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## An exploratory investigation of hospice marketing: How are palliative care providers marketing their services?

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### ABSTRACT

Hospice and palliative care is a recent, but fast growing, industry in healthcare. Demographics suggest that hospice care will only increase. The purpose of this article is to examine strategic marketing initiatives hospice organizations currently employ. Data were collected at a hospice regional conference, capturing opinions from hospice organizations located in North and South Carolina. The results show that many hospice organizations do not have a dedicated marketing staff person, have a limited marketing budget, do not fully utilize all strategic planning tools, and have yet to differentiate themselves via branding. Implications of these findings for hospice providers are discussed.

### KEYWORDS

Hospice; marketing; palliative care; services; strategic

Palliative care (a.k.a. hospice) companies provide medical care, pain management, emotional counseling, and spiritual support for individuals who face a life-limiting illness. Many hospice care companies provide the service in the home of the individual. However, some hospice care is provided in free standing hospice centers, hospitals, nursing homes, and other long-term care facilities. Hospice providers also offer counseling and support services for family members of individuals receiving care.

In 2012, more than 1.5 million individuals received hospice care services, a number that has increased each year since hospice first began to be offered in 1974 (Kolbe & Dwyer, 1986; National Hospice and Palliative Care Organization, 2013). The vast majority (i.e., 66.6%) of hospice patients are above the age of 75 (National Hospice and Palliative Care Organization, 2013). Today, there are 5,500 palliative care providers throughout the United States (National Hospice and Palliative Care Organization, 2013). Note, in 1991, there were only 1,700 hospice providers (Romanowski & Barnes, 1994).

Palliative care companies vary significantly in size and structure. The industry started out with service providers operating on an all-volunteer basis (Sullivan and Chandra, 2001). This tradition has continued, as hospice is the only provider in which Medicare Conditions of Participation require

volunteers to provide at least 5% of the total patient care hours. Because of this history, some of today's hospice services providers are very small, all-volunteer agencies, while others are very large national corporate chains (National Hospice and Palliative Care Organization, 2013).

The marketing of hospice care is an odd endeavor, as Americans tend to not want to think about and discuss death (Stanley, 2003; Sullivan & Chandra, 2001). Furthermore, doctors tend to be the primary way that hospice providers obtain patients but physicians are trained to cure patients and they sometimes are uncomfortable discussing end-of-life issues with patients (Friedman, Harwood, & Shields, 2002). However, Americans are also living longer, many with chronic conditions, and they want to maintain control over their life choices as they age (Centers for Disease Control and Prevention, 2013). Individuals increasingly recognize that they do have choices and can self-refer for medical care, even throughout the end of their lives (Romanowski & Barnes, 1994). And yet, studies show that consumers do not know much about hospice services, do not fully utilize the available services, and when they do access services, often do so too late in the process (Hickey & Quinn, 2012; Legg & Lamb, 1986; Stanley, 2003).

According to Ferris (2004), today's hospice providers cannot afford to not market their services. Because of increased competition and the need to be financially viable, a hospice provider must have a marketing plan that generates a return on investment for the company (Ferris, 2004). There are a host of articles written that provide suggestions for how palliative care companies should market themselves (see the literature review that follows). However, there are no articles to date that examine what today's palliative care companies are actually doing in practice. Thus, the purpose of this article is to examine what a sample of hospice providers report with respect to their company's marketing strategies and tactics. Research questions focused on whether palliative care companies in the sample had a marketing person on staff, what the company did strategically, and what kind of marketing media and tactics they were utilizing. Toward that end, the literature review, method, and findings are presented next.

## **Literature on hospice marketing**

The literature on hospice marketing is somewhat small but growing. The articles written on hospice marketing tend to focus on one of three themes: the targets of hospice referrals (i.e., marketing to physicians to increase referrals and marketing to the larger community), barriers to the adoption of hospice services, and suggested strategies and tactics for how palliative care providers could increase their customer base via marketing. With respect to the literature on the targets of hospice referrals, virtually all the articles to date talk about the need to target physicians (both oncologists and general

practitioners). Physicians often serve as the primary target market because a physician has to legally certify that a patient has less than six months left of their life in order to enter hospice and hospice programs are required to have a physician oversee the care of the patient (Dwyer & Kolbe, 1986; Kolbe & Dwyer, 1986; Stanley, 2003). In addition to the legal issues, studies also show that physicians are the primary influencers in helping consumers make the decision to obtain hospice services (Dwyer & Kolbe, 1986; Kolbe & Dwyer, 1986; Meier, 2005; Stanley, 2003).

