

9-30-2022

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Gary Daniel Futrell

Valdosta State University, gdfutrell@valdosta.edu

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Recommended Citation

Futrell, Gary D. (2022). Defining health care marketing: A review of scholarly and other textual sources. *Journal of Applied Marketing Theory*, 9(1), 76-88. ISSN: 2151-3236.

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Defining Health Care Marketing: A Review of Scholarly and Other Textual Sources

Gary Daniel Futrell

AUTHOR INFORMATION

Gary Daniel Futrell
Valdosta State University
gdfutrell@valdosta.edu

ABSTRACT

A review of scholarly works and leading textbooks published for health care marketing courses shows that they do not adequately define the discipline. This paper promotes the use of the two-word form of health care and defines health care marketing as the activity, set of institutions, and processes for creating, communicating, delivering, & exchanging any good, service, or idea; performed to restore, maintain, or enhance the well-being of an individual or population. This paper fills a gap in the literature by providing linguistic and practical justification for using the two-word form of health care and connects the modern wellness paradigm of health to the definition of health care marketing.

Keywords: *Health care marketing, Healthcare marketing, Wellness, Wellbeing, Health, Biopsychosocial model*

INTRODUCTION

A review of the leading higher education textbooks published for health care marketing courses shows that they do not adequately define the subject at hand (see Table 1). Similarly, few journal articles related to health care marketing define the field of research under discussion. Those that do typically rely on the American Marketing Association's (AMA) definition of marketing as, "the activity, set of institutions, and processes for creating, communicating, delivering, & exchanging offerings that have value for customers, clients, partners, & society at large" (*Definitions of Marketing*, 2017). While certainly helpful to define marketing in general, this definition does little to advance our understanding of how marketing applies to health care and does not capture the unique qualities of the health care industry (Butt et al., 2019).

Calls to define health care marketing have persisted since the early days of the discipline (Dunlap & Dodson, 1980). The textbooks reviewed here suggest that little advancement has been made on the issue. Neither Berkowitz (2022), Fortenberry (2010), Thomas (2020), or Wooldridge and Camp (2019) provide a definitive answer to the question, "what is *health care marketing*?" An ongoing assumption seems to be that defining health care marketing as the application of marketing to health care is sufficient. However, this simplistic perspective leaves open to interpretation (and confusion) the concepts of marketing and health care. Of the five textbooks reviewed, only one provides a unique definition for health care marketing. Celluci et al. (2014, p. 207) define health care marketing as a "fine-tuned art and science that creates, communicates, and delivers offerings that have value for healthcare stakeholders, including patients, physicians, the public, and payers." This definition incorporates the AMA definition of marketing and adds a health industry context. Unfortunately, it leaves open for interpretation the "art and science" of marketing as well as

the nature of health care “offerings.” As both students and researchers grow more interested in the field, it is vital to develop a proper understanding of the oft-used term, health care marketing.

As stated by Bygrave and Hofer (1991, p. 13) “Good science has to begin with good definitions.” Without a consensus on the definition, the field cannot develop, and knowledge cannot be accumulated (Bruyat & Julien, 2001). Likewise, defining the field of study is essential to teaching, learning, and assessment. Bloom’s Taxonomy suggests that the ability to define concepts in a discipline is an integral part of the initial phase of learning (Stanny, 2016). While much has been written about health care marketing, little attention has been paid to the proper use of the term and defining the discipline.

This paper promotes the use of the two-word form of *health care* and defines health care marketing as the activity, set of institutions, and processes for creating, communicating, delivering, & exchanging any good, service, or idea; performed to restore, maintain, or enhance the well-being of an individual or population.

