

EXPERIENCE EXCHANGE

Marketing strategies to promote nursing programs and services

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ABSTRACT

Background: The purpose of this article was to discuss commercial, social, and service marketing strategies and best practices to promote nursing programs and services to key partners and stakeholders. Evidence supports that nurses are not inclined to promote or market the nursing profession to the general public or to other professions.

Methods and findings: The successful marketing matrix includes product, price, place, promotion, publics, partnerships, policy, purse strings, people, process, and physical evidence. Integrated approaches to marketing nursing programs and services are requisite for organizational viability and sustainability. Analysis of commercial, social, and service marketing theory, principles, and best practices related to marketing nursing programs and services were examined. Evidence and best practices published from 2000 through 2015 were included in this discussion. A model case was used to illustrate marketing principles. Implications for nursing education, practice, and administration are discussed. Successful marketing of nursing programs and services requires an integrated approach that includes market analysis, technology, networking, and community partnerships.

Conclusions: Nurses at all levels within an organization have a responsibility in marketing nursing programs and services. Well positioned organizations collect and maintain accurate demographic data that informs service delivery in order to contribute to organizational sustainability and achieve business results.

Key Words: Marketing, Programs, Services, Business Results, Interprofessional

1. INTRODUCTION

The dynamic healthcare system and diverse consumer demographics require nurse leaders to be authentic and evolutionary^[1] and to design integrated marketing approaches that effectively promote nursing programs and services that contribute to organizational viability and sustainability.^[2] To remain competitive, nurse leaders must successfully market nursing programs and services and demonstrate their contributions to business results. Therefore, the purpose of this article is to provide an overview of marketing theory and

principles that inform the design of integrated approaches to effectively promoting the value of nursing programs and services to key stakeholders. Evidence and best practices published from 2000 through 2015 were included in this discussion. A model case for marketing an interprofessional diversity and inclusion model in an urban academic medical center is presented to illustrate marketing principles in action (see Table 1). Implications for nursing education, practice, and administration are discussed and integrated throughout the article.

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Table 1. Marketing and Branding Exemplar: Diversity and Inclusion Program

