

INTERNAL MARKETING BUILDS SERVICE QUALITY

By W. Benoy Joseph

"My elderly father was hospitalized after he had a stroke. My Mom and I took turns staying in his room with him. One early morning, my Dad needed to go to the bathroom. I started helping him but lost my balance, and he almost fell on me. I rang the nurse's desk for help.

"Yes, someone will be there.' the voice answered. I was trying hard to support my father who is a heavy man. Three minutes later I rang for the nurse again.

"The voice on the intercom said: 'Yes, we know. Someone will be there.'

"But you don't understand, this really is an emergency!" I pleaded.

"Ma'am, we'll help you in a few minutes. We're having a shift change.'

"Oh, I just hate that place."

A hospital executive heard this true story second hand from a friend. The hospital in question—a large research and teaching institution—competed directly with her equally large tertiary care hospital. Yet she winced in embarrassment. Even though the competitor's external marketing programs were the envy of everyone in the local health care community, something was obviously wrong. The executive knew this problem was internal and, if left unchecked, could do serious harm to that hospital's reputation.

When consumers in a national Gallup survey were asked what "quality in services" meant to them, one-third of all responses, the largest group, cited employee contact skills such as courtesy, attitude or helpfulness (American Society for Quality Control 1988). Winning your customers over and building a reputation for quality cannot happen if your employees—your internal customers—do not perform to expectations or subscribe to your philosophy of customer service.

Indeed, for service businesses such as health care that are labor-intensive and demand high levels of personal contact between the service provider and the customer, no marketing plan can be considered complete unless it includes strategies for reaching and winning over its internal customers.

Internal marketing seems simple and commonsensical: After all, what can be more self-evident than the logic that, when treated right, employees will treat your customers right. However, there is more to internal marketing than meets the eye. Where does it fit within an organization's marketing plan, or, indeed, within its strategic plan? What are its boundaries? Who should do it—marketing or human resources? What important lessons about internal marketing can health care organizations learn from other industries? What does the diverse literature on this topic tell us?

This article explores these and other questions and attempts to relate the evidence and thinking from the marketing and management literature to health care organizations.

Defining Internal Marketing

Internal marketing has been defined as selling the firm to its employees (Grönroos 1981) or the process of "attracting, developing, motivating, and retaining qualified employees through job-products that satisfy their needs" (Berry and Parasuraman 1991, p.151). George and Grönroos (1991) maintain that the "internal market of employees is best motivated for service-mindedness and customer-oriented behavior by an active, marketing-like approach, where marketing-like activities are used

internally" (p. 86). Kotler and Armstrong (1991) view internal marketing as the building of customer orientation among employees by training and motivating both customer-contact and support staff to work as a team (p. 607).

Clearly, such a proliferation of definitions merely underscores the growing interest among service providers to get employees to adopt the marketing concept of customer orientation and to become part of the company's team. However, a parallel but even more significant movement must be noted which resonates in discussions of internal marketing: the drive to improve quality.

Building a Culture of Quality

Inspired by the seminal works of Deming (1982; 1985), Juran (1989), and Crosby (1979), manufacturing and service businesses worldwide have adopted programs with such familiar acronyms as TQM (total quality management) or CQI (continuous quality improvement). Even though these terms are largely alike, CQI is preferred over TQM because it is more inclusive of all workers and eliminates the suggestion that quality is only the job of managers. Hospitals and other U.S. health service organizations, rocked by massive environmental changes (e.g., cost containment; alternate delivery systems; new reimbursement policies; managed care), have been forced into exploring CQI and allied strategies for survival.

However, buying into the so-called quality culture is not always voluntary. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has mandated that hospitals seeking accreditation also invest in CQI-type programs. In 1990, JCAHO's philosophical agenda emphasized the following key priorities:

- Organizationwide devotion to quality—leadership involvement in promoting and improving quality.
- Customer orientation—attention to customer needs; feedback from internal and external customers; customer-supplier dialogue.
- Work processes that incorporate systems approaches and cross-functional teams.
- Measurement and use of data to identify underlying causes.
- Never-ending commitment to improving performance.