Three articles in the literature have actually surveyed physicians in an effort to better understand their perceptions of palliative care and their role in the referral process for hospice services. Legg and Lamb (1986) surveyed 279 physicians and found that physicians reported favorable perceptions of hospice care (a finding that has also been corroborated by Kolbe & Dwyer, 1986). However, despite that positive perception, their results indicated that the physicians generally had low brand name recognition and even lower awareness of the particulars of hospice programs.

Kolbe and Dwyer (1986) also surveyed oncologists and general practitioners ( $n = 157$ ). Their results showed that physicians recognized themselves as the primary influencer for consumers to obtain hospice services, although they also stated that the family was an important part of the process. In another study, Dwyer and Kolbe (1986) surveyed 304 physicians and found that physicians reported overall high satisfaction with hospice programs. When asked to evaluate specific dimensions of hospice programs, the doctors reported high satisfaction on courtesy and professionalism of the staff, accessibility of the staff, efficiency of patient transfers, adequacy of communication from hospice staff, convenience of the location, feedback on referrals, adequacy of parking, accuracy and completeness of record keeping, and efficiency of record-keeping procedures.

The more conceptual articles in the literature on the targets of hospice referrals argue that the physician should not be the only target market for palliative care providers. Stanley (2003) said that, in addition to targeting doctors, palliative care companies should target the larger community, in order to educate the masses on the advantages of hospice care. Education of the wider public would encourage consumers to ask their doctor about hospice care earlier in the process. Legg and Lamb (1986) surveyed the public ( $n = 279$ ) about awareness of hospice care and found that 23.3% of the sample were unfamiliar with hospice. Of those consumers that were aware of hospice, few were willing to rate specific local organizations about their performance. The results of this study also indicate that consumers rely heavily on the recommendations of experts (such as physicians and ministers) in selecting a hospice care provider.

In their conceptual article, Sullivan and Chandra (2001) argued that hospice care providers should target more than just physicians and the larger

community. They state that palliative care companies should also target nurses, pastors, lawyers, charities, pharmacists, and psychologists/psychiatrists, as these are also potential influencers in the process for the consumer. Finally, Sullivan and Chandra stated that palliative care providers should also market to regulatory agencies (i.e., lobbying public policy makers) in an effort to make hospice services more accessible to the end consumer.

Two studies in the literature examined the barriers to adoption of palliative care services. Friedman et al. (2002) interviewed 30 “hospice care experts” (i.e., “representatives of hospice associations, leaders in the hospice field, physicians, hospice change makers, insurance/managed care advocates, and hospital discharge planners,” p. 75) about the barriers and enablers to obtaining hospice care. They identified the enablers as physicians who have experience or been training in end-of-life issues, communication with physicians about their patients who are in hospice, formal marketing to physicians, developing relationships with discharge planners, educating consumers about hospice, and marketing to consumers about the advantages of hospice care. They then identified the barriers to hospice as physicians who are reluctant to discuss end-of-life issues and want to focus on curing patients, patients and family members who are also reluctant to address end of life issues, the negative connotation of hospice for patients and families, patient and family education about hospice services, legal issues (such as patient must have less than 6 months to live, as certified by a physician), and financial issues.

Hickey and Quinn (2012) also examined the barriers to hospice adoption in their survey of 304 British citizens. Their study found that death is a taboo subject that consumers generally do not want to discuss. Most of their survey respondents indicated that they wanted to die at home and would prefer to have hospice care while terminally ill. However, the respondents also indicated that they wanted to make these decisions when they are well or when they are first diagnosed with an illness (not when they are very ill), not when they have less than six months to live.

There are also several articles in the literature that provide suggestions for how palliative care companies could increase their customer base via marketing strategies and tactics. However, these articles tend to be mostly conceptual in nature. Few articles have examined the actual practices utilized by hospice care providers themselves, and of those that do, they tend to utilize a case study of one successful hospice provider (i.e.,  $n = 1$ ).

