

Services marketing theories that social marketers should know about... *but were afraid to ask*

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Social marketing = services

- Social marketing programs are delivered by public sector and non-profit organisations
- Often involve services:

Preventative Health Services: cancer/medical screenings, exercise programs

Energy assessments

Road safety checks

- Multiple service delivery channels:
 - Personal and face-to-face services
 - Counselling and phoneline services
 - App/games/smartphone services

What is the purpose of social marketing?

- Change behaviour?
- Improve health?
- Save the planet?
- Save money?
- ***“The cost-effective provision of non-profit services to help and support people.” Wood (2012)***

Extended marketing mix for services

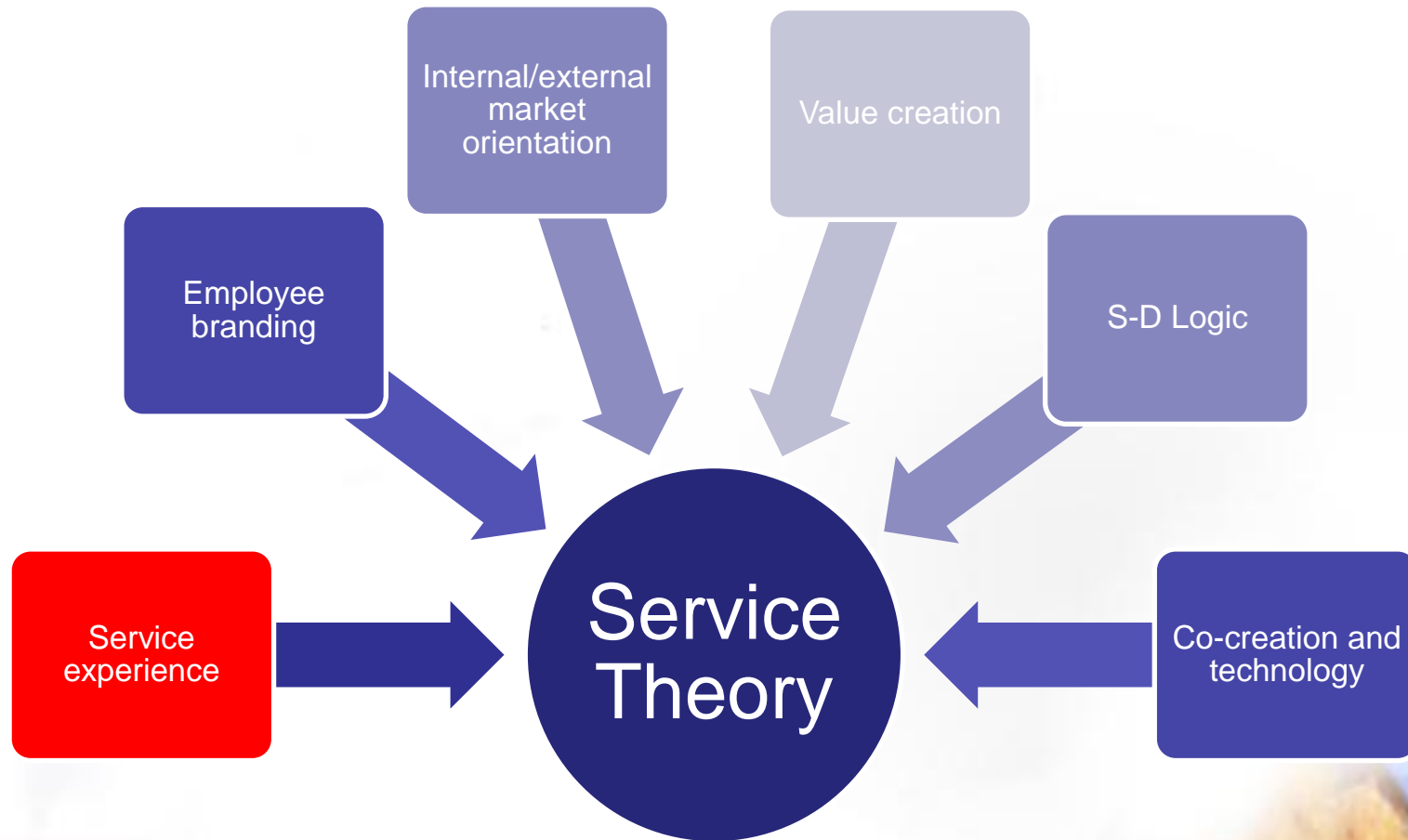
- Product
- Price
- Place
- Promotion
- *Process*
- *Physical evidence (ambience)*
- *People!*

