



Designing a Health Marketing Model to Improve the Health of Community in Iran

Behrooz Rahimi¹, Mahdi Jalali^{1*}, Hamed Nazarpour Kashani¹

¹Department of Management, Tehran Branch, Islamic Azad University, Tehran, Iran

Abstract

Introduction: Health marketing is gaining prominence as a vital field in both healthcare and marketing, especially in Iran, where improving the nation's health is of paramount importance. This study aimed to formulate a robust and comprehensive health marketing model tailored to the unique context of Iran. This research was conducted in 2023 in Tehran, using a mixed-method approach.

Methods: In the qualitative phase, grounded theory was utilized to select 18 participants with expertise in executive management, healthcare service provision, marketing, and scientific knowledge. Semi-structured interviews were conducted, and Nvivo software facilitated data analysis. Subsequently, Delphi method was employed to gather insights, and the data were analyzed using the Partial Least Squares (PLS) software.

Results: Among the interviewees, 62.75% were male, and approximately 31.37% had 15 to 20 years of work experience. Nearly 41.18% fell within the age range of 40 to 50 years, and 19 participants held doctoral degrees. The majority of interviewees were university faculty members and experts. The qualitative phase identified influential variables categorized into causal factors, contextual factors, intervening factors, strategies, and consequences. The resulting model exhibited high internal validity (over 70% for each component), substantial measurement quality (over 39% for each component), and a strong goodness of fit (0.791 for the entire model).

Conclusion: The key findings of the study highlighted the significant influence of intervening factors, phenomenon-oriented factors, and consequences on health marketing in Iran. These insights offer valuable guidance to decision-makers and healthcare managers in Iran, facilitating the enhancement of health marketing strategies to better serve the nation's public health objectives

Keywords: Health marketing, Grand Theory approach, Structural Equation Modeling, Iran

Article History:

Received: 10 March 2023
Accepted: 10 June 2023

Please cite this paper as:

Rahimi B, Jalali M, Nazarpour Kashani H. Designing a Health Marketing Model to Improve the Health of Community in Iran. Health Man & Info Sci. 2023; 10(2): 62-70. doi: 10.30476/JHMI.2023.100243.1187.

*Correspondence to:

Seyed Mahdi Jalali,
Department of Management
Tehran Branch, Islamic Azad
University, Tehran, Iran
Tel: +98 9123204705
Email: drjalali1356@gmail.com

Introduction

Health has a central position in the sustainable development agenda. Sustainable development meets the present needs without compromising the ability of future generations to meet their own needs. Health, along with information technology, water, energy, biodiversity, and agriculture, is a critical issue that requires special attention. Due to the major social, economic, political, and technological transformations, healthcare managers have faced many challenges (1). These challenges include allocating limited health resources to the unlimited needs of people, using health services efficiently, ensuring the quality and safety of services, organizing and managing the health system, and reducing inequality in access to health services. The studies conducted in Iran indicate low efficiency and productivity in healthcare organizations. The quality

has always been one of the main concerns of the health system in the country (2, 3). In brief, health systems have three fundamental goals: improving the health of the population, responding to people's non-medical expectations, and protecting people against financial hardship due to health costs. These goals are different from other social sectors because the healthcare can cause catastrophic costs which are generally unpredictable (4). Thus, it is vital to protect people so that they do not have to choose between financial loss and health loss (5).

The most important goal of knowledge expansion is to apply strategies to solve the problems. Removing existing barriers in the health system such as lack of awareness, increase in confidence, shortage of resources, and political commitment needs production and utilization of medical knowledge. This is reflected in the slogan "Knowledge to improve

health” (6). Currently, to increase the profits of medical centers, health managers use strategies such as using new treatment methods as well as less expensive alternative treatments, providing special treatment packages for specific patients including screening, treatment and follow up care, designing website to introduce the hospital, specialist doctors and the services offered and using it to sell services, and creating an integrated information system to accurately record and maintain patient medical records and documents to increase patient loyalty (7). The development of the health insurance system in the country is one of the most important decrees emphasized in the general policies of the Supreme Leader, the law of the fifth development plan and one of the main goals of the Iran Health Insurance Organization (8). It is necessary to address the marketing issues in hospitals and organizations providing medical services to meet the real medical and patient’s needs, have a larger market share and income, and increase the efficiency and effectiveness (9).

