Hospital Advertising: What New Jersey Female Consumers Really Think

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HOSPITAL ADVERTISING: WHAT NEW JERSEY FEMALE CONSUMERS REALLY THINK

BY

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Submitted in partial fulfillment of the requirements for the Master of Arts in Corporate and Public Communication Seton Hall University

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Author's Note

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# TABLE OF CONTENTS

**AUTHOR’S NOTE** ........................................................................................................... ii

**LIST OF TABLES** ............................................................................................................ iv

**CHAPTER**

I  **INTRODUCTION** ............................................................................................................. 1
    Research Question ................................................................................................. 2
    Subsidiary Questions ............................................................................................ 3
    Purpose of the Study ............................................................................................. 3
    Objectives ............................................................................................................... 5
    Definition of Terms ............................................................................................... 6
    Limitations ............................................................................................................ 7

II  **REVIEW OF THE LITERATURE** ............................................................................. 9
    Literature About Hospital Advertising .............................................................. 9
    Advertising’s Impact On Society .......................................................................... 9
    Advertising and the Power of Branding ............................................................. 11
    Hospital’s Competitive Landscape ..................................................................... 12
    Hospital Advertising – How Has It Evolved? .................................................... 15
    Who are Hospital’s Targeting their Advertising to and Why? ......................... 17
    Advertising As Part of the Hospital Brand Mix ................................................ 19
    What Consumers are Saying About Hospital Advertising ............................. 20
    Summary ................................................................................................................ 26

III  **DESIGN OF THE STUDY** ...................................................................................... 27
    Population and Sample ....................................................................................... 27
    Survey ................................................................................................................... 29

IV  **ANALYSIS OF THE DATA** ...................................................................................... 31
    Introduction ......................................................................................................... 31
    Data Review – Selected Newspapers .................................................................. 32
    Data Review – Survey Respondents ................................................................... 36

V  **CONCLUSIONS AND RECOMMENDATIONS** ..................................................... 42
    Review .................................................................................................................. 42
    Future Study ........................................................................................................ 44

References ................................................................................................................... 45

Appendices .................................................................................................................. 50

A  Survey Cover Letter ............................................................................................. 51
B  Survey .................................................................................................................... 53
C  Executive Summary ............................................................................................... 57
D  Sample Advertisements ....................................................................................... 60
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Advertisements</td>
<td>34</td>
</tr>
<tr>
<td>2</td>
<td>What Services Women Value Most In a Hospital</td>
<td>37</td>
</tr>
<tr>
<td>3</td>
<td>What Women Expect Their Hospital to be the Best In</td>
<td>39</td>
</tr>
<tr>
<td>4</td>
<td>What Services Women Want More Information On</td>
<td>40</td>
</tr>
</tbody>
</table>
Chapter I

INTRODUCTION

In today's competitive healthcare market, hospital advertising appears to be a necessity. No longer can hospitals assume a steady supply of patients. Patients can, of course, choose any hospital they want to go to for their care. Physicians can choose the hospitals at which they will practice medicine. Emergency Medical Technicians, volunteer ambulance squads, police, and fire personnel all influence which hospitals they transport patients to. Health Maintenance Organizations (HMO's) carefully select those hospitals with whom they will partner for managed care contracts. And employers -- large and small -- decide which health plan they will participate in, ultimately determining which hospital employees can use. However you look at it, hospitals today face fierce competitive pressures.

To gain the attention of each of these audiences, a hospital must communicate its message and distinguish itself from its competitors. A dominant form of that communication over the last 5 years has been advertising. "Hospitals spent a whopping 33% more on advertising in 1997 than they did the prior year, amounting to almost $1.3 billion, while they increased their marketing budgets 6% to more than $2.4 billion" (Bellandi, 1998, p. 82).

This boom in hospital advertising spending is strongly related to the competitive healthcare landscape. Yavas and Shemwell (1996) assert that hospitals are enduring strong competitive pressures:
Stays are shortening, occupancy rates hover at about 50% nationwide, and once-sacrosanct images are eroding. Add that to the fact that healthcare consumers are well informed, actively involved and demanding of the very best in treatment. (p. 30)

Similarly, Tscheulin and Hemig (1998) authors of a study on the optimal design of hospital advertising agree:

Confronted with the unavoidable question of finding survival strategies in an intensely competitive market for hospital services which is characterized by a decreasing number of beds and the danger of closures, many hospitals have since implemented marketing and advertising plans. (p. 35)

Industry experts say ad spending will continue to increase, forcing hospitals to be more aggressive in their approach as they battle "rising competition for patients, deregulation of rates and the growth of managed care" (Lipowicz, 1997, p. 29).

This study looks at how hospital print advertising messages compare with concerns noted by a sample of select New Jersey female healthcare consumers.

Research Question

How does hospital advertising compare with healthcare issues that most concern consumers? This study explores that question by examining viewpoints expressed by
select New Jersey female consumers about their healthcare concerns. That data is then contrasted with a review of New Jersey hospital advertising over a designated period, in designated media.

Subsidiary Questions

In an attempt to understand the relationship between hospital advertising and women as the primary health care consumers, this study will also address the following questions:

1. What is the historical role of advertising, and in particular, healthcare advertising?
2. Are women the true “healthcare gatekeepers” in their household and why?
3. What factors, values and priorities play a role in a consumer’s healthcare decision?
4. How does a hospital determine exactly what it will advertise?
5. What role does the hospital’s community (its physicians, board, employees, volunteers, etc.) play in its advertising?

Purpose of the Study

Many factors shape consumer’s healthcare decisions, everything from values and beliefs about their health to convenient access to hospital services. Women -- the primary healthcare decision-makers for their family -- certainly consider these factors. Women often encourage family and friends to educate themselves about their health and seek
current health information and services (Gillette, 2000). This author notes that nearly
every woman's magazine on the newsstand today touts a health tip or health story on its
cover.

This growing body of knowledge and immediate access to healthcare information
make for a very powerful healthcare consumer. "As a result, hospital advertising and
other marketing efforts are being targeted toward women" (Gillette, 2000, p. 20). This
makes them an even more powerful healthcare consumer than ever before. The author's
exploration of hospital advertising addressing consumer healthcare concerns is based on
an interest in whether this abundance of ad spending is really bringing in patients, or
satisfying a need as defined by the hospital placing that advertising. Advertising is
defined as a form of paid, sponsored promotion of a product, service or person (Kotler &
Clark, 1987). With this definition in mind, the goal of hospital advertising should be an
attempt to target, educate, communicate with and persuade consumers to utilize hospital
services. As a public relations and marketing manager of a 561-bed hospital within a four-
hospital healthcare system, the author has been privy to ad spending in several New
Jersey hospitals. It is the author's experience that hospital print ads often do not educate,
communicate, or persuade consumers, many times failing to be effective. In the author's
experience, hospitals are not always capable of meeting these goals of educating,
communicating, or persuading consumers in an advertisement for a variety of reasons
ranging from hospital leadership indecisiveness to a hospital's attempt to exaggerate the
service or program's value.

The author can recall several occasions where ads were placed solely as a means
of pleasing an important person within the healthcare organization. In two instances,
significant time and dollars were spent on a campaign touting a surgical program that was not yet fully developed. Several physicians who played an important role in the organization pressured senior level executives to show their commitment to the program by placing ads in area newspapers. These physicians threatened to perform procedures at other institutions if their surgical program didn’t get the attention they felt it deserved. Despite the fact that the author’s marketing department counseled hospital administration on more appropriate ways to promote the program, the department was still asked to develop an advertising campaign. This author also notes that ironically, following the placement of two costly ads, the program closed a few months later.

Objectives

In conducting a study that looks at hospital print advertising and how it relates to patient’s healthcare needs and concerns, the author identified three objectives. The first is to explore the reasons why hospitals choose to advertise. Is hospital print advertising based on what the competitor is doing, a need to educate consumers, to simply satisfy its internal constituents or some other reason? The second objective is to attempt to determine what some female New Jersey consumers might deem as important healthcare concerns and issues. Does a potential patient care that her local hospital has the first linear accelerator for the treatment of prostate cancer? Or does that potential patient really only care if the hospital is within 15 minutes driving distance? Third, the author seeks to add to the body of literature related to hospital advertising and strives to meet these objectives through an extensive review of current literature; a survey of New Jersey female healthcare consumers; a comparative review of New Jersey hospital print
advertising in The Star Ledger, The Daily Record and The Bergen Record, and personal interaction and discussion with hospital marketing professionals.

