# Internal Marketing in Portuguese Health Care

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**Abstract**. *Our study replicates and extends prior research on internal marketing by adapting the Jou, Chou and Fu's (2008[3]) scale for the health care context. Our study includes a sample of 234 nurses, 135 from public hospitals using a traditional management model and 99 from long-term care units using a non-traditional management model. Our findings indicate that the IMS, when used to measure nurses' perceptions of their organisations' internal marketing orientation, was reliable. The findings also indicate a relatively low (mean = approximately 3.2 in a 7 point scale) perception of international marketing practices in our sample organisation.*

**Keywords**: *Internal marketing, scale development, nurses, health care.*

**Raktažodžiai**: *vidinė rinkodara, skalės raida, slaugytojos, sveikatos priežiūra.*

## Introduction

Economic recessions and government austerity have given many organisations incentives to emphasise human resource competencies as a means of maintaining effectiveness [9,53,12]. Consequently, internal marketing (IM), a customer-oriented management approach that is achieved through a marketing-like approach for the motivation of employees, and inter-functional coordination [54], has become more important. Therefore, managers must better understand how to motivate their employees through their IM activities in order to maintain effectiveness [29,1,10,19]. Managers have to develop

innovative ways of establishing employee relationships that will enable the organisation to achieve its objectives [11,3].

According to Ahmed and Rafiq [1] and Davis [16], internal marketing helps managers communicate with their collaborators and create a common vision in the company on all levels of organisation. Internal marketing comes up as a means to achieve the organisations' objectives [2, 3, 50]. That is, "internal marketing is any form of marketing within the organisation which focuses staff attention on the internal activities that need to be changed in order to enhance external market place performance" [6:15]. Thereby internal marketing aids in gaining and maintaining the internal client [32] through satisfaction [29,25,26], motivation [32] and organisational compromise [11], gaining legitimacy through external market relevance [5]. Improving collaborator satisfaction will improve client satisfaction as can be seen through service profit chain [22, 19].

The concept of Internal Marketing associated with organisations came up in marketing and management service literature at the end of the 70s [61] and was later referred to by George [23], Thomphson *et al.* [59] and Murray [45]. Nevertheless, only later was it a part of management discourse when for the first time Berry [1981] considered the collaborators as internal clients [2, 48]. The underlining idea is the application of the marketing concept initially developed for the external market turned towards the internal market [29]. After that, much has been written about internal marketing [ex: 1, 11, 17, 16, 3, 25,26], although very few studies looked upon the assessment of the concept, which, according to Panigyrakis and Theodoridis [47], may be one of the main causes of the weak application of this context within organisations. In the health sector, in spite of the strong human component of the service and its strong dependency towards service quality, taking into account client-employee interaction [43,10, 12], even less studies are found [34], considering that only some include the internal marketing concept assessment [12,13, 34].

### Empirical Approach to Internal Marketing

According to Varey and Lewis [61], the I.M. can help service quality, marketing orientation and marketing strategies in full quality management, in organisational development and in change development, in service productivity, in innovation processes, in organisation image improvement, in internal integration and in the sale of products and services to collaborators. However, the empirical evidence for such contributions is still scarce [47]. Some investigations have shown evidence of the influence of I.M. or the orientation towards the internal market in collaborator satisfaction [see 13,25,26, 60,34]. Other investigations have verified the influence of these concepts in the collaborator compromise [see 11, 12, 13]. The influence of internal marketing or the orientation towards the internal market was also verified in motivation [32] and withholding [32; 41] of collaborators. Still internally, Richardson and Robinson [55] and Tortosa *et al.* [60] point to service quality as a consequence of internal marketing practice. Externally, the influence of orientation towards the internal market in client satisfaction was also observed by Lings and Greenley [41], Tansuhaj *et al.* [58] and Tortosa *et al.* [60]. On the other hand, Conduit and Mavando [15] found that the I.M. influences orientation towards the external market.

In spite of evidence, it is clear that only a reduced number of companies implement the I.M. concept [24] and in those in which it is, it turns out to be implemented incorrectly [49, 48] or carried out only by a small portion of the company [52]. According to Shultz [56], the relative lack of success in I.M. implementation can be due to reduced existence of financial measures that prove the success of internal marketing strategies. However, for Panigyrakis and Theodoridis [47] the weak application of this concept in organisations may be due to something more fundamental, such as concept assessment.