With respect to marketing strategy, Genovese (1995) advocated that hospice care providers should start by developing a marketing plan that includes an analysis of the company’s strengths and weaknesses and competitive threats and opportunities (a.k.a., a SWOT analysis). Ferris (2007b, 2008) similarly argued that companies need to do a market analysis to identify opportunities and also need to build upon their strengths and address their weaknesses. Other strategic suggestions provided in the literature include

building alliances with other organizations, such as home health providers (Orzechowski, 1996; Self & Starnes, 1999; Starnes & Self, 1999), and differentiating one's company via branding (Ferris, 2005, 2007a, 2007b, 2008).

The literature on hospice marketing also identifies a number of tactics that hospice care companies could utilize for their marketing efforts. Orzechowski (1996) suggested that hospice providers use educational events, occasional advertising (including print newsletters but also other media), and public relations (such as obtaining articles in the newspaper) in their marketing. Burzynski (1994), based on the success of his own palliative care company, stated that companies should have a dedicated marketing staff person, who implements events, creates newsletters and brochures, and also helps with public relations. Genovese (1995) suggested that events, calls/notes to medical professionals, public relations, and advertising through various media (such as the newspaper and radio) are also useful tactics. Romanowski and Barnes (1994) also provided suggestions for specific marketing tactics that are based on a case study of one successful palliative care company, including advertising in the yellow pages, community education efforts, weekly information sessions, direct-mail pamphlets, public relations, videos, advertising in trade journals, and surveys to families of former patients. And finally, Orsini (2008, 2009) suggested that palliative care companies should use the web to market their services and educate consumers about the advantages of hospice care.

As can be seen, the literature on hospice marketing has thoroughly examined the perceptions of physicians and the larger community with respect to hospice care. The literature has also begun to unpack the barriers to the adoption of hospice services, although there are only two articles published on the subject to date. There is also a plethora of articles that provide suggested strategies and tactics for how palliative care providers should market themselves. However, these articles tend to be conceptual in nature or based on a sample of one successful palliative care company. There are virtually no studies to date that examine those marketing strategies and tactics that are actually used by a variety of palliative care companies, both those that are successful with larger marketing budgets, as well as, those that may be smaller with little to no marketing budget. Thus, the purpose of the present study was to examine what a sample of hospice providers report with respect to their company's marketing strategies and tactics.

## **Method**

The design of the survey was driven by the review of the hospice literature (see previous section). However, as the literature review shows, there are virtually no studies to date that capture what various palliative care companies are doing for their marketing strategies and tactics. Those studies to date that

have examined existing business practices consist primarily of a qualitative case study of a single, successful hospice provider. Thus, there were no pre-existing scales available to capture the plethora of topics covered in the literature review for a widespread sample. As a result, the three co-researchers (two experts in marketing and one in healthcare management) developed a list of questions that were designed to capture those marketing strategies and tactics that were discussed in the literature and available to hospice providers. The specific questions were designed to capture information about the palliative care company's mission statement, utilization of strategic tools (such as SWOT, industry analysis, return on investment), perceived barriers to hospice adoption, target market, branding, marketing communication mix, advertising appeals, and social media usage. The survey also captured basic organizational demographic information, such as the size of the company, their marketing budget, and whether the company had a full time marketing person on staff.

Data were collected during the 2013 Carolinas' Center for Hospice and End of Life Care Conference. The Carolinas' Center for Hospice and End of Life group is a professional organization that consists of a variety of hospice and palliative care organizations, headquartered in the states of North and South Carolina, who meet annually to discuss and learn about industry trends. The conference was held in October of 2013 in Charlotte, North Carolina with approximately 80 conference attendees, representing 40 hospice organizations throughout the Carolinas. One of the co-researchers was invited to speak the group and, in exchange, asked if he could survey those companies that attended the conference. Thus, while at the conference, the person who works on the company's marketing was asked to complete the survey and return it to the researcher at the end of the meeting or mail the completed survey in a prestamped envelope within two weeks' time. Of the 34 returned to the researcher, 31 were completed and turned in at the conference and three were returned via mail within two weeks' time.

