

Enhancing Nurses toward Internal Marketing and its Effect on Patients' Outcome at Benha University Hospital

¹Amira M. Abd -Elmonem, ²Nermin M. Eid and ³Rehab M. Rashad Ebrahim

¹ Assistant lecturer, ² professor and, ³Lecturer of Nursing Administration

^{1,3}Faculty of Nursing, Benha University and ²Menoufia University

Abstract:

Internal marketing assist employees in understanding the organization's mission, objectives, system and working methods within the organization while patient outcomes were used to evaluate any change that resulted from nursing care quality related to clinical practice thus maintain quality and safety standards for patients when provide nursing care services. **Aim:** Enhancing nurses toward internal marketing and its effect on patients' outcome at Benha University Hospital. **Design:** A quasi-experimental design was used. **Setting:** Conducted at medical departments at Benha University Hospital. **Subjects:** Consisted of two groups namely nurses group was 162 nurses and patients group was 72 patients. **Tools:** a) Internal Marketing Knowledge Test. b) Nurse's Attitude toward Internal Marketing Questionnaire and c) Patients Outcome regarding Assessment Questionnaire. **Results:** majority of nurses (84.9%) and (82.1%) had satisfactory knowledge level during immediately post program phase and follow up phase (after three months) compared with preprogram phase, while (85.2%) had highly positive attitude during immediately post program,(88.9%) of patients had highly patient safety during immediately post program phase compared with preprogram phase and there was a highly statistical significant correlation between total knowledge score and attitude score toward internal marketing among nurses during immediately post and follow up(after three months)of educational program phases compared with preprogram phase. **Conclusion:** There was a highly statistically significant improvement in total knowledge; attitude toward internal marketing after implementation of the program, there was a highly significant improvement in level of patient safety after implementation of the program. **Recommendations:** Establish workshops and conferences to increase awareness of all nursing personnel toward marketing and its consequences, advertise clients and visitors by posters and advertisement with the health services that provided by the hospital and establish marketing strategies for the hospital.

Keywords: Enhancing nurses - Internal marketing - Patients outcome

I. Introduction

Marketing is a dynamic process that includes the integration of branding, attitude, and techniques that recognize the need to constantly reevaluate the programs and services provided. So that they can be communicated broadly, effectively, and efficiently. Organizational fiscal viability and sustainability are essential in order to achieve its mission and work result. Therefore, nurse must conduct differential marketing analyses to identify patient needs, determine elements of patient satisfaction, and exploit limitations in the competition [1]. To do it is requisite for nurse to recognize that effective marketing is contingent upon the ability to be clear about nursing's mission, clearly define the programs and services offered, specify the expected out-comes, distinctly describe the organizational, nursing, and patient benefits derived from the programs and services and what internal and external motivations exist that support programmatic success [2].

Internal marketing look at the employees as internal customers and work as internal products, the logic of this concept is that an organization will have better status to provide high quality services to meet the needs of the patient by meeting needs of internal customers (worker). Also this concept considers that by meeting needs of employees, their motivation is increased and preserved and consequently their higher satisfaction leads to increase the possibility to create external satisfaction, loyalty and safety [3].

Internal marketing has developed into a concept focusing more on human resource management than marketing management .One of the marketing it as: "an organizational function and a set of processes aimed at creating

communicating and delivering value employee and patient's relationship management in a way that favors the organization and its owners". Also internal marketing means an organization in which successful communication between the employer and the employees themselves is conducted in order to meet clients' needs [4].

Internal marketing is **first important for the organization** from three axes they are: First axes include change management, second axes include building the general image of the organization, and third axes include strategy of the organization .**Secondly important: For the employees** through a) Achieving satisfaction among employees by developing and improving the level of performance of employees .b) Improving the relations between employees .c) Feeling employees the importance of the work [5].

Internal marketing has different dimensions which include: **Job security**; means to provide reasonable assurance for employees about the absence of dismissal. **Extensive training**, in fact, it is considered as means to provide better quality service to the patients. **Empowerment**, it means to raise the working motivation of employees by delegating authority to the lowest levels of organization where technical decisions are made[3].Other marketing dimensions which include internal communication, staff development, fairness, team work , employee motivation, and employee commitment[6].

Patient outcomes are the changes in the present and future health conditions of a patient that could be linked to previously provided health care. Attributes of patient outcomes of patient functional status (maintained or improved), patient safety (maintained or unharmed), and patient satisfaction (patient reporting of pleasure or contentment), the measurement of patient outcomes should include patient or family education, facilitation of self-care, symptom distress management, patient safety, and patient satisfaction [7].