Two key tenets of the CQI philosophy further inform our understanding of the importance of internal marketing, especially for hospitals and other health services organizations:

- Quality is not the responsibility of just one department or individual; it is organizationwide and involves all members of a service organization (American Hospital Association 1990).
- “Delivery quality” in health services refers to “all aspects of the organization’s interaction with the customer in delivery of output” (James 1989, p. 11)

Expanding the Definition

Drawing from these perspectives, I offer the following expanded definition of internal marketing: “Internal marketing is the application of marketing, human resources management, and allied theories, techniques, and principles to motivate, mobilize, co-opt, and manage employees at all levels of the organization to continuously improve the way they serve external customers and each other. Effective internal marketing responds to employee needs as it advances the organization’s mission and goals.”

This revised definition reminds us that internal marketing is both customer-focused and employee-focused. Marketing has no exclusive claims to this important marketing function; it demands an integrative approach, drawing not just from marketing but also from organizational behavior, human resources management, and other fields.

This definition also alerts us that the term “customer orientation” should be

broadened to include external as well as internal customers, the latter being any department or unit that is served by another unit within the same organization (e.g., a hospital’s pathology laboratory serving oncology). Gremler, Bitner, and Evans (1994) report that an employee’s satisfaction with his or her service firm can be significantly influenced by service encounters experienced with internal service providers.

Internal marketing, then, is not just for front-line employees, important as they may be to the delivery of quality service to ultimate consumers. Albrecht and Zemke (1985) sum it up best in their popular best-seller, *Service America!* as they admonish all workers and managers in service organizations: “If you’re not serving the customer, you’d better be serving someone who is” (p.108).

Nature of Services

Cross-Functional Integrations

Services marketing and management pose special challenges because services deal with “processes rather than things, with performances more than physical objects” (Lovelock 1992, p. 17). Three management functions—marketing, operations, and human resources—are intimately joined in what Lovelock has dubbed the “service trinity,” to create and deliver services.

In health care services delivery, this functional integration can appear almost seamless. For example, the emergency-room physician is responsible for producing, delivering, and “marketing” the service to the patient during the consultation. If the patient waited too long because the ER was understaffed, the resulting customer dissatisfaction is a marketing problem, but one that must be addressed at the operations and human resources management levels as well.

An ER’s unpredictable demand conditions can result in crowded waiting rooms, ER staff who are under stress because of overwork, medical or test procedures that may be less closely monitored than usual, and unhappy patients and their families. And, if the attending physician fails to apologize for the delay or—worse—is perceived as rude, service quality will again be compromised even if the clinical outcomes were successful. Services produced by people are often indistinguishable from the persons delivering the service: The hospital and all that it represents is embodied in the ER’s

front-line workers: the receptionist, the parking attendant, the triage nurse, and the attending physician, among others.

Internal marketing recognizes this vital link by focusing on the people component of the services management “trinity.”

Moments of Truth

A considerable body of research in the marketing literature has focused on the “service encounter,” which is defined as “the period of time during which a consumer directly interacts with a service” (Shostack 1985, p. 243). Scandinavian Airlines System’s Jan Carlzon once estimated that, with 10 million customers coming in contact with approximately five SAS employees for an average of 15 seconds each time, the company was “created” in the minds of customers 50 million times a year. Carlzon suggested that these 50 million “moments of truth” were the “moments that ultimately determine whether the company will succeed or fail...when we must prove to our customers that SAS is their best alternative” (Carlzon 1991, p. 425).

Every episode where a customer or key buying influence interacts with a service company, its products, people, facilities, or communications represents a moment of truth because each episode can shape a customer’s impressions and judgments about the firm. In health care settings, service encounters involve a high degree of interpersonal contact and interaction between the front-line service provider and the patient or the patient’s family (Solomon, Surprenant, Czepiel, and Gutman 1985).

