

Effect of Marketing Training Program on Total Quality Management Practice

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Abstract

Background: Globalization motivates organizations to provide a rapid response to the needs and opportunities of globalizing markets. So, many hospitals are changing their procedures to an integrated marketing manner which requires patient satisfaction. Also, many hospitals embrace the concept of total quality management which links organizational visions, missions, operating principles and quality values with satisfaction of patient needs as the first priority for the hospital. So, the aim of this study is to examine the effect of marketing training program on total quality management practice.

Subjects and Methods: A quasi-experimental design was utilized. The subjects included all nurse managers working in Main Mansoura University Hospital. Data was collected by using three tools: Marketing Knowledge questionnaire, The practice of marketing in newly and developing countries questionnaire and Total Quality Management Practice Survey.

Results: There was a statistically significant improvement on nurse manager's marketing knowledge and practice after program intervention. In addition, there was a statistically significant improvement on nurse manager's total quality management practice after program implementation.

Conclusion: Implementation of training program for marketing was associated with improvement in nurse manager's marketing knowledge and their opinion about total quality management practice.

Keywords: Marketing, Program, Total Quality Management.

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I. Introduction

Today's successful hospitals have one thing in common, they are strongly customer focused and heavily committed to marketing. They share a passion for understanding and satisfying client needs. They motivate everyone in the organization to help build lasting customer relationships based on creating value. Customer relationships and value are especially important in healthcare marketing today (Kotler & Armstrong, 2012). Marketing is defined by the American Marketing Association as "the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large (American Marketing Association, 2012). The present day international market environment is characterized by increased number of competitors and intensified efforts at all levels and each domain. Under these circumstances quality development and its continuous advancement has developed a significant meaning (Wang & Cheng, 2011). Quality has become one of the three key elements on which the creation of a successful service and the organization's reputation is based. Facing the managerial challenges on intersection of the 3rd millennium, the managers have to be more proactive, inventive, flexible and quality oriented in everything. Quality is becoming a more decisive market and differentiating factor of an organization (Holjevac, 2013).

Total quality management is defined as a management approach of an organization centered on quality, based on the participation of all its members and aiming at long term success through customer satisfaction, and benefits to all members of the organization and to society (Lai, 2000). TQM is the philosophy of management that tends to link all organizational functions to focus on meeting the requirements of customers and main objective of organization (Akhtaret al., 2014). Certified Manager of Quality/Organizational Excellence Handbook identifies the following direct and indirect benefits that total quality management can offer to organizations: Strengthened competitive position, adaptability to changing or emerging market conditions and to environmental and other government regulations, Higher productivity, Enhanced market image, Elimination of defects and waste, Reduced costs and better cost management, Higher profitability, Improved customer focus and satisfaction, Increased customer loyalty and retention, Increased job security, Improved employee morale, Enhanced shareholder and stakeholder value and finally Improved

innovative processes. These benefits of total quality management are endless and helping your organization gets the best results (ASQ: The global voice of quality, 2014).

Significant of the study

Each organization should consider total quality management and marketing orientation as a facilitating management tool for improving organizational performance.

II. Aim Of The Study

The aim of this study was to examine the effect of marketing training program on total quality management practice at Mansoura University Hospital.

Research hypothesis:-

It is hypothesized that, an application of marketing training program will improve total quality management practice.

2-Subjects and Methods

Research design:

It is a quasi-experimental research design.

Setting:

The study was conducted at Main Mansoura University Hospital that provides health care covering large number of patients in the delta region. Mansoura University Hospital occupied with a total number of 1800 beds.

Subjects:

The subjects were included all nurse managers working in Main Mansoura University Hospital available at the time of data collection (n=53).

Tools of data collection:

The data of the present study was collected by:-

Tool (1): Marketing Knowledge questionnaire:- This tool was developed by the researchers based on related literature review (Saylor foundation, 2009 & Buckley, 2009 & Moderandi, 2013). It aims to assess nurse manager's knowledge about marketing before and after the implementation of the marketing program. This tool divided into two parts. The first part, personal characteristics of the subjects as nurse manager's age, gender, marital status, position, educational level, years of experience and working unit. The second part was consisting of 45 questions classifying as a series of multiple choices (16 items), true & false questions (17 items), matching & arranging (5 items) question finally matching only as (7 items).

