

Communication Concept
for the Austrian Osteopathic Association
and the Individual Osteopath



Master's Thesis
Submitted to the Vienna School of Osteopathy
in partial fulfilment of the requirements
for the award of

Master of Science in Osteopathy
Donau University Krems

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Andelsbuch, 2007

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Statement of Authorship

I hereby certify that this master's thesis is my original work. I declare that all texts from the published or unpublished works of other authors which are cited directly or indirectly in the thesis have been designated accordingly. All sources and any assistance used for this work have been stated. No work with the same content has been submitted to any other examining body.

Date

Signature

Abstract

Author	Michael Rüscher
Title	Communication Concept for the Austrian Osteopathic Association and the Individual Osteopath
Keywords	Marketing, communication, advertising, situation analysis, strategy, event, exhibition, PR, sales.
Study Design	Explorative, descriptive design
Outline / Problem Definition	Osteopathy is one of the lesser known therapy methods. From a legislative point of view, osteopathy currently lacks a legal basis in Austria. The general situation of osteopathy and medicine has been undergoing changes in the past few years: Patients want more information, there is increasing competition. Communication, also frequently referred to simply as “advertising”, could help working on this situations but still appears to be associated with many prejudices: “We don’t need it”, “It reflects badly”, “It’s banned by the law”, etc.”
Research Question & Objective	What form should a communication concept for the Austrian Osteopathic Association and for the individual osteopath take?
Hypothesis	If more patients avail themselves of the services which osteopathy has to offer, the pressure to recognise the profession of osteopath will increase at the political level. As soon as the profession is recognised, the insurers will also react.
Relevance for the Patients	The population will be able to find out what osteopathy is, how osteopathy works, who and what are behind this holistic treatment method.
Relevance for Osteopathy	The communication activities are aimed at enabling the osteopathic profession to establish itself in the medical, political and public arena. As a result, the profession will become more attractive.
Methodology	Scientific literature research.
Results	The hypothesis that more communication will lead to more patients availing themselves of the services which osteopathy has to offer was supported by the literature cited as references in this thesis. The proposition that a larger number of patients will increase the pressure for recognition of the profession at the political level and among insurers was not corroborated by scientific examples.
Critical Reflection / Perspectives / Conclusions	As a critical reflection it must be pointed out that further research should be suggested in some areas, for example in the case of endogenous situation factors, target group or needs analysis. The proposed implementation was very much influenced by the personal style of the author. This could be improved through evaluation by a working group of osteopaths.

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1. Introduction

1.1. Starting Point and Background to the Research Question

Osteopathy is one of the **lesser known therapy methods**. Patients often know little or nothing about osteopathy (see Chapter 3.3.4) and tend to “find” their osteopath largely through specific personal recommendations from friends. There is often a lack of knowledge and/or trust on the part of patients which prevents them from seeking a possible cure or preventive treatment from osteopathy (see Chapter 4.1.1.5).

From a legislative point of view, osteopathy currently **lacks a legal basis** in Austria. The professional title of osteopath is not protected, frequently making it impossible for the patient to identify an osteopath’s actual professional qualifications. The fact that osteopathy is not legally recognised also means that costs are not officially reimbursed by the insurer (see Chapter 3.1.1).

The general situation of osteopathy and medicine has been undergoing changes in the past few years. Patients want more information and there is increasing competition not only between different methods of treatment but also within the individual treatment methods. At the same time, the importance attached to health and prevention in society is growing (see Chapters 3.3.1, 4.1.1.7 and 4.1.1.4).

Communication, also frequently referred to simply as “advertising”, still appears to be associated with many prejudices: “We don’t need it”, “It reflects badly on the profession as a whole”, “It’s banned by the law”, etc. are typical arguments used against the idea of advertising. There are nonetheless numerous examples of positive communication in the area of medicine.

1.2. Objective

The objective of this thesis is to answer the following question:

What form should a communication concept
for the Austrian Osteopathic Association and for the individual osteopath take?

The aim is to apply scientific principles to an investigation of whether and how marketing and communication go together with medicine and osteopathy, and whether communication can help to address current problems. The next step is to develop a communication concept for osteopathy on the basis of scientific requirements, which could support both the Austrian Osteopathic Association and the individual osteopath. After elaborating the ideal content of a communication concept, a proposal is then developed for implementation.

The hypothesis is proposed that more communication will mean that more patients avail themselves of the services provided by osteopathy. As a consequence, more pressure for legal recognition will be applied at the political level and among insurers.

In order to achieve the main objective of this thesis, a detailed, meticulous and scientifically founded analysis of communication as an integral part of the marketing mix is required.

Arguments and also prejudices against communication in the field of medicine are identified and examined.

All these subsidiary goals and steps are conducive to a meticulous approach to the main objective.

1.3. Methodology

The aim in the first part of the thesis is to define the term marketing and the term communication as an area within marketing on the basis of existing **theoretical principles**, and to delimit them from “related” terms. At the same time, their relevance to the subject of this thesis is assessed. The term communication is explained above all by analysing its role within the marketing mix, and the individual communication tools are discussed in greater detail.

The third chapter provides an **overview of the arguments for and against communication in the field of medicine** and aims to explain if and why communication makes sense in osteopathy. The arguments in favour of communication as well as existing prejudices are outlined, the reasons behind them discussed and their applicability to osteopathy investigated.

Chapter 4 is dedicated to the **development of a communication concept for osteopathy** based on the principles discussed in the previous chapters. A special emphasis is placed on the internal and external situation analysis – where does osteopathy stand today and what should therefore be incorporated in a communication concept. In addition, the goals and benefits as well as the target groups are elaborated in detail and as part of the strategy formulation a proposal for the message and the selection of suitable imagery in theory and in practice are developed.

Chapter 5 contains **proposals for the concrete selection and implementation** of the communication tools which are considered important for osteopathy. For the purposes of advertising, concrete examples were developed with a graphic artist in order to illustrate the content developed in Chapter 4.

No gender-specific differentiation is made in this thesis. Terms used such as “osteopath” are understood to refer to either gender. “He” is used purely as a convention to aid readability and can be interpreted as “he or she”.

Unless otherwise stated, English translations of texts quoted in German have been provided by the translator of this thesis.

2. Marketing and Communication in General

In order to develop a communication concept for osteopathy, it is important to understand the role of communication as an integral part of the marketing mix. In the following, the terms *marketing* and *marketing mix* with its four components (product, price, promotion and place) are therefore explained in further detail.

Each of us comes into contact with marketing on a daily basis. We are woken up by a Sony radio alarm clock. A song by Madonna is broadcast, followed by an advertising spot. We then clean our teeth with Elmex and proceed to use a whole series of personal care products made by manufacturers from across the globe. We put on our Diesel jeans along with our Nike or Adidas footwear and go to the kitchen to breakfast on Danone yoghurt and Kellogg's cornflakes, and enjoy a cup of Nespresso coffee.

We have barely been up for half an hour and have already been confronted with marketing x number of times.

But what does marketing mean exactly and how does marketing differ from communication, or communication from advertising?

2.1. The Term Marketing

The definitions of marketing are very numerous. One of the world's most well-known marketing strategists is Philip Kotler. He is S. C. Johnson & Son Distinguished Professor of International Marketing at the J. L. Kellogg Graduate School of Management at Northwestern University and is the author of the book "Marketing Management – Analysis, Planning, Implementation, and Control" as well as many other successful publications. He defines marketing as "*a social and managerial process by which individuals and groups obtain what they need and want through creating and exchanging products and value with others*" (Kotler et al. 2005, p. 6).

Marketing is therefore the process by which people satisfy their needs through buying or exchanging products. In the case of osteopathy, this means that, as a service, osteopathy can also be seen as a product which satisfies needs.

In his latest edition of “Principles of Marketing”, Kotler (2005) describes further basic terms of the marketing process. These contribute towards a basic understanding of marketing and communication. The following terms are described as the “building blocks of marketing” (Kotler et al., 2005, p. 5):

2.1.1. Needs, Wants and Demands

The most basic concept underlying marketing is that of human needs. Human needs are states of felt deprivation (Kotler et al., 2005, p. 8).

Needs are therefore an important building block in the marketing process. A distinction is drawn between basic physiological needs which have to be met in order to survive such as food and drink; social needs, e.g. love, affection and a sense of belonging; and beyond these, other needs which may differ widely from one individual to another, e.g. the acquisition of knowledge, the will to learn and aesthetic needs (Kotler et al., 2005, p. 8).

Maslow developed a clear hierarchy of needs, with basic physiological needs such as hunger at thirst at the bottom and self-actualization needs at the top (Kotler et al., 2005).

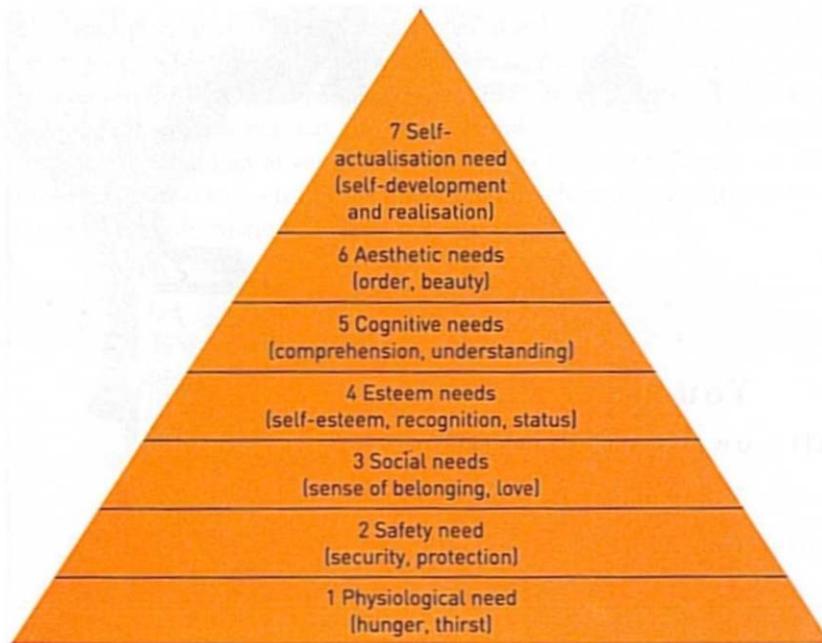


Figure 1: Maslow's Hierarchy of Needs (Kotler et al. 2005, p. 271)

A need which the service osteopathy can fulfil is the need for healing and/or health, in other words an elementary, physiological need. (For further details see Chapter 4.5.2).

2.1.2. Market Offerings (Products, Services and Experiences)

People satisfy their needs and wants with products. A product is anything that can be offered to a market to satisfy a need or a want (Kotler et al., 2005).

A product is anything which can be obtained in the market to satisfy people's needs. What is important in each case is the concrete value of the product to the customer. A food product, for example, should satisfy a person's hunger. Possessing it alone it not sufficient; the purchaser has to eat it to experience the value of satisfying his need for food. Today, the experience has taken on particular importance as an additional component of the modern spectrum of products and services (Kotler et al., 2005).

The product of osteopathy is a service, namely the treatment.

2.1.3. Customer Value and Satisfaction

Potential buyers are usually confronted with a wide range of products. However, the customer decides in favour of the product which provides him with the highest overall value. This decision is always subjective and can therefore lead to a different choice of product for different people. Customer satisfaction thus depends on the extent to which a product's perceived performance matches the buyer's expectations. If performance matches or exceeds expectations, the buyer is satisfied or delighted. However, if the product's performance falls short of expectations, the buyer is dissatisfied (Kotler et al., 2005, p. 10).

In the case of osteopathy, this means that the patient will decide on an osteopathic treatment if it subjectively offers him the greatest value in comparison with all alternative methods of treatment.

2.1.4. Exchange and Relationships

Marketing occurs when people decide to satisfy needs and wants through exchange (Kotler et al., 2005, p. 10).

Exchange is the act of obtaining a desired object from someone by offering something in return. Today, marketing managers attach great importance to good relationships with their customers. As a rule, when these are successful, profitable business will automatically follow (Kotler et al., 2005, p. 11).

From this it can be concluded that good marketing in osteopathy will also mean good relationships with patients. An ethically sound relationship based on trust and respect between patient and osteopath is an important foundation. Osteopathy nonetheless differs from the free market economy in this respect. In the free market economy, the attempt to make the customer "dependent" is often desirable such as the Microsoft product which is only compatible with other Microsoft products. Zentes (2001) defines customer retention as the intensification and creation of a lasting relationship between suppliers and customers, and therefore the building of company or brand loyalty on the part of the customer. Customer retention tools are, for example,

customer cards, customer clubs or bonus and loyalty programmes (Zentes, Swoboda, 2001).

In osteopathy, however, the patient should not be made psychologically dependent. This would be an ethically unsound relationship. The aim is nonetheless for the patient to come back to the osteopath next time he has a problem, as a result of the good relationship between them.

2.1.5. Markets

A market is comprised of all actual and possible customers who have a need and who can and want to satisfy that need through an exchange process (Kotler et al., 2005, p. 11).

On this basis, the market for osteopathy consists of actual and potential patients who want and are able to satisfy their need for healing or health through an osteopathic treatment. (For further explanations see Chapters 4.1.1.3 and 4.4).

2.1.6. Marketing as a Process

Kotler (2005) describes the marketing process as follows: suppliers have to find purchasers, identify their needs, produce the respective products, advertise the products, fix prices for them and ensure that the products can be offered or supplied (Kotler et al., 2005, p. 12).

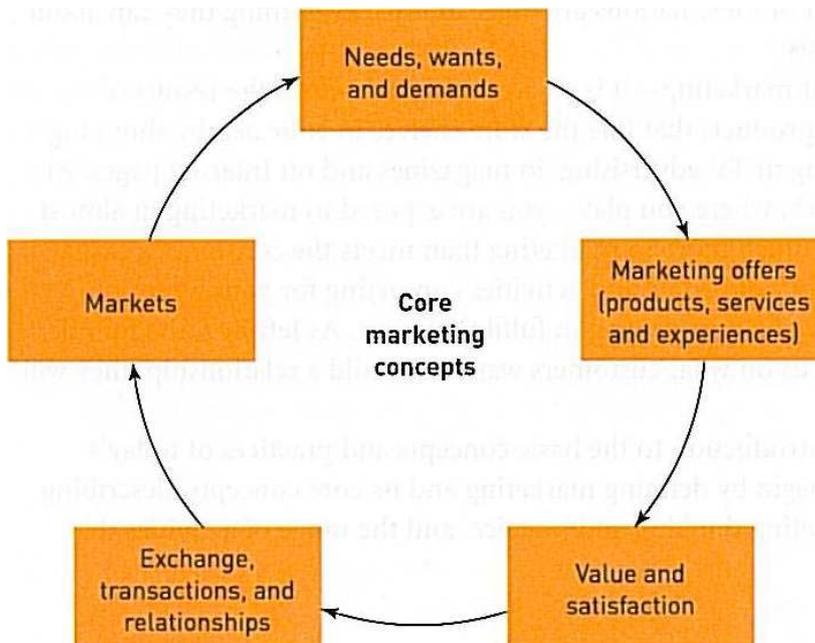


Figure 2: Marketing as a Process (Kotler, 2005, p. 6)

Building on from this, the marketing process in osteopathy is as follows. The patient has a health problem and the need to resolve it. The osteopath offers the service of osteopathy and should ensure that the patient is suitably informed (communication / advertising). The customer weighs up the benefit and decides to take up the offer. An exchange takes place (service in return for money).

2.2. The Marketing Mix

The marketing mix describes the four main factors involved in marketing a product: product, price, place and promotion (communication) – referred to as the “four Ps”. All these four aspects must “fit”, if the marketing of a product is to succeed.

For osteopathy, this means that an osteopath can perform the service of osteopathic treatment, a specific price is set for the service, the treatment is offered at one or more selected locations and all this is communicated so that the patient finds out and can use the service.

In this thesis, the “P” for promotion, i.e. communication, in particular is explained in further detail. The other three Ps (product, price and place) are nonetheless outlined briefly to aid overall understanding.

The marketing mix is the set of controllable tactical marketing tools which the firm blends to produce the response it wants in a target market. The marketing mix consists of everything the firm can do to influence the demand for its product. The many possibilities gather into four groups of variables known as the “four Ps”: product, price, place and promotion (Kotler et al., 2005, p. 34).



Figure 3: Marketing Mix (<http://www.j2marketing.de>, accessed: 2007-11-12)

2.2.1. Product

Successful marketing is only possible in the medium and long term if it is based on a systematically planned product policy. Products or services are the core of all entrepreneurial activity and constitute the basis of all entrepreneurial success. Product policy encompasses all considerations, decisions and actions which are directly related to the attributes of the product or service (Zentes, Swoboda, 2001).

In the broader sense, **product policy** encompasses the following areas (Zentes, Swoboda, 2001):

Product Policy (in the narrower sense)	Portfolio Policy	Service Policy	Warranty Policy
<ul style="list-style-type: none"> - Quality - Core benefit - Additional benefit - Experience benefit - Packaging - Product image - Design - Brand policy 	<ul style="list-style-type: none"> - Portfolio breadth - Portfolio depth - Portfolio structure - Product innovation - Diversification 	<ul style="list-style-type: none"> - Pre-sales service - After-sales service - Service with product - Service without product - Technical service 	<ul style="list-style-type: none"> - Material warranty - Function warranty - Time warranty - Complaints management - Complaints handling

Table 1: Product Policy (Rüscher, 2007)

Nonetheless, marketing should not only come into play when products and services are offered to the market. To be successful, marketing must be incorporated right from the research and development process. The marketer thus has an important role to play in shaping product policy and as a consequence is often referred to as product manager in practice (Zentes, Swoboda, 2001).

In osteopathy, the product policy should therefore come into effect right from the stage of product development, i.e. during the training of future osteopaths. An example of service policy in osteopathy is customer care which starts before the actual treatment, e.g. offering tea in the waiting room. An example of complaints management in the area of warranty policy would be providing the patient with an opportunity to state his opinion in an anonymous questionnaire.

2.2.1.1. Product Policy in the Narrower Sense

According to Kotler (2005), a **product** is anything that can be offered to a market for attention, acquisition, use or consumption that might satisfy a want or need (Kotler et al., 2005, p. 9).

A product is anything which can be obtained in the market in order to satisfy people's needs (see Chapter 2.1.2). The osteopathic product is the service of osteopathic

treatment.

The following figure shows the individual levels of a product or service. This highlights the fact that material, processing and the basic functions only represent one part of the overall product or service. Three levels are distinguished: core product, actual product and augmented product. The core product provides the core benefit. The actual product is what the customer acquires in the process of consumption (e.g. the packaging comes automatically with the product). The augmented product represents services which the purchaser might like to take advantage of (e.g. complaints hotline, prize draw, customer service) (Kotler et al., 2005, p. 539).

In terms of the osteopathic service, the core product is the osteopathic treatment by the osteopath which activates the patient's self-healing powers. The actual product encompasses everything which the patient consumes during his treatment but which goes beyond actual treatment by the osteopath, such as rooms with professional ambiance and the reception area in the practice. The augmented product in this case is e.g. complaints management or a telephone reminder about the appointment prior to treatment.

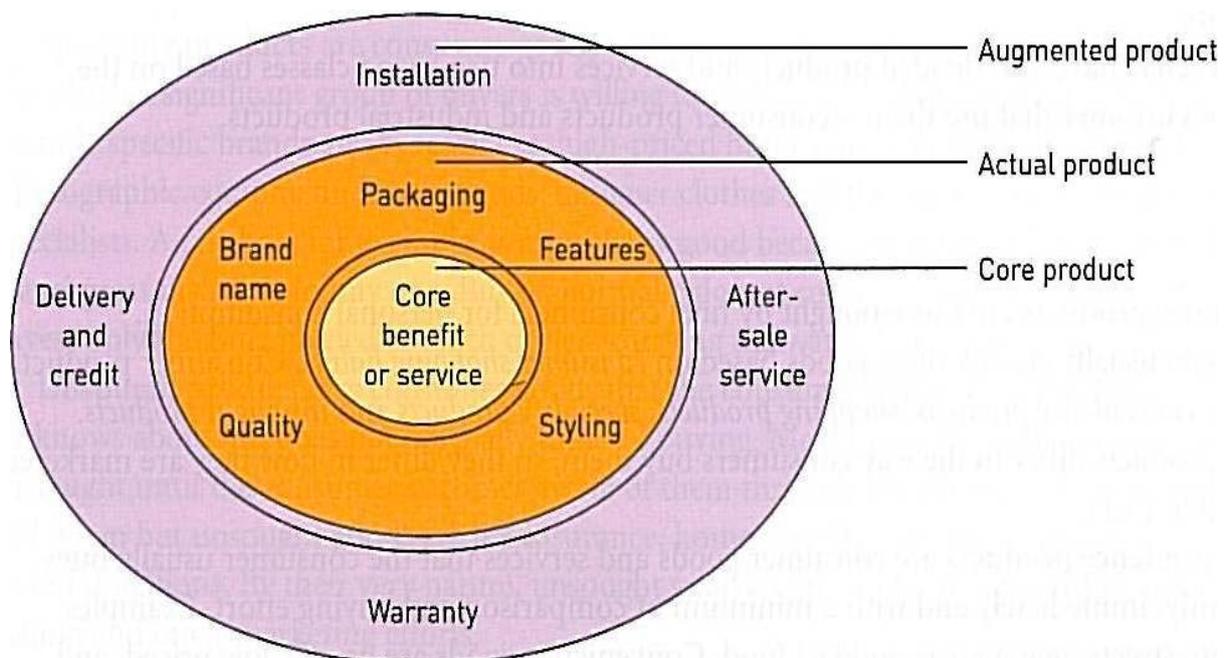


Figure 4: The Three Product Levels (Kotler et al., 2005, p. 539)

2.2.1.2. Portfolio Policy

The manufacturer's product line or portfolio policy defines the manufacturing programme, but also defines whether to buy in products for resale in order to optimise the range and, if so, which products. In the retail trade this is also referred to as assortment policy. The essential factors of portfolio policy are therefore the scope and structure of the product range, diversification of the company's output and the bundling of products and services. Diversification denotes the entry of a company into business areas in which it has not previously operated (Zentes, Swoboda, 2001).

The manufacturing programme can be structured according to product lines and according to portfolio breadth, length and depth.

Portfolio breadth tells us how many product lines are contained in the portfolio. A product line (product group) is a group of products which are closely related to one another by virtue of specific criteria, e.g. cosmetics products, detergents (Kotler et al., 2005).

Portfolio depth tells us the number of different variants within a product line, e.g. how many cosmetics products for hair, face and body care (Kotler et al., 2005).

The osteopath only offers one product line, the osteopathic treatment. A specialisation in paediatric osteopathy represents greater portfolio depth.

2.2.1.3. Service Policy

Customer service not only means technical services such as installation, inspection, maintenance, repairs, etc., but is becoming increasingly important in the commercial field, e.g. through advisory services, training and goods delivery. Consistent service design tailored to suit the product or service can create a genuine competitive edge. After-sales service, for instance, provides the opportunity to enhance customer retention (a particularly well-suited tool in this context is direct marketing which builds on a database of regular customers). There is no legal entitlement to customer services (Zentes, Swoboda, 2001).

In the context of osteopathic treatment, “customer service” might take the form of direct mailing to all patients with special information or free access to information via a website.

The following figure once again underlines the importance of professional service. Here, service is actually equated with the other four Ps in the marketing mix.

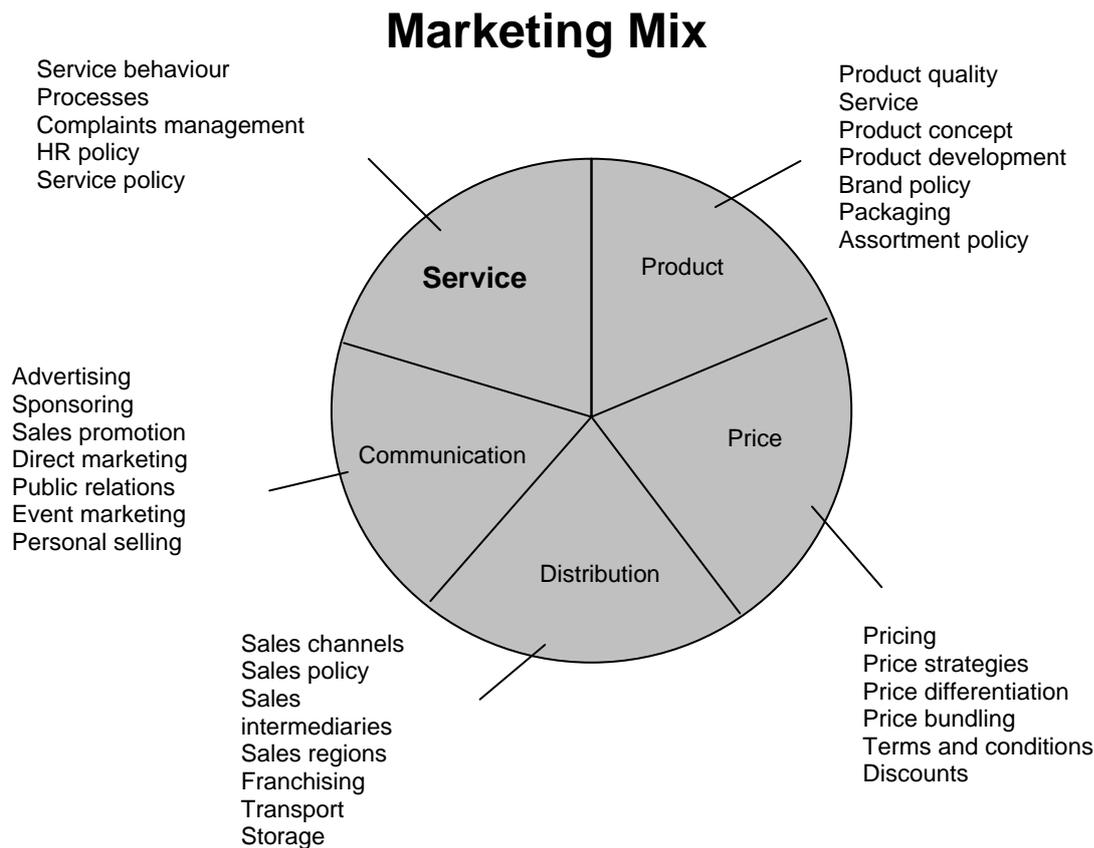


Figure 5: Marketing Mix including Service (<http://www.marktpraxis.com>, accessed: 2007-11-12)¹

2.2.1.4. Warranty Policy

A warranty is the assumption of specific risks by the manufacturer or retailer for a defined period of time, and is usually contained in the general terms and conditions of sale. Enterprises seek to gain an advantage over competitors by offering warranty conditions which exceed statutory requirements. These can relate to material, function or time guarantees as well as the right to exchange or return the product, which the manufacturer or retailer grants to the customer. The customer is entitled to these services by virtue of statutory requirements and/or contractual agreements

¹ Graphic translated from the German original (see Appendix)

(Zentes, Swoboda, 2001).

Examples in this context are guaranteed freshness for food products up to the “expiry date” (= recommended use by date) or the corrosion warranty on load-bearing parts of cars for the first six years.

In the author’s view, warranties are not possible in the area of osteopathy as the success of a treatment cannot be guaranteed.

2.2.2. Price

Price encompasses all contractual terms and conditions which are related to a market offering. These include the definition of sales prices and discounts and the fixing of delivery and payment terms (Zentes, Swoboda, 2001).

In Austria, the price of an osteopathic treatment is € 50.00 – 75.00 (69% of all respondents) for the initial consultation, and again € 50.00 – 75.00 (82% of all respondents) for subsequent consultations (Krönke, 2006, p.35).

2.2.2.1. Price Positioning Strategies

The question of price positioning is strategic. An enterprise has to decide what level of importance is to be assigned to price policy as a fundamental rule within the framework of the marketing strategy. The competitive situation, the product-related or psychological advantages of the enterprise’s own products are relevant when answering this question. As a rule, the higher the quality level, the higher the price positioning. The price leads to a categorisation of the product in the market. Price is therefore a major element within positioning and an appropriate tool for differentiation (Zentes, Swoboda, 2001).

When it comes to price positioning in osteopathy, legal recognition and the associated reimbursement of costs by the insurer play a major role. In 2006, 74% of the osteopaths who participated in a survey wanted legal recognition (Krönke, 2006).

2.2.2.2. Discount Policy

If price differentiation (i.e. different basic prices for different customers, e.g. retail trade – end consumer) is not appropriate, a discount policy may help. This can be more easily explained to the customer than different basic prices. Discounts are reductions on list prices such as volume discount, time-based discount or loyalty discount (Zentes, Swoboda, 2001).

2.2.2.3. Delivery and Payment Terms

Delivery and payment terms are also part of price policy and can be used as a marketing tool. They regulate the content and payment of the goods or services provided. Payment terms include amongst others the method of payment such as payment in advance, payment by instalment, cash payment, payment handling, payment protection, reciprocal trade, receiving in payment and payment periods (Kotler et al., 2005).

2.2.3. Place

Distribution policy deals with all decisions which have to be made in connection with the path of a product or service from the producer to the end consumer or user. The areas of distribution channels and distribution form are also part of distribution policy. The aim is to ensure that the offered products or services reach the customer or user at the right time, in the right condition, in the right amount and at optimal cost (Zentes, Swoboda, 2001).

In Austria, the service of osteopathy is offered by the individual osteopath. In 2007, the Austrian Osteopathic Association (*ÖGO - Österreichische Gesellschaft für Osteopathie*) had roughly 250 members throughout Austria. Over the past few years, the association has seen a strong upward trend in membership with annual increases in the region of 30% (Göttlicher-Plodek, A., ÖGO secretariat, telephone call on 07-11-12).

2.2.4.

Promotion / Communication

This chapter focuses on explaining the next “P”, promotion or communication. In order to develop a communication concept for osteopathy, it is particularly important to examine this marketing building block in detail.

The general framework for communication and the effect of communication tools are outlined below. The individual communication tools are then explained in detail.

2.2.4.1. Changing General Framework for Communication Policy

In view of the fact that products are becoming increasingly similar and interchangeable in virtually all markets, communication policy is often the only area of differentiation. For this reason, the communication policy is of prime importance in today's marketing mix (Nufer, 2002).

Entrepreneurs and managers recognise that products are becoming increasingly similar and that the risk of interchangeability is growing as a result. The differentiation of products on the basis of core and additional benefits is shrinking, and the only opportunity left for differentiating products from those of competitors is by communicating the experience benefit.

Es ist festzustellen, dass sich das Marketing gegenwärtig in vielen Branchen in einem Übergang vom Produktwettbewerb zum Markenwettbewerb befindet – und damit der Kommunikationspolitik die bedeutendste Rolle im Marketing-Mix zukommt (Nufer, 2002, p. 7)

[In many sectors, marketing is currently in a transition phase from product competition to brand competition – and as a consequence communication policy is taking on the most important role in the marketing mix.]

Three phases of development can be identified in marketing, each of them dominated by different expectations on the part of consumers with regard to the products or services, which have to be reflected in the producer's offering. A distinction is made between the core product, which satisfies the basic requirement,

additional services, which represent additional benefit, and emotions and experiences, which provide the experience benefit (Nufer, 2002).

When describing the change in values and consumer behaviour, D. Neumann also places the emphasis on providing an experience:

Produkte als reine Produkte sind out. Was Kunden heute wollen, sind Produkte, welche Träume, Geschichten, Erlebnisse und Erfahrungen liefern (Neumann, 2003, p. 42).

[Products as straight products are out. What customers want today are products which deliver dreams, stories, adventures and experiences.]