Social marketing and marketing social services – Craig Lefebvre

*"Given the sheer numbers and ubiquity of social services available to meet people's needs and work toward a better society, **there have been few documented efforts to integrate social marketing into service delivery...***

*What goes unexamined from a marketing perspective is the **nature and quality of the service offering**, its place and price variables, and **client satisfaction with the service** (would clients recommend it to a friend?)"*

Service theory for social marketers



The role of the service experience: Lessons from resilience

- *Service experience* critical for positive behaviour change
- Young people may be involved with multiple service providers...
- ...*but more service use does not lead to better outcomes*
- *One positive service experience* centred on a *satisfactory human relationship* will lead to positive outcomes across a range of issues
- Fostering resilience amongst high-risk young people:
- http://www.youtube.com/watch?feature=player_embedded&v=ybBQVjAF5eA
- <http://resilienceproject.org/>

Delivering service quality in health settings

- Medical staff may have different perceptions of quality to patients
- Interaction with doctor primary determinant of overall service evaluation (Brown and Swartz, 1989)
- Patients made judgements of overall service experience, but also:
 - Appearance and behaviour of receptionists, nurses & technicians
 - Décor
 - Appearance of the building
- *Doctors' services* are **complex & variable** (Shostack, 1985)
- *Outpatients' clinics/x-ray labs* **low complexity/variability**
- *HMOs* low complexity/high variability

Service experience in preventative health



- Preventative health services *assume that technical/clinical factors are the key drivers of customer behaviour (Russell-Bennett, Previte and Zainuddin 2010)*
- Provision of a *technically reliable breast screen* will ensure women return for future screenings
- Service strategy and resource allocation *focussed on technical service aspects*
- Achieving service outcomes of *satisfaction and repeat behaviour depends on more than technically-focussed organisational resources*
- *Transformative social marketing theory* (Lefebvre, 2012) supports this view by the specific inclusion of *customer inputs*



Australian Red Cross Blood Service

Pre-donation Phase

(Russell-Bennett, Hartel and Previte 2012)

Convenience

Didn't like planned, appointments at all – just wanted to be spontaneous

Annoyed that blood service was not ready at the appointment time

Colour Red

The non-donors freaked out about the images of the amount of red, images of blood (wave of blood),

Thought it was overused, the red reinforces their fear.

One of them liked the macabre, creepy nature of the red

Information

People need to know more about the process – see demonstrations, open days to understand more about the process.

A number of people felt that getting the information involved more commitment to the process than they wanted to give e.g., on the outside of the van, an umbrella and a table outside the van with free drink of water – to get information.

Donation Phase



Physical Environment

Non-donors didn't like the look of the internal nature of the donor vans – once you get in, you can't get out
scary interior, lack of privacy, highly clinical, you can't just take a look and then decide. Not welcoming, asked why there can't be colour

Process

ARCBS screening process seems overly conservative compared to other countries, makes them look backward e.g., attitude towards gay donors

Special Treatment

Liked feeling pampered – treated specially (menu ordering, magazines) why not offer a pedicure, foot massage

Emotions

For some donors, the fear/anxiety does not diminish over time, they feel compelled to go even if they are going to suffer each time.
Worried about opinions of others

Post-Donation Phase

Relationship and blood outcome

Once the donation is over, don't hear anymore. Would like to know what happens to their blood.

The only contact is when they want something – no relationship building, lack of reciprocity – donor gives and blood service gets

Tangible Evidence

Want to get social brownie points – a badge/icon on Facebook that says “I donated blood today”, liked the stickers and was disappointed they don't do that anymore