Definition of Terms

1. **Advertising**: A form of paid, sponsored promotion of a product, service or person (Kotler & Clarke, 1987).

2. **Brand**: A name, term, sign, symbol, or any other feature that identifies one seller's good or service as distinct from those of other sellers (American Marketing Association's Dictionary of Marketing Terms, 1995).

3. **Consumer**: Purchaser of goods or services.

4. **Healthcare or health care**: The attention and/or consideration of a person or person's health.

5. **Marketing**: The activities in the transfer of goods and services from producer to consumer, including advertising, public relations, distribution, pricing, sales, credit, warehousing (Webster's New World Dictionary of Media and Communications, 1990).

6. **Public Relations**: A strategy that uses all forms of communication to direct the opinion of any one person or group.

7. **Health Maintenance Organizations (HMO's)**: A system in which a select group of Healthcare providers belong (including physicians, hospitals, clinics and pharmacies) and which offers a range of healthcare services to its enrollees/patient members (Creating Greater Understanding in Managed Care: An Approach to Managed Health Care & A Guide to Terminology, 1993).
8. Managed Care: A medical health plan that allows patients to only go to doctors, specialists or hospitals on the plan's list.

Limitations

A limitation to this study is that it only focuses on one type of hospital advertising, meaning print. Many other forms of hospital advertising take place including radio, television, direct mail, billboard, and so forth, but for the purposes of this study the author finds it necessary to limit research to only one form of hospital advertising.

A second limitation to the study is the sample of consumers. The author chose to survey a convenient, non-random sample of only New Jersey women and not men, due to women's predominant role as caretaker and healthcare decision-maker. The author acknowledges that this sample of women cannot reflect the opinion of all women in the United States.

The third limitation to the study is the 3-month time period in which hospital print advertising was reviewed. For purposes of this study, hospital print advertising was reviewed for only a 3-month time period, from September 2000 to November 2000.

The fourth limitation is the study only reviewed print advertising within three of New Jersey's daily newspapers, The Star-Ledger, The Daily Record and The Bergen Record. Due to time limitations and the large volume of print media in New Jersey, the author chose not to review advertising within other daily newspapers other than those mentioned above, magazines or weekly newspapers.

The final and primary limitation to the study is the survey size and population. The study was conducted in January and February of 2001 and the author chose to survey a random selection of organizations each with very different makeups. To ascertain
differences in responses, the author also chose groups of women in different counties, including Bergen, Union, Essex and Morris.
Chapter II

REVIEW OF THE LITERATURE

Literature About Hospital Advertising

Hospital advertising is relatively new in the marketing world and didn’t really become the norm until the middle 1990s (Goldberg, 1988, p. 2). Subsequently, not much has been written on the subject, nor has very much research been conducted. To give the reader a better understanding of advertising as a whole and how branding has made its way into the marketing mix, the author begins the literature review with an overview of advertising’s impact on society and the power that branding holds within this medium. Following this is an overview of the competitive landscape hospitals have found themselves in within the last few years, that is Medicare and Medicaid reimbursement cuts, competition, and the “new” patient with a hunger for the best and for more information. The review then looks at how these competitive factors have impacted hospital advertising, such as an increase in spending and to what extent it has evolved today. The literature review also looks at who hospitals are targeting their advertising to (women) and why. Finally, the review shares what consumers are saying about hospital advertising.

Advertising’s Impact On Society

In an essay he authored for Life Magazine, Henry Luce (1941, as cited in Klein and Donaton, 2000) coined the year, 1941 “The American Century” and the “Advertising Century” (p. 1). According to Klein and Donaton, “the two have remained intimately twined. Advertising played a key role in powering the miracle American economy of the
past 50 years, and has had a profound impact -- for good and ill -- on our culture” (p. 1). Randall Rothenberg (2000) agrees with Klein and Donato’s assessment of advertising’s impact. “With head-spinning rapidity, a nation balanced between post-World War I prosperity and a calamitous depression was shaped by advertising’s influence” (p. 3). Advertising executives were treated as celebrities and the industry became more prominent due to the “maturation of the U.S. marketplace” (p. 4). Like Rothenberg, Schultz and Barnes (1999) found that before the 1960s when competition in the global marketplace occurred, “advertising was king” (p. 6). “Mass production drove mass distribution, which required mass marketing. And mass marketing needed mass advertising to help shape the wants and desires of a rapidly growing consumer marketplace” (p. 6). At the time, even president Calvin Coolidge, recognized advertising’s power over Americans. “It is the most potent influence in adapting and changing the habits and modes of life,” said the president, “affecting what we eat, what we wear, and the work and play of a whole nation” (Schultz and Barnes, p. 4).

Of all advertising mediums, print is the oldest and the most resilient (Aitchison, 1999). Following the post-war years, advertising took on many faces including print, radio, television, billboard and direct mail. Today one can add the Internet to this advertising equation. However, setting all of these other mediums aside, according to Aitchison, print will “again become the front line in the battle between the prevailing wisdom of one century, and the unconventional wisdom of the next” (p. 1.). According to Aitchison, print is permanent on a page and is equated with art that is built to outlast all other mediums. “Print is the only medium we can hold and touch. Communication is one-to-one” (p. 3).
Advertising And The Power of Branding

When asked to define what “branding” means, consumers often respond with incomplete answers such as logo, design, packaging or “catchy slogan” (Scire, 2000, p. 1).

Sure a catchy slogan or graphic can be effective in jogging awareness of a company’s product or service. However, these advertising vehicles are mere positioning components supplementing a much more comprehensive branding concept that inspires customer loyalty. (p. 1)

As advertising has created such a presence in much of the world, the term “branding” too has become very significant. “Powerful brands incorporate all levels of associations, starting with the emotional, spiritual and cultural values being addressed, then working downward to the functional or emotional benefits provided to customers” (Scire, 2000, p. 1). According to Feder, (1998) image-building branding is an example of a nationwide trend among cultural and other non-profit institutions (p. 1). Once considered foreign to non-profit organizations, branding and image building have taken front seat in these organizations’ marketing initiatives and are proving crucial to their survival (p. 2). Feder found that non-profits compete continuously for customers and donors and they need a “brand” to differentiate themselves (p. 2). Similarly, Ellerman (1999) reported that the American Hospital Association conducted a study in 1997, which found that “branding had become a powerful force in hospital advertising. As provider organizations
consolidate and get bigger, a major focus is helping consumers recognize a brand name, which is why names are often changed and facilities linked to flagships” (p. 2).

Furthermore, Schultz & Barnes (1999) contend that although brands have been at the core of advertising since time began, it has only been until recently that brands and branding have been considered critical to marketing success (p. 35). They also assert that organizations must make branding and brand communication their most valuable skill in order to compete.

While organizations may be able to determine the value of the brand and its potential earning power and therefore set some type of acquisition or sales value for it in the marketplace, most of the real value of the brand truly resides with the customer or consumer. If the consumer does not value the brand, or if the customer value of the brand either increases or declines, then, over time, the value of the brand to the organizations sure to increase or decline as well. (Schultz & Barnes, 1999, p. 53)

Therefore, the authors note that the keeper of the brand must determine the future of the brand to its customers.

Hospital’s Competitive Landscape

Although advertising in the health care field has been used for more than a century for “communicating ideas and educating the public, its application as a viable marketing tool is a recent phenomenon” (p. 3). Similarly, Moore and Bopp (1999)
discovered that traditionally hospitals have had simple, reliable ways of making themselves known within their community.