Suitable health marketing for Iran, which focuses on improving the health of society, has become one of the most important issues in the field of health and marketing. Given the status of health in the country, developing a suitable and comprehensive health marketing model for Iran is a vital priority in the field of health.

The present research aimed to suggest a comprehensive and appropriate health marketing model according to the conditions and needs of our country, Iran. We hope this article can help enhance knowledge in the field of health marketing and improve the health of our society.

Methods

The study used a developmental applied research approach and mixed exploratory research method to collect qualitative data. The grounded theory with the systematic approach of “Strauss and Corbin” was used to investigate the central phenomenon of health marketing, causal conditions, contextual conditions, intervening conditions, and reactive strategies and their consequences. This method allows for a deep study of phenomena in their real context and provides a conceptual framework (10). Based on the findings of the qualitative data, a research tool was developed, and quantitative data was collected to generalize the findings. Semi-structured interviews were conducted with 18 executive stakeholders including policy makers, executive managers, and service providers in the field of health and marketing, as well as scientific experts including university

professors and scientific and specialized associations in the field of health and marketing from spring to winter of 2023 in Tehran city. Snowball sampling was used to select the participants. This is one of the common methods of sampling in qualitative studies that selects participants based on pre-specified criteria related to specific research questions (11). The interviews continued until the hidden aspects and components of the phenomenon of health marketing with the approach of health improvement in Iran were identified and described, reaching theoretical saturation. According to the code of ethics, after explaining the confidentiality of the conversations and obtaining informed consent to participate in research, the researcher recorded the conversations, and the interviewees were allowed to comment on the details related to the main topic according to their knowledge and experiences. It should be noted that the duration of each interview varied between 60 and 90 minutes depending on the willingness of the participants to answer.

The data analysis started from the first interview, and during the interviews, the whole text was read for several times to get a general understanding of it, and then the transcribed text was read line by line. First, open coding was done. This means that the sentences that were the answers to the questions asked in the interview were identified. Then, the main concepts in these sentences were given a code. By comparing the codes with each other, a list of main and sub-codes was reviewed and then the main codes with similar meaning were grouped together and formed the categories. The researchers tried to increase the validity of the research with prolonged engagement and sufficient participation and interaction with the interviewees, collecting reliable information and confirming the information by the participants. The software used in this step was Nvivo.

In the next phase, 51 managers and expert of governmental and non-governmental organizations, specialized scientific associations, and university professors in the field of health and marketing were selected, and a Delphi panel was used. A questionnaire based on a targeted method and expertise was distributed and collected from the selected participants and PLS software was used to analyze the results.

Results

A total of 51 people were interviewed. As shown in Table 1, 62.75% (32 people) of the participants were male. Nearly 31.37% (16 people) of them had a work experience of 15 to 20 years. About 19 participants

Table 1: Demographic characteristics of the sample group

Demographic characteristics		Frequency	Percent
Sex	Male	32	62.75
	Female	19	37.28
Post	Dean of universities/Deputy ministers	6	11.76
	Scientific committee	12	23.53
	Vice Chancellor of the University	8	15.69
	President / Member of the Board of Directors of the Association	5	9.8
	Media expert	2	3.92
	Deputy General Manager	8	15.69
	Marketing and health expert	10	19.61
	Work experience (years)	5-10	3
	11-15	13	25.49
	16-20	16	31.37
	21-25	12	23.53
	26-30	6	11.76
	More than 30	1	1.96
Education	Bachelor	5	9.8
	Master	12	23.53
	PhD	19	37.25
	Specialist MD	15	29.41
Age (year)	Less than 30	3	5.88
	31-40	12	23.53
	41-50	21	41.18
	More than 50	15	29.41