A good example from the automotive sector is the development of Volkswagen's advertising. The changing content of their advertisements clearly shows the three benefits: At the beginning in the 1950s, the core benefit, i.e. the motor vehicle, is communicated; from the 1970s the additional benefits; and since the 1990s the experience (Nufer, 2002, p. 7):

Fünfziger und sechziger Jahre: *Beispielsweise kam nach dem zweiten Weltkrieg mit dem VW-Käfer erstmals ein erschwingliches Massenfahrzeug auf den Markt. Zu jener Zeit setzte VOLKSWAGEN vornehmlich Anzeigenwerbung mit der Abbildung des Käfers ein, um Kunden für das Fahrzeug zu gewinnen; auch die ersten Möglichkeiten der Fernsehwerbung wurden zur Produktpräsentation in Form des fahrenden Käfers genutzt, wobei die bewegten Bilder als Beweis für die Funktionstüchtigkeit dienten.*

Siebziger und achtziger Jahre: *Bei einem Auto wurde inzwischen die Funktionstüchtigkeit und eine gewisse Qualität vorausgesetzt. Service- bzw. Zusatzleistungen wie Finanzierungsangebote, 24-Stunden-Wartungsdienste, Extras und das Design rückten in das Zentrum der Kommunikationspolitik.*

Seit den neunziger Jahren: *VOLKSWAGEN emotionalisiert durch Sponsoringpartnerschaften mit Pop- und Rock-Gruppen wie Pink Floyd, Genesis, den Rolling Stones oder Bon Jovi. MERCEDES-BENZ initiiert eigene Event-Serien mit aufwendigem Rahmenprogramm wie die „A-Motion-Tour“ anlässlich der Einführung der neuen A-Klasse* (Nufer, 2002, S. 7).

[1950s and 1960s: After the Second World War, for example, the VW Beetle was the first affordable mass-produced car on the market. At that time, Volkswagen primarily used advertisements showing the Beetle in order to win customers

for the vehicle; the first TV advertisements were also used to present the product in the form of the Beetle in motion, while the moving pictures served to prove the vehicle's functional soundness.

1970s and 1980s: Functional soundness and a certain level of quality were now taken for granted in a car. Additional services such as financing, 24-hour maintenance services, extras and design were at the centre of the communication policy.

Since the 1990s: Volkswagen emotionalises the message through sponsorship partnerships with pop and rock groups such as Pink Floyd, Genesis, the Rolling Stones and Bon Jovi. Mercedes-Benz initiates its own series of events with a sophisticated accompanying programme such as the "A-Motion Tour" during the launch of the new A Class.]

For osteopathy, it can be concluded from these basic principles that it is not the fundamental product – in other words the osteopathic treatment – which should be described in communications but the experience.

To facilitate understanding, other products and their benefits are outlined in the table below.

Product Type	Core Benefit	Additional Benefit	Experience Benefit
Muesli bar	Satisfies hunger	Healthier eating	Living consciously, "I am doing something good for my body"
Coca-Cola	Quenches thirst	Tastes good	Being young and belonging to the trendy generation – being "in"
Car	Means of transport	Elegant design, payment by instalment	Feeling of also being elegant, belonging to an elite
Cosmetic	Skin moisturiser	Firmer skin	"I look good, I am staying young", power to attract the opposite sex

Table 2: Product Benefits (Rüscher, 2007)

2.2.4.2. How does an experience arise – why is communication effective?

It can be seen from the above explanations that product communication should focus on the experience benefit the product has to offer. How is this done?

In the following chapters, some basic scientific principles are outlined which explain how communication works.

AIME Value

In the case of an experience benefit, an experience is communicated as an emotional message. A message is more easily understood if it leaves one thinking rather than simply being heard or seen. This degree of mental activity is described by the psychologist Salomon as the AIME value. The AIME value provides a measure of the involvement, or internal participation, generated by communication measures.

AIME stands for: **A**mount of the **I**nvested **M**ental **E**laboration (Mikunda, 2002).

Neumann understands involvement as the internal participation, the engagement which the consumer devotes to the communication. The consumer's involvement is on the whole estimated to be low. Involvement is always directed at an object, e.g. a brand or an advertising message. However, product involvement is not only dependent on the product but also on the person and the situation. For someone who receives a bottle of wine as a present, for instance, it might be an involving product, whereas this is less likely to be the case if the wine is regularly purchased in a food store (Neumann, 2003, p. 23).

The greater the number of stimuli received via the sense organs, the higher the AIME value (Neumann, 2003, p. 58).

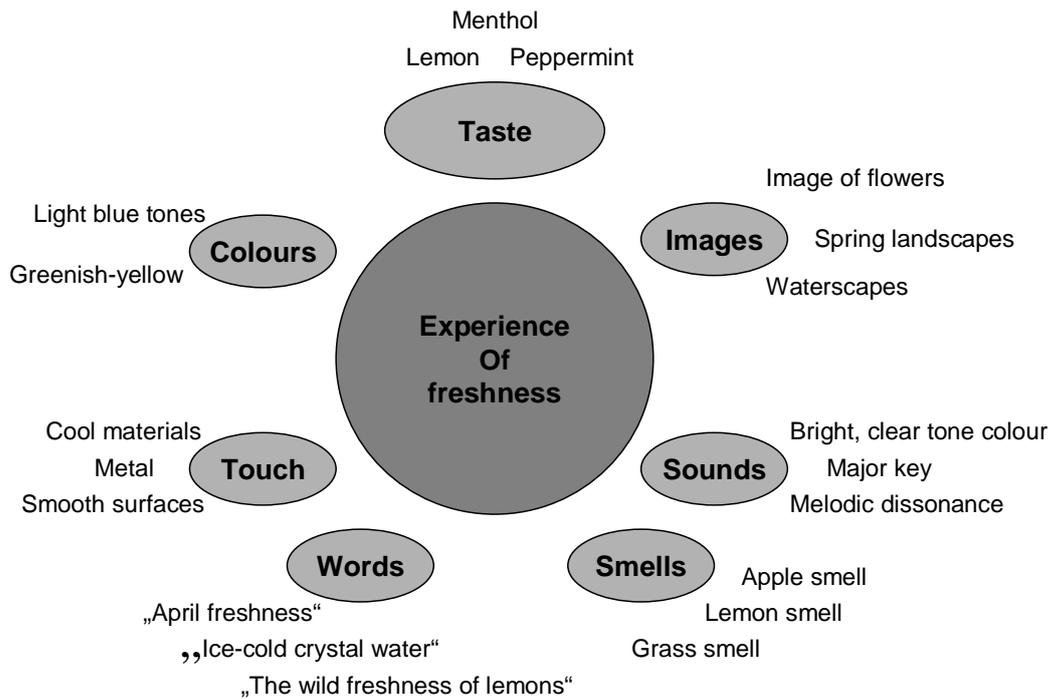


Figure 6: Communication Example for a Consistent Experience of Freshness (Neumann, 2003, p. 58)²

The medical research by Scheier outlined below shows a parallel. By means of imaging processes, the blood circulation in the brain is shown in response to different stimuli.

Evidently, when **thinking** about a word, significantly more regions of the brain are activated (more oxygen is consumed) than when the same word is only heard, seen or spoken (Scheier, Held, 2007, p. 20).

² Graphic translated from the German original (see Appendix)

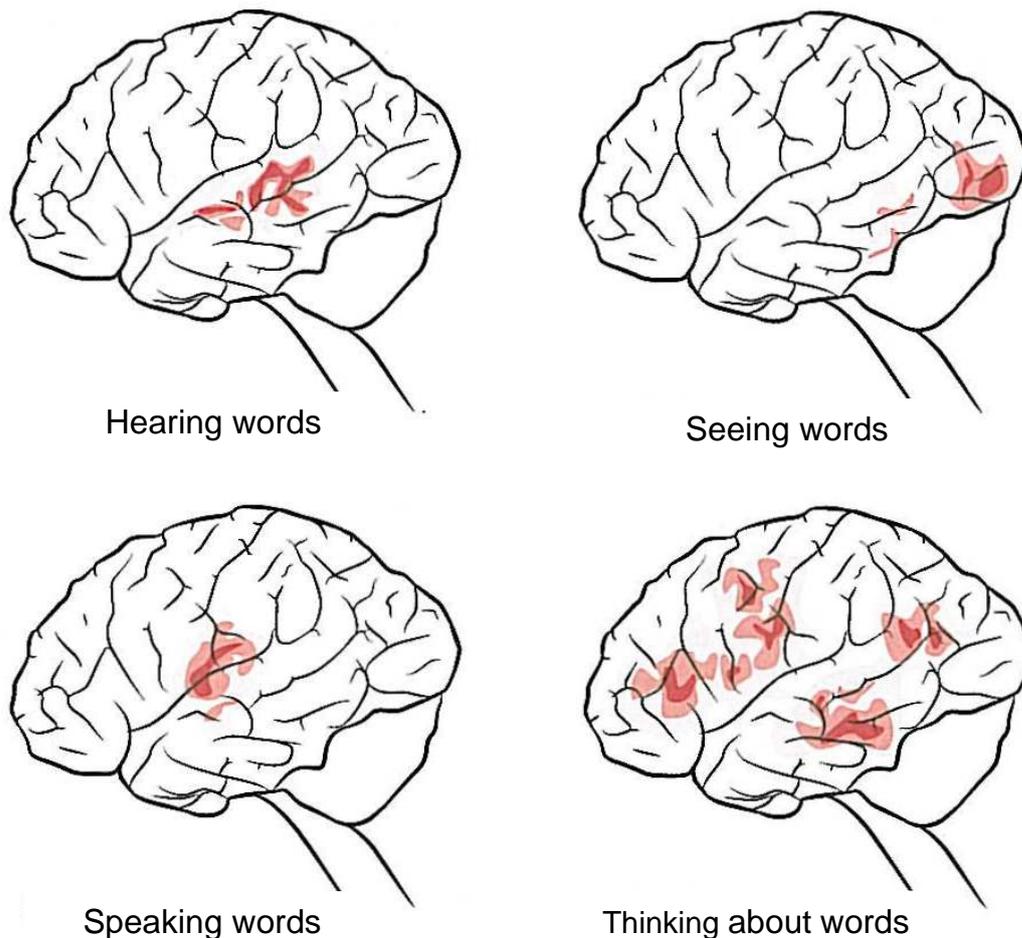


Figure 7: Activities in Areas of the Brain during Different Tasks (Scheier, Held, 2007, p. 20)³

In order to develop a good communication concept for osteopathy, this means the goal should be to achieve a high AIME value. This is done in particular by activating as many sense organs as possible.

AIDA Formula

The basis of any communication measure and advertising message is the *AIDA formula*. This states that a communication tool must first attract attention if it is to be noticed. It must be sufficiently attractive to awaken genuine interest. If that interest is sufficiently large, it will generate an intensive desire to own the product, for example, and will ultimately lead to the action of purchasing the product. AIDA stands for **Attention, Interest, Desire and Action** (Kotler et al., 2007, p. 854).

³ Graphic translated from the German original (see Appendix)

	A	I	D	A
auf Englisch	Attention	Interest	Desire	Action
auf Deutsch	Aufmerksamkeit	Interesse	Wunsch	Aktion

Figure 8: The AIDA Formula (Kotler et al., 2007, p. 854)

According to Kotler (2005), there are in reality few messages which are actually suitable for accompanying the potential purchaser from an initial interest through to the decision to purchase. The AIDA model makes it possible to examine the quality of a message at each individual step up to the purchase of a product. When developing a message, the marketing manager has to define what is to be said (message content) and how it is to be said (message structure and format) (Kotler et al., 2005, p. 732).

This means that the message of a communication concept for osteopathy should ideally follow the AIDA rule. The message should draw the potential patient's attention to osteopathy, the patient should develop greater interest leading to the desire to receive osteopathic treatment, and this should ultimately induce the patient to contact an osteopath.

Overview of Communication Tools

Communication tools are all measures with which the products and services of an enterprise are offered to the exterior with the goal of persuading potential customers to purchase a product or service (Elste, 2004).

The main tools of a communications policy are advertising, public relations, sales promotion, exhibitions, personal selling, sponsorship, direct marketing and event marketing (Nufer, 2002, p. 91).

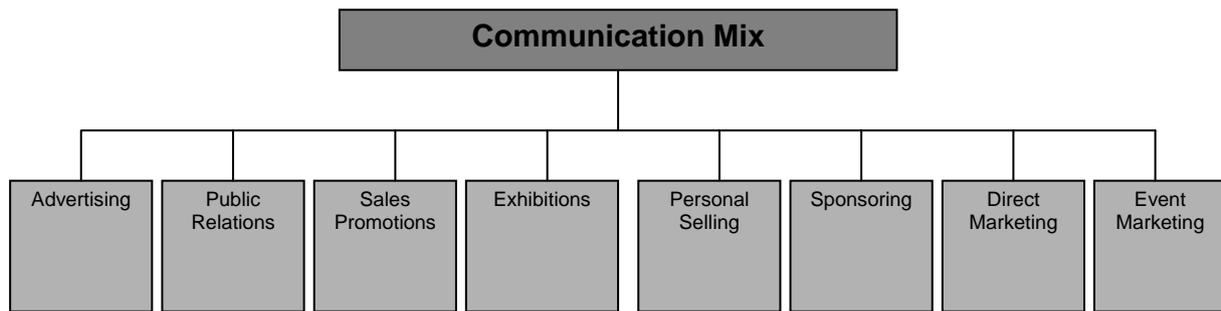


Figure 9: The Effect of Event marketing (Nufer, 2002, p. 91)⁴

These communication tools are described in further detail below.

2.2.4.3. Advertising

Advertising denotes all paid forms of non-personal presentation of ideas, products or services in mass media such as newspapers, magazines, television or radio with an identifiable sender. Advertising is aimed at producing a specific response from a target group. This can be an intended behaviour, e.g. purchasing a product, or a change of opinion, e.g. changing an attitude towards an institution (Kotler et al., 2007).

The four main tasks of advertising are to inform, to convince, to induce and to entertain. Advertising measures are conceived differently depending on the objectives (Zentes, Swoboda, 2001).

Advertising should play an important role in the communication concept for osteopathy. It should inform and convince, and ultimately induce the purchase of an osteopathic treatment. In the author's opinion, the entertainment value is of lesser importance in osteopathy.

Advertising media which carry the message derived from the advertising objectives are used to implement advertising. The classic advertising media include amongst others advertisements, posters, television and radio spots, information brochures, websites and give-aways (Zentes, Swoboda, 2001).

An **advertisement** is generally an announcement in printed media which contains an identifiable advertising message. An advertisement attracts the attention of its

⁴ Graphic translated from German original

addressees by means of text and image elements (Zentes, Swoboda, 2001).

The **radio spot** – like the advertisement – is an announcement which contains an identifiable advertising message, but is broadcast on the radio. A radio spot can only use acoustically perceptible media such as language, music, noises and effects (Zentes, Swoboda, 2001).

In contrast with the advertisement and the radio spot, the **television spot** is based on the two-channel communication of information through sound and image. These two channels have both advantages and disadvantages. On the one hand, perception can be amplified through the synchronisation of acoustic and optical stimuli, while on the other too much information can overload the recipient (information overload) (Zentes, Swoboda, 2001).

New media such as CD-ROM, DVD, digital television and the internet are taking on an increasingly important role. These offer extended design possibilities over conventional media (Zentes, Swoboda, 2001).

When it comes to outdoor advertising, the **poster** has a special position in two respects. Firstly, it is the oldest means of commercial advertising. Secondly, poster advertising also has artistic value for its decorative elements (Zentes, Swoboda, 2001).

Printed advertising generally includes the catalogue, the brochure, the leaflet and the flyer (Zentes, Swoboda, 2001).

All these advertising media could be anchored in a communication concept to advertise osteopathy widely among the general public. It should be borne in mind, however, that the costs of implementing all these measures would be very high. It is therefore advisable to make an appropriate selection.

2.2.4.4. Sales Promotion

The purpose of sales promotion is to promote the sale of products through additional incentives which go beyond the basic product benefit. It is directed at an enterprise's

own or third party sales personnel (e.g. with incentive programmes for the best salesperson) or at the end user (e.g. with prize draws). Sales promotion is therefore understood to mean all measures to support and positively influence field sales staff and retailers as well as the direct targeting of the consumer through the retail trade (Kotler et al., 2005).

Sales promotion therefore has two main tasks: on the one hand the effective support of the enterprise’s own sales team and “selling into” the retail trade, and on the other support for the retail trade in “selling out” to the end customer. The measures used for sales promotion include direct selling aids, e.g. training or specialist literature, personal incentives, e.g. sales competitions, and individual contacts, e.g. product demonstrations, or gifts (Zentes, Swoboda, 2001, p. 559).

Push and Pull Strategy

The manufacturer can advertise in two different ways. With the push strategy, the product is “pushed” through the sales channels through to the end user. In the case of the pull strategy, the seller directs the greatest part of its marketing activities at the end user in order to persuade him to buy the product. When the pull strategy works, potential purchasers contact the manufacturer or retailer to enquire about the product. This means that the product is “pulled” through the sales channel. All measures directed at triggering this pull effect through the consumer are grouped together under the term sales promotion (Kotler et al., 2005).

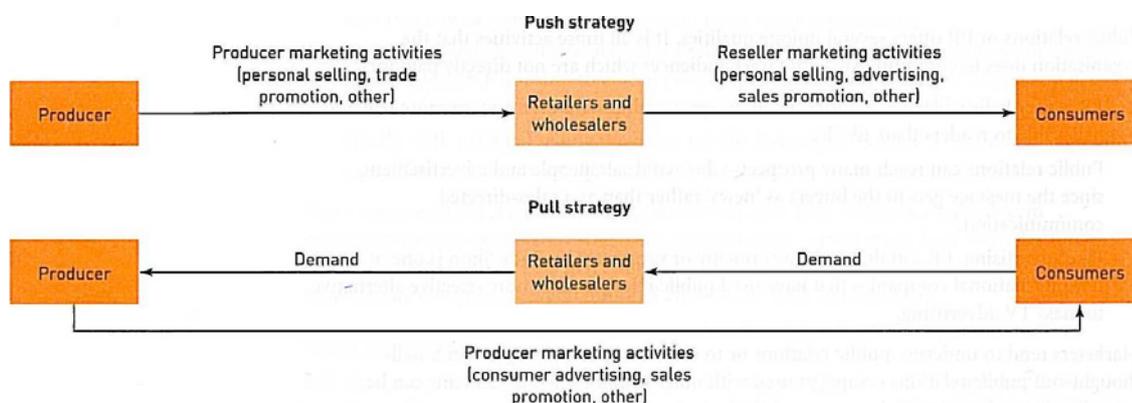


Figure 10: Comparison of Push and Pull Strategies (Kotler et al., 2005, p. 744)

An example of the push strategy is the energy drink Red Bull. The producer beats competitor products through an extremely strong presence on the shelves in stores

and at events. An example of the pull strategy was the Harry Potter books. Children and parents queued in front of the bookshops at midnight because they were desperate to buy the latest Harry Potter book.

A communication concept for osteopathy should incorporate both strategies. Communications directed at the end user should be based on a pull strategy, the goal being to draw the patient's attention to the method of treatment and to induce him to request the method of treatment. Communications to the doctor who provides the referral should be based on a push strategy so that the doctor recommends osteopathic treatment to the patient.

2.2.4.5. Personal Selling

A very expensive form of selling is personal selling. In this case, a product is sold directly to the customer by a salesperson such as in the insurance sector or with investment business. The direct contact between seller and purchaser during the sale of the product is characteristic of personal selling. Two types of contact are distinguished in the case of personal selling: face-to-face selling and telephone selling (Zentes, Swoboda, 2001, p. 420).

Personal selling should not be included in a communication concept for a medical service as a personal selling conversation can be construed as a form self-promotion akin to advertising. This is legally prohibited in the field of medicine (see Chapter 4.1.1.1) and also applies to osteopaths with the primary profession of physiotherapist or doctor.

A successful selling process encompasses various stages. First of all, the potential purchaser is identified and preparations are made for the initial contact. When contact is made, the product is presented and any objections are dealt with. If the salesperson is successful, he closes the sale, then provides follow-up (Kotler et al., 2005).

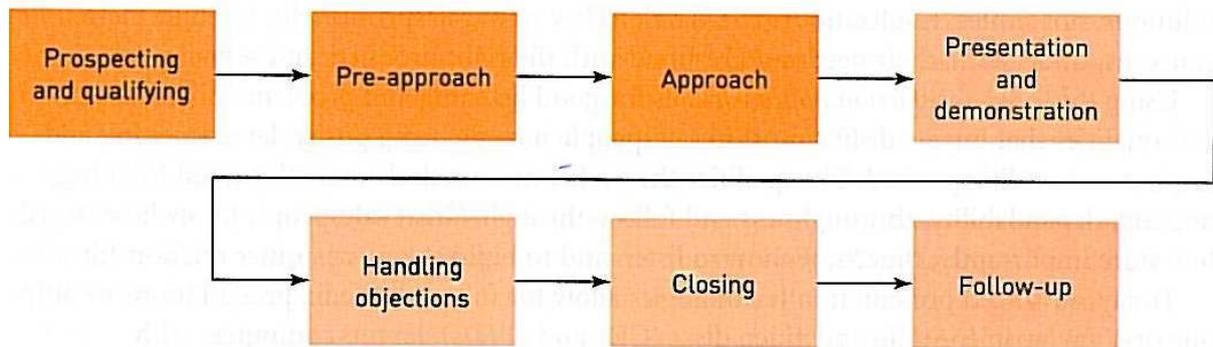


Figure 11: Major Steps in Effective Selling (Kotler et al., 2005, p. 823)

2.2.4.6. Sponsorship

Sponsorship is understood to mean the support of an individual, group, organisation, institution or event in the form of financial or physical resources and/or services. In return, the sponsored party publicly displays usually the company logo or advertising for the sponsor. There are five basic types of sponsorship: sports sponsorship, cultural sponsorship, social sponsorship, ecological sponsorship (a relatively recent form of sponsorship) and programme sponsorship (media, presentation or TV sponsorship) (Nufer, 2002).

One of the features of sponsorship is the principle of a service and a consideration. As a rule, there is a systematic planning and decision-making process with image transfer from the sponsored party to the sponsor as the main goal. In most cases, this is communicated via the intermediary of the media (Nufer, 2002).

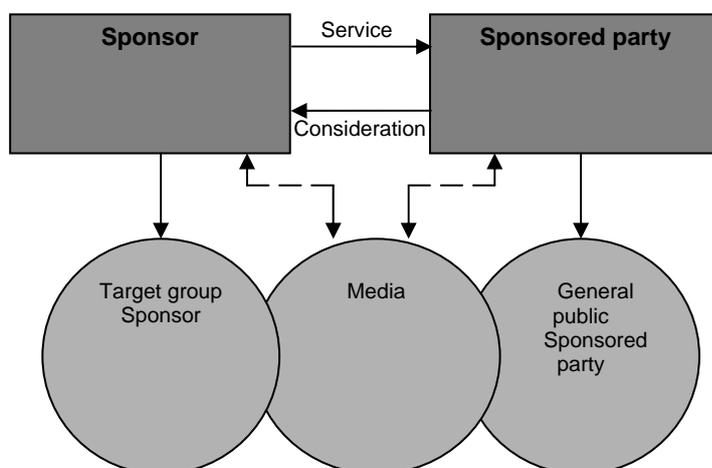


Figure 12: Sponsorship (<http://www.unicom.unizh.ch>, accessed: 2007-11-12)⁵

⁵ Graphic translated from the German original (see Appendix)

The reciprocal relationships, which are usually agreed in a contract, are referred to as sponsorship. The aim is for the public interest in or the popularity of the sponsored party to be transferred to the sponsor – and for a so-called “love brand” to develop. (<http://www.unicom.unich.ch>, accessed: 2007-11-12).

A sponsorship strategy is proposed in conjunction with a communication concept for osteopathy. This will describe which partners could be considered for sponsorship activities and for what reasons.

2.2.4.7. Exhibitions

An exhibition is a regularly staged event which lasts for a limited period of time and enables manufacturers or sellers to present, explain and/or to sell their products or services (Nufer, 2002).

A distinction is drawn between trade fairs which are specific to a given industry and shows which are aimed at the consumer. In spite of the high level of human and financial resources required, exhibitions are an important means of international communication in many fields of business (Kotler et al., 2005).

Exhibitors from a branch of industry (in the case of a trade fair) or several branches of industry (in the case of shows aimed at the consumer or the general public) present their products in the form of samples. The end user can visit the trade fair on any of the days but the time frame for selling must be limited. This is a major distinction between the trade fair and shows which are open to the general public, where selling to resellers and end users is unrestricted.

Exhibitors pursue several goals when taking part in an exhibition. They want to inform their customers about their portfolio, conduct sales meetings and win orders, take advantage of the opportunity to analyse competitors and present their organisation. **Visitors to the exhibition** want information about the market and innovations, to communicate with experts and business partners as well as making new business contacts (Zentes, Swoboda, 2001).

Participation in exhibitions could also provide osteopathy with a good opportunity to present the profession. The main goal of participation in exhibitions should be to present the portfolio of services. No sales meetings should take place as this might constitute an infringement of the advertising ban (see Chapter 4.1.1.1).

2.2.4.8. Events

Event-Marketing ist ein interaktives sowie erlebnisorientiertes Kommunikationsinstrument, das der zielgerichteten, zielgruppen- bzw. szenenbezogenen Inszenierung von eigens initiierten Veranstaltungen sowie deren Planung, Realisation und Kontrolle im Rahmen einer integrierten Unternehmenskommunikation dient (Nufer, 2002, p. 19).

[Event marketing is an interactive as well as an experience-oriented communication tool which is used for the goal-oriented, target group and/or scene-related staging of specially initiated events as well as their planning, realisation and review as part of integrated corporate communications.]

Marketing events make it possible to experience brands or enterprises. Product or enterprise-related events are aimed at triggering activation processes and thus communicating messages which make a positive contribution towards building corporate and brand values (Nufer, 2002).

The target groups of communication by means of events can be internal (employees) or external (customers) to the enterprise. A major feature of event marketing is interactivity. Events allow direct contact with participants and thus supplement the conventional non-personal communication tools (e.g. advertising, public relations). The planning, organisation and execution of events are often contracted out to specialist agencies which have the appropriate and in some cases very sophisticated technology for presentations and shows (Zentes, Swoboda, 2001).

The planning process in event marketing comprises a comprehensive situation analysis, the definition of goals and target groups, the development of a strategy with a formulated message, the preparation of a budget and the planning of individual activities. After realisation, review is an important measure. (Nufer, 2002)

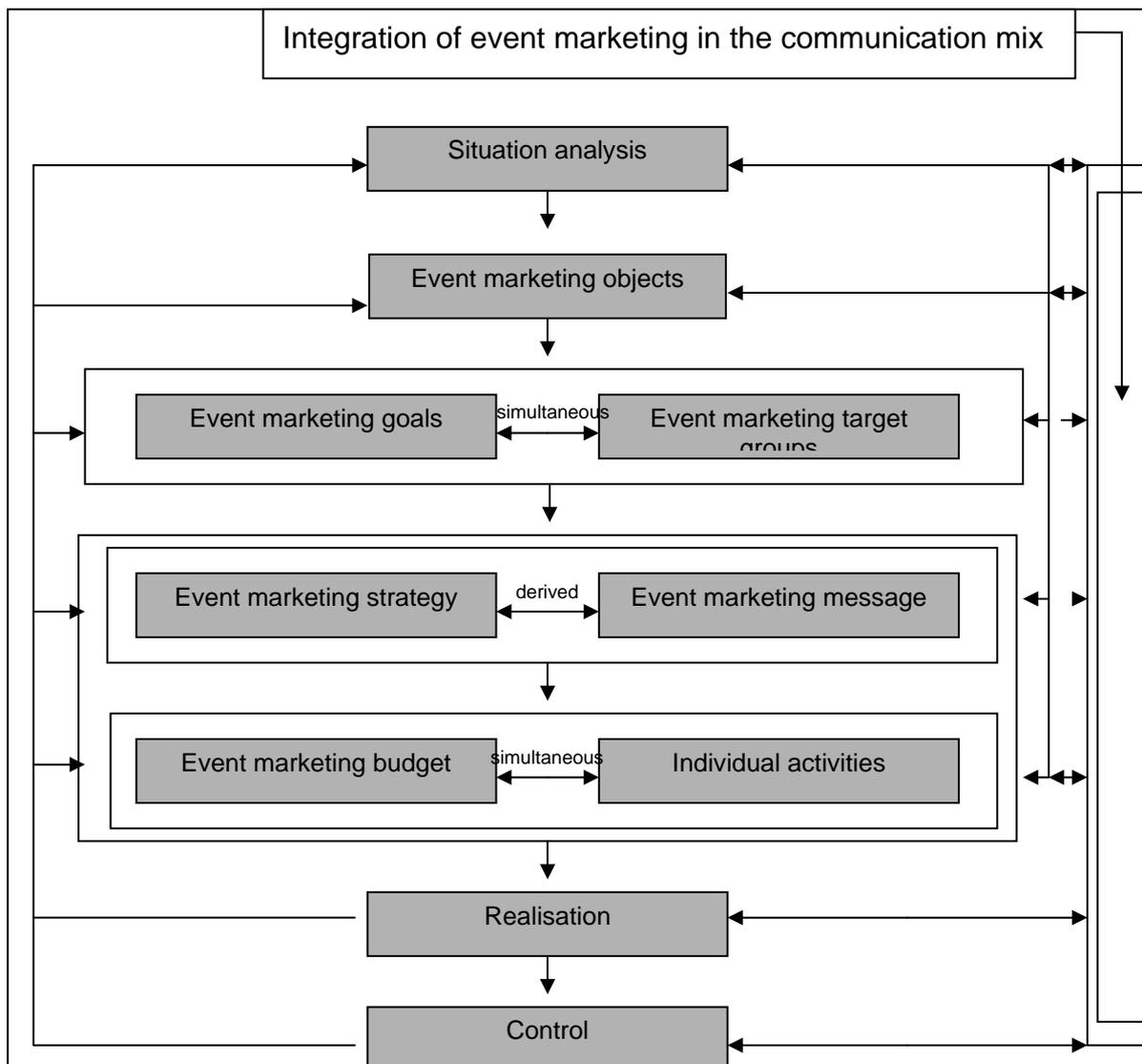


Figure 13: Process of Planning, Integration, Realisation and Review of Event marketing (Nufer, 2002)

Examples of events are charity events, film presentations, concerts, congresses and conferences as well as presentations, sports events, parties, jubilee celebrations and festivals.

As a communication tool, the event represents another opportunity for osteopathy to present itself to a specialist audience as well as to patients, in addition to exhibitions and sponsorship. Examples here are specialist congresses and presentations. Equally, regular meetings could be initiated for osteopaths to enable them to exchange experience.

2.2.4.9. Public Relations

Public relations (PR) or public advertising is often seen as the opposite of sales advertising. However, this is the subject of debate. Public relations and sales advertising are elements of communication. The distinction lies only in the object which is to be publicised.

Sales advertising is primarily product advertising with the goal of informing potential consumers. Public relations, on the other hand, is advertising for the enterprise as a whole, in other words image advertising. Public relations pursues the goal of building a positive image of the enterprise and creating empathy for the enterprise among the public. The aim is therefore to build good relationships with groups with an interest in the enterprise (Kotler et al., 2005).

Objective of Public Relations

The aim is to build a positive image for the enterprise as a whole by implementing the appropriate measures in order to facilitate market launch and the creation of awareness for new products and simultaneously reduce the necessary financial resources.

Three groups of people can be defined as the target group for public relations under the heading of “public”: purchasers or consumers, investors and employees as well as institutions or interest groups (Zentes, Swoboda, 2001).

Public Relations Measures

The most important measures in the area of public relations include PR advertisements and PR spots, the publication of documentation, employee training on the sense and purpose of PR goals, active participation in charitable undertakings or campaigns (Zentes, Swoboda, 2001).

Measures to Nurture Corporate Identity

Corporate identity (see also Chapter 4.1.2.3) is the personality or self-image of an enterprise. It is the expression for the targeted efforts of an enterprise’s management to integrate all behaviours and communications of the enterprise in a harmonised concept. Corporate identity (CI) denotes the specific, uniform self-presentation of an

enterprise inwardly and outwardly. The goal is the creation and further development of an unmistakable personality or identity for the enterprise (Zentes, Swoboda, 2001).

CI consists of the three components corporate design, corporate communications and corporate behaviour. Examples of measures for nurturing CI are PR activities such as image campaigns, communication campaigns or cultural events (Nufer, 2002).