Because of the small sample size ( $n = 34$ ) and exploratory nature of the study, data were analyzed and interpreted using basic descriptive statistical techniques (Trochim, 2006). A simple univariate analysis was utilized to capture the central tendency and spread for each of the exploratory questions included on the survey. This exploratory analysis describes basic knowledge and use of marketing strategies and tactics by examining what percent of palliative care companies in North and South Carolina actually conduct and use these strategies and tactics.

The descriptive statistics drawn from the survey were compared to industry recommendations over the past three decades as discussed in the literature review to judge the progress of strategic marketing and tactics in what was an emerging, but is now a growing, industry. While the sample appears small, it should be noted that the sample is still larger than any hospice studies to



date that examine the practices of existing palliative care companies. Recall from the literature review that the existing studies to date that examine actual business practices have only utilized a sample size of  $n = 1$  in their approach and, thus, no study to date has amassed a sample that extends across various types of palliative care companies as has been done in the present study.

## Findings

Of the 34 palliative companies (i.e., hospice providers) that answered the survey, 44.12% ( $n = 15$ ) were headquartered within North Carolina and 47.06% ( $n = 16$ ) were headquartered in South Carolina. Of the 34 palliative care companies, 61.76% ( $n = 21$ ) stated that they are not-for-profit, while 23.53% ( $n = 8$ ) indicated are for-profit companies. (Note: Five companies did not select whether they were for profit or not-for-profit.) Of the 34 companies that answered the survey, 94.12% ( $n = 32$ ) stated they had a mission statement, while 5.88% ( $n = 2$ ) indicated they did not have a formal mission statement. The average number of patients served by the palliative care companies in 2013 was 438.82.

The survey also captured information about the individual who was filling out the survey on behalf of the palliative care company. Based on the administration of the survey, each individual served in the marketing role for their employer, although many of the respondents indicated they were also responsible for other duties within the company. For example, 26.47% ( $n = 9$ ) said that they were responsible for marketing as well as other administrative duties (separate from marketing) within their company. The respondents reported the average of number of years as working for that particular palliative care company as 5.24.

Of the 34 palliative care companies that answered the survey, 64.71% ( $n = 22$ ) stated that that had a clear target market for their advertising and branding. Moreover, of those 22 palliative care companies that had a clear target market for their advertising and branding, 90.91% ( $n = 20$ ) stated that they targeted family members of prospective patients and doctors with their advertising and branding. In descending order, hospitals (77.27%,  $n = 17$ ), the local community (68.18%,  $n = 15$ ), prospective patients (59.09%,  $n = 13$ ), and donors (45.45%,  $n = 10$ ) were the next most prevalent target markets. And, the least targeted group was public policy makers (9.09%,  $n = 2$ ).

Of those 34 palliative care companies that answered the survey, 50% ( $n = 17$ ) indicated that they had, in fact, completed a SWOT analysis or equivalent situational strategic analysis within the past three years. Furthermore, 41.18% ( $n = 14$ ) had done an analysis of competitive landscape within the past three years. Of the 34 companies, 31 (91.18%) reported that their competitors primarily consisted of other palliative care/hospice service providers. Other reported competitors included home health care companies



( $n = 20$ , 58.82%), skilled nursing facilities ( $n = 18$ , 52.94%), hospitals ( $n = 16$ , 47.06%), and assisted living facilities ( $n = 13$ , 38.24%). And yet, of those same 34 companies, only 20.59% ( $n = 7$ ) had completed an industry analysis, using Porter's Five Forces or an equivalent model and 17.65% ( $n = 6$ ) had conducted a macroenvironmental analysis of demographic trends, regulatory/political trends, technological trends, or economic trends within the past three years.

Of those palliative care companies that answered the survey, 61.76% ( $n = 21$ ) indicated that they received patient referrals most often from hospitals and 55.88% ( $n = 19$ ) stated that they frequently received referrals from doctors. An additional 23.53% ( $n = 8$ ) stated that they received referrals from family members of prospective patients, while 17.65% ( $n = 6$ ) of the companies reported that they received referrals from word-of-mouth within their local community. Finally, 11.76% ( $n = 4$ ) of the respondents indicated their patients had self-referred.