Patient's safety (patient's outcome) is one basic of Patient outcome has become the primary focus of health care reform; in 2001, the Joint Commission on the Accreditation of Healthcare Organizations cited patient safety as its evaluation focus for health care systems. The International Council of Nurses named patient safety the core theme of the 2005 International Nursing Conference. For health care organizations, the work environment is an important influencer of patient safety [4].

Healthcare professionals should develop individual strategies suitable to the features of each unit to establish and increase patient safety .Consequently, developing a strong patient safety has become a key component of medical quality in Hospitals. So, improving market orientation and patient safety have become the key concerns of nursing management. For nurses, establishing a patient safety is the key to enhancing nursing quality [8].

Patient safety was dependent upon health care systems and organizations, and patients should be safe from injury caused by interactions within systems and relationship organizations of care. Organizational factors have been considered the "blunt end" and represent the majority of errors; clinicians are considered the "sharp end." Therefore, to prevent errors, the organizations in which humans work need to be adapted to their cognitive strengths and weaknesses and must be designed to ameliorate the effects of whatever human error occurs, the most effective strategies to improve safety target latent factors within organizations and systems of care [9].

1.1 Significant of the study

Internal marketing was becoming more important to health care establishments, especially for hospitals that are facing changing societal and organizational patterns; Nurses come to health care profession with misunderstanding of patients' expectations and outcomes of nursing service quality. Ignoring or misunderstanding of these expectations and outcomes from nurses is equivalent to sending them to the competition with patients [10].Thus the aim of this study was to enhancing nurses toward internal marketing and its effect on patients' outcome at Benha University Hospital.

1.2 Aim of the study

Enhancing nurses toward internal marketing and its effect on patients' outcome at Benha University Hospital.

1.3 Research Hypotheses

It is hypothesized that, an implementation of educational program will lead to significant enhancement of nurse's knowledge and attitude regarding internal marketing and significant enhancement of patients outcome as regarding to patients safety.

II. Subject and Methods

2.1 Research design

A quasi-experimental research design with pre-test, post-test and follow up (after 3 months).

2.2 Setting

The study was conducted at Benha University Hospital: at Medical departments which include 14 units divided into: (6) general medical units, pediatric (4 units), neurological and psychiatric (1unit), dermatology (1unit), chest (1unit) and rheumatic and rehabilitation (1unit).

2.3 Subjects

2.3.1 Sample type

Convenience sample was used.

2.3.2. Sample size

The subjects included in study consisted of two groups: **The nurses group:** The total numbers of nurses who are working in the above mentioned study setting were 272 nurses the final sample size were 162 nurses. The pilot study was 16 nurses included in the sample. According the following equation:

$$n = \frac{N}{1+N(e)^2} \quad (n) = \text{is the sample size}$$

(N) = is the total number of the nurses who are working in the above mentioned study setting = (272) nurses.

(e) = is co efficient factor = 0.05

The patients group: The total number of patients who are treated in the above mentioned study setting was 90 patients.

The final sample size was 72 patients; the pilot study was 7 patients included in the sample. According the following equation:

$$n = \frac{N}{1+N(e)^2} \quad (n) = \text{is the sample size}$$

(N) = is the total number of patients who are treated in the above mentioned study setting = 90 patients

(e) = is coefficient factor = 0.05

2.3.3. Inclusion Criteria

Inclusion Criteria for nurses group

- A convenience sample of nurses was taken from the aforementioned study setting.
- Included available nurses who had all fulfilled the eligibility criterion of working experience that had not less than one year of job experience in their work setting, and accept to participate at this study and consisted of male and female.

Inclusion Criteria for patients group

- A convenience sample of patients who was treated in the above mentioned study setting.
- Included available patients according to the following criteria (conscious, their age above 18 years and admitted for at least 7 days), and accept to participate at this study and consisted of male and female.

2.3.4. Exclusion Criteria for nurses group

- Nurses who less than one year of job experience in their work setting.

Exclusion Criteria for patients group

- Patients who admitted at not least 7 days ,less than 18 years and unconscious patients..

2.4. Tools of data collection: Three tools were used for data collection:

2.4.1 Tool I: Internal Marketing Knowledge Test:

A structured questionnaires developed by the researcher based on review of related literature [11], to assess nurse's knowledge about internal marketing at work. It was included two parts:

The first part: Contained personal characteristics like (age, sex, marital status, educational qualification, and years of experience and training courses).

The second part: Internal Marketing Knowledge Test: It included different items to assess nurse's knowledge about internal marketing at work pre, post immediate and follow up (after 3 months)of implemented of educational program. It consisted of 34 items regard to knowledge about internal marketing which includes(defination of internal marketing, importance of internal marketing, charecterstics of internal marketing, dimension of internal marketing, phases of development of internal marketing, obesticals of internal marketing , marketing mix , and stratigeis of internal marketing), and distributed as the following 14 questions multiple of choice and 12 questions true or false and 8 questions matching.