Table 1. Summary of Health Care Marketing Textbooks*

Source	Definition of marketing	Definition of health care	Definition of health care marketing
Berkowitz (2022, p. 4)	“The most widely accepted definition is that of the American Marketing Association, the professional organization for marketing practitioners and educators, which defines marketing as ‘the process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy individual and organizational objectives.’”	None	None
Fortenberry Jr. (2010, p. 288)	“A management process that involves the assessment of customer wants and needs, and the performance of all activities associated with the development, pricing, provision, and promotion of product solutions that satisfy those wants and needs.”	None	None
Cellucci et al. (2014, p. 207)	“The American Marketing Association defines marketing as ‘activities, set of institutions, and process for creating, communicating, delivering, and exchanging offerings that have value for customers, client, partners, and society at large.’” (2014, p. 19)	None	“A fine-tuned art and science that creates, communicates, and delivers offerings that have value for healthcare stakeholders, including patients, physicians, the public, and payers.”
Thomas (2020, p. 35)	“A multifaceted process that involves research, planning, strategy formulation, promotion, and other activities in support of an organization, product, or idea.”	“Any formal or informal activity intended to restore, maintain or enhance the health status of individuals or populations.” (p. 29)	None

Wooldridge & Camp (2019, p.3)	“The American Marketing Association offers the following definition: ‘Marketing is the activity, set of institutions, and process for creating, communicating, delivering, and exchanging offerings that have value for customers, client, partners, and society at large.’”		
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* The books selected for this review are the result of an unpublished survey of graduate and undergraduate health care marketing instructors.

LITERATURE REVIEW

The electronic databases ABI/INFORM Collection and Business Source Complete were searched without any time limitation. The terms "healthcare marketing" and "health care marketing" were searched in conjunction with terms such as “definition,” “define,” “meaning,” and “description.” This search yielded 667 English-language peer-reviewed articles published in academic journals. The articles were reviewed for relevance to defining health care marketing. While many of the articles address various aspects of the application of marketing in health care, few directly address the concept of health care marketing, and fewer still offer a definition of health care marketing. Only nine articles offered some definition or description of health care marketing. The citations of these articles were then reviewed, and an additional four articles that address the topic were found.

Rathmell (1966) was among the first to reference the application of marketing to health services in his discussion distinguishing goods from services. Kotler and various coauthors (Kotler & Levy, 1969; Kotler & Zaltman, 1971) soon followed with broader perspectives on integrating the two fields in promoting the idea in social marketing. The marketing of health services and social marketing were key concepts of these early journal articles. However, it wasn't until Zaltman and Vertinsky's (1971) article that a model of health services marketing was introduced. Throughout the 1970's the number of articles published in various academic journals grew and new journals dedicated to exploring the field of health care were introduced (Cooper et al., 1981). These early journals helped solidify the field as a legitimate branch of marketing rather than simply the application of traditional marketing concepts to the industry (Dunlap & Dodson, 1980).

It is not until some thirty years later that Burns (2005) posits a health care value chain in an effort to identify where and how marketing can be applied to add value to the health industry. Stremersch (2008) later utilizes the phrase “health and marketing” to describe this field of research. While Stremersch does not provide a definition, the author posits a health care value chain adapted from Burns (2005) and states that the “scope of the Health and Marketing field can now be bounded as any phenomenon contained in the marketing domain, at any position in the healthcare value chain” (Stremersch, 2008, p. 229).

Others such as Gray (2008), Kay (2007), and Lim and Ting (2012) explain various aspects of health care and marketing without defining the field. Kay (2007, p. 248) notes that “marketing significantly affects the working of healthcare as a system” and that health care marketing “has palpable effects on behavior that significantly affect the operation of the healthcare system” yet provides no definition.

Rooney (2009, p. 242) relies on the AMA definition of marketing, adding, “the term ‘healthcare marketing’ builds on this definition, relating traditional marketing activities and processes to the healthcare field.” Rather than define the subject, Radu et al (2017, p. 44) state, “the purpose of health care marketing is to learn and understand the needs and desires of prospective patients in order to be able to meet those necessities at the highest standards.”

Positing an integrated perspective of the field, Crié & Chebat (2013) use “health marketing” as a broad term to refer to the application of marketing to the field of health. Within this discussion, the authors recognize the immense and diverse nature of health marketing that can include, among other topics, the marketing of the life sciences, social marketing, marketing of health services, pharmaceutical marketing, and public health. They define health marketing as the “systematized application of marketing principles with the broad, heterogeneous, and complex field of health” (p.123). Butt et al. (2019, p. 2) rely on Crié & Chebat (2013) and define health care marketing as “the application of

marketing strategies and tactics to the ‘broad, heterogeneous, and complex field of health.’” However, it is worth noting that the “complex field of health” discussed by Crié & Chebat (2013) is much broader than the more narrowly discussed field of marketing by health care organizations in Butt et al. (2019).

