

# Exploring success factors of marketing in private healthcare organizations: evidence from Lebanon

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## Abstract

**Purpose** – The purpose of this study is to explore the marketing success factors of an international private healthcare company operating in Lebanon and examine how these factors evolve depending on different business phases.

**Design/methodology/approach** – An extreme single-case study of a Lebanese healthcare center was conducted. The data sources consisted of semi-structured interviews and archival data including industry reports, newspaper articles and internal documents.

**Findings** – This study offers interesting, non-studied insights into marketing success factors in the private healthcare sector. In particular, it shows how to evolve from more traditional business models to disruptive yet very attractive personalized services with high-quality standards.

**Research limitations/implications** – While the theoretical position developed fits the unique characteristics of the studied industry and country settings, it is necessary to be cautious in generalizing the study to other geographical settings and industries.

**Practical implications** – This research provides managers and decision-makers with insights into how to identify, organize and develop success factors in the marketing discipline during different business phases of private healthcare organizations.

**Originality/value** – This study contributes to the scarce literature on the marketing of private healthcare organizations by exploring success factors in a non-studied geographical and cultural context.

**Keywords** Healthcare sector, Marketing, Branding, Success factors, Private hospital, Lebanon

**Paper type** Research paper

## Introduction

Health spending is expected to rise at a compound annual growth rate of 5% during 2019–2023, up from 2.7% during 2014–2018 (Allen, 2020). Moreover, the health-care industry is experiencing a great evolution due to changing cost structures, new health-care laws and the arrival of private and innovative practices in the health-care market (Odoom *et al.*, 2019; Odoom *et al.*, 2021). These factors, together with the rapidly increasing population, expanding urbanization and spreading middle class, have attracted the private sector into the health-care industry (Anabila, 2019). These private health-care organizations, particularly private hospitals, have

introduced innovative offerings led by higher service expectations of patients who have better access to health information and are giving increased importance to their health and well-being (Francis, 2010).

Nevertheless, despite the ability to adapt to the fast-growing and rapidly changing industry through renewed offerings, private hospitals, like all other businesses, depend on market forces and are thus under rising pressure to deliver superior health-care services to achieve customer satisfaction (Lee, 2006) which may promote customer loyalty in the long run (Rodríguez *et al.*, 2019). However, private health-care providers are facing increased competition, as many of them are extending their facilities and infrastructure to new markets (Fong and Goh, 2021). Thus, health-care marketing understood in terms of “the application of marketing strategies and tactics to the broad, heterogeneous, and complex field of

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health (Crié and Chebat, 2013),” Butt *et al.* (2019, p. 2), seems to play a significant role in the performance of these organizations. More specifically, extensive research has shown the positive implications of marketing on the performance of different organizations, that is, organizations with well-designed marketing strategies exhibit larger sales growth, show higher profitability and benefit from better innovation outcomes (O’Sullivan and Abela, 2007; Mathews *et al.*, 2016). Thus, it is not surprising that the adoption of marketing strategies in private hospitals is gaining momentum (Jena, 2017).

At the core of marketing strategies within private hospitals is branding, an essential tool to convince consumers and differentiate health-care organizations from their competitors (Agarwal *et al.*, 2018). Patients are becoming empowered consumers instead of captive recipients of health-care products and services, developing an increasing focus on health management and wellness (Koh, 2016). However, these consumers often find it complex to evaluate the high-risk services offered in hospitals; hence, branding adds an identity for health-care organizations that can guide consumers towards their choices (Odoom *et al.*, 2019). In particular, a hospital’s corporate brand aims to show their commitment in providing health services that may satisfy the needs of patients with the expected quality (Fong and Goh, 2021). This role is particularly striking in highly competitive markets with high demand for services from both local and foreign patients (Couto and Ferreira, 2017). However, most research has been conducted in Western countries, overlooking other geographical contexts in which this phenomenon is significantly rising (Agarwal *et al.*, 2018). With the main purpose of contributing to the (partial) fulfillment of the aforementioned research gap, we study marketing strategies and branding development in private health-care organizations, aiming to answer the following research question:

*RQ1.* What are the main marketing strategies for brand building and brand development in private hospitals located in growing markets such as the Middle East?

To address this research question, we present a longitudinal case study (Eisenhardt, 1989; Yin, 2009) focusing on the Clemenceau Medical Center (CMC), a Lebanese private health-care company based in Beirut, which had to strive to survive in a rapidly changing environment. In this regard, we engaged in theory elaboration (Eisenhardt and Graebner, 2007) by contrasting the existing understandings of marketing and brand development with an extreme case of CMC private hospital. More specifically, our analysis sheds light on the success factors of different brand development stages of private health-care organizations, such as positioning, customer attraction and loyalty, matching customers and products, and the process of brand status reinforcement and internationalization.