Table 2: Main and sub -components extracted from the interview section

Variable (main)	Variable (sub)	Number of questions	Average	Standard deviation	The smallest	The biggest
Causal conditions	Structural and informational capacity	1-3	3.44	1.47	1	5
	Good governance	4-8	3.32	.96	1	5
	Planning and execution	9-13	3.45	1.12	1	5
Structural components	Providing desirable services	14-17	3.54	1.20	1	5
	Capacity Building	18-21	3.52	1.11	1	5
Strategies	Improving the level health	22-23	3.35	0.95	1	5
	Establishing justice in health	24-27	3.38	1.13	1	5
	Respect to the rights of the service recipient	28-32	3.56	1.28	1	5
	Interdepartmental cooperation promotion	33-34	3.50	1.42	1	5
Contextual factors	Resource	35-37	3.45	1.07	1	5
	Socio-cultural	38-42	3.33	0.91	1	5
	Structural-organizational	43-51	3.49	1.30	1	5
Intervening factors	Environmental	52-53	3.34	1.04	1	5
	Political	54-59	3.48	0.76	1	5
Consequences	Organizational - program	30-63	3.42	1.19	1	5
	Social capital	64-68	3.51	0.97	1	5

had a specialized doctorate degree and nearly 41.18% (21 people) of the interviewees were between 40 and 50 years old. Also, most of the interviewees were 12 faculty members and university experts.

The analysis of the qualitative part of the study divided the components and subcategories into two main and sub-sections, the information of which is presented in Table 2. According to this table about the description of the variables of Iran's health marketing

model with the health improvement approach, the mean scores of the variable dimensions of causal factors are as below: structural and informational capacity 3.44, good governance 3.32, and planning and execution dimension 3.45.

The mean scores of the variable dimensions of the structural phenomena were 3.54 for providing desirable services and 3.52 for capacity building.

The mean scores of variable dimensions of the

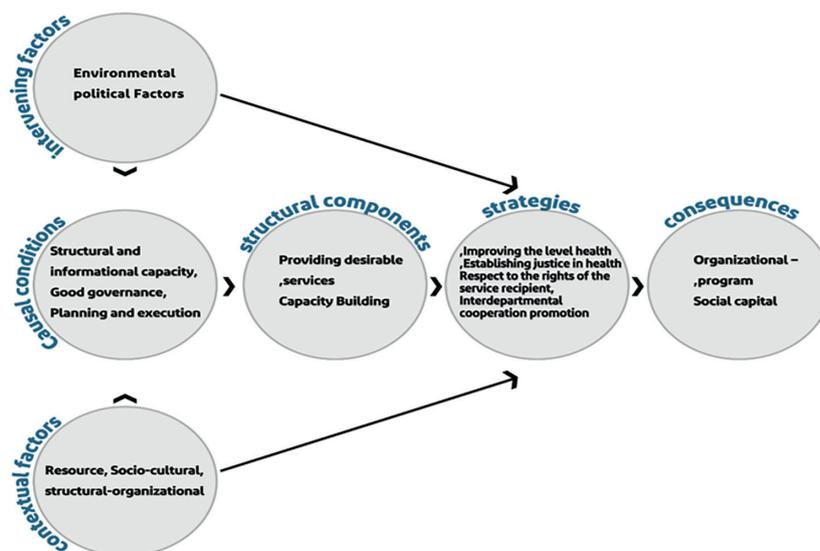


Figure 1: Health marketing model to improve community health in Iran

strategies were 3.35 for improving the level of health, 3.38 for establishing justice in health, 3.56 for respect for the rights of the service recipient, and 3.50 for interdepartmental cooperation promotion. The mean scores of the variable dimensions of contextual factors were 3.45 for resource dimension, 3.33 for cultural-social dimension, and 3.49 for structural-organizational dimension. Also, the mean scores of the variable dimensions of intervening factors were 3.34 for environmental factors and 3.48 for political factors. The mean scores of variable dimensions of consequence were 3.42 for the dimension of organizational outcome - program and 3.51 for the dimension of social capital.

Since this research used a Likert scale from 1-5 to answer the questionnaire, the mean number of 3 was calculated as the middle limit and a type of criterion,

and because all the dimensions are higher than this mean limit, these dimensions are seen at an average level among the statistical population.