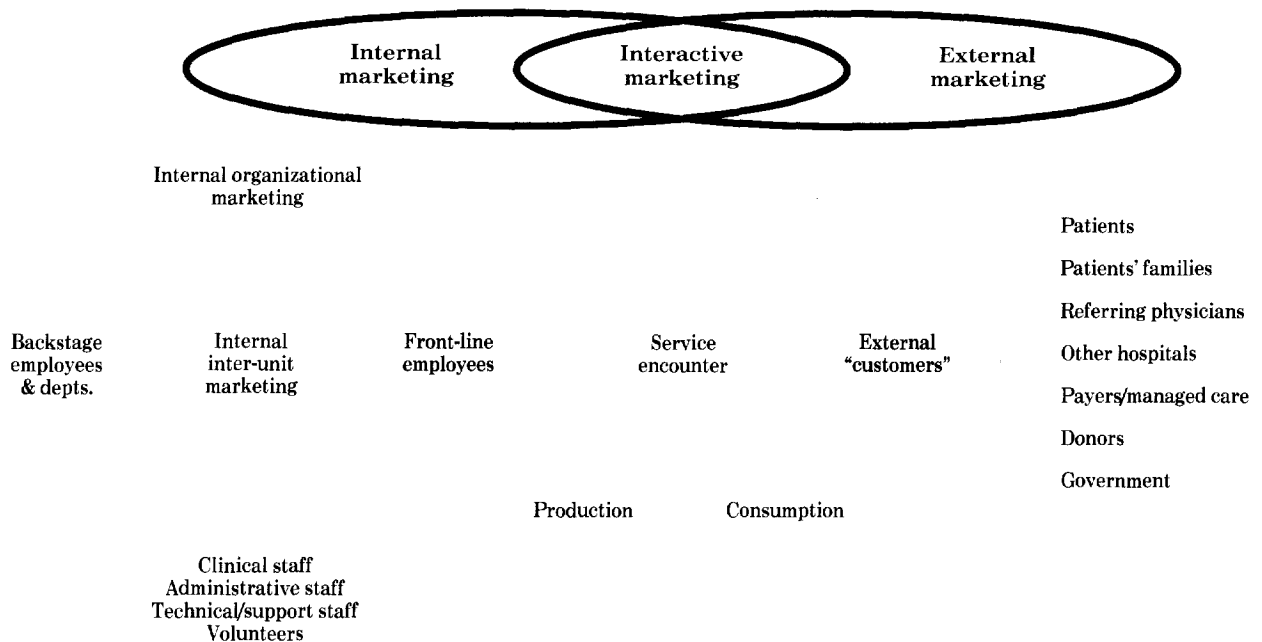
Carlzon’s memorable phrase forces health care managers to define their services, not in broad, sweeping images of high-tech medicine and glossy newsletters, but in terms of dozens—perhaps, hundreds—of specific encounters or events (e.g., admission, food quality, staff responsiveness, discharge, telephone inquiries, etc.).

Employees shape these moments of truth, not only by the tasks they perform, but also by the way they look, act, talk, and interact with the customer, with other customers, and with fellow workers. Employee behavior must therefore be carefully orchestrated and managed.

In high-contact service encounters, such as those in health care delivery, service production and consumption often happens simultaneously—in real time. Managing these moments of truth is not unlike staging a performance or play, one where the actor’s script is fluid or impro-

EXHIBIT 1

The Relationship Marketing System in a Health Care Organization



visible but the audience also participates in shaping the plot.

Dramaturgy in Service Delivery

The theatrical performance has served as a powerful metaphor for the rules that govern effective social interaction (Goffman 1959) and effective service performance (Grove and Fiske 1983). In service settings that require high levels of personal contact with the customer, the dramaturgical perspective suggests important codes of conduct for service marketers and their "cast members" (i.e., the service workers):

Preserve the Illusion. Skilled actors and stage crew—along with well-designed sets—create an illusion for the theater audience. Chaos may reign backstage but the actors on stage will never let on; they will follow their scripts and stick to their roles. Service delivery is no different.

The services marketer must be attentive to the appearance and behavior of front-line workers—how they are dressed, how they speak and what they say (their "script"), and their facial expression, demeanor, and personality. Attributes that are inconsistent with the intended image should be concealed or underplayed.

Front-line workers must stick to their scripts (e.g., personal frustration with a malfunctioning computer or an irate customer should be concealed; slang or profane language used backstage should never be used in front of customers).

Be Loyal. Cast and stage crew must work as a team to put on a show. Actors must be loyal to each other as they play their parts and never disclose secrets of their performance to the audience. If an actor forgets a line, the other actor must play along, and never act surprised or let the audience know about the slip. Such dramaturgical loyalty is essential among service workers who must often work in teams. Team loyalty, however, should not supersede ethical considerations such as whistle-blowing when team members are negligent or make serious mistakes.

Orchestrate the "Performance." Good planning and coordination, proper "casting" (determining the right roles to be played by frontstage and backstage members of the service team), and advance knowledge about the "audience" or customers to be served can help ensure a successful service encounter or performance.