The remainder of this paper is organized as follows. The next section provides a theoretical background of marketing in the health-care industry. We then describe our extreme single-case analysis methodology and provide a historical overview of CMC in Lebanon. Next, we present the results of our case analysis and discuss our findings. In the last section, we

summarize the study’s conclusions while acknowledging some limitations and proposing future research directions.

## Theoretical background

### Health-care industry

The health-care industry in the global marketplace is booming, and experts foresee that this increase will continue in the medium- to long-term (Woo and Schwartz, 2014). Based on the assumption that health care is a basic need for anyone who is unwell, hospitals have historically been regarded as essential health service providers that patients will invariably access (Balogun and Ogunnaike, 2017). In this vein, Anderson *et al.* (2018) affirm that analogous to the competitive dynamics that have emerged in other industries (e.g. banking, airlines and retail), the health-care industry is experiencing a rapid evolution from its traditional business models (Hwang and Christensen, 2008), which has attracted the private sector into health-care delivery and led to their emergence in different geographical contexts (Anabila, 2019). Likewise, the expansion of medical cards or strategies of medical insurance companies to provide private hospital services among the low-income segment of the population has made this market accessible for new customers, enhancing the potential profits of private hospitals (Fong and Goh, 2021).

The main goal of any private medical center is patient satisfaction, which requires a thorough study and analysis of their needs and expectations. More specifically, offering high-quality health-care services is closely linked to being receptive to the wishes, suggestions and complaints of patients while being sensitive to their concerns (Purcărea *et al.*, 2013). Nevertheless, these demands are far from stagnant but dynamic, which pushes the health-care field to be in a permanent evolution (Purcărea, 2019) and to keep transforming its traditional business models (Hwang and Christensen, 2008). For instance, Rodríguez *et al.* (2019) pointed out that private hospitals that have emerged in the last decades face relevant challenges related to adaptation, such as the aging European population or modern and expensive medical and technological advancements (Anderson *et al.*, 2018). Subsequently, these changes in the marketplace have pushed the private hospitals’ market orientation by making them redesign their strategies to achieve good economic results without forgetting any stakeholders in the network (Rodríguez *et al.*, 2019).

These important challenges, however, are not specific to European private hospitals but are common to medical centers set in other geographical contexts as well (Henderson, 2003; Park and Canaway, 2019). Moreover, private medical centers usually need to compete with not only other private hospitals but also with public ones (Alumran, 2021). In this respect, a 2003 study conducted in the United Arab Emirates showed that private hospitals were far behind public hospitals in some of the main success factors in health-care performance, such as empathy, tangibles, reliability, administrative responsiveness and supporting skills (Jabnoun and Chaker, 2003). In contrast, two studies conducted in separate regions in Turkey in 2006 and 2010 compared the service quality of public and private hospitals and revealed that private hospitals offered higher-quality services than their public counterparts (Taner and Antony, 2006;

Yeilada and Direktouml, 2010). Another study comparing the service quality of private and public hospitals in Pakistan in 2011 showed that private hospitals offered higher-level services than public ones in terms of empathy, tangibles, assurance, timeliness and responsiveness (Irfan and Ijaz, 2011).

Overall, remaining competitive in the health-care industry depends on creating value along the value chain through a correct hospital configuration led by patient-focused management, improvement of facilities and a more cost-effective use of resources (Baumgartner, 2014). However, these relevant factors need to be combined with receptiveness to novel ideas and willingness to experiment. As such, Elrod and Fortenberry (2018, p. 47) argued that novel ideas and proclivity towards experimentation can be achieved:

By engaging in environmental scanning, making conscious efforts to look beyond the healthcare industry for innovations and advancements emerging in other venues, all the while considering how observed ideas might be used within health and medical institutions.

In this vein, some medical centers have started focusing on internationalizing their health-care services by targeting patients from other countries and developing medical tourism (Butt et al., 2019; Smith et al., 2011), that is, patients travelling across international borders to receive medical treatment (Upadhyai, 2019). Consequently, the industry has transformed into a major service sector in the world with cross migration of both patients (consumers) and health-care professionals (Balogun and Ogunnaike, 2017). More specifically, according to the Medical Tourism Global Market Report 2021 (Research and Markets, 2021), the market size of the global medical tourism market is \$20bn, and the growth rate in 2021 is 10.8 (Üner et al., 2022).

Over the past few decades, health-care institutions have been the fastest growing segment of the service industry globally (Eckrich and Schlesinger, 2011; Yeoh et al., 2013). This increase in the level of competition among private hospitals has made health-care organizations take steps to understand customer behavior and preferences, and facilitate the development of programs that meet each customer's expectations in a personalized manner (Butt et al., 2019). In this sense, marketing strategies and tools are considered important resources to remain competitive (Balogun and Ogunnaike, 2017). In particular, the recent development of consumerism in the health-care industry has increased the demand for more marketing professionals (for example, the number of hospitals with marketing departments has increased significantly in recent years) to satisfy consumers' rapidly changing demands (Jena, 2017). In the next section, we focus on the significant role played by marketing within the health-care industry in current years.