<p>Goals</p> <ol style="list-style-type: none"> 1. To provide quality care and services that are responsive to the diverse cultural beliefs and linguistic/literacy needs of the target demographic. 2. To position the organization within the service area as a model for leading care to culturally and ethnically diverse patients, families, and the community. 3. To provide cost efficient programs and services. <p>Environmental Scanning</p> <ol style="list-style-type: none"> 1. Lack of a hospital-based diversity and inclusion program in the community. 2. Patient satisfaction related to the provision of culturally and linguistically appropriate healthcare services was unknown. 3. Increased recidivism among vulnerable, minority, and recent immigrant populations. 4. Staff expressed concerns related to providing care to diverse patients and families. <p>Key Stakeholders</p> <ol style="list-style-type: none"> 1. Internal Customers: All members of the healthcare team, clinical, educational, and administrative service departments, health professions students, regulatory and accrediting agencies, and vendors. 2. External Customers: Patients, clients, families, communities, private practice physicians. <p>Needs Assessment Data Sources</p> <ol style="list-style-type: none"> 1. Patient and employee satisfaction surveys. 2. Interviews with internal and external customers. 3. Learning and community needs assessments. 4. U.S. Census. 5. Health-Illness statistics and demographics of the service area. 6. Competitor analysis. <p>Product</p> <ol style="list-style-type: none"> 1. Interprofessional Diversity and Inclusion Program: Clinical, Education, and Administration. <p>Price</p> <ol style="list-style-type: none"> 1. Free for academic medical center staff, physicians, and students. 2. Fee for non-academic medical center health professionals and health professions students. 3. Benefits as described in Business Results. <p>Place</p> <ol style="list-style-type: none"> 1. Educational program conducted in on-campus conference center. 2. Culturally-relevant resources available at the point-of-care. 3. Cross-reference Physical Evidence below. <p>Promotion</p> <ol style="list-style-type: none"> 1. Diversity and Inclusion website linked to medical center website, intra-and internet. 2. Patient education and information channels. 3. Hard copy and electronic mailings to all medical center employees, physicians, and students and past attendees at conferences hosted by the medical center. 4. Social media. 5. Press releases and public service announcements. 6. Community newsletters. 7. Face-To-Face with community partners. 8. Diversity and Inclusion Logo included on all internal and external promotional, educational, and administrative communications including screen savers. 9. Slogan: "The Hospital That Provides Care That Fits Your Unique Needs." <p>Publics</p> <ol style="list-style-type: none"> 1. Board of Trustees. 2. See Key Stakeholders. <p>Partnerships</p> <ol style="list-style-type: none"> 1. Interprofessional Diversity and Inclusion Council. 2. Nursing Executive, Practice, Education, Policy, and Retention and Recruitment Councils. 3. Medical Board. 4. Board of Trustees. 5. Interprofessional Performance Improvement/Quality Council. 6. Magnet Recognition Committee. 7. Human Resources, Patient Relations, and Public Relations Departments. 8. Community organizations. 9. Educational Programming accrediting agencies. 10. Vendors providing educational and point-of-care practice resources. <p>Policy</p> <ol style="list-style-type: none"> 1. Diversity and Inclusion Program policy developed and disseminated. 2. Medical Center mission, vision, values, and goals revised to reflect diversity and inclusion. 3. Admission assessment databases revised to include cultural health assessment, and expanded options for significant others, definition of family, and gender identity. 4. Medical interpreter program amended to include initial and annual competence assessment. <p>Purse Strings</p> <ol style="list-style-type: none"> 1. Departmental operating budgets. 2. Grant-funded education program. 3. See Business Results. <p>People</p> <ol style="list-style-type: none"> 1. Initial and on-going cultural competence education for all levels of staff. 2. Diversity-related competencies developed for clinical practice, education, and administration. <p>Process</p> <ol style="list-style-type: none"> 1. Integrated Learning Management System. <p>Physical Evidence</p> <ol style="list-style-type: none"> 1. See Place. <p>Product Life Cycle</p> <ol style="list-style-type: none"> 1. Indefinite. 2. Revisions based on new evidence, change in demographics in the service area, change in health-illness data in the service area, satisfaction and quality data, and stakeholder feedback. <p>Timeline</p> <ol style="list-style-type: none"> 1. 3 years. Year 1 = Development. Year 2 = Implementation. Year 3 = Evaluation. <p>Communication</p> <ol style="list-style-type: none"> 1. Standing agenda item on all unit-based, departmental, interprofessional, and medical center clinical, educational, and administrative meetings. 2. See Promotion and Partnerships. <p>Business Results</p> <ol style="list-style-type: none"> 1. Commercial Marketing: Increased revenue from increased use of clinical and educational services. 2. Social Marketing: Increased population health in the service area. 3. Increased patient and staff satisfaction and engagement. 4. Improved patient safety and quality metrics. 5. Increased provider self-efficacy in caring for diverse patients and families. 6. ANCC Magnet Recognition®
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2. SIGNIFICANCE

A study conducted by Kagan, Biran, Telem, Steinovitz, Alboer, Ovidia, and Melnikov,^[3] determined that nurses are not inclined to promote or market the nursing profession to the general public or to other professions. Other notable findings were the strong correlations between job position, job satisfaction, and nursing marketing and promotion activities noting that nurse managers reported higher levels of nursing promotion behaviors as compared to frontline nurses and a significant correlation between job satisfaction and marketing behaviors.

The implications for nursing are simple. All nurses have a responsibility in marketing nursing programs and services; from frontline nurses to nurse executives. Nursing students and nurses alike represent the profession of nursing, their nursing programs, respective organizations, and the programs and services that the organizations provide. Without realizing it, all nursing students and nurses reflect an image of nursing and represent and market nursing at all times. From the moment a person decides that they aspire to become a nurse, and for as long as that person identifies them self as a nurse, they represent, and therefore, promote and marketing nursing. It is therefore essential that principles of marketing be integrated into undergraduate and graduate nursing curricula and nursing job performance criteria at all levels of the organization that include clear roles and responsibilities and measureable outcomes.

