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# Marketing Physiotherapy Services

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*Marketing is now a vital issue for all sectors of the physiotherapy profession. Changing public attitudes to health care, increasing competition from many quarters, advances in medical science and progressive deregulation of the profession are some of the trends necessitating a marketing orientation. Marketing is essentially about the management of the relationship between physiotherapists and their clients, where clients may be patients, doctors, employers, rehabilitation providers or others. Marketing enables physiotherapists to increase their understanding of clients' needs and to use this information to improve the quality, delivery and value of their product. Marketing of physiotherapy services offers important benefits to the community, to those who refer patients to physiotherapists, to individual practitioners and to the profession itself.*

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Marketing was once associated with soap powder, television commercials and hype. It was the preserve of fast-moving packaged goods and durables. The past ten years have seen the introduction of the marketing of services, including financial institutions, tourism, leisure and public sector services such as electricity, transport and social security.

Since 1977, and in parallel with the increasing interest in services marketing, there has grown a body of literature on the marketing of professional services (Kotler and Bloom 1984, Sinclair and Beaton 1987). The initial impetus to marketing professional services came from a court case in the United States where, in terms of the first amendment to the American constitution, the Supreme Court ruled that solicitors had the right to advertise their services to the public. Indeed, it is said that the Court went so far as to suggest that advertising was probably in the public's best interest, commenting that 'truthful advertising concerning the availability and terms of routine legal services to the public could not be restrained' (Riecken and Yavas 1984). It

is probably correct to ascribe to that land-mark much of the debate, argument and deregulation in respect of marketing which has occurred in the professions all over the world over the past decade.

It is not only deregulation and relaxation of codes of practice that have led to marketing activity. There are more fundamental reasons including changing public attitudes to health care, intensifying competition for clientele and resources, the development of a scientific and popular literature on marketing and, most importantly, the realization that marketing has many benefits to offer the public, patients and the profession.

This article reviews basic marketing principles and presents both a case for and a method of approaching the marketing of physiotherapy services.

## **Australian Experience**

The private and public sectors of Australian physiotherapy are progressively recognizing that marketing has responsible, ethical and substantial contributions to make to the way that physiotherapy services are delivered to

both the individual client and the public at large. Marketing is being recognized as having relevance to the management of client referrals from doctors, the relationship between physiotherapists, other health care professionals and management, and the standing of the profession in both bureaucratic and political quarters. In addition, it is noted that other parts of the health care system in Australia are examining the benefits of marketing (Beaton 1986, 1987).

During the past year the Australian Physiotherapy Association has promoted and organized a series of marketing seminars for both private and facility-based physiotherapists in major centres. The Association has also sponsored the training of a group of ten facility-based therapists who volunteered to become marketing trainers for their own regions. Every Branch of the Association was represented in this training course.

The ready acceptance of marketing concepts by hundreds of physiotherapists attending the marketing training seminars and the enthusiastic implementation of marketing practices re-

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ported by many participants subsequent to the seminars have prompted the preparation of this paper to reach a wider audience. The similarity of concepts between those described in this paper and the series by the same author in *Australian Family Physician* (Beaton 1987) is acknowledged. Marketing is a unitary concept with universal application. Only the context and the detail vary from market to market and service to service.

This paper covers the following topics:

- The marketing concept, definitions and a marketing model
- The physiotherapist's product
- Clients' needs, and
- The marketing mix.

## The Marketing Concept

The origins of marketing go back several centuries to the time when people gathered in open places in the centre of the town to exchange their produce and goods by barter. The rules of these ancient exchanges were that each party to the exchange required full information about the state of the goods to be received and was required to provide full information about their own goods which were to be delivered. The exchange was consummated when both parties agreed that the respective values of their offerings were equal and mutually desired. Thus, in its historical context, marketing is a process that seeks to establish and maintain relationships through mutually satisfying exchanges.

With rare exceptions, clients who use the services of physiotherapists do so on a voluntary basis. In the case of self-referral it is always a voluntary step that is first taken by the client.

Marketing also means an attitude of client (customer) orientation, the essence being that the key task of the physiotherapy service is to determine the needs, wants and values of its market and to adapt its services to deliver effective and efficient care so as to satisfy its market.