### Marketing in the health-care sector

The dynamic evolution of life and markets has enormously influenced health-care systems and institutions, pushing significant organizational changes and establishing health-care marketing as an essential element of health brands (Purcareia, 2019). Moreover, marketing is regarded as the most critical administrative responsibility to pursue and realize both firms' growth and prosperity, making it a crucial focus area for health-care institutions, particularly due to the increasing competition in the industry (Elrod and Fortenberry, 2018).

A well-developed marketing program could provide health-care organizations with proper positioning to attract consumers (Leone et al., 2021) and, consequently, improve their performance (Schiaivone and Simoni, 2019). In fact, the capacity to offer a better patient experience is closely related to the potential for developing new services and community programs, update strategic plans and redefine the target market of the organization's service offering; together, this comprises the main driving force for designing well-built marketing programs in health-care organizations (Jena, 2017). This is relevant for health-care centers for creating different functional activities in the marketing field, which may allow these organizations to perform a reasonable assessment of the future needs of consumers (Astuti and Nagase, 2016).

Regarded as playing the role of customers, patients expect certain benefits from their chosen health service provider (Purcareia, 2019). The relationship between customers and health service providers, primarily hospitals, begins when both parties believe that they are constantly heard and patients feel that they have obtained something valuable (Astuti and Nagase, 2016). This perspective and feeling of patients, who are constrained by medical expenses and face barriers when choosing health-care providers, influence their loyalty towards their brands (Kotler et al., 2006). In general, branding is considered an effective marketing tool not only for differentiating health-care organizations from their competitors but also for influencing consumer choices (Arzubiaga et al., 2022). In the specific case of hospitals, branding adds an identity that may help hospitals show their commitment towards delivering highly standardized health services that satisfy patients' needs (Fong and Goh, 2021). As such, branding combined with different retention programs has been considered one of the most important determinants of patient loyalty towards health service providers (Astuti and Nagase, 2016). Furthermore, a well-developed branding strategy may attract and build the loyalty of not only local patients but also that of consumers from foreign countries (Couto and Ferreira, 2017).

Nonetheless, there is room to deepen the marketing activities in general, particularly in terms of branding of private hospitals, especially in the case of non-studied geographical contexts such as the Middle East, where private health-care organizations are gaining momentum. This research adds a longitudinal perspective that may help in a more detailed analysis of how and why some of the key aspects of branding succeed in dynamic contexts.

## Methodology

### Single case study

We adopted a single-case research design, which is suitable for investigating complex processes involving several actors (Giovannoni et al., 2011) and allows the researcher to perform holistic and context-sensitive analyses (Patton, 2002). The case study is considered a research strategy focused on understanding the phenomenon in its context (Eisenhardt, 1989) rather than being independent of context (Gibbert et al., 2008). In other words, case studies highlight the rich real-world context in which the phenomena occur (Eisenhardt and Graebner, 2007). Accordingly, we used both purposeful and

theoretical sampling in our search for a case rich in manifestation of our central theoretical concepts (Siggelkow, 2007; Yin, 1994).

In this research, we adopted a single case study approach since, according to Mandják *et al.* (2021, p. 1582), it:

Can richly describe the existence of a phenomenon (Siggelkow, 2007) and help in the collection of a wide range of qualitative data, usually containing narratives and quotations from informants that describe a single story (Eisenhardt and Graebner, 2007).

In other words, an in-depth study of a single case enables deep immersion into the data (Andresen *et al.*, 2014; Dyer and Wilkins, 1991) to learn about the intricate details of how and why critical capabilities develop over time, rather than averaging the phenomenon across several cases (Kennedy, 1979; Andriani and McKelvey, 2007). Such an in-depth, single case is not intended to generate statistical generalizability but rather to facilitate theory development through analytical generalization (Yin, 2003).

In our case, we adopted extreme case sampling because we wanted the maximum possible amount of information about a representative case. Random sampling may not be the most appropriate sampling strategy (Pagliarussi and Rapozo, 2011). Extreme case selection often provides more data because it activates the basic mechanisms in the situation under study (Flyvbjerg, 2006; Lipiäinen and Karjaluo, 2015). Choosing an extreme case allows clear isolation and recognition of the phenomena under investigation (Siggelkow, 2007). The main motivation of this study is theory elaboration (Lee *et al.*, 1999), a process in which the current understanding is contrasted with observed events in an effort to extend the existing theory (Casprini *et al.*, 2017). Hence, we followed an abductive approach since our research process has not been linear but has involved continually going back and forth between empirical observations and theory. As such, our research involved refining an initial research goal and conceptual framework during the process (Mandják *et al.*, 2021).