Scoring System

Scores were allocated as follows:

(1) mark given for correct and mark given for (zero) for incorrect so the total scores (34). Total knowledge score was calculated as follows:

Unsatisfactory: < 60% of total knowledge scores.

Satisfactory: \geq 60 % of total knowledge score [13].

2.4.2. Tool II: Nurse's Attitude toward Internal Marketing Questionnaires:

The structured questionnaires were modified by the researcher through reviewing the related literature as [14] and [15] to assess nurse's attitude toward internal marketing at work. It consisted of nine elements which contain (92) items, which are communication management (16) items, institutional support (23 items distributed as work environment 7 items and training programs 16 items). Pay systems and incentives (12) items, Job descriptions (7) .Work empowerment (6) items, occupational safety (7) items. Job satisfaction (14) items and interaction between nurses and patients (7) items.

Scoring system

For answers in each question, scores were allocated as follows :(0) never, (1) sometimes and (2) always. Total attitude score was calculated as follows:

-Negative attitude :< 60% of total attitude scores.

-Positive attitude: \geq 60 % of total attitude scores.

2.4.3. Tool III: Patient's Outcome Assessment Questionnaire:

The structured questionnaire modified by the researcher through reviewing the related literature [16] and [17], to assess patients outcome as regarding to patients safety. It consisted of two parts:

The first part: Contained demographic data as (age, sex, marital status, educational level and duration of stay in hospitals).

The second part: Patients Outcome Assessment Questionnaire: It included different items to assess effect of internal marketing program on patient safety. It included (42) items and subdivided into 2 categories as work environment (15) items and quality of health care (27) items.

Scoring system

The questions were scored as "1" for correct, and "zero" for incorrect so the total scores (42) .Total patient safety scores was calculated as follows:

- Low patient safety: < 60 % of total patient safety score.
- High patient safety: 60 -75 % of total patient safety score.

2.5. Methods

The study was executed according to the following steps:

2.5.1. Approvals

A written official approval to conduct this research was obtained from the Faculty Dean of Nursing that was taken and delivered to the director of Benha University Hospital, in order to get their agreement to conduct the study after explaining its purpose.

2.5.2. Tools Validity

These three tools were tested for validity (face and content) through distribution of the tool to a jury of five Experts on field of Nursing Administration and Education. Modifications were done in the light of their valuable comments such as modify some words to give the most appropriate meaning for the phrase which were not clear.

2.5.3. Tool Reliability

Also, the tools were tested to reliability by measuring their internal consistency using Cranach's alpha coefficient method. This turned to be ($\alpha= 0.84$) for internal marketing knowledge test tool I; ($\alpha= 0.91$) for nurse's attitude toward internal marketing tool II and ($\alpha= 0.87$) for outcome assessment questionnaire tool III. Thus indicates a high degree of reliability for the study tools.

2.5.4. Ethical Considerations

Written approval to carry out the study was obtained from the faculty dean and nursing director at Benha University Hospital. Permission was attained from all Participants of the study after explanation of the study purpose, with making assurance on the anonymity of them and that their information will be secured and only used for the research purpose. Also, they had the right to withdraw from the study. This was followed by their agreement on participation in the study.

2.5.5. The Pilot Study

The revised questionnaires were piloted with 10 % form the subjects: 16 nurses and (7) patients, to evaluate the effectiveness of the proposed data collection tools, and assess the feasibility of the study. In addition to estimating the time required to fill the appendices that approximately ranged from 20 - 40 minutes. The pilot samples were included in the main study subject because there no modification was required.

2.5.6. Procedures

The current study was carried out on three phases: preparation, implementation and evaluation.

- Preparatory phase

In this phase the researcher reviewed the current available literature review to develop the study tools of data collection. Finally, the questionnaires were revised and modified, then approved by the supervision committee.

- Field Work

- The preparation, construction and approval of the data collection tools consumed around six months from July (2017) to December (2017). Then, the researcher started to assess the readiness of the subjects in the study setting to announce and encourage subjects' participation in the study.