Scoring system:

Scoring system according to (Abdel-Ghani et al., 2017) divided into two categories,

1-Inadequate knowledge (<60%). 2-Adequate knowledge (≥ 60%)

Tool (2):- The practice of marketing in newly and developing countries questionnaire:- It is a self-administered questionnaire developed by Soussa, 2001, aimed at examining opinions of all nurse managers about marketing practice. The tool was modified by the researchers based on the jury and expert editing & modification and pilot study clarifications were done. The questionnaire consisted of 85 items divided into 4 dimensions namely as Marketing Orientation (20 item), Marketing Activity (30 item), Marketing Functions (26 item) and Marketing Development (9 items). Each statement response measured on a five point Likert Scales that ranged from 1=Strongly disagree to 5=Strongly agree.

Scoring system:

Scoring system based on Albertic cut of point divided into three categories, low level of nurse manager's opinions related to marketing practice (<50%), moderate level of nurse manager's opinions related to marketing practice ranged from (50-75%) and high level of nurse manager's opinions related to marketing practice (>75%).

Tool(3):- Total Quality Management Practice Survey:- A self-administered questionnaire sheet developed by Lee, 2010, aims to examine opinions about total quality management practice. This tool was consisting of 42 items which divided into six dimensions namely: Leadership (7 items), Strategic planning (7 items), Customer focus (7 items), Human resource focus (7 items), Process management (7 items) and Information analysis (7 items). Each statement response will be measured on a five point likert scales that ranged from 1=strongly disagree to 5=strongly agree.

Scoring system:

Scoring system based on cut of value divided into three categories, low level of nurse manager's opinions related to total quality management practice (<50%), moderate level of nurse manager's opinions related to total quality management practice ranged from (50-75%) and high level of nurse manager's opinions related to total quality management practice (>75%).

III. Methods Of Data Collection

Official permission to conduct the study was obtained from the manager of hospital at Mansoura University Hospital, hospital nursing administrator, Dean of the Faculty of Nursing, Research Ethics Committee and the participants. Tools were translated by the researchers into Arabic, and tested for its content validity and relevance by seven experts in nursing administration from faculties of nursing, and accordingly the necessary modification was done. Reliability of the three tools items was assessed using Cronbach's alpha test, it was 0.7 for (tool 1), 0.74 for (tool 2) and 0.73 for (tool 3). A pilot study was conducted on 10% of study sample (nurse managers) to examine its clarity and feasibility before using it. Accordingly, minor changes were done. All nurse managers involved in the pilot study were excluded from the study sample later on. Designed the training program which includes objectives of the training, definition of marketing, importance of marketing, process of marketing, healthcare marketing mix model, types of markets, what are the errors occurring while marketing takes place, and the role of nurse manager in marketing.

Before implementation of the training program. The data was collected by the researchers as tool (1), tool (2), and tool (3) were distributed to studied sample as (pretest) before starting the program, then post immediately and 3 month after the program. The time needed to complete each sheet ranged from 20-30 minutes. The marketing training program was implemented during September 2016 till November 2016 in the training and education center in Mansoura University Hospital at morning shift. While, follow up phase started at February 2017. - The training program was implemented two times for two groups according to the workplace (unit) of each group and the available time. The total allocated time for achieving the whole program to each group was 5 hours. Divided into five sessions in two weeks, duration of every session was one hour. The program sessions started from 11am to 12:00pm. Different teaching and learning methods were used during the sessions which included; interactive lectures, group discussion, brain storming, work in small groups, adult learning principles were applied by giving time for questions and discussions.

Ethical consideration

Before commencing the study, ethical approval was granted from the research ethics' committee in which the study took place. The researchers ensured that the correct procedures were undertaken concerning informed consent, autonomy, anonymity and maintenance of the subjects. Explanation of the study aim in a simple and clear manner was done. All data were considered confidential and not used outside this study purpose. Participants were informed about their right to withdraw from the study at any time without giving any reason.

Statistical design:

The collected data were prepared, tabularized and statistically analyzed using SPSS software for quantitative data, range, mean and standard deviation were calculated by (Statistical Package for the Social Sciences, version 21, SPSS Inc. Chicago, IL, USA). Comparison between two groups and more was done using Chi-square test (χ^2) for qualitative data. For comparison between two means of parametric data, p value of t-test was calculated. For comparison between more than two means of parametric data, F value of ANOVA test was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at $p < 0.05$ for interpretation of results of tests of significance (Dawson, 2001).