Table 1 shows a gathering of studies which an attempt was made to develop or reproduce former scales to measure the concept of I.M., isolated from or connected with other constructs.

*Table 1.* **Studies on internal marketing scales**

| Author (year) | Research objective and sample | Scale used | Main results |
|---|---|---|---|
| **Foreman and Money (1995)** | Objective: Among others, to measure the concept of IM. Sample: 204 marketing and human resources managers from a diverse range of sectors. | 15 items based on the checklists of Berry and Parasuraman (1991) and Berry *et al.* (1991). | Internal marketing Scale with 3 dimensions (α:0.94) · Development (developing employees) · Rewards (rewarding employees) · Vision (giving employees something to believe) |
| **Caruana and Calleya (1998)** | Objective: To measure the IM concept and its relationship with organisational commitment. Sample: 171 managers of a retail bank. | Scale of Foreman and Money (1995) and the checklists of Berry and Parasuraman (1991) and Berry *et al.* (1991). | Internal marketing Scale with 3 dimensions (α:0.942) · Development (developing employees) · Rewards (rewarding employees) · Vision (giving employees something to believe) |
| **Ewing and Caruana (1999)** | Objective: To measure the concepts of internal marketing and human resources effectiveness. Sample: 135 public sector heads of departments | Scale of Foreman and Money (1995) for internal marketing and Huselid *et al.* (1997) for human resources effectiveness. | 4 dimensions for internal marketing (α:0.94) · Development (developing employees) · Rewards (rewarding employees) · Vision (giving employees something to believe) 1 dimension for human resources effectiveness. |
| **Ewing and Caruana (2000)** | Objective: To explore the applicability of the internal marketing concept in the public sector. Sample: 135 public sector heads of departments | Foreman and Money (1995) | 2 Dimensions (not named). Reliability not mentioned |

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|---|---|---|---|
| **Conduit and Mavando (2001)** | Objective: to investigate the extent to which internal customer orientation influences market orientation. Sample: 364 employees at different management levels and from several departments within 3 organisations. | Seven questions adopted from literature and based on Gronroos' (1990) five categories of internal marketing activities: employees' education; management support; internal communication; human resources; employee's intervention in internal communication. | Internal Customer orientation Scale (ICO) with seven questions (α: 0.8113) |
| **Lings and Greenley (2005)** | Objective: to develop an instrument to measure internal marketing orientation. Sample: 828 (Exploratory analysis) + 250 (confirmatory analysis) hotel managers. | 42 items representing the adaptation of market orientation to the internal market. | 5 dimensions of Internal Market orientation (IMO) (16 items; α: between 0.75 and 0.81)<br>· Informal information generation<br>· Formal face to face information generation<br>· Formal written information generation<br>· Information dissemination<br>· Responsiveness |
| Gounaris (2006) | Objective: to develop and empirically validate an instrument for assessing the company's degree of IMO adoption. Sample: 583 hotels employees. | a new scale was developed based on Kohli and Jaworski (1990) and Lings (2004) | Internal Market Orientation Scale (IMO) (α: between 0.78 and 0.75)<br>· Internal market Intelligence Generation<br>o Identification of exchanges of value<br>o Aware of labor market conditions<br>· Internal Intelligence Dissemination<br>o Communication between managers and employees<br>o Communication among managers<br>· Response to Internal Intelligence.<br>o Internal market segmentation<br>o Internal-segments targeting<br>o Job description<br>o Remuneration<br>o Management concern<br>o training |
| **Chang and Chang (2007)** | Objective: to discuss correlations among internal marketing, job satisfaction, and organizational commitment Sample: 300 nurses | The scale of Conduit and Mavando (2001) | 5 dimensions (α: 0.90):<br>· Management support<br>· Human resources management<br>· External communication<br>· Internal communication<br>· Education training |