Since the status of all the identified variables was normal, the test and value of the KMO test (Kaiser-Meyer-Olkin Measure of sampling adequacy) was 0.951. Factor analysis was used because the statistical value KMO indicated that factor analysis for the data was appropriate (Figure 1).

The quality of the model fit was analyzed in several aspects. In the first step, the reliability of the model was measured using composite reliability and Cronbach's alpha. If the value of two criteria for any structure is above 0.7, it shows that the internal consistency is suitable for measurement models (12). Table 2 shows the results obtained from these two criteria. According to the values of this table,

Table 3: Composite reliability and alpha Cronbach values for health marketing model for Iran with health improvement approach

Variable (main)	Variable (sub)	Composite reliability	Alpha Cronbach
Causal conditions	Structural and informational capacity	0.949	0.920
	Good governance	0.884	0.836
	Planning and execution	0.930	0.904
Structural components	Providing desirable services	0.948	0.926
	Capacity Building	0.905	0.858
Strategies	Improving the level health	0.704	0.737
	Establishing justice in health	0.891	0.837
	Respect to the rights of the service recipient	0.938	0.916
	Interdepartmental cooperation promotion	0.960	0.916
Contextual factors	Resource	0.850	0.735
	Socio-cultural	0.828	0.739
	Structural-organizational	0.962	0.955
Intervening factors	Environmental	0.807	0.752
	Political	0.869	0.762
Consequences	Organizational - program	0.942	0.917
	Social capital	0.865	0.766

Table 4: Measuring the quality of the measurement model

Variable (main)	Variable (sub)	Sum of squares of observations	Sum of squared prediction errors	Subscription Validity Index (CV-com)
Causal conditions	Structural and informational capacity	1536.0	448.89	0.70
	Good governance	768.0	427.22	0.44
	Planning and execution	1152.0	342.34	0.70
Structural components	Providing desirable services	768.00	223.85	0.70
	Capacity Building	768.00	180.16	0.76
Strategies	Improving the level health	4608.0	1315.95	0.74
	Establishing justice in health	1536.0	275.56	0.71
	Respect to the rights of the service recipient	768.0	273.43	0.82
	Interdepartmental cooperation promotion	1152.0	144.52	0.87
Contextual factors	Resource	1536.0	209.28	0.86
	Socio-cultural	1920.0	406.22	0.78
	Structural-organizational	3456.0	886.39	0.74
Intervening factors	Environmental	2688.0	499.25	0.81
	Political	7680.0	1835.76	0.76
Consequences	Organizational - program	3840.0	955.54	0.75
	Social capital	2304.0	718.03	0.68

Table 5: The results of ranking the components related to each variable

Variable (main)	Variable (sub)	Impact rate (R2)	Rank
Causal conditions	Structural and informational capacity	0.89	2
	Good governance	0.88	3
	Planning and execution	0.97	1
Structural components	Providing desirable services	0.95	1
	Capacity Building	0.93	2
Strategies	Improving the level health	0.51	3
	Establishing justice in health	0.94	2
	Respect to the rights of the service recipient	0.96	1
	Interdepartmental cooperation promotion	0.94	2
Contextual factors	Resource	0.82	3
	Socio-cultural	0.95	2
	Structural-organizational	0.98	1
Intervening factors	Environmental	0.90	2
	Political	0.97	1
Consequences	Organizational - program	0.88	1
	Social capital	0.63	2

composite reliability and Cronbach’s alpha of all the variables related to the model for all structures are above 0.7. As a result, all the structures in the measurement model were approved (Table 3).

The cross-validation index was used to measure the quality of the measurement model. This index shows whether the model has good predictive power or not. The value of this index varies between 0.02 (weak), 0.15 (moderate), and 0.35 (good). If the values of this variable are weak, the research model and its indicators should be revised (13). Table 4 shows the quality of the measurement model. According to this Table, since the cross-validation criterion of the variables of the research measurement model is more than 0.39, the introduced model has good predictive power.