Grove and Fisk (1983) suggest that the dramaturgical perspective may be of special value in two types of service settings: (1) where many people are served simultaneously rather than individually and (2) where there is a high degree of contact between the service provider and the customer.

Health care services fit both categories. Certainly the presence of teamwork and careful discipline in following a script and supporting each other are vital to the effective delivery of a wide range of health services that are provided by hospitals, clin-

ics, health and wellness centers, intermediate and long-term care facilities, and urgent care centers where many customers are served concurrently.

Yet the dramaturgical imperatives would be no less critical to the effective performance of professionals and support staff in dozens of settings where health services are individualized (e.g., primary care physician or dental practice, surgery centers, physical therapy, counseling services).

Energizing and motivating your "cast" of front-line and backstage workers is an important part of the internal marketing mission.

Internal Marketing Issues

In health services delivery, the pivotal role of the front-line worker in delivering service that is consistent and of high quality can be the organization's biggest competitive asset. However, the human factor can also be its most tenuous and vulnerable competitive feature.

Well-trained and dedicated staff can enhance the patient's service experience and contribute significantly to the organization's reputation for responsive service. But high employee turnover, inexperienced new employees, and low morale among members of the professional staff can undermine the organization's performance during each service encounter.

Where and how does internal marketing fit into the marketing operations of a health services organization?

Relationship Building

Over the last dozen years, marketing thinking, especially for services, has shifted from a transactional to a relationship-building orientation—the former being short-term goal-oriented and the latter long term (Berry 1983). Grönroos (1995) offers a pithy description of the differences between the two approaches: "...[T]he goal of transaction marketing is to get customers, whereas the goal of relationship marketing is to get and keep customers" (p. 253).

Internal marketing is viewed today as an integral part of a service business's comprehensive plan for relationship marketing¹, with the other components or activities being external marketing (reaching and serving traditional customers and other external publics) and interactive marketing—that which occurs during a service encounter, the moment of truth (see Grönroos 1990; Kotler 1994; Bitner 1995). Exhibit 1 summarizes how these marketing components interrelate for a hospital or other health services organization.

There are some obvious parallels between conventional consumer marketing and internal marketing: Both are based on the concept of exchange and both require efforts that help to persuade, inform, and change behavior. However, several unusual features about internal marketing require managers to think resourcefully, creatively, and integratively in order to reach and influence the organization's diverse range of internal customers—from some who are highly influential (e.g., physicians, administrators, program heads) to others who perform menial, yet no less important tasks (e.g., housekeeping or back-office work).

Integrative Features

Successful external marketing is customer-focused in driving sales strategy. Successful internal marketing is employee-focused, with the ultimate goal of building effective service strategies that serve external customers. Winning internal marketing programs, then, can be summed up in the following deceptively simple but challenging set of tasks: recruit, train, motivate, communicate, and co-opt.

Recruiting is analogous to segmentation and target market selection in consumer marketing. Training, motivating,

and communicating are analogous to marketing mix decisions that facilitate the exchange between the organization and the employee and maximize its perceived value. And co-opting is the process of relationship building—to enhance morale, pride, loyalty, customer orientation, and a sense of ownership among employees, similar to consumer brand loyalty.

Target Market Selection

Recruit Aggressively and Creatively. Good employees must be sought out and recruited. Reward successful referrals. For lower-level positions, explore alternative populations (e.g., the elderly, disadvantaged, mentally retarded, or physically disabled). Offer attractive compensation plans and, if needed, flexible work arrangements (e.g., flextime, job sharing) to attract workers with desirable skills (Davis 1991).

Select and Screen. Not every person is cut out for service jobs. Reichheld (1993) maintains, "Just as it is important to select the right kinds of customers before trying to keep them, a company must find the right kind of employees before enticing them to say" (p. 68). Employ screening instruments such as video-assisted testing (Jones and Decotiis 1986) and quasi-personality scales such as the "service-orientation index" (Hogan, Hogan, and Busch 1984), which help to identify workers who may be strong or weak in interpersonal social skills. The SOI scale, tested on nurses in a hospital and a nursing home, reportedly proved to be a valid predictor of interpersonal behavior on the job.

Train and Socialize. When systems fail or quality slips in people-based services, it is usually because the system is badly designed or the workers were poorly trained. Training budgets should be driven by strategic goals and organizational realities, not on what is affordable or what is left over after basic expenses have been covered.