IV. Results

The total Number of nurse managers was 53. The major group of age ranged between 30-45 years (79.2%) of them. Moreover, the majority of them were married 81.1%. While, half of them have number of employees in their departments ranged between 30-50, also 43.4% of the studied group has (11-15) years of experience. Finally most of the studied group was head nurses (92.5%) and all of them were female. **Table (1):** Presents the total levels and mean scores of marketing knowledge among the studied group during phases of program intervention. It shows that statistically significant improvement in the total adequate knowledge increased from (5.7%) before program to (77.4%) after the intervention. Moreover, total knowledge scores increased from (19.64±4.3) to (32.4±5.3) immediately after program.

Figure(1): Summarizes levels of marketing knowledge subscale during all phases of program intervention. Regarding Pre-program it shows low percentage of knowledge especially (Nurse Manager Role item and Marketing Process item). On contrary, immediate after program and

3 months post program it noticed that adequate level of knowledge in all session about marketing program improved especially in marketing types item.

Table (2): Illustrates the total levels and Mean scores of marketing practices opinions among the studied group during phases of program intervention. It shows improvement in the total marketing practice level which increased from (0% high) before program to (7.5% high level) after the intervention in addition to the moderate level which improved from (pre: 71.7%) to (post: 92.5%) then (98.1% after 3 months). Moreover, total marketing practice scores increased from (229.01±24.9 pre-program) to (288.11±25.2) Immediate after program.

Figure (2): Illustrates levels of marketing practice among the studied group during all phases of program intervention. According to Pre-program results it shows low percentage of marketing practice especially marketing orientation and marketing activity (0%). On contrary, immediate after program and post program it noticed that the level of marketing practice was improved in all dimensions especially in Marketing orientation (32.1) and marketing development (35.9%). While the high percentage in the post program stage was for moderate level at marketing activity dimension with (84.9%) as a sign for improvement.

Table (3): Presents total levels and mean scores of total quality management practice (opinion) among studied group during phases of program intervention. It illustrated that statistically significant improvement in the total quality management practice as the high level increased from (0%) before program to (22.6%) post program and to (34%) after 3 months from the intervention. Moreover, total scores of total quality management practice increased from (117.71±19.01) to (145.11±15.3) after the program intervention.

Figure (3): Summarizes levels of total quality management practice among the studied group during phases of program intervention. Regarding Pre-program it shows low percentage in all dimensions. On contrary, the high level improved in all dimensions especially in customer focus (75.4%) in post program stage. however it noticed that the low level reached (0%) in immediately post program (strategic planning) and after three month of program in human resource focus and information analysis.

Table (4): Presents correlation between total marketing knowledge and total quality management practice among the studied group during phases of program intervention. It shows that, no significant correlation between marketing knowledge and total quality management practice of the nurse managers.

Table (5): Presents correlation between total marketing practice and total quality management among the studied group during phases of program intervention. It shows significant positive correlation between pre-program marketing practice and total quality management of the nurse managers in all program phases (pre: $r = 0.372$, $p = 0.006$), (post: $r = 0.272$, $p = 0.049$) & (after 3 month: $r = 0.346$, $p = 0.011$). Also a significant correlation between total quality management pre-program stage with marketing practice after 3 months post program ($r = 0.303$, $p = 0.027$).

Table (1): Total Levels and Mean Scores of Marketing Knowledge During Different Phases of Program Intervention Among The Studied Group.

Total marketing knowledge		Program phases						Test of sig. (P)	
		Before Program (n=53)		Immediate post program (n=53)		3 months after program (n=53)			
		N	%	N	%	N	%		
Total knowledge levels:									
Inadequate	(<60%)	50	94.3	12	22.6	12	22.6	$\chi^2 =$	P =
Adequate	(≥60%)	3	5.7	41	77.4	41	77.4	73.003	0.001*
Total knowledge scores:									
Range (0-45)		11-32		20-41		23-43		F=	P =
Mean±SD		19.64±4.3		32.4±5.3		29.9±3.5		121.91	0.001*

*Significant (P<0.05).

Figure (1): Levels of marketing knowledge Subscale During All Phases of Program Intervention.



Table (2): Total Levels and Mean Scores of Nurse Managers Opinion's Related to Marketing Practice During Different Phases of Program Intervention.