In the next step, the quality of the whole structural model was measured according to the goodness of fit index (14). The result of this criterion was a value of 0.791, which indicated a very good fit and strength of the introduced model. Finally, the variables were ranked according to their impact on the relevant variable. The results are presented in Table 5, where the influence rank of each sub-variable on its main variable is shown.

Discussion

According to the results of the final model, “health marketing model with health improvement approach” can be explained as follows: “health marketing strategy with health improvement approach” is

making the best decisions by health organization in two strategic areas: providing desirable services and capacity building. These strategies are based on the causal variables: (1) structural and informational capacity, (2) good governance, and (3) planning. The structural components of the model are: (1) improving the level of health, (2) establishing justice in health is (3) respecting the rights of the service recipient, and (4) promoting interdepartmental cooperation. Also, the intervening conditions which affect the process are: 1) intervening factors including environmental factors and political factors on the one hand and 2) uncontrollable conditions, or the macro-environment (contextual factors) including resources, cultural-social factors and structural-organizational factors, influencing and facilitating the process of formulating and implementing strategic measures for health marketing strategy. It causes the formation of organizational programmatic consequences and (2) social capital.

Therefore, the improvement of the health marketing model in Iran requires the promotion of the contextual factors, especially the intervening factors that are affected by improving the level of health, establishing justice in health, respecting the rights of the service recipient, and promoting inter-sectoral cooperation. In this regard, our study is consistent with many other studies (15, 16). Marandgani et al. showed that the components of organizational behavior were the most important variables due to the highest correlation with internal marketing (16). Haji Rasoulian and colleagues also showed that social and value marketing had the greatest impact on marketing motivation in identifying marketing components and strategies (17). In addition, Rasool Cheragh et al. found that financial results, service marketing mixes, organizational assistance form, and organizational results for the company were the most important marketing components for the insurance industry (15).

Causal conditions represent the factors that directly affect the structural phenomenon and cause its occurrence or development. Structural and informational capacity, good governance and planning and implementation are identified as causal conditions affecting health marketing with the approach of improving health in Iran.

Structural and informational capacity includes 3 indicators of infrastructure and up-to-date technology network, health information management, and databases. Good governance in health marketing means a two-way interaction that can establish a deep and effective relationship with target customers in health services.

Health marketing with the approach of improving health in Iran seeks to create a relationship with people and provide services that familiarize them with various categories of medical services and products. This familiarization and guidance can be provided by government centers and organizations, both governmental or private, which is not possible except in presenting the program and implementing the same programs.

These results are supported by results of Valemi et al. (2019) (18), Hadi Marandgani et al. (2017) (19), Ansari (2016) (20), Azari Yakta et al. (2013) (21), Lina Wang et al. (2022) (22), Carl Stolper et al. Daoud Ebrahim et al. (2022) (23), Glade et al. (2017) (24), Alvarez and Chanda (2011) (25), Koseoglu et al. (2015) (26), and Chen et al. (2008) (27).

Health marketing in the country health system, like many other organizations, requires extensive changes in the presentation and introduction of its services, and as an operational strategy, includes all activities and decisions that are taken in line with the optimal allocation of limited resources in the marketing sector (manpower, finance, equipment, etc.) and to achieve the goals of the health system.

The findings indicate that one of the main dimensions of the health marketing strategy with the health improvement approach in Iran is to provide desirable services, timely supply of resources, fair access, and availability. The capacity building is possible by training and empowerment, mutual trust and management of expectations, optimal management of information and process and giving advantage to networking. Therefore, developing health marketing with the approach of improving health in Iran means making the best decisions in 2 areas, providing desirable services and building capacity in the country health system, which depends on its own policies and goals, as well as considering resources and capabilities. The result obtained is consistent with the research results of Valemi et al. (2019) (18), Hadi Marandgani et al. (2017) (19), Ghorbani et al. (2017) (28), Ansari (2016)(20), Brown et al. (2017) (29), Mukherji et al. (2011) (29), and Chen et al. (2008) (27).