The varied definitions show a clear lack of consensus, which has likely hindered the development of the field and hampered student growth and understanding (Bruyat & Julien, 2001; Bygrave & Hofer, 1991). Even the term often used to describe the field, health care marketing, is a source of confusion and contention with authors using the one-word form and two-word form interchangeably (Issel, 2014). Therefore, before developing a definition of health care marketing, this article justifies using the two-word form of *health care* among students studying the discipline.

Table 2. Reviewed Articles

Author(s) & year	Journal	Aim of article	Contribution to the definition of health care marketing
Rathmell (1966)	Journal of Marketing	Proposes that distinctions must be made between goods and services.	Among the first to reference the application of marketing to health services.
Kotler & Levy (1969)	Journal of Marketing	Postulates that the concept of marketing must be broadened.	Suggests that the concept of marketing can be applied to health care and public health marketing.
Kotler & Zaltman (1971)	Journal of Marketing	Proposes social marketing as a framework for planning and implementing social change.	Defines social marketing and provides examples from various sectors including the separate but related field of public health marketing.
Zaltman and Vertinsky’s (1971)	Journal of Marketing	Discusses social marketing in a health context and presents a psychosocial model of health-related behavior with an emphasis on less developed countries	Applies Kotler & Zaltman’s (1971) social marketing concept specifically to health care and recognizes the applicability of marketing to health care organizations and to public health agencies.
Burns (2005)	Cambridge University Press	While not found in the academic literature, Burns’ seminal book on the business of health care serves as the foundation for several important academic articles.	Posits a health care value chain in an effort to identify where and how marketing can be applied to add value in the health industry.
Kay (2007)	International Journal of Pharmaceutical and Healthcare Marketing	Reviews salient issues in health care marketing.	Describes health care marketing and discusses its importance, but does not define the field.
Gray (2008)	Journal of Management & Marketing in Healthcare	Reviews the application of the four ‘P’ of marketing to healthcare and postulates the addition of principles as a fifth ‘P’.	Describes health care marketing in the context of the marketing mix, but does not define the field.
Stremersch (2008)	International Journal of Research in Marketing	Positions the field of Health and Marketing by providing an overview of the papers published in a special issue of the International Journal of Research in Marketing and the Marketing Science Institute.	Uses the phrase “health and marketing” and posits a health care value chain adapted from Burns (2005).
Stremersch	Journal of Marketing	Research how marketing can be	Defines the life sciences industry and its

and Van Dyck (2009)		applied to the life sciences industry (defined as companies in pharmaceuticals, biotechnology, and therapeutic medical devices).	boundaries, and adapts Burns' (2005) health care value chain to position the life sciences industry in the health care market.
Rooney (2009)	Journal of Healthcare Management	Examines the emergence of consumer-driven health care marketing and proposes an operational definition.	States that health care marketing is built on the AMA definition of marketing and relates the traditional marketing activities and processes to the healthcare field.
Lim and Ting (2012)	International Journal of Healthcare Management	Discusses salient issues in health care marketing by looking at the perspective of both health care consumers and providers.	Uses the health care value chain posited by Stremersch and Van Dyck (2009) to explain health care marketing, but does not provide a definition of the term.
Crié & Chebat (2013)	Journal of Business Research	Outlines the scope of health marketing and expands the value chain proposed by Burns (2005) into an integrative perspective.	Posits an integrated perspective of the field and uses the term “health marketing” to broadly refer to the application of marketing to the field of health.
Radu et al (2017)	Journal of Medicine and Life	Evaluate the digital methods of promoting medical services to acquire new patients.	Does not provide a definition of health care marketing, but states that its purpose is to “learn and understand the needs and desires of prospective patients in order to be able to meet those necessities at the highest standards” (p.44).
Butt et al. (2019)	Health Marketing Quarterly	Provides a systematic review of the articles published in healthcare journals over a thirty-year period.	Relies on Crié & Chebat (2013) and defines health care marketing as “the application of marketing strategies and tactics to the ‘broad, heterogeneous, and complex field of health’ (p.2)

Health Care versus Healthcare

Textbooks and academic marketing journals use both terms “health care” and “healthcare.” In these writings, no justification is provided for using one term over another, and they are sometimes used interchangeably within the same book or article. However, in the fields of medicine and health, peer-reviewed journals strongly favor the two-word form of health care (Stremersch & Van Dyck, 2009). Likewise, the English language rules suggest the use of the two-word form.