- At Benha University Hospital: The nurse's was contacted and agreed to attend the educational program. They also, agreed to provide the learning room in their units for this purpose.
- During the period from January till February 2018, the researcher conducted the pilot study on 10% of the total sample (16) nurses, and (7) patients, were included in the main study subject because there no modification were required.
- Sufficient questionnaires for the number of nurses and the patients within each unit were distributed during preprogram phase the period from March 2018 till April 2018.
- The researcher started the preparation of an educational program of the internal marketing at work after reviewing the related literature.
- Detected needs were transformed to development in-service education program. An in-service education program was developed based on determined needs and relevant review of the literature.
- Program targets were nurse's working in Benha University Hospital at least one year of experience. It was aiming to prepare and develop an educational program of the internal marketing at work. Different instructional strategies, method of teaching, media and method of evaluation were selected to suit the learner's needs, and achieve the objectives and contents of the program. The teaching sessions were (14) hours distributed as the follows: (7) sessions, (2) hours for session, achieved by using available resources, relevant contents, and instructional strategies for each session. Different methods of teaching were used such as lecture, group discussion, and brain storming. Instructional media included, handout prepared by the researcher and distributed to participants in the first day of the training.
- Conduction of the educational program of the internal marketing lasted along 3 months from May till July 2018, beginning by assess nurses knowledge regarding internal marketing (by using tool I as pretest) before starting the educational program topics .
- The subjects were divided in to 8 groups according to their departments, (2) group were 20 and the other (2) groups were 25, the other (2) groups were 15 and the other (2) group were 21 nurse. Internal marketing program took about (10) days. The duration of each session was two hours depending on workload and including periods of discussion according to their achievement, progress and feedback. It started at (11.30) A.m to (1.30) P.m. At the beginning of each session an orientation to the training and its aims took place. Feedback was given at the beginning of each session about the previous one and at the end of each session about the current session and program situations given to participants to write their suggestion for alternative solutions.
- During the period from June 2018 till July 2018. The impact of the in-service education program was evaluated (immediately post program phases), using the same tools which were used before the program.
- During the period from November 2018 to December 2018 sufficient questionnaires for the number of nurses and the patients within each unit were distributed (follow up phases). And the data was analysis and the results interpreted and clinical significance of findings were evaluated for comprehended discussion of the data analysis results of the study.

2.5.7. Statistical Analysis

Data were verified prior to entry into the computer. The Statistical Package for Social Sciences (SPSS version 22.0) was used for that purpose, followed by data analysis and tabulation. Descriptive statistics were applied quantitative data (frequency and percentages). (χ^2) test was utilized to compare percentage between studied variable. Paired t test was used to compare mean scores between pre and post program. A significant level value was rated when $p \leq 0.05$ and a highly significant level value was considered when $p \leq 0.001$. Arithmetic mean: as average describing the central

tendency of observation. The standard deviation: as a measure of dispersion of results around the mean (for quantitative variable). Pearson correlation (r) test was used for association between total scores.

III. Results

Table (1): This table showed that, more than two fifth (43.2%) of nurses their age is between 30-39 years, with Mean±SD (28.98±7.83) years. As regarding to years of experience, the highest percent was less than two third(60.4 %) of nurses had 11-20 years with Mean±SD (9.73±5.94). According to sex, the majority of nurses were female (97.5%). While the marital status, the majority of nurses were married (86.4%). As for their educational qualification, nearly two third (63.0%) of nurses have nursing diploma, and all of nurses didn't have any training courses about internal marketing.

Table (2) and figure (1): it is clear that there was a highly statistically significant improvement in total knowledge percentage scores of the nurses about internal marketing throughout immediate post and follow- up phases (after three months) of program **compared with** the preprogram phase; majority of them (84.9%) and (82.1%) had satisfactory knowledge score level post immediate program phase and follow up phase (after 3 months) compared with pre-program phase.

Table (3): This table illustrated that there was a highly statistical significant difference in relation to the mean score of total internal marketing attitude of the studied nurses in the study setting, while the highest mean ±SD (28.28±2.80) related to communication management dimensions throughout post -immediate of program.

Figure (2):It is clear from this figure that, there was a highly significant improvement in attitude of the studied nurses toward internal marketing throughout Post immediate and follow up phases (after three months) of program compared with the preprogram phase . Majority of them (85.2%) had highly positive attitude at post program.

Table (4): This table revealed that, there was statistical significant correlation between nurses total knowledge and attitude of internal marketing regarding to their age, and years of experience and highly statistical significant correlation between age and attitude immediately- Post program phase and follow up program phase (after three months) compared with preprogram phase.

Table (5): Reveals that there was positive statistical significant correlation between total knowledge scores and attitude scores toward internal marketing of the studied nurses during pre- immediately- post and follow up educational program phases.

Table (6): This table showed that, more than half of patients (55.6) their age between 40- 50 years, with mean±SD (33.59±7.38) years. As regarding to sex more than half of patients (56.9%) were female. According to marital status the majority of patients (86.4%) were married. As for their educational level less than half (44.4%) were secondary degree. As related to duration of hospital stay more than two third of patients (69.4%) were 7-10 day and repeated admission.

Figure (3):There was a highly significant improvement in level of patient safety through the phases of implementing internal marketing educational program throughout immediately post and follow up phases (after three months)of program compared with the preprogram phase ,while majority of patients (88.9%) had highly patient safety level during immediately post program phases.