3. MARKETING IN PRACTICE

Marketing is a dynamic process that includes the integration of branding, attitude, and techniques that recognize the need to constantly reevaluate the programs and services provided so that they can be communicated broadly, effectively, and efficiently. Organizational fiscal viability and sustainability are essential in order to achieve its mission and business results.^[2,4,5] Therefore, nurse leaders must conduct differential marketing analyses to identify consumer needs, determine

elements of consumer satisfaction, and exploit limitations in the competition. To do so, it is requisite for nurse leaders to recognize that effective marketing is contingent upon the ability to be clear about nursing’s mission, clearly define the programs and services offered, specify the expected outcomes, distinctly describe the organizational, nursing, and consumer benefits derived from the programs and services, and what internal and external motivations exist that support programmatic success.^[5]

Successfully marketing of nursing programs and services is contingent upon the blending of commercial, social, and service marketing strategies. Commercial marketing refers to the sale of products and services to end users and public and private companies for the purpose of increasing profit margins to achieve business results.^[2] Social marketing, on the other hand, is aimed at influencing consumer behaviors in meaningful and beneficial ways so as to benefit the target demographic and society, in general, with less emphasis on the benefits to the provider.^[6,7]

Service marketing is promoting an activity that is intended to have mutual benefits to providers and receivers alike. The characteristics of a service include lack of ownership, intangibility, inseparability, perishability, and heterogeneity and must be addressed when designing a successful service marketing plan.^[8] A service is more elusive than a product as service delivery can be affected by factors outside the service provider’s control. One cannot own a service. The consumer experiences a service but cannot hold or touch it. Services are inseparable from the service providers. Services are perishable, meaning, they are time limited. They are an experience that cannot be stored or replicated precisely. And consistency delivery cannot be guaranteed (see Table 2). Commercial, social, and service marketing however share the common goal to consistently meet and preferably exceed consumers’ expectations and influence their decisions to choose the program or service presently and in the future.

Table 2. Differences Between Goods and Services^[16,34]

Goods	Services
Prepared in advance, then delivered	Delivered and consumed simultaneously
Quality can be checked in advance	Quality often determined at time of delivery
Contact between manufacturer and customer is limited	High level of personal contact
Customer chooses to purchase	Patient/client often has no choice but to seek program or service
Can trial/sample first	Cannot/experience/test in advance
Tangible	Intangible

4. CONSUMERS

Healthcare consumers are assuming a larger portion of the fiscal responsibility of healthcare costs and consequently

taking greater control over decisions such as where, and by whom, they receive healthcare services.^[2,7,9] Therefore, building a sustainable healthcare marketing framework in-

cludes active partnerships with a broad consumer base and key stakeholders. Developing cross-sector partnerships also provide opportunities for nurse executives to amplify the social value and benefits of nursing programs and services to key constituents.^[10]

Consumers have become increasingly diverse as well. In fact, there are currently six generations of consumers to which nursing must appeal each with their own unique characteristics, values, preferences, and lifestyles. These generations include Pre-Depression, Depression, Baby Boomers, Generation X, Generation Y, and Generation Z.^[11, 12]

To market nursing programs and services to diverse consumers, and to do effectively and profitably, nurse leaders must integrate principles of multigenerational marketing into the marketing strategy. Multigenerational marketing is the practice of appealing to the unique values and needs of individuals across multiple generational groups.^[12] Multigenerational marketing considers that product and service needs change with life stage changes and that marketing strategies must therefore target each generational group and align the marketing strategy with the group's values and preferences. Furthermore, to increase impact and return on investment, promotional activities must appeal to a wide cross-section of generations. Thus, designing marketing campaigns that appeal to those characteristics that are similar across generations is critical for success so as to deliver an ageless marketing strategy.

Identifying and categorizing each type of customer and the specific characteristics and requirements of the relationship with them is known as market segmentation.^[13] The marketing strategies selected will be influenced by the presence and intensity of competition in the market. For example, the lack of a diversity and inclusion program in the community enabled an academic medical center to focus on serving the entire market with basic and broad level services.

Internal customers are those with whom nursing works directly in delivering services. Internal customers include all members of the healthcare team and service departments, regulatory and accrediting agencies, and vendors. External customers are those to whom nursing delivers a service and include patients, clients, families, and communities. Therefore, it is imperative to identify and relate to both internal and external customers and consumers of healthcare services provided by the organization.^[14] For example, nursing's customers for designing the diversity and inclusion program would include nurses, physicians, health professions students, patients, families, and communities.

In addition to staying in touch with customers, it is necessary

to gather and analyze data to evaluate performance. Marketing research tools can provide reliable data from which to make informed programmatic and marketing decisions. Market research tools can serve two purposes: analyzing the market and evaluating outcomes. Examples of market research tools appropriate to the marketing plan presented herein include patient and employee satisfaction surveys, questionnaires, interviews with internal and external customers, learning needs and community needs assessments, U.S. census, health-illness statistics and demographics of the service area, and competitor analysis.