Particular importance should be attached to public relations activities in a communication concept for osteopathy since, based on the above explanations, the emphasis is not on the individual product (the treatment), but on osteopathy as a whole as a method of treatment. In conjunction with PR, i.e. image advertising for osteopathy, a mission statement should be developed with generally valid arguments with which every osteopath can identify.

2.2.4.10. Direct Marketing

Direct marketing is understood as the “written” sales pitch, e.g. by letter and reply card. It is always important for the recipient to be addressed personally. Examples are direct customer letters such as invitations, thank you letters, the updating of customer files and advertising. The goal is usually to receive a response (Vögele, 2002).

Direct marketing encompasses all forms of direct and individual communication between suppliers and consumers or private households. Communication takes place first and foremost in the form of personal contacts and written contacts (Zentes, Swoboda, 2001).

Direct marketing [...] consists of direct connections with carefully targeted individual consumers to both obtain an immediate response and cultivate lasting customer relationships (Kotler et al., 2005, p. 845).

In his definition, Kotler underlines the response from the addressee as the primary goal of direct marketing tools. Amongst others, the telephone, letters, e-mail or the internet are used in this context.

When designing advertising letters there are basic points to be borne in mind which Siegfried Vögele, the developer of the “dialogue method”, outlines in his numerous publications. Of particular interest here is how the end customer “scans” a letter. When discussing reading behaviour, Vögele points out that nobody reads letters in the way in which they were written, i.e. line for line down to the signature. The way in which the reader scans a letter differs significantly, as borne out by an eye camera. The recipient of the letter begins by looking at the letterhead, asking himself the question “who is writing to me, how is he addressing me?”, and then shoots straight down to the signature, asking himself “who has signed?” Only then is the recipient unconsciously willing to read the letter from the top (Vögele, 2002).

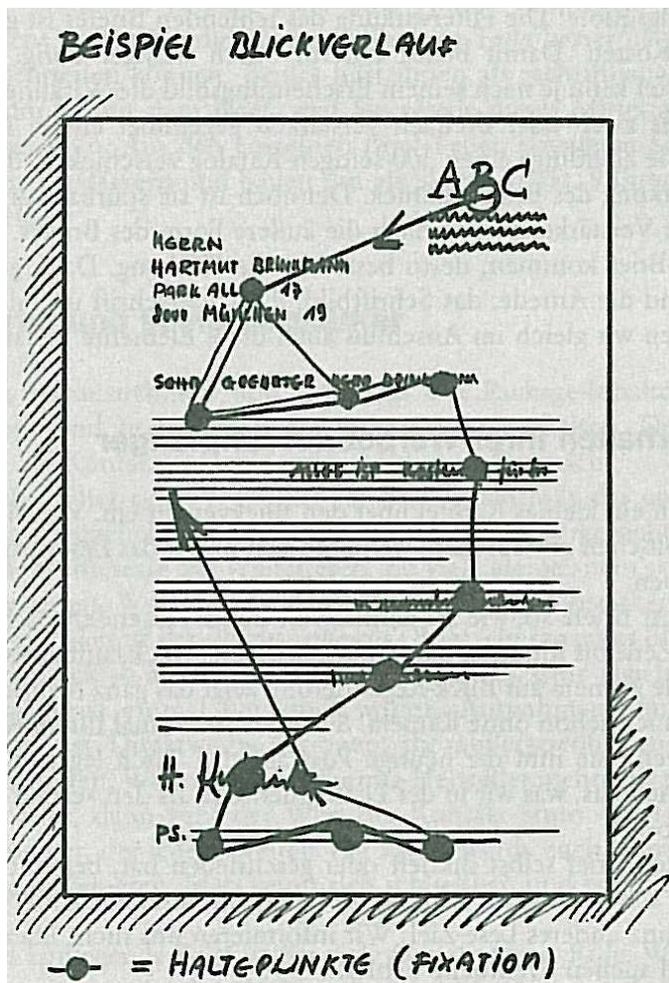


Figure 14: “Reading Curve” with Specific Fixation Points (Vögele, 2002, p. 214).

Vögele outlines in his method that a dialogue occurs between the letter and the recipient of the letter. When reading the letter, the recipient asks himself the following questions (Vögele, 2002, p. 218):

1. *Who is writing to me?*
2. *How is he addressing me?*
What does he want from me?
3. *Who has signed?*
4. *Should I read this letter?*
5. *What will this letter do for me?*
6. *Why is he writing to me in particular?*
7. *Do I need this?*
8. *How did I resolve that need up to now?*
9. *What advantage is he offering me over what I did before?*
10. *Who can prove it?*
11. *How do I find out more?*
12. *What should be done?*

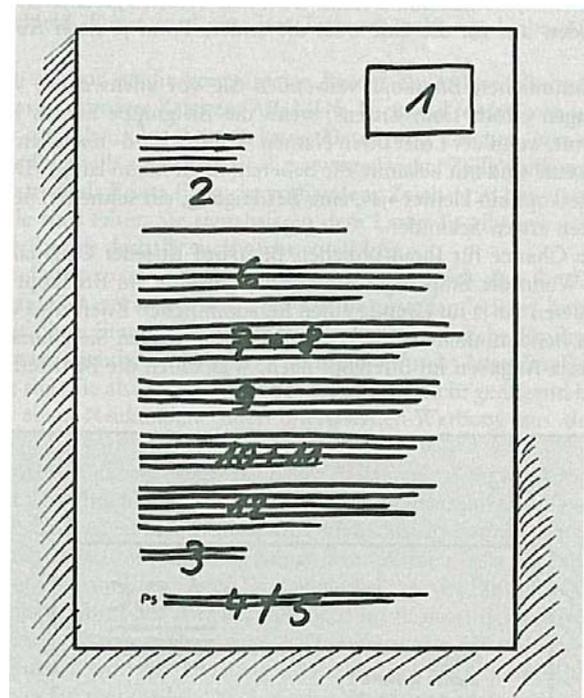


Figure 15: The Unspoken Basic Questions of the Reader (Vögele, 2002, p. 219)⁶

The use of image-invoking language is particularly important in the case of direct mailing as images are more rapidly understood than words (see also Chapter 2.2.4.1 – Experience Benefit). The most rapid understanding is achieved when a human being sees the original object. A photograph is the nearest thing to the original object. Reading letters of the alphabet and translating abstract text is the furthest from the original object. An intermediate solution is the “image-invoking text” (Vögele, 2002, p. 331).

⁶ Graphic translated from the German original (see Appendix)

**VI. Image-Invoking
Text**

**Order of
importance:**

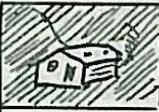
- **See original** 
- **See image** 
- **Read letters:**
= **Emergency overnight
accommodation**
- **Read image-invoking
text:** = **Alpine hut**

Figure 16: “Image-invoking Text” (Vögele, 2002, p. 331)⁷

In the context of osteopathy, it should be borne in mind that in view of the advertising ban in medicine, direct marketing is only permitted to the addresses of the practitioner’s existing patients (see Chapter 4.1.1.1).

2.3. Summary

The second chapter describes the process and the term marketing with its four building blocks: product, price, place and promotion or communication. These four Ps are also referred to as the marketing mix.

The explanation of the term communication and how communication works is given special emphasis as the basis for further discussions in this thesis. In addition, the individual communication tools are defined and their relevance to osteopathy is described in brief.

⁷ Graphic translated from the German original (see Appendix)

3. Marketing, Communication and Osteopathy – How do they go together?

This chapter discusses whether and how osteopathy and marketing/communication go together.

Arguments for and against a communication concept for osteopathy are examined and compared.

3.1. Social Sciences in Medicine

Marketing and communication are areas of business administration, so at first glance it is difficult to identify any common ground between business administration and medicine. There are even those in the medical profession who take the view that “economic aspects” have no place in medicine. The fact is that business management agendas are becoming ever more important in modern and future-oriented medicine.

An example: The Provincial Hospital of Weiterstett is introducing a new service and developing the following business marketing mix. The product is the outpatient operation. The price is calculated on the basis of surcharges for the room and the treatment. In terms of place, it has been decided that patients from bordering countries are to be addressed. And for the purposes of promotion it has been decided that direct contact is to be made with registered doctors and an open day organised (Elste, 2004).

Case 1.9: Marketing
The Provincial Hospital of Weiterstett is discussing the marketing mix for the hospital. The following proposals have been put forward:
<p>P1 Product Outpatient operations are to be performed.</p>
<p>P2 Price Various additional services are to be offered for private patients. The prices are to be calculated from the surcharges for the room and the treatment.</p>
<p>P3 Place The patient spectrum should be broadened. Patients from the bordering countries should also be addressed.</p>
<p>P4 Promotion Patients are to be made aware of the new outpatient treatments by means of direct contact with registered doctors and the organisation of an open day. With this marketing mix, the hospital has set its course for the future. It remains to be seen how the concept is received.</p>

Figure 17: Case Example of Marketing Mix in Medicine (Elste, 2004)⁸

Business administration is also applied in this example. As the term already tells us, “business” is the object of business administration (Elste, 2004).

Unter einem Betrieb versteht man eine planvoll organisierte Wirtschaftseinheit, in der Sachgüter und Dienstleistungen erstellt und abgesetzt werden (Wöhe, G., 2000).

[A business is understood to mean a planned, organised economic entity in which physical goods and services are created and sold.]

This definition can be readily transferred to the field of medicine: each practice can be seen as a business operation and as such is part of business administration. While medical facilities fulfil more functions than a “normal” business and often

⁸ Translated from the German original (see Appendix)

pursue different goals, many parts of the “science of business” can be transferred to medicine with minor modifications (Elste, 2004).

Business administration and economics are both branches of the social sciences. Whereas business administration deals with small units, i.e. businesses, economics looks at the economic system as a whole. Within the field of economics it is also possible to establish connections with medicine such as with the health system (Elste, 2004).

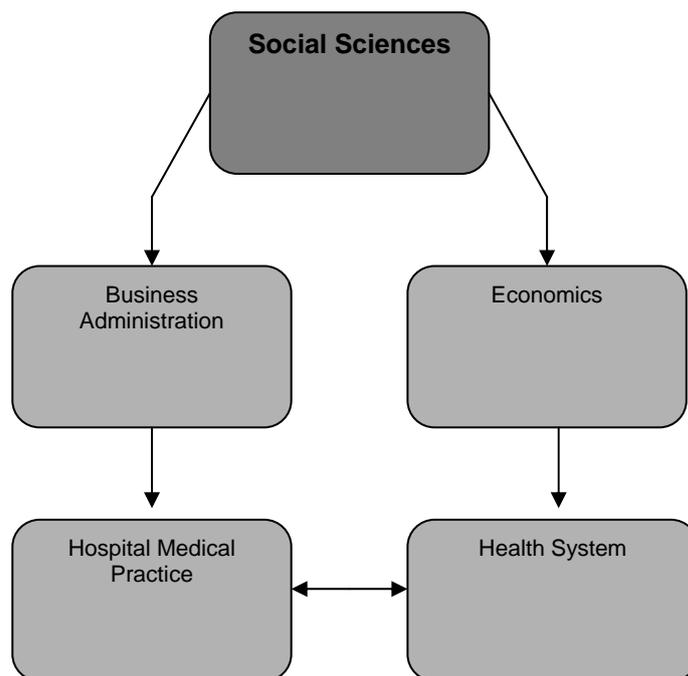


Figure 18: Social Sciences in Medicine (Elste, F. 2004)⁹

It can be seen from these explanations that business administration and medicine go together. Now it is necessary to clarify whether the communication principles for medicine also apply to osteopathy.

3.1.1. How do osteopathy and medicine go together?

The term “osteopathy” and the profession of “osteopath” are not currently subject to any statutory regulation in Austria and are used by different professional groups with different standards of training. Osteopathy is neither legally recognised nor prohibited, which makes it all the more difficult to differentiate between professional

⁹ Graphic translated from the German original (see Appendix)

groups in the medical and non-medical fields. There are also differences in the definition of osteopathy and osteopathic medicine worldwide. Generally speaking, osteopathic medical practitioners are comparable to doctors, in other words osteopaths normally possess another primary medical training (in most cases as physiotherapists) (Wilfling, 2006).

Only physical persons can become full members of the ÖGO. They must be Austrian citizens or have their ordinary place of residence in Austria and have either become osteopaths after passing a clinical final examination at an osteopathic training institution which meets the latest training criteria of the ÖGO, or are "*Diplomierte Osteopathen*" (D.O.) who have acquired their diploma at an osteopathic training institution which meets the stated criteria, or are osteopaths with an MSc in osteopathy who have completed their training at an osteopathic training institution which meets the stated criteria. (<http://www.oego.org>, accessed: 2007-11-15).

Osteopathic training institutions which meet the latest training criteria of the ÖGO are currently the Vienna School of Osteopathy (WSO - *Wiener Schule für Osteopathie*) and the International Academy of Osteopathy (I.A.O.) (Wilfling, 2006).

In her MSc thesis, Wilfling compares the training systems for osteopathy in Austria in the winter semester 2006/2007. She describes amongst others the training institutions the Vienna School of Osteopathy (WSO) and the International Academy of Osteopathy (I.A.O.) with their respective collaborations with state-recognised universities. As from the course year 2007/08, both institutions will only admit students who possess a medical diploma: in Austria, this means physiotherapists and doctors. The basic legislation covering medical professions in Austria is subject to precise regulation. Doctors are governed by the Doctors' Act (*Ärztegesetz*) and the Dentists' Act (*Zahnärztegesetz*), while physiotherapists are subject to the Medical-Technical Services Act (*MTD-Gesetz*) (Wilfling, 2006).

In view of these circumstances, it can be assumed that osteopaths in Austria who are members of the ÖGO are practitioners of a primary medical profession (doctor or physiotherapist) in accordance with Austrian legislation. For this reason, the treatment method osteopathy can also be seen as part of the health system and as part of medicine in Austria in spite of the absence of legal recognition for the

profession, provided that it is practised by members of the ÖGO or by non-members who are graduates of the above mentioned training colleges WSO and I.A.O.

It can therefore be concluded that osteopaths should also draw on the principles of business administration, as would be advisable for any medical practice.

3.2. Arguments AGAINST Communication in Medicine

In the following chapter, arguments are stated which at first glance would appear to rule out the use of marketing and communication in medicine. However, a closer look reveals that these arguments are in part justified and in part also have their weak points. In each case, the relevance to osteopathy is also shown.

3.2.1. Advertising damages the reputation of medicine.

ARGUMENT: In general, advertising has a negative image; it would therefore be detrimental to the reputation of medicine (Tscheulin et al., 1999).

The German medical chamber for Westfalen-Lippe (2001) confirms in one of its direct mailings that the Federal Constitutional Court is right to continually underline the reasoning behind the advertising ban in the interests of the reputation of the medical profession: the ban serves to protect the population, prevents distortion of the job profile of doctors and avoids a commercialisation of the medical profession which would not be in the interests of the health system (<http://www.dbvtcm.de>, accessed: 2007-12-03).

OBSERVATION: The extent to which this argument can be applied to the advertising doctors' practices is not known. There is a lack of experience; but there are reasons to suppose that advertisement of medical practitioners is valued differently to that of consumer goods; patients have a much more positive attitude to such advertising. The view that advertising would damage the reputation of doctors/therapists is an unproven assumption. There are certainly many other factors which would show doctors and therapists in a bad light such negative reporting in the media due to incorrect treatment, accounting fraud and negligence in the area of scientific research.

Furthermore, there are the large numbers of hospital and doctor series on television that give patients a picture of everyday life in the medical profession which in most cases can only be described as a “modern fairytale”.

Fact: The BILD survey has shown that the image of a university clinic can be very positively influenced by advertising (Elste, 2004).

The BILD survey is a randomised, prospective cross-sectional survey conducted between April 2002 and June 2003 in which 402 patients took part. One group received an advertising brochure about the hospital to read; one part of this group read the brochure exactly, the other part only skimmed over it. In addition, a control group was used which did not receive the brochure. All three groups were subsequently asked to complete a questionnaire. The result was that all the readers of the brochure gave the positive features of the clinic a higher score. Even the non-readers who had only skimmed over the brochure gave the clinic a better assessment than the control group which gave the clinic the lowest score. It was clearly demonstrated that the image brochure had positively influenced the image of the clinic (Lenz, 2003).

On the basis of the above it can be deduced that advertising would also not be detrimental to osteopathy. On the contrary, the BILD survey shows that a well-designed image folder with attractive visuals leaves a positive impression on the reader (for details of visuals see 4.6.3.3).

3.2.2. Information overload - but communication works all the same

ARGUMENT: The rising tide of information through television, magazines, the internet and other media has made the consumer indifferent to advertising; we are flooded with advertising stimuli on a daily basis and therefore individual communication measures no longer make sense (Tscheulin et al., 1999).

The following figures provide a striking illustration of this situation: in Germany alone over 50,000 brands are actively advertised; every year sees the arrival of 26,000 new products on the market; 500 million websites are there to be surfed. And then there are the 350,000 advertisements and 2 million advertising spots every year. Our

brains begin to “select”. The average contact times for advertisements are as follows: for an ad in general interest magazines 1.7 seconds; for an ad in a trade journal (e.g. medical journal) 3.2 seconds; for a poster 1.5 seconds; for a mail shot (initial relevance check) 2 seconds; for a banner on the internet: 1 second (Scheier, Held, 2007).

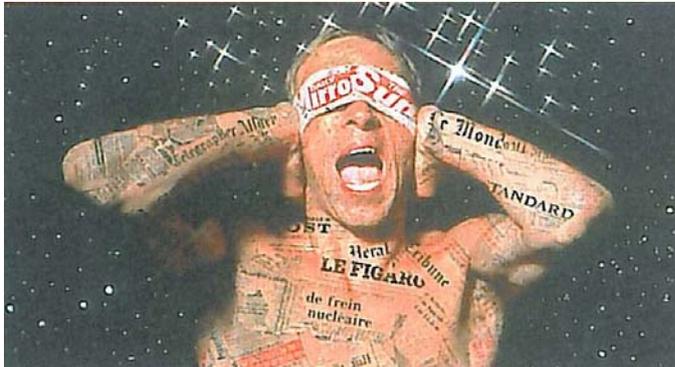


Figure 19: Information Overload – Every day customers are confronted with over 3,000 advertising messages (Scheier, Held, 2007, p. 151)

OBSERVATION: Advertising works all the same. In fact, the impact of advertising does not necessarily depend on active and concentrated attention. If we only had 40 bits at our disposal, the term “stimulus overload” would certainly be appropriate. However, we actually have another 10,999,960 bits per second (Scheier, Held, 2007, p. 151)! The well-known neuroscientist Manfred Spitzer puts it like this: “*Wir nehmen zwar nicht immer alles wahr, aber wir sind nicht in der Lage, unser Wahrnehmungssystem daran zu hindern, immer so viel wie möglich wahrzunehmen*” (Spitzer, 2002, p. 146).

[“*Although we don’t always perceive everything, we are not able to stop our perception system from always perceiving as much as possible.*”]

3.2.3. Doctors don’t need advertising

ARGUMENT: The practices are full; we don’t need any more patients (Tscheulin et al., 1999).

OBSERVATION: The healthcare market is changing; patients are becoming more assertive and choose the practitioners who are to treat them selectively on the basis of qualifications. In future, doctors will have to present themselves more professionally in order to withstand this competition (Elste, 2004).

Diettrich (2007), a German lawyer who specialises in advertising bans in the European medical field, takes the general view that there is a palpable easing of the advertising ban even if the individual doctor has to fight hard for it. Against the background of today's economic imperatives in the health system as a huge service sector and in view of our advertising-oriented society, the existing advertising restrictions almost appear unrealistic. A growing number of registered doctors have to fight for their economic survival. On the other hand, it is certainly desirable for the appropriate medical chambers to exercise control in order to prevent the situation from getting out of hand in an area where the focus should always be on the patient (<http://www.aeksh.de>, accessed: 2007-12-03).

In osteopathy there are two competitive situations to investigate. On the one hand, osteopathy has to compete with alternative treatment methods such as acupuncture and homeopathy (see Chapter 4.1.1.7). On the other hand, there is likely to be increasing competition between osteopaths in the future (see Chapter 4.1.1.3). Osteopaths should respond to both competitive situations with communication in order to preempt a possible decline in patients. This consequence is also confirmed by Nufer (2002) with his statement that products are becoming increasingly similar and interchangeable in virtually all markets and therefore communication policy is often the only area of differentiation when marketing the product (Nufer, 2002) (see also Chapter 2.2.4).

3.2.4. Advertising means increasing costs

ARGUMENT: Advertising medical services will increase the number of services consumed. As a consequence, expenditure in the healthcare sector will increase (Tscheulin et al., 1999).

OBSERVATION: Advertising and consumer goods are two very different things and it is doubtful whether a gastroscopy, for instance, will ever be regarded as a popular "consumer product". Many forget that a medical service can also entail disadvantages for the patient. An operation or other forms of medical treatments can hardly be seen as an alternative to a consumer product (Elste, 2004).

Furthermore, it should be borne in mind that only services which are actually unnecessary will lead to increased costs in the healthcare sector if their consumption is increased through advertising. It is also conceivable, for example, that patients might be encouraged to undergo screening for a particular disease, enabling them to be treated at an early stage if diagnosed. This will lead to cost savings as the costs of treatment generally rise with increasing severity of the disease (Elste, 2004).

It is to be assumed that the treatment method osteopathy differs from other medical services in this respect since as a rule the patient does not find it to be unpleasant. For this reason, it is quite possible for more treatments to be sought as a result of communication, leading to higher costs in the healthcare sector. On the other hand, osteopathy could equally well lead to savings if early osteopathic treatment prevents subsequent treatment costs such as for operations.

3.2.5. The patient is “manipulated”

ARGUMENT: Patients allow themselves to be manipulated by advertising (Tscheulin et al., 1999).

OBSERVATION: For the business economist, the whole purpose of advertising is to inform the consumer and to influence his decision-making. Ultimately, the doctor pursues the same goal. Particularly in the area of medicine, however, there are also ethical aspects to be considered. It may well be desirable to manipulate patients through medical advertising. Examples which come to mind here are preventive measures or blood donation campaigns. Risk potential nonetheless exists in the case of unscrupulous medical practitioners. Stricter advertising bans for those who are not qualified physicians might be advisable (Elste, 2004).

A proposal on the part of the Irish Medical Organisation (IMO) (2006) also tends towards ‘desirable’ manipulation. The organisation demanded that the Irish government in Dublin should ban advertising for fast food and soft drinks on early evening television. Doctors argued that this could help to reduce the number of overweight and obese children and teenagers. According to the IMO, there has been a drastic increase in the number of overweight children and teenagers in Ireland over the years (<http://www.aerzteblatt-studieren.de>, accessed: 2007-12-03).

The aim of advertising osteopathy is also to influence target groups. A desirable manipulation of the patient might be achieved when advertising prevention. Maintaining health is a typical indication for osteopathy as a holistic treatment method (ÖGO image folder, 2004). It should be borne in mind, however, that advertising nonetheless harbours a certain risk potential in view of the absence of a legal basis for osteopathy in Austria since the title of osteopath is not legally regulated (Wilfling, 2006). For this reason, it would be advisable for advertising to be used as a targeted information tool for osteopathy which enables the patient to distinguish between those who are properly qualified osteopaths – in accordance with EU directives - and those who are not (see Chapter 4.6.3.2).

3.2.6. Advertising means costs which ultimately have to be borne by the patient

ARGUMENT: Advertising is expensive and these costs ultimately have to be borne by the patient (Tscheulin et al., 1999).

OBSERVATION: Doctors face many restrictions in their pricing policy. Fee schedules allow little leeway for apportioning costs to the patient. Advertising can, however, provide valuable information and save costs, for example, through a targeted selection of doctor/therapist and hospital which does away with unnecessary “preliminary treatments” (Elste, 2004).

Kubitschek (2007), a German business journalist, points out in his article that medical advertising which is obligated to state true, scientifically founded facts – and is subject to self-regulation by the medical profession – serves the interests of public health. It ensures that the individual patient can at last select the specialist and clinic best suited to deal with a given illness (<http://www.medizin-2000.de>, accessed: 2007-12-03).

Since osteopathy can also be seen as belonging to the area of medicine in Austria (see Chapter 3.1), similar rules apply here. Communication costs cannot simply be passed on to the patient. However, it might also be possible to save costs for the patient through osteopathic treatments if, for example, an early osteopathic treatment

prevents treatment costs such as those for medication becoming necessary at a later date.

3.2.7. Advertising doesn't give newcomers a chance

ARGUMENT: Very strong advertising by market leaders can lead to market entry barriers; this means a disadvantage for new doctors (Tscheulin et al., 1999).

OBSERVATION: Precisely the opposite reaction is to be expected. Advertising also enables newcomers to enter the market and tends to foster competition (Elste, 2004).

From this it can also be concluded that in the case of recent graduates from osteopathic training colleges entry into the market is also facilitated by communication with individual target groups (such as referring doctors or potential patients – see Chapter 4.4).

3.2.8. Small practices have no chance against large practices

ARGUMENT: Small practices do not have sufficiently large advertising budgets to withstand the pressure of large practices. As a result, medical services become centralised (Tscheulin et al., 1999).

OBSERVATION: Aggressive and cost-intensive advertising can indeed induce the patient to opt for institutions with a strong media presence. A higher advertising budget can thus increase patient volume without a better quality of service being offered. State controls are required in any event to prevent the development of monopolistic markets (Elste, 2004).

This situation also applies to osteopathy.

3.2.9. Misleading advertising is harmful to the patient

ARGUMENT: Advertisements which make misleading statements can harm the patient (Tscheulin et al., 1999).

OBSERVATION: Advertising bans are necessary in any event to protect the patient. However, these do not need to be as strict as they have been up to now. Advertisements which make misleading statements should therefore remain prohibited irrespective of any easing of the legislation in the future (Elste, 2004).

According to Maier (2006), from the Austrian Self-Help Association (*ArGe Selbsthilfe Österreich*), the key question is the quality of the accessible or available information. Assertive patients need information and at the moment it is not the quantity but the quality which is the problem. It is becoming increasingly difficult to find out whether the information really is appropriate and this often leads to uncertainty on the part of patients. It is doubtful whether the problem will be solved if the advertising ban is eased. However, there needs to be a debate on who informs whom and how they should do so. This is also a question of quality and patient certainty. Patients in self-help groups have learned to organise information on their own initiative, to ask the right questions and to insist on having their say. As a consequence, there is a shift in the usual areas of authority and traditional role models no longer apply. Informed and assertive patients represent a challenge for the entire system (<http://www.gemomed.at>, accessed: 2007-12-03).

In view of the fact that qualified osteopaths in Austria have to be practitioners of a primary medical profession (see Chapter 3.1.1), the Austrian advertising bans also apply to them. As a consequence, the risk of misleading advertising is reduced (see Chapter 4.1.1.1).

3.3. Arguments FOR Communication in Medicine

In the following chapter, the arguments in favour of marketing and communication in the field of medicine are proposed. In each case the relevance to osteopathy is developed.

3.3.1. The patient wants information

In the field of medicine, information, like advertising to win patients, has a different significance to that in the consumer goods sector since decisions in favour of one medical therapy or another are more important for the patient than the decision in

favour of a given coffee brand. The patient's need for information is therefore all the greater. Surveys reveal, for example, that patients know little about their symptoms. "The Big List of Doctors" from the magazine "Focus" found that 71.6% of respondents were in favour of lifting the advertising ban and wanted more information about medical practitioners and their qualifications. Patients see this as an opportunity for greater transparency and information in the healthcare sector (Elste, 2004).

This desire for information can be satisfied by advertising. Advertising provides information and information can be an advertisement (Elste, 2004).

In German basic law, patients have an enshrined right to information:

„Jeder hat das Recht, ...sich aus allgemein zugänglichen Quellen ungehindert zu unterrichten“ (German Basic Law, Article 5, para. 1, p. 2).

[“Everyone has the right ...to obtain information from generally accessible sources unhindered.”]

The right of patients to information is also enshrined in Austrian federal law:

Patienten und Patientinnen haben das Recht, im vorhinein über mögliche Diagnose- und Behandlungsarten sowie deren Risiken und Folgen aufgeklärt zu werden. Sie haben das Recht auf Aufklärung über ihren Gesundheitszustand, weiters sind sie über ihre erforderliche Mitwirkung bei der Behandlung sowie eine therapieunterstützende Lebensführung aufzuklären (Fundamental Federal Act, Federal Gazette 801/1993).

[Patients have the right to be informed in advance of possible types of diagnosis and treatment as well as about the respective risks and consequences. They have the right to an explanation of their state of health. Moreover, the role they must play in their treatment and the lifestyle they must lead to support their therapy are to be explained to them.]

For Dr. Reiner Brettenthaler (2006), President of the Austrian Medical Chamber in 2006, the assertiveness of the patient also means an ability to decide and accept responsibility. He takes the view that this ability to decide depends first and foremost on the possibility of obtaining, critically selecting and digesting information. The huge interest in health and the resulting extensive supply of information nonetheless

harbours the risk of unrealistic expectations and disappointed hopes (<http://www.gemomed.at>, accessed: 2007-12-03).

This information shows that advertising in medicine is not viewed negatively by patients but is actually desired as an information tool. Information is a legally enshrined right for the patient. The same can also be applied to osteopathy. Osteopaths should therefore satisfy their patients' desire for more information by means of active communication.

3.3.2. Changes in the market situation call for communication

As already outlined in Chapter 3.2.3, the market situation is also changing in the healthcare sector. Patients are becoming more assertive and focus on qualifications when deciding who is to treat them (Elste, 2004). This means that patients actively look for information about qualifications. That task can be made easier for the patient by good communications on the part of doctors' practices within the framework of what is legally permitted.

A position paper for the Austrian advertising industry published by the Austrian Association of Advertising and Market Communication (*Österreichischer Fachverband Werbung und Marktkommunikation*) (2002) states that consumer behaviour is changing drastically in the health sector in particular. People are more determined than ever to shape their own lives and to obtain the necessary information. Medicine is becoming a normal part of life where people want to make their own decisions. Medical products are in some cases becoming consumer products, giving rise to a need for adequate information, communication and knowledge. Moreover, access to a wide range of information on medical and pharmaceutical products is readily accessible to many patients via the various electronic media, while this information is not subject to any quality control or authorisation. As a consequence, an increasing number of people have access to non-quality-controlled health information, while others remain excluded from it due to technical or linguistic barriers. The association therefore calls for a rapid liberalisation of wide-scale communication and advertising (<http://www.stopp-werbeverbote.at>, Accessed: 2007-12-03).

Osteopathy can also expect to see the number of practices increase in view of the number of new osteopaths who complete their training every year (see Chapter 4.1.1.7). It can be assumed that this will also change the competitive situation among osteopathic practices. In 2006, for example, in the Province of Vienna, there were 78 qualified osteopaths for a population of 1,596,200 inhabitants. This means roughly one osteopath for every 20,500 inhabitants (Wagner-Scheidel, B., 2006). An increase in the number of osteopathic practices will automatically mean a reduction in the number of inhabitants per osteopath. For this reason, osteopaths should try to draw attention to the services they offer through communication within the legal framework of what is permitted in order to assert their position in the face of the resulting competition from other osteopathic practices.

3.3.3. Communication facilitates positioning and repositioning

In the free market economy a large number of brands have positioned themselves in the market. This means that the position occupied by these products is defined by consumers on the basis of specific features: Apple, for example, as a modern enterprise for particularly user-friendly and professional computers; the Jaguar brand as a manufacturer of elegant automobiles (Elste, 2004).

Zentes (2001) describes how positioning highlights the differentiation of features between competing products and in respect of the target group in order to achieve competitive advantage (Zentes, Swoboda, 2001).

In medicine, positioning occurs in the same way as in industry. Each existing practice has already positioned itself in the market for medical services. This can take place accidentally or intentionally. If there was no positioning, patients would perceive every medical service from all providers to be the same, in other words they would not have any preferences (Elste, 2004).

For osteopathy, it is therefore recommended that positioning is managed “intentionally” by means of competent communication in order to achieve competitive advantage.