Religious affiliation and simply being the hospital associated with a given community made it easy for hospitals to connect with their customer base. Privatization and managed care have dramatically changed this natural connection. Unfortunately for hospitals, being rooted within the community is no longer the most reliable way to gain and retain patients. Instead, hospitals need to take extra steps and face the challenges of making a lasting connection within its community. (Moore & Bopp, 1999, p. 5)

Ultimately, the competition hospitals have found themselves in has impacted hospital advertising and marketing as a whole. Why did healthcare organizations develop an interest in marketing and advertising? In their book, Marketing for Healthcare Organizations, Philip Kotler and Roberta Clarke (1987) several reasons. First, they contend that hospitals have fewer donors, resulting in fewer funds to meet the institutions needs.

Moreover, with the advent of Medicare, Medicaid, and better third-party insurance over the past two decades, significant revenue was also generated as a result of the market consuming the health services offered. Traditional nonprofit organizations have increasingly focused their efforts on attracting usage by the market in order to generate revenue. (p 8)
Kotler and Clarke also cite changes in the healthcare regulatory process as another reason (p. 8). These include everything from the number of registered nurses per unit to the specific parameters required to open a cardiac catheterization laboratory. These new regulations don’t allow hospitals to operate exactly as they did before. Similarly, Ellerman (1999) found hospitals often rationalize advertising on the notion that one "must spend money to make money" which becomes the impetus to hospital marketing. Furthermore, Ellerman contends that reimbursement cutbacks brought about by federal Medicare/Medicaid cuts, place tremendous pressure on all healthcare providers to increase their volume of business and thus show a profit. In addition, Crains Chicago Business (Somasundarum, 1999) found that healthcare institutions “ranging from small community hospitals to large academic medical centers contend that they can’t afford to be invisible and must advertise to ensure their survival” (p. 15). Consequently, hospitals are turning to a variety of advertising mediums from print and broadcast to billboards and direct mail marketing to promote themselves.

Nevertheless, Banfield (1999) sees many of the advertising trends in health care in the new millennium as the “byproducts of two things: scientific advances, both technological innovations and breakthroughs in the lab; and changing attitudes toward healthcare – a movement toward more personal responsibility, and toward a more holistic, wellness-oriented approach (p. 16). Banfield also cites examples that drive hospital advertising that are outside of the healthcare arena. “The growing role of the Internet in healthcare is a perfect example of the synergy that is occurring between a new technology and new attitudes” (Banfield, 1999, p. 16).
Although New Jersey has only non-profit hospitals, its "big business" approach to health care delivery evolved from modest roots (Clifford, 1994). Clifford also found that many of the state's hospitals started out as charitable healthcare institutions for the disadvantaged, but have since turned into major industries. "They have assumed extensive responsibilities and provide a variety of services to patients, often taking an active role in medical treatment. Hospitals provide sophisticated and highly integrated technical and specialist services (Clifford, 1994). Still, despite this "big business" approach, advertising is relatively new among health care administrators, public relations specialists, marketers, and planners across the country (Snook & Vaden, 1986, p. 3).

Hospital Advertising: How Has It Evolved?

For those who grew up in the 1960s, healthcare advertising was virtually unheard of. That is, other than the sophisticated, silver haired, "Bayer Man" dressed in a white doctor's coat, holding up a bottle of Bayer Aspirin as he told you that four out of five doctors agreed with him (Hess, 1998). Hospitals were not part of this advertising mix at all. Instead, hospitals were known for their charitable work or religious affiliations (Clifford, 1994).

In the 1980s, Kotler and Clarke (1987) found healthcare professionals disparaged marketing, "imagining that it would lead to ads such as 'This week's special for cardiac patients -- fluoroscopy and cardiac catheterization -- only $1,295'" (p. 17). Subsequently, hospital administrators held firm to the notion that doctors chose which hospital a patient would go to for treatment therefore, if marketing were to be successful it would need to be aimed at physicians (Kotler & Clarke, 1987, p. 17). Similarly, Bhuijan and Abdul-
Gader (1997) argue that among the types of hospitals identified in hospital marketing, the first are the hospitals that believe marketing wastes money and should be used for the sick. Other hospitals equate marketing with promotion and advertising. "They have embraced the promotion part of marketing in order to attract patients and increase market share. Consequently, marketing activities and expenditures have remained primarily confined to advertising and promotional activities" (p. 36).

According to Competitive Media Reporting (as cited in Goldberg, 1998) hospital advertising in the New York metro areas was virtually unheard of as recently as 1992 (p. 2). When Japsen (1997) looked at large hospitals, those that were part of a larger healthcare system or network, were the drivers of advertising spending. "Now, those same institutions are acting like consumer product companies, more than doubling their spending on advertising in 1996 and launching campaigns designed to establish a brand identify” (p. 71). In addition, Bellandi (1998) found that a hospital’s size directly related to what it spent on advertising, with hospitals across the country spending roughly $1,000 per licensed bed on advertising (p. 82).

Jaklevic (1996) agrees, declaring that hospital ad spending has swelled. "Marketing has come to be recognized by hospital and other health care providers as a necessary management function in a highly competitive environment” (p. 32). Similarly, Clifford (1994), found that in 1993, U.S. hospitals spent $1.81 billion on advertising and marketing of their services, more than 12 percent from the previous year. And as Ellerman (1999) found, several years later, the numbers haven’t changed much.

According to Marketing By The Numbers, a study of trends in healthcare marketing done by the American Hospital Association Society for Healthcare Strategy and Market
Development, (1999), "the average hospital spent $206,000 on advertising in 1997, and the average healthcare system spent more than half a million dollars. In 1998, the Long Island Business News, (Goldberg, 1998) found too that hospitals in the New York metro area were beginning to recognize the benefits of advertising. "Many believe that hospital advertising addresses the public’s need for good information and attracts new patients" (p. 1). In a mail survey taken by more than 230 hospital executives, Loubeau and Jantzen (1998) found that "advertising in health care is widespread, increasingly accepted, and very often the greatest line item in the marketing budget" (p. 13). According to Lipowicz (1997), ad spending will continue to increase. Rising competition for patients, deregulation of rates and the growth of managed care are pushing hospitals to sell themselves a lot more aggressively. They must now concentrate on distinguishing their hospital from the crowd, and selling not only to patients but indirectly to managed care directors and to employers (p. 29). Lipowicz also found that while some institutions continue to push specific "self-referral" services, most are moving to advertisements that emphasize their broad geographic networks to try to create a brand identity.

Who Are Hospital’s Targeting Their Advertising To And Why?

A staggering 64% to 80% of women in the U.S. make the healthcare decisions in their households (Ngeo, 1998, p. 34). Furthermore, men make only 20% of drugstore purchases and women make more than half of all doctor visits (p. 34). According to Ngeo, "Women are a driving force behind the renaissance of consumerism in healthcare. Women are educating themselves on a broad spectrum of healthcare issues, using the Internet more than ever and taking activism to a higher level" (p. 34). Similarly, Gillette
(2000) found that women are often the ones encouraging others to gain more information or access to certain health services (p. 20). Stewart and Campbell (October, 2000) too, noted, “The best way to reach a married man may be through his wife” (p. 20). Women are often seen as the caretakers and rightly so. “They have more contact with the health care system because most go for annual gynecological check-ups and also deal with doctors during their child-bearing years” (p. 20). Furthermore, a 1999 survey by the Common Wealth Fund (as cited in Stewart & Campbell, 2000) found that 92% of women had seen a physician during the prior year, compared to 24 percent of men in this survey” (p. 20). Moreover, Stewart and Campbell also reported that society often demands that men be “strong and stoic” which can ultimately lead to health problems and that men also are often too embarrassed to discuss health concerns with their doctors (p. 20).

According to Ngeo (July, 1998) “women’s activism in healthcare had a resurgence in the 1990s from the initial feminist movement of the 1970’s (p. 34). At that time, the National Institutes of Health were pressured by grass-roots groups to “spend more research funds on women’s health issues and to include women in broad-based studies of health problems such as heart disease that afflict both sexes” (p. 34).

Additionally, McCormick, Kirkham, and Hayes (1998) found that a “women’s desire to take control of their own bodies creates a natural affinity between the projects of feminism and women’s health research” (p. 495).

Women are not in traditional roles anymore. “They have been out in the business world and know how to get things done” (Ngeo, 1998, p. 34).