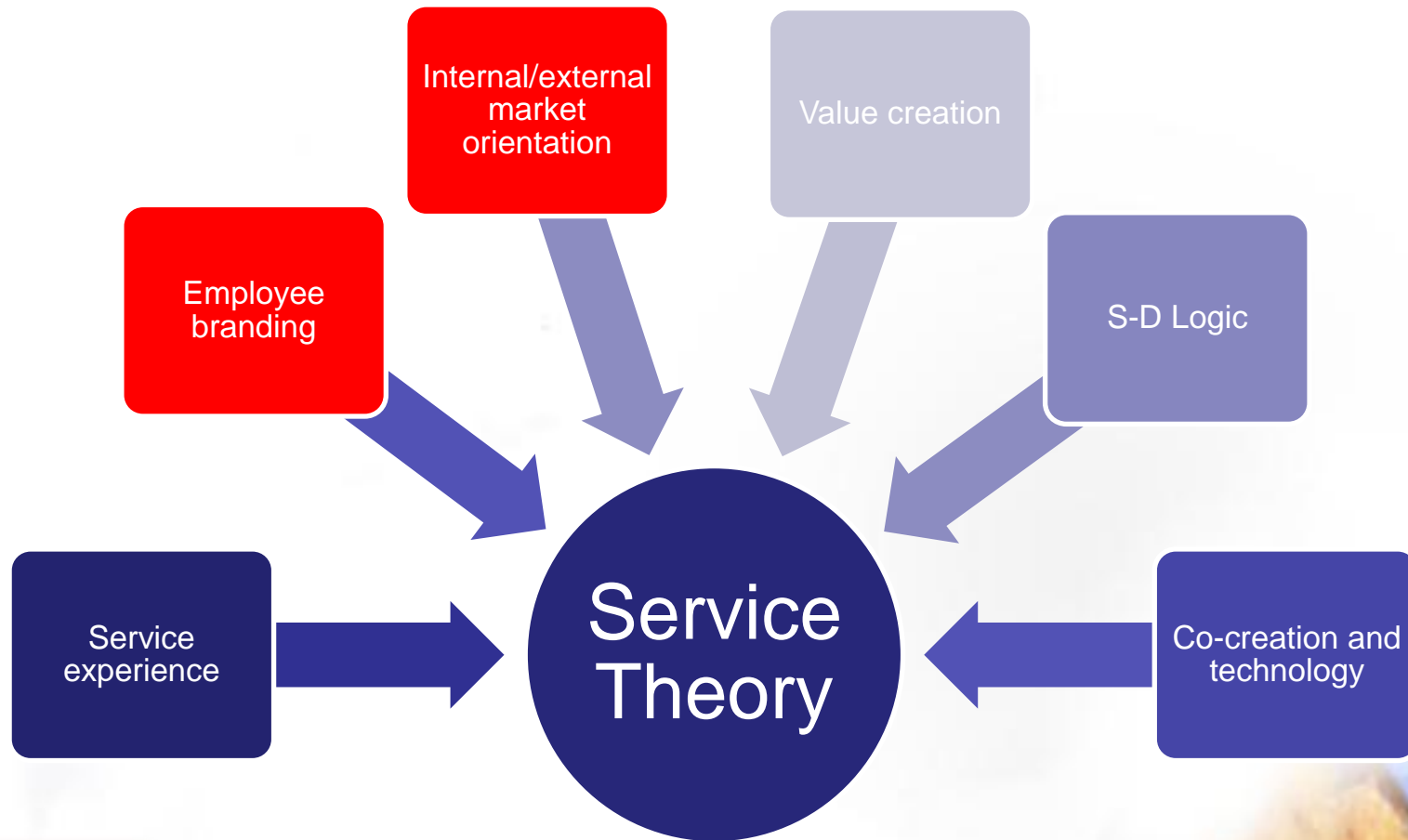
Recovery

Needed to remember what to do and not do in a weakened state e.g., remember to not lift anything heavy