Resources are other factors to consider. Human, material, financial, and temporal resources are necessary to propel marketing initiatives to fruition. The marketing plan must address a proposed budget for the project, funds already available, expenditures, and funds needed for the development of the program and potential revenue derived from the implementation of the program.

5. MARKETING MIX

Marketing mix variables are collectively known as the four Ps: product, price, place, and promotion, and are sometimes referred to as the marketing matrix. The four Ps describe how service delivery can be shaped and developed to the best advantage.^[5, 6, 13, 14]

Product describes the program or service the business is selling which should be aligned with validated customer need.^[5, 6, 14] To market a service, nurse executives must consider the tangible and intangible benefits it provides and any tangential products or services that can be co-marketed. Value analysis can be determined through marketing research and used in positioning the product to its best advantage within the community.

Price sets a value for the product (program or service) to be offered. Price determines the anticipated profit margin and reflects the level of performance needed for successful return on investment. Price also includes strategies for managing physical, material, human, financial, and temporal resources.^[5, 6, 14] Keeping in mind that nursing services are consumable and, therefore, expendable, it is critical to craft data driven decisions based on consumer needs and market analysis results.

In social marketing, Price refers to what consumers must do in order to obtain the product. The price may be tangible, such as a monetary fee, or intangible, something that the consumers need to forfeit. If consumer costs outweigh the anticipated benefits, perceived value of the program or service will be low and success of the service or program is unlikely. However, if the perceived benefits offset the cost,

the likelihood of success is greater.^[6]

Since nursing programs and services are typically purchased and used at the same time, the location where services are provided plays a significant role in product promotion. Place describes the mechanism through which a product reaches intended consumers and includes product information delivery systems, channels of communication, accessibility of the offering, and quality of the service in order to attract the target demographic.^[5,6,14] Through market research, nurse executives can determine consumer needs and identify appropriate distribution and advertising strategies to support return on investment.

Promotion refers to how an organization markets its programs and services. Promotion consists of advertising, publicity, public relations, press releases, public service announcements, promotions, media advocacy, personal selling, information technology, and entertainment channels the focus of which is to create and sustain consumer demand for the product.^[5,6,14] Promotion also includes developing branding, slogans, and logos that convey the intangible benefits that the service provides. Brand summarizes the positive features and attributes of an organization into a composite personality that is recognized, admired, and preferred by a significant segment of the market.^[15] Market plan goals are intended to create brand loyalty, position the organization above competitors, and create long-term, satisfying relationships with consumers, physicians, staff, and trustees.

Another important aspect of marketing is the product life cycle. The product life cycle describes the process through which products and services develop, reach and maximize potential, and, at times, are superseded by other programs or services.^[2] Since nursing service delivery is dynamic in response to new evidence and shifting demographics, the product life cycle guides the decision to plan new services, discontinue obsolete or ineffective services, and revise existing services to ensure that they continue to meet consumer needs.

6. SOCIAL MARKETING

Social marketing strategies include the following additional Ps: publics, partnership, policy, and purse strings. Publics refers to stakeholders who are directly or indirectly involved with program design/redesign, approval, planning, implementation, evaluation, funding, and/or, consumers of the service. Partnerships include other departments within the institution, community organizations and leaders, other health systems, and professional organizations in order to expand the marketing scope of influence to a broader consumer base.^[2,6]

The goal of social marketing is to influence consumer be-

haviors in order to benefit the target audience and society, in general. This is typically a challenge unless the environment supports and sustains the behavior thus frequently requiring Policy changes and media advocacy as part of the marketing plan. Purse Strings, sometimes referred to as Performance, include initial and ongoing funding sources, including philanthropy, and return on investment.^[2,6] Collectively, the commercial and social marketing Ps informs the promotional strategies of nursing programs/services in order to ensure programmatic success, goal alignment, and business results.

7. THE MARKETING PLAN

The marketing plan begins with readying the organization by establishing a marketing team, a group of key stakeholders relevant to the nursing program or service, people who are either providers or receivers of the service. The team is charged with clarifying the purpose and intended outcomes or benefits of the program/service, defining the project scope, clarifying team roles and responsibilities, identifying key stakeholders and target consumers, readying the organization, developing communication and consumer recruitment strategies, and constructing a master timeline and action plan, and securing initial and going funding.^[16]

Critical elements to defining the scope of the project include purpose, participants (key stakeholders), timeline, and budget. Meetings with all key stakeholders will enable the marketing team charged with developing and marketing programs and services in order to create a shared need and shape a mutually agreed upon vision.

