally
- o Frequently
- o Always

15. If so, how i.e. what channels are you predominantly using?

- o Email
- o Automated cell phone messages
- o Telephone calls
- o Letters
- o Facebook
- o WhatsApp
- o Twitter
- o Other– please specify ………………………………………………………
- o Other– please specify ……………………………………………………

16. Do you monitor the number of complaints and compliments received by your practice?

- o Never
- o Occasionally
- o Frequently
- o Always

17. Do you respond to customer complaints?

- o Never
- o Occasionally
- o Frequently
- o Always

18. In your opinion, how do you think your customers perceive your practice?

- o Very poor
- o Poor
- o Satisfactory
- o Good
- o Very Good

19. How do you think your patients have benefitted from the branding strategies you have implemented? Please use the rating scale below:

1 = Not benefitted

2 = Benefitted satisfactory

3 = extremely benefitted

Statements	1	2	3
19.1. Improved service quality and level of care			
19.2. Enhanced patient perception of quality of care			
19.3. Enhanced communication and alignment of service provision with customer interest			
19.4. Enhanced transparency and improved patient information			
19.5. Other….(please specify)			
19.6. Other…..(please specify)			

20. In terms of attracting new customers, how would you rate the value of using these branding solutions towards the success of your practice?

- o Very Poor
- o Poor
- o Satisfactory
- o Good
- o Very Good

21. Do you think there are customers who are loyal to your practice i.e. customers who will **not** switch to other doctors / service providers?

- o No
- o Yes
- o Not sure

22. If the answer is **'Yes'** above, what do you think are the factors that will influence these „loyal" customers **not** wanting to switch to other doctors / service providers?

………………………………… ………………………………………..

………………………………… ………………………………………

………………………………… ………………………………………..

23. If the answer is **'No'** above, what do you think are the factors that will influence these „loyal" customers wanting to switch to other doctors / service providers?

………………………………… ………………………………………..

………………………………… ………………………………………

………………………………… ………………………………………..

24. At an average, how has your practice performed since you started using branding solutions mentioned above in terms of customer retention?
    o The practice has lost customers
    o The practice has gained new customers
    o The practice has lost customers but also gained new customers
    o The practice the not lose or gain new customers
    o Not sure

25. At an average, how has your practice performed financially in the past financial year (2013/14) compared to the financial performance before you implemented various branding solutions?
    o No difference in turnover per annum
    o A reduction in turnover per annum
    o An additional R50 000 – R99 000 turnover per annum
    o An additional R100 000 – R199 000 turnover per annum
    o More than R200 000 but less than R300 000 turnover per annum
    o More than R300 000

26. How would you rate the financial performance stated in question 25 above when considering your branding efforts?
    o Very Poor
    o Poor
    o Satisfactory
    o Good
    o Very Good

27. What would you consider as the strengths and weaknesses of the branding strategy you implemented?

Strengths	Weaknesses
……………………………	……………………………..
……………………………	……………………………………
……………………………	……………………………..

28. What factors in your business environment do you think are important for your practice to ensure success in the future? Please use the rating scale below:

1 = Not important
2 = Important
3 = Very Important

Statements	1	2	3
28.1. Knowledge and understanding competitors			
28.2. Ensuring excellent customer care			
28.3. Implementing effective Marketing activities			
28.4. Provision of advanced medical services			
28.5. Diversification of services provided			
28.6. Differentiating your practice from your competitors			
28.7. other….(please specify)			
28.8. other ….(please specify)			

29. Using the rating scale provided below, please indicate how significant you think the following branding value positions are in attracting customers in the private medical practice?

1 = very poor

2 = Poor

3 = Average

4 = Good

5 = Very Good

Statements	1	2	3	4	5
29.1. Affordability of medical services					
29.2. Excellent patient experience					
29.3. Aesthetic appeal of the doctor"s practice					
29.4. Sensitive attitude towards patient needs					
29.5. High standard medical equipment within the practice					
29.6. Well-trained staff					
29.7. Availability of medication					
29.8. Diversification of medical services					
29.9. Community Involvement					

30. Please list other solutions which you think customers consider when selecting a private medical service provider? You may not have used these.

………………………………….   …………………………………….

………………………………….   …………………………………….

31. Do you have any additional comments, inputs or questions that you would like to talk about with regards to this survey? Please feel free to raise those.

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………

Thank – you for your cooperation!

Annexure D: Ethical Clearance Approval Letter

UNIVERSITY OF ™
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

31 March 2015

Dr Vukani Petrus Mkhize (963096376)
Graduate School of Business & Leadership
Westville Campus

Dear Dr Mkhize,

Protocol reference number: HSS/0188/015M
Project title: The branding of Private Health Care Services: Experiences of General Practitioners in Private Medical Practice

Full Approval – Expedited Approval

With regards to your application received on 18 March 2015. The documents submitted have been accepted by the Humanities & Social Sciences Research Ethics Committee and **FULL APPROVAL** for the protocol has been granted.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenuka Singh (Chair)

/ms

Cc Supervisor: Mr M Hoque
Cc Academic Leader Research: Mr M Hoque
Cc School Administrator: Ms Zarina Bullyraj / Ms Gina Mshengu

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbap@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za
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