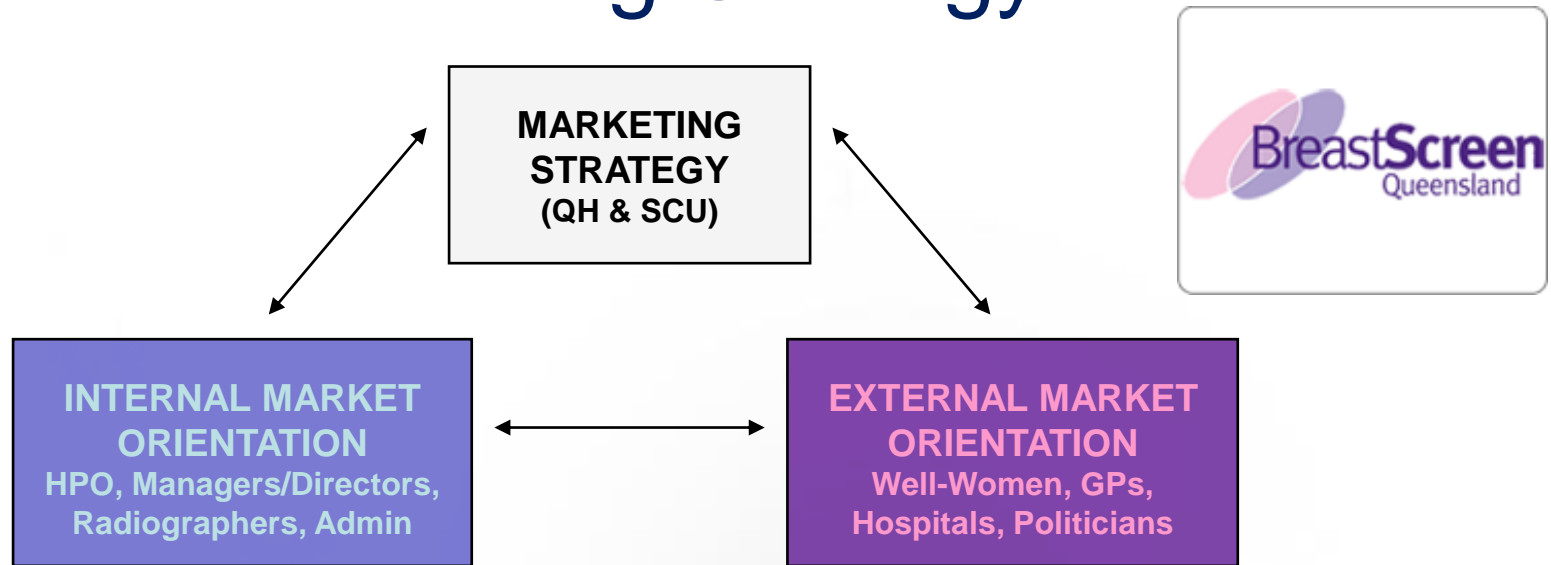
Sometimes too tired to go back to work



Service theory for social marketers



Relationship between IMO, EMO & Marketing Strategy



- The responsibility for social marketing is viewed inconsistently across different **internal stakeholders (Previte and Russell-Bennett 2011)**:
 - Managers – think social marketing is solely HPOs responsibility,
 - HPO feel ownership over “doing” the social marketing, but would like “more support”
 - Radiographers view social marketing as “part of my job” and other “don’t see it as my job”
 - Administration Officers view their role as influencing social marketing – taking the bookings, putting women in contact with the right “professional”, etc.

IMO and MO

Internal Market Orientation (IMO)

- F2F & written communication
- Informal communication
- Formal communication
- Information dissemination