Repositioning can be considered if a practice wants to change the emphasis of the medical services it provides (Elste, 2004). This is the case in osteopathy, for instance, if a physiotherapist or doctor has completed his osteopathic training and now wishes to work as an osteopath. Another example of repositioning is when the osteopath undergoes additional training in paediatric osteopathy and now sees this specialist qualification as a new focus for his work in the future.

In such cases, communication can support the repositioning of the osteopath.

3.3.4. New therapy methods can establish themselves more rapidly

Advertising for new preventive measures in particular has demonstrated that more patients are reached when these measures are properly communicated and more patients then actually take advantage of the new offering (Elste, 2004).

Osteopathy is one of the lesser known therapy methods. Very often, patients know little or nothing about osteopathy. The Germany Osteopathic Association (*Deutscher Verband der Osteopathen Deutschland e.V.*) writes that osteopathy has a long way to go before it becomes as known as the services of the complementary healthcare practitioner or even the physiotherapist, and that a lot of effort is needed to combat the uncertainty and initial scepticism of patients or orthodox medical practitioners. Here again, the association advocates working towards the legal recognition of the profession in Germany (<http://www.osteopathie.de>, accessed: 2007-11-24).

Active communication work which provides patients and referring doctors with objective, professional and scientifically founded information can support the establishment of osteopathy as a new therapy method. This statement also forms the basis for the next chapter.

3.3.5. Incentive for further training

As the establishment of osteopathy progresses in Austria, this could lead to more physiotherapists and doctors deciding to train as osteopaths and to specialise in the field of osteopathy (see Chapter 4.3).

3.3.6. Advertising for prevention is positively received

Advertising can be very helpful in the area of prevention. People can be encouraged to undergo specific medical check-ups with the aid of good communication work. Preventive measures can help to reduce costs in the healthcare system. The work of the PHP-x study by the University of Heidelberg shows that the acceptance of advertising for prevention is very high among the population. 721 people were asked to give their opinion on advertising for prevention. 91.4% of respondents replied that advertising for prevention was necessary (Elste, 2004).

According to the ÖGO, maintaining health (prevention) is a typical indication for osteopathy (ÖGO image folder, 2004). If this principle is actively promoted in communication work for osteopathy, several goals could be pursued at the same time. Firstly, patients see preventive measures as sensible – it can therefore be assumed that the level of acceptance for osteopathy on the part of the patient will increase, when he discovers that osteopathy also works preventively. Secondly, prevention has a part to play in limiting the generally rising costs of healthcare – if osteopathy actively advertises prevention, more patients will avail themselves of these services (see Chapter 3.3.4). And thirdly, actively advertising prevention through osteopathy as a cost-cutting measure in the healthcare sector could support the political lobbying aimed at the legal recognition of osteopathy.

3.3.7. Possible enlargement of the patient group for osteopaths who are trained physiotherapists

Usually, patients with complaints linked to the locomotor system are referred to physiotherapists. A job profile of the physiotherapist is given on the homepage of the Austrian association Physio Austria, where it states that the aims of physiotherapy are on the one hand to prevent dysfunctions of the locomotor system, and on the other to maintain and restore natural movement to enable the patient optimal, individual, pain-free movement and independence. Physiotherapists work with a wide range of movement therapeutic treatment concepts and techniques. These are supplemented by massage and additional physical measures such as thermotherapy, electrotherapy, hydrotherapy, etc. (<http://www.physioaustria.at>, 2007-11-10).

Nonetheless, the Medical-Technical Services Act (*MTD-Gesetz*) does not explicitly prohibit physiotherapists from independently treating patients with complaints outside of the locomotor system, e.g. patients with problems relating to the gastrointestinal tract. The act describes the field of application of the physiotherapist as follows:

§ 2. (1) Der physiotherapeutische Dienst umfasst die eigenverantwortliche Anwendung aller physiotherapeutischen Maßnahmen nach ärztlicher Anordnung im intra- und extramuralen Bereich, unter besonderer Berücksichtigung funktioneller Zusammenhänge auf den Gebieten der Gesundheitserziehung, Prophylaxe, Therapie und Rehabilitation. Hierzu gehören insbesondere mechanotherapeutische Maßnahmen, wie alle Arten von Bewegungstherapie, Perzeption, manuelle Therapie der Gelenke, Atemtherapie, alle Arten von Heilmassagen, Reflexzonentherapie, Lymphdrainagen, Ultraschalltherapie, weiters alle elektro-, thermo-, photo-, hydro- und balneotherapeutischen Maßnahmen sowie berufsspezifische Befundungsverfahren und die Mitwirkung bei elektrodiagnostischen Untersuchungen. (Medical-Technical Services Act, Federal Gazette No. 460, 1992).

[§ 2. (1) The physiotherapeutic service encompasses the independent application of all physiotherapeutic measures as prescribed by a physician in the intramural and extramural areas, giving particular regard for functional correlations in the areas of health education, prophylaxis, therapy and rehabilitation. This includes in particular mechanotherapeutic measures such as all types of movement therapy, perception, manual therapy of the joints, respiratory therapy, all types of therapeutic massage, reflexology, lymph drainage, ultrasound therapy, also all electro-, thermo-, photo-, hydro- and balneotherapeutic measures as well as profession-specific diagnostic methods and the involvement of electrodiagnostic examinations.]

More PR work for osteopathy might also lead to osteopaths who are trained physiotherapists receiving more referrals from doctors in respect of patients with osteopathic symptoms, e.g. patients with problems in the gastrointestinal tract. Ensuring that the referring doctor has adequate information on the possibilities which osteopathy has to offer should therefore be a goal of communication work (see also Chapter 4.3 as well as Chapter 6 – Critical Reflection and Perspectives for Further Research).

3.3.8. Possible support for political lobbying by the professional associations

From the legislative point of view, osteopathy currently lacks a legal basis in Austria (see Chapter 4.1.1.1 Environmental Situation).

Active and professionally competent communication could help to pave the way for establishing a legal basis (see also Chapter 3.3.5) because if increasing numbers of patients take advantage of osteopathic treatment, then osteopathy will attract more practitioners (see Chapters 3.1, 2.1.6 and 4.3). The greater the number of osteopaths there are in Austria, the greater will be the political weight of osteopathic interest groups (the ÖGO as well as the Austrian Medical Association for Osteopathy, Osteopathic Medicine and Clinical Osteopathy - *Österreichische Ärztesgesellschaft für Osteopathie, Osteopathische Medizin und Klinische Osteopathie*). This greater political weight could facilitate the political lobbying aimed at legal recognition of the profession.

3.3.9. Advertising can help people to find the right doctor or therapist

Advertising can provide valuable information and save money, for example, through a targeted selection of a doctor or therapist because unnecessary preliminary treatments can be dispensed with. A more focused approach to selecting the right doctor or therapist also does away with the frequent need to change doctors (Elste, 2004).

The three cornerstones of osteopathy and how the treatment works can be explained to the patient simply, clearly and comprehensively with good communication. Only the informed patient can distinguish between other professional groups with completely different treatment methods (e.g. masseurs) or with what to the patient seem to be similar treatment methods (e.g. cranial therapists), and compare or analyse content with that of osteopathy.

3.3.10. Contribution to quality assurance

If uniform communication tools are used for osteopathy, the main elements of this treatment method will be communicated as a result. The patient will know what to expect and what osteopathic treatment can achieve.

This can represent an incentive for quality assurance since the osteopath will strive to ensure that content which is communicated in an image film, for instance, is also implemented in his treatment concept.

3.4. Summary

Today's medical practice should be run in accordance with the principles of business administration, i.e. it should consider the marketing mix. In the area of communication as part of marketing, there are a growing number of factors which favour communication in the field of medicine and osteopathy. The importance of an active communication policy is growing in particular as a result of the changing market situation as well as the as yet inadequate establishment of the osteopathic profession and its lack of a legal basis. The existing prejudices against advertising in the field of medicine have largely been refuted, but also show that regulation is important in medical communication in order to prevent abuse. This regulation exists in the form of the legal ban on advertising.

4. Communication Strategy for Osteopathy

When developing a communication strategy for osteopathy, it is important to perform an in-depth analysis of the current situation before goals and target groups are defined (Kotler et al., 2007).

The first step is therefore to carry out a comprehensive situation analysis for osteopathy. This involves investigating the exogenous situation factors, i.e. those affecting osteopathy from the outside, along with the endogenous, i.e. the internal factors such as values and norms

A SWOT analysis is then performed to identify the strengths, weaknesses, opportunities and threats, and to show how they are interrelated. As an additional basis, the goals and target groups are defined and described in detail.

Viewed in business terms, osteopathy is a service. This leads to special features which need to be taken into account when designing a communication concept. These are investigated in depth.

Only after all these basic principles have been developed is a proposal for the basic communication strategy presented. This includes the development of a key message – in other words, a generally applicable message – as well as the description of ideal visuals.

4.1. Situation Analysis

As the basis for development of a communication strategy for osteopathy, the current situation is first investigated precisely.

A distinction is made between exogenous (can be influenced from the outside) and endogenous (can be influenced from the inside) situation factors (Nufer, 2002)

4.1.1. Exogenous Situation Factors

Exogenous situation factors are external factors which define and influence the environment for osteopathy. These include, for example, the legal and political framework, the social situation, the market situation, the enterprise-based potential, the consumer situation or the competitive situation. The result of this environmental analysis is the identification of opportunities and threats in the market (Nufer, 2002).

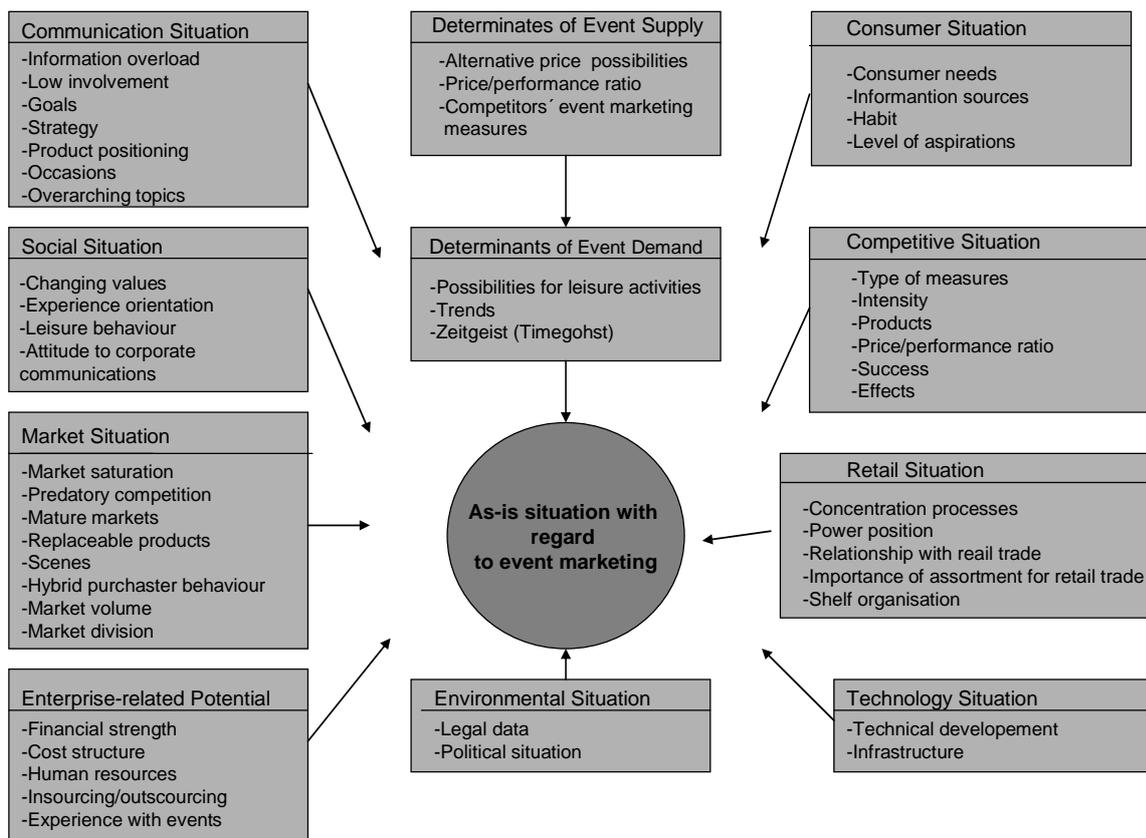


Figure 20: The Impact of Event Marketing (Nufer, 2002)¹⁰

These factors are described in further detail in the next chapter.

4.1.1.1. Environmental Situation

The environmental situation describes the legal and political situation of osteopathy. The legal basis for the practice of osteopathy varies widely worldwide at the present time. The current situation in Austria is outlined in the following chapter (Wilfling, 2006).

¹⁰ Graphic translated from the German original (see Appendix)

Absence of a Legal Protection for the Profession

There is currently no legal basis for osteopathy in Austria (Wilfling, E, 2006). Wilfling goes on to explain with regard to the current legal situation in Austria that osteopathy is an independent, holistic, manual treatment method which is not currently recognised as such in Austria. An osteopathic treatment involves the use of mechanotherapeutic procedures. No separate, direct legislation exists for “osteopathy” in Austria. The use of the job title “osteopath” or the academic title “*Diplomierter Osteopath*” (*D.O.*) is not legally protected at the present time. There is no separate legal regulation with regard to offering basic courses in osteopathy or degree courses in osteopathy. No legal regulation and control specifically for the practise of “osteopathy” exists. In Austria, therefore, osteopathy is neither recognised nor prohibited, and can be practised by different people with different professional qualifications and a medical or a non-medical background. There is a lack of legal clarity within Austria as to whether osteopathy constitutes a “specialisation” within the medical/scientific professions (e.g. medical doctor, physiotherapist), or whether it involves an individual therapy method (Wilfling, 2006).

A major question is whether the term “therapy method” is subject to legal regulation. In Austria there is no legally explicit standard for therapy methods. This applies in particular for osteopathy. As a result, “osteopathy” and branches of it (e.g. craniosacral therapy, visceral osteopathy, structural osteopathy) are practised by people with or without primary medical/scientific training (Wilfling, 2006).

The basic legislation covering medical professions in Austria is subject to precise regulation. For medical doctors there is the Doctors’ Act (*Ärztegesetz*) and the Dentists’ Act (*Zahnärztegesetz*), for physiotherapists and ergotherapists the Federal Act Regulating the Higher Medical-Technical Services (*Bundesgesetz über die Regelung der gehobenen medizinisch-technischen Dienste*) applies, for midwives the Midwives’ Act (*Hebammengesetz*), for medical masseurs and massage therapists the Medical Masseurs’ and Massage Therapists’ Act (*Medizinisches Masseur- und Heilmasseurgesetz*); the licensed masseur is a regulated profession with a “bound” (i.e. officially acknowledged) licence. In principle, physiotherapists are allowed to practice osteopathy as a mechanotherapeutic procedure to treat patients under current legislation if instructed to do so by a medical doctor (Wilfling, 2006).

Advertising Laws and Bans

The advertising laws and bans for medical professions represent another major legal restriction in the area of communication.

An advertising ban is enshrined in the Medical-Technical Services Act (*MTD-Gesetz*): *Im Zusammenhang mit der freiberuflichen Ausübung der im Abs. 3 genannten Berufe ist eine dem beruflichen Ansehen abträgliche, insbesondere jede vergleichende, diskriminierende, unsachliche oder marktschreierische Anpreisung oder Werbung verboten* (Medical-Technical Services Act, § 7, para. 6, 1992).

[In conjunction with the exercise of the professions stated in paragraph 3 on a freelance basis, any self-promotion or advertising which is detrimental to the reputation of the profession, in particular any comparative, discriminatory, unobjective or blatant self-promotion or advertising, is prohibited.]

Advertising provisions are also incorporated in the Doctors' Act (*Ärztegesetz*): *Der Arzt hat sich jeder unsachlichen, unwahren oder das Standesansehen beeinträchtigenden Information im Zusammenhang mit der Ausübung seines Berufes zu enthalten* (Doctors' Act, § 25, para. 1).

[In the exercise of his profession, the doctor shall refrain from any information which is unobjective, untrue or detrimental to the reputation of the profession.]

This means there are two major bans. Firstly, the **dissemination of information which is untrue and unobjective** is prohibited. "Unobjective" means that the advertising does not refer to medical content, that the required medical objectivity has not been adhered to or that the form or content is not appropriate to the patient's information needs. An example: "With XY ointment, your complaint will be cleared up immediately – 100% certain!" (Elste, 2004).

Secondly, the **dissemination of information which is detrimental to the reputation of the profession** is prohibited. This includes amongst others comparative advertising, e.g. referring to other colleagues, directly involving patients (such as through guest books on internet pages or experience reports from patients), advertising for specific drugs, advertising with prices (e.g. "This service only costs € 49.00"), self-promotion akin to advertising by the doctor (e.g. "Only trust the best!"),

the inference of exclusivity (with the term “exclusive”) and the bogus use of professional titles. The distribution of fliers and direct-mail advertising, e-mails, etc. to groups of people outside of the practitioner’s own circle of patients is also prohibited (Elste, 2004).

These previously absolute and unqualified bans have been eased slightly since 1 January 2006 with an amendment to the Federal Act on Healthcare and Nursing Professions (*Bundesgesetz über Gesundheits- und Krankenpflegeberufe*): *Im Zusammenhang mit der freiberuflichen Berufsausübung und der Berufsausübung gemäß § 35, Abs 1 Z 6 ist eine dem beruflichen Ansehen abträgliche, insbesondere jede vergleichende, diskriminierende oder unsachliche Anpreisung oder Werbung verboten.*

1) Fachlich richtige, wahrheitsgemäße und nicht gegen Standesinteressen verstoßende Werbung ist also erlaubt.

Diese Bestimmung stellt eine Anpassung an ähnliche oder gleichartige gesetzliche Regelungen im Krankenanstaltenrecht (§ 13 des Grundsatzgesetzes des Bundes in der Fassung BGBl 801/1993); im Ärztegesetz (§ 25, Abs. 1), im Hebammengesetz (§ 20); im MTD-Gesetz (§ 7, Abs. 6); im Psychologengesetz (§ 15, Abs. 1) und im Psychotherapiegesetz (§ 16 Abs. 1) dar (Amendment to the Fundamental Federal Act, pursuant to Federal Gazette 801/1993 dating from January 2006).

[In conjunction with the exercise of the profession on a freelance basis and the exercise of the profession pursuant to § 35, para. 1, item 6, any self-promotion or advertising which is detrimental to the reputation of the profession, in particular any comparative, discriminatory, unobjective or blatant self-promotion or advertising, is prohibited.

1) Advertising which is professionally correct, true and not detrimental to the interests of the profession is therefore permitted.

This provision constitutes an alignment with similar statutory regulations in hospital law (§ 13 of the fundamental federal act pursuant to Federal Gazette 801/1993); in the Doctors’ Act (Ärztegesetz) (§ 25, para. 1), in the Midwives’ Act (Hebammengesetz) (§ 20); in the Medical-Technical Services Act (MTD-Gesetz) (§ 7, para. 6); in the Psychologists’ Act (Psychologengesetz) (§ 15, para. 1) and in the Psychotherapy Act (Psychotherapiegesetz) (§ 16 para. 1)]

This means that what is allowed includes in particular the **statement of the practitioner's own medical fields covered and specialisation**, e.g. on signs at the entrance to the practice, as well as **circular letters to the practitioner's own patients**, e.g. regarding organisational changes, new medical fields covered, important events or simply congratulations on a birth. **Invitations to preventive examinations and check-ups**, information on **successors at the doctor's surgery**, the setting up of a **website** are also permitted (Elste, 2004).

In the area of PR work, the advertising regulations state that restraint is to be exercised in dealing with the media and that the requirement for objectivity, the interests of the patients, the honour and reputation of the profession and the duties and obligations of the profession are to be complied with (Elste, 2004).

What is not allowed includes "absent treatment", i.e. individual diagnoses and therapy instructions on request. Photos of patients may only be used with their consent, while parts of the body are permitted providing that anonymity is guaranteed. Steps must be taken to ensure that the chain of responsibility is adhered to – e.g. a PR text must be approved before release. The permitted maximum size of an advertisement is ¼ page of the respective print medium (e.g. regarding holiday times or new ownership of a practice) (Elste, 2004).

Osteopathic Interest Groups

In the following chapters, the groups who look after the interests of Austrian osteopaths and, where possible, the communication tools they use are described in brief.

Austrian Osteopathic Association (ÖGO)

The ÖGO (*Österreichische Gesellschaft für Osteopathie*) is the professional association which represents osteopaths working in Austria. It is a registered association (ZVR: 624670982) which is not for profit. It is a member of the European Federation of Osteopaths (EFO) and the Forum for Osteopathic Regulation in Europe (FORE) (<http://www.oego.org>, accessed: 2007-11-10).

During the course of preparing this thesis, the author was sent a description of the communication tools currently employed by e-mail. The ÖGO strives to maintain good contacts between patients and osteopaths. This includes the **website**, which is always kept up to date, as well as direct **contacts with patients and (prospective) osteopaths** - irrespective of their primary profession. The ÖGO is represented at congresses **and professional events** (e.g. at the Pain Conference at Vienna's City Hall). Regular **mailings**, each focusing on a particular topic, are sent primarily to registered members and other interested parties such as possible future members. The folder "**Osteopathy - The Art of Healing / Philosophy / Science**" contains important information and provides an initial impression of the wide range of applications of osteopathy. It is also possible for patients to request (by telephone, fax, e-mail, post) a **list** of qualified osteopaths (e.g. trained at the WSO) to enable them to consult a trusted therapist in their neighbourhood – if they are unable to find this information on the ÖGO website. The ÖGO is particularly keen to see prospective and graduate osteopaths register with the **association** – only then will it be able to offer a closely knit, Austria-wide network of practising osteopaths and thus create the possibility for those seeking help to find a therapist of choice and of trust in (almost) the immediate vicinity of where they live (Göttlicher-Plodek, A., e-mail dated 10.09.07).

The ÖGO currently uses the following logo in all its communication tools:



The ÖGO homepage:

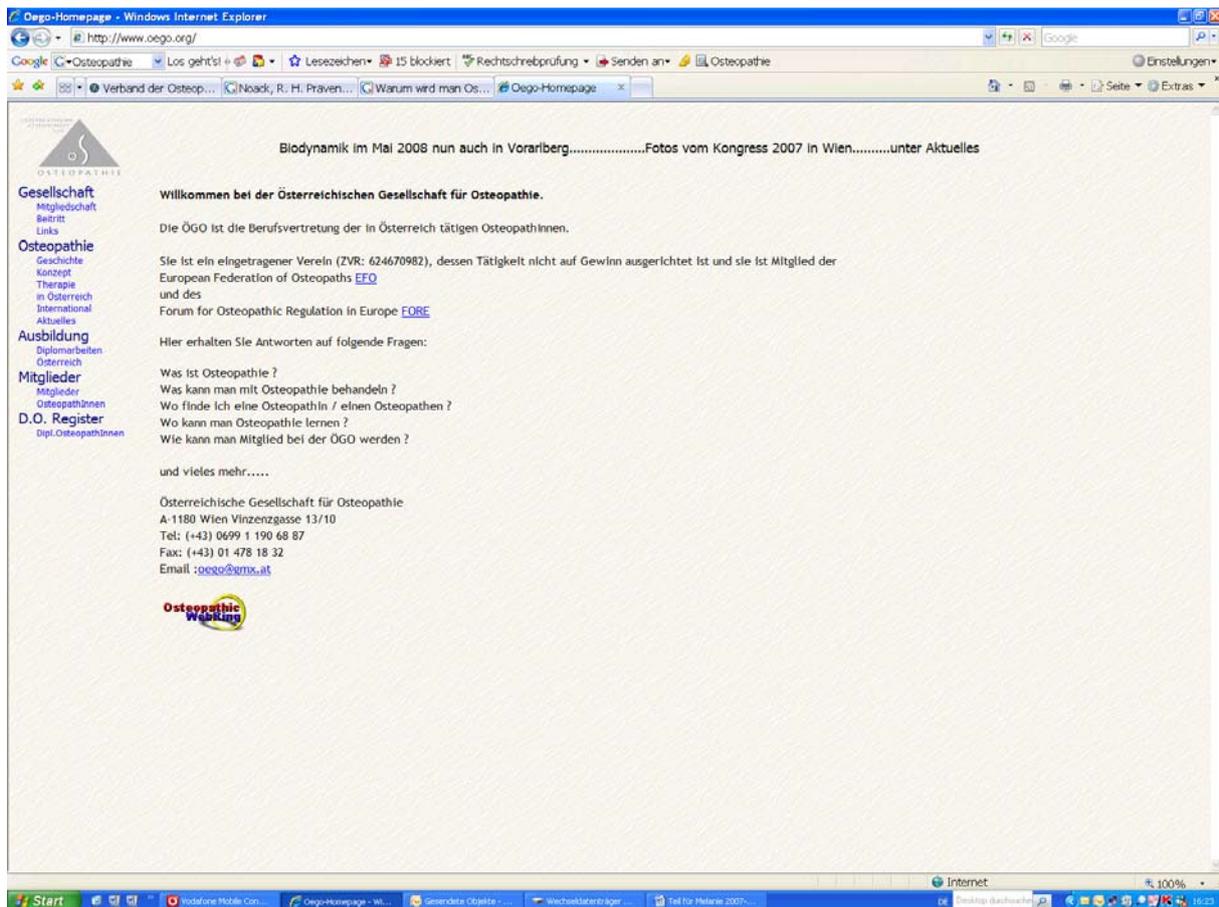


Figure 21: Homepage of the ÖGO (<http://www.oego.org>, accessed: 2007-11-10)

Austrian Association of Osteopathy, Osteopathic Medicine and Clinical Osteopathy (ÖÄGO)

The goal of the ÖÄGO (*Österreichische Gesellschaft für Osteopathie, Osteopathische Medizin und Klinische Osteopathie*) is the wide establishment of osteopathy in Austria. A special focus is placed on high quality standards in training (<http://www.wso.at/aerzte>, accessed: 2007-11-24).

The website does not provide any facility for contacting the association and the last update was in 2003, which would seem to indicate that the association is not currently active. No other communication tools are stated.

European Federation of Osteopaths (EFO)

The EFO is the European umbrella organisation for the individual osteopathic associations. The extent to which the EFO is recognised varies from one European country to another. The federation was originally founded under the name of

European Register of Osteopaths in 1992 and later renamed. Its goal is to promote and regulate the education and deontology (duties and obligations based on ethics) of the osteopathic profession. The tasks assumed by the EFO are as follows: it coordinates the efforts of member associations to gain the legal recognition of osteopathy; it proposes international standards for osteopathic practice and training; it aims to promote the creation of a European Academy of Osteopathy; and it acts as spokesperson for European osteopaths (“D.O.”) with the Commission of the European Communities and the European Parliament. The current members of the EFO are the associations from Austria, Belgium, France, Germany, Greece, Holland, Italy, Luxembourg, Portugal, Switzerland, Spain, the UK and Poland. (<http://www.e-f-o.org>, accessed: 2007-11-10).

Various attempts by the author to contact the Vice President, Eric Gery, in Vienna by e-mail and telephone proved unsuccessful as he was not available and did not respond to e-mails. Eric Gery is nonetheless stated on the website as the address to contact.

The author was unable to establish the exact structure of the federation. In view of the contact addresses given on the website it can nonetheless be assumed that the members only work on a part-time or honorary basis as all the contacts are stated as having the title “D.O.” (<http://www.e-f-o.org>, accessed: 2007-12-02) and therefore probably work as osteopaths. This could also explain why they are difficult to reach.

The website also provides links to the individual member associations as well as a search engine to find a local osteopath.

The EFO homepage:



Figure 22: EFO Homepage (<http://www.e-f-o.org>, accessed: 2007-11-10)

Forum for Osteopathic Regulation in Europe (FORE)

The Forum for Osteopathic Regulation in Europe (FORE) brings together national registers and competent authorities for osteopathy across Europe to protect patients, promote confidence in osteopathic professionals and be at the forefront of healthcare regulation. FORE is working to improve information exchange and develop a consensus on standards of osteopathic education, training and practice across Europe. The secretariat is based in the UK. International meetings are held every year to promote an exchange of views, the last of which took place in Estoril, Portugal, on 10 and 11 November 2007 (<http://www.forewards.eu>, accessed:2007-11-10).

The FORE homepage:



Figure 23: FORE Homepage (<http://www.forewards.eu>, accessed: 2007-11-10)

Summary of Osteopathic Interest Groups

Four interest groups which work at national or international level were described in brief: the Austrian Osteopathic Association (*Österreichische Gesellschaft für Osteopathie – ÖGO*), the Austrian Association of Osteopathy, Osteopathic Medicine and Clinical Osteopathy (*Österreichische Gesellschaft für Osteopathie, Osteopathische Medizin und Klinische Osteopathie – ÖÄGO*), the European Federation of Osteopaths (EFO), which is the European umbrella organisation for the individual osteopathic associations, and the Forum for Osteopathic Regulation in Europe (FORE) which works to improve information exchange in Europe.

4.1.1.2. Enterprise-based Potential

Enterprise-based potential examines the capacities and resources available to an enterprise (Nufer, 2002). This is investigated from the viewpoint of the Austrian umbrella organisation (the ÖGO) and that of the individual osteopath.

From the Viewpoint of the ÖGO

The ÖGO finances itself largely through membership fees (€ 170.00 for D.O. and MSc, € 130.00 for members with a clinical qualification and € 70.00 for the extraordinary membership of osteopathy students). Most of the association's activities are performed on an honorary basis. The ÖGO also receives grants and donations from individual members. It employs a part-time secretary. However, according to the secretariat, this means that there is not enough time to carry out the work required.

The ÖGO currently has roughly 250 members, with membership figures showing a strong upward trend. An annual growth rate of up to 30% is possible. (Göttlicher-Plodek, A., ÖGO secretariat, telephone call on 12.11.07).

From the Viewpoint of the Individual Osteopath

In Austria, osteopathy is practised by doctors, physiotherapists, ergotherapists, dentists and midwives. However, as from the course year 2007/2008, only doctors, dentists and physiotherapists will be admitted for training at the WSO (Wilfling, 2006). With few exceptions, the majority of osteopaths practise independently. Most hospitals do not offer this method of therapy (<http://www.oego.org>, accessed: 2007-11-24).

In view of the very small operations, osteopaths do not as a rule have a separate communication department but plan and fund communications themselves (ÖGO website, 2007). Support from the ÖGO for the individual osteopaths would certainly be useful in this respect, for example in the form of downloadable press releases or posters which could be ordered (see Chapter 5).

4.1.1.3. Market Situation: The Healthcare Sector

The medical services market consists of all services directly or indirectly related to patients. The providers of medical services have to take a look at the market behaviour of their competitors and customers (Elste, 2004).

Generally speaking, the market should be analysed as comprehensively as possible. Subdivision of a market according to customers with different characteristics is referred to as market segmentation (see also Chapter 4.4 Target Groups).

In order to analyse the number of qualified osteopaths, the figures of the WSO and the I.A.O. as training institutions recognised by the ÖGO have been used. Roughly 230 students have graduated from the WSO; around 380 are currently undertaking training; and around 75 join a course each year. At the Austrian section of the I.A.O. there are currently around 50 Austrians studying osteopathy. As this institution has only existed since 2003 and the basic course takes at least five years, there are currently no graduates from the I.A.O. (Wilfling, 2006).

This means that in 2006, there was one osteopath for every 36,100 inhabitants in Austria (based on a total average population of 8,309,000). Five years later, i.e. in 2011, the figure will still be in the region of one for 12,500 inhabitants, providing that all graduates actually continue to exercise the profession of osteopath. This ratio is expected to continue to fall on an annual basis as new graduates start to practise. It should be borne in mind, of course, that the average number of graduates per annum can vary upwards or downwards.

The figure of one osteopath for 12,500 inhabitants is to be seen as relatively high. In 1997, the Second Health Report to the Austrian National Assembly stated that Austria had the second highest density of doctors in Europe, with one doctor for every 280 inhabitants (<http://www.parlament.gv.at>, accessed: 2007-12-02).