The life of a caregiver today is more likely to look something like this: A working mother in her forties who is caring for her
own two young children, working a full-time job — perhaps even
as a professional caregiver — freezing dinners for her family on
the weekends, an supervising the care of a sick mother who lives
several hours away, coordinating social service providers,
handling insurance coverage, paying for services not covered out
of her own pocket, while at the same time trying to keep her
mother’s spirits up, as well as her own. (Hunter, 1999, p. 1)

With about 1,670 hospitals in the U.S. having a clinic or health center dedicated to
women — according to American Hospital Association (1999) data — healthcare systems
have acknowledged the importance of women’s issues in their continuaums of care.
Wilkes, Bell and Kravitz (April, 2000) found for instance, that women were more likely
to be targeted than men in healthcare advertising (p. 4). Furthermore, hospital marketers
recognize the role women have as a healthcare channel for the whole family (Gombeski,
recognize the influence of women, “some companies still resist female-targeted
marketing campaigns” (p. 34).

Advertising As Part Of The Hospital Brand Mix

To make themselves more memorable, hospitals are looking to branding as a
powerful component of hospital advertising (Ellerman, 1999, p. 2). “As provider
organizations consolidate and get bigger, a major focus is helping consumers recognize a
brand name, which is why names are often changed and facilities linked to flagships” (p.
2). Like Ellerman, Hudson (1999) believes that hospitals and doctors are increasingly
turning to branding strategies amid the competitive HMO system. “Ohio State University
Medical Center has been emphasizing the human side of primary care doctors in its advertising campaigns since 1997. The campaign has profiled 35 doctors to date in great detail; patients often seek out a physician whose lifestyle and even hobbies match their own” (p. 14). Similarly, Hudson also cites the examples of Samaratin Health System in Phoenix, which profiles its cardiologists and Sharp HealthCare in San Diego, which emphasizes relationships in an effort to drive more traffic to its web site.

Accordingly, William Gombeski, Jr. (1998), chief marketing officer at Henry Ford Health System in Detroit, Michigan finds in health care a variety of positioning strategies evident in most markets (p. 43).

For instance, among hospitals, typically there’s the university-based teaching/research organization that has the high-tech, innovative position: there’s the county/public medical hospital that is positioned as a center for the poor; and there are the local community hospitals that are positioned as good neighbor, customer friendly organizations. (p. 46)

Gombeski also contends that more and more dollars are being allocated to hospital marketing departments to spend on clearly defining a position, capturing it and then communicating it to the consumer.

What Consumers Are Saying About Hospital Advertising

Consumers seem to have noticed the increase in hospital advertising as well. According to Klein (1997), nearly half of all consumers believe the amount of hospital advertising has increased a lot over the past several years, while 2 in 10 believe hospital advertising has increased a little. And Klein reports that seniors are significantly more
likely than younger consumers to believe the level of hospital advertising has increased.

Despite this heightened awareness to hospital advertising, Elaine Simpkins, vice-president of marketing at Chicago’s Loyola University Health System, which spent $1.2 million on its ad campaign in the first 6 months of the year, believes creating emotional loyalty through a hospital ad may lead consumers to stay with you (Somasundarum, 1999, p. 15).

Although most consumers say they aren’t swayed by hospital advertising, think it increases costs, or don’t find them particularly informative, hospital ads help them make a better choice.

In fact, many consumers find that hospital ads help them make a better choice, feel good about a previous choice, and inform people about health related issues. (Klein, 1997, p. 1)

In the late 1980s, Kotler and Clarke (1987) however, cited a frequent criticism of health care marketing: that it is too expensive and can waste valuable dollars better spent on patient care. Yet today, information is a critical factor in marketing health care services. Consumers evaluate information according to its source (Moore & Bopp 1999, p. 1). According to Moore and Bopp, marketing to healthcare consumers is most effective when those whom consumers trust most do it, indirectly. They also found that 30% of consumers reported using marketing information to make health care decisions and 83% indicated that they thought that the information would be useful (p. 3). Helping drive this increased spending on marketing and advertising spending are aging baby boomers who are an “information-hungry generation in an increasingly consumer-driven healthcare market” (Bellandi, 1998, p. 82). According to Bellandi, today’s consumers say they want
more choice and more information. However, Tscheulin and Helmig (1998) found that although clients are open toward hospital advertising, it has not been clearly proven that they use advertisements as a source of information in choosing a hospital (p. 35). Hospitals across the nation contend that it is difficult to sell the entire healthcare experience in one little ad. The ads provide consumers with options, make them aware and provide them with questions to ask. According to Tscheulin and Helmig, “healthcare ads are often just enough to plant the idea in peoples’ heads that a hospital exists” (p. 35).

Advertisements for hospitals are “chock-full of the Madison Avenue buzzwords the public wants to hear. Good-looking, white-coated actors promise American world-class health, and worse than that, tell them they can have it without cost, red tape or paperwork. These ads guarantee the public that brilliant, compassionate physicians will listen to them and solve their medical problems (even as those same insurers and their managed care plans push their doctors to spend less time with patients and do less for them. (Greenberg, 2000, p. 17)

Greenberg (2000) also asserts that hospital ads “don’t inform, they seduce. Even then, it’s a mostly empty gesture. He also contends that because employers choose the company’s health plan, consumers don’t have much choice” (p. 17). According to the Arkansas Hospital Association (1998), the American Hospital Association is drafting new ethics guidelines on advertising due to ad wars among some hospitals. “Critics claim that the success stories touted in ads are misleading, since they imply that all patients can be cured. Association officials say they want to draw the line over ads that claim the care
in one hospital is superior to others (Arkansas Hospital Association, 1998). Furthermore, Greenberg (2000) asks: “in the case of hospitals, does anyone really not know what hospitals are in the community? (p. 18).

Similarly, Clifford (1994) asserts that patients have come to expect that hospitals control the activities that take place on their premises. Furthermore, he states that hospital advertisements feed into this perception by often failing to communicate clearly to consumers that independent contractors, and not hospital employees, provide certain health care services (p. 2). Moore and Bopp (1999) too believe this leads to consumers not trusting their health insurance companies or other institutional sources of health care information. They point out that health care consumers believe that hospitals differ in the quality of care provided. Patients make judgments about hospital quality based on information they receive from their doctor, family and friends. They also place little value on surveys and other more objective measures of quality (Moore & Bopp, 1999, p. 5).

Regardless of health status, a national survey conducted by Market Strategies for the Alliance for Healthcare Strategy and Marketing, found that minorities, females, parents, and the less affluent and educated tend to pay more attention to healthcare advertising (Klein, 1997, p. 1). The survey also found that compared to other industry advertising, half of consumers believe the quality of hospital advertising is better. Further survey findings included “consumers felt hospital advertising does the best job in communicating messages, which stimulate consumers to learn. More than half of all consumers feel that hospital advertising does a good job in communicating name awareness, improving their knowledge about a hospital, and providing useful health-
related information” (p. 2). Additionally, the survey concluded that with the exception of communicating that a hospital is different from competing hospitals, less than half of all consumers believe hospital advertising is effective in communicating a meaningful message, improving hospital preferences and improving trust. More current information could not be found in the literature. The author believes additional study in this area would be of interest.

Nevertheless, another study conducted by the National Research Corporation (as cited in Bellandi, 1998) found that hospitals might have a good chance to steer patients to local physicians and that more consumers than in previous years are willing to switch physicians if the alternatives are right. “A national study of 1,000 consumers by National Research Corporation (NRC), a Lincoln, Nebraska based marketing research firm specializing in healthcare, has found that 11% of those surveyed changed physicians this year” (Jensen, 1989, p. 41). While that’s not a significant change from previous years’ surveys, consumer’s attitudes about future switches are changing, according to the NRC (as cited in Jensen, 1989). The NRC also found that while 41% of consumers said they would select a physician from an employer-provided list, 32% said they would select a physician from a list supplied by a hospital (p. 41).