| **Tansuhaj et al. (2007)** | Objective: to investigate managerial orientations towards employees<br><br>Sample: 31 bank employees | 12-item scale developed by the researchers | Scale (α: not stated)<br>- employee training programs,<br>- communication between management and employees,<br>- reward systems,<br>- employee-customer interaction,<br>- employee motivation. |
|---|---|---|---|
| **Gounaris (2008a)** | Objective: to offer a preliminary insight regarding the antecedents of practicing marketing internally<br>Sample: 583 first-line personnel of hotels | Internal marketing practices were measured based on Hartline and Ferrell' (1996) scale of empowerment, on Oliver and Anderson's (1994) scale of employees participation in decision-making, and on Johlke and Duhan's (2001) scale of mode of communication. Internal marketing orientation was based on Gounaris' (2006) scale. | IM<br>3 dimensions (α:0.82 to 0.96)<br>· empowerment<br>· participative decision making<br>· communication formality<br>IMO is an antecedent of IM practices (α:0.81to 0.85):<br>· Internal market Intelligence Generation,<br>· Internal Intelligence Dissemination ,<br>· Response to Internal Intelligence. |
| **Gounaris (2008b)** | Objective: o examine the impact of Internal Market Orientation (IMO) on the application of internal marketing practices and employee job satisfaction.<br>Sample: 583 managers and employees | Internal marketing practices were measured based on Hartline and Ferrell' (1996) scale of empowerment, on Oliver and Anderson's (1994) scale of employees participation in decision making, and on Johlke and Duhan's (2001) scale of mode of communication.<br><br>For the Internal marketing orientation construct measurement a new scale was developed. | 3 dimensions<br>Internal Market Orientation Scale (IMO) (α: between 0.78 and 0.85)<br>· Internal market Intelligence Generation<br>o Identification of exchanges of value<br>o Aware of labor market conditions<br>· Internal Intelligence Dissemination<br>o Communication between managers and employees<br>o Communication among managers<br>· Response to Internal Intelligence.<br>o Internal market segmentation<br>o Internal-segments targeting<br>o Job description<br>o Remuneration<br>o Management concern<br>o training |
| **Jou, Chou and Fu (2008)** | Objective: to develop a scale to assess employees' perception of their company's internal marketing measures.<br>Sample:1811 service personnel | 34 items based on Kotler's and Amostrong (1999) marketing procedures and Collins and Payne (1991) human resource training strategies | 6 latent factors (α:> 0.90):<br>· Empathy and consideration<br>· Benchmarking<br>· Job quality and rewarding<br>· Upward communication<br>· Value and information sharing<br>· Promotional activities |

| Chang and Chang (2009) | Objective: to determine whether a favourable perception of internal marketing is associated with increased organisational commitment.<br><br>Sample: 300 nurses | 15 items based on Conduit and Mavondo (2001), Gronroos (1994) and Longbottom *et al.* (2006) | 3 dimensions (α: from 0.86 to 0.87)<br>· Employee-oriented measures<br>· External activity<br>· Communication management |
|---|---|---|---|
| Panigyrakis and Theodoris (2009) | Objective: to examine a synthesis of IM and investigates its effect on business performance.<br><br>Sample: 252 branch managers | 46 items extracted from the scale of Conduit and Mavando (2001) and Lings and Greenley (2001). | A Scale combining ICO and IMO (α: from 0.66 to 0.87):<br>· formal interaction<br>· reward systems,<br>· Feedback<br>· internal procedures<br>· ICO. |
| Tortosa et al. (2009) | Objective: to analyse the influence that internal market orientation (IMO), might have on the internal and external aspects of organisational performance.<br><br>Sample:27 cashiers | Lings and Greenley (2005) | Confirmed the results of Lings and Greenley (2005) with 5 dimensions ( α: all above 0,9)<br>· Informal information generation<br>· Formal face to face information generation<br>· Formal written information generation<br>· Information dissemination<br>· Responsiveness |
| Iliopoulos and Priporas (2011) | Objective: to explore the effect of internal marketing on job satisfaction.<br>Sample: 450 doctors, nurses and paramedics | Foreman and Money's (1995) scale | 3 dimensions ( α: 0,91):<br>· Development<br>· Rewards<br>· Vision |
| Tag-Eldeenand and El-Said (2011) | Objective: to measure internal marketing implementation in five-star hotels.<br><br>Sample: 106 frontline employees | 45 items resulting from a modification of Lings and Greenley's (2005) scale | 4 dimensions (α not stated):<br>· establishment of a service culture<br>· development of a marketing approach to human resource management<br>· information dissemination<br>· reward and recognition system |

Reading Table 1 we can conclude that the developed scales are centred on orientation measurement towards internal market [ex. 41,24,25,26] or internal marketing practice [ex: 20,11, 17,18,15]. Considering that some authors tried to connect scales that combine both concepts [25, 47]. However, by now none of them are problem-free. As Caruana and Calleya (1998) state, the scale needs more development. Gounaris [24], on the other hand, also referred to problems in the IMO scale. Ewing and Caruana [18] verified that their factor structure was not in line with Foreman and Money's [20], stating that it needed further development. In the same vein, Panigyrakis and Theodoris [47] also report some

problems with some of the dimensions of the Lings and Greenley's scale [41], leaving the operational description of internal marketing open to discussion [25].