Ritz-Carlton, a 1992 winner of the prestigious Malcolm Baldrige National Quality Award, credits its success to its more than 10,000 employees, spread throughout 27 properties (Eisman 1993). Coaching people in the Ritz-Carlton way of life begins even before they start working there. Every applicant is interviewed three times before being offered a job, and then spends two days in an orientation class. Personal interaction and company philosophy are emphasized. Ritz-Carlton employees receive 100 hours of quality training a year, which includes the time spent in problem-solving teams. Disney World puts new employees ("cast members") through extensive orientations and socialization pro-

grams at its training school, Disney University.

Even highly educated professional staff members need to be trained on the dramaturgy and proper scripts that various service encounters demand. Frequent training and follow-through can mean more consistent service performances, more successful moments of truth, less role ambiguity and job stress, and more satisfying work experiences for the service provider.

Bridge Language/Cultural Gaps. Cultural diversity is a reality in many hospitals and other large service organizations. But diversity poses special problems in service delivery. Sometimes, employees must be socialized into the culture of the organization. Asian or European physicians and other health care workers, for example, may be linguistically as well as culturally challenged.

Lack of eye contact while speaking or a passive, reserved demeanor, considered normal in another culture, may seem unfriendly or hostile to Americans. The inability of a nurse or physician to communicate in colloquial American English can leave American patients or their families frustrated. Training in culture and language may be almost as important as the technical medical training that is normally expected.

Segment and Understand Employees. Motivation and sources of satisfaction vary among employees. Professionals, such as physicians or researchers, may be motivated by professional affiliations and peer recognition. Personal and family factors can influence the quality of work performed. Race and cultural differences must be recognized as potential sources of workplace stress. The motivational drivers of the various employee segments can help in developing the right programs and rewards.

Building Internal Satisfaction

Listen to Internal Customers. Use focus groups and employee surveys periodically to gauge morale, satisfaction, and general attitudes toward work and the organization. Customer satisfaction surveys should be validated with employee surveys for a complete picture. The Cleveland Clinic, a major tertiary care center with nearly 500 physicians, conducts a physician peer review survey that enables physicians to receive anonymous feedback on the service they provide to colleagues in other departments (Gombeski, Day, Fay, and Lowery 1992). Survey feedback not only helps to improve technical quality, but also serves as an internal marketing and management tool for physician managers.

Involve, Empower and Enfranchise. Experiment with quality circles, suggestion programs, and employee surveys of service quality (Davis 1991). Reward employees when suggestions are adopted. Empower them with information and rewards based on company performance, and give them the authority to make independent decisions that can advance the organization's mission (Bowen and Lawler 1992; Kelley 1993). Empowering makes employees more customer-focused, responsive, and responsible and improves morale and self-image (Bateson 1995).

Get Senior Management to the Front Lines. Peters and Waterman's bestseller, *In Search of Excellence* (1982), noted that senior managers in America's best companies stayed "close to the customer" by regularly visiting customers or accompanying field reps on sales calls. At Disney World, all managers take part in an annual "cross-utilization" program in which they perform various basic service tasks in the theme park, such as loading rides or selling tickets (Bateson 1995, p. 266).

In health care organizations, senior administrators must get close to their internal customers by serving periodically in backroom and front-line operations (e.g., in laundry services or a hospital admitting room, in a nursing home's dining room during meal times, or in an emergency medical service ambulance). Indeed, service employees at all ranks can learn to appreciate the patient's as well as internal customers' perspectives by participating in role playing exercises that simulate a service encounter.

Foster Team Spirit. Deming (1986) urged managers to "break down the class distinctions between types of workers within the organization—physicians, non-physicians, clinical providers versus non-clinical providers, physician to physician..." (p. 202). Team spirit and participative tendencies are enhanced when sincere efforts are made to remove the symbols of rank (e.g., executive dining rooms and rest rooms, preferred parking spaces) that have traditionally heightened the sense of alienation between managers and workers and between high- and low-ranking medical professionals.

Communicate Formally and Informally. Employee newsletters and e-mail announcements continue to be popular and effective vehicles for reaching internal customers. However, creativity and originality are essential to building and maintaining strong readership. Credibility is important, occasional setbacks in addition to success stories can win readers and lessen the com-

pany newsletter's image as a top management mouthpiece. Mass media advertising that features employees can strengthen employee morale and company pride: MCI, Delta Airlines, and Wal-mart feature employees regularly.