The Merriam-Webster Dictionary and The Oxford English Dictionary (OED) list *health care* as a noun and have no listing for *healthcare*. By contrast, words such as *childcare* and *eldercare* are listed. Similarly, highly regarded medical dictionaries such as the Miller-Keane Encyclopedia & Dictionary of Medicine, Nursing, & Allied Health (*Miller-Keane Encyclopedia & Dictionary of Medicine, Nursing, & Allied Health*, 2003) and Taber's Cyclopedic Medical Dictionary (Venes, 2021) list the two-word form. While Mosby's Medical Dictionary (*Mosby's Medical Dictionary*, 2017) has no listing for health care, it uses the two-word form for listings such as “health care consumer,” “health care industry,” and “health care provider.” In addition, major journalism and writing style guides such as The Associated Press Stylebook, The New York Times Manual of Style and Usage (Siegal & Connolly, 2015), and The New Oxford Style Manual (*New Oxford Style Manual*, 2012) support the two-word rule for *health care*. The American Medical Association Style Manual supports the term *health care* over *healthcare*, and the two-word form is followed in medical journals such as the New England Journal of Medicine, JAMA, Annals of Internal Medicine, and Health Care Management Review.

The use of the term health care is similar to the use of “dental care,” “medical care,” “emergency care,” or “first aid.” In each of these cases, two words are brought together to create new meaning—these words are called open compound

words. For example, when “health” and “food” are used together in the phrase “health food,” new meaning is created. Other examples include living room, real estate, and ice cream. As with many compounds, when their use increases, the long two-word form is often shortened into one word (Juhasz et al., 2005). Words like *website* and *airline* are commonly used today with little thought but originally came into usage as two-word open compounds—*web site* and *air line*.

While the one-word form, *healthcare*, is generally accepted, the two-word form, *health care*, is the standard among professional writers and health industry leaders (Issel, 2014). As marketing continues to integrate with the health professions, the use of a common language becomes increasingly important (Cahn, 2017). Achieving support across the organization remains one of the most significant challenges for the effective implementation of marketing strategies (Gyrd-Jones et al., 2013). This is especially true in health care organizations chiefly staffed by highly trained practitioners focused on the clinical outcomes of health care consumers rather than organizational marketing initiatives. Functional silos often found in organizations are exacerbated in health care through specialized discipline-based training and education that create cultural inconsistencies within the organization (D’Amour et al., 2005).

Interprofessional collaboration has been advanced as a means to break down cultural barriers within a team or organization. It occurs when two or more professionals from different disciplines work together to achieve common goals (Green & Johnson, 2015). Interprofessional collaboration demands that professionals from various backgrounds extend their professional socialization to embrace other professionals (King et al., 2010). Thus, professionals must be open to learning the beliefs, values, and attitudes of other professions to collaborate effectively. Poor internal communication and inconsistent usage of terms are common barriers to interprofessional collaboration (Gyrd-Jones et al., 2013; Mahler et al., 2014). Thus, while the orthographic debate over the term health care may seem trivial, it can have significant consequences for marketing professionals attempting to communicate with health care administrators and clinicians who have been socialized into their profession to believe that there is only one legitimate spelling. Educators training students in health care marketing can reduce the cultural barriers that exist between the professions and facilitate interprofessional socialization by presenting the subject in a manner consistent with other professions in the health care industry (Cahn, 2017). With an understanding of the term health care, we now turn to the application of marketing to health care and the development of a definition of *health care marketing*.

What is Health Care?