## Definitions

Marketing is a process whereby clients and prospective clients are demographically analysed, their needs are identified, appropriate steps are taken to attract them to the service, their needs are satisfied and relationships with clients are maintained so as to retain them in the service for as long as is necessary for the client. This process is managed by the physiotherapist in a manner that satisfies the client *and* meets the objectives of the physiotherapist.

Where clients are referred by medical practitioners, marketing assumes the added aspect of identifying and satisfying the needs of these referrers. Thus physiotherapists may be regarded as having two major target markets, or groups, that they serve, namely clients and referring doctors. Rehabilitation providers and employers may also be appropriate target markets for some physiotherapists.

## Marketing Model

Figure 1 shows the essential components of the marketing exchange.

The focal point of the model is the client, who voluntarily enters into the exchange with the physiotherapist. The value received by the client is a service which is designed to meet the client's needs. In return, the client in the pri-

vate sector pays a fee either directly by personal contribution or indirectly through private health insurance or from a compensable body. In the public sector the 'fee' is paid in kind in the form of the trust and time that the client offers to enable the physiotherapist to deliver the service.

As shown, the output for the client is the satisfaction of the needs which originally brought the client to consultation. For the physiotherapist the output is a combination, in varying proportions, of vocational and financial satisfaction.

The seven Ps in the centre of the exchange are the tools under the control of the physiotherapist by which the exchange is made and managed by the physiotherapist. The Ps are product, people, price, place, promotion, processes and packaging.

Because, in the private sector, the exchange generates a profit (financial satisfaction), competitors are attracted who, overtly or covertly, seek to serve the client in order to share in the pool of profit. Whilst there are no 'profits' in the public sector, there is nevertheless competition for the resources devoted to physiotherapy services. These resources include space, facilities, staff establishment and expenditure budgets. In addition, there is also compe-

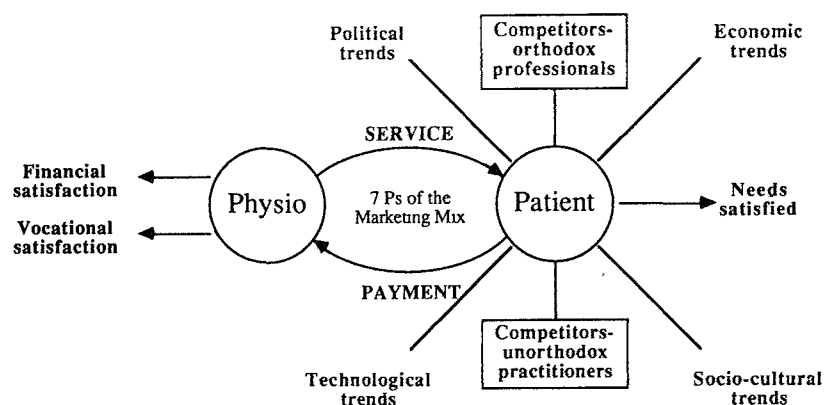


Figure 1: A diagrammatic model of the marketing exchange of service and payment between physiotherapist and patient. All patients 'pay' with their time and trust; in the private sector payment includes a fee.

tition for the status associated with the management of patients.

Orthodox competitors are other physiotherapists, whereas unorthodox competitors include chiropractors, occupational therapists, nurses, general medical practitioners and many others. In some instances the client may even constitute competition when the client adopts a do-it-yourself approach!

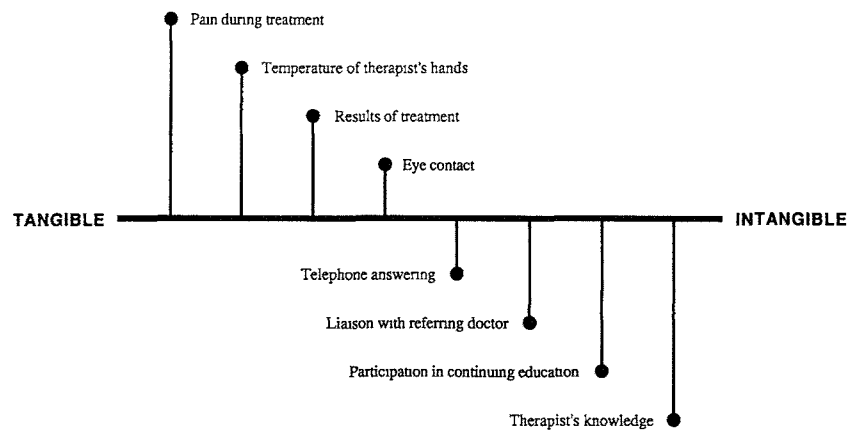
From a strategic planning point of view a further important dimension of this marketing model, which is beyond the scope of this article, is the environment in which the exchange takes place. In the environment a variety of factors, which like the competition are beyond the immediate control of the physiotherapist, have an impact on the patient. These factors include political, economic, technological and socio-cultural trends. It is important to analyse and anticipate the effect of these trends on the client, the client's probable future behaviour, the service, the physiotherapist and the payment rendered by the client.