There are three main reasons for choosing CMC as the unit of analysis. First, it is one of the most growing private medical centers, not only in Lebanon but also in the Middle East. It is one of the first medical centers in the surrounding area that provides its patients avant-garde treatments and technology. Moreover, CMC is fully equipped with modern and advanced medical equipment and has positioned itself as a pioneer of a new concept of medical services based on a safe and compassionate environment. Second, CMC was the only institution in Lebanon chosen by Johns Hopkins Medicine International (JHMI) as one of its affiliate reputable medical institutions around the globe. Johns Hopkins Medicine is

ranked number one in health-care institutions and is regarded as one of the world's greatest hospitals (The Business Year, 2015). This makes CMC the member of a leading international medical care network that works with international patients, physicians and institutions to bring the best Johns Hopkins Medicine in research, education, training and clinical services to the community (Clemenceau Medical Center, 2020). The third reason relates to the fact that we were granted full access to information about the company. This involved interviewing the founders and other key members of the firm, and access to all the necessary archival data, including industry reports, newspaper and magazine articles and internal documents for study.

### Data collection

Data were collected during the first semester of 2020. The researchers were actively involved in conducting all the interviews. Owing to their varied backgrounds and expertise in different areas, each researcher had a different but complementary role in collecting and analyzing the data. In particular, the data collection took several forms: semi-structured one-to-one interviews that constituted the primary data source, documents, internal reports, newspapers, magazines and other published materials, as well as on-site observation and informal visits.

In line with Lipiäinen and Karjaluo (2015), we guaranteed construct validity, internal and external validity and reliability. Regarding construct validity, we triangulated different data sources not only to provide diverse perspectives on the information but also to assure the robustness of our data and reduce the risk of biased perspectives. Internal validity was guaranteed using a clear research framework and triangulation, matching the theoretical foundations and empirical findings well. External validity was assured by both clear justification of the case section and a clear theoretical rationale to guide the study. Finally, the study's reliability was confirmed by comparing information received from all key informants involved in Clemenceau marketing processes and matching it with secondary data, thereby detecting and addressing any discrepancies. This further exploration helped us address potential retrospective issues and assisted in the refinement of our theory (Murphy *et al.*, 1993).

To conduct the interviews, we prepared a guide to ensure that the same basic lines of inquiry were pursued by each interviewer. The guide was used in a way that the interviewer could choose when it was appropriate to pose questions about new areas of inquiry that were not previously anticipated (Patton, 2002). Table 1 presents the respondents' information. Immediately after each interview, the researcher recorded the

**Table 1** Semistructured interviews

Interviewee	Position	In CMC from its foundation	Type of interview conducted
J.L.	Assistant director of nursing and clinical services affaires and founder	No	E-mail interview
T.A.M.	Supply chain manager	Yes	Face-to-face (video call)
A.K.	Head of marketing	Yes	E-mail interview
H.Z.	Marketing operations and revenue cycle manager	No	Face-to-face (video call)
T.S.	Head of surgery program	Yes	Face-to-face (video call)
T.A.G.	Owner of the company	Yes	Face-to-face (video call)
R.M.	Finance manager	Yes	E-mail interview

details of the setting and his observations regarding the session. Each interview was transcribed by an interviewer during the same week. The second researcher checked all the interview transcripts by listening to the recordings as they read them (Pagliarussi and Rapozo, 2011).

### Data analysis

We analyzed the interview transcripts following an iterative process involving two main steps. First, we chronologically described the development of different marketing strategies of CMC, focusing on the main events in its brand development and the evolution of its positioning. Approaching the process as a sequence of events that describes how things change over time (Van de Ven, 1992), we first systematized the available data, developing a chronology of events related to the different success factors in the field of marketing that were of great help in CMC's growth. We translated this analysis into the case descriptions reported in the next section. Following an abductive approach (Dubois and Gadde, 2002), we then explored the case by interpreting our data beyond the explanations provided by the informants (Labianca et al., 2000) and in line with our theoretical insights (La Rocca et al., 2019). The main aim of our analysis was to link empirical observations to theoretical knowledge (Ragin and Becker, 1992).

### The Clemenceau Medical Center case

One of the primary private hospitals in Lebanon, CMC was established in February 2006 in the heart of Beirut. It is a modern facility designed to serve patients from Lebanon and the Middle East. Founded and owned by the Abu Ghazaleh Group as well as the Kalaawi and Alamy families, it employs about 825 professionals in CMC and about 2,500 in the whole group. The CMC is a 158-bed hospital offering all specialty branches, including Neurology, General Surgery, Pulmonary, Cardiac Center, Urology, OB/GYN, Fertility and IVF Center, Digestive Disease and Colonoscopy Center, Diagnostic Services, Robotic Surgery and a full-fledged Cancer Center with Radiation Oncology Department, among others. It provides innovative treatments and technologies in a friendly and relaxing environment (Clemenceau Medical Center, 2020).