We can also observe that the first studies carried out were applied mainly to managers or people in chairman positions [ex: 20, 11, 17,18,41], but this tendency begun to change in more recent studies where front office people were interviewed [25,26, 36,12,13,60,34,57]. As far as the concept assessment in the health sector is concerned, we can see that only three studies were undertaken [12,13, 34].

Recently Jou, Chou and Fou [36] developed a scale that, according to authors, is the first to measure the perception of the internal marketing practice on the collaborators' point of view. However, according to Table 1, we can observe that this scale has not yet been reproduced by other authors and not even in the health sector. Given that the internal marketing practice is the result of the orientation towards internal market [25,26], then, to assess if an institution carries out internal marketing or not, internal marketing scales must be used.

Thus, this investigation has two purposes. On the one hand, the intention is to measure the degree of implementation of the internal marketing practice in the health sector in Portugal, on the collaborators' perspective; on the other hand, a reproduction of the scale of Jou, Chou and Fou [36] in the health sector is intended, with further behaviour monitoring in this sector.

### Methods

#### *Sample and data collection*

In order to achieve the objectives set out above, a non-probabilistic convenience sample was chosen in which two health organisations were selected and whose prior authorisation for data collection was requested. However, due to a reduced amount of answers given in these institutions, a different sample technique was chosen – the snowball technique, with the following criteria: nurses who have worked for at least one year and whose permanence in the institution was over a year, understanding that only after a year the collaborator would be able to have a fine understanding of the institution. Therefore, the questionnaire was sent to all the professionals from the sector and later on answered via e-mail. The final sample is made up of 234 nurses who match this type of sample in these studies (see Table 1).

#### *Questionnaire*

The data was collected in a two-parts questionnaire. The first part of the questionnaire was related to generic information of socio-demographic content. The second part was intended for I.M. practical information and as such an adapted I.M. questionnaire was used on the basis of the tool developed by Jou, Chou and Fou [36]. The scale of Jou, Chou and Fou [36] is a validated scale for the population of Taiwan that intends

to assess the collaborators' perception of I.M., including validity, stability and liability, with good internal consistency figures (over 0.9) and a six-factor structure: Empathy and consideration, benchmarking, job quality and rewarding, upward communication, and value and information sharing [36]. In order to adapt this tool to the target population and achieve a more accurate translation, a translation and back translation was made [21]. After this translation and back translation was made by an English language expert, the two versions were compared. A set of 26 statements was given to the enquired according to the Likert scale with 7 points that varied between 1 - completely disagree and 7 - completely agree. After the data collection tool was defined, a pre-test was given to 20 nurses in order to test the tool understanding and eliminate possible mistakes [39]. The enquired who did the pre-test stated that the questionnaires were easy to read, clear and easy to understand, therefore leading to no need for alterations.

### *Data analysis*

The statistical data analysis was carried out by means of statistical software: the SPSS (Statistical Package for Social Sciences), version 17.0. Initially, an exploratory factorial analysis was carried out to see if the scale of Jou, Chou and Fou [36] behaved the same way as in the original study. Later on, eliciting and descriptive analyses were carried out to assess the collaborators' perception towards the implementation level of the internal marketing practice in the sample study undergone as well as whether that perception was equal among different collaborators.

### Results

To analyse the underlying dimensions within I.M. activities, an exploratory factorial analysis was carried out. The analysis presents a KMO (Kaiser-Meyer-Olkin) ratio of 0,916, concluding that the factorial analysis results are excellent [44, 51]. According to the Bartlett Aspheric Test, it is significant to a level of 0,000, showing a high correlation degree between the variables, making it clear that the factorial analysis application is adequate [30].

Through the factorial analysis results using the Main Component Method to extract the factors, we conclude that the I.M. variables can group up into four factors, all with numbers above the unit that in turn explain 68,58% of the total variance. To enable data interpretation, a factor rotation was carried out according to the Varimax method, leading to four factors.