A shared vision occurs when each person on the team has a similar picture in mind and is committed to each other having it, not just to each person, individually, having it.^[17] Furthermore, Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), a framework designed to optimize healthcare team performance, defines a shared mental model as each team member maintaining awareness of the situation in order to ensure that all team members are “on the same page”.^[18] There is interconnectedness among people when they share a common vision and commit to working toward the actualization of that vision. The shared vision serves as the foundation for mobilizing commitment among all team members as each member developed a vested interest in the successful outcome of the initiative.

To ensure marketing and programmatic success, collaboration with standing councils/committees within the organization, rather than forming additional councils/committees, has demonstrated success in weaving programs and/or services into the fabric of the organization. Integrating the goals and anticipated outcomes of the nursing programs and services

into an already existing organizational infrastructure ensures alignment with organizational mission, vision, values, and business results. Councils, committees, and departments critical to the successful marketing of the diversity and inclusion program may include the Interprofessional Diversity Council, Nursing Executive, Practice, Education, Policy, and Retention and Recruitment Councils, Medical Board, Board of Trustees, Interprofessional Performance Improvement/Quality Council, Magnet Recognition Committee, and Human Resources, Patient Relations, and Public Relations Departments.

8. GOALS AND BENCHMARKS

Formative and summative goals and benchmarks are derived from the overall purpose of each nursing program or service. For example, formative goals were to develop a diversity and inclusion program and successful marketing plan. Summative goals may include achieving American Nurses Credentialing Center (ANCC) Magnet Recognition[®] and positioning the organization as a hospital of distinction in the minds of the target population.

One method to ensure consistency between the purpose and the goals, and to communicate this message to the target population, is to answer the following questions: Who is the target audience? What is the message that you want to send to your customers? How will the message be communicated? To accomplish the latter, create a slogan or tagline.^[16] A slogan for the diversity and inclusion program might look like this: “The Hospital That Provides Care That Fits Your Unique Needs”.

9. TIMELINE

Once the purpose, goals, and target population have been articulated, congruency among the three has been established, and the marketing team roles and responsibilities have been made clear, it is necessary to develop a master timeline for implementation of the marketing plan—a blueprint that outlines the incremental steps along the way that spell success. Elements of a timeline include formative and summative target dates, benchmarks and outcomes metrics, team roles and responsibilities, promotion campaign, and rewards and recognition. Final endorsement from the executive leadership coupled with securing the necessary funds to move the programs and services propel the marketing plan forward.

10. COMMUNICATION

An effective communication plan conveys the exact nature of the nursing program or service to be marketed and subsequently delivered. Communication plans include internal and

external advertising and public relations campaigns that highlight program and service achievements. Examples related to the diversity and inclusion program include advertising diversity-related services to patients and staff by creating a diversity website linked to the intra and internet services, advertising on the in-house patient television system, including diversity-related programs on the Nursing Education Department website for internal marketing and external promotion to Schools of Nursing, advertisements in local (community) newsletters, open house events highlighting the prevalent diversity programs/services offered to the community of patients and families served, nursing interprofessional grand rounds, in patient welcome materials, and signage posted throughout the organization.

11. LEVERAGING TECHNOLOGY

The goal of information technology (IT) is to provide meaningful data that engenders a deep impact on governance structures, daily operations, and decisions.^[19] “Information systems are the key to addressing integration needs”^[20] and critical to managing big data sets, and serve as a platform for advancing the design and delivery of nursing programs and services that are based on validated consumer needs.^[21] Furthermore, the effective use of IT in marketing can also facilitate the healthcare facility’s quest toward becoming a high-reliability organization,^[22] one that meets consumer demands for nursing programs/services through designing and utilizing platforms that ensure the quality, integrity, and transparency of data.