When consumers were asked to rate factors they deem important in assessing the quality of physician care, they regarded physician competency and nursing staff courtesy highly and downplayed the importance of convenient hours and short waiting times. (Jensen, 1989). Ellerman (1999) reported that the most popular types of hospital ads are service-line promotions, which hospitals use to promote specific programs, such as cardiology or obstetrics. However, according to Ellerman, even ads for specific products
are really designed to serve the larger purpose of creating “top-of-mind-awareness” in consumers about the hospital’s overall image (p. 1). Also important within overall hospital advertising is customer satisfaction (Jackovic, 1996). Employers and insurers now demand more data and patient satisfaction monitoring continues to grow dramatically with nearly 70% of hospitals reporting this activity is crucial to marketing.

Klein (1997) reported that an Alliance for Healthcare Marketing and Strategies survey found that half of all consumers believe hospital advertising does a good job in encouraging consumers to seek more information, “to do something as a result of seeing the advertising” (p. 2). The Alliance study also confirmed that emotional advertising messages have stronger connections with consumers. “That is, a message such as ‘We eliminate the fear and anxiety about changing physicians’ is much more effective with consumers compared to a message such as “Our system has more than 3,500 physicians in our network” (p. 2).

According to Klein (1997), “Building a brand identity helps articulate a consistent image and create emotional loyalty, while relationship marketing uses direct mail and community events to forge a link with the patient” (p. 2). Klein also reported that most hospitals divide their marketing dollars evenly between establishing a brand image and increasing patient volume by touting specific services. “Understanding consumers’ perceptions of hospitals and molding desired perceptions with appropriate marketing strategies will be among the key tasks for future hospital administrators” (Yavas & Shemwell, 1996, p. 31). Still, Klein (1997) contends that a quarter of consumers report having recently called an 800 number in response to a healthcare advertisement and even fewer wrote in for information (p. 2). Consumers are most likely to see, hear or read
hospital advertising on television or in the newspaper (43% and 25% respectively) (Klein, 1997, p. 2). Consumers also seem to like best those hospital advertisements, which picture the institution, are gender focused and are depicted on a large-format photograph (Tscheulin & Helmig, 1998). Tscheuline and Helmig’s study also found that aside from the copy within the ad, pictures of operations were also viewed favorably.

Summary

A review of relevant literature related to healthcare advertising and consumer attitudes examined the competitive landscape of hospitals, competition’s impact on hospital advertising, how hospital advertising has evolved, who hospitals target in their advertising and what consumers are saying about hospital advertising. Additional research on branding led the author to explore its relationship to advertising. Limited literature is available on how effective hospital advertising is in communicating a meaningful message, improving hospital preferences and improving trust. The literature review also helped to answer a key question raised in chapter one of this report: why hospitals choose to advertise? As hospitals and healthcare in general continues to change at it rapid pace, further research is necessary to accurately answer this question.
Chapter III

DESIGN OF THE STUDY

Population and Sample

Through this study, the author hopes to establish what healthcare issues women are most concerned with and whether or not these issues are the ones hospitals spend their marketing dollars on for print advertising. The author also plans to analyze hospital print advertisements in three of the major daily newspapers in the Northern New Jersey area during the months of September, October and November of 2000. Each of the newspapers selected will include a review of their readership.

The survey was created by the author and for this study was distributed to a few select groups of women throughout New Jersey. These groups include Financial Executives International, The Woman’s Association of Morristown Memorial Hospital, the Woman’s Club of Westfield, and The Assumption Church of Morristown choir group.

Financial Executives International (FEI), headquartered in Morristown, is a professional association for senior financial executives representing 15,000 individuals. Membership driven, FEI provides peer networking opportunities, emerging issues alerts, personal and professional development and advocacy services to Chief Financial Officers, Controllers, Treasurers, Tax Executives, Finance and Accounting Professors in academia. FEI employs a staff of 48, 35 of whom are women.

The Woman’s Club of Westfield, Inc. is a group of volunteer women between the ages of 18 and 40 who share a common goal: improving their community, their state and
the lives of others. The group provides women with an opportunity to socialize, make friends and make a difference in their community.

The Woman’s Association of Morristown Memorial Hospital is a 750-member auxiliary whose goal it is to fund-raise, provide service and volunteerism and create a positive image between the hospital and the general community.

The Assumption Church of Morristown Choir has 40 members; 30 who are women. The female choir group is a mix of women ages 25 to 70, 90% of who are Caucasian and from Morris County. Ten percent of the group is retired, the remaining female members are professional working women.

The author selected these groups of women for several reasons. First, the author had key contacts within each of these groups and all were willing to participate in the survey in some form. Second, each of these groups provided the author with a suitable population of participants to survey.

Three daily New Jersey newspapers were selected for the advertising review. These included The Star-Ledger, The Daily Record and The Bergen Record. The author selected these newspapers because they are three of the leading dailies in Northern New Jersey and reflected the geographic area the author is targeting for this study, that is, Essex, Morris, and Bergen counties. The author chose three newspapers for easier comparison.

The Star-Ledger serves an eight county marketing consisting of Essex, Union, Middlesex, Somerset, Morris, Hunterdon, Warren, and Sussex counties. The newspaper has a daily circulation of 405,182 and a Sunday circulation of 605,529. According to The Star-Ledger’s marketing information, this eight-county market is one of six major
markets surrounding New York City and it is the number one suburban market in
the New York demographic area. The Star-Ledger refers to this eight-county market as the
greater New Jersey market with an average income 42% higher than the national average.

The Daily Record is the local daily newspaper for Morris county and parts of
Passaic. Owned by Gannett Newspapers, The Daily Record has a daily readership of
151,904 and a Sunday readership of 157,247. According to a Gallup 1999 survey, The
Daily Record has 3.1 readers per copy of the newspaper. Fifty-seven thousand five-
hundred Morris county adults are exclusive readers of The Daily Record on the average
weekday and 54,200 Morris county adults are exclusive readers of The Daily Record on
Sunday. An additional 31,500 adults read both The Daily Record and The Star-Ledger on
the average weekday. And an additional 51,400 read both papers on Sunday.

The Bergen Record is the hometown daily newspaper to one of the most affluent
areas in the country, Northern New Jersey, which covers a densely populated suburban
region that reaches across Bergen, Passaic, and parts of New Jersey’s Hudson and Morris
counties, as well as New York’s Rockland County. New Jersey’s largest independent,
family-owned newspaper has a daily readership of 416,500 daily and more than 550,000
Sunday. The Bergen/Passaic area ranks 20th nationally with household incomes of
$150,000 or more.

Survey

The survey and a cover letter describing the thesis project (see Appendix A & B)
were mailed to members of the Woman’s Association. The author emailed the survey as
an attachment to members of the Woman’s Club of Westfield. The remaining groups,
Financial Executives International, and Assumption Church of Morristown choir group were hand delivered the surveys. The surveys were distributed throughout the months of January and February 2001. Through the cover letter, respondents were assured of their confidentiality. Survey collection ended on February 28, 2001.

The survey contained 22 questions that included an assortment of simple demographic questions and yes/no questions, combined with questions that asked respondents to rate their preference from one to five, five being the highest.
Chapter IV

ANALYSIS OF THE DATA

Introduction

From the literature research and the author's professional experience, several outcomes were assumed. The author's main assumption was that the caliber of physicians and clinical expertise, for example, scientific breakthroughs, state-of-the-art technology, would be of great importance to female healthcare consumers. Of equal importance, the author assumed, would be a commitment on the part of women to take control of their health and that of their family. Therefore, the author also assumed, these topics would be the focus of much of what hospitals choose to advertise. As Banfield (1999) noted, a combination of technological innovations and a move toward more personal responsibility when it comes to one's health is the core focus for hospital advertising (p. 16).

The author's expectations were strongly influenced by the increased dollars being speit on hospital advertising, as noted by several authors ((Bellandi, 1998; Ellerman, 1999; Jaklevic, 1996; Japsen, 1997; Loubeau & Jantzen, 1998; Lipowicz, 1997).] The author also personally experienced this surge in ad spending during a 10 ½ year career working in hospital marketing departments where budgets in the early 1990's were little more than a percentage of overall hospital operating margins, but today are a much more significant.