These factors pushed JHMI to choose CMC as one of its affiliate reputable medical institutions. Ranked as number one in health care, JHMI has maintained, for more than 100 years, a reputation for excellence unsurpassed by any health-care institution in the world (The Business Year, 2015). This association provides CMC with access to the Johns Hopkins Medicine and Health System, whereby any CMC patient can ask for assistance from any JHMI professional. More specifically, depending on the case's complexity, a JHMI professional will travel to Lebanon on the hospital's expense to pursue a complicated medical procedure for a CMC patient if required (The Arab Hospital Magazine, 2019).

In 2008, CMC established Clemenceau Medicine International (CMI) to expand its business model in the region. In 2018, this expansion resulted in the emergence of the Clemenceau network consisting of CMC Beirut, Abdali Hospital (Jordan), CMC Dubai (Saudi Arabia) and CMC Riyadh (United Arab Emirates). The continuous growth and success experienced in Lebanon since its foundation has made

CMC the leading institutional health-care provider in the region. It has also been awarded different prizes, such as Best Sustainable Hospital Project Award (2010), Best Facilities Management Service Strategy Award (2009), Best Sustainable Hospital Design Award (2009), Highly Commended for Best Hospital Design (2009) and Best Interior Design (2009). Furthermore, it was included in the Medical Travel Quality Alliance's Top 10 Best Hospitals for Medical Tourists (2010) and hosted the JHI Partners Forum 2011.

The following section presents the findings and discussion of the CMC case study.

## Findings and discussion

### Founding a company and positioning the brand

Lebanon is a country that has historically not experienced a shortage of health-care facilities. As such, the assistant director of nursing and clinical services affairs (henceforth, J.L.) claims that "entering this sector currently is not easy, as we consider ourselves in a red ocean in this industry, especially in Lebanon." Nevertheless, the existing health-care delivery/facilities are based on traditional practices, where the patient experience is not at the core of the provided service. In this sense, one of the owners and founders of the company (henceforth, T.A.G.) pointed out that they identified this important market gap in Lebanon's health-care industry and decided to design a project based on differentiating themselves from other current health-care institutions:

Through higher standards of quality more dedicated to patient experience, a high-quality patient experience, and more one-to-one style healthcare delivery that will give the patient a sense of feeling well look after and special, compared to the other current healthcare operations that are in Beirut.

The clinical background of the founders, who were long-term friends, was of great help in identifying this market gap and in developing the vision of the business.

Once the market gap was identified, and the business vision developed, the founders satisfactorily completed a long process of feasibility studies and fundraising. However, T.A.G. confirms that it was not until they made an affiliation agreement with John Hopkins that the "founders felt confident and they decided to move forward with this project and do something that was special and different." In this sense, the affiliation agreement with John Hopkins was an important milestone not only for positioning the company but also for receiving advice for formulating internal policies and procedures. As such, and despite the fact that "there was a lot of local adjustment that was necessary to do for being considerable for the Lebanese market," T.A.G. highlights that the founders designed a new way for attending the patients starting from the creation of certain positions that did not exist before, such as a patient service coordinator. In particular, he claims that, apart from this disruptive innovation, what really differentiated CMC in the Lebanese health-care market and still does, was using the "best technology, the best doctors, and recruit best staff and adopting it to hospitality services." Moreover, in line with the analyzed industry reports and local newspapers, J.L. adds that the combination of high-quality medical services with high-end hospitality services was not yet available, despite the need to attract a certain level of local and international customers.

The analysis of the empirical findings suggests that success in founding and positioning begins with the correct identification of a market gap. In the case of CMC, the clinical background of founders was key to this purpose as well as for setting a correct strategy for firm differentiation. It is construed as offering a high-quality patient experience based on well-trained professionals and the most advanced technology. Likewise, including an external well-known agent in this process (i.e. John Hopkins) could complement from a more branding-oriented perspective, the aforementioned product-based aspects that may reinforce the positioning of private health-care organizations.

### Branding strategies: customer attraction and loyalty

The success of businesses depends on, among other relevant factors, an appropriate alignment of business vision and a model with branding strategies. This is a key factor underlined by the Head of marketing (henceforth, A.K.), who states that “we make sure to incorporate our mission and business model in all of our branding strategies.” In this vein, marketing operations and revenue cycle managers (henceforth, H.Z.) emphasize the importance of marketing strategies to attract potential customers since:

We are able to attract customers seeking medical services from the region not only by offering a combination of high-quality medical services and luxury services, but also by investing in marketing strategies.

Building on this idea, A.K. goes into further detail and indicates that “operating within a network of hospitals under the brand of “Clemenceau Medical Center” is synonymous with high quality patient-centered care within a healing environment.”

The marketing department of CMC is working on different marketing tools to increase its brand’s visibility. In particular, they are working on different aspects of traditional marketing, digital marketing (H.Z. says that “our website is well developed, we are present heavily on social media platforms and on TV stations”), attending regional exhibitions and fairs, giving conferences in collaboration with John Hopkins International and signing different agreements with International organizations (UN, embassies, International SOS...) that have been analyzed for this study.