## Characteristics of the Product

The physiotherapist's product, like other services such as those provided by solicitors or teachers, differs from physical goods in a number of ways which are important from a marketing point of view.

The most important of these differences is the relative lack of tangibility of the service. Unlike a fast moving consumer product, such as bread or toothpaste, or a durable product such as a washing machine, which can be touched, smelt, seen, heard and, in some cases tasted, a physiotherapist's service is intangible in many ways.

In Figure 2 the continuum of tangible/intangible demonstrates this point. Where a client is touched and spoken to by the physiotherapist the experience is tangible, but much of the underlying basis and important medical scientific component of the examination, namely the physiotherapist's knowledge and experience, are quite



**Figure 2:** The tangibility spectrum illustrates how, for the client, the attributes of a physiotherapist's service range from being highly tangible to being quite intangible. Tangibility include all senses, *ie* sight, hearing, touch, smell and taste.

intangible from the client's point of view. In Figure 2 a number of intermediate components of a physiotherapist's service are shown. For example, the manner in which the client is received at reception in the service is relatively tangible for the client, compared to the process of differentially diagnosing shoulder pain, which for the client, is largely intangible.

From the client's point of view the greater the degree of tangibility, the greater the ability of the client to form an opinion about the physiotherapist and the service delivered. Common sense tells us, and market research has proved the point, that clients do have opinions about physiotherapists. We also know that these opinions are based mainly on the tangible components of the physiotherapists' product (Ireland 1988).

A study of Figure 2 shows that many of the tangible aspects of the product are, at least in scientific terms, much less important to the wellbeing of the client than many of the intangible aspects. Yet it is these medically less important components of the service that are often most tangible and therefore it is these components that make the greatest contribution to the opinion that

clients hold of physiotherapists. Good examples of this phenomenon include the use (or otherwise) of the client's name, the temperature of the therapist's hands and the degree of discomfort caused during treatment. These are tangible signals that the client interprets. Therefore the use of the client's name (linked with eye contact), warm hands and an appropriate explanation of the pain that may be caused during treatment are understandably perceived by the client as a 'caring' attitude. It is a small step to understanding why the converse of these conditions is interpreted as a 'don't care' attitude, which makes the patient feel that 'I am not important here'.

Inherent variability is another important characteristic of a physiotherapy service. Therapists vary, clients vary and both vary from time to time. This variability causes a degree of insecurity in clients, as they are not always sure what to expect. The marketing approach suggests that minimization of variability (without seeking drab conformity) will minimize the expectation-reality gap for clients and therefore enhance their confidence and security.

Difficulty in testing a physiotherapy service in advance of its use is a further

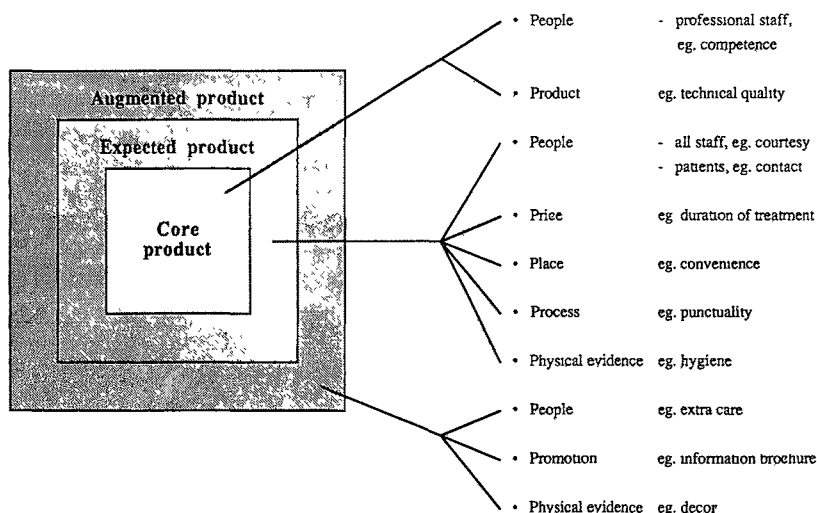
dimension of the expectation-reality gap issue. Whereas an item of clothing can be tried on before it is purchased or a new food can be sampled before the whole packet is taken home, a physiotherapy service must be physically experienced, often over a protracted period, before its benefits can be evaluated by the client.