The respondents also answered questions about what their company perceived as barriers for patients in choosing hospice care. Surprisingly, none of the respondents indicated that the cost of the care or hospitals stood as a barrier in the way of consumer getting the hospice care that they needed. Of the 34 respondents, however, 31 (91.18%) said a significant barrier was the misconception of hospice care (i.e., hospice is only for those who are in the final stages of life). Moreover, 55.88% ( $n = 19$ ) indicated a barrier was reluctant consumers themselves and 50% ( $n = 17$ ) said that the doctor was a barrier. Finally, 23.53% ( $n = 8$ ) of the respondents indicated that family members of the prospective patient presented a barrier to the patient obtaining care.

The survey also asked the respondents about how their company was marketing to the prospective patients. Specifically, the survey asked each company's annual marketing budget. Seven (20.59%) of the 34 companies indicated that they had a marketing budget that exceeded \$50,000. Two companies (5.88%) reported marketing budgets in the range of \$30,000–\$49,999 and 11.76% ( $n = 4$ ) had a budget in the range of \$10,000–\$29,999. Lastly, 14.71% ( $n = 5$ ) had a budget of \$1–\$9,999. Note, nine of the 34 companies (26.47%) stated they did not even have a set annual marketing budget. The survey also asked that, if the company had a marketing budget, did they ever calculate a return on investment for their marketing activities. Nine of the 34 companies (26.47%) stated that they had, in fact, calculated the return on investment for the dollars that they invested into marketing.

The survey also specifically asked the respondents about what advertising appeals that their company typically utilized in their advertising. Of the 34 companies that answered the survey, 73.53% ( $n = 25$ ) indicated that they primarily utilized a personal and social advertising appeal that addressed emotions such a safety, fear, comfort, love, and personal/familial connections. Moreover, 32.35% ( $n = 11$ ) of the companies indicated that they appealed to

customers using brand differentiation, and 23.53% ( $n = 8$ ) used a quality appeal in their advertising. Furthermore, 5.88% ( $n = 2$ ) of the palliative care companies utilized a statistical appeal and 2.94% ( $n = 1$ ) utilized a bandwagon appeal. No companies reported that they utilized other common advertising appeals, such as scarcity, humor, music, or celebrity endorsement.

The survey also asked what specific marketing communication activities each palliative care company utilized. Of the 34 respondents, 97.06% ( $n = 33$ ) indicated that they had created and hosted events. This was followed by word of mouth and customer referrals coming in at 88.24% ( $n = 30$ ). Personal selling to doctors and hospitals was the third most reported marketing activity utilized at 79.41% ( $n = 27$ ). In addition, 76.47% ( $n = 26$ ) utilized public relations techniques, such as press releases in an effort to obtain articles in newspapers and magazines. Advertising via more traditional mass media such as radio and television was used by 70.59% ( $n = 24$ ) of the companies. Even more interesting, 44.12% ( $n = 15$ ) of the 34 palliative care companies indicated that they had sponsored a sports team or another group in the local community as a way to raise awareness about their company. Sales promotions (such as discounts and free gifts) were not frequently utilized by the palliative care companies, as only 13 companies (38.24%) utilized these marketing techniques. Direct marketing, such as phone calls and sending out direct-mail pieces, were only utilized by 10 (29.41%) of the 34 palliative care companies.

The survey also asked about usage of digital marketing efforts, such as social media, e-mail campaigns, and web marketing. Of the 34 palliative care companies that completed the survey, 25 (73.53%) stated they utilized digital marketing techniques. Moreover, 88% ( $n = 22$ ) of those 25 companies that utilized electronic marketing indicated that they built and maintained a Facebook page. As for blogs, 36% ( $n = 9$ ) of the 25 companies had a blog posted online. When asked about Twitter, 16% ( $n = 4$ ) reported utilizing Twitter for their company.

As for monitoring and maintaining social media, 11 (44%) of the 25 palliative care companies also indicated that they had a person who was responsible for monitoring and updating their social media sites. A primary responsibility of this person was often to search for social media comments about the company itself. Four (16%) of the 25 companies also stated that they utilized software, such as Hootsuite, to monitor social media sites.