One of the main marketing tools in the health-care industry is word-of-mouth. As J.L. explains:

[...] the strength of any brand can be measured by its reputation and visibility; thankfully, we are excelling in both factors. Our strategy is aligned with our business objectives, and we do know very well our target clients, our brand is very well positioned within the professional marketplace.

Furthermore, the supply chain manager (henceforth, T.A.M.) states that:

[...] the local and regional communities have confidence in our brand, they trust the service we provide and know that we deliver exactly what we say from a healthcare point of view... We are adopting a very strict strategy whereby we do not compromise on our patient’s safety and we stick to the high-end technologies and standards regardless of the cost impact.

J.L. reinforces the relevance of word-of-mouth in this special industry by claiming that “our customers’ experience is our main marketing tool, satisfied customers are our ambassadors, locally and regionally.” Building on this argument, T.A.G. explains that:

[...] our branding strategies are organic because we do not push or promote the CMC brand. It is the community that trusts the CMC, and our results

speak by themselves. Word-of-mouth in healthcare is very important, so when people and patients are pleased and happy, trusting us because they have seen the results have been satisfactory, they share it with others. This makes the brand grow and still does in an organic way.

Empirical evidence shows that successful establishment of customer attraction and loyalty depends on both visibility and reputation. Regarding the former, CMC has worked on different marketing tools, such as digital marketing, which is also common in other industries. Nonetheless, the health-care industry is particularly sensitive to confidence and trustworthiness (Schiaivone *et al.*, 2021a). Therefore, the efforts made by CMC to build a good reputation denote that the firm’s marketing managers (and not only them) consider this facet strikingly important so as to pay special attention to word-of-mouth. In addition, since a reputation-related issue could flourish at different levels (Arzubaiaga *et al.*, 2022), CMC deems it necessary to maintain trust among its other stakeholders too, such as suppliers.

### Matching customers and products

Matching customer needs and wishes with products is another key factor for firms’ survival and success. In the case of CMC, A.K. affirms that although:

[...] medical travelers and international patients are at the core of the marketing strategy of CMC, the latter being the first hospital with a dedicated international office at no extra charge.

The customer profile of CMC is not homogeneous. More specifically, despite the fact that all CMC customers tend to look for service excellence within a five-star luxury setting, A.K explains how they segment their customers into four different profiles: trailblazers, prospectors, homesteaders and bystanders.

- *Trailblazers*. They are tech savvy and likely to follow a healthy diet and exercise, according to the doctor’s recommendations. They are most likely to look up physicians and hospitals and change doctors in case of dissatisfaction.
- *Prospectors*. They fall in the middle when it comes to following a healthy diet and exercising regularly. When looking for a new physician, they prefer to ask the family doctor for recommendations. They also rely heavily on word-of-mouth and friends when making decisions. Furthermore, they are most likely to look up the quality ratings of physicians and hospitals.
- *Homesteaders*. They are close to average in terms of following a healthy diet and exercising regularly. They are less likely to look up quality ratings of physicians and hospitals. Convenient location and hours/access are key considerations for them when choosing a doctor. They are less concerned about out-of-pocket costs or quality ratings and are less likely to change doctors if dissatisfied with their communication style.
- *Bystanders*. They are least likely to follow a healthy diet or exercise according to the doctor’s recommendations. They are also least likely to look up the quality or rating of physicians and hospitals. When choosing a doctor, they are most likely to consider out-of-pocket costs and convenient hours and least likely to change doctors or health plans, even if dissatisfied.

The differences among customer profiles make it necessary to ensure that all packages, programs, services and marketing channels offered by CMC cover all customer segments. In this regard, the Finance manager (henceforth, R.M.) admits that:

[...] definitely not all services are equally profitable, but they are complementary services. To maintain a high hospital rate in the market and reach the best profitability rate, providing all services is a must.

Furthermore, the marketing department explains how they designed their marketing mix, which is the key to successfully matching customers and products. Extracted from the explanations offered by A.K., J.L. and H.Z., as well as from different internal reports, we summarize the 4Ps of CMC in detail below:

- **Products:** Continuously updating and creating packages, programs and services (clinic and nonclinical) to meet the health needs of the community. Focusing on high-quality clinical services supported by five-star hotelier services and avant-garde treatments and technology.
- **Price:** Continuously thinking of opportunities to provide the best care to patients at the lowest price by offering various service tiers to accommodate each of them. Continuously working to provide packages and programs covered by insurance companies to reduce treatment fees for patients.
- **Place:** Expanding our presence regionally via the CMI. Offering walk-in or same-day appointments. Providing 24/7 phone access. Enhancing communication with patients via social media and ease of hospital visits (valet and security services). Reviewing front desk procedures and optimizing them to streamline patients (inpatients and outpatients). Enabling preregistration and preadmission to further expedite this process.
- **Promotion:** Incorporating traditional marketing strategies (radio, TV, billboards, print ads) and a number of digital tools and solutions, including responsive websites, social media profiles, engaging content and focusing on ongoing patient education.