Table (1) Personnel characteristics of the studied nurses in the study setting (n= ١٦٢)

Personnel characteristics	No	%
---------------------------	----	---

Age		
20 - 29	58	35.8
30 - 39	70	43.2
≥40	34	21.0
Mean ±SD	28.98±7.83	
Years of experience		
1-5	18	11.1
6-10	20	12.4
11-20	98	60.4
>20	26	16.1
Mean ±SD	9.73±5.94	
Sex		
Female	158	97.5
Male	4	2.5
Marital status		
Single	22	13.6
Married	140	86.4
Educational qualification		
Nursing diploma	102	63.0
Technical institute	36	22.3
Bachelor of nursing	22	13.5
Post graduate	2	1.2
Training courses		
No	162	100.0
Yes	0	0

Table (2): Total Knowledge levels of the studied nurses about Internal Marketing at Work during Educational Program Phases (N=162)

Items	Pre-program phase				Immediately- Post program phase				Follow up program phase (after three months)				X ² Test (1)	P value (1)	X ² Test (2)	P value (2)
	Unsatisfactory		Satisfactor y		Unsatisfactor y		Satisfactor y		Unsatisfactor y		Satisfactor y					
	No	%	No	%	No	%	No	%	No	%	No	%				
Total knowledge Levels	156	96.3	6	3.7	26	16.0	136	84.0	29	17.9	133	82.1	21.87	<0.001**	20.22	<0.001**

X² and P value Test (1): between Preprogram and immediate post program.

X² and P value Test (2): between Preprogram and follow up program.

**A highly statistical significant difference ($P \leq 0.001$).

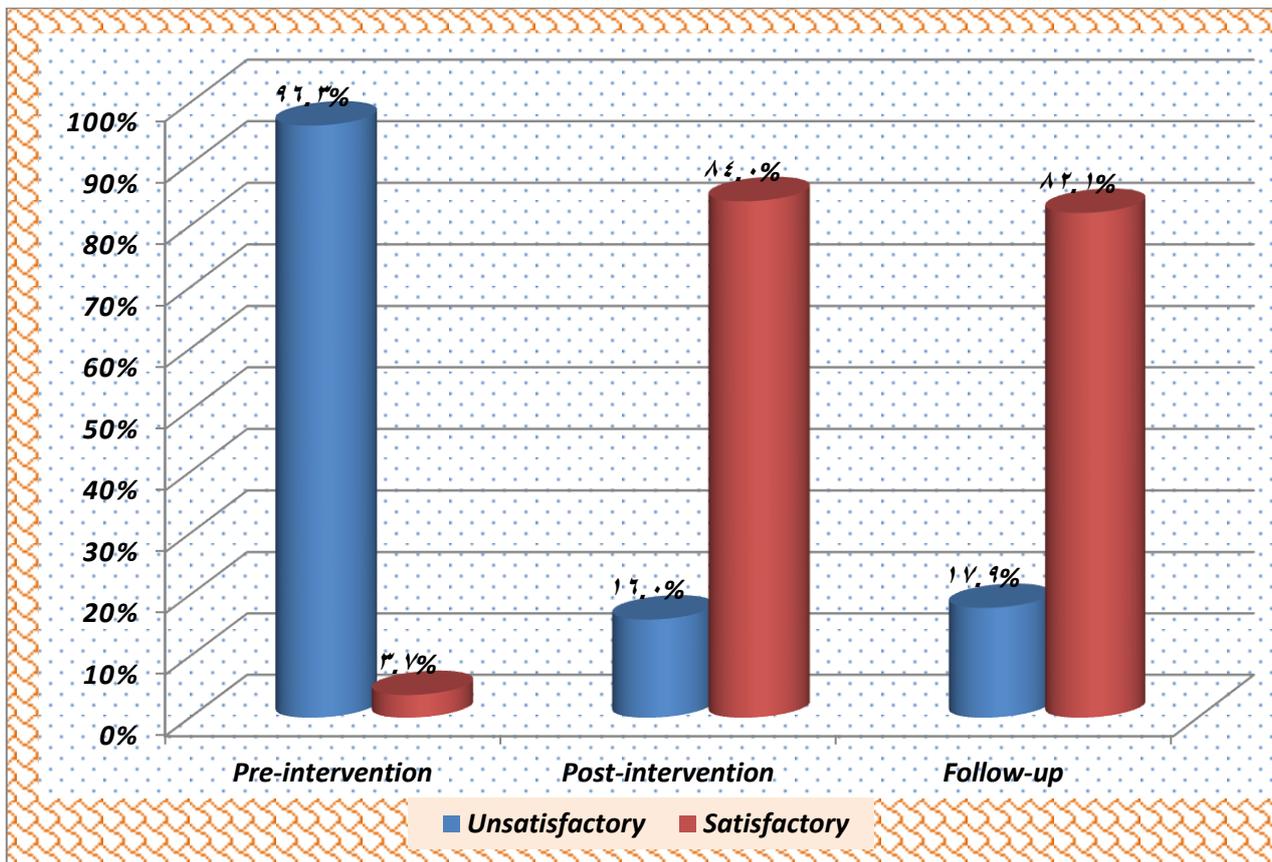


Figure (1): Total Knowledge Percentage Scores of the Studied Nurses about Internal Marketing at work, during Educational Program Phases. (n=162).