The statistical organisation Statistik Austria gives the following figures based on the latest global survey in 2005: 10,704 people work in the area of the higher medical-technical services, which includes amongst others physiotherapists, ergotherapists and speech therapists (compared with 3,445 people in 1980). This means one practitioner for every 774 inhabitants. In the area of general practice, 20,134 doctors

were counted, which would equate to roughly one general practitioner for every 412 inhabitants (<http://www.statistik.at/Gesundheit>, accessed: 2007-12-02)

On the basis of the figures it can be assumed that there is a large patient potential for osteopathy.

4.1.1.4. Social Situation

In this chapter, current trends in our society are examined and are taken into account for the implementation of communication tools.

The results of the latest trend research confirm that our society is increasingly oriented towards the “experience”. Communication should therefore also focus on the positive “experience” (see Chapter 2.2.4.1).

The Austrian Institute of Leisure and Tourism Research (*Österreichische Institut für Freizeit- und Tourismus-Forschung*) confirms that lifestyles in our modern society show a growing orientation towards leisure and therefore experience. In economic terms, this is also associated with a stronger customer orientation. These new lifestyles are expressed in new life goals, above all in general attitudes, in media, consumption and general leisure behaviour, in clothing and home fashions, in music and literature tastes and in the latest holiday habits. People identify themselves by means of their respective lifestyles in the worlds of work and leisure, and develop their social contacts and value orientations accordingly. This development goes far beyond basic leisure research and encompasses all areas of life over a longer period (<http://www.freizeitforschung.at>, accessed: 2007-10-05).

Another survey on the topic of “What Austrians Want from a Good Life” published in March 2007 shows that the priority of health, which has long been at the top of the list of what people want for a good life, has actually increased over the last 12 years (increase from 82% to 88%).

Ideas of a „Good Life“ (Trend 1995-2007)

QUESTION. Briefly on the topic of a „good life“, everyone has their own idea Of a good life. What does a good life entail in your view? Please state according to

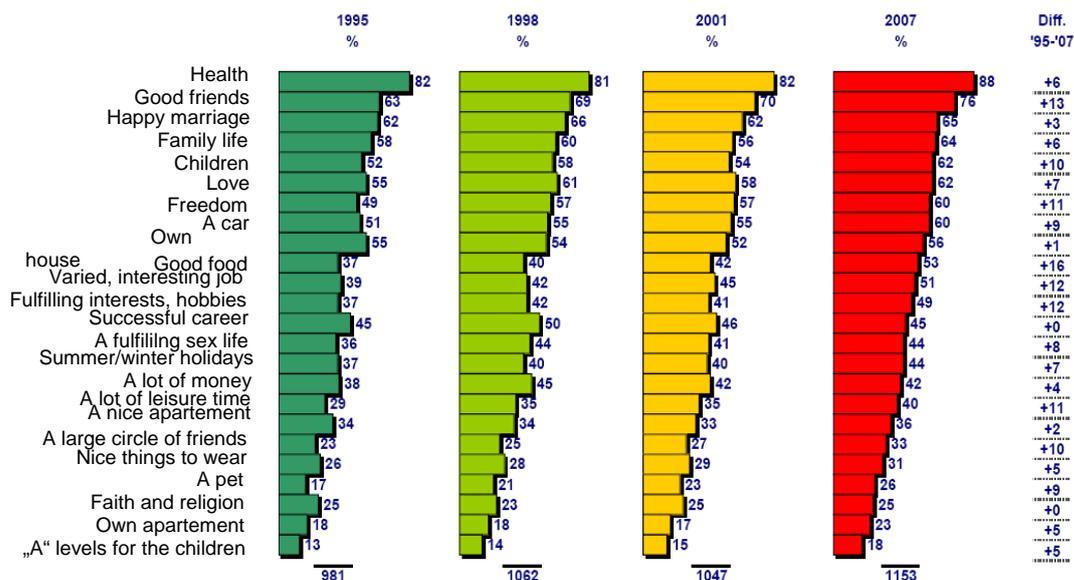


Figure 24: Health as the Top Trend (Spectra survey, 2007¹¹)

This also confirms the enormous wellness and health boom which continues to show a strong upward trend. „Nur wer Wellness lebt, ist wirklich „well“: Wellness ist vor allem eines: ein Megamarkt. Wellness ist aber auch mehr als ein Geschäft. Wellness ist eine allgemein verständliche Metapher für eine neue Lebensqualität – und erlernbar.“ (Health Forum, 2007).

[“You are only really “well” if you experience wellness. Wellness is above all one thing: a mega market. But wellness is more than a business. Wellness is a generally comprehensible metaphor for a new quality of life – and can be learned.”]

The desire for a holistic awareness of the body and therefore for holistic therapy methods can also be seen against the background of this strong health trend. This is where osteopathy scores as a holistic therapy method in which prevention, i.e. health maintenance, also plays a major role (ÖGO image folder, 2004).

From these surveys it can be deduced that the current social situation strengthens the market potential for osteopathy.

¹¹ Graphic translated from the German original (see Appendix)

4.1.1.5. Communication Situation

In the following chapter, the current communication situation for osteopathy is investigated.

As already outlined, the term osteopathy is not currently well established among the target groups (see Chapter 3.3.4).

Wagner-Scheidel (2006) describes the situation in which patients currently come across osteopathy as a treatment method as follows: *In both groups of patients (adults and children) it was observed that 75% of the respondents indicated that their subjective impression of the time spent on gathering information on suitable types of therapy for the problem in question was appropriate or little time-consuming. (...) The first contact persons for both patient groups are mainly family doctors and paediatricians, but these professional groups do not seem to be sufficiently informed about the treatment options that osteopathy offers as only relatively few patients come to the osteopath upon their advice* (Wagner-Scheidel, B. 2006).

In view of the fact that communication also informs, it can be deduced that communication is of great importance for the osteopaths' target groups in order to eliminate the existing information deficit.

4.1.1.6. Consumer Situation / Patient Situation

In the following chapter, the situation of patients and their behaviours are described.

As already outlined, patients are becoming increasingly assertive and take it upon themselves to find out information about possible treatments in order to make the right choice of doctor or therapist (see 3.3.1 and 3.3.9). Generally speaking, a growing trend towards "doctor hopping" can be observed, in other words, switching from one therapist or doctor to the next. *Die wirtschaftliche Situation der niedergelassenen Ärzte hat sich in den vergangenen Jahren nicht verbessert. Die Schere zwischen Einnahmen und Ausgaben geht immer weiter auf. Dies hat sich auch durch die Entwicklung der Bürokratie in den letzten Jahren verschärft, hier ist eine Kritik der Ärzteschaft absolut berechtigt. Wir haben das vorhergesehen, konnten es aber nicht stoppen. Die e-card hat auch nicht gerade zum Wohlergehen der Ärzte*

beigetragen. Es hat sich ein Doctor-Hopping entwickelt, dessen Kosten offenbar niemanden stören (Ärztewoche online, 2007, interview with Brettenthaler R., professional representative and President of the Austrian Medical Chamber).

[The economic situation of registered doctors has not improved over the past few years. The gap between income and expenditure continues to widen. This has intensified in recent years as a result of increasing bureaucracy. In this respect, the criticism on the part of the medical profession is absolutely justified. We foresaw it, but couldn't stop it happening. The e-card has not exactly contributed to doctors' welfare. The result has been doctor hopping, the costs of which don't appear to bother anyone.]

The internet provides a rich source of information in this context. One problem is that the patient is often unable to assess how well-founded the information provided actually is. Specialist terms are frequently not understood or can be incorrectly interpreted.

At the moment, the patient obtains the following results if he googles the term "osteopathy" using the search criterion "pages from Austria": 1) WSO, 2) ÖÄGO, 3) ÖGO, 4) Netdokter, 5) Ärzte-Austria, 6) Postgraduate.at, 7) gesund.co.at, 8) donau-uni.ac.at, 9) fitnessonline.at, 10) osteopath.at (a practice in Salzburg); advertisements have been placed by: 1) apollon-hochschule.de (Bachelor in Health Economics), 2) members.nuuoffice.net (business opportunity), 3) ARGE-Kinesiologie, 4) Chiropraktiker Kropshofer, 5) herrgesell.at (craniosacral osteopathy) (<http://www.google.at>, accessed: 2007-11-24).

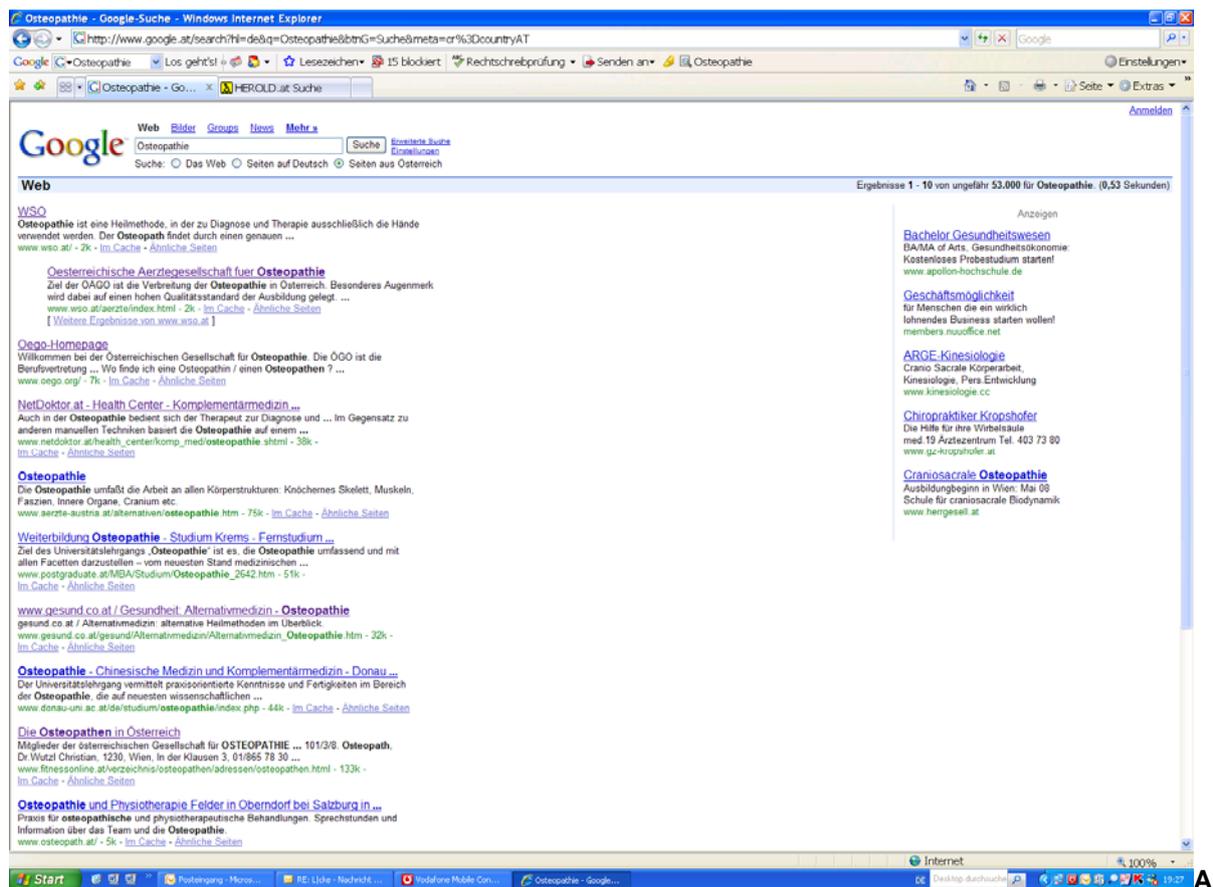


Figure 25: Google Search Results for "Osteopathy" (<http://www.google.at>, accessed: 2007-11-24)

This shows that a search provides a varied mixture of official websites with well-prepared information as well as other pages which have little to do with osteopathy or only relate to some areas of osteopathy. Good communication work will not be able to stop this happening. However, an important step for osteopathy would be to offer a website which addresses the end customer and explains the basic principles of osteopathy and how it works in an attractive, simple but scientifically sound manner (see Chapter 5.2.3). This website as well as the websites of all other osteopaths with recognised qualifications in accordance with the entry criteria for the WSO should be given an official "quality seal" so that the end customer can readily identify the qualifications of the website owner (see Chapter 4.6.3.2).

The research by Wagner-Scheidel (2006) nonetheless shows that the prime source of information for patients is not the internet but in most cases a personal recommendation regarding a specific osteopath. Furthermore, many patients consult an osteopath directly without being referred by a doctor. General practitioners and paediatricians do not seem to be adequately informed about the treatment

possibilities that osteopathy has to offer as they only very rarely refer patients to osteopaths. Wagner-Scheidel also cites TV, the internet and the press as other routes to the osteopath. Expressed in percentages, the results she presents are as follows: of the 200 people surveyed, approx. 40% came to an osteopath through personal recommendation by a friend; approx. 27% through a recommendation by a family member or relation; approx. 19% through newspapers and books; approx. 5% via the internet; and approx. 1% through TV. Roughly 7% stated other sources such as practice nurses, doctors or physiotherapists (Wagner-Scheidel, B., 2006).

This means that patients are increasingly making their own choices about who should help them (word of mouth plays a major role here). A comprehensive, clear and straightforward communication can help to ensure that osteopathy is included in this selection process by the patient and to educate referring doctors on the treatment possibilities that osteopathy has to offer.

4.1.1.7. Competitive Situation

Osteopaths face three competitive situations in the market. On the one hand, there is competition between different treatment methods; on the other there is competition between osteopaths; and in particular there is competition between osteopaths with different levels of training (see also the quality criteria of the ÖGO and the training standards of the WSO; further explanations are given in Chapter 3.1).

Other Medical Professions

Other treatment methods which might be in competition with the osteopath include, for example, physiotherapy with its numerous treatment possibilities, massage, chiropractic, homeopathy and acupuncture.

For osteopaths who are primarily doctors, other doctors might also be seen as competitors. If a patient with a damaged meniscus visits the osteopath, for example, it is possible that an operation could be avoided through the osteopathic treatment.

It should be borne in mind here that the patient can only identify the primary profession of his osteopath by the title which the osteopath uses, providing that he

does in fact state it. However, it is to be assumed that doctors will continue to use their medical title even after being awarded an MSc in osteopathy, e.g. Dr. John Smith, MSc.

Osteopathic Concepts which do not comply with the Quality Standards of the ÖGO

When discussing the competitive situation, it is also necessary to examine the distinction between accepted osteopathic concepts and those which are not based on the extensive osteopathic training. These differences are not identifiable for the layman at first glance.

Wilfling (2006) writes in the conclusions to her MSc thesis that there is no comparison between the training requirements stipulated by the ÖGO to qualify as an osteopath and the run-of-the-mill courses described as basic, continuous or further training in osteopathy. These two groups differ significantly in terms of content, lecturers, course admission criteria and the holistic approach to learning the medical and scientific concept of osteopathy. The problems associated with the lack of a legal basis for osteopathy in Austria result in a large number of unacceptable circumstances. In legal terms, it is not possible to distinguish the osteopathic profession either from other medical professions or from non-medically trained laymen (Wilfling, 2006).

Without legal regulation of the basic training requirements, it is therefore difficult for the outsider to draw the line between the osteopath with a solid, medically and scientifically founded training and the layman. For the patient, this gives rise to unavoidable conflicts with regard to the criteria for selecting a suitable, properly qualified osteopath. This gives rise to the problem of quality assurance for the training and the practice of osteopathy. Gaining recognition for osteopathy as the independent therapy method of an independent profession and not as a “specialisation” of medical professions in Austria is set to become an imperative in the future (Wilfling, 2006).

Here again, the solution might be the introduction of a “quality seal” which distinguishes osteopaths who have qualified in accordance with the training criteria of

the ÖGO from those who have not in their external communications (see Chapter 4.6.3.2).

Osteopaths among Themselves

The more osteopaths who complete their training in accordance with the ÖGO criteria and take up the profession of osteopath, the smaller will be the number of potential patients pro osteopath (see Chapter 4.1.1.3).

4.1.2. Endogenous Situation Factors

In the following chapter, the endogenous situation factors are described which help to define a product or service. Analysing the situation inside an enterprise in principle highlights the strengths and weakness of corporate communications. The pillars of corporate culture and corporate identity as well as the corporate philosophy as starting point are investigated on the basis of the KICK model (Nufer, 2002).

For osteopathy, this means examining the strengths and weaknesses in existing communications.

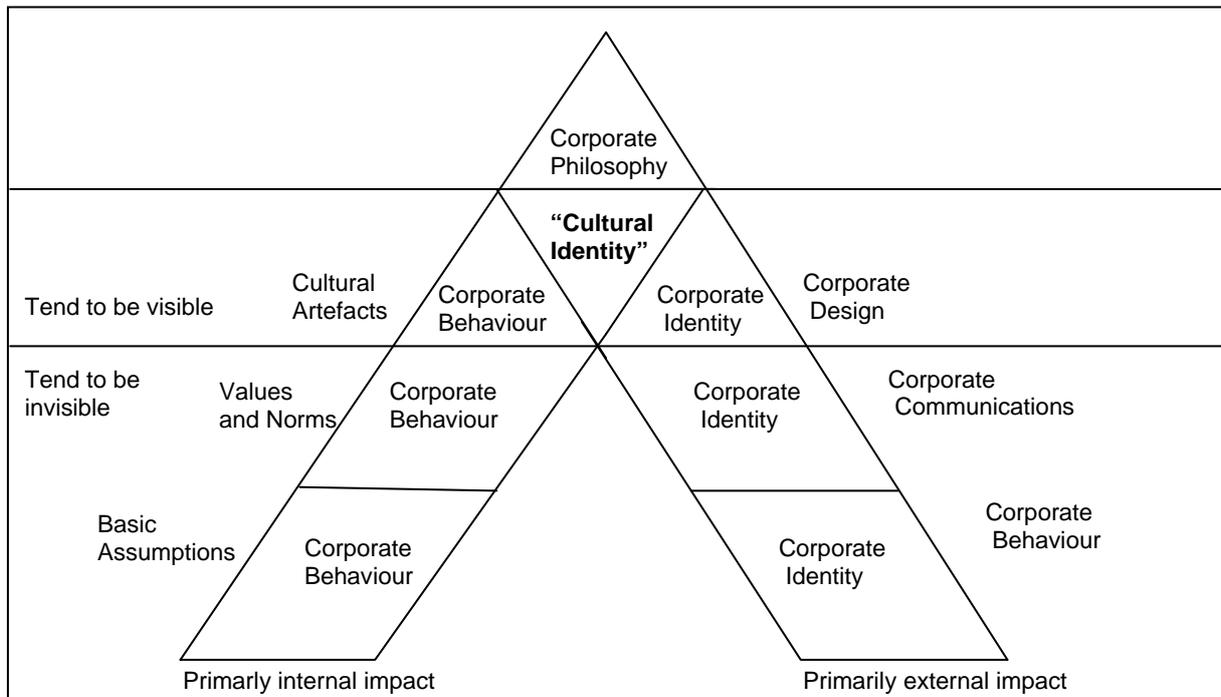


Figure 26: The KICK Model (Nufer, 2002)¹²

¹² Graphic translated from the German original (see Appendix)

4.1.2.1. Corporate Philosophy

The corporate philosophy represents the starting point both for corporate culture and for corporate identity. It should constitute an “attainable utopia” and expresses the framework for behaviour towards the enterprise’s most important (internal and external) partners, which is to be recognised and implemented by the employees. A corporate philosophy contains general information on the enterprise, its market offering, social, socio-political and ecological principles and financial principles as well as general values and norms. Key requirements to be met by a corporate philosophy are that it is attainable, consistent and concrete, and enables people to identify with it (Nufer, 2002).

4.1.2.2. Corporate Culture

Corporate culture is the sum of common, invisible basic assumptions, values and norms as well as visible cultural artefacts which are shared and accepted by the majority of the members of the enterprise. It therefore reflects the inward attitude with regard to the members. A distinction is made between **cultural artefacts** (as the visible layer which includes what is seen, heard and felt, e.g. rites and rituals, the perceived atmosphere and performance), **values and norms** (the first invisible layer, e.g. codes of practice, programmes, standards and rules) and **basic assumptions** (these are the basis, fundamental orientation patterns – world views, e.g. basic assumptions about the environment, ideas of truth) (Nufer, 2002).

4.1.2.3. Corporate Identity Policy

Corporate identity policy can be characterised as the overarching concept of the communication policy and forms the integrative bracket around the use of all communication tools. A distinction is made between **corporate design** (the unmistakable design of all elements which belong to the outer appearance of an enterprise and which can be visually perceived by target groups), **corporate communications** (the general enterprise-related communication policy; corporate advertising – the enterprise- (not product-)related advertising and public relations should foster trust and understanding towards an enterprise – a positive image; a core message is often formulated) and **corporate behaviour** (describes the behaviour of employees towards each other and towards the environment; from the

leadership behaviour of managers to the way personnel deal with customers and the style of job instructions) (Nufer, 2002).

4.1.2.4. Cultural Identity

Cultural identity exists when corporate culture and corporate identity merge into one: The “inside” and “outside” of the enterprise are consistent with one another and ideally identical (Nufer, 2002).

4.1.2.5. The KICK Model of Osteopathy

In the following chapters, an internal situation analysis for osteopathy is developed on the basis of the KICK model. It must be pointed out that these assignments are only corroborated by publications in the area of osteopathy. It has not been scientifically proven that these really apply uniformly to all osteopaths (see also Chapter 6).

In her MSc thesis, Holzheu (2007) describes how the general attitudes of osteopaths have changed significantly in comparison with the original principles of Dr. Still. Whereas Dr. Still saw osteopathy as an independent form of medicine and completely rejected allopathic medicine, nowadays 61% of all osteopaths regard osteopathy as complementary medicine. They have a more open attitude towards conventional medicine and respect the progress it has made (Holzheu, 2007).

Corporate Culture (primarily internal impact)

Basic assumptions (“world views”) of osteopathy are the belief in the healing power of nature (the means of healing resides in the patient himself, the organism is God’s medicine chest) and the basic philosophical idea (the theological concept of law and freedom is the origin of the osteopathic principle of the correlation between structure and function) (Liem, Dobler, 2002).

Values and norms (i.e. “rules, standards, programmes”) of osteopathy are the rules “look for the cause” and “find it, fix it, leave it alone”. These also include the standard of “treating the three pillars: structural, visceral, parietal” and the five biological

principles: “structure and function”, “self-healing powers”, “the body as an integrated whole”, “blood circulation as number one priority / the law of the arteries” and “the patient, not the illness” (Liem, Dobler, 2002).

Cultural artefacts (phenomena which are seen, heard and felt) in osteopathy are, for example, the professional environment, the pleasant, relaxing atmosphere and the “treatment rituals” which remain the same (consultation, observation, touch, interpretation, conclusion) and the perceived service: the work is done by the hands, not by machines or equipment.

Corporate Identity (primarily external impact)

Corporate identity encompasses corporate design (the unmistakable design of all elements which belong to the outer appearance of an enterprise and which can be visually perceived), corporate communications (enterprise-related communication policy, e.g. PR and corporate advertising) and corporate behaviour (behaviour of employees towards one another and towards the environment) (Nufer, 2002).

Proposals for CI implementation are given in Chapter 5.

Corporate Philosophy

Corporate philosophy is the mission statement of the enterprise.

A communication policy with consistent arguments among osteopaths will probably help to improve the general image of the profession among all target groups. This list of arguments should be provided for all members and affected institutions by the ÖGO and apply to all.

A proposal for a mission statement for osteopathy is given in Chapter 5.1.

4.2. SWOT Analysis

As part of a comprehensive situation analysis, the development of a SWOT analysis is recommended to round off. This compares the strengths and weaknesses as

internal criteria with potential threats and opportunities as external influences. The number of these factors should be low in order to highlight what the enterprise should focus on. SWOT stands for **strengths**, **weaknesses**, **opportunities** and **threats**. With this form of analysis, projects can be analysed and suggestions for improvement elaborated (Kotler et al., 2005).

4.2.1. Theoretical Principles

SWOT ANALYSIS Model		Internal Analysis	
		Strengths (external)	Weaknesses (external)
		<ul style="list-style-type: none"> - What is working well? - What are our strengths? - What are we proud of? - What energises us? - Where do we stand at the moment? 	<ul style="list-style-type: none"> - What was difficult? - Where do our pitfalls, barriers lie? - What disruptions could hinder us? - What do we lack?
External Analysis	Opportunities (internal)	<p style="text-align: center;">Case 1</p> <p style="text-align: center;">How can we use our strengths to take advantage of opportunities?</p>	<p style="text-align: center;">Case 3</p> <p style="text-align: center;">How can we work on our weaknesses to take advantages of our opportunities?</p>
	Threats (internal)	<p style="text-align: center;">Case 2</p> <p style="text-align: center;">How can we use our strengths to combat threats?</p>	<p style="text-align: center;">Case 4</p> <p style="text-align: center;">How can we work on our weaknesses to combat threats?</p>

Table 3, SWOT Analysis Model (Rüscher, 2007)

The SWOT analysis model is used to identify strengths (e.g. what are we proud of?) and weaknesses (e.g. where do our barriers lie?), and to compare them with the opportunities (e.g. what are our possibilities for improvement?) and threats (e.g. what difficulties lie ahead?).

Case 1: The enterprise has strengths and at the same time opportunities in the environment: the market should be addressed.

Case 2: The enterprise has strengths and at the same time threats in the environment: it should safeguard its position to preempt possible setbacks.

Case 3: The enterprise has weaknesses and at the same time opportunities in the environment: it should eliminate deficits to avoid losing out on opportunities in the future.

Case 4: The enterprise has weaknesses and at the same time threats in the environment: avoid the market.

Zentes (2001) defines the SWOT analysis as a strengths/weaknesses analysis which is a method for assessing the existing financial, psychological, organisational and technological resources (potential analysis) of an enterprise with respect to the key requirements of the market in comparison with competitors. This enables specific current and future competitive advantages to be identified and implemented in a competitive strategy (Zentes, Swoboda, 2001).

4.2.2. The SWOT Analysis for Osteopathy

SWOT Analysis for Osteopathy		Internal Analysis	
		Strengths	Weaknesses
External Analysis	Opportunities	<ul style="list-style-type: none"> ⇒ Therapy method that works // Patients have a strong desire for a therapy that works ⇒ Holistic therapy method // Strong trend in our society towards health and holistic health concepts (see Chapter 4.1.1.4) ⇒ Very good training with recognised lecturers at the WSO // International recognition, good future osteopaths ⇒ Only physiotherapists and doctors can train for the osteopathic profession // Opportunity for legal recognition of the profession, the layman has more confidence in the treatment method ⇒ Health maintenance (prevention) is an indication for osteopathy (see Chapter 3.3.6) // Opportunity for legal recognition of the profession and reimbursement by the insurer 	<ul style="list-style-type: none"> ⇒ Different training models are differently structured and not comparable (see Chapter 4.1.1.7) // Membership of the ÖGO can act as a “quality seal” ⇒ Low level of awareness for osteopathy (see Chapter 3.3.4) // Patients want information (see Chapter 3.3.1) ⇒ Lack of scientific proof in some cases // Increasing volume of scientific work by osteopaths and trainee osteopaths
	Threats	<ul style="list-style-type: none"> ⇒ Therapy method which activates and mobilises self-healing powers // Method can be decried as charlatanism ⇒ Physiotherapists and doctors can train for the osteopathic profession // Possible split among osteopaths according to primary profession 	<ul style="list-style-type: none"> ⇒ Lack of scientific proof in some cases // Vulnerability to attack by competitors ⇒ Lack of legal basis // Risk for current graduates that their profession does not carry weight ⇒ How it works is not readily explainable to the layman // Rejection and classification as charlatanism by the patient ⇒ Lack of reproducibility of treatment by different osteopaths // No scientific recognition.

Table 4, SWOT Analysis for Osteopathy (Rüscher, 2007)

4.3. Goals and Benefits

The goals and benefits are defined as the basis for the communication concept.

4.3.1. Theoretical Principles

Generally speaking when formulating goals, it is essential to ensure that the goals are measurable and assignable to the actual communication measures. It is also important to formulate the difference between goals and benefits. Benefits are developed as a consequence of fulfilling goals (Kroeber-Riel, Esch, 2004).

In order to formulate medium and long-term advertising strategies, it is not advisable to relate the advertising goals only to observable behaviour because they are not suitable as instructions for advertisers. If, for example, a manager who is responsible for advertising is given sales targets, he will not (generally) be in a position to achieve those targets by means of advertising. The customer behaviour which leads to sales depends on a large number of other influences which are beyond the advertising manager's control such as the quality and price of the product or distribution, recommendations and norms of the social environment, etc.

Goals such as "increase sales revenues through advertising" or "influence voting behaviour in favour of party x" are much too abstract to serve as instructions because, generally speaking, a direct relationship between advertising and changes in behaviour cannot be proven (assignment problem) and completely different advertising measures can be used to influence behaviour (operationalisation problem, measurability problem). **Advertising goals must be sufficiently concrete to allow the outcome to be attributed to the advertising measures.** (Kroeber-Riel, Esch, 2004).

In summary it can be said that the advantage of concrete, psychological goals such as "improve the attitude" or "strengthen the intention to purchase" lies in the fact that it is significantly easier to attribute the level of goal fulfilment to the advertising than if the changes in behaviour ultimately aimed for are used as goals. An enterprise which fails to adopt concrete and measurable goals for advertising leaves the outcome of

advertising open to chance and relieves those who have to design the advertising of any responsibility (Kroeber-Riel, Esch, 2004).

4.3.2. The Goals and Benefits for Osteopathy

With this communication concept for osteopathy the following concrete goals and consequent benefits can be pursued:

A better understanding of the treatment method osteopathy is to be achieved among all target groups (see Chapter 3.3.4). Support is to be provided for the establishment of osteopathy at the political level by means of coordinated arguments on the part of the osteopaths – “a uniform language” will strengthen the osteopathic profession (see Chapter 3). Referring doctors are also to be addressed (see Chapter 4.4.2). This should lead to a general image enhancement for the specialisation osteopathy.

An increase in the patient frequency for osteopathy should be achieved (see Chapter 3.3.4). An enhanced image and increased patient frequency will create a greater incentive for doctors and therapists to undertake osteopathic training (see Chapter 3.3.5). This increase in supply will enable a rise in demand. Doctors will also refer patients with untypical symptoms to osteopaths whose primary profession is physiotherapist (see Chapter 3.3.7). More osteopathic treatments can also reduce public costs in the healthcare sector as prevention is a major focus in osteopathy and the average length of treatment for patients can be reduced through osteopathic treatments (see Chapter 3.2.6).

Target groups should be better able to recognise the actual qualifications (training) of osteopaths (see Chapter 4.6.3.2). This will also enhance the image of properly qualified osteopaths and represent a measure to address the competitive situation with osteopaths who do not possess the required level of training (see Chapter 4.1.1.7). This is particularly important as the professional title of osteopath is not yet legally protected (see Chapter 3.1.1).

The networking, i.e. the reciprocal exchange of information, between osteopaths in Austria should be fully supported and the position of the ÖGO as professional association strengthened for this purpose (see Chapter 4.6.3.2 and Chapter 3.3.8).

This can also lead to an image enhancement and give the professional association greater weight in its lobbying activities.

The following provides an overview of the goals and benefits:

A better understanding for the treatment method osteopathy is to be achieved among all target groups.
An increase in the patient frequency for osteopathy is to be achieved.
Target groups should be better able to recognise the actual qualifications (training) of the osteopaths.
Networking, i.e. the reciprocal exchange of information, between osteopaths in Austria is to be supported.
The position of the ÖGO as professional association is to be strengthened.