However, this marketing mix is dynamic as the health-care industry is continuously evolving. In addition, some factors from this sector may make it necessary to adapt the marketing mix to new contexts. J.L. highlights this idea by admitting that “nothing is straight forward in the healthcare industry, especially in Beirut, due to many factors (political, economic, security, etc.) we had some disruptions on the way.” He points out that, apart from adapting the marketing mix to new scenarios, CMC’s resilience was an important factor to overcome. From the finance department, R.M. describes an illustrative case:

[...] we were still new during 2008 and we were still working on building our name and brand in the market. During that year, Lebanon faced financial and political crises that caused CMC to change its market strategy, shifting from hospital tourism to creating more deals with insurance companies and TPAs in the Lebanese market. This change in strategy increased the occupancy rate in the hospital and revenue.

Empirical findings show that segmentation plays a prominent role in the marketing strategy of a private health-care organization (Schivone *et al.*, 2021b). More specifically, classifying customers into different segments (i.e. trailblazers, prospectors, homesteaders and bystanders) facilitates better matching of the offered products and services with the needs of

current and potential customers (Gil-López *et al.*, 2020). In this vein, the managers in CMC are conscious that, although not all services offered are equally profitable, providing a full range of services is a must for two main reasons. First, current customers would not see the need to look for these services in other health-care organizations, and second, these not-so-profitable services could attract new customers who could later consider paying for other (more profitable) services. In addition, the empirical findings highlight the importance of remaining flexible to adapt the marketing strategy of the company to new economic, political and social scenarios.

### Reinforcing the brand status

As mentioned above, the health-care industry has become very dynamic, owing to the technological advancements as well as evolving customers’ needs and aspirations. Subsequently, the competitors keep repositioning themselves, making it necessary to monitor the status of the CMC brand. In this sense, one of the owners highlights that since “healthcare industry is always evolving, always expanding, becoming more technologically advanced” and CMC aspires to *lead this industry in the near future*, advancing with the industry is absolutely necessary. In this vein, from the financial department, R.M. underlines the necessity of periodically investing in new technological advancements since:

[...] as a healthcare provider, we are facing a big advancement in the technological innovation. We are investing in our hospital to stay up to date with the technology. This will sustain us as one of the best hospitals and keep our hospital value.

Indeed, this allows keeping and even reinforcing the leading status of CMC in the regional scope through the message that “CMC’s patients will be among the first to benefit from avant-garde treatments and technology.” This is possible because of their long-term relationship with providers and their active role in the CMC value chain. More specifically, the supply chain manager explains that:

[...] we don’t consider our relationship with our vendors as the traditional customer/supplier relationship but we do consider our providers as strategic shareholders in the company whereby we are building long story of partnership with the vendors to an extent that they start working in the hospital as if they are serving their own home.

However, these specific aspects are not sufficient to guarantee leadership in the sector and need to be complemented with other marketing strategies and tools. As such, J.L. from the marketing department ensures that:

[...] to remain leaders in the industry we have to make marketing a priority by maximizing every strategy that is available to us, like developing a patient experience/service excellence strategy, brand differentiation, physicians liaison and relationship management, internal as well as corporate communication, investing in community health, social media and digital engagement with our customers.

All of these have to do with keeping and even strengthening the idea of trust that not only the current customers but also the whole community has on CMC. In this sense, one of the owners says that:

[...] if I have to use a word about how the community sees CMC, I would say trust. They trust us to deliver the best healthcare possible with the current technologies and techniques that the industry has to offer.

It also contributes to the affiliation agreement with John Hopkins, considered by J.L. as “a great marketing tool for our brand since the Johns Hopkins brand is very well known in the region and highly trusted by the local and regional community.”

The empirical findings shown above underline that positioning as a leader in the health-care industry requires staying up-to-date with technology to offer the most advanced techniques and facilities. This fact is based on building long-term relationships with providers to include them in the value chain as active members (Leone *et al.*, 2021). This fact, as well as proper (internal and external) communication and the engagement of different key stakeholders, such as customers, in product and service development, facilitates the idea of trust. In this vein, enhancement of the firm trust within the community (including consumers) will reinforce brand status. It will also contribute to the affiliation agreement with external reputed agents such as John Hopkins, an invaluable marketing tool for CMC brands.

### Internationalization process

As most companies see a steady growth in their local or regional markets, CMC had to decide whether to start an internationalization process. In this sense, the CMC decision-makers were determined from the beginning. Indeed, in the words of J.L., their purpose was, after consolidating an attractive brand in Lebanon known for offering trustful luxury, person-centered service that others may fall back behind on, “to replicate our successful business model in the region and hopefully beyond the region. We go where the business is, instead of waiting for business to come to us.” Moreover, T.A.G. claims that “we want CMC to become the next big name in healthcare and we have really achieved a certain part of this objective.”