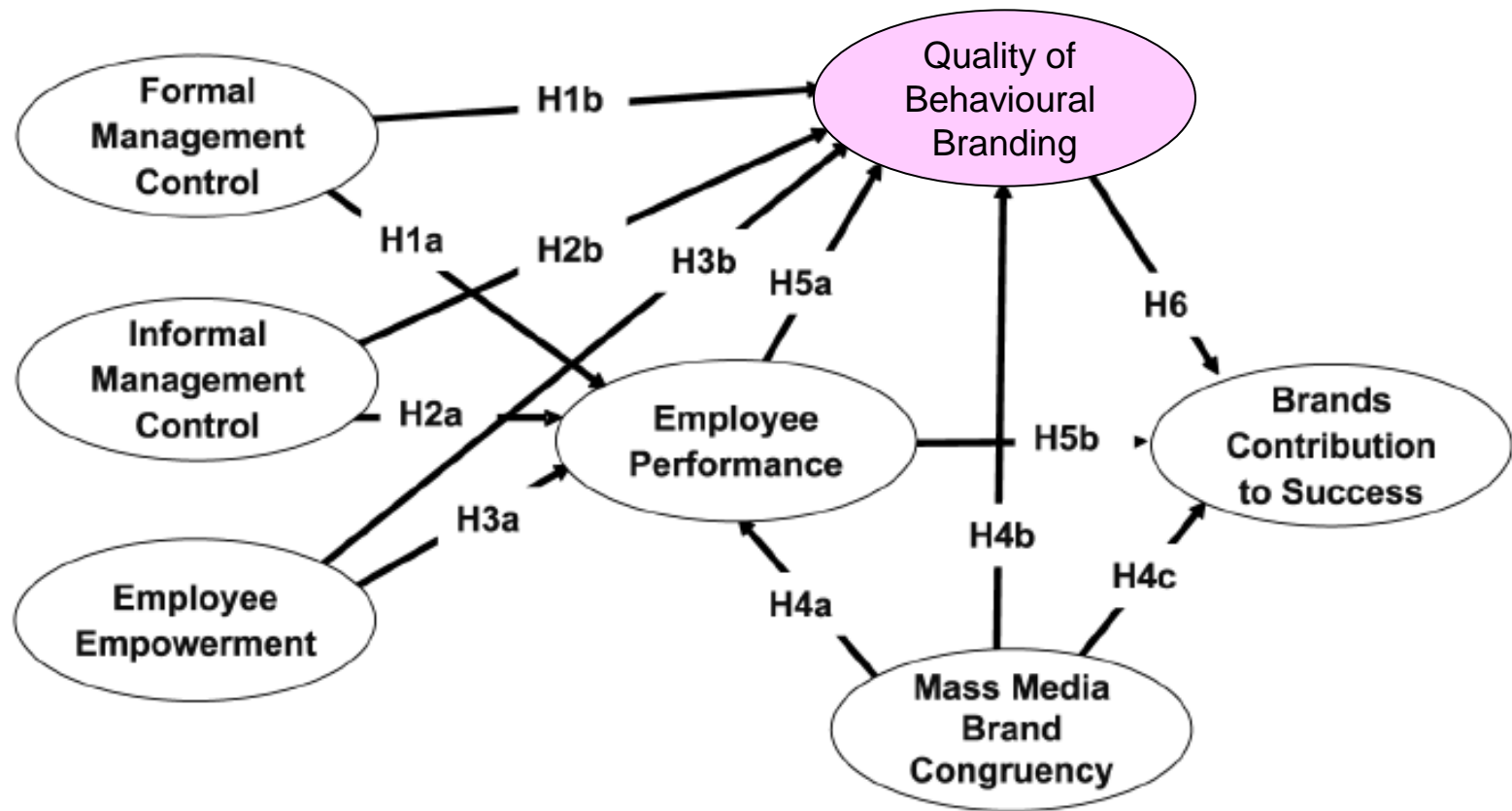


Market Orientation (MO)