Table (3): Mean score of total attitude among studied nurses in the study settings (N= 162)

Nurses attitude dimensions	Max score	Pre-program phase	Immediately - Post program phase	Follow up program phase (after three months)	Paired t test (1)	P- value	Paired t test (2)	P -value
		Mean ±SD	Mean ±SD	Mean ±SD				
Communication management	48	16.62±5.37	28.28±2.80	26.70±3.61	-24.97	<0.001**	-19.704	<0.001**
Institutional support (Work environment)	21	7.06±2.96	12.25±1.92	11.901±1.96	-32.15	<0.001**	-25.414	<0.001**
Training program	48	14.55±6.02	27.54±3.77	26.45±4.45	-47.28	<0.001**	-35.290	<0.001**
Pay systems and incentives	36	9.89±5.27	14.54±2.03	19.61±3.67	-11.58	<0.001**	-9.825	<0.001**
Job description	21	9.63±3.19	14.54±2.03	14.10±2.26	-29.26	<0.001**	-24.839	<0.001**
Work empowerment	18	5.21±2.43	10.17±1.69	9.69±1.82	-34.61	<0.001**	-25.972	<0.001**
Occupational safety	21	7.24±2.76	12.28±2.57	11.70±2.85	-27.47	<0.001**	-20.400	<0.001**
Job satisfaction	42	15.86±5.28	25.49±3.23	23.54±4.66	-33.20	<0.001**	-18.267	<0.001**
Interaction between nurses and patients	21	8.51±2.36	12.98±1.55	12.17±2.35	-31.18	<0.001**	-17.536	<0.001**
Total knowledge	276	94.60±27.26	16.76±13.90	15.88±13.97	-48.14	<0.001**	-37.670	<0.001**