The Cronbach Alpha figures obtained (Table 2) demonstrate that the factors present good levels of internal consistency [30].

*Table 2*. **Factor analysis dimensions**

| | Factor 1 | Factor 2 | Factor 3 | Factor 4 |
|---|---|---|---|---|
| My company is kind to its employees | 0,655 | | | |
| My company tries its best to give us a comfortable work environment. | 0,682 | | | |
| My company provides us with good official channels of appeal. | 0,717 | | | |
| My company has sufficient channels for vertical communication. | 0,775 | | | |
| When we have any thoughts we can always express these opinions by mail or a suggestion box. | 0,531 | | | |
| We often can gain understanding of our company's policies and activities through participation in formal meetings such as division meetings. | 0,769 | | | |
| My company often announces new policies to us by means of explanatory seminars. | 0,812 | | | |
| My company often uses educational training to express us its corporate values and goals. | 0,647 | | | |
| My branch manager often uses branch meetings to deliver us work-related corporate policies. | 0,634 | | | |
| My direct supervisor always discusses our future career development in this company with us. | | 0,746 | | |
| My direct supervisor tries to understand what his/her subordinates think about the way he/she leads. | | 0,856 | | |
| My direct supervisor often pays attention to the family life of his/her subordinates. | | 0,889 | | |
| My direct supervisor makes efforts to become fully familiar with his/her subordinate's work performance. | | 0,849 | | |
| My direct supervisor makes voluntary effort to know whether we encounter problems at work. | | 0,843 | | |
| My direct supervisor always gives us a feeling that we should work our best for him/her. | | 0,576 | | |
| My company regularly investigates and collects information on the salary paid by companies in the same industry as ours. | | | 0,756 | |
| My company regularly investigates and collects information on fringe benefits provided by companies in the same industry as ours. | | | 0,720 | |
| My company tries to make our work content interesting. | | | 0,604 | |
| My company offers us good fringe benefits. | | | 0,668 | |
| My company offers many promotion opportunities. | | | 0,727 | |
| My company respects its employees. | | | 0,551 | |
| My company often uses regular meetings that honour high-performance employees to send out messages to us. | | | | 0,535 |

| | | | | |
|---|---|---|---|---|
| My company often holds branch contests in an attempt to improve employee performance. | | | | 0,657 |
| My company often tries to raise our commitment to this organisation through various external activities such as press conferences or adopting a street to clean and to improve. | | | | 0,722 |
| My company often holds organisation-wide sports events to increase chances of interaction between employees. | | | | 0,795 |
| My company often supports employees in their informal organisation, such as society clubs in an attempt to raise all employees' commitment to the company. | | | | 0,818 |
| Cronbach's Alpha | 0,924 | 0,919 | 0,877 | 0,875 |
| % of variance extracted | 21,690 | 18,446 | 15,675 | 12,878 |

As can be seen from Table 2, the reproduction of the Jou, Chou and Fou [36] scale has revealed in this case a variable grouping different from the original six-factor scale. This way, in the first factor, all variables related to communication between the company and its collaborators were grouped, going both ways, therefore this group could be designated as 'communication'. The second factor groups all the variables related to the supervisor, it is therefore called 'leadership'. The third factor groups the benchmarking policies of the company and the working environment quality, therefore it is called 'benchmarking and work quality'. In the same vein, the fourth factor groups the variables related to team spirit development and competitive spirit, it is therefore called 'promotional activities'.

Regarding the execution degree of the internal marketing practice, Table 3 shows that the perception of the internal marketing practice on behalf of the nurses in Portuguese hospitals is low, considering that on a scale of seven points, the highest average is of four points which corresponds to leadership practice of supervisors. On an intermediate level is the communication practice which shows an average of 3,5. With very low averages are the benchmarking and work environment quality factors, as well as practice related to promotional activity, with an average of 2,6 and 2,1 respectively.

*Table 3*. **Level of internal marketing practices**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Communication | 234 | 1,00 | 6,44 | 3,4677 | 1,25431 |
| Leadership | 234 | 1,00 | 6,83 | 4,0496 | 1,48667 |
| Benchmarking and job quality | 234 | 1,00 | 6,33 | 2,6211 | 1,12478 |
| Promotional activities | 234 | 1,00 | 5,60 | 2,1596 | 1,00595 |

In order to verify whether the averages were not hiding any individual results in the variables, an individual variable analysis was made and although the results are not shown

here, we found that only the variables related to factor 2 (leadership) show figures above 4 points.