Later in this article the marketing approach to maximizing tangibility and minimizing the anxiety caused by variability and lack of testability is described.

### Layers of the Product

Conceptually, the physiotherapist's product is a complex grouping of attributes, where each attribute is capable of satisfying a different aspect of client needs. Consider the elderly client who has undergone hip replacement surgery. In the immediate post-operative period the client has basic survival and security needs to recover consciousness, avoid pneumonia and deep vein thrombosis and re-establish independent bodily functions. The physiotherapist contributes to these needs using the medical and scientific component of his/her knowledge which, as shown in Figure 3, constitutes the core product. Within a few days of the operation the patient has additional needs for information about the likely course of her recovery, including the progress to be made in walking, the amount of discomfort likely and the probable date for discharge. These needs constitute the expected layer of the product.

Most clients believe that all physiotherapists practising in the orthopaedic field deliver competently these two layers of the product, that is the core and the expected layers. Therefore in the client's mind all physiotherapists are largely equal, that is, there is a perception of parity of product. This means that clients are largely unable to judge whether one physiotherapist's product at these levels is different from another's. Of equal, or even greater, concern is the realization that clients probably cannot meaningfully distin-



**Figure 3:** Patients perceive the physiotherapy product as a whole. In analysing what parts of the product are important to and can be readily understood by patients it is helpful to think of the product in three layers. In this illustration the contributions of each of the 7 'Ps' of the marketing mix is shown.

guish the physiotherapist's core and expected product from similar services delivered by non-physiotherapists such as chiropractors.

Clients therefore mainly differentiate physiotherapists from each other and physiotherapists from non-physiotherapist practitioners, at the third, outer layer of the product, that is at the augmented level. This level is composed of attributes such as the physiotherapist's manner, dress, eye contact, touch, the quality and timing of information provided and many other non-medical aspects.

Whether we choose to recognize it or not, clients do compare and their basis of comparison is usually at this augmented level of the product. In consumer marketing terms this level determines the image of the product so that people buy a tailor-made suit, prefer a trendy bank and select a connoisseur's wine. Thus a major challenge for the profession is to ensure that the public and the medical profession understand the value of a *physiotherapist's* physical therapy.

### Clients and Their Needs

#### Demographic profile

An important and early step in a marketing analysis of a physiotherapy service is to prepare a demographic profile of the clients who have used the service and those who fall within the catchment area of the service. Demographics describe the basic characteristics of clients, including age, gender, family stage, socio-economic status and language. Table 1 shows how the service's profile should be compared with that of the community which has potential access to the service.

In small centres the community may be constituted by the whole town and surrounding district. On the other hand, in cities, a three to five kilometre radius around the service usually represents 95% or more of the clients attending or able to attend on a regular basis. Community statistics with the basic demographic variables shown in Table 1 may be obtained from an Australian Bureau of Statistics office or, in some cases, from the offices of local

**Table 1:**  
**Demographic analysis of clients**

	Service	Community
Age — years		
0-14		
15-24		
25-54		
55 +		
Family structure		
Young singles/couples		
Couples with children		
Aged		
Health insurance		
Extras/ancillary insurance		
Not insured		
Language		
English		
Other		

government. Use of postal code regions to analyse these statistics is a simple way of creating a basis for comparison with the physiotherapy service's records, as these records should always contain the client's home address with postal code.

Applications of a demographic analysis are many. For example, a long established practice of English-only speaking physiotherapists may find, on comparing its client language profile with the profile of the local community, that whereas 10% of the practice clients are non-English speaking, the proportion of the non-English speakers in the community is 30%. On the other hand, services staffed by older physiotherapists may find that the age profile of their patients is well above that of the local community; this may be a pointer to taking on a younger therapist in the service to prevent a decline of patient numbers in future years. The demographic profile is also of great value in planning the provision of new services. For example, special facilities for the elderly, health education literature in several languages, multi-lingual staff or a special interest in er-

gonomics may be suggested as enhancements for the service by such analysis.