Table 5: Goals of the Communication Concept for Osteopathy (Rüscher, 2007)

Achievement of the above goals will generate the following benefits:

General image enhancement for the specialisation osteopathy
An enhanced image and increased patient frequency will create a greater incentive for doctors and therapists to undertake osteopathic training. This increase in supply will enable a rise in demand.
Support for the establishment of osteopathy at the political level by means of coordinated arguments on the part of the osteopaths – “a uniform language” will strengthen the osteopathic profession.
More osteopathic treatments can also reduce public costs in the healthcare sector as prevention is a major focus in osteopathy and the average length of treatment for patients can be reduced through osteopathic treatments.
Doctors will also refer patients with untypical symptoms to osteopaths whose primary profession is physiotherapist.
Networking (reciprocal exchange of information) between osteopaths

Table 6: Benefits of the Communication Concept for Osteopathy (Rüscher, 2007)

4.4. Target Groups

A detailed target group analysis produces individual, homogeneous groups of customers. This makes it easier to address them directly. In the following chapter an explanation is given of how target groups are defined and developed. Building on from this, the target groups for osteopathy are developed.

4.4.1. Theoretical Principles

Zentes (2001) describes a target group as a circle of actual or potential customers at which marketing activities are directed. The target group concept, i.e. differentiation according to relevant characteristics, is the basis of market segmentation (Zentes, Swoboda, 2001).

The market for medical services can be divided into small units on the basis of patient groups: demographically, geographically, psychographically, behaviourally and medically. The **demographic** criteria for segmentation include, for example, age, sex, marital status, education, profession and income. **Geographic** criteria are e.g. town, province, region, country and climate in which the target group lives. The **psychographic** segmentation takes the personality structure of the individuals into account. This can include lifestyle, interests or social stratum. Closely related to the psychographic segmentation is **behavioural** segmentation. In this case, characteristics such as brand loyalty, attitude to the service or stage of willingness to purchase are analysed. In the medical field it is advisable to perform an additional segmentation based on **medical** criteria. These could also be subsumed under the behavioural criteria, but that would mean giving the medical characteristics of market segmentation only a subordinated role. The division according to medical criteria can be based on type of illness, stage of the illness, prospects for the illness, susceptibility to illness, areas of endemic/epidemic disease, treatment and therapy method or diagnostic possibilities (Elste, F. 2004).

4.4.2. The Target Groups for Osteopathy

It must be stated from the outset that no substantiated research studies were found that corroborate how many of the potential target groups actually ever consult an

osteopath (see also Chapter 6). For the time being, therefore, the possible target groups are stated in general terms for the purposes of the target group analysis. The target groups can be defined as follows on the basis of the theory:

Demographic	- Age: from infant to senior citizen
	- Sex: male and female
	- Marital status: no restriction
	- Education: every educational level
	Profession: - No restriction (for patients) - Medical professions (for information on osteopathy) - Health policy-makers - All professions in the medical field which satisfy the admission criteria for training colleges (generate interest in training) - All osteopaths in Austria (networking) - Media representatives as multipliers (press relations) - ÖGO and other professional associations
	- Income: It is to be assumed that at the present time groups in the higher income bracket tend to take advantage of osteopathic treatments. This will not change until osteopathic treatment is reimbursed by the mandatory health insurance schemes.
Geographic	- Austria-wide - Local border areas in all neighbouring countries
Psychographic	- People who take their health seriously and who want to avoid illness through preventive measures - People suffering from severe psychological or physical stress - Opinion leaders from medicine, politics and business - Patients tend not to originate from the lowest social stratum as they have to pay for the treatment themselves in some cases.
Behavioural	- People who attach great importance to personal, high-quality, holistic treatment - Parents seeking the optimum form of treatment for their children
Medical	- Patients with a wide range of symptoms in the areas of locomotor system, internal organs, central nervous system and circulation of fluids in the body. - Patients who have already tried out a host of therapies without success - Infants and children who are ill

Table 7: Target Groups of Osteopathy (Rüscher, 2007)

From a demographic point of view, there are virtually no restrictions relating to patients (e.g. all professions, all age groups). Nonetheless, some professional groups are to be specially addressed, e.g. medical professions who could undertake the training, professional representatives, media representatives, in order to disseminate content. It is also interesting to note some of the latest figures from Statistik Austria on the population's visits to general practitioners across Austria. 7,958,100 people were included in the survey, with the 0 – 14 **age group** accounting for approx. 17%, patients aged 25 – 44 accounting for approx. 16% and the frequency of visits to the doctor decreasing with increasing age. In terms of **education**, patients who have completed their obligatory schooling and an apprenticeship represent the highest percentage (approx. 24%), followed by those who have completed obligatory schooling without an apprenticeship (approx. 21 %). Patients with higher education account for approx. 5%. In terms of **marital status**, the ratio between single and married patients is balanced. With regard to **employment**, patients who are in work (including maternity leave) are the largest group at 46%, followed by pensioners at 21%, and school children and students at 15%. From a regional perspective in terms of **provinces**, Vienna takes the lead with 20% of patients, followed by Lower Austria with 19% and Upper Austria with 17%. Vorarlberg and Burgenland bring up the rear with 4%. The split between the **sexes** is 48% male and 52% female patients (<http://www.statistik.at/Gesundheit>, accessed: 2007-12-02).

In geographic terms there are no restrictions in Austria. With regard to the patient pool, the areas bordering Austria are also to be addressed. The ÖGO website gives the current membership figures according to province: 79 osteopaths in Vienna, 27 in Tyrol, 33 in Salzburg, 25 in Lower Austria, 20 in Upper Austria, 20 in Vorarlberg, 31 in Styria, 7 in Carinthia and 5 in Burgenland (<http://www.oego.org>, accessed: 2007-12-02). It can be observed that between half and two-thirds of the osteopaths in each province are located in the larger cities. It is thus possible to identify a town/country divide.

From the psychographic perspective, the focus will be on people who take their health seriously and who are exposed to severe psychological or physical stress. This also includes opinion leaders who should communicate the position of osteopathy.

In behavioural terms people can be addressed who attach great importance to high-quality, holistic treatment and also parents wishing to offer their children an optimum form of treatment.

Viewed from the medical perspective, patients with a wide range of symptoms in the areas of the locomotor system, the internal organs, the central nervous system and the circulation of fluids in the body are to be addressed who have already tried out other therapies unsuccessfully. In particular, this also includes children with illnesses. It should be pointed out that healthy or asymptomatic children can also be considered for osteopathy in conjunction with preventive medicine (see Chapter 3.3.6).

4.5. Business Definition of the Product

Since osteopathic treatment is a service, i.e. an intangible product, there are special features to bear in mind in communications. These are explained in the following chapter.

4.5.1. Special Features of the Service Osteopathy

The service at the centre of this communication concept is the specialisation osteopathy.

From a business point of view, services are also seen as products but have completely different characteristics. A medical service is an intangible product which cannot be stored, is limited in terms of space, time and place, and is subject to a wide range of variation in the quality of the execution. All these characteristics influence the market behaviour of our target groups and therefore the communication strategy as well (Elste, 2004).

The special features of services make it necessary to consider three further areas in addition to the basic four Ps from the marketing mix. According to Kotler (2005), service organisations have to manage another 3 Ps (who perform the service), **p**hysical environment and **p**rocess (Kotler et al., 2005).

auf Deutsch	auf Englisch
Produkt	product
Preis	price
Distribution	place
Kommunikation	promotion
beim Marketing für Dienstleistungen zusätzlich:	
Person, welche die Leistung erbringt	person
Umfeld, Ambiente	physical environment
Vorgang der Leistungserstellung	process

Figure 27: Basic Principles of Marketing (Kotler et al., 2007)

For communication in osteopathy, this means that additional areas should be represented, i.e. the people (the osteopaths), the physical environment (e.g. a practice) and the process (the treatment).

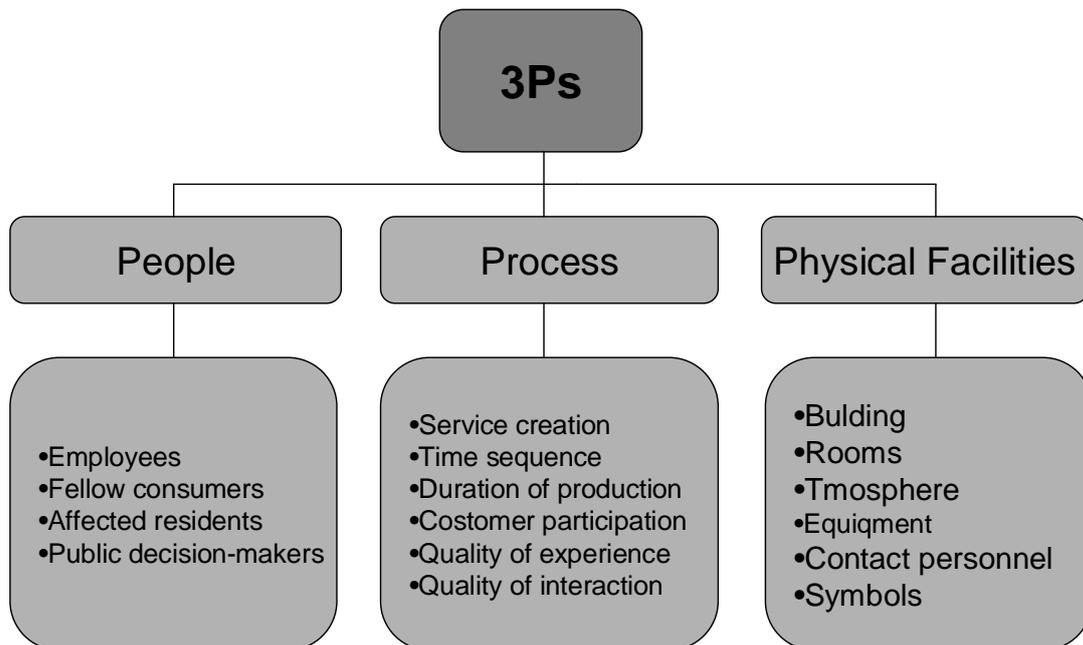


Figure 28: Service Marketing (<http://www.marketing.ch>, accessed: 2007-11-13)¹³

Neumann also describes the special features of communication in the case of a service product. In contrast with tangible consumer and capital goods which the customer perceives in their entirety, a service cannot be offered through sensory

¹³ Graphic translated from the German original (see Appendix)

experience as it usually cannot be seen, tasted, felt, smelled or heard. Various approaches can nonetheless include the idea of an experience with a service. **Physical additives** can enable services to be experienced. For example, a cleaning services provider can use fragrances after cleaning to create the experience of freshness for the customer. By **shifting the “line of visibility”**, non-visible activities of the service can be made visible for the customer. In an image folder for a restaurant, visible boundaries between the kitchen and the customer can be removed to create an interactive experience. The **service intermediary, usually a person**, is particularly well placed to communicate experiential content. Through the qualitative selection, training and motivation of staff it is possible to significantly influence customer satisfaction and to provide the customer with individually tailored experiences in conjunction with the actual service. An example which can be cited here is the efforts on the part of some airlines not only to provide personal attention for their customers in the aircraft but also to offer them entertainment. With **high flexibility**, the customer can be offered other additional services which contribute to the overall experience of the service. Transportation to the place where the service is provided can already constitute an experience (by the type of vehicle, e.g. a stretch limo) (Neumann, 2003).

When transferring these considerations to osteopathy, implementation could be as follows:

A physical additive might be e.g. a very good give-away which activates as many of the senses as possible.

The shift in the line of visibility might take the form of making the three areas of application in the body visible in accordance with the osteopathic model (structural, visceral and craniosacral).

In the case of osteopathy, the osteopath can be presented as the service intermediary in communication tools in an attractive and professional manner which focuses on putting across the experience of osteopathic treatment. Furthermore, additional services can be communicated by the environment, e.g. the atmosphere of a practice which creates the impression of competence and professionalism.

4.5.2. Needs Analysis for Osteopathy

Based on Maslow's hierarchy of needs, the needs which can be satisfied by the service osteopathic treatment are developed in the next chapter. It is shown that osteopathy is able to satisfy needs on virtually all levels (see Chapter 2.1.1).



See Figure 1: Maslow's Hierarchy of Needs (Kotler et al. 2005, p. 271)

The satisfaction of needs might also depend on the personal viewpoints of the patient who goes to see the osteopath: for example, whether he appreciates the philosophical level of osteopathy; whether he attaches great importance to the personal relationship of trust with the osteopath; or whether he simply wants to resolve a health issue.

As a general point, it must be stated from the outset that the development of needs which osteopathy can satisfy has largely been based on the author's personal assumptions. A scientific investigation in this area is to be suggested (see Chapter 6).

The need for **self-actualisation** could be satisfied by the holistic approach of osteopathy, in particular when patients see the philosophy of osteopathy from an esoteric viewpoint. Body, spirit and soul are treated, enabling the patient to reconnect with himself, his personal unity (see Chapter 4.1.2.5).

Aesthetic needs can also be covered, e.g. when an orthodontic regulation performed by a dentist is supported by osteopathic treatments.

Cognitive needs, e.g. for understanding, can be met by the good relationship between the osteopath and the patient (see also Chapter 2.1.4). The patient should feel at ease during the treatment, which replies to the need for well-being.

The need for **recognition** or self-esteem can be met by the feeling that the osteopath can give the patient during treatment. The patient is taken seriously and valued as a person (see also Chapter 2.1.4).

Osteopathy can also satisfy a **social** need, e.g. through the personal consultation in the protected room of a practice. Personal problems can be discussed in this environment. The physical touch which is part of the treatment can also be seen in this context (see Chapter 4.5.1).

The need for **safety** can be met by osteopathy as osteopathic treatment is a relatively safe treatment method with only minor side effects, e.g. in comparison with an operation or medication.

An **elementary**, physiological need that osteopathy can satisfy is the need for free movement, healing, health and the freedom from pain.

4.6. Communication Strategy in the Narrower Sense

After development of the environmental and enterprise-based analysis as well as the goals and target groups, and after clarifying the special features which are required by a service in comparison with a tangible product, the communication strategy in the narrower sense is now elaborated. First of all, the feeling is described which should be engendered among the target groups – the key emotion. The next step is to attempt to express this feeling in a few words – the key message. Finally, appropriate imagery is proposed based on the guidelines developed in the theory.

Kotler (2005) writes with regard to the development of a communication strategy that an advertising strategy consists of two elements: development of the advertising message and selection of the media (Kotler et al., 2005).

When developing the communication strategy and designing the individual communication tools, three stages have to be adhered to. These are defined in the model of influencing behaviour through communication. The interaction of emotional attitude to the market offering and rational assessment leads to complex internal stances (attitudes) which influence behaviour (Kroeber-Riel, Esch, 2004). The three stages are:

Newness – create newness for your product!

The advertised product (e.g. a brand of consumer goods) is perceived as the latest alternative for the decision to purchase.

Emotion – trigger emotions for your product!

The stimuli contained in the advertising message enable the product to be experienced emotionally.

Information – provide information about your product

The factual content of the advertising message triggers a rational assessment of the product (Kroeber-Riel, Esch, 2004).

As far back as 1992, a book on the importance and design of health communications campaigns was published in the USA. It states the great need for information in the healthcare sector. One solution is health communications campaigns via TV, radio, film and print media. A campaign should consist of four building blocks: it should be goal-oriented and set out to influence individuals; it is directed at a large audience; it has a more or less exactly defined time limit; and it uses several coordinated communication tools (Backer, Rogers, Sopory 1992).

Developing a communications strategy therefore involves formulating the goals, defining the target groups, developing the message and selecting the appropriate communication tools (Kroeber-Riel, Esch, 2004).

Concrete communication goals are fixed.
At the same time, communication target groups are identified and precisely defined.
The key emotion / key message is then defined which is to be used uniformly in all communication tools.
Finally, the appropriate communication tools are selected.

Table 8: 4 Stages in Developing a Communication Strategy (Rüscher, 2007)

4.6.1. Key Emotion

The key emotion is the feeling which is to be produced among the target groups through the use of the communication tools (Kroeber-Riel, Esch, 2004).

Osteopathy is perceived as a professional and reputable treatment method, the effect of which is scientifically proven in part. Osteopathy has a long history and the holistic concept is particularly convincing in today's world. Basically, osteopathy is a simple concept that works. The problem is sought, the treatment provides the trigger – changes the information and the self-healing process in the body begins. And all this is done solely with the hands, without medication, without technology. As a result, the customer/patient gains a sense of confidence and security.

4.6.2. Key Message

The message expresses the feeling in a few short words and is conveyed by means of all communication tools. It should be honest and should remain effective over a longer period of time (Kroeber-Riel, Esch, 2004).

In accordance with the guiding principles of a communication strategy, it should attract attention / a sense of newness (“That’s something for me, I need it now”), trigger emotion (confidence in the effectiveness of this treatment method) and provide information (“How does osteopathy work?”) (see Chapter 4.6).

During the course of developing a strategy, the following messages were shortlisted:

Osteopathy works

Osteopathy – The entire person

Osteopathy treats the wonder that is the human being

Osteopathy – Hands to trigger healing

Osteopathy – Hands – Trigger – Self-healing – Holistic

Osteopathy – Back to the Source

Osteopathy – Identifying the cause

Osteopathy – Identify – Treat – Activate

Osteopathy – Triggering the healing process

Osteopathy – We look at the entire person.

The following message was selected for implementing the proposals set out below for the communication tools:

Osteopathy

identify – change – heal

This message clearly and simply communicates how osteopathy treats and how the treatment works. At the same time, the message provides encouragement and inspires confidence in the outcome. The word “heal” makes the connection with medicine, even if the slogan is read or heard without any further context. The body’s **self-healing** powers are also stated as one of the five biological principles in osteopathy (see Chapter 4.1.2.5), thus the concept of **self-healing** is already well-established in this field.

The message is honest as it addresses the way in which osteopathy works (find it – fix it – leave it alone). This is something that is not going to change in osteopathy in the years to come, irrespective of any new scientific findings or studies. The principle will still apply.

Nothing is implied, nothing is encoded – a clear statement which is both convincing and informative.

4.6.3. Key Visual

The key visual is the symbol or the imagery that underlines, explains and communicates the message. The symbol is used for all communication tools, e.g. on invitations, in info folders, on the give-away (Kroeber-Riel, Esch, 2004).

A logo is developed for the communication concept that will generally apply to osteopathy. In the following chapter a quality seal is proposed to enable the end customer to recognise a properly qualified osteopath. The key visual is then presented.

4.6.3.1. Logo

The logo is intended to symbolise that in osteopathy the practitioner works only with the hands. The appearance should be appealing and professional without a large number of embellishments or gimmicks.

The hand also symbolises the holistic approach, sensitivity, the personal relationship between osteopath and patient. The hand is seen from below as if resting on the patient's body and viewed from inside.

The claim is placed beneath the logo, each word starting with a capital letter to emphasise the independence of the processes.

The font is clear, and creates a more dynamic impression because it is italicised – symbolising movement and mobility.

The colour gives a calm and professional impression.

The logo for osteopathy (proposal):



4.6.3.2. Quality Seal

As part of this thesis the creation of a quality seal is recommended which should be used for all communication tools. In particular, this is aimed at helping the target groups to identify a properly qualified osteopath (see also Chapters 3.1.1 and 4.1.1.7).

Only osteopaths with the appropriate training should be entitled to display this quality seal. The individual osteopaths should use this quality seal as far as possible for all their communication tools.

It is proposed that the quality seal should be based on the existing logo of the ÖGO. If an osteopath is a member of the ÖGO, he automatically meets the quality criteria.

Ideally, all properly qualified osteopaths should also be members of the ÖGO in order to strengthen the position of this association. This can be supported by the fact that only members of the ÖGO may use the quality seal – thus creating an additional incentive to become a member. If the award of the quality seal is tied to membership of the ÖGO, this would also significantly strengthen the ÖGO as the professional association representing Austrian osteopaths. It is therefore recommended that this quality seal should at least be tied to membership of the ÖGO and not to achievement of the D.O. or MSc degree as long as the profession is not legally recognised.

The quality seal (proposal):



(OFFICIAL MEMBER OF THE AUSTRIAN OSTEOPATHIC ASSOCIATION)

4.6.3.3. Imagery

According to Herbst and Scheier, strong visuals provide orientation and create confidence. Key visuals are the motifs which summarise the key message of the imagery in condensed form. Symbols, people and animals are particularly well suited as key visuals. (Herbst, Scheier, 2004).

Symbols are signs which represent something and therefore convey a meaning. An example of the use of symbols as key visuals when creating imagery is the insurance company Württembergische Lebensversicherung: “Solid as a rock”. (...) (Herbst, Scheier, 2004).

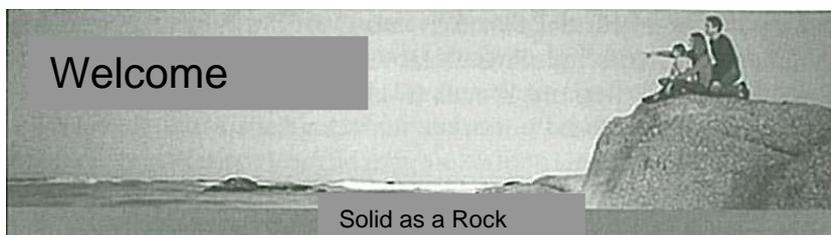


Figure 29: Corporate Imagery - Symbols (Herbst, Scheier, 2004)¹⁴

People as visible communication partners can communicate the corporate personality in a highly expressive and condensed form, and therefore act as the **central root of trust** for internal and external professional groups. **People from the enterprise enable identification.** If the person matches the self-image or ideal image of the reference groups, they will feel a connection with that person: “The person from enterprise x is just like me and therefore is right for me.” **People can be**



role models. The rule which applies here: the weaker a person’s own personality, the stronger the identification. **People provide message value:** Research findings prove that *„Je stärker ein Ereignis personalisiert ist, sich im Handeln oder Schicksal von Personen darstellt, desto eher wird es zur verständlichen Nachricht“* (Herbst, Scheier, 2004). [**“The more strongly an event is personalised, is reflected in the actions or fate of people, the more likely it is to become a comprehensible message.”**]

Figure 30: Corporate Imagery – People (Herbst, Scheier, 2004)

¹⁴ Graphic translated from the German original (see Appendix)



Animals are suitable as key visuals to communicate corporate personality and to ensure that a strong, unique internal picture of the enterprise is created. Examples from advertising are the “tiger in your tank” from Esso and the tracker dog from LYCOS, the internet search engine. What is important when using animals is that their meaning is unambiguous and, where appropriate, internationally applicable (Herbst, Scheier, 2004)

Figure 31: Corporate Imagery – Animals (Herbst, Scheier, 2004)

The product osteopathy is a service (see Chapter 4.5 Business Definition of a Product). The imagery of service providers can and should:

Visualise services: The need for explanation and/or the complexity of the service should be clearly resolved by means of a key visual which summarises what is typical of the service in key statements.

Facilitate understanding: The imagery can facilitate understanding for the reference group enormously through a comparison.

Personify the service: The use of people in the imagery creates roots of trust by making the service provider on whom the quality of the service depends visible (Herbst, Scheier, 2004).

These basic principles were taken into account for the proposed imagery. In addition, as already outlined in Chapter 4.5 Business Definition of the Product, the special features of the service osteopathy also make it necessary to consider other areas in marketing in addition to the basic 4 Ps from the marketing mix, namely people (the osteopaths), the physical environment (e.g. a practice) and the process (the treatment). These three Ps in particular can be readily implemented in the imagery.

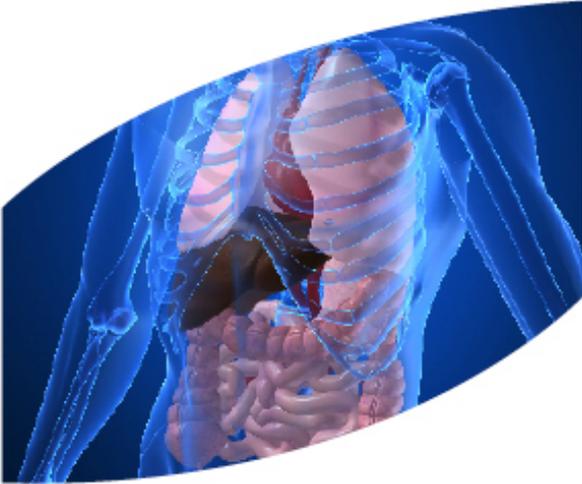
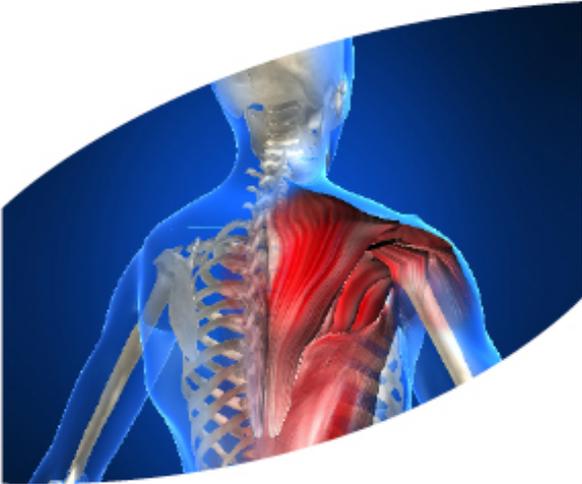
In the visuals proposed below patients are shown in some cases. This is legally permitted in Austria if the patient gives his consent, or if only parts of the body are shown and in such a way that the anonymity of the patient is maintained (see Chapter 4.1.1.1).

Visuals for osteopathy (proposal):

Image photos which represent the benefits of osteopathic treatment for the patient:



Anatomical photos which represent the three pillars of osteopathy: structural, visceral, craniosacral:



Photos showing the process of osteopathic treatment:



Photo showing the person (osteopath) and the physical environment (practice):



4.7. Summary

In Chapter 4 a comprehensive situation analysis was developed for osteopathy. The exogenous factors, i.e. those which influence osteopathy from the outside, as well as the endogenous factors, i.e. those deriving from osteopathy itself, were described. The exogenous factors include amongst others the environmental situation (legal recognition, advertising bans, interest groups), the enterprise-based potential from the viewpoint of the ÖGO and that of the individual osteopath, the healthcare market in Austria, the social situation, the communication situation, the consumer situation and the competitive situation. The endogenous factors include corporate philosophy, corporate culture (e.g. values and norms – which tend to be invisible) and corporate identity policy (visible). When the constellation of these factors achieves the right “fit”, a cultural identity develops.

This was followed by a SWOT analysis which identified possible strengths and weaknesses of osteopathy along with the opportunities and threats which exert an influence on osteopathy from the outside.

In addition, as a basis for the communication concept the goals and target groups were developed and the special features of osteopathy as a service were outlined once again.

Building on from this information, proposals were then presented for the key emotion (the feeling which should be communicated), the key message and key visuals – a logo and a quality seal as well as possible imagery.

5. Possible Implementation of Communication Tools

In principle, the proposals developed in this thesis involve communication tools for the ÖGO as the Austrian professional association which represents the interests of osteopaths, and for the individual osteopath.

Ideally, the ÖGO could produce the various communication tools and sell them to members in return for a contribution towards the costs, as has already been the case, for example, with the existing ÖGO folder.

The members for their part should also have the possibility of adding their personal contact address to the communication tools (e.g. space for stamp). Rental would also be a possibility, e.g. hiring out advertising materials for exhibitions.

Equally, the ÖGO could make the data available to members free of charge. The members would then use these to produce their own communication tools at their expense.

The graphic artist (Grafik & Design Moosbrugger, Hans-Jürgen Moosbrugger, Egg/Austria) owns the copyright to the developed communication tools; the author of this thesis as principal currently holds the rights of use.

5.1. Mission Statement for Osteopathy

The mission statement should be attainable, free from contradictions, clearly formulated, and every osteopath should be able to identify with it (see Chapter 4.1.2.1). The goal is that the end customer, i.e. the patient, should also understand these principles. The mission statement is based on the KICK model (see Chapter 4.1.2.5) and might read as follows:

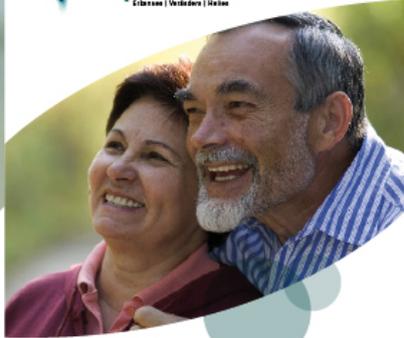
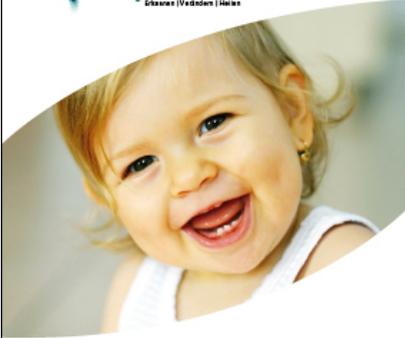
- ⇒ Osteopathy is an independent, holistic and manual (performed with the hands) treatment method. It is based on the insight that the body functions thanks to the possibility of performing movement.
- ⇒ The osteopath takes every patient seriously and treats the patient as a whole.
- ⇒ The osteopath believes in the healing power of nature and therefore works according to the principle: “Find it, fix it, leave it alone.”
- ⇒ Osteopathy is based on three areas of treatment: structural (locomotor system: tendons, joints, ligaments), visceral (internal organs) and craniosacral (head, sacrum, nervous system)
- ⇒ Osteopathy promotes the ten basic functions of the body: posture and movement – circulation – respiration – digestion, absorption and excretion – metabolism and energy balance – regulation of fluid and electrolyte balance – protection mechanisms – sensory perception – reproduction – consciousness and behaviour.
- ⇒ Osteopathy builds on five biological principles:
 - A correlation exists between structure and function.
 - The body possesses self-healing powers.
 - The body is a unified whole which is not divisible (holistic approach).
 - The law of the arteries is based on the freedom of movement and the rhythm of all secretions of the body.
 - Osteopathy treats the patient, not the illness.

5.2. Advertising

5.2.1. Information Brochure with Display

The proposal for the information brochure implements the three levels of imagery already developed: the larger key visuals represent the benefit for the patient (see Chapter 4.6). The effect of osteopathy is represented by means of the “shift in the line of visibility”, i.e. by making the organs, muscles, etc. of the body visible, thus presenting the three pillars of osteopathy (see Chapter 4.5.1). In addition, the additional 3 Ps of a service are incorporated by showing the person, the treatment and the physical environment of the practice (see Chapter 4.5.1).





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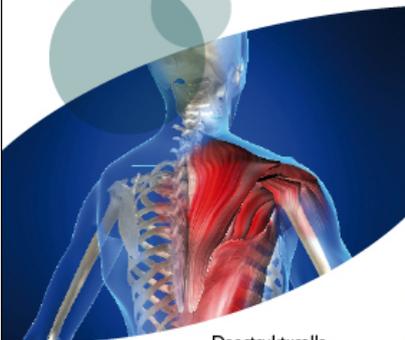
OSTEOPANTIE
Österreichische Gesellschaft für Osteopathie
A-1180 Wien Vinznergasse 13/10
Tel: (+43) 0699 1190 68 87
Fax: (+43) 01 478 18 32
Email: oego@gmx.at

Behandelbare Beschwerden

Das ganzheitliche Behandlungskonzept



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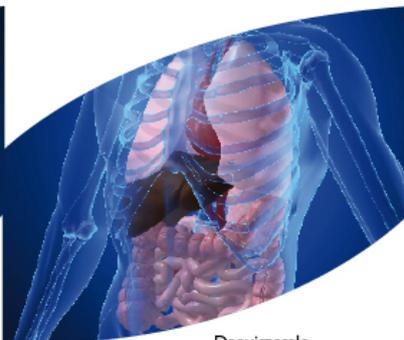


Der strukturelle Behandlungsbereich - Bewegungsapparat



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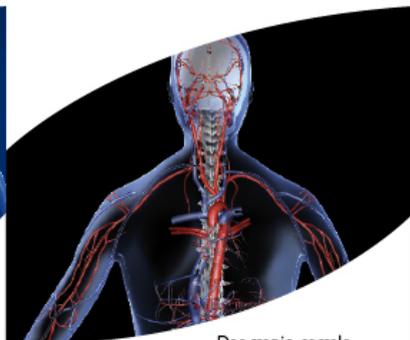


Der viszerale Behandlungsbereich - Innere Organe



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Der cranio-sacrale Behandlungsbereich - Kopf, Kreuzbein, Nervensystem



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5.2.2. Advertisements and Posters

The advertisement again shows the three levels of imagery and thus presents the product osteopathy as a service in accordance with the developed principles (see Chapter 4.5.1).



osteopathie
Erkennen | Verändern | Heilen

Das ganzheitliche
Behandlungskonzept

OSTERREICHISCHE
"GESELLSCHAFT"
FÜR
OSTEOPATHIE

Österreichische Gesellschaft
für Osteopathie
A-1180 Wien Vitzenzgasse 13/10
Tel: (+43) 0699 1190 68 87
Fax: (+43) 01 478 18 32
Email: oego@gmx.at

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5.2.3. Website

It is proposed that the ÖGO should maintain two websites. In the following chapter, possible approaches to these websites are outlined which could also provide the basis for further research (see also Chapter 6).