Total Marketing Practice Opinion's	Program phases						Test of sig. (P)	
	Before program (n=53)		Immediate post program (n=53)		3 months after program (n=53)			
	N	%	N	%	N	%		
Total levels:								
Low	15	28.3	0	0	0	0	$\chi^2 =$	P =
Moderate	38	71.7	49	92.5	52	98.1	37.545	0.001*
High	0	0	4	7.5	1	1.9		
Total mean scores:								
Range	148-281		232-355		233-336		F=	P =
Mean±SD	229.1±24.9		288.11±25.2		278.66±24.4		86.32	0.001*

*Significant (P<0.05).

Figure (2) Levels of Marketing Practice Dimensions During All Phases of Program Intervention among Studied Sample.

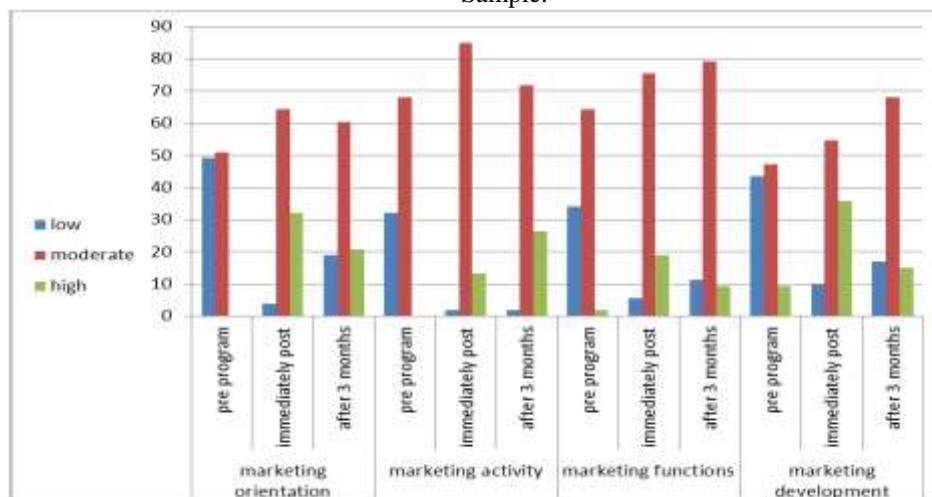


Table (3) Total Levels and Mean Scores of Nurse Manager Opinion's Related to Total Quality Management Practice During Different Phases of Program Intervention.

Total quality management Practice Opinion's	Program phases						Test of sig. (P)	
	Before program (n=53)		Immediate post program (n=53)		3 months after program (n=53)			
	N	%	N	%	N	%		
Total levels:								
Low	16	30.2	0	0	0	0	$\chi^2 =$	P=
Moderate	37	69.8	41	77.4	35	66	49.296	0.001
High	0	0	12	22.6	18	34		*
Total scores:								

Range	77-154	115-175	116-183	F=	P=
Mean±SD	117.71±19.01	145.11±15.3	145.20±17.74	47.27	0.001*

*Significant (P<0.05).

Figure (3) Levels of Opinion of Total Quality Management Dimensions During All Phases of Program Intervention among Studied Sample.