**Physical Needs**

In addition to their demographic profile, clients and prospective clients may also be analysed in terms of their physical needs. For example, knowledge of the prevalence of back symptoms, sports injuries, headache or stress incontinence is vital for marketing planning.

**Psychographic Types**

Whereas demographics describe the clients and potential clients of the service these statistics do not explain why and how clients behave in respect of health and health care. Psychographics, on the other hand, attempts to explain client behaviour.

Ziff (1971) has studied lifestyles related to the use of medication and shown that four reasonably distinct psychographic types exist. These are:

1. *Realists* who are not health fatalists, nor excessively concerned with protection or germs. They view remedies positively, want something

which is convenient and works and do not feel the need for a doctor-recommended medicine.

2. *Authority seekers* who are doctor and prescription-orientated, are neither fatalists nor stoics concerning health, but prefer the stamp of authority on what they take.
3. *Sceptics* who have a low health concern, are least likely to resort to medication and are highly sceptical of cold remedies.
4. *Hypochondriacs* who have a high health concern, regard themselves as prone to any bug going around and tend to take medication at the first symptom. They do not look for strength in what they take, but need some mild authority reassurance.

Whilst this grouping by Ziff (1971) used a North American population and is based on attitudes towards doctors and medication, physiotherapists will no doubt recognize many of their patients in these graphic descriptions. Such psychographic approaches have application in understanding the behaviour of individual patients, their attitudes to conventional medicine in general and to a physiotherapy service in particular.

Market research conducted by the Australian Physiotherapy Association (Ireland 1988) has clearly demonstrated the strongly entrenched place of conventional medicine and the central role of the general medical practitioner in health care.

**Maslow's Model of Human Needs**

The psychologist Abraham Maslow's hierarchical theory of human need has been widely used in the psychology of health care and has equal importance in the marketing approach to physiotherapy.

Table 2 demonstrates the relationship between Maslow's survival, security and self-esteem levels of need, the psychological interpretation of these levels and the marketing applications of this theory.

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**Table 2:**  
**Maslow's hierarchy applied to physiotherapy marketing**

<i>Maslow's level of need</i>	<i>Psychological interpretation</i>	<i>Physiotherapy marketing application</i>
Self-esteem	Prestige, power achievement	Appointment, punctuality, comfortable reception area, involvement of patient in decision-making.
Social	Affection, friendship, acceptance	Use of patient's name by all staff, non-judgemental approach, smile, eye contact
Security	Protection, predictability, order	Fear of disabling condition
Survival	Hunger, thirst, sex	Fear of life-threatening situation

**Table 3:**  
**Relationship between the 7 'Ps' and the layers of the physiotherapist's product**

Each 'P' makes a distinct contribution to one or more layers of the overall product, as illustrated in Figure 3.

<i>P</i>	<i>Layer</i>
Product	Core
People	Core, expected and augmented
Place	Expected
Promotion	Expected and augmented
Packaging	Expected and augmented
Processes	Expected
Price	Expected and augmented

In an acute situation, such as a suspected fracture or locked joint, client, family and physiotherapist are correctly concerned with first meeting the lower order survival and security needs of pain relief and reassurance. Such emergencies, however, constitute a small minority of consultations.

In the great majority of consultations clients present with a combination of needs. From the client's point of view needs exist at the security, social and self-esteem levels, almost all the time. Physiotherapists, like doctors, being medically and scientifically trained, concentrate on the security and

survival needs, not infrequently ignoring the social and self-esteem needs of clients (Australian Physiotherapy Association, Victorian Branch 1987). Most dissatisfaction results when physiotherapists fail to meet social and self-esteem needs of clients (APA, Victorian Branch 1987; Brown and Morley 1986).

Reference to the model of the physiotherapist's product, represented in Figure 3, explains why physiotherapists so often ignore taking active steps to meet social and self-esteem needs. Clients cannot readily understand the core component of the physiothera-

pist's product and it is this component which addresses survival and security levels of need. It is the expected and augmented layers of the product that meet the social and self-esteem levels of need of clients. To be fully satisfied, all levels of client need must be appropriately met. This means actively managing all layers of the physiotherapy product, that is the core, expected and augmented layers.