The creation of two websites is proposed so that the developed target groups can be specifically addressed (see Chapter 4.4.2).

Firstly, the existing ÖGO website should be expanded as an **internal communication platform for osteopaths and all professionals** with an interest in osteopathy.

Secondly, a **general website for osteopathy** could be created in accordance with the proposed layout which is primarily directed **at the target group patients**.

This proposal is already implemented in other sectors, e.g. in the case of the guild of carpenters and joiners. There is one site for the end customer at www.tischler.at which is maintained by the guild, and another site for the guild itself at portal.wko.at.

The Existing ÖGO Website

The existing ÖGO website should be given a more professional graphic design, which would also make it easier to navigate (see Chapter 4.6). In addition, it should incorporate the following features:

Internal discussion forum: All members should be able to exchange views in a password-protected zone (see networking goal in Chapter 4.3.2).

Osteopathy news for members and interested parties: A newsletter could be sent out to members on a monthly basis giving the latest information on events, etc. (see networking goal in Chapter 4.3.2).

Calendar of events: Major events could be announced in this section, e.g. conferences and congresses.

Quality seal: The quality seal can be explained and advertised (see Chapters 4.6.3.1 and 3.1.1).

New Website for the End Customer

The structure of the website for the end customer should directly address the patient. Six pages are proposed after the homepage for the areas of osteopathy (what is it), osteopaths in Austria (who practises it), where can osteopathy help (treatable complaints), my question (patient questions), partners and links as well as contact details (with a page for the press) (see principles in Chapters 3,4.5.1 and 4.6).

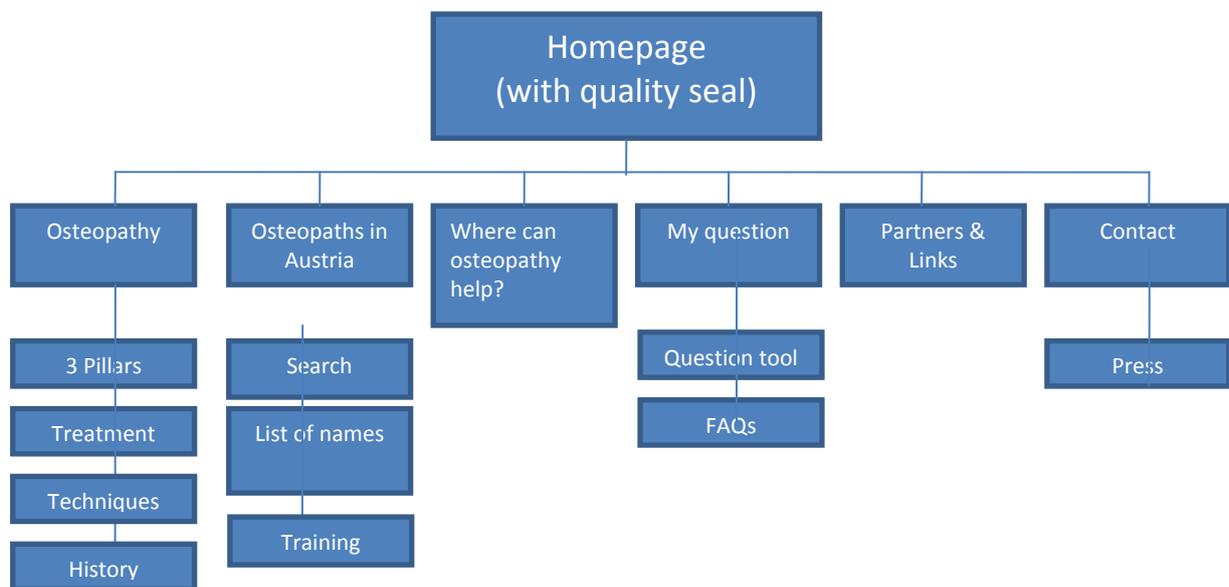


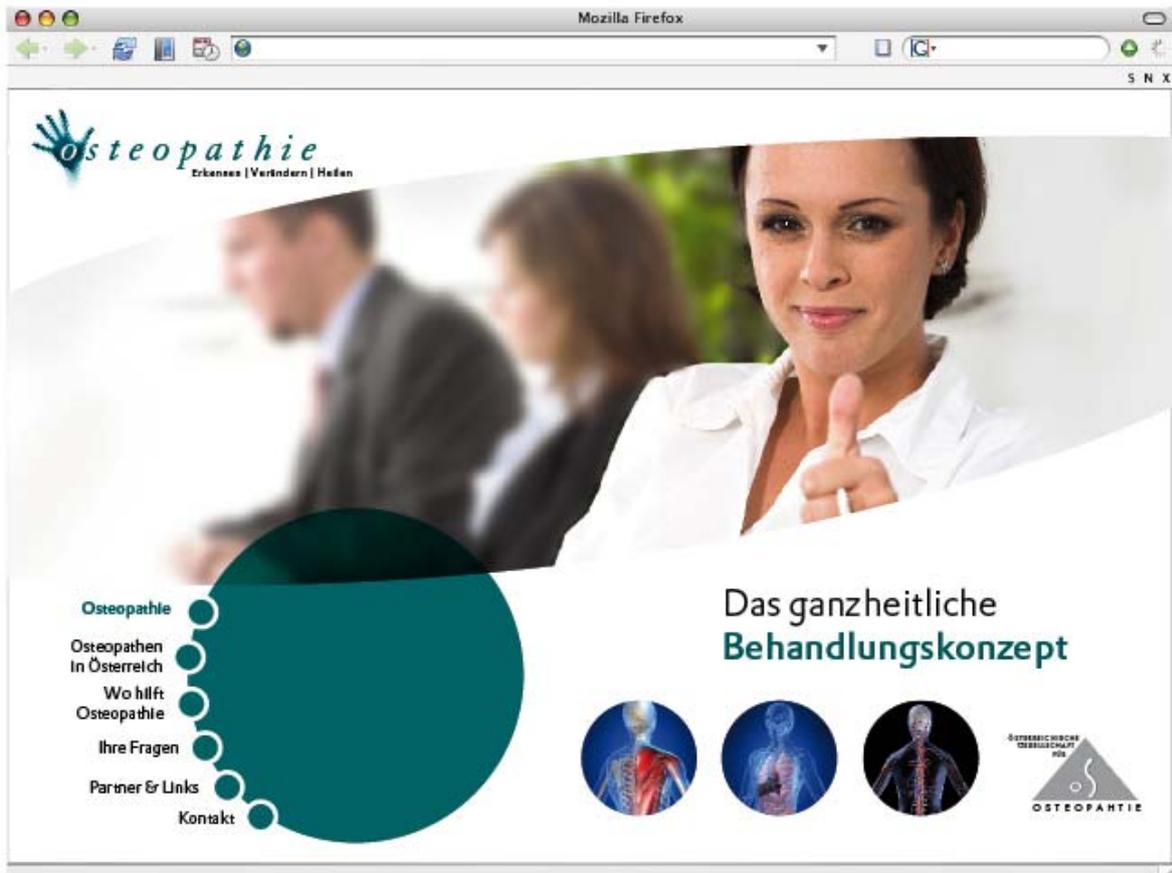
Table 9: Proposed Website Structure (Rüscher, 2007)

Special features should include a search engine and an interactive question page.

The **search engine** is designed so that the patient enters a town of his choice in Austria and at the click of a button is shown the nearest osteopath (see Chapter 3.2.4).

With the interactive **question page** the user should be able to ask a question which will be answered within 24 hours by e-mail. He will also find a page containing FAQs (frequently asked questions) along with the answers (see Chapter 3.3.1).

The following proposal is presented for the design of this website:



5.2.4. Image Film

The three basic pillars of osteopathy and how they work are presented in straightforward terms in a professional image film. The moving images of the film provide a very good possibility for clearly illustrating the developed content of the communication strategy (see Chapters 4.5.1 and 4.6). The film can be published on the website as well as being shown in the waiting room in the osteopath's practice, at exhibitions, conferences and congresses.

The Clinic Information Channel KIK (*Klinik Info Kanal*) specialises in producing image films for hospitals. It is to be noted for the purposes of image films that the viewer has a limited attention span, which makes it particularly important for the film to be sufficiently short (not long) (<http://www.topos.net>, accessed: 2007-12-03). The length of the film should therefore be limited to approx. 4 - 6 minutes.

The content of the film should again reflect the developed content (see Chapters 4.5.1 and 4.6): it should create newness, emotionalise and inform. The film should therefore be scientifically founded and informative, but nonetheless be very interesting and impressive in design, with short messages which are easily remembered. The design of the ORF TV series "UNIVERSUM" could serve as a model as these productions also have well-conceived content and are very informative with striking messages. With these TV programmes the producer ORF aims to solve nature's mysteries and puzzles without destroying people's sense of wonder for nature and the cosmos (<http://kundendienst.orf.at>, accessed: 2007-12-03).

5.3. PR – Public Relations

PR work should also be based on the developed principles (see Chapter 2.2.4.9). The ÖGO should therefore issue between three and six press releases per annum with the goal of explaining osteopathy, creating awareness and continuously enhancing its image.

In terms of content, the three pillars of osteopathy and how they work should be explained and continuous reporting provided on the results of new research, events

and further successes (see Chapter 4.5.1). An editorial series in a specialist publication with regular reports on different symptoms of illness would also be possible.

A distinction is made between specialist media and media which are directed at the end user, i.e. possible patients.

5.3.1. General Media Aimed at the End User

General media are daily newspapers, weekly newspapers and magazines. It is advisable to send press releases to the APA – *Austria Presse Agentur* – as they automatically distribute them to all general media. However, it is difficult to check on which magazine has actually published the report. APA-OTS sends out press releases with the original text for which the sender is responsible (<http://www.apa.at>, accessed: 2007-12-04).

The agency MediaWatch recently conducted a survey on the effectiveness of OTS despatches asking the question: “How efficient is the distribution of press releases through the APA-OTS service?” A sample of 355 press releases relating to the areas of business and current affairs during the period of one week in March 2007 was investigated. The output from these despatches is impressive: MediaWatch was able to analyse 1169 media reports with direct reference to the content of the distributed press releases. This means that one OTS despatch results in an average of 3.3 media reports. Translated into the reach of the media, this means that one despatch reaches on average 1.6 million readers. Strict criteria were applied in terms of time scale and initiator, i.e. media reports were only considered if published the next day or in the next issue and if they showed direct reference to the sender as initiator (<http://www.apa.at>, accessed: 2007-12-04).

5.3.2. Austrian Specialist Media

Title / Frequency	Publisher, Location	Internet	E-mail
Academy News / 3- 4 times a year	Universimed Verlags- and Service GmbH, Vienna	www.cardioweis.org	office@universimed.c om
Acta Neurochirurgica/ 12x a year	Springer-Verlag GmbH, Vienna	www.wkom.springer. at	Wikom.anzeigen@sp ringer.at
Ärzte Steiermark/ 12x a year	Ärztelkammer, Styria	www.aekstmk.or.at	presse@aekstmk.or. at
Aktiv &Gesund/ 2x a year	Merkur Versicherung, Graz	www.merkur.at	marketing@merkur.at
Arzt &Praxis/ 11x a year	Arzt & Praxis VerlagsgmbH, Vienna		office@arztundpraxis. at
Ärzte Woche/ 44x a year	Ärzte-Woche Zeitungsverlags ges.mbH	www.aetztewoche.at	aerzte@aerztewoche .at
Clinicum/ 4x a year	Medizin Medien Austria GmbH, Vienna		office@medizin- medien.at
Denta Vital/4x a year	Cicero Medien GmbH, Vienna		cicero@cicero.at
Ernährung Heute/ 6x a year	Forum Ernährung Heute, Vienna	www.forum- ernaehrung.at	office@forum- ernaehrung.at
Forum Gesundheit/ 4x a year	Tiroler Gebietskrankenkasse, Innsbruck		media@rekord.at
Gsund & Vital/ 6x a year	Dworschak & Partner KG, Salzburg	www.gsund-vital.at	office@gsund-vital.at
Gesünder Leben das Wohlfühlmagazin/ 11x a year	SPV Printmedienmagazin, Vienna	www.gesuender- leben.at	entremont@gesuend er-leben.info
Gesundes Tirol/ 4x a year	Albinger & Grabher Verlagshaus, Tyrol		druck@albinger- grabher.at
Jatros Orthopädie/ 6x a year	Universimed Verlags- nd Service GmbH, Vienna	www.universimed.at	office@universimed.a t

Table 10: Specialist Media in Austria (Verband Österreichischer Zeitungen, Manz, 2005)

In each case the texts should be sent along with one to three photos, sources given and the osteopathy quality seal included in the form of a file. The day after sending the e-mail it is best to phone and check whether the e-mail has been received and whether publication might be possible (<http://dsj.de>, Accessed: 2007-12-04).

When formulating a press release it must be borne in mind how newspapers operate. The idea that a newspaper editor spends hours polishing his article until he is finally satisfied with the result has unfortunately long been a thing of the past. Nowadays,

newspaper employees have to be able to do everything – from writing and editing to processing photographs and doing the layout. In view of the fact that newspapers have to cut costs too, editors do not have much time to deal with third party texts in depth. Freelancers often have more time to analyse a topic. What does this mean for press releases? The less work an editor has with text and photos and the less research he has to do himself, the greater the probability that the report will actually be printed. Therefore, texts should be kept as short as possible, and quality is better than quantity. Text lengths are limited in daily newspapers. As a rule of thumb: texts with more than 2500 characters run a great risk of being shortened. And editors have no qualms when it comes to shortening. Also to be borne in mind: texts are usually cut from the end. This means that important information should be contained in the first paragraphs, less important information at the end (<http://dsj.de>, Accessed: 2007-12-04).

5.3.3. Example of a Press Release for General Media

When writing a press release it is important to remember that press reports should be written for the reader and not for the newspaper. For this reason, the first thing to establish is what might interest the reader. What are the main points that should be put across to him? These must be outlined in the first few lines. The reason: many surveys have shown that the reader stops reading after two sentences if he still does not know what the article is actually about (<http://dsj.de>, accessed: 2007-12-04).

The following is a proposal for a press release aimed at the target group general public (not a professional audience) (see Chapter 4.4.2).

Osteopathy - The Holistic Treatment Concept

Everyone's been there: you feel the pain and take a tablet. But the actual cause isn't eliminated and the pain comes back. This is where holistic treatment methods can provide a solution because they really get to the bottom of complaints and reactivate the body's self-healing powers of through the therapy. Osteopathy has worked in this way for decades and also becoming increasingly important in Austria.

Life is movement

One of the essential principles of osteopathy is to maintain the movement of tissue throughout the entire organism. We're not usually aware of this mobility. This includes breathing, the pulsating blood flow, the work of our digestive system and the flow of body fluids such as lymph and liquor as well as the movements of the muscles, tendons, ligaments, joints and connecting tissue. If the movements of individual body structures are restricted, this will affect their healthy function. Fortunately, our bodies are very adaptable and are able to compensate for some functional disturbances. However, once the body has exhausted its ability to compensate, then one factor is often sufficient to produce a disproportionately strong reaction. This can arise in a completely different part of the body. For this reason, the solution to the complaints often does not lie in the area where we feel pain.

Osteopathy heals the person, not the illness

Osteopathy treats the whole person. Following a detailed interview, the case history, the therapy begins. This is done entirely with the hands. During the examination the osteopath uses gentle techniques to detect patterns of tension and movement restrictions. Through many years of training, the osteopath can recognise these functional disturbances, release them and in so doing help the body to activate its self-healing powers.

Austria also has a growing number of osteopaths

Over 200 osteopaths have already successfully completed the six-year course at the Vienna School of Osteopathy. Almost 400 students are currently undergoing this training. Only doctors and physiotherapists are admitted to the course, so a medical background is a must.

(Additionally Info Boxes are enclosed):

Treatable complaints

- Chronic and acute pain in the locomotor system
- Chronic respiratory problems
- Headache, migraine, dizziness
- Allergies, neurodermitis
- Ears, nose and throat problems
- Congenital and acquired problems in child development (e.g. dyslexia, concentration difficulties, hyperactivity)
- Problems with the masticatory system, support for orthodontic regulation
- Problems during pregnancy and related to birth
- Menstruation problems, incontinence

INFO BOX

The history of osteopathy

Osteopathy originates from the USA at the end of the 19th century. The doctor **Andrew T. Still** had to look on helplessly as three of his children died of meningitis. While at the time orthodox medicine was developing at a breathtaking pace, it was moving further and further away from holistic medicine. In his search for alternatives, Still established a new therapeutic concept: the gentle medicine of osteopathy.

INFO BOX

For further information visit

www.osteopathie.at

5.4. Sales Promotion

5.4.1. Give-Aways

As already outlined, give-aways could also support communication to the end customer (see also Chapter 4.5). A few ideas are presented below.

5.4.1.1. Children's Book

A simple and attractive children's book can be developed which explains osteopathic treatment. This will include pages for colouring and a small pack of mini-crayons will be supplied with each book.

The children's book can be distributed at events and can also be used to fill in time at the osteopath's practice.

5.4.1.2. USB Stick with Image Film

The image film is stored on the USB stick. The osteopathy quality seal is printed on the stick.

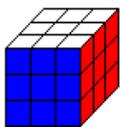


Figure 32: USB Stick with Logo (<http://www.usb-stick-logo.de>, accessed: 2007-11-18)

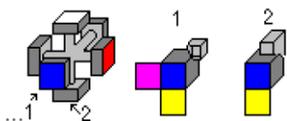
5.4.1.3. Magic Cube

The Magic Cube symbolises the 3D model – the holistic model. The osteopathy quality seal is printed on one side of the cube. Based on the key message, the user must “recognise” the incorrect cube faces, “change” them by rotating the layers, and once he has succeeded in doing so, the cube is “whole”. In addition, this give-away is now a revival – people are familiar with the cube from their youth and like to remember it.

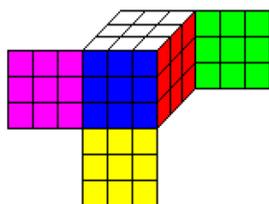
What is the Magic Cube?



The Magic Cube is a rotary puzzle in the form of a cube. It is known as the Magic Cube or Rubik's Cube after its inventor. At first glance, the Magic Cube consists of 27 individual cubes which together form a large 3x3x3 cube.



In reality, however, the cube only consists of 21 parts, namely a Single Core piece consisting of three intersecting axes holding the six centre squares, 8 three-coloured corner pieces and 12 two-coloured edge pieces.



The standard colours are white, yellow, orange/red and green/blue (here orange=pink). When the puzzle has been solved, each side is one solid colour. Already after a few ill-considered rotations of the layers, the cube becomes multi coloured.

...

The basic problem is to reorganise the multi-coloured cube so that you end up with each side face once again as a solid colour.

Figure 33: Magic Cube (<http://www.mathematische-basteleien.de/zauberwuerfel.htm>, accessed: 2007-11-18)¹⁵

5.5. Exhibitions

In Austria there are no medical trade fairs planned for 2008 (www.messen-austria.at, accessed: 2007-11-16). The area of medical congresses and conferences is covered in Chapter 5.9 Event Marketing.

Shows which are open to the public provide an opportunity to establish initial contact with the target group general public and to explain osteopathy in simple terms (see Chapter 4.6).

Participation in exhibitions could take the form of a shared ÖGO stand. This would mean the ÖGO hiring floor space, e.g. 100 m², and subletting part of that space to osteopaths from the same province.

¹⁵ Graphic translated from the German original (see Appendix)

When communicating the content of osteopathy, the emphasis must be placed on the experience (see Chapter 2.2.4.1). The goal is to create the maximum degree of involvement. The visitor should be encouraged to think about osteopathy (see Chapter 2.2.4.2) and receive stimuli through many of the senses (see Chapter 2.2.4.7). Possible modules of an exhibition stand are:

Osteopathy experience cinema: The three basic pillars of osteopathy and how they work are presented in simple terms in a professional image film (see Chapter 5.2.4).

Information area: Information folders are handed out, for example, with contact addresses of osteopaths in the respective province on a separate sheet.

Catering: Visitors are given information about healthy eating in collaboration with a nutrition adviser. Special diets are described e.g. to help protect the liver. Needless to say, “healthy” food and beverages will be available, e.g. water and fruit (see Chapter 2.2.4.2).

Three human sculptures in life size presenting the three pillars of osteopathy (see Chapter 4.5):

- One with muscles, tendons, ligaments and joints
- One focusing on body fluids (blood circulation, lymph, etc.), with actual liquids flowing through the tubes
- One with the internal organs

An entertaining presentation of the **history** using large information panels to communicate the long development of osteopathy.

Children: Children are taken on a playful “journey through your body”. In a comfortable play and seating area a child minder explains the body and the senses to the children.

Involvement (see Chapter 2.2.4.2): A competition will be staged to encourage visitors to actively participate, i.e. to “think”. The visitor retrieves one item from a covered box containing plastic parts. These are different bones, organs and gel bags (symbolising fluid). The visitor’s task is now to identify his item on the basis of the

three human figures and to assign it to the right place. If his answer is correct he will receive a small gift.

What should **not** take place on the exhibition stand is concrete treatment or general advice on health issues. Visitors with questions of this type should be advised to contact an osteopath in their area and given the information folder (see also Chapter 4.1.1.1. Advertising Laws and Bans).

Participation in the provincial autumn or spring fairs or public shows dedicated to health topics is also possible. The public shows and health exhibitions planned in Austria 2008 are as follows:

Salzburg	26.01.-27.01.	Wellness & Gesundheit 2008
Ried	29.02.-02.03.	Sport & Vital
Dornbirn	03.04.-06.04.	33. Frühjahrsmesse
Klagenfurt	10.04.-13.04.	Freizeit
Graz	01.05.-04.05.	Lebensart08
Wels	03.09.-07.09.	Agraria & Herbstmesse 2008
Dornbirn	03.09.-07.09.	Dornbirner Herbstmesse
Klagenfurt	13.09.-21.09.	Klagenfurter Herbstmesse
Graz	27.09.-05.10.	Herbstmesse08
Innsbruck	04.10.-12.10.	Innsbrucker Herbstmesse 2008
Wels	14.11.-16.11.	Gesund Leben
Klagenfurt	21.11.-23.11.	Gesund Leben

Table 11: Austrian Shows and Exhibitions 2008 (www.messen-austria.at, accessed: 2007-11-16)

5.6. Personal Selling

Under the advertising ban (see Chapter 4.1.1.1), blatant self-promotion or self-promotion akin to advertising is prohibited. For this reason, no form of personal selling activity (neither face-to-face nor telephone sales) is recommended.

5.7. Sponsorship

An important area of sponsorship might be that of industrial exhibitions at medical conferences and congresses (see Chapter 2.2.4.6).

It would be advisable for the ÖGO to present itself at selected medical conferences and congresses, and to provide a professional explanation of the range of services that osteopathy has to offer. The target group here will certainly be doctors who could provide referrals (see Chapter 4.4.2). It would be possible for the ÖGO to hire the stand or to undertake its own stand assembly and dismantling, while local support should be provided by one of the members. A selection of possible congresses in 2008 is given below.

Source	Title of Event	Date/Venue
ÖGAM – Österreichische Gesellschaft für Allgemein- und Familienmedizin (http://konto.meindfp.at/public/results.jsf , accessed: 2007-11-18)	4. Kongress für Allgemeinmedizin & IGV Preis für Innovation in der extramuralen Versorgung	29. – 31. 05. 2008 MuseumsQuartier, Arena 21, Vienna
ÖOG – Österreichische Ophthalmologische Gesellschaft (http://www.augen.at/ , accessed: 2007-11-18)	49. Tagung der Österreichischen Ophthalmologischen Gesellschaft	01. - 03. 05. 2008, Seifenfabrik, Veranstaltungszentrum Angergasse 41-43, Graz
ÖGN – Österreichische Gesellschaft für Neurologie (http://www.oegn.at/ , accessed: 2007-11-18)	6. Jahrestagung der ÖGN	6. - 9. 02. 2008, Kongress Innsbruck
ÖGNC – Österreichische Gesellschaft für Neurochirurgie (http://www.neurochirurgie.ac.at/ , accessed: 2007-11-18)	43. Jahrestagung der Österreichischen Gesellschaft für Neurochirurgie Tagungsthema: "Überraschendes, Ungeklärtes und Lehrreiches aus der Neurochirurgie"	9. - 10. 11. 2007, Hotel Renaissance, Salzburg
Österreichische Gesellschaft für Angiologie (http://www.oegangiologie.at/ , accessed: 2007-11-18)	State of the Art-Symposium: Diabetes und chronisch kritische Beinischämie	10. 11. 2007, Vienna
ÖGP – Österreichische Gesellschaft für Parodontologie (http://www.oegp.at/website/output.php , accessed: 2007-11-18)	Jahrestagung der ÖGP Wissen, was geht.	3. - 5. 04. 2008, St. Wolfgang
OEPH – Österreichische Gesellschaft für Public	Auf dem Weg zur „Gesundheitsgesellschaft“?	27. - 29. 3. 2008 FH - Joanneum, Bad

Health (http://www.oeph.at/ , accessed: 2007-11-18)	Gemeinsamer Kongress der deutschen, österreichischen und Schweizer Fachgesellschaften für Gesundheits- und Medizinsoziologie	Gleichenberg, Styria
OEGGG – Österreichische Gesellschaft für Gynäkologie und Geburtshilfe (http://www.oeggg.at/kongresskalender/2007.html , accessed: 2007-11-18)	Jahrestagung der österreichischen Gesellschaft für Gynäkologie und Geburtenhilfe	21.05. - 24.05, 2008 Dornbirn
ÖGG – Österreichische Gesellschaft für Gefäßchirurgie (http://www.dach2008.org , accessed: 2007-11-18)	5. Gemeinsame Jahrestagung Deutsch, Österreichische und Schweizer Gesellschaften für Thorax-, Herz- und Gefäßchirurgie	17. bis 20. Februar 2008 Innsbruck, CI - Congress Innsbruck, Rennweg 3
ÖGO - Österreichische Gesellschaft für Orthopädie und Orthopädische Chirurgie http://www.orthopaedics.or.at/ , accessed: 2007-11-18)	30. Jahrestagung 2008	Date to be advised
ÖGIM – Österreichische Gesellschaft für Innere Medizin (http://www.oegim.at , accessed: 2007-11-18)	39. Jahrestagung 2008 http://www.oegim.at/pdf/oegim_jt08_vorprogramm.pdf	17. 9. - 20. 9. 2008 Stadthalle, Graz
ÖGP- Österreichische Gesellschaft für Psychologie (http://www.oegp.net/content/vorstellung_full.htm , accessed: 2007-11-18)	8. Wissenschaftliche Tagung der Österreichischen Gesellschaft für Psychologie (ÖGP) an der	24.-26.04.2008 Johannes Kepler Universität Linz
HNO – Österreichische Gesellschaft für Hals-, Nasen- und Ohrenheilkunde, Kopf- und Halschirurgie http://www.hno.at/ , accessed: 2007-11-18)	Grazer HNO PSY Tage	25. – 26. 01. 2008 Universität Graz
(http://www.sportmedizingesellschaft.at , accessed: 2007-11-18)	Drei Ländertreffen Sportmedizin in Salzburg mit ÖGSMP Generalversammlung http://www.sportmedizingesellschaft.at/images/stories/D-A-CH_Sportmedizin_Salzburg_2008_Vorankundigung.pdf	25. - 27.9.2008 Universitätsinstitut für physikalische Medizin und Rehabilitation der PMU Salzburg
ÖGZMK – Österreichische Gesellschaft für Zahn-, Mund- und Kieferheilkunde (http://www.oegzmk.at ,	2. Frühjahrssymposium der österreichischen Gesellschaft für Kinderzahnheilkunde	

accessed: 2007-11-18) (http://www.kinderzahnmedizin.at , accessed: 2007-11-18)		
Österreichische Gesellschaft für Physikalische Medizin http://www.oegpmr.at/ , accessed: 2007-11-18)	4. Wiener Rehabilitationstag	29. 02. 2008, Wiener Rathaus Details to be advised

Table 12: Major Medical Congresses in 2008 (Rüscher, 2007)

5.8. Direct Marketing

For the purposes of direct marketing a sample letter is outlined to enable newly qualified osteopaths to present the treatment method to their own patients. This is based on the developed principles (see Chapters 2.2.4.10 and 4.6.3.3)

The treatment method could also be presented to referring doctors (for osteopaths with the primary profession of physiotherapist) by means of an information letter.

A mailing to referring doctors could include a detailed information folder aimed at the specific target group, which describes the three pillars of osteopathy, the areas of application, the treatment procedure and the techniques as well as the history. Possibilities for collaboration should be outlined in the letter. A few information brochures could also be included which the doctor could put on display in his practice.

5.8.1. Sample Circular Letter to Patients with Enclosure

Dear Mr Smith,

We are delighted to inform you of a new service available from our practice, namely osteopathic treatment.

One of the essential principles of osteopathy is to maintain the movement of tissue throughout the entire organism. If the movements of individual body structures are restricted, this can lead to problems. Very often, the solution to these complaints does not lie in the area where we feel pain.

Osteopathy is a holistic treatment method. Following a detailed interview, the case history, the therapy begins. This is done entirely with the hands. During the examination the osteopath uses gentle techniques to detect patterns of tension and movement restrictions. Through many years of training, the osteopath can recognise these functional disturbances, release them and in so doing help the body to activate its self-healing powers.

We are enclosing a short information brochure - and will be only too pleased to help if you should have any questions.

Yours sincerely

Your osteopath

5.9. Event Marketing

In particular, events can help to nurture the reciprocal exchange of information between osteopaths as well as providing an opportunity for general image promotion (see Chapters 2.2.4.8 and 4.3.2). Proposals include a networking meeting for osteopaths, an annual congress of the ÖGO, an open day and regular information events for referring doctors.

5.9.1. Networking Meetings

Networking meetings could be organised in each province on a monthly or bi-monthly basis. The programme could consist of a short presentation followed by a discussion. The presenter could be an osteopath from the respective province in each case who briefly introduces himself and puts forward an osteopathy topic for discussion which is of interest to him.

5.9.2. Annual Conference of the ÖGO

The ÖGO could organise a large, annual conference to which all members from across the country are invited. Each year, the annual conference should be held in a different province, thus allowing each province to take its turn once every nine years. The speakers should be internationally recognised. Doctors and physiotherapists with an interest in the subject could also be invited to expand awareness for osteopathy.

5.9.3. Open Day

Every two years, osteopathic practices could “open their doors to the public”. This day should be organised and advertised nationally. All members of the ÖGO can participate. The open day should contribute towards enhancing the image of osteopathy in Austria.

5.9.4. Information Events for Referring Doctors with Short Presentations

Information events for referring doctors in the local area could be staged once a year in osteopathic practices. The programme should consist of a brief presentation following by a discussion. Catering and possibly another accompanying programme can round off the event.

5.10. Cost Estimate for Proposed Communication Tools

A rough cost estimate has been drawn up for the proposed communication tools. The information has been obtained from experts in the communications sector and should only be seen as a rough indication as the individual items are very difficult to estimate without more detailed planning (e.g. volumes).