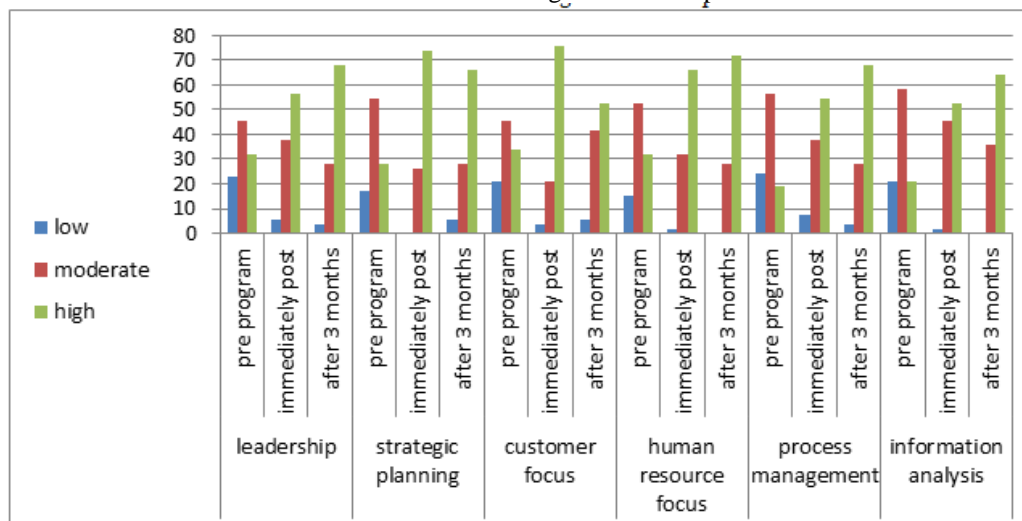


Table (4) Correlation Between Marketing Knowledge and Total Quality Management Practice in Different Phases of Program Intervention Among The Studied Group (n=53).

Variables		Marketing knowledge		
		Pre the program	Immediate Post program	After 3 months
Opinion of Total Quality Management practice	Pre the program	r = 0.185 p = 0.184	r = 0.169 p = 0.226	r = -0.038 p = 0.787
	Immediate Post program	r = 0.146 p = 0.297	r = 0.067 p = 0.633	r = -0.125 p = 0.371
	After 3 months	r = -0.068 p = 0.631	r = 0.077 p = 0.584	r = -0.053 p = 0.708

*Significant (P<0.05).

Table (5) Correlation Between Nurse Manager Opinion of Marketing Practice and their Opinion of Total Quality Management Practice in Different Phases of Program Intervention (n=53).

Variables		Opinion of Marketing Practice		
		Pre the program	Immediate Post program	After 3 months
Opinion of Total Quality Management practice	Pre the program	r = 0.372** p = 0.006	r = -0.046 p = 0.743	r = 0.303* p = 0.027
	Immediate Post program	r = 0.272* p = 0.049	r = 0.265 p = 0.056	r = -0.062 p = 0.660
	After 3 months	r = 0.346* p = 0.011	r = 0.251 p = 0.070	r = -0.103 p = 0.465

*Significant (P<0.05).

V. Discussion

Marketing was initially considered controversial when introduced into the healthcare industry over three decades ago. Within today's hospitals environment like any other business, must apply strategic managerial practices as well as modern marketing principles in order to remain competitive (Exprúa & Barberena, 2016). Despite the controversy surrounding marketing in healthcare, there are many undeniable benefits, including building awareness of services, increasing prestige, improving market penetration, and influencing consumer decision making (Yakobina, 2010).

The present study revealed that, the levels of nurse manager's knowledge about marketing are inadequate in pre-program intervention. While, immediately after program implementation there was improvement in nurse

manager's knowledge about marketing as it became adequate. The pre-program inadequacy of knowledge related to marketing could be due to one of the following reasons: they didn't have adequate training for marketing than before or negligence and lack of interest from nurse managers to acquire new knowledge.

The highest improvements of marketing knowledge were related to importance of Marketing, Marketing Types and Nurse Manager Role sessions. This improvement could be due to simple, clear and concise way of presentation and lectures and the availability of relevant media that gave more illustration for understanding the text and frequent repetition and motivating them to share in the program. In addition to, during sessions the nurse managers showed an interest to the program content revealed by the positive interaction during program sessions.

The findings are in congruence with (Abdel-Ghaniet al., 2017) in Mansoura University (emergency hospital), who found that after implementation of the specific educational program head nurse's knowledge was significantly moved from inadequate to adequate level.

This result is disagreed with (Yakobina, 2010) who reported that that two thirds of subjects have rated their overall marketing knowledge as fair to poor. However the majority of subjects were interested in marketing educational opportunities. Low percent of institutions had marketing plans and had yearly marketing budgets. The most common marketing strategies used by therapists included the use of business cards and brochures and meeting face-to-face with physicians.

The study findings indicated that, there was statistically significant improvement in total nurse manager's marketing knowledge, when comparing pre-program phase with immediately post-program this improvement was due to the effect of the intervention program, attendance of the program affect positively on nurse manger's marketing knowledge.

Another research on internal marketing failed to examine differences in perceptions between management (full-time employees) and front-line employees (student employees). Then he found that there was no significance in those mean scores among different employee knowledge levels. Part-time employees displayed higher mean scores across all five marketing dimensions in comparison to their full-time counterparts (Davis, 2005).