Sharing information—including organizational plans and decisions—with selected groups of workers can heighten the spirit of trust and partnership that is so essential to people-based services. Employees can feel disenfranchised, and rightfully so, when news about important policy decisions affecting them (e.g., mergers or cutbacks) is first learned from the morning newspaper rather than from an internal communiqué. However, openness must be tempered with discretion and judgment; bad news about imminent layoffs, for example, must be handled with infinite care.

Co-opting Good Employees

According to *Webster's New World Dictionary*, to co-opt is to persuade or lure an opponent to join one's own system or party. Executive orders may produce reluctant compliance among employees; logical explanations and persuasive argument may result in cooperation; co-optation, however, is when employees buy into or take ownership of an organization and its plans.

Co-optation is analogous to conversion or acculturation: Employees subscribe to the philosophy and culture of the firm and their values coincide with those of the organization. When a service organization achieves this level of employee involvement and commitment, its internal marketing can be held up as an exemplar of effective relationship marketing.

Admittedly, such achievements do not come without considerable mutual investments by both employees and the organization. What can be done to win over your employees? The following approaches have been suggested by management theorists and practitioners (e.g., Davis 1991; Bowen and Lawler 1992; Henkoff 1994; Heskett, Jones, Loveman, Sasser, and Schlesinger 1994; Rothman 1993):

Financial Rewards. Tie bonuses, rewards, and recognition to performance, exceptional customer service, length of service, and group or departmental achievements. In for-profit organizations, explore profit-sharing and employee stock option plans.

Expand/Open Career Paths. Provide and promote opportunities for advancement through retraining and tuition reimbursement programs. For low-level, pri-

mary-care staff (e.g., in home health care), these benefits can help to improve morale in so-called "dead-end" jobs and decrease worker turnover. Support professional staff with funds for professional development, certification, and continuing education.

A midwestern hospital is assisting nurses to attend MBA programs; recognizing the problem of physician burnout, a college near Atlanta has introduced a weekend MBA program strictly for physicians. For technical staff, offer dual-career ladders.

Support Diverse Employee Lifestyles. Consider the costs and benefits of offering services such as on-site daycare, elder care, flextime, transportation, cafeteria-style benefit packages, and employee assistance programs (counseling services, help for employee or family members for substance abuse, etc.).

Taking Responsibility

Clearly, several departments may be involved in internal marketing, but principally human resources and marketing. The activities and philosophies described here have a strong human resources focus (e.g., recruitment, motivation, career advancement, etc.). Other areas (e.g., scripts, dramaturgical dimensions, employee communications) have a promotion and marketing focus.

As one might expect, internal marketing must be done by both departments—and by many others. In health service organizations, every department head, office manager, supervisor, chairperson, and middle- or upper-level manager must be an internal marketer.

But, just as in external marketing, where a market manager or industry specialist is made responsible for serving specific market segments (e.g., an insurance company has executives who specialize in employee benefits and others who specialize in life or automobile insurance), internal marketing needs a champion to get the job done.

The internal marketing coordinator, manager, or director should work with human resources, marketing, public relations, and the various department heads to make internal marketing work. This position should report to the executive director in small organizations or to the vice president of marketing or strategic planning in large organizations (I recommend a marketing affiliation because the ultimate outcomes being sought here are driven by

customer and market considerations rather than human resources considerations).

Critical Links

Heskett and his colleagues (1994) describe the "service-profit chain" as the relationships between profitability, customer loyalty, employee satisfaction, employee loyalty, and productivity. The links in this chain suggest that profit and growth are stimulated primarily by customer loyalty, a direct result of customer satisfaction, which is largely influenced by the value of services created by satisfied, loyal, and productive employees.

Employee satisfaction, in turn, results primarily from high-quality support services and policies that enable employees to deliver results to customers.

Service employees—from the lowest to the highest levels of the health care organization and frontstage or back—are critical links in this chain. Proactive and well-designed internal marketing programs can reinforce and temper these

links in delivering consistently superior service. **JHCM**

Endnote

¹ See the Fall 1995 Special Issue on Relationship Marketing in the *Journal of the Academy of Marketing Science*, Vol. 23, No. 4, for a comprehensive treatment of this topic.

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