- Client focus
- Listening to clients
- Market research
- Competitor analysis

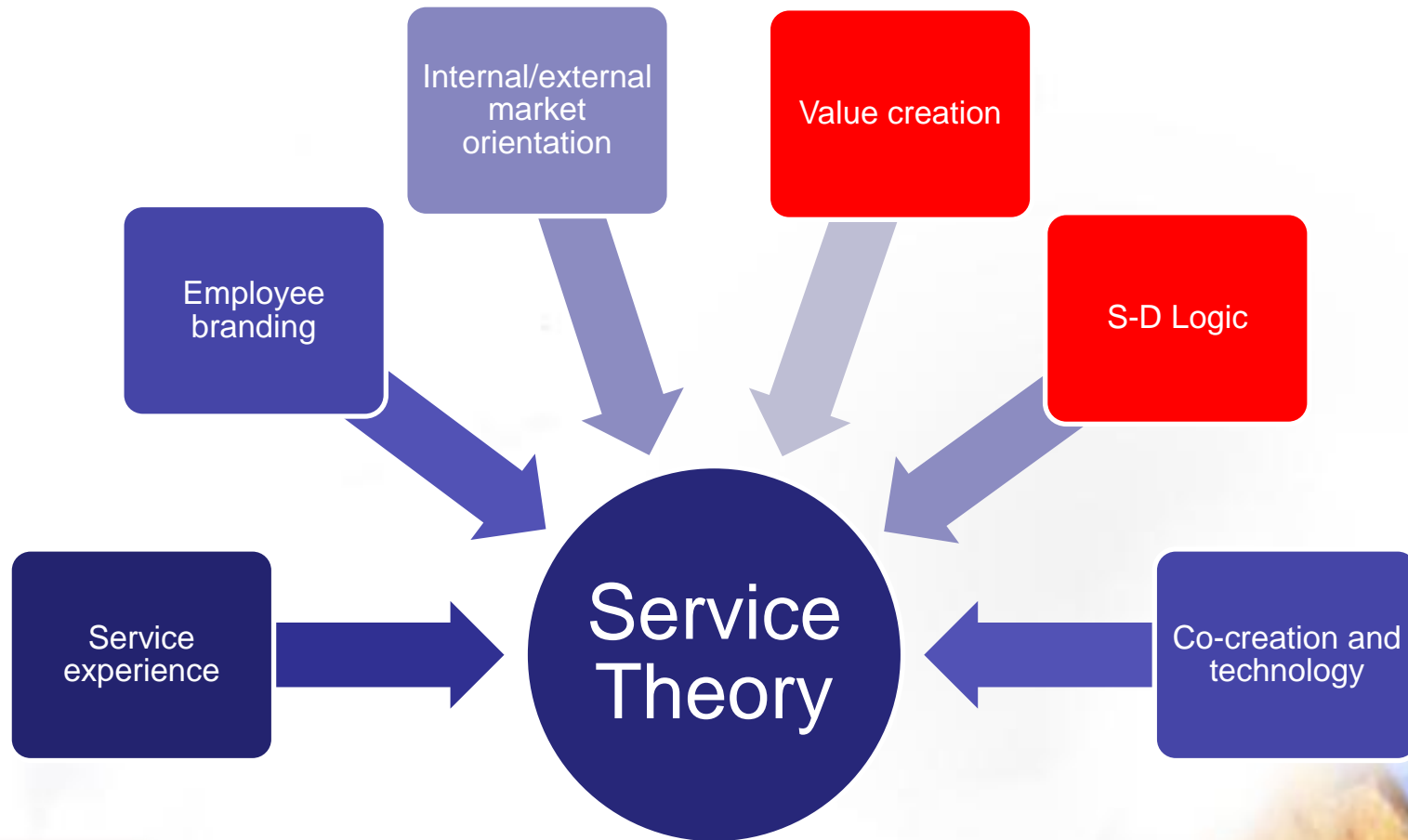
Managing brand consistent employee behaviour

Quality of Social Marketing



Source: Henkel et al (2007, p. 313)

Service theory for social marketers



Now: Service-dominant logic (S-D Logic) - *goods perform services* (Vargo & Lusch, 2004)

- All products have an aspect of service

Manufacturing is a stage in the service delivery process

- A good delivers a service

Goods are a platform for experiences (Pine and Gilmore, 1999; Prahalad and Ramaswamy 2004)

- Goods are therefore *distribution mechanisms* for services

- *Examples:*

Vacuum cleaner is bought because it provides a *cleaning service*

A car provides the service of *transportation*

- Marketers should *abandon looking for differences* between goods and services and look for *how they are related*

Service-dominant logic: *value*

- Value does not just occur through production, it occurs at all stages of consumption process (*value-in-use*)
 - *Pre-consumption*
 - *Consumption*
 - *Post-consumption*
- Value is not transferred to the customer as the recipient at the point of exchange:
 - *Value is co-created*

Transformative social marketing

- Focus of social marketing becomes one of facilitating and supporting a process of *co-creation of value*
- People are *co-producers or collaborators* in adopting *new behaviours or quitting other ones* rather than targets we attempt to exchange with
- Must discover for themselves the *actual value* in changing what they do...
- ...we can only propose possibilities (based on an in-depth understanding of *what they value*)