Only one of the reviewed textbooks for health care marketing defines *health care*. Thomas (2020, p. 29) defines health care as “any formal or informal activity intended to restore, maintain or enhance the health status of individuals or populations.” This definition is consistent with medical dictionaries such as Taber’s, which defines health care as “all of the services made available by medical professionals to promote, maintain, or preserve life and well-being. Its major objectives are to relieve pain; treat injury, illness, and disability; and provide comfort and hope” (Venet, 2021, p. 1015). General English language dictionaries such as Merriam-Webster similarly define health care as “efforts made to maintain or restore physical, mental, or emotional well-being especially by trained and licensed professionals” (*Health Care*, 2021).

As noted by Thomas’ definition, health care can be “informal,” that is, administered by one’s self or a nonprofessional, or the care can be administered by professionals in a “formal” manner. Of note is the varied references to the type of care provided. For example, while Thomas notes care is provided to restore, maintain, or enhance “health status.” Other definitions suggest care related to “life and wellbeing” or “physical, mental, or emotional well-being.” The varied references to the type of care suggest that a closer look at *health* is needed.

Health is often defined from a traditional biomedical model or a contemporary biopsychosocial model. The biomedical model (aka medical model) defines health as simply a state reflecting the absence of biological pathology, disease, or infirmity (Engel, 1977). That is, as long as one’s organs, tissues, and cells are properly functioning, one is considered to be in a healthy state.

Thus, care for the individual focuses on the treatment of body parts, organs, and systems. This traditional view defines medical care strictly as the formal services (diagnosis and treatment) provided under the control of a physician and is based in biological sciences (Issel, 2014; Thomas, 2020). It assumes that all disease and infirmity are based on biology

and therefore can be addressed as such. This model has no room for social, psychological, or behavioral dimensions of illness (Engel, 1977).

The biomedical model has long been the dominant perspective of western medicine. However, since the mid-1900s, there has been a growing shift from the biomedical model of medical care to a more holistic view of health (Engel, 1977). Extending beyond the biomedical model, the biopsychosocial model, or health care model, acknowledges that the patient exists separately from any illness or disease (Engel, 1977). Furthermore, it acknowledges a connection between health status and lifestyle and reflects the realization that medical care is limited in its ability to control the disorders of society in the twentieth century (Engel, 1977; Hunter et al., 2013; Ryff & Singer, 1998). The World Health Organization recognized this shift in 1946 by defining health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (“Constitution of the World Health Organization,” 2020, p. 1). While the WHO view of health was first introduced globally in 1946, Engel’s (1977) seminal article reflecting this shift prompted scholars in the west to rethink the model of health.

Wellness and well-being are central constructs in the contemporary model of health. The WHO explicitly references well-being in its definition of health, and the construct is noted in definitions of health care in medical and general English language dictionaries (*Health Care*, 2021; Venes, 2021). Crié & Chebat (2013) acknowledge the importance of well-being in their construction of an integrative perspective of health marketing. Likewise, Stremersch and Van Dyck (2009, p. 15) also use the term wellness and recognize the changing nature of health care as it moves from therapeutic medical care “into comprehensive care, which extends toward patient wellness.” Thus, to understand health, and subsequently, health care marketing, the concept of wellness must be explored.

From Illness to Health to Wellness

Regarded as the father of the modern wellness movement, Dr. Halbert Dunn began writing about the upper limits of health in the late 1950s. Dunn viewed “health” as a relatively passive and neutral state of existence—an “uninteresting area of ‘unsickness’” (Dunn, 1959a). Wellness, by contrast, occupied the opposite end of the continuum where wellness is not just a “single amorphous condition, but rather that it is a complex state made up of overlapping levels of wellness” (Dunn, 1959a, p. 786). He further suggests that wellness is a dynamic condition of change in which individuals move “forward, climbing toward a higher potential of functioning” with the ultimate goal of high-level wellness (Dunn, 1959b, p. 447). Thus, a “wellness continuum” can be constructed with illness and wellness at the extremes and health occupying a neutral position in the middle (Hettler, 1980).

While Dunn’s work initially received little attention, seminal works by Travis (1975), Ardell (1985), Hettler (1980) expanded the wellness concept, and together the four scholars formed the foundation for the wellness concept as we know it today. Travis (1975) developed one of the first wellness inventories to assess an individual’s wellness and reinforced individual responsibility as a central tenant of wellness. Ardell (1985) was instrumental in popularizing the concept among the public, and along with Hettler (1980) helped develop the first university campus wellness centers and wellness institutions.