Managing complex data sets in order to make informed, fiscally sound decisions is an essential element of nurse executive practice^[23] and are consistent with marketing, financial, and strategic management nurse executive competencies.^[24] Nurse leaders must participate in the design of and/or contribute to the decision to purchase integrated data management systems that provide real-time data to achieve the efficient exchange of accurate, reliable information as the underpinnings of informed decisions. System features must be dynamic and integrated with sharable analytics, include evidence-based practices, promote interoperability, provide decision support across all systems, and meet ethical IT standards.^[25–27]

To ensure that nursing programs/services are aligned with consumer needs, nurse leaders must engage the community of consumers and conduct ongoing needs assessments, outcomes, satisfaction, engagement, and return on investment and integrate these data into actions and decisions.^[28] Data sources may include surveys, focus groups, and social me-

dia such as web sites, social media, and mobile data. Data collected through social media are characteristically loosely structured thus requiring integrated information systems that can mine and analyze big data sets so as to inform nursing decisions. Creating interactive dashboards that include metrics that are essential to quality assists with ongoing data collection, validation, analysis, utilization, and evaluation.^[21]

It is also critical that nurse leaders promote nursing programs/services using interactive portals that engage patients and staff and align nursing and organizational initiatives so as to maximize the impact of such services on the demographics in the services area. The integration of social media such as Facebook and Twitter to promote the market mix can significantly expand the marketing influence on consumers.

Barrus^[29] reported that texting is the most commonly used data service in the world. Furthermore, Richter, Muhlestein, and Wilks^[30] noted that 72% of adults use social media. Rapid response links to organizational websites and social media pages, email, texting, e-learning, mobile devices, and remote access to information are all critical to effective marketing strategies. Thus, the integration of social media pages into the organization's website in order to disseminate information to a broad consumer base, to increase interaction with consumers, to maximize the influence service delivery, and to meet business targets is critical to successfully promoting nursing programs and services that are responsive to consumer needs and requisite to designing an effective marketing matrix.^[30,31]

The image and visibility of nursing is also critical to successful marketing strategies. For instance, a study comparing how Magnet versus non-Magnet hospitals represented the image of nursing on their websites demonstrated significant differences between the two groups with Magnet hospital websites having greater nursing visibility, including nurses in action, nursing programs/services, and nursing accomplishments.^[32] Therefore, nurse leaders must ensure the accurate portrayal of nursing and nursing programs/services on organizational websites.

12. ACCOUNTABLE CARE COMMUNITIES

An emerging model aimed at expanding the influence of programs and services is the concept of Accountable Care Communities. Accountable Care Communities are an extension of the Affordable Care Act and serve as integrators of skills and resources that improve the health of populations^[33] and align well with the premise that nurses are integrators of patient care and services.^[20] Nurse leaders can apply the principles of Accountable Care Communities by networking

locally and globally and developing cross-sector partnerships with nursing organizations across diverse practice, educational, and community settings with the purpose of marketing nursing programs and services.

According to Barrett, Austin, and McCarthy^[10] "cross-sector partnerships do not happen; they are built". Cross-sector partnerships provide opportunities for nurse leaders to amplify the social value and benefits of nursing programs and services to key constituents.

Adapted from Shortell,^[33] to build accountable care nursing communities, nurse managers and leaders should create consortiums in order to: 1) integrate resources (time, human, financial, and material) with other nursing, interprofessional, and community groups in order to maximize the influence of nursing programs/services that support healthy communities; 2) eliminate waste and duplication of services with the subsequent reallocation of resources for other initiatives so as to expand the scope and improve the quality of services offered to the nursing community and the public; 3) partner with organizations that influence public health, well-being, and the education of nurses in satisfying, beneficial, and meaningful ways; 4) utilize data mining techniques to collect, maintain, and communicate big data to inform nursing decisions and evaluate outcomes of the delivery of nursing programs/services; 5) ensure transparency by communicating available programs/services, the progress, and outcomes to all key stakeholders, constituents, and the general public; and, 6) participate in national and global initiatives such as the Robert Wood Johnson Foundation Future of Nursing Campaign for Action, the International Council of Nurses Global Nursing Leadership Institute, and the United Nations Post-2015 Development Agenda and 2030 Sustainable Development Goals.

13. CONCLUSION

Nurses at all levels within an organization have a responsibility in marketing nursing programs and services. Marketing principles must be integrated into nursing curricula and job performance criteria at all levels of practice to promote marketing and branding success. Nurse leaders must be knowledgeable of the healthcare system's market and the factors that influence consumer needs. Changing consumer demographics drive marketing plans that are responsive to shifting requirements. Well positioned organizations collect and maintain accurate data that informs service delivery and is responsive to the needs of the demographics in the service area. To ensure that customers' needs are met, and to do so profitably, nurse leaders must be consumer-friendly, align nursing programs and services with the organizational

mission and goals, be market driven, maximize the use of technology, and employ integrated marketing strategies that contribute to business results and population health within

the service area.

CONFLICTS OF INTEREST DISCLOSURE

No conflict of interest has been declared by the author.

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