Lastly, the author's assumption that women are the primary targets of hospital advertising was also largely supported by research as evidenced by the fact that nearly
80% of women in the United States make the healthcare decisions in their household (Ngeo, 1998, p. 34). Furthermore, women are often the ones who encourage others to take charge of their health and gain information and access to a variety of healthcare services (Gillette, 2000, p. 20). Women, as the bearers of children, make far more frequent use of healthcare services for themselves and their families.

In analyzing this data, the author hoped to gain better insight into the print advertising messages hospitals put forth, and whether or not they succeed in meeting the expectations of women. The author expected to gather sufficient evidence that hospitals are listening to their primary audience (women) and marketing directly to them through print advertising.

Data Review - Selected Newspapers

During the 3-month time period in the fall of 2000, the author reviewed hospital advertising and found 32 distinct hospital advertisements among the selected newspapers: The Star-Ledger, The Daily Record and The Bergen Record.

Of the 32 ads, 6 highlighted cardiac services, 6 promoted oncology services, 6 touted overall hospital image, 3 promoted renal transplant services and three ads provided information about sleep disorder services. The remaining ads promoted community events and recognized community leaders, nurse recruitment, Diabetes, obstetrical services and plastic surgery.

Sixteen of the ads featured photos of either a physician or healthcare provider within the overall design. Six ads used a graphic of some kind along with copy and no photo to get the message across. Five ads featured photos of patients and five ads used
only copy to deliver the message. Twelve percent of the hospital ads reviewed were full page or larger (two being full two-page spreads). The remaining ads were in a variety of sizes from half page to quarter page, with nearly 80% being two-thirds of a page.

Two of the ads reviewed were for a hospital outside the state of New Jersey, those being New York hospitals. The ads reviewed were from the following hospitals: St. Barnabas Healthcare System, the University of Medicine and Dentistry of New Jersey, St. Clare’s Hospital, St. Joseph’s Hospital, Hackensack University Hospital, Pascack Valley Hospital, East Orange General Hospital, Atlantic Health System, Rahway Hospital, Raritan Bay Medical Center, Robert Wood Johnson University Health System, Trinitas Health Care System, Mountainside Hospital, and New York Presbyterian Healthcare System.

Just over 50% of the ads reviewed were placed during the month of October, 30% were placed during November and the remaining 20% were placed in the month of September.

The Star-Ledger topped the list with the most hospital ads placed during this review period, with 21 different ads being placed and 50% of the total ads reviewed. The Bergen Record followed with 6 different ads, at a frequency of 21%. The Daily Record featured 5 different ads, at a frequency of 29% (see Table 1).
<table>
<thead>
<tr>
<th>Newspaper</th>
<th>Advertisement</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Star-Ledger</td>
<td>Image ad</td>
<td>East Orange General Hospital</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Community events</td>
<td>Atlantic Health System</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Ultrafast CT - cardiology</td>
<td>Hackensack University Medical Center</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Maternity services</td>
<td>St. Joseph’s Hospital</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Oncology</td>
<td>Rahway Hospital</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Cardiology</td>
<td>Hackensack University Medical Center</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Maternity</td>
<td>Raritan Bay Medical Center</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Pediatric oncology</td>
<td>St. Clare’s Hospital</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>B MediaMD.com, reast Cancer</td>
<td>Pascack Valley Hospital</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Kidney transplantation</td>
<td>Robert Wood Johnson University Health System</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Mammography</td>
<td>Atlantic Health System</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Diabetes</td>
<td>Trinitas Health System</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Breast Cancer</td>
<td>St. Clare’s Hospital</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Image</td>
<td>UMDNJ</td>
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</tbody>
</table>

(Table continues)
<table>
<thead>
<tr>
<th>Newspaper</th>
<th>Service</th>
<th>Hospital</th>
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</thead>
<tbody>
<tr>
<td>The Star-Ledger</td>
<td>Burn services</td>
<td>St. Barnabas Health Care System</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Website/physician referral</td>
<td>St. Barnabas Health Care System</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Kidney transplantation</td>
<td>St. Barnabas Health Care System</td>
</tr>
<tr>
<td>The Star-Ledger</td>
<td>Image</td>
<td>St. Joseph's Hospital</td>
</tr>
<tr>
<td>The Bergen Record</td>
<td>Ultrafast CT – cardiology</td>
<td>Hackensack University Medical Center</td>
</tr>
<tr>
<td>The Bergen Record</td>
<td>Sleep disorders</td>
<td>Pascak Valley Hospital</td>
</tr>
<tr>
<td>The Bergen Record</td>
<td>NOGA technology – cardiology</td>
<td>St. Joseph's Hospital</td>
</tr>
<tr>
<td>The Bergen Record</td>
<td>Image</td>
<td>St. Joseph's Hospital</td>
</tr>
<tr>
<td>The Bergen Record</td>
<td>Pediatric oncology</td>
<td>New York Presbyterian Healthcare System</td>
</tr>
<tr>
<td>The Bergen Record</td>
<td>Heart surgery</td>
<td>St. Barnabas Health Care System</td>
</tr>
<tr>
<td>The Daily Record</td>
<td>Image</td>
<td>UMDNJ</td>
</tr>
</tbody>
</table>

(Table continues)
(Table 1 continued)

<table>
<thead>
<tr>
<th>The Daily Record</th>
<th>Website/physician referral</th>
<th>St. Barnabas Health Care System</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Daily Record</td>
<td>Breast cancer</td>
<td>St. Clare’s Hospital</td>
</tr>
<tr>
<td>The Daily Record</td>
<td>Sleep Disorders</td>
<td>Morristown Mem. Hosp.</td>
</tr>
</tbody>
</table>

Data Review - Survey Respondents

Of the 107 women who responded to the survey, 31% were in the 45 to 55-year age range. Twenty-four percent who responded were in the 35 to 44-year age range, 22% were ages 56 to 65, and 16% were age 26 to 34, with less than 10% in the age category of 18 to 25 or 66 over.

Seventy percent of the women who responded were married and 78% of them had children, with half of them being grown and the other half under age 18.

The majority of the respondents, 68%, were residents of Morris County. Twenty percent of the women respondents lived in Union county and less than 10% each resided in Bergen, Passaic, and Somerset counties.

Seventy-percent of the women lived in households with incomes in the $25,000 to $50,000 range, followed by 24% of the women residing in households with incomes of $100,000 plus. (Morris County has one of the state’s highest per capita incomes.) Less than 10% lived in households with incomes of $50,000 to $100,000 or less than $25,000.

Level of education showed 48% of the respondents with a Bachelor’s Degree, followed by 38% with some college, 24% with a Masters Degree and 10% having only completed high school. None of the women surveyed had medical degrees. The author
did not want any hospital employees included in the survey to ensure that their responses were not biased by their employer's advertising messages.

Just 18% of the women responded yes to having to care for elders, the most common number of elders being one. However, 2% of the respondents indicated caring for two or more elderly family members. The author found these numbers to be quite surprising because of the extended life expectancy of Americans and because so much attention has been given to baby boomers having to care for their parents. The author surmises this low number of women caring for elders could also be an effect of the significant number of women living in households with an income of $100,000 plus. These women may have the means to have someone take care of elders or the elders themselves may also be financially independent and/or in good health.

When asked what they valued most in a hospital, from a choice of physicians, clinical expertise, staff, location of hospital, hospital reputation, and size of hospital, 99% of the respondents chose physicians. Clinical expertise and hospital reputation followed, with a ranking at 44%, 36% cited staff, and 5% responded that size and location of hospital mattered least (see Table 2).

Table 2

What Services Women Value Most In a Hospital

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of Respondents</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value physicians</td>
<td>90</td>
<td>85%</td>
</tr>
<tr>
<td>Value clinical expertise</td>
<td>44</td>
<td>59%</td>
</tr>
<tr>
<td>Value staff</td>
<td>36</td>
<td>32%</td>
</tr>
<tr>
<td>Value size</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Value location</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
</tbody>
</table>

*Respondents were allowed to choose more than one answer.

The women surveyed greatly valued clinical expertise and 99% were willing to drive an hour or more to a hospital with great clinical expertise. Conversely, 95% were not willing to use the services of a hospital that was close to home but had a poor reputation. The 5% of women who would consider using a hospital close to home that had a poor reputation indicated that they would only do so because their physician practiced there, it was an emergency or a routine clinic visit.