Today, wellness can be defined as “an integrated and dynamic level of functioning oriented toward maximizing potential, dependent on self-responsibility” (Robbins et al., 2010, p. 8). It is a holistic, multidimensional construct focusing on lifestyle behaviors and the inter-relatedness between a person and the environment (Oliver et al., 2019). Initially focusing on the broad areas of the body, mind, and spirit, various wellness models have been proposed over the years with some containing fifteen or more dimensions (Hattie et al., 2004). However, seven core dimensions have remained relatively stable: intellectual, emotional, social, spiritual, environmental, occupational, and physical being. Hunter et al. (2013) and Miller & Foster (2010) provide a detailed review of these dimensions which can be traced back to Dunn’s original works. What follows is a brief summary of each.

The intellectual dimension (also known as cognitive wellness) relates to the degree to which one engages their mind in learning, creativity, and critical thinking (Hunter et al., 2013). It includes the ability to open one’s mind to new ideas and experiences that can be applied to personal decisions, group interaction, and community betterment. Intellectual growth is not restricted to formal education through schooling and training programs. It involves a continuous acquisition of knowledge throughout life, engaging one’s mind in creative pursuits, and using the resources

available to expand one's knowledge and skills. Reading, writing, keeping abreast of current events, and engaging in cultural activities are intellectual pursuits. An intellectually well person engages in stimulating mental activities and continues to acquire, use, and share knowledge (Hettler, 1980; Miller & Foster, 2010).

The emotional dimension (psychological wellness) includes the degree to which one feels positive and enthusiastic about one's self and life (Miller & Foster, 2010). This includes the ability to enjoy life, adjust to change, and cope with stress. There are three components to emotional wellness: awareness, acceptance, and management. Emotional awareness is the ability to recognize one's feelings and the feelings of others. Emotional acceptance is the ability to understand a wide range of feelings in one's self and others. Emotional management is the ability to control or cope with personal feelings and related behaviors, have adequate stress-coping mechanisms, and know how to seek support when necessary. The well person maintains satisfying relationships with others, can express feelings freely in a productive manner, and has a positive and realistic self-concept (Hettler, 1980; Hunter et al., 2013).

The social dimension of wellness involves the ability to relate to and connect with other people in our world—that is, to get along with others and establish and maintain positive relationships with family, friends, co-workers, and others in our community (Hunter et al., 2013). This dimension also includes the ability to show concern for humanity as a whole, the welfare of one's community, and fairness and justice toward others. Socially well people feel a genuine sense of belonging to a social unit, a community, and nature and are aware of their impact on multiple environments. They can maintain friends, family ties, community involvement, and trusting relationships and are engaged with their community and environment (Hettler, 1980; Miller & Foster, 2010).

The spiritual dimension of wellness involves one's ongoing involvement in seeking a sense of meaning and purpose in life, inner peace, and an ability to transcend the personal self (Hettler, 1980). It includes developing congruency between values, beliefs, and actions and realizing a common purpose or "world-view" that binds creation together. A spiritually well person cultivates beliefs, values, and principles that provide strength and guidance throughout all of life's experiences (Hunter et al., 2013; Miller & Foster, 2010). For many, spiritual wellness means recognizing a higher power, a creator, a specific religion, or having a shared community and experience. However, the spiritual dimension is not synonymous with religion— while there may be some overlap between the two concepts, they are entirely distinct from one another.

The environmental dimension recognizes the importance of our surroundings and living conditions. It involves our basic biological need for safe air, water, and food; and considers factors such as pollution, overcrowding, violence, and access to green space (Hunter et al., 2013). This dimension of health connects one's overall well-being to the health of one's social and natural surroundings, which can greatly impact how one feels, and one's ability to exercise, sleep or eat. An environmentally well person seeks to manage their environment and participates in neighborhood watches, recycling, gardening, avoiding littering, and conserving energy (Miller & Foster, 2010).