## Discussion and implications

A summary of several key findings, relative to the hospice literature, is presented in [Table 1](#). Holistically, the results of this study suggest that marketing in hospice organizations is still relatively in its infancy when developing a strategic marketing plan. Burzynski (1994) discussed the need for a dedicated marketing staff person; however, the results of this survey found that a little

**Table 1.** Theory versus practice of palliative care companies.

Theory	Practice % <sup>a</sup>
Dedicated marketing staff person (Burzynski, 1994)	26.47
Target doctors and families (Dwyer & Kolbe, 1986; Kolbe & Dwyer, 1986; Meier, 2005; Stanley, 2003)	90.91
Target public policy makers (Sullivan & Chandra, 2001)	9.09
SWOT analysis (Genovese, 1995)	50
Barrier: Misconception of hospice (Friedman et al., 2002)	91.18
Barrier: Financial (Friedman et al., 2002)	0
Brand differentiation (Ferris, 2005,2007a,2007b,2008)	32.35
Tactic: Events (Burzynski, 1994; Genovese, 1995; Orzechowski, 1996)	97.06
Tactic: Advertising in mass media (radio, television, newspapers) (Genovese, 1995)	70.59
Tactic: Web marketing (Orsini, 2008,2009)	73.53

Note. SWOT analysis = an analysis of the company's strengths and weaknesses and competitive threats and opportunities.

<sup>a</sup>Reported as percentage of companies in the sample that practiced that strategy or tactic.

over one quarter (26.74%) of the palliative care companies in the Carolinas have a dedicated marketing staff person. This may be due to the fact that hospice is a fragmented industry with many small providers who have limited resources and thus cannot afford or have chosen not to hire a dedicated marketing person. As the industry evolves, and strong market leaders start to appear, not having a dedicated marketing person may put smaller hospice organizations at a competitive disadvantage.

Multiple articles in the hospice literature have discussed target populations for marketing campaigns (Dwyer & Kolbe, 1986; Kolbe & Dwyer, 1986; Meier, 2005; Stanley 2003; Sullivan & Chandra, 2001). The results of this survey confirm that doctors and families are the top targets (90.91%). However, as discussed by Sullivan and Chandra (2001), targeting public policy makers is an important area to invest marketing resources. However, the results of this survey suggest that hospice organizations in the Carolinas are investing little in this strategy. Considering that the majority of hospice reimbursement comes from the governments, we suggest hospice organizations focus on this key strategy. And yet, in a fragmented industry, this poses a unique challenge as those organizations who do not invest in targeting public policy makers will benefit, as well as organizations that do invest. This is akin to a prisoner's dilemma in economics in that no company ends up investing in educating public policy makers about the need to fund hospice care as they hope that everyone else will be doing it and attempt to free ride off of everyone else's efforts (Axelrod, 1984).

The results of this survey suggest that hospice organizations still face unique challenges with respect to overcoming barriers to adoption that other healthcare organizations do not face. Friedman et al. (2002) noted various barriers to hospice access, including overlapping services with other providers, physician reluctance, and individual and family difficulty in accepting end-of-life care. This current study reinforces these findings in that the vast

majority (91%) of respondents listed misconceptions of hospice as a barrier. Friedman et al. also noted that a toolkit for hospice and palliative care should be developed to help in marketing and outreach to physicians. Twelve years later, 50% of hospice organizations in the Carolinas still note physicians as a barrier to overcome. This would suggest not enough progress has been made through marketing efforts to reduce these barriers. Working toward overcoming these barriers presents an example where joint venture marketing (in the form of a collective co-op) may benefit all hospice organizations, while reducing each specific hospice organization's individual marketing costs.

A commonly used tactic in conducting a strategic marketing plan is a SWOT analysis. Genovese (1995) noted that assessing a hospice organization's strengths and weaknesses should be part of the first step in developing a marketing plan. However, the findings of this study suggest that many organizations are still not utilizing basic tools such as a SWOT analysis. Only one half of respondents reported conducting a SWOT in the past three years. We believe this might be partly due to the lack of a dedicated marketing staff person in each organization. Simply put, the lack of a dedicated marketing staff person may impact the planning and strategic intent of each hospice organization.

One of the most surprising elements of this study's findings was the lack of strategic brand differentiation as reported by the palliative care companies. Only about one third of the respondents (32.25%) selected brand differentiation as a major advertising strategy. This was surprising, especially in the healthcare field where the authors would infer differentiation as a preferred strategy, compared to a low cost leader strategy. This may again be a symptom of hospice organizations not having a strategic marketing plan with a dedicated marketing staff person. Ferris (2007a, 2007b) stated that a company's brand is a positive or negative inclination to select one organization over another. He used the example of Ritz-Carlton or Harley Davidson to discuss the power of a company's brand to consumers. We believe that this is a missed opportunity for hospice providers. This study's findings suggest that palliative care companies are not heeding the suggestions offered in the literature or they do not have the resources and capacity in personnel to actually differentiate themselves from their competitors. Again, the authors believe this is a missed opportunity for the majority of hospice and palliative care organizations.