Given that the data also included variables that allowed to group the enquired by age, gender, type of institution, institution and professional seniority, job position (nurse, specialist nurse, chief nurse, head nurse) and contract type (on the board, on contract, without a bond to the institution), an internal marketing practice perception analysis was also carried out according to those variables (Table 4). In Table 4, only significant statistical variable factors were shown.

As can be seen from Table 4, significant differences come up (p=0.16) within collaborators' perceptions regarding internal marketing practice related to the communication factor, considering the corporate public hospitals that present the lowest averages. The communication practice is differently understood (p=0.003) according to professional level graduation, considering that the head nurses have greater awareness of this practice.

Head nurses also have a greater level of benchmarking practice and job quality understanding, when compared to other professional nurse positions (p=0.001). There is furthermore a different perception (p=0,011) of benchmarking practice and job quality on behalf of nurses with permanent work contract who have less awareness about them.

No significant difference was found in perception according to gender, age, job and institution seniority.

*Table 4.* **Differences in perception of internal marketing practices**

| Factor | Variable | N | Mean | Std. Deviation | Std. Error |
|---|---|---|---|---|---|
| Communication | Corporate Public Hospital* | 135 | 3,2938 | 1,12229 | ,09659 |
| | Long-term care units** | 99 | 3,7048 | 1,38561 | ,13926 |
| | Total | 234 | 3,4677 | 1,25431 | ,08200 |
| Communication | Nurse | 174 | 3,5651 | 1,29658 | ,09829 |
| | Graduate nurse | 36 | 2,9846 | ,98028 | ,16338 |
| | Specialist nurse | 17 | 3,0523 | ,95591 | ,23184 |
| | Head nurse | 7 | 4,5397 | 1,03723 | ,39203 |
| | Total | 234 | 3,4677 | 1,25431 | ,08200 |
| Benchmarking and job quality | Nurse | 174 | 2,7404 | 1,13269 | ,08587 |
| | Graduate nurse | 36 | 2,0926 | ,87146 | ,14524 |
| | Specialist nurse | 17 | 2,0686 | ,87412 | ,21201 |
| | Head nurse | 7 | 3,7143 | 1,14953 | ,43448 |
| | Total | 234 | 2,6211 | 1,12478 | ,07353 |

| | | | | | |
|---|---|---|---|---|---|
| Benchmarking and job quality | Permanent work contract | 73 | 2,2740 | 1,02265 | ,11969 |
| | Time-defined work contract | 103 | 2,8333 | 1,11315 | ,10968 |
| | Self-employed freelance | 31 | 2,6344 | ,97579 | ,17526 |
| | Total | 234 | 2,6211 | 1,12478 | ,07353 |

\* Hospitals regulated by the government but with some autonomy on issues concerning management policies.
\*\* Private Care units that complement the national health care system regulated by governments in essence, but with total autonomy on issues concerning management policies.

## Discussion

These results show that, as Gounaris [25] refers, the concept of internal marketing is still a concept open to discussion, because, up to this moment, no scale has yet been found, that after reproduction shows exactly the same consistency. In this study, the Jou, Chou and Fou [36] scale was used in the health sector, after finding a factorial structure different from the one initially found by the authors, although even they themselves were not able to carry out the reproduction in the five studies conducted in their own scale validation. However, the scale did show high liability levels, and is worth considering in future studies. In this study, the variable grouping still seems to be more logical than in the original scale, because all variables associated to communication come up in one factor only, just like all variables associated with the supervisor, which have grouped up in the leadership factor.

Considering the results of internal marketing practice within health organisations in Portugal, we can see that globally, the collaborators' perception of the internal marketing practice is low, which happens equally in other sectors [52, 49; 24 48]. Such fact can be considered as worrying, given the nature of health services, where the human factor is extremely essential to guarantee good quality service [10, 12].