The occupational dimension involves deriving personal satisfaction and enrichment in one's life through work (whether paid or unpaid) and the extent one's occupation allows for expressing one's values (Hunter et al., 2013). It includes our desire to contribute our skills, talents, and services to positively impact the organizations we work in, the community we live in, and society as a whole. Occupational wellness means maintaining a satisfying balance between occupational responsibilities and personal time and having a work environment that minimizes stress and exposure to physical health hazards (Hettler, 1980; Miller & Foster, 2010).

The physical dimension involves the functional operation of the body and the ability of our body systems to work together efficiently to allow us to perform activities of daily living (Miller & Foster, 2010). Most closely related to the traditional medical model of health, the physical dimension includes body composition, cardiorespiratory endurance, flexibility, muscular endurance, power, and strength (Hunter et al., 2013). This dimension recognizes the importance of behaviors that help prevent or detect early illnesses—physical activity, diet, nutrition, and medical self-care (routine checkups, proper use of medications, and appropriate use of the medical system) while avoiding destructive habits such as tobacco, drugs, and alcohol. Physical wellness, by itself, does not correlate to a sense of well-being: a person can have poor physical health but experience positive well-being by optimizing all other dimensions of wellness.

Conversely, someone who is, in objective terms, physically fit and measures well in the physical dimension can nonetheless experience a poor sense of well-being and, for example, suffer from mental illness (Hettler, 1980; Hunter et al., 2013). Thus, as we refer to health (or health care), the dimensions of well-being are inherently embedded in the concept. This perspective is consistent with the definition of health stated by the World Health Organization (“Constitution of the World Health Organization,” 2020) and relevant marketing literature (Crié & Chebat, 2013; Stremersch & Van Dyck, 2009), as well as trends in health care moving away from the old medical model to a health care model (*Miller-Keane Encyclopedia & Dictionary of Medicine, Nursing, & Allied Health*, 2003).

The wellness perspective of health works in conjunction with Stremersch’s (2008) health care value chain and Crié & Chebat’s (2013) integrated perspective by reinforcing the field’s boundaries and specifying the value health care consumers seek. To effectively practice marketing, students entering the field must understand the contemporary paradigm of health by which health care providers now operate.

DEFINING HEALTH CARE MARKETING

Like others (Berkowitz, 2022; Cellucci et al., 2014; Rooney, 2009; Wooldridge & Camp, 2019), this article incorporates the American Marketing Association definition of marketing in defining *health care marketing*. The AMA defines marketing as, “the activity, set of institutions, and processes for creating, communicating, delivering, & exchanging offerings that have value for customers, clients, partners, & society at large” (*Definitions of Marketing*, 2017). However, unlike previous uses of this definition, this paper proposes modifying it to reflect the understanding of health based on the contemporary wellness model. Thus, health care marketing is defined as “the activity, set of institutions, and processes for creating, communicating, delivering, & exchanging any good, service, or idea; performed to restore, maintain, or enhance the well-being of an individual or population.”

Using the AMA definition “the activity, set of institutions, and processes for creating, communicating, delivering, & exchanging” provides an understanding of marketing, often missing in the definition of health care marketing. The proposed definition captures the essential activities or components of marketing: creating, communicating, delivering, and exchanging (Zaltman and Vertinsky’s 1971). Acknowledging the institutions and processes is consistent with the health care value chain supported by Burns (2005) and Stremersch and Van Dyck (2009). Specifying “any good, service, or idea” explicitly describes the form of offerings provided in the exchange yet does not limit health care marketing to any one aspect such as manufactured goods, pharmaceuticals, hospitals, or private practice. Further, expressing these offerings and recognizing the distinction between goods and services harkens back to early marketing literature that first discussed health care as a unique form of marketing (Rathmell 1966). Noting that the offerings are “performed to restore, maintain, or enhance the well-being of an individual or population” specifically identifies the nature of the offering and the essence of health from the contemporary model.

The proposed definition also highlights the central role of value creation for the individual health care consumer and the population at large. Just as marketing has shifted its focus from exchange to value creation (Sheth & Uslay, 2007), health care delivery is moving from a transactional fee-for-service model to a more patient-centric value-based model where value is defined as “the health outcomes achieved per dollar spent” (Porter, 2010, p. 2477). Value, as Porter (2010) notes, should be the preeminent goal in health care because it is what ultimately matters for health care consumers. Thus, the proposed definition of health care marketing rightly aligns marketers with the priorities of health care administrators and managers.