Patient satisfaction questionnaires are a useful means of measuring patients' perceptions in an objective and quantifiable manner (Steven and Douglas 1985). The Australian Physiotherapy Association has developed a complete kit for use by members who wish to assess levels of patient satisfaction.

The emphasis placed in the marketing approach to client's needs on the social and self-esteem aspects should in no way be taken to suggest that the security and survival needs, and therefore the core component of the product are in any way diminished. On the contrary, it is essential that through rigorous standards and constant upgrading of education at undergraduate, postgraduate and continuing education stages the Physiotherapy Association, educational institutions and individual physiotherapists ensure a superior quality of core product. This point cannot be too strongly stressed.

### The Marketing Mix

The marketing mix consists of those activities under the control of the physiotherapist which are used to influence the exchange process, as illustrated in Figure 1. These activities have been classified by the mnemonic of the seven 'Ps', namely:

- Product
- People
- Place
- Promotion
- Packaging
- Processes
- Price

These 'Ps' have an influence on the patient to varying degrees and in vary-

ing proportions prior to, during and after every contact with a physiotherapist.

It is most helpful to relate the contribution that each 'P' makes to the overall model of the physiotherapist's product as shown in Figure 3. Each of the seven 'Ps' makes a distinct contribution to one or more layers of the overall product which, when viewed as a whole, constitutes the general image of the physiotherapy service.

### Product

In the context of these seven 'Ps' the product represents the core component. Thus the core product is the medical, scientific knowledge and skills learned through study and experience and updated through continuing education. Whilst all seven 'Ps' are important, the product is the most important or the first amongst equals of the 'Ps'. There is no substitute for a high quality core product delivered with consistent standards. Quality assurance programmes, including peer review, audit and continuing education are designed to maintain and improve the quality of this 'P'.

Equipment and facilities form part of the product 'P' and include items such as electromedical machines, plinths and the stethoscope.

In practical terms every physiotherapy service should consciously plan the range and depth of its products by answering questions such as 'Should our service be restricted to particular areas of practice?', 'Is there sufficient clinical expertise in our service to meet the perceived specialised needs of patients?' and 'Does our product offer a unique point of difference, *ie* does it give patients a particular reason to prefer our service?'

### People

Two groups constitute the people 'P', namely physiotherapists and their staff on the one hand and clients on the other.

The attitude, commitment to service and interpersonal skills of physiothera-

pists and their staff are self-evident components of the marketing mix.

How many physiotherapists really pay attention to the attitudes of their staff towards clients? How often do principals check on how clients are spoken to, both at reception and on the telephone? If clients feel that staff are friendly and helpful and really care, they are already appropriately disposed to the service before the consultation. On the other hand there is good evidence from surveys that a large source of dissatisfaction stems from off-hand, abrupt treatment by reception staff (Brown and Morley 1986).

There is evidence that, on average, people who are completely satisfied with a service tell four others about their positive experiences, whilst those who are dissatisfied with a service tell at least ten people about their negative experiences (Albrecht 1988). Are clients working for or against your service in what they tell their friends, relatives and doctors about the service?

The role other clients and their families play as part of the people 'P' is often forgotten in conventional marketing texts.

Patients have contact with other clients in waiting areas and often in treatment areas as well. The manner in which *you* manage this contact is vitally important to the impression that clients have of your service. For example, a crowded, cramped waiting room obliges clients to sit packed together with no personal space. A kiddies' corner with toys is important not only to occupy small children, but also to ensure that they do not interfere unduly with others in the waiting room who are not their parents.

Clients should be afforded privacy not only in the treatment room, but also at the reception desk with the staff when their personal details, including payment of fees, are being discussed. There can be few episodes more inimical to a practice than a client arguing with the receptionist about insurance payments, because they overheard the previous client's circum-

stances being discussed and believe that they too qualify!

It should always be remembered that clients are a service's most potent source of promotion through word of mouth. Satisfied clients create a positive reputation, whilst dissatisfied clients create a negative reputation.

All physiotherapists need regularly to review their policies and procedures from a customer service point of view, asking 'What's it feel like to be a patient in this practice?', 'Do patients feel important, special and wanted?' and 'What do patients tell their families, friends and doctor about the practice?'

### Place

Place has two dimensions, namely the location of the service and the hours during which staff are in attendance.

Location includes factors such as accessibility, availability of public transport, parking, steps, ramps and lifts.