Area	Communication Tool	Estimated Cost in €
Advertising	Information brochure, design and production	3,000.00 – 5,000.00
	Advertisements and posters, design	800.00 – 1,800.00
	Website design, programming	6,000.00 – 10,000.00
	Image film	5,000.00 – 7,000.00
PR	Produce and send out press release	600.00 - 800.00/PR text
Sales Promotion	Give-away children's book	10.00 – 25.00/each
	Give-away USB stick incl. logo	5.00 – 15.00/each
	Give-away Magic Cube incl. logo	7.00 – 10.00/each
Exhibitions	Per exhibition	10,000.00 – 20,000.00
Sponsorship	Per industrial exhibition	1,500.00 - 5,000.00
Direct Marketing	Circular letter with enclosure	200.00 – 500.00/letter
Event Marketing	Per networking meeting	1,500.00 – 2,000.00
	Annual conference of the ÖGO	20,000.00 – 30,000.00
	Open day	10,000.00 – 15,000.00
	Information events	1,500.00 – 2,000.00

Table 13: Cost Estimate (Rüscher, 2007)

6. Critical Reflection and Perspectives for Further Research

Within the framework of this thesis the aim was to examine the current situation of osteopathy in great detail as the basis for developing a practice-oriented communication concept.

Various questions were raised in the process which could not be answered and might well provide the basis for further research:

Is the primary profession of physiotherapist compatible with the profession of osteopath? If osteopaths become competitors of their referring doctors, this could lead to the osteopath receiving fewer referrals for physiotherapy as a doctor will not support such competition. The question to be investigated here is whether an osteopath with the primary profession of physiotherapist can continue to work as osteopath and physiotherapist. If he wants to combine the two, this can lead to the stated conflicts with referring doctors.

How actively can and should a communication policy for osteopathy be pursued as long as the profession is not legally recognised?

What is the role of lobbying as an “unofficial” communication tool? Can and should efforts be directed at creating a favourable mood in political circles and among insurers?

Particularly striking were the many positive examples of communications in the field of medicine for hospitals and also for individual practices as well as the easing of the legal ban on advertising which supports these communications.

As a critical reflection in conjunction with the proposal for implementation of the communication tools it should be pointed out that the author’s personal style and taste certainly had an influence on the briefing for the graphic artist. This could be avoided in the case of actual realisation by using a larger working group of

osteopaths who should, of course, first familiarise themselves with the theoretical principles involved.

Also, individual communication tools could be developed in much greater detail. However, that would go beyond the scope of this thesis which is primarily aimed at providing an overview of the possibilities. This applies in particular to the development of the websites.

More intensive research is also currently lacking in the development of the endogenous situation factors (for example, the generally applicable values and norms of osteopathy) as well as the actual needs which can be satisfied by osteopathy.

With regard to the target group analysis it should be pointed out that according to the author's supervisor, Ms. Musil, a comprehensive study is currently in progress which investigates the social strata and the quality of life of patients in Vienna. Once this study is completed, the results should be incorporated in the target group analysis.

7. Conclusions

In summary, it can be concluded that marketing and communication have been explained in great detail by science and today generally play a central role in business management.

It was concluded that a medical practice also constitutes a business and the principles of marketing and communication should therefore be applied within the framework of what is legally permitted.

There are many reasons for recommending this approach in particular in the area of osteopathy. These include the following: there is little or no awareness for osteopathy among the target groups; communication in the field of medicine is in growing demand on the part of patients and the right to information is embedded in the law. The latest trends show that good, informative communication is viewed positively by the patient, for example in the area of prevention. Positioning and repositioning as well as the establishment of osteopathy as a therapy method can be supported by communication. In future, osteopathy will also be confronted with a competitive situation – communication can help the profession to assert its role.

The hypothesis that more communication will lead to more patients availing themselves of the services which osteopathy has to offer was supported by the literature cited as references in this thesis. The proposition that a larger number of patients will increase the pressure for recognition of the profession at the political level and among insurers was not corroborated by scientific examples.

The development of the communication strategy involved not only a discussion of the theoretical principles of marketing and communication but also a comprehensive situation analysis for osteopathy, the definition of concrete goals and target groups, the formulation of an advertising message, the selection of ideal imagery, and the compilation and development of an optimal mix of communication tools with concrete proposals for implementation.

The communication tools should always satisfy the basic rules: create newness (“Osteopathy could now be something new for me”) – inform (“What is osteopathy and how does it work?”) – emotionalise (“How will I feel after osteopathic treatment; what is it like to be healthy?”).

These are expressed in the proposed design of the logo and the claims:



The following quotation from Henry Ford provides the final conclusion for this thesis:

The man who stops advertising to save money
is like the man who stops the clock to save time.

(Henry Ford)

8. Appendix

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8.3. List of Abbreviations

CD	Corporate Design
CI	Corporate Identity
D.O.	Diplom-Osteopath (Degree in Osteopathy)
EFO	European Federation of Osteopaths
e.g.	Exempli gratia
I.A.O.	International Academy of Osteopathy
IFT	Institut für Freizeit- and Tourismusforschung (Institute of Leisure and Tourism Research)
KICK	Acronym from „Kulturelle Identität“ (cultural identity) C orporate Identity and „ U nternehmens K ultur“ (corporate culture)
MTD	Medizinisch Technische Dienste (Medical-Technical Services)
MSc	Master of Science
ÖÄGO	Österreichische Gesellschaft für Osteopathie, Osteopathische Medizin und Klinische Osteopathie (Austrian Association of Osteopathy, Osteopathic Medicine and Clinical Osteopathy)
ÖGO	Österreichische Gesellschaft für Osteopathie (Austrian Osteopathic Association)
PR	Public Relations
SWOT	Strengths, Weaknesses, Opportunities, Threats
WSO	Wiener Schule für Osteopathie (Vienna School of Osteopathy)

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8.4.2. Laws and Regulations

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- Bundesgesetz über die Regelung der gehobenen medizinisch-technischen Dienste
- Ärztegesetz 1998
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8.4.3. Selected Internet Addresses

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- Ärztekammer Schleswig-Holstein: <http://www.aeksh.de>, accessed: 2007-12-03
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- Ges. für Moderne Medizin: <http://www.gemomed.at>, accessed: 2007-12-03
- KIK (Klinik Info Kanal: <http://www.topos.net>, accessed: 2007-12-03
- Kundendienst ORF: <http://kundendienst.orf.at>, accessed: 2007-12-03
- Austrian Presse Agentur (APA): <http://www.apa.at>, accessed: 2007-12-04
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8.4.4. Information from Individuals

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- GÖTTLICHER-PLODEK, A., ÖGO Secretariat, telephone call on 12.11.07

8.5. Original Figures (in German)



Abbildung 34: Maslow'sche Bedürfnispyramide (Kotler et al. 2007)

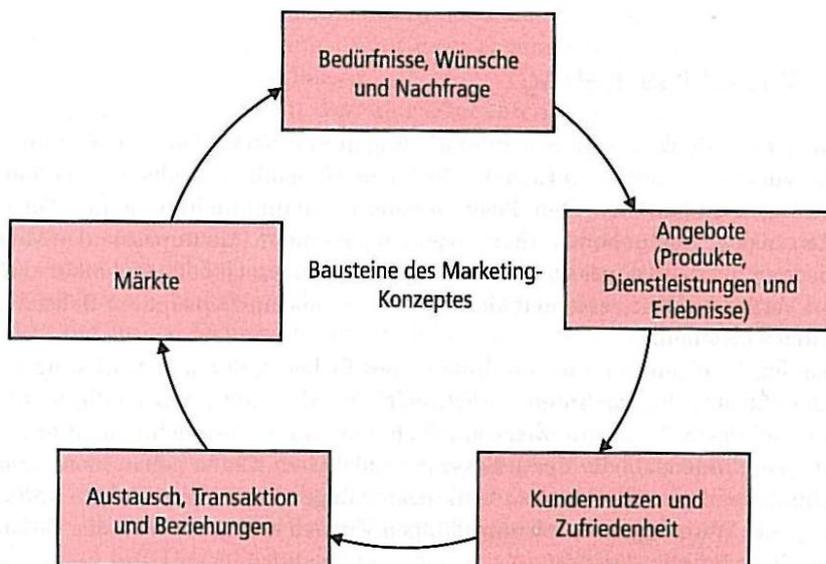


Abbildung 35: Marketing als Prozess (Kotler et al. 2007, S. 30)

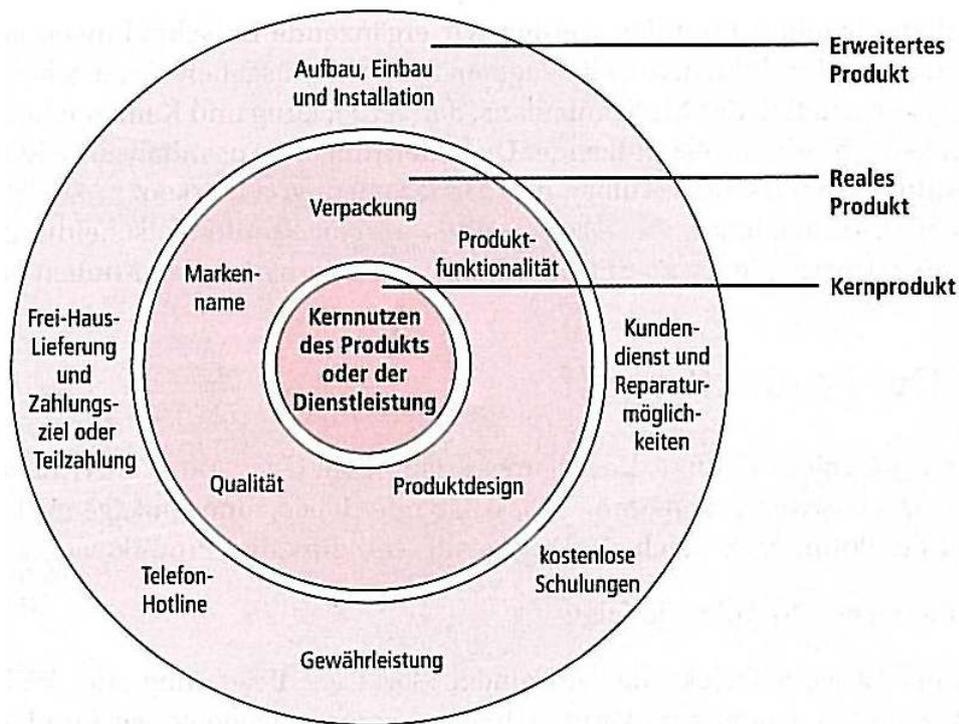
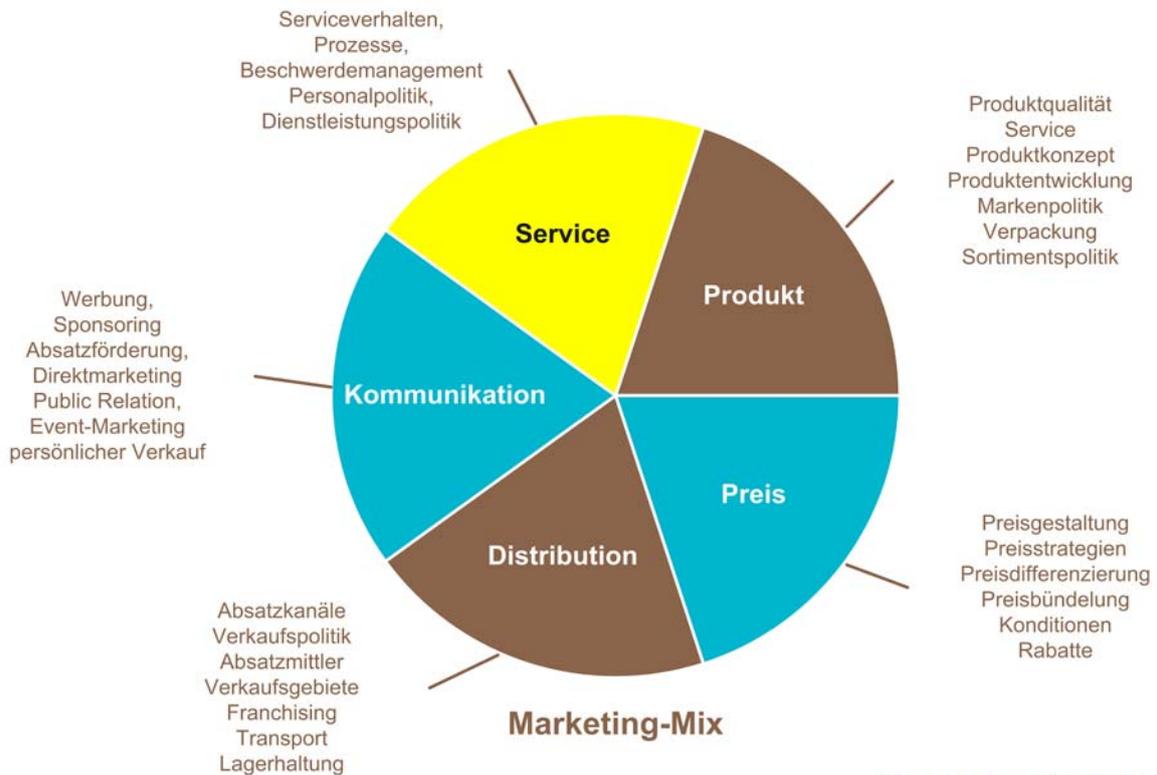


Abbildung 36: Die drei Produktdimensionen (Kotler et al. 2007, S. 624)



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Abbildung 37: Marketing Mix inklusive Service (<http://www.marktpraxis.com>, Accessed: 2007-11-12)

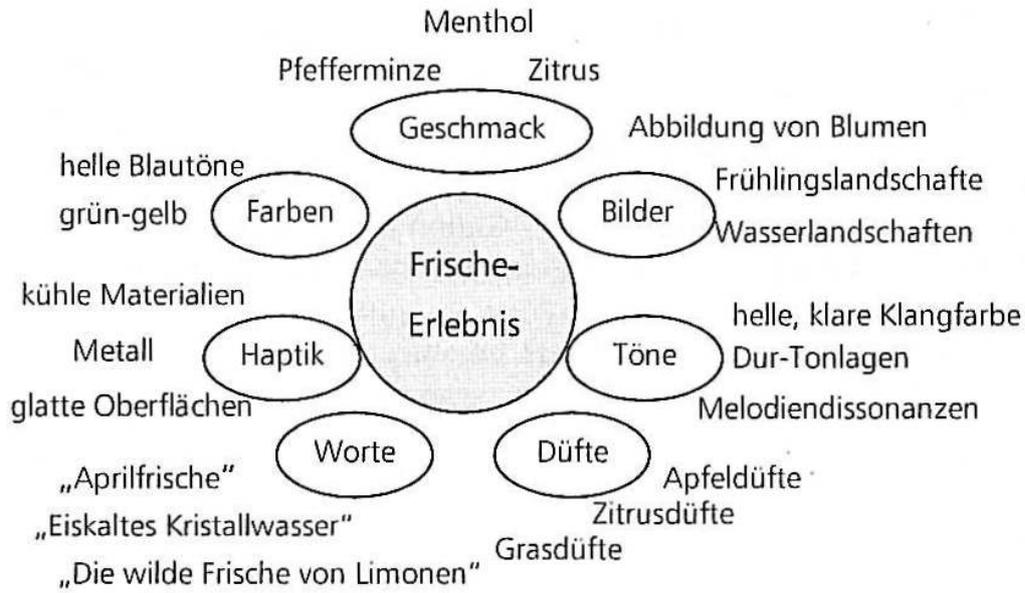


Abbildung 38: Beispiel für die Vermittlung eines konsistenten Frischeerlebnis (Neumann, 2003, S. 58)

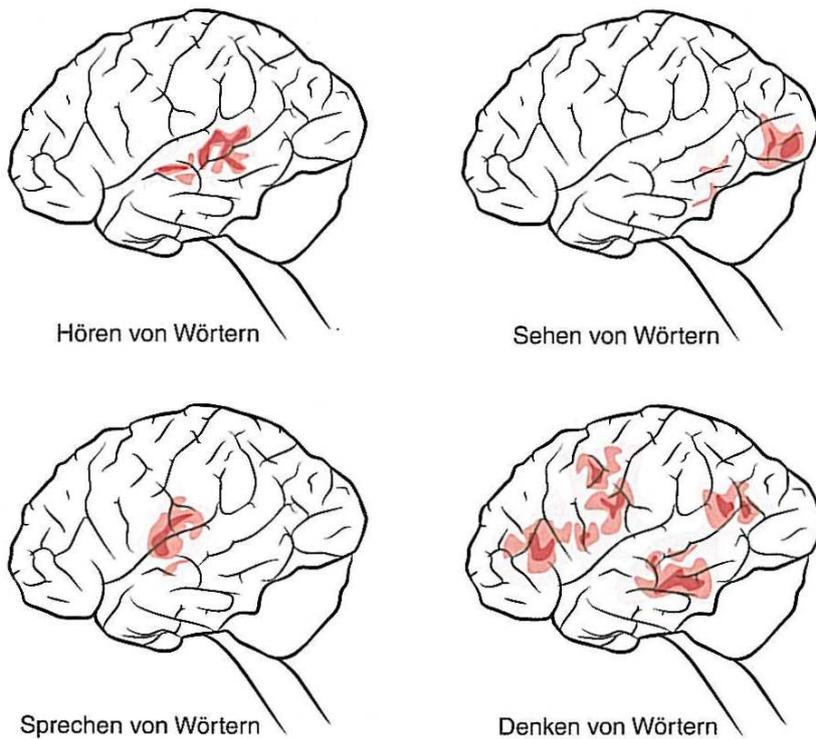


Abbildung 39: Aktivitäten der Hirnareale bei unterschiedlichen Aufgaben (Scheier, Held, 2007, S.20)



Abbildung 40: Wirkung von Event-Marketing (Nufer, 2002, S 91)



Abbildung 41: Push und Pullstrategie im Vergleich (Kotler et al. 2007, S. 870)

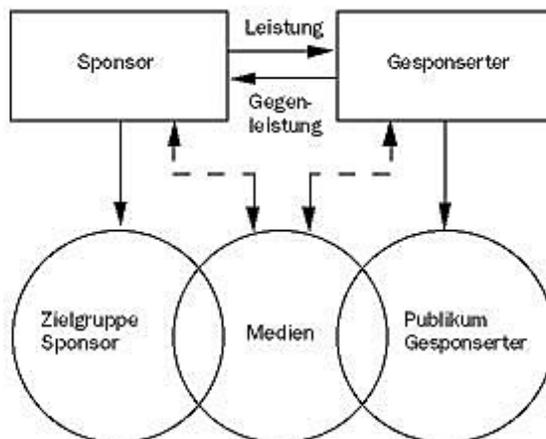


Abbildung 42: Sponsoring (<http://www.unicom.unizh.ch>, Accessed: 2007-11-12)

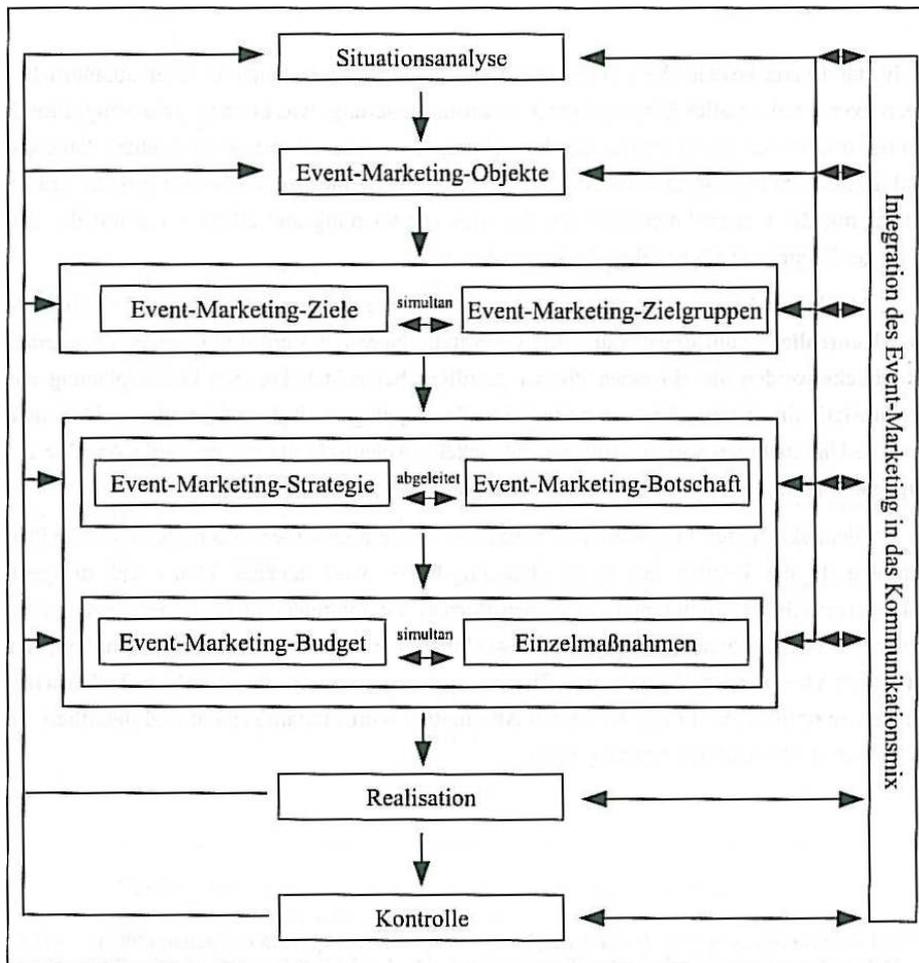


Abbildung 43: Prozess der Planung, Integration, Realisation und Kontrolle des Event-Marketing (Nufer, 2002)



Abbildung 44: „Bildhafter Text“ (Vögele, 2002, S. 331)

FALL 1.9: MARKETING-MIX

Das Landkrankenhaus Weiterstett berät sich über den Marketing-Mix des Hauses. Es wurden folgende Vorschläge gemacht:

P₁ Produkt

Es sollen ambulante Operationen eingeführt werden.

P₂ Preis

Für private Patienten werden verschiedene Zusatzleistungen angeboten. Die Preise errechnen sich aus den Zuschlägen für die Zimmer und die Behandlung.

P₃ Plazierung

Das Patientenspektrum soll erweitert werden. Patienten aus dem angrenzenden Ausland sollen angeworben werden.

P₄ Promotion

Über Direktkontakt mit den Niedergelassenen und der Einrichtung eines Tags der offenen Tür sollen die Patienten auf die neuen ambulanten Behandlungen aufmerksam gemacht werden.

Mit diesem Marketing-Mix hat das Krankenhaus alle Weichen für die Zukunft gestellt. Ob das Konzept ankommt, wird sich zeigen.

Abbildung 45: Fallbeispiel Marketing-Mix in der Medizin (Elste, 2004)

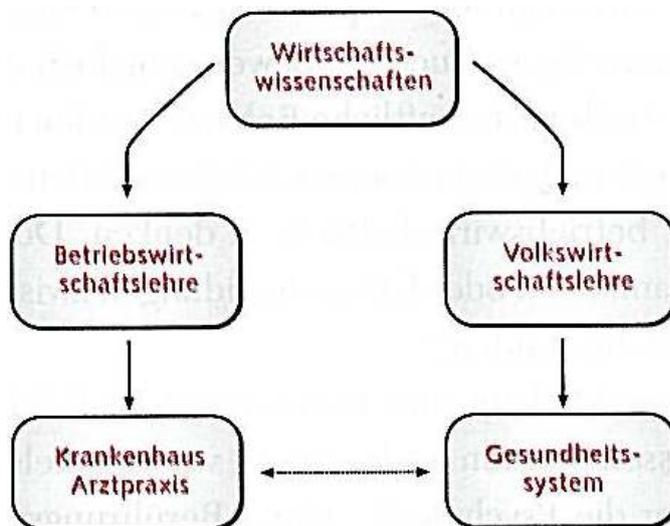


Abbildung 46: Wirtschaftswissenschaften in der Medizin (Elste, 2004)



Abbildung 47: Wirkung von Event-Marketing (Nufer, 2002)

Vorstellungen von einem "guten Leben" (Trend 1995-2007)

FRAGE: Kurz zum Thema "Gutes Leben". Jeder hat ja so seine eigenen Vorstellungen von einem guten Leben. Was gehört Ihrer Meinung nach zu einem guten Leben? Wenn Sie mir das nach dieser Liste sagen.

Basis: Österreichische Bevölkerung insgesamt

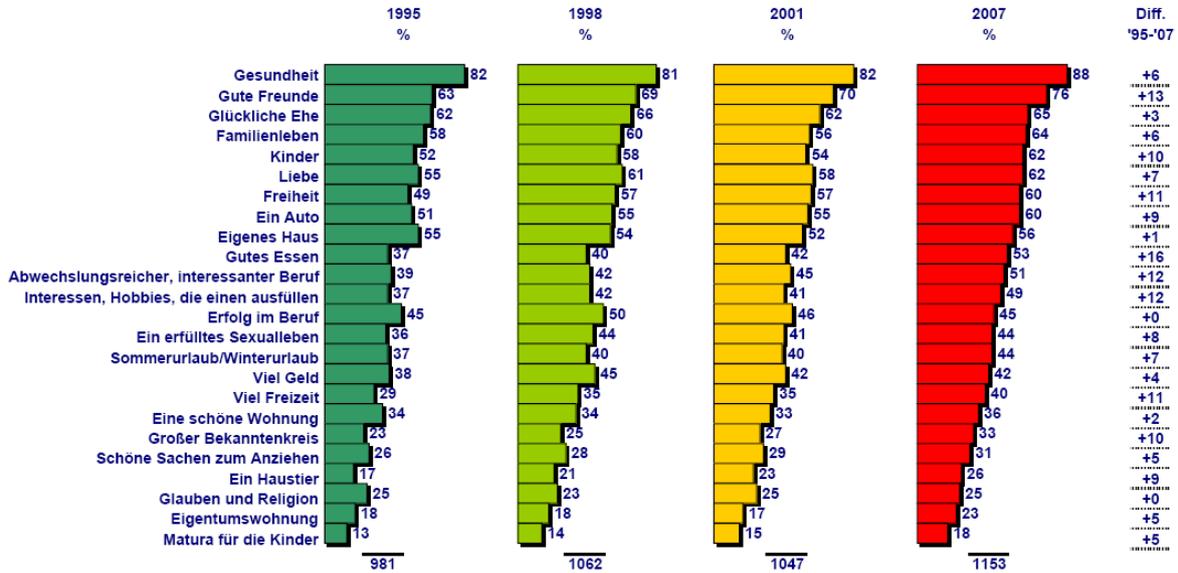


Abbildung 48: Spitzentrend Gesundheit (Spektra Studie, 2007)

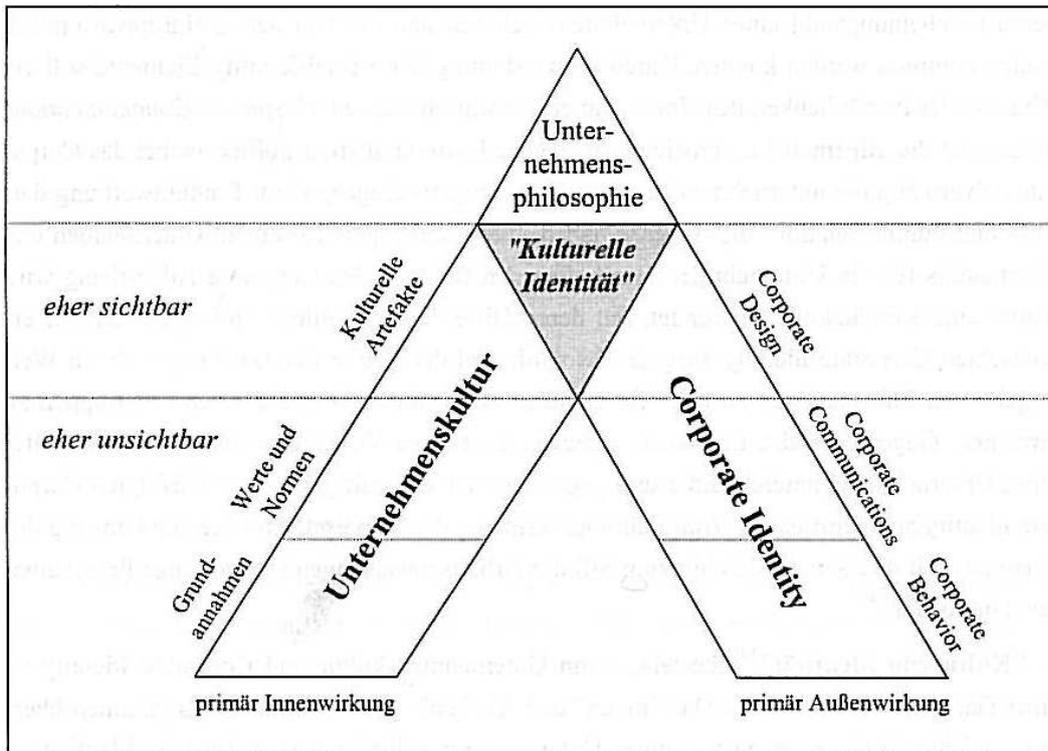


Abbildung 49: Das KICK-Modell (Nufer, 2002)

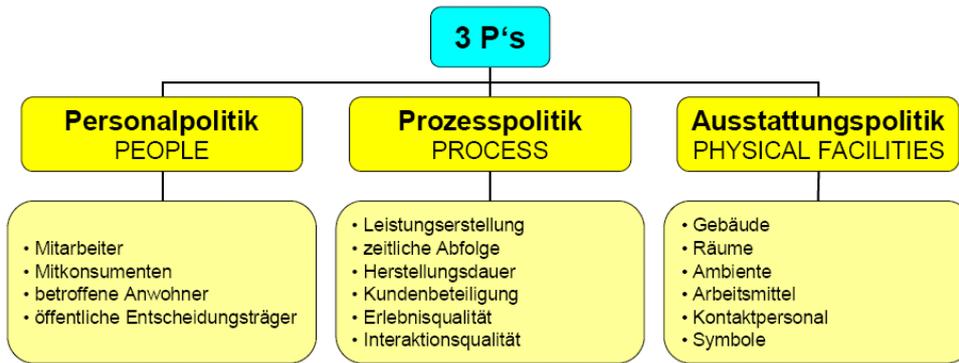
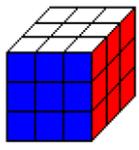


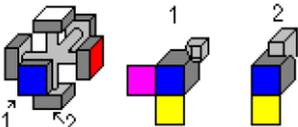
Abbildung 50: Dienstleistungsmarketing (<http://www.marketing.ch>, Accessed: 2007-11-13)

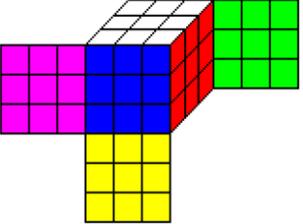


Abbildung 51: Corporate Imagery - Symbole (Herbst, Scheier, 2004)

Was ist der Zauberwürfel?

 Der Zauberwürfel ist ein Drehpuzzle in Würfelform. Er heißt auch Magic Cube oder nach seinem Erfinder Rubik's Cube. Auf den ersten Blick besteht der Zauberwürfel aus 27 Einzelwürfeln, die zusammen einen großen 3x3x3-Würfel bilden.

 In Wirklichkeit besteht er aber nur aus 21 Teilen, nämlich aus 1 Achsensystem mit 6 festen Mittelstücken, 8 dreifarbigen Eckstücken und 12 zweifarbigen Kantenstücken.

 Die Standardfarben sind weiß/gelb, orange/rot und grün/blau (hier orange=pink).
Im gelösten Zustand sind alle Seitenflächen einfarbig.
Schon nach einigen unbedachten Drehungen von Ebenen ist der Würfel bunt.

Das Grundproblem besteht darin, den bunten Würfel so zu ordnen, dass die Seitenflächen zum Schluss wieder einfarbig sind.

Abbildung 52: Zauberwürfel (<http://www.mathematische-basteleien.de/zauberwuerfel.htm>, Accessed: 2007-11-18)