When asked if their physician began practicing at a hospital a long distance from their house (an hour or more driving time), would they follow him/her, 36% said they would, 68% said they would not, and 3% said maybe. The author found this data interesting because, as mentioned earlier, 99% of the women cited physicians as what they value most in a hospital, yet convenience and access seems to also play an important role in how they choose their healthcare organization. Also interesting, despite the high value placed on physician within hospitals, 92% of the women responded that if their physician regularly practiced at a hospital that was known for being short-staffed and inefficient, they would not utilize the services of this hospital. The author surmises that although women value their physicians, they are not willing to go against their judgement when it comes to using the services of a poorly respected hospital. This data seems to coincide with the fact that as stated earlier, 44% of women valued hospital reputation when choosing a healthcare institution.

Clearly, women expect their hospital to be the best in a number of services as almost all of the respondents checked off most of the categories that included emergency,
cancer care, maternity, pediatrics, surgery and other. However, the author discovered that by far, emergency services and surgical services were favored by 99% of the respondents as an area women expect high quality. Sixty-eight percent expected their hospital to be the best in cancer care, 50% in maternity, 54% in pediatrics and 26% in other, which included various answers such as cardiac care, and other specialties like Diabetes and wound care. The author found it surprising that only 54% of the women expected their hospital to be the “best” in pediatrics, when 78% of the respondents had children. However, 20% of this 78% had adult children, which may account for the women not favoring pediatrics as a high quality indicator (see Table 3).

Table 3

What Women Expect Their Hospital To Be the Best In

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of Respondents</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best emergency care</td>
<td>105</td>
<td>99%</td>
</tr>
<tr>
<td>Best cancer care</td>
<td>68</td>
<td>63%</td>
</tr>
<tr>
<td>Best maternity care</td>
<td>50</td>
<td>50%</td>
</tr>
<tr>
<td>Best pediatric care</td>
<td>54</td>
<td>52%</td>
</tr>
<tr>
<td>Best surgical care</td>
<td>84</td>
<td>79%</td>
</tr>
<tr>
<td>Best “other”</td>
<td>26</td>
<td>24%</td>
</tr>
</tbody>
</table>

*Respondents were allowed to choose more than one answer.

When asked what information they wanted to know most about their hospital, 78% cited emergency services and 70% cited surgical services. Sixty-six percent wanted to know more information about cancer care, 34% about maternity, 36% about pediatrics.
and 14% about other services such as cardiac, senior services and insurance information (see Table 4).

Table 4

What Services Women Want More Information On

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of Respondents</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Want more emergency care</td>
<td>68</td>
<td>63%</td>
</tr>
<tr>
<td>information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Want more cancer care</td>
<td>66</td>
<td>60%</td>
</tr>
<tr>
<td>information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Want more maternity care</td>
<td>24</td>
<td>22%</td>
</tr>
<tr>
<td>information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Want more pediatric care</td>
<td>36</td>
<td>52%</td>
</tr>
<tr>
<td>information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Want more surgical care</td>
<td>70</td>
<td>64%</td>
</tr>
<tr>
<td>information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Want &quot;other&quot; information</td>
<td>14</td>
<td>12%</td>
</tr>
</tbody>
</table>

*Respondents were allowed to choose more than one answer.

Another critical finding was that women do not make their healthcare decisions based on whether or not their hospital is affiliated with a nationally known healthcare provider, healthcare system or organization. When asked whether an affiliation with a nationally known cancer institute, heart institute or university or other education affiliation had any bearing on their hospital choices, 80% said no. Likewise, 90% of the
respondents indicated that a hospital’s participation in a health system would not affect their decision to use or not use a specific hospital. Ten percent of the respondents who answered yes that it would impact their decision to use a hospital, cited two main reasons they would consider healthcare systems: complex illnesses requiring specific medical expertise and the perception that costs are lower.

As indicated earlier, the size of a hospital does not impact healthcare decisions, when asked if it did so, 82% or respondents answered no. This is consistent with earlier findings of the survey that indicated that women valued the size least among various hospital attributes.
Chapter V

CONCLUSIONS AND RECOMMENDATIONS

Review

The author conducted this research in an attempt to explore whether hospital advertising matched the needs and interests of women, the primary health care consumer in most households. Although the author conducted a comprehensive literature review and the review revealed that women are indeed a primary target of hospital advertising due to their role as healthcare gatekeeper for their family, the review did not reveal what particular healthcare messages women seek. The literature review did however, reveal that consumers as a whole, in particular Baby Boomers and GenXers, are information hungry about everything, including healthcare. However, through a review of existing hospital advertising during a given period and a survey of select New Jersey women, the author found that women’s wants and needs are not necessarily reflected in the messages that hospitals advertise.

Both the literature and the data reveal that physicians are an important component of hospital advertising. Specifically, the author found that 50% of the hospital ads reviewed featured a physician or physicians within the message. An even more critical finding was that almost all valued physicians most when it came to choosing a hospital. However, 30% of the women surveyed said they were willing to follow their doctor if he began practicing at a hospital over one hour of traveling time from their home, versus 60% who would not. Equally important, when asked whether women would follow their doctor to a hospital with a less than stellar reputation, 86% said they would not.
Interestingly, while the literature suggested that overall hospital image was important in relation to customer satisfaction, for example, staff courtesy and other amenities, less than five percent of the ads reviewed used image as their message. The literature also cited service line promotions as becoming increasingly important as more and more hospitals merged services. However, less than 10% of the ads surveyed used this approach, most likely indicative of the fact that most New Jersey hospitals are not hotly pursuing mergers as they were a few years ago.

The author also found the services advertised to be interesting. Through the author’s research it was found that women expected emergency and surgical services to be the areas of expertise most critical to their hospital and the areas they most wanted to gather information about. However, none of the ads reviewed promoted emergency services. Fifteen percent of the ads alluded to surgical services via other services such as cardiology, oncology and kidney transplantation, however they were not advertisements specifically for surgical services.

Finally, the author, who is employed for a large health care system which uses its system affiliations in all of its promotions, particularly as a branding strategy, was interested to discover that 90% of the women surveyed did not feel that a hospital’s participation in a health system made a difference in their decision to use its services. Similarly, 92% did not feel that a hospital’s affiliation with another organization impacted their overall health decision. And when asked about specific affiliations with nationally known cancer institute, heart centers and or other universities, only 20% of the women felt that this information would make a difference in their decision.
Future Study

In considering the overall results of the literature review, advertising review, and survey the author believes this research contributes to the small but growing body of information related to hospital advertising. However, the author recommends that future studies take a closer look at the question, "Why do hospitals advertise messages different from the wants and needs of the consumer? Is it a lack of market research, or something else?" The author also suggests that future studies concentrate on how hospitals connect with their audiences. The answer to this may assist hospitals in creating more focused advertising messages aimed at a particular segment of the market, such as women. Finally, the author recommends research that evaluates the overall effectiveness of hospital advertising and asks the very important question, "Is it working?"

Since hospital advertising is relatively new in the industry, communication scholars should continue to gather and refine research as it relates to hospital marketing. As hospitals continue in their competition for patients, a strong foothold in the marketplace and substantial managed care rates, their need to create a targeted and focused message to their most important consumer, women, is of the utmost importance (Lipowicz, 1997, p. 29). The author looks forward to future studies being conducted in this area that will shed light on the importance of hospitals distinguishing themselves in their advertising message. The author concludes that by "getting the message right the first time," advertising's power over consumers will enable hospitals to thrive in their marketplaces.
References


Appendix A

Survey Cover Letter
Dear Survey Participant:

I am a graduate student in the Masters of Corporate and Public Communication program at Seton Hall University. I am also the public relations manager for Morristown Memorial Hospital. I am currently conducting research for my thesis, which will focus on hospital advertising. Since I’ve been working in this field for a little over ten years, I am very interested in looking at whether or not hospital advertising focuses on issues that concern the female healthcare consumer. Studies show that women are the primary decision-makers when it comes to their families’ health. From this research, I’m hoping to determine if what hospitals are advertising is really targeting what women care about most when it comes to their families’ health.