The hours during which the service is open should always be assessed from the clients' point of view, not that of therapists and staff. Answers should be sought to questions such as how well are commuters and working mothers served?

Findings from patient satisfaction surveys are particularly helpful in evaluating the location and hours of a service.

### Promotion

Promotional activities are the most controversial aspects of marketing for all professions. Over the past 20 years there has been steady deregulation and liberalization of regulations governing what is and what is not legally and ethically acceptable promotional activity.

The purpose of promotion should always be to create awareness and understanding of the benefits of the service amongst clients. Viewed in this way promotional activity may be regarded as an ethical responsibility, rather than a dubious commercial practice. It is undoubtedly the responsibility of a physiotherapist to ensure that his/her

clients are aware of the full range of services offered and understand clearly where and when these services are available. Thus the provision of information within the practice which explains services, provides health education and encourages appropriate use of the service is not only good physiotherapy, but also good marketing.

There is great scope to improve promotional activity which can fall entirely within the letter and the spirit of the Acts regulating practice and the ethical rules of the Association. Examples of such activities include practice information brochures, patient instruction pamphlets and involvement by physiotherapists in local health education activities, community service, sporting clubs and schools.

### Packaging

The 'packaging' of the service is the most tangible evidence that the service offers to patients about its style, nature and quality.

Packaging includes the decor, furnishings, layout, signage, background music and noise levels in the reception and treatment areas. It also includes such tangible clues as illustrative charts and health education pamphlets and extends to staff dress, nametags and the stationery of the service.

Packaging is a major contributor to the overall image of a practice or service, particularly in creating the all important 'first impressions'.

### Processes

The non-clinical processes of the service affecting clients are an important, but often neglected part, of the marketing mix. Such processes include the booking methods by which clients are queued. Every practice should have positive answers to questions such as 'How long on average do clients wait after their booked appointment time?', 'How do physiotherapists and staff handle being behind schedule?', 'Who informs those waiting well after booked appointments how much longer they will have to wait?' and 'What provision

is made for short, routine appointments, for long difficult appointments and for emergencies?'

Similarly, accounting procedures in private practice influence the image of the practice. 'How are accounts rendered?' 'When and how are invoices provided?' This leads on to the final 'P' namely price.

### Price

The fee charged for physiotherapy services is an integral part of the marketing mix.

As a result of the availability of compensable services and private health insurance, the pure fee-for-service nature of the marketing exchange in private practice between therapist and client, is often disrupted. Although payment for services rendered may be indirect and is often delayed, there is nevertheless always an exchange of values between therapist and client.

All clients 'pay' with their time and trust.

The level of fee that the service sets, the manner in which payment is expected, and the credit procedures all contribute to the marketing mix.

Price is an important contributor to the perceived value of the services received.

### Marketing Mix Congruence

Probably the most important factor in managing the marketing mix is the achievement of congruence between its seven components.

Modern procedures conducted in untidy, old-fashioned rooms convey a mixed message to the client. 'If the physiotherapist says his is the most up-to-date treatment, why are the magazines two years old?' 'If the staff constantly say "we really care about patients", why does it take them five minutes to answer the telephones?' These are examples of a lack of congruence in the marketing mix.

In this section, the role of seven marketing tools has been outlined. Each of these tools is under the control of the physiotherapist and can be used to

influence the exchange between physiotherapist and client. Most physiotherapists recognize the importance of product and people, but all too few actively manage the other five 'Ps' to ensure that their clients are satisfied and therefore retained in the relationship.

### Conclusion

Marketing is both a management skill and an attitude. The cost-effective application of marketing methods to physiotherapy provides benefits to patients, those who refer patients, individual physiotherapists and the profession as a whole. In reality, marketing *per se* is not new to physiotherapy (O'Keefe and Patterson 1985); rather it is the systematic, scientific and conscious use of marketing principles that is new.

Marketing can assist physiotherapists who seek to serve a greater number of patients, a different mix of patients or patients in an earlier stage of their illness. Marketing can contribute to improved profitability in private practice and to enhanced job satisfaction for all physiotherapists. Marketing can improve relations with referring doctors, rehabilitation providers and employers. Marketing can identify opportunities for and assist with the introduction of new services. Marketing is a responsible addition to the ethical, clinical, financial and personal armamentarium of all physiotherapists.

On the other hand marketing is not a panacea. It is not, and can never be, a substitute for high quality, medically sound clinical care, whether of a preventive or curative nature.

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