**A highly statistical significant difference (P ≤ 0.001)*statistical significant difference

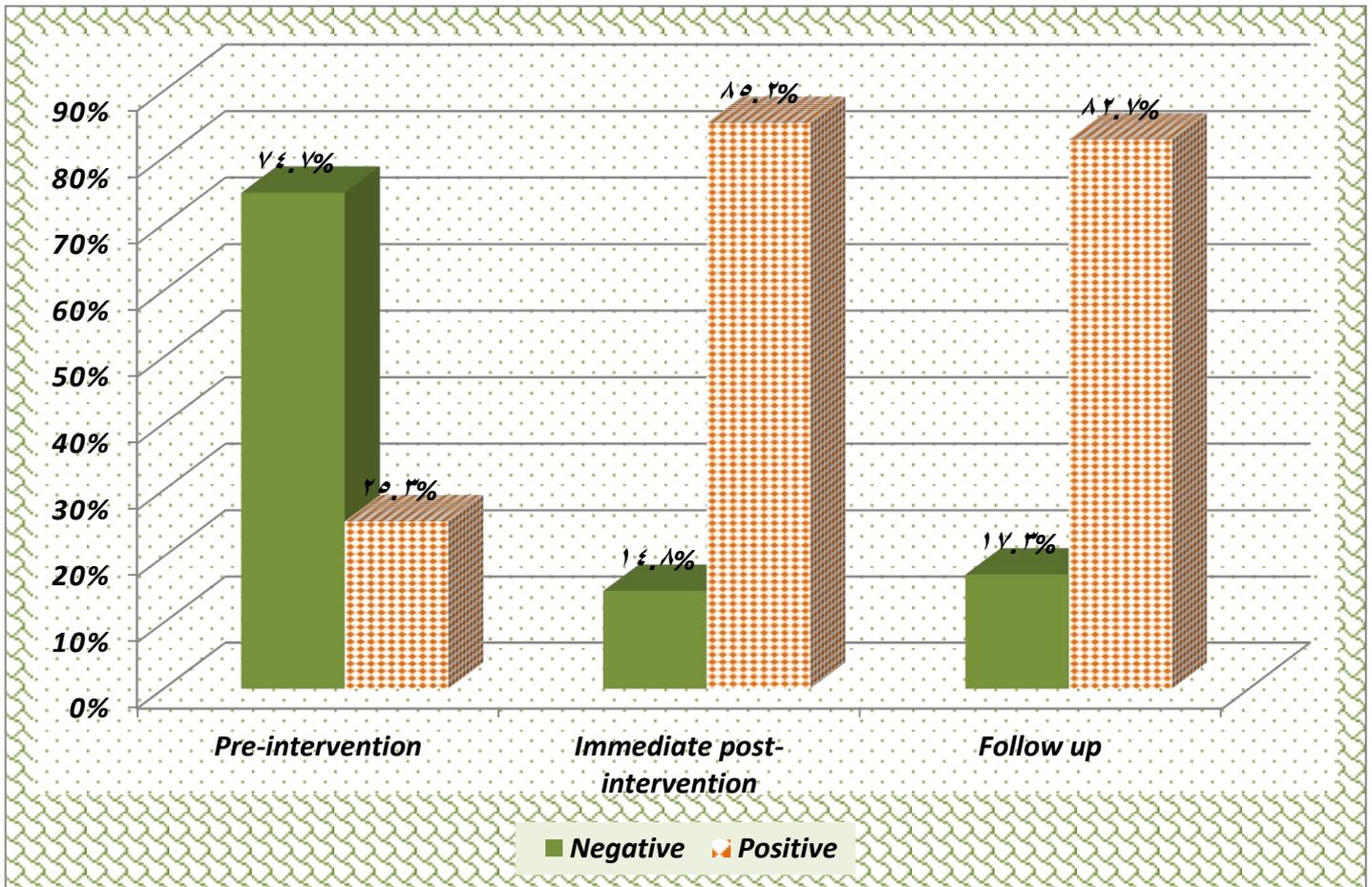


Figure (2): Distribution of studied nurses according to total attitude level toward internal marketing through educational program phases (N=162)

Table (4): Correlation between studied nurses total knowledge and attitude of Internal Marketing and their personal characteristics in the study setting (N=162)

Variable	Times of assessment	Age		Years of experience	
		r	P- value	r	P- value
Knowledge	Pre-program phase	0.023	>0.05	0.142	>0.05
	Immediately- Post program phase	0.215	<0.05*	0.317	<0.05*
	Follow up program phase (after three months)	0.185	>0.05	0.306	<0.05*
Attitude	Pre-program phase	0.176	>0.05	0.203	<0.05*
	Immediately- Post program phase	0.472	<0.001**	0.371	<0.05*
	Follow up program phase (after three months)	0.39	<0.05*	0.428	<0.05*

Table (5): Correlations between studied nurses knowledge and attitude toward Internal Marketing during educational program phases (N =162)

Variables	Times of assessment	Knowledge					
		Pre-program phase		Immediately- Post program phase		Follow up program phase (after three months)	
		r	p-value	r	p-value	r	p-value
Attitude	Pre-program phase	0.273	<0.05*				
	Immediately- Post program phase			0.462	<0.001**		
	Follow up program phase (after three months)					0.576	<0.001**

Table (6): Frequency distribution of personnel characteristics of the studied patients in the study setting (N= ۷۲)

Personnel characteristics	No	%
Age in years		
20-29	7	9.7
30-39	25	34.7
40≥50	40	55.6
Mean±SD	33.59±7.38	
Sex		
Female	41	56.9
Male	31	43.1
Marital status		
Single	22	13.6
Married	140	86.4
Educational level		
Illiterate	22	30.6
Read and write	14	19.4
Secondary	32	44.4
University	3	4.2
Post graduate	1	1.4
Duration of hospital stay (in days)		
7-10	50	69.4
11-15	22	30.6
Number of hospital admissions		
First	22	30.6
Repeated	50	69.4