Please take a few minutes to complete the attached survey. This survey is anonymous and is being used solely for the purpose of a graduate thesis.

Thank you for your time and consideration. Should you have any questions or suggestions, feel free to call me at (973) 971-5938.

Sincerely,

Victoria A. Allen
Appendix B

Survey
SURVEY

1. Please circle your age range
   18-25   26-34   35-44   45-55
   56-65   66 plus

2. Please check marital status
   Married_____   Single_____

3. Please write the New Jersey county you live in ________________

4. Please check your level of family income
   ____under $25,000   ____$25,000 to $50,000
   ____$50,000 to $100,000   ____$100,000 plus

5. Please check your highest level of education
   ____high school   ____some college
   ____Bachelor's Degree   ____Master's Degree
   ____Ph.D., M.D., Psy.D

6. Do you have children? Yes_____ No_____

7. Please list sex and ages of children ____________________________

8. Are you or your spouse involved in care giving for your parents or other older relative? Yes_____ No_____
   If yes, how many relatives ________
9. What do you value most in a hospital (please rank from one through five – one being the most important, three being somewhat important and five being not important) (check as many as apply)

____ Physicians
____ Clinical Expertise
____ Staff
____ Location of hospital
____ Hospital reputation
____ Size of hospital

10. Would you drive an hour or more to a hospital with great clinical expertise?
Yes_____ No_____

11. Would you utilize a hospital that has a poor reputation but is close to home?
Yes_____ No_____

If you answered yes, under what circumstances would you do so? (check as many as apply)

____ Your physician practices here
____ Emergency services
____ Cancer Treatment
____ Maternity Services
____ Pediatrics
____ Surgery
____ Clinic Visit
____ Other

12. If your physician suddenly began practicing at a hospital a long distance from your home (an hour or more traveling time), would you follow him/her? Yes_____ No_____

13. If your physician only practices at one hospital and that hospital’s staff has a reputation for being short-staffed and inefficient, would you continue to utilize their services? Yes_____ No_____

14. Please check those services you expect your hospital to be the “best” in (please check all that apply).

____ Emergency Department
____ Cancer Care
____ Maternity
____ Pediatrics
____ Surgery
____ Other
15. Please check those services you want to know more information about in a hospital (check as many as apply).
   _____ Emergency Department
   _____ Cancer Care
   _____ Maternity
   _____ Pediatrics
   _____ Surgery
   _____ Other

16. Does the fact that a hospital is affiliated with another prestigious organization play a role in the hospital you choose? (please check all instances when this might apply)
   _____ Affiliation with a nationally known cancer institute
   _____ Affiliation with a nationally know heart institute
   _____ Having an association with a particular University or other educational institution

17. Does a hospital’s size have an impact on your healthcare decisions? Yes _____ No _____

18. If so, please check those reasons that it might affect your decision (you may select more than one).
   _____ Perceived to be cold and impersonal due to large size
   _____ Perceived to have strength and quality due to large size
   _____ Perceived to be difficult to find services and maneuver through system due to large size
   _____ Perceived to be close-knit and personal due to its small size

19. Does a hospital’s participation in a health system make a difference in your decision to use its services? Yes _____ No _____

20. If yes, please explain______________________________________________________________

21. Does a hospital’s affiliation with other healthcare institutions have an impact in your decision to choose a hospital? Yes _____ No _____

22. If yes, please explain______________________________________________________________
Appendix C

Executive Summary
Masters Thesis

Hospital Advertising: What Consumers Really Think

Victoria A. Allen
December 7, 2000

Research Question

How does hospital advertising compare or correlate with healthcare issues that most concern the consumer? This study explores that question by examining select New Jersey female consumers and their healthcare concerns with a comparative review of New Jersey hospital advertising.

Executive Summary

In today's competitive healthcare market, hospital advertising appears to be a necessity. Patients can, of course, decide whichever hospital they want to go to for their care. Physicians choose which hospitals they will practice medicine in. Emergency Medical Technicians, volunteer ambulance squads, police and fire personnel determine which hospital they will transport patients to. Health Maintenance Organizations (HMO's) carefully select those hospitals they will partner with for managed care contracts. Finally, organizations ranging from corporate America's multi-billion dollar companies to the owners of "mom and pop" stores decide which health plan they will participate in, ultimately determining which hospital employees can use. However you look at it, hospitals can no longer rely on where patients will go.

To gain the attention of each of these audiences, a hospital must communicate its message. The dominant form of that communication over the last 5 years has been advertising. This study will review the following:
• History of hospital advertising
• The competitive landscape hospitals are in
• Women as the primary target audience
• Survey
• Review of hospital advertising
• Interviews with professionals

In conducting a study that looks at hospital print advertising and how it relates to patient’s healthcare needs and concerns, the author identified three objectives. The first is to explore the reasons hospitals choose to advertise. Is hospital print advertising based on what the competitor is doing, a need to educate consumers or to simply satisfy its internal constituents? The second objective is to attempt to determine what female New Jersey consumers deem important healthcare concerns and issues. Does a potential patient care that her local hospital has the first linear accelerator for the treatment of prostate cancer? Or does that potential patient really only care if the hospital is nearby? Third, the author seeks to add to the body of literature related to hospital advertising and strives to meet these objectives through an extensive review of the literature, a survey of New Jersey female healthcare consumers, a comparative review of New Jersey hospital print advertising, and personal interaction and observation of hospital marketing professionals.
Appendix D

Advertisement
A gift from your heart to their heart. Give a gift certificate for Hackensack University Medical Center’s Ultrafast CT® - a revolutionary new cardiac screening device that can detect coronary artery disease years - even decades - before symptoms or a heart attack occur. Part of the medical center’s new Preventive Cardiology Program at The Heart Center. The Ultrafast CT® takes freeze-frame images of the heart and coronary arteries - a technology ten times faster than a conventional CT. It will give you and your physician a better way to plan your care and improve your chance of avoiding a future coronary event, including a heart attack. Discover your risk of heart disease at the first hospital in New Jersey to offer the Ultrafast CT® screening as part of its comprehensive Heart Center. At the hospital with the best risk-adjusted survival rates in Bergen and Passaic counties for coronary artery bypass surgery. Honored since 1995 to be the first hospital in New Jersey to earn the Magnet Award for nursing excellence - and redesignated for another four years. Hackensack University Medical Center. New Jersey’s first hospital to offer a revolutionary new technique to find hidden coronary artery disease long before symptoms occur. Give the gift of love. To purchase a gift certificate for the Ultrafast CT® call the Preventive Cardiology Program at (201) 996-3800.

Statistics from the New Jersey Department of Health and Senior Services. Based on operations performed in 1998 at 14 New Jersey hospitals with open heart programs.

Hackensack University Medical Center
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The test every person with diabetes should have.

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The ANSCORE™ test takes only about 15 minutes and requires only a few simple breathing exercises. By measuring heart variability your doctor can better detect signs of early diabetic nerve damage—a complication that can affect almost every part of your body, from head to toe. Complications like this are becoming more and more manageable everyday—thanks to tests like this.

Here's more good news: you and your doctor learn the results of your ANSCORE™ test within 30 minutes. You get information that can alter your treatment right away, without having to make another appointment to see another doctor.

Plus ANSCORE™ is reimbursable by Medicare and most insurance carriers. So don't hesitate. Call our Diabetes Management Center at 908-527-5490 to make your appointment for ANSCORE™ at the Williamson Street Campus. At Trinitas, we know the more you know about diabetes the more manageable it is.

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Who is New Jersey's only university dedicated exclusively to health sciences? Who has five campuses and eight schools - the largest of its kind in the nation? Who has given New Jersey nearly 20,000 physicians, dentists, nurses and other health care professionals who are among the best educated and brightest in the nation? Whose educational innovations have accelerated learning and prepared future professionals for a new age of medicine and healthcare? Who offers academic excellence that is affordable? Who has earned the attention of prestigious corporations nationwide and made New Jersey a magnet for researchers from every field from biotech and pharmaceuticals to health-related computer sciences?

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