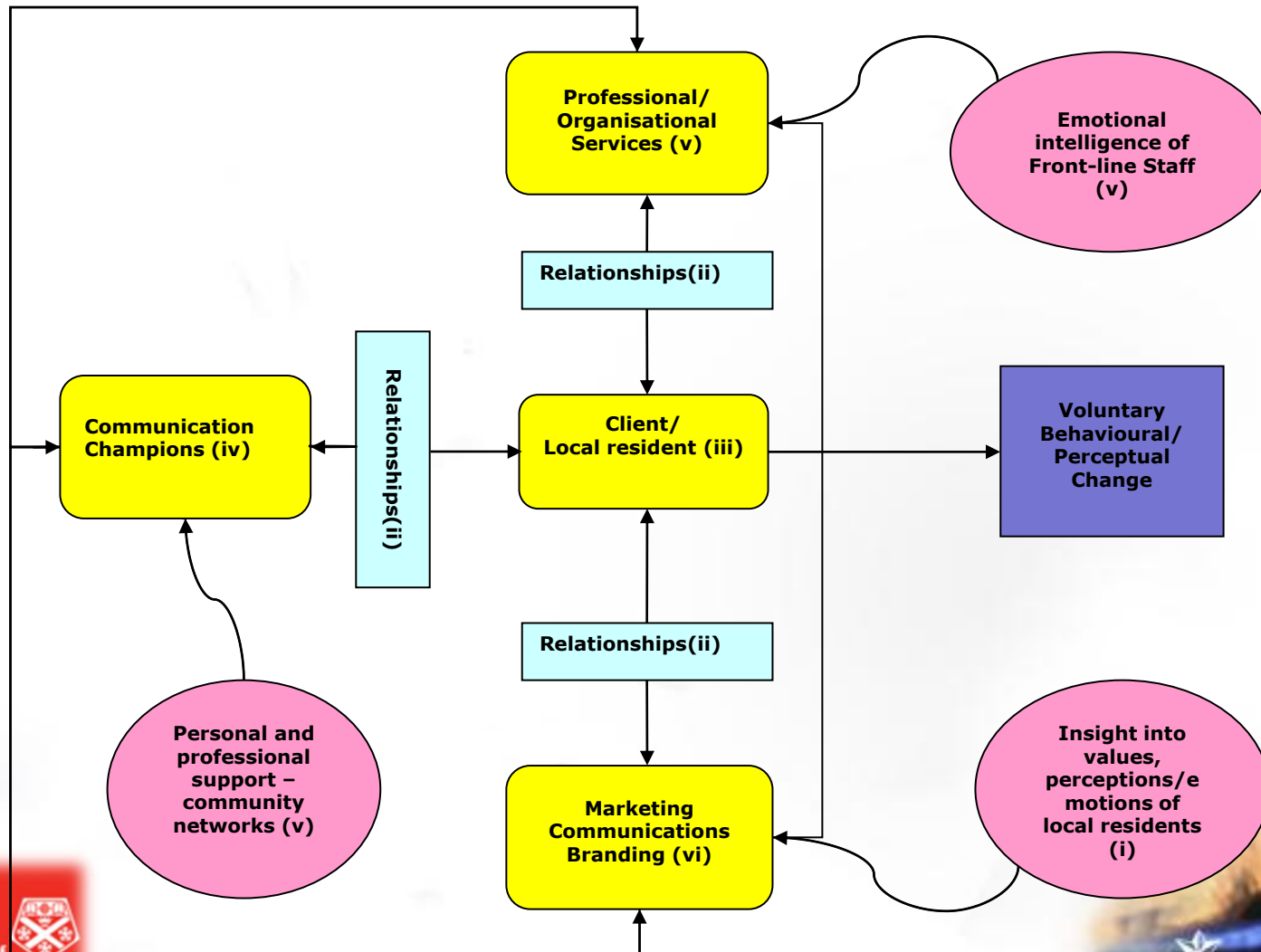
Customer value in preventative health services