Health marketing strategies with the approach of health improvement in Iran are considered as a link between company level strategies and operational strategies. For its growth and development, in line with global developments and increasing people's expectations, the health care organization needs to use marketing strategies, such as improving the level of health, establishing justice in health, respecting the rights of service recipients, and promoting inter-

departmental cooperation.

The results obtained are in the same line with those of Guerola-Navarro (2022) (30), Shams and Delavi (2017) (31), Hadi Marandgani et al. (2017) (19), Sarehbandi et al. (2017) (32), Ghorbani et al. et al. (2016) (28), Akbarian Bafghi et al. (2015) (33), Azari Yekta et al. (2013) (21), Koseoglu et al. (2015) (26), Fisher (2014) (29), and Chen et al. (2008) (27) studies.

Contextual factors are exogenous factors that are not under the control of the organization, but they have an impact on health marketing with a health improvement approach in Iran. Policymakers and marketing managers often have no choice but to accept these environmental variables as they are and adapt their strategies to them. Resource factors include the optimal management of human resources, existence of financial resources and professionalism. The cultural and social factors in the society include cognitive and behavioral performance, cultural construction, social responsibility, acceptance and acceptability, and increase in the satisfaction of service recipients; also, the structural-organizational factors include high bureaucracy, unequal power relations, organizational independence, organizational pillars, physical location, systematic information and communication platform, knowledge management and exchange, diversity and capacity of e-health services and leadership and quality management of Iran health system affect. These factors should be considered carefully to have effective health marketing.

The result obtained are consistent with those of Guerola-Navarro (2022) (30), Shams and Delavi (2017) (31), Hadi Marandgani et al. (2017) (19), Sarehbandi et al. (2017) (32), Ghorbani et al. (2017) (28), Yakta et al. (2013) (21), Yap et al. (2021) (34), Hamed Al-Taei and Khalid Al-Khawaldeh (2020) (35), and Brown et al. (2017) (29).

Intervening factors refer to those factors that moderate the effect of causal and contextual conditions on health marketing with a health improvement approach in Iran. These factors could facilitate the impact of causal and background factors or create interference in this impact and play the role of an obstacle. Intervening conditions are controllable in nature and the nature of their influence is contingent. In this research, 2 environmental and political dimensions were identified for the intervening factors.

The findings of the research showed that environmental factors such as environmental changes and unavoidable accidents and the competition

of actors have effects on the type of policies and decisions in the field of health of the country. Also, political factors such as lifestyle changes, political and economic sanctions, political changes, conflicts of interest, high-handed laws and documents, and the development of guidelines and unprincipled standardization have an impact on the type of policies and decisions in the field of health.

The research results of Hadi Marandgani et al. (2017) (19), Ghorbani et al. (2017) (28), Zarei et al. (2015) (36), Lina Wang et al. (2022) (37), Carl Stolper et al. (2022) (23), and Chen et al. (2008) (27) support our findings.

If the health marketing model strategy is well designed and implemented with the approach of improving health in the country, it will lead to organizational programmatic consequences and social capital. One of the consequences of health marketing with the approach of improving health in the country is the organizational and program consequences, which depends on the development and promotion of inter-departmental capacities, modification and development of programs and measures, increase in organizational efficiency and effectiveness, and creation of a service organizational competitive advantage.

Social capital is one of the consequences of health marketing in the country. The concept of social capital, due to its nature and content, is related to almost all topics and issues raised in the human and social field. Social capital has been used in this research as features of cost management, economic and time saving, improving the health level of service recipients, trusting service providers, strengthening the sense of illness, and meeting the needs of service recipients.

The results of Guerola-Navarro (2022) (30), Hadi Marandgani et al. (2017) (19), Serebandi et al. (2017) (32), Akbarian Bafghi et al. (2015) (33), Azari Yekta et al. (2013) (21), Karl Stolper et al. (2022) (23), Hamed Eltaei and Khalid Al-Khawaldeh (2020) (35), Glid et al. (2017) (24), Kuglow et al. (2015) (26), Fisher (2014) (29), Alvarez and Chanda (2011) (25), and Chen et al. (2008) (27) are consistent with our findings. This research can be useful as a guide for decision makers and managers in the field of health and health marketing in Iran and is effective in improving health marketing strategies and policies in this country.