Some of the marketing tactics that the organizations were using included events (97%), mass media advertising (70.5%) and web marketing (73%). Orzechowski (1996) noted that hospice organizations that contained specific marketing techniques increased their chances for growth as an organization. He broke them down into three categories: philosophical, internal, and external. Philosophical included ideas such as market, growth, and quality focus. The internal category included admission policies, dedicated marketing

personnel or staff. External included categories like referral relations, sales/marketing calls to physician and discharge planner, and the use of a newsletter or other outlet to disseminate information. Based on the results from the current survey, it does appear that many of these tactics are used, however the researchers were surprised that the percentages were not closer to 100% for those that are being utilized. Furthermore, the results of the study also raise concerns about how marketing dollars are spent. If tactics are being pursued without having a strong underlying marketing strategy (including a SWOT or industry analysis), then marketing dollars may not be allocated effectively. Furthermore, few organizations actually reported calculating a return on investment for their marketing dollars spent (26.47%).

It is possible that many hospice and palliative care organizations are lacking a cohesive strategic marketing plan, due to a lack of organizational vision and structure. Furthermore, it appears that the majority of hospice organizations lack dedicated personnel that would typically be responsible for coordinating a marketing plan. Instead, most hospice organizations appear to have an ad hoc strategy of creating marketing events and utilizing a few other marketing tactics but lack a larger context or picture of differentiation, defining specific markets, and calculating the return on investment from marketing dollars spent. Palliative care companies may benefit from investing in resources, not just to have a dedicated marketing staff person to implement tactics, but also to provide strategic planning, training and education to whole organization. In the current industry cycle of fragmented hospice organizations, the organization that can differentiate themselves (Ferris, 2007b), develop brand loyalty (Ferris, 2007a) and execute a strategic marketing plan may have the best chances of market growth and sustainability in the long term.

An interesting finding with respect to the marketing tactics used was that word of mouth was second to event marketing. Thus, it appears that palliative care companies in the Carolinas feel that word-of-mouth marketing (i.e., referrals) is more beneficial than other elements of the marketing communications mix, such as advertising via mass media (i.e., radio/TV/newspaper), public relations, and personal selling. These results may be due to the fact that hospice, like other healthcare providers, is a service. Consumers rely heavily on referrals when searching for service providers, especially in the context of healthcare (Choudhry, Liao, & Detsky, 2014; Javalqi & Gombeski, 1993). In addition, word-of-mouth marketing costs very little to the organization so this is a heavily used strategy, especially for companies that have little to no marketing budget.

Finally, a surprising finding of the study was the heavy usage of electronic and social media by palliative care companies. Of those companies that utilized web marketing, 88% had a Facebook page; 36% reported having a blog; and 16% ( $n = 4$ ) utilized Twitter. Utilizing social media tools, like blogs and Twitter, seems very advanced for end of life patients who are typically

above the age of 75. However, these tools may certainly be appropriate if targeting other populations, such as physicians, family members, and even public policy makers. And, of course, monitoring social media activity is also important (Ogneva, 2010), but again, not done by all the palliative care companies who reported utilizing social media for their marketing.

While this study clearly presents some interesting findings about the marketing strategies and tactics of palliative care companies in the Carolinas, the findings are limited to a specific geographical area and lack generalizability to a larger population of palliative care companies. In addition, the sample was limited to those companies within the states of North Carolina and South Carolina that attended the 2013 Carolinas' Center for Hospice and End of Life Care Conference. In addition, the sample size for this study was on the small side. While arguably much larger than past studies of palliative care marketing that focus on one successful palliative care company, this study's sample was not random, nor large enough, to be analyzed using inferential statistics. Future research clearly needs to examine the marketing strategies and tactics utilized by a larger, more random, geographically diverse sample to determine if the findings hold across the national landscape of hospice and palliative care providers.

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