The internationalization strategy is being run step-by-step, starting from geographically closed cities such as Dubai (United Arab Emirates) and Riad (Saudi Arabia). T.A.G. explains that:

[...] we have partners in both the Gulf and in Europe that are ready to become a part of this strategy and have already been implemented in Dubai and Riad. Therefore, our vision is to expand the network to have a multinational bridge to be able to have the flexibility to retain our staff but keep them not only localized in Beirut but all around the region and abroad.

Once these projects are successful, the next step is to broaden the scope of the cities and countries to open new hospitals. However, these ambitious plans should always be accomplished without forgetting what makes CMC a special brand. In the words of T.A.G., the company will continue to grow and:

[...] more hospitals will be developed all under this special brand called CMC and under CMC management by retaining the same standards and quality in order to expand even overseas in the future.

The aforementioned empirical findings show that internationalization strategy requires determination, although businesses often undertake it step by step. Moreover, and in line with the above empirical insights, recent research reveals that most businesses do not have a global focus from the beginning (Bauweraerts *et al.*, 2022) since geographical and cultural distances are often seen as risk factors for firm performance (Arzubiaga *et al.*, 2021). Hence, not only in the case of CMC but also in a broader spectrum, internationalizing to geographically close countries by replicating the same business model is usually considered a learning process before expanding to more distant markets in terms of geography and culture.

### Conclusion

This study aimed to explore the marketing strategies for brand building and evolution in the health-care industry in a non-studied geographical setting, Lebanon. Based on a single case study method, this study adds to the health-care marketing literature by describing how to build a health-care brand in an already crowded market and how to differentiate it from competitors. The current study also offers interesting, non-studied insights into the marketing success factors that allow not only a sustainable evolution in the health-care sector but also the development of a company’s brand in an industry where trust is essential.

The founders of CMC clearly saw from the beginning that differentiation from competitors was one of the main success factors. Based on their knowledge of Lebanon’s health-care sector, they identified a market gap characterized by the absence of patient experience involving on one-to-one style of health-care delivery. As such, in a very dynamic industry where modern and expensive technological advancements and techniques are in great demand (Anderson *et al.*, 2018), CMC moved away from traditional business models that are still prevalent in the health-care sector (Hwang and Christensen, 2008) and started disruptive yet attractive personalized services with high quality standards. This allowed CMC to obtain good results from the beginning, taking advantage of the international inertia towards the cross-migration of patients and health-care professionals (Butt *et al.*, 2019).

This case study also highlights the nuances of focusing only on homogeneous patients. Despite the fact that CMC positioned itself as a high-quality medical health-care service provider offering luxurious facilities, it avoided being too dependent on only certain customer profiles, especially during uncertainties and crises (Pal *et al.*, 2014). In this sense, CMC pursues customers with different preferences, priorities and concerns, making it necessary to develop different products and services. This reinforces the idea that the marketing mix of a company, especially the ones belonging to rapidly changing sectors (due to technological advances and evolving customer wishes), needs to be highly dynamic (Kachouie *et al.*, 2018).

Finally, this study suggests that internationalization processes are closely related and complementary to marketing strategies. Indeed, there are different synergies between founding a private hospital based on an attractive and well-positioned brand and starting its early internationalization process. On the one hand, internationalization processes require innovativeness, proactiveness and risk-taking by decision-makers (Alayo *et al.*, 2019), three essential characteristics to design the marketing strategy (Martin and Javalgi, 2016) for positioning a new health-care institution in the market. On the other hand, an internationalization process also helps reinforce the health-care company’s brand by expanding the brand’s scope geographically while offering an image of a successful company among local customers. Nonetheless, the study also shows that internationalization processes usually take place step-by-step, starting from the home region before expanding to further geographical and cultural settings.

However, these results must be evaluated in light of certain key limitations. The first limitation relates to the fact that our



research focuses on a private hospital to shape the determinants, processes and outcomes of marketing and consumer-oriented strategies. More generally, our findings are context-specific, which may contribute to explaining the effectiveness of our results in private health-care organizations in the Middle East, as well as the conditions under which these insights are generalizable to public hospitals and other geographical contexts. Therefore, future research might extend our conclusions by considering the role of environmental and market factors (e.g. munificence, turbulence, competitiveness and cultural, political and technological characteristics) and chrono-based factors (e.g. global and national crises, leadership/ownership changes, business exits and mergers and acquisitions). Moreover, future research designed to explore variance in the meso-context, for example, by including sample organizations with different leadership styles, customer orientation and governance configurations, could provide knowledge on further contingencies impacting their marketing strategies. In addition, our empirical study did not include the views of patients and receptors of the services provided by CMC. A comparative study of the perspective of consumers in general and patients in private hospitals, in particular, may shed light on the future of private health-care organizations.

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