Conclusion

This study showed that identifying and addressing the effective variables and components in Iran health marketing model could help improve health and the

performance of the health system in the country. The research identified the effective variables and components in the health marketing in Iran. Appropriate health marketing model by improving the causal conditions and promoting inter-sectoral cooperation can lead to improving the level of health, establishing justice in health, respecting the rights of the service recipient which at the end will make significant consequences in organizational program area and increasing the social capital.

Conflict of Interest: None declared.

References

1. Marandi SA. The integration of medical education and health care services in the IR of Iran and its health impacts. 2009.
2. Kavosi Z, Goodarzi S, Almasiankia A. Performance evaluation in hospitals of lorestan university of medical sciences using pabon-lasso model. *Payavard Salamat*. 2013;6(5):365-75.
3. Mosadeghrad AM, Esfahani P, Nikafshar M. Hospitals' efficiency in Iran: A systematic review and meta-analysis of two decades of research. *Payavard-Salamat*. 2017;11(3):318-31. [In Persian].
4. Hajian K. identify inpatient patient satisfaction add providing services in shahid beheshti hospitals. *J of Babol University of Medical Sciences*. 2006;9(2):51-60. [In Persian].
5. Hamadi B, Ziudar M, Rafiei S. Identify inpatient patient satisfaction in tehran university of medical sciences. *J of Public Health*. 2005;7(8). [In Persian].
6. Pearson A, Robinson M. Strategic planning and management. Cemetery: Bbook remembrance; 2001.
7. Green PL, Plsek PE. Coaching and leadership for the diffusion of innovation in health care: a different type of multi-organization improvement collaborative. *Jt Comm J Qual Improv*. 2002;28(2):55-71. doi: 10.1016/s1070-3241(02)28006-2.
8. Beer M. Why total quality management programs do not persist: the role of management quality and implications for leading a TQM transformation. *Decision Sciences*. 2003;34(4):623-42. doi: 10.1111/j.1540-5414.2003.02640.x.
9. Subrahmanya Bhat K, Rajashekhar J. An empirical study of barriers to TQM implementation in Indian industries. *The TQM Journal*. 2009;21(3):261-72. doi: 10.1108/17542730910953031.
10. Kotler P. Consumer neuroscience: Mit Press; 2017.
11. Drucker P. The practice of management. New York: Routledge; 2012. doi: 10.4324/9780080942360.
12. McCarthy EJ. Basic marketing: A managerial approach, rev. ed. *Homewood, IL: Richard D Irwin*. 1964.
13. Hunt SD. The nature and scope of marketing. *Journal of marketing*. 1976;40(3):17-28. doi: 10.1177/002224297604000304.
14. Bagozzi RP. Marketing as exchange. *Journal of marketing*. 1975;39(4):32-9. doi: 10.1177/002224297503900405.
15. Keith RJ. The marketing revolution. *Journal of marketing*. 1960;24(3):35-8. doi: 10.1177/002224296002400306.
16. Southerton D. Encyclopedia of consumer culture. New York: Sage Publications; 2011. doi: 10.4135/9781412994248.
17. Hollander SC, Rassuli KM, Jones DB, Dix LF. Periodization in marketing history. *Journal of Macromarketing*. 2005;25(1):32-41. doi: 10.1177/0276146705274982.
18. Valimi F, Fattahi M, Ranjbar M. Factors Influencing Marketing Strategy with Health Insurance Educational Approach. *Clinical Excellence*. 2020;10(2):1-9.
19. Shafiee Roodposhti M. Identification of Internal Marketing Components of the Hospital and the Internal Marketing Model Design of Native Iran. *Journal of Health Promotion Management*. 2019;7(6):34-41.
20. Hosseini SM, Bahadori M. Determinants of Reduction of Induced Demand Inselected Hospitals That Affiliated With Iums in 2017; A Qualitative Study on Provider, S View. *Journal of Urmia Nursing and Midwifery Faculty*. 2018;16(6):389-402.
21. Azari Yekta F, Aliabadi H, Hosseini M. Marketing of hospitals and healthcare centers and its effective factors. Tehran: First National Marketing Research Conference; 2014.
22. Liu W, Wang Z, Zhao H. Comparative study of customer relationship management research from East Asia, North America and Europe: A bibliometric overview. *Electronic Markets*. 2020;30:735-57. doi: 10.1007/s12525-020-00395-7.
23. Stolper KCF, Boonen L, Schut FT, Varkevisser M. Do health insurers use target marketing as a tool for risk selection? Evidence from the Netherlands. *Health Policy*. 2022;126(2):122-8. doi: 10.1016/j.healthpol.2021.12.005.
24. Glied SA, Altman SH. Beyond Antitrust: Health Care And Health Insurance Market Trends And The Future Of Competition. *Health Aff*