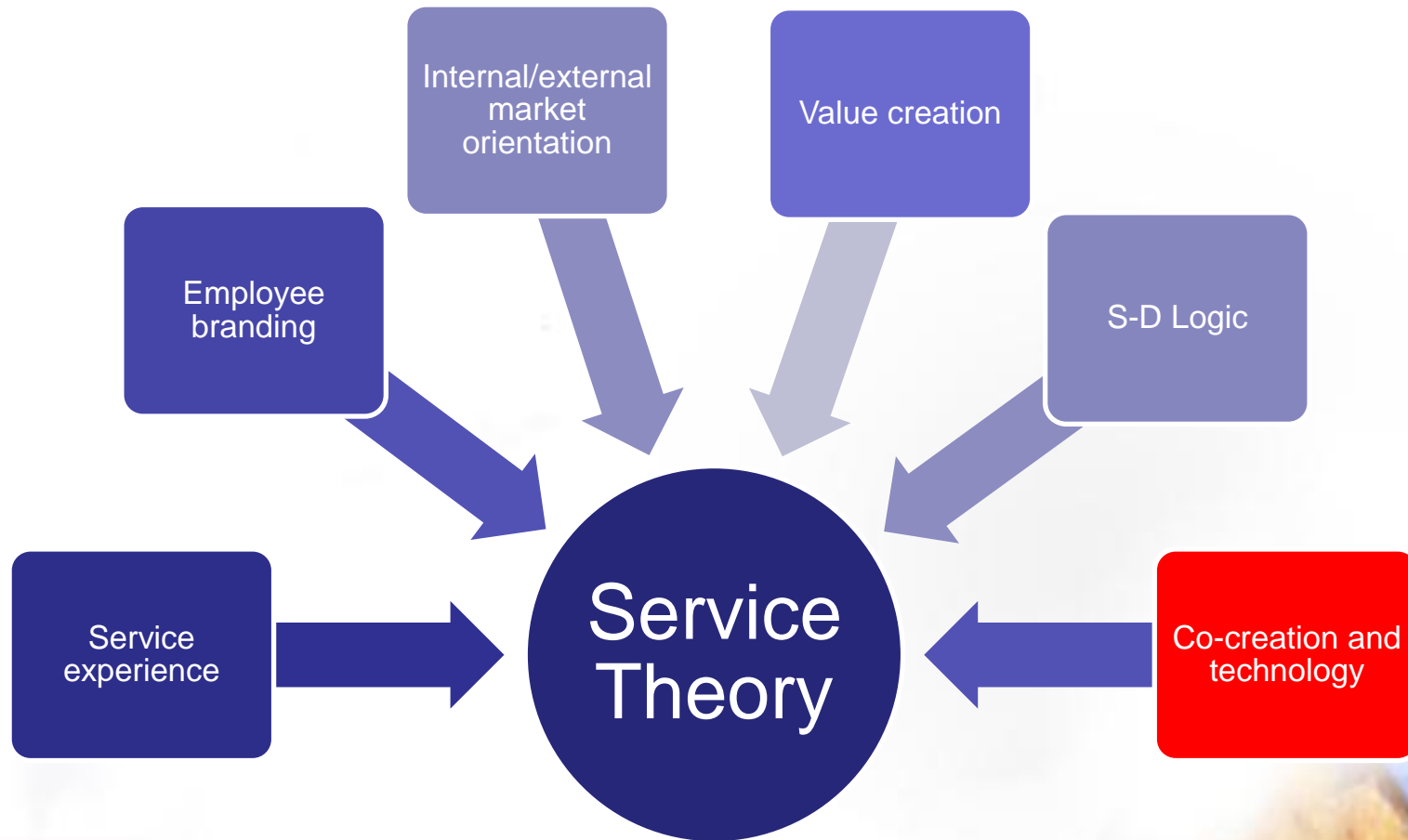
- Customer's *experience* of activities is crucial to their *perception of value* (Bitner, 1992)
- *Value is created for, and experienced by, the customer* (Holbrook, 1999)
- Customer value for preventative health will be influenced by:
 - collaboration between the multiple actors in the service exchange (*interactive*)
 - varies from woman to woman (*relativistic*)
 - includes an evaluative judgement (*preferential*)
- Strong *relationship between satisfaction and behavioural intent*
- *Value is an important driver of satisfaction* in preventative health and consists of both functional and *emotional value*

(Zainuddin, Russell-Bennett and Previte EJM forthcoming)

Framework for Behavioural Change



Service theory for social marketers



How can technology be used in social marketing Services?



Cost-effective for large markets



Personalised and tailored



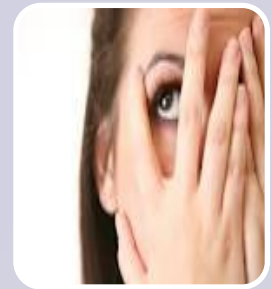
Peer support



Facilitates self-monitoring



Interactive and real-time



Overcomes embarrassment and social barriers

Co-creation and Technology in Social Marketing

HELLO SUNDAY MORNING



Summary

- **Value** and **exchange** are key concept in [social] marketing
- **S-D logic and “value-in-use”** concepts important for social marketing
- Customers, staff and other stakeholders **co-create service value**
- We must also **understand consumer values** that drive behaviour
- Good service delivery means **upstream** strategy and **downstream** implementation
- **Front-line staff play key role in customer service experience and satisfaction**
- People generally change for **emotional** rather than rational reasons and usually require **personal support**
- Staff should have **emotional intelligence and relationship skills**

Think social marketing, think service!