This result is parallel to (Yakobina, 2010) who concluded that most of the participants agreed that they could accomplish marketing in an ethical and professional manner. He indicated that they had positive attitudes towards marketing practice. Then he reported that the practice of marketing has become a necessary means of creating and maintaining a competitive stance in this ever-changing healthcare industry. Also (Gacki-Smith, et al., 2009) stressed on the importance of identifying skills deficits and using this information to develop educational programs.

The finding of the present study revealed low percentage of marketing practice in the pre-program stage especially in marketing orientation and marketing activity. This may be due to the studied group have lack of superior skills in understanding and satisfying (client) patient needs.

Kagan et al., (2015) found that mean scores for the marketing of nursing were low. Nurses working in an intensive cardiac care unit demonstrated higher levels of marketing behavior than nurses from other nursing wards. Nurse Managers reported higher levels of nursing marketing activity compared with first-line staff nurses.

The study findings that nurse manger's marketing practice indicated that, marketing development was the lowest dimension mean score pre-program. This could be due to the nurse managers doesn't have the adequate experience in activities that may improve the development of marketing and they don't have any previous orientation regarding marketing practice, and every nurse manager play a great role in the practice of healthcare marketing.

These findings were supported by (Wrenn, 2008) that measure a hospital's marketing orientation according to the senior line officer and the marketing officer to determine if their observations converge or are substantially different from one another. Research investigating the differences in perceptions of marketing staff officers provided insight into this question. Results of the research indicated there are no significant agreement between marketing officers and their chief marketing officers regarding the marketing behaviors being executed in their hospital.

In this study, post program marketing activity dimension became the highest mean score, this may be due to nurse manager begin to think in steps of how to practice marketing and marketing behavior which give attention to marketing activity. Suliman, (2015) Stated that hospitals' managers should have a marketing information system that produces accurate, sufficient, and timely information about the developments in the healthcare marketplace, with respect to customers, prospects, competitors and suppliers. Moreover, managers and decision makers have to conduct an adequate marketing research and organizational analysis before investing in the new service, as well, an adequate service should be carried out before launching the new service which means marketing activity procedures must be maintained to improve marketing system audit.

The study results revealed a low score and level of nurse manager's opinion related to total quality management practice at Mansoura University Hospital in pre-program intervention, this may be due to deficient in team members' knowledge and understanding towards responsible tasks, insufficient training programs, and leadership factors, good leaders must be consistent with the purpose of product and service improvements for the organization's survival in a competitive environment. While when comparing pre-program with both the post program stage and after three months stage, it show an increase in the level of total quality management practice this improvement was due to the effect of the intervention program, attendance of the program affect positively on nurse manager's total quality management practice.

This result not on the same line of **(Zehira et al., 2012)** who conducted a study about total quality management Practices' Effects on Quality Performance and Innovative Performance in Turkey. They found that, all dimensions of total quality management are in acceptable level.

Furthermore, this findings were in accordance with **(Ramseook et al., 2011)** who carried out a study in a public hospital in Mauritius, who reported that public hospitals have always been criticized for their poor service quality and to implement a quality improvement program management in public hospitals may not be aware of the benefits of adopting and implementing a quality improvement program.

Finding of the present study indicated that there is statistically significant improvement related to total quality management practice items post-program intervention. This may be due to the identification of the integrated dimensions of marketing practice to achieve total quality management. Also, these results were in good agreement with **(Salameh, et al., 2011)** who carried out a study for Implementing of total quality management in Jordan and stated that the adoption of total quality management as a modern approach still limited in the Arab countries. Teamwork, continuous improvement, integrated coordination, creativity and innovation are the bases of total quality management philosophy. The competent administrative leadership is the backbone for implementing total quality management methodology.

On the other hand, this result reverse the findings of **(El-Tohamy & Al-Raoush, 2015)** who carried out a study in Jordan and reported that there is statistically significant impact of the applying total quality management principles on the hospital performance, as perceived by healthcare professionals at the accredited governmental hospitals in Jordan. Furthermore, the regression equation predicted almost two thirds has contribution of total quality management to Hospital effectiveness in the accredited governmental hospitals in Jordan.