- (Millwood). 2017;36(9):1572-7. doi: 10.1377/hlthaff.2017.0555.
25. Smith R, Martinez Alvarez M, Chanda R. Medical tourism: a review of the literature and analysis of a role for bi-lateral trade. *Health Policy*. 2011;103(2-3):276-82. doi: 10.1016/j.healthpol.2011.06.009.
 26. Koseoglu MA, Akdeve E, Gedik İ, Bertsch A. A bibliometric analysis of strategic management articles in healthcare management literature: Past, present, and future. *International Journal of Healthcare Management*. 2015;8(1):27-33. doi: 10.1179/2047971914Y.00000000089.
 27. Chen WY, Lin YH. Hospital non-price competition under the Global Budget Payment and Prospective Payment Systems. *Expert Rev Pharmacoecon Outcomes Res*. 2008;8(3):301-8. doi: 10.1586/14737167.8.3.301. doi: 10.1586/14737167.8.3.301.
 28. Ghorbani A, Amirhasari S. Designing a medical marketing model using thematic analysis method. *Business Management*. 2018;38(10):37-58.
 29. Fletcher-Brown J, Pereira V, Nyadzayo MW. Health marketing in an emerging market: The critical role of signaling theory in breast cancer awareness. *Journal of business research*. 2018;86:416-34. doi: 10.1016/j.jbusres.2017.05.031.
 30. Guerola-Navarro V, Gil-Gomez H, Oltra-Badenes R, Soto-Acosta P. Customer relationship management and its impact on entrepreneurial marketing: A literature review. *International Entrepreneurship and Management Journal*. 2022;1-41. doi: 10.1007/s11365-022-00800-x.
 31. Shams, gazelle, Deloi. Investigating the effects of service recovery on customer satisfaction from service improvement. *Development and Transformation Management Quarterly*. 2018;1397(33):53-60.
 32. Sarebandi Z, Arta P, Mehdipour S, Poorsamaei S, Seyedin S. Optimal marketing mix pattern in selected hospitals of Iran University of Medical Sciences: model of Booms and Bitner 2016-2017. 2018;21(71):50-65.
 33. Akbarian Bafghi MJ, Montazeralfaraj R. Study of marketing components affecting health care services in hospitals. *Management Strategies in Health System*. 2016;1(1):51-9.
 34. Yap S-F, Lim WM, Gaur SS, Lim PY. A framework for preventive health marketing. *Journal of Strategic Marketing*. 2023;31(4):894-917. doi: 10.1080/0965254X.2021.2013933.
 35. Al-Tae H, Al-Khawaldeh K. Impact of health marketing mix on competitive advantage: The case of king Hussein Cancer Center. *Jordan Journal of Business Administration*. 2020;16(1):125-52.
 36. Zareei A, Azar A, Rezaei Rad M. Measuring Social Marketing in Health Tourism. *Journal of Tourism Planning and Development Year*. 2016;5(18):33-53.
 37. Liu W, Wang Z, Zhao H. Comparative study of customer relationship management research from East Asia, North America and Europe: A bibliometric overview. *Electronic Markets*. 2020;30:735-57. doi: 10.1007/s12525-020-00395-7.