DISCUSSION

A review of popular textbooks on the discipline and extant literature shows great inconsistency in how marketing in health care is defined as well as the terminology used to identify the discipline. This paper is the first step toward developing a common definition for health care marketing and suggests that students studying the discipline use the two-word form of health care. The paper fills a gap in the literature by providing linguistic and practical justification for using the two-word form of health care and connects the modern wellness paradigm of health to the definition of health care marketing.

Consistent across current efforts to define health care marketing is the attempt to identify the health care field and explain marketing. Also consistent across various definitions is the obvious lack of a definition for the construct of health. The term *health care marketing* can be treated much like the open compound words discussed previously. Two industries and fields of study that were previously defined separately have been brought together to form a new field of study. Just as the open compound word, ice cream, is more than cream of ice. We must acknowledge that health care marketing is more than the marketing of health care. A new field of study and a new meaning has been created by bringing health care and marketing together to form health care marketing.

Continuing with the simplistic view that health care marketing is just the marketing of health care falsely assumes that students learning the newly created discipline understand marketing, the health care industry, and health as a construct. By examining the components of the term *health care marketing*, we better understand what is meant when the term is used. Unlike existing definitions of health care marketing, the definition proposed here provides students an explanation of marketing, identifies the types of offerings, and provides a perspective on what health care means.

Adopting a proper definition of health care marketing is essential in answering the call to broaden the concept of marketing so that it can be applied outside of its traditional commercial confines. Kotler (2005) suggests that the broadening of marketing is vital because doing so will not only help non-commercial sectors, such as traditional health care organizations reach their goals and address “marketing-like” problems but also because it allows the marketing discipline to gain more attention and respect. Indeed, Kotler notes that health marketing has been one of the most fertile areas for the expansion of marketing.

Marketing, however, has struggled to demonstrate its value as an organizational function in both the commercial and non-commercial worlds (Kotler, 2005; Moorman & Rust, 1999). Health care, like other non-commercial industries, has long resisted marketing in fear that it might pollute its sacred mission and goals (Kotler, 2005). While health care marketing has gained acceptance over the years, it is still often underappreciated among health care administrators and managers. By defining the field, marketing is better equipped to integrate with health care and aid organizations in addressing marketing issues. By adopting the two-word form of health care that is often used in the health professions, marketers will be able to better communicate across the organization.

Health care marketing is an interdisciplinary field requiring the marketing and health care professionals to work together. Whether the marketing professional is working in house or on the agency side as a hired consultant, the ability of the marketing professional to solve marketing problems depends on their ability to communicate with and persuade stakeholders across the organization. Internally communicating the value of marketing requires adapting communication to the style of the organization and decision-makers therein (Hanssens & Pauwels 2016). Adding to the challenge is the fact that health care is dominated by clinicians focused not on the bottom line or the advancement of the organization but instead on clinical outcomes for the health care consumer.

As previously noted, interprofessional collaboration provides a practical base for considering a common usage and definition of the term health care marketing among marketers. Popular in the health sciences, interprofessional collaboration can provide a model for integrating marketing and health care. Interprofessional socialization and interprofessional education are important dimensions of interprofessional collaboration (Green & Johnson, 2015). To a pedagogical theory, interprofessional education suggests students in a discipline be educated about other fields and trained to work in a collaborative manner (Green & Johnson, 2015; Hammick, 1998; King et al., 2010). While it may not be necessary for marketers to study biology and anatomy to work with health professionals, using terms generally recognizable to health professionals (i.e., the two-word form of health care) and a widely accepted and easily communicable definition is a step toward interprofessional socialization and can help facilitate interprofessional collaboration. Failing to train future marketers in the proper use and definition of the term health care marketing reinforces professional communication barriers.

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ABOUT THE AUTHOR

Gary Daniel Futrell, (Ph.D., Florida State University) is an associate professor of marketing in The Langdale College of Business at Valdosta State University. His research interests focus on marketing health care services and the service encounter.