In terms of factorial structure, we found that in this sector, the promotional activities are the ones that show less variables in the data, therefore it can be a dimension with little impact in this sector. On the contrary, the communication and leadership factors are the ones with greater variables in data, and are considered therefore as quite important for this service. Leadership practices in Portugal deserve a stand out in this sector because they are considered as the most developed on behalf of the collaborators' perception, which is, according to the results found by Alves and Canilho [4], who have noted that head nurses in Portugal have different leadership styles that enable them to make their leadership style flexible and adjust it to the team that they are working with.

Regarding the differences in the perception of collaborators, we found that those differences didn't exist equally for all dimensions of internal marketing practice, mainly because of the fact that many of them practically didn't exist in these organisations. Noteworthy is the difference in perception of the communication dimension which may be

supported by the fact that long-term care units can be considered as innovative management models with quite recent life-span and based on competitiveness and quality, and as such, this type of organisation can rely on a human resource policy that is more directed towards I.M. practice, which is communication based. On the other hand, health organisations of smaller dimensions and a smaller number of hierarchical levels are considered a majority, and as such, communication can be made much easier without going through so many channels and facing so many barriers.

A standout is also the difference between perception among head nurses and the remaining nurse positions in the field of communication. This result is not uncommon, considering that quite often; the head nurses are the ones who, in the capacity of leaders, act as mediators between the lower nurses and the hospital administration. The head nurses are also the ones aware of higher levels of benchmarking and job quality, when compared to the remaining nurses, maybe due to the reason referred above. Being responsible for their teams, they are the ones more greatly involved in the creation and claiming of good working conditions together with the administration.

On the other hand, nurses' perceptions were also different according to different bonds towards the institution, considering that those with a more permanent bond seem to be more demanding with regard to their working conditions. According to the explanation given by Iliopoulos and Priporas [34], the economic crisis, high unemployment and the profound restructuring taking place in health organisations in Portugal, lead to many collaborators without a permanent bond, being less demanding with regard to their working conditions.

### Limitations and Future Research

After the investigation and result analysis, which is expected as another valuable contribution towards a deeper understanding of the Internal Marketing topic in health care context, this study is one of the few studies carried out in this area and specifically in Portugal, leading to the need for further investigation in order to confirm the conclusions reached.

On the other hand, the results must be assessed with some precaution, considering that the scale was reproduced by means of an exploratory and non-confirmed analysis and also because it was integrally adopted without the participation of specialists in the adaptation of its contents to the health sector.

One of the limitations of the current study was the selection of health organisations, considering that some sort of criteria could have been used in the health facility selection, starting with their dimension.

Another limitation was found, namely that related to the type of approach, whereby a quality approach could have been applied to better understand as to what collaborators know about and expect from organisations as far as I.M. practice is concerned.

Assuming that internal marketing practice is still quite insipient, especially in Portugal, it would be in the best interest to conduct an analysis related to internal market directing on behalf of these organisations, in order to assess their ability to pursue this type of activity.

## Conclusions

1.   The results of this investigation show that the concept of internal marketing needs further investigation, considering that, up to this moment, no scale has shown itself to be transversal to all sectors and countries.

2.   This concern becomes even more important after finding that managers have not yet understood the real contribution that internal marketing can bring to their organisations, especially in organisations where the lack of service quality can jeopardise human lives.

3.   On the other hand, it is important to point out that the few existing internal marketing practices are not equally understood at different hierarchy levels in health organisations, which may lead to a weak practical application, considering that the lower hierarchy members are those who see them as more reduced.

4.   Considering that some differences in internal marketing were also found according to the type of institution management, and in view of the fact that, in Portugal, all of these institutions are regulated by the government, it would be interesting to find if there are any organisations with better practice and then publicise them among current organisations operating in the same sector.

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**Vidinė rinkodara Portugalijos sveikatos apsaugos sistemoje**

Anotacija

Šis straipsnis atkuria ir pratęsia ankstesnį vidinės rinkodaros tyrimą pasitelkiant Jou, Chou ir Fu's (2008) skalę sveikatos apsaugos kontekstui. Tyrimo imtis yra 234 slaugytojos: 135 iš valstybinių ligoninių, taikančių tradicinį vadybos modelį, ir 99 iš ilgalaikės priežiūros padalinių, kuriuose taikomas netradicinis vadybos modelis. Tyrimo rezultatai rodo, kad skalė buvo patikima matuojant slaugytojų vidinės rinkodaros orientacijos suvokimą. Kartu būtina pabrėžti žemą vidinės rinkodaros taikymo suvokimą imties organizacijoje.

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