This current result is congruent with **(Lin & Clousing, 2010)** who do a survey for some hospitals which apply and experienced with total quality management programs, they found that half of them have been involved with total quality management for 1 to 2 years, and only one third of the hospitals participated in these programs for more than three years. He asked the hospital executives to evaluate the overall total quality management status, not surprisingly, our respondents strongly believe in the importance of teamwork to the total quality management program. The survey results indicate that total quality management programs were highly involved in the mission of hospitals. Respondents also indicate that upper management is highly involved in setting an example to encourage employees to participate in continuous improvement. It is well established that top management involvement and support is critical to the success of any quality programs.

Concerning correlation between marketing practice and total quality management practice, the present study findings demonstrated significant positive correlation between nurse manager's opinions pre-program marketing practice and total quality management practice levels in all program phases. Also a significant correlation between total quality management pre-program stage with marketing practice after 3 months post program. This indicated that, attendance of previous training could have positive impact on the nurse managers so; staff development should be continuing and cumulative.

This result disagreed with the finding of **(Krepapa, et al., 2003)** who found that the physicians' perceptual market orientation has a significant positive influence on relationship quality (between physicians and patients and between hospitals and patients) and patient loyalty. While **(Davis, 2005)** want to examine marketing, he found that marketing failed to significantly influence external service quality, it drastically effected internal perceptions of service quality. In the same line the study of **(Kagan et al., (2015))** aimed to examine factors explaining the marketing of the nursing profession by nurses working at a general tertiary medical center. The results of the correlation analysis between the research variables are given. There was a strong and significant correlation between job satisfaction and marketing activity. Also **(Raju & Lonial, (2002))** stated that both quality and marketing variables are important determinants of the financial performance of hospitals. In addition, the results show that at each level there is a strong relationship between the quality and marketing functions. Both quality and marketing functions impact on financial performance and the close relationship between these functions at both levels within the organization implies that hospitals have to pay close attention to both functions. In Addition **(Taleghani et al., 2013)** study total quality management and market orientation in Iran. They summarized their finding as total quality management and market oriented both be lead to superior quality. Although relationship between total quality

management and market-oriented appears a discrete relationship. The total quality management attitudes and market-oriented both have rely on continuous improvement.

Another point of view for **Suliman, 2015** who found a positive correlation between applying marketing audit practices and overall Organizations' Marketing Performance. In addition, the results revealed that marketing audit could predict one quarter percent of the variance in overall Organizations' Marketing Performance; also, the results indicated that an increase in marketing audit practices by one unit resulted in an increase by slightly less than half of them in overall Organizations' Marketing Performance. The results confirmed the soundness of the impact of marketing audit on improving overall marketing performance. Additionally, **(Mrusek, 2016)** found that There is no statistically significant differences were found between the quality of hospital patient care in for-profit and nonprofit hospitals in the state of Florida. The results of **(Samat, 2004)** show that both service quality and market orientation was significant to the organizational performance however; they did not mediate the relationship between total quality management practices and organizational performance.

The results of **Lai, (2000)** model's evaluation showed strong support for a positive correlation between total quality management orientation and market orientation. The effect of total quality management orientation on organizational performance is not significant. However, there was strong evidence of alignment between total quality management orientation and market orientation among the samples. Organizations with higher levels of total quality management orientation and market orientation alignment were found to perform better than those with lower levels of alignment. **Hoang, (2009)** summarized his findings as numerous organizations have adhered to the approach of total quality management, operations, customer service and administration. However, marketing is often neglected and robbed of its importance, except when serving as a determinant for customer requirements. Organizations have the need for a master plan that covers the integration of total quality into marketing functions in order to achieve important benefits. On the other hand, this result Reverse the findings of **El-Tohamy & Al-Raoush (2015)** who try to apply total quality management principles then he reported that there was a positive correlation between total quality management principles on the overall hospital effectiveness which lead to an increase in the hospital performance.

VI. Conclusion

The study concluded that, implementation of training program for marketing was associated with improvement in nurse manger's marketing knowledge and their opinion about total quality management practice

VII. Recommendation

- Establish a marketing committee and marketing department with an experienced manager in healthcare marketing.
 - Establish marketing strategy for the hospital.
 - Encourage strategies such as workshops or conferences to increase awareness of all nursing personnel toward marketing and its consequences.
 - Advertise clients and visitors by posters with the health services that provided by the hospital.
- Give attention to activities that support total quality management practice.

Further research

Further studies are needed for developing and validating marketing strategy and accordingly implementing it at the study settings.

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