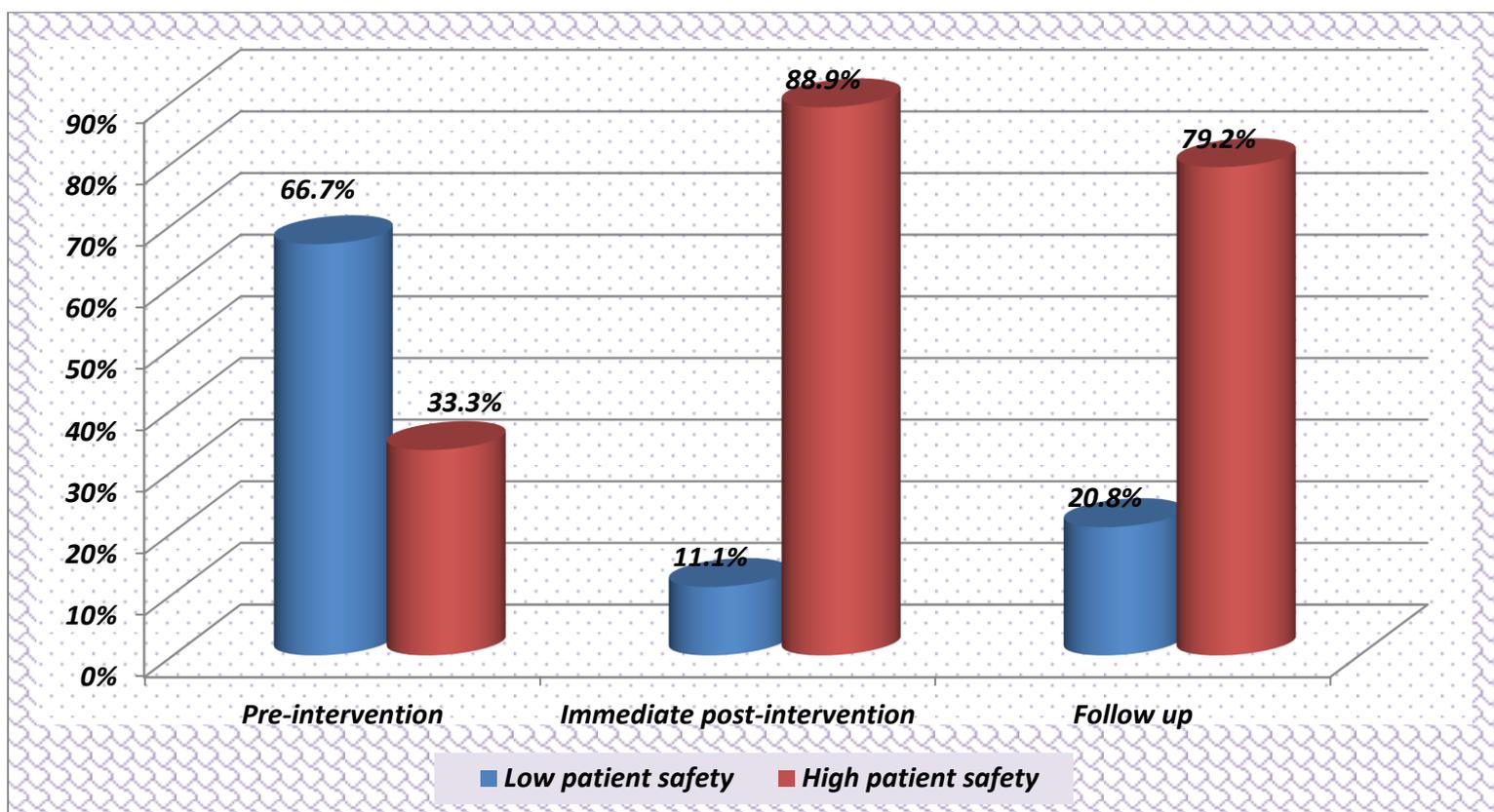


Figure (3): Level of Patients outcome through the phases of implementing Internal Marketing educational program (N=72)

IV. Discussion

Internal marketing is a planned effort using marketing-like-approach to overcome organizational resistance to change and to align, motivate and inter functionally coordinate and integrate employees towards the effective implementation of corporate and functional strategies in order to deliver patient satisfaction and safety through a process of creating motivated and customer orientated employees [18]. Patient outcomes are the central measures used in learning about the effectiveness of cost-sensitive, quality health care, while understanding safety is very important process, it helps in developing an effective system to reduce or prevent the adverse events and errors occur in healthcare delivery and ensuring patient safety involves the establishment of operational system and processes that increase the reliability of patient care [19].

Before discussing the results related, the light should be directed to personal characteristics of the studied nurses illustrated that, more than two fifth (43.2%) of nurses their age is between 30-39 years, with Mean±SD (28.98±7.83) years. As regarding to years of experience, the highest percent was less than two third(60.4 %) of nurses had 11-20 years with Mean±SD (9.73±5.94). According to sex, the majority of nurses were female (97.5%). While the marital status, the majority of nurses were married (86.4%). As for their educational qualification, nearly two third (63.0%) of nurses have nursing diploma, and all of nurses didn't have any training courses about internal marketing.

This finding was consisted with [20] who conducted study about effect of marketing training program on total quality management practice and reported that, major group of age ranged between 30≥45 years of them. Moreover, the

majority of them were married, while half the studied group has 11-15 years of experience. Finally all of them were female.

Otherwise, the most important result in the present study there was a highly statistically significant improvement in total knowledge level of the nurses about internal marketing throughout post immediate and follow-up phases (after three months) of program than the pre-program phase; majority of them (84.9%) and (82.1%) had satisfactory knowledge level post immediate program phase and follow up phase (after 3 months) compared with pre-program phase. Present study was consistent with [21], who conducted study on the impact of internal marketing on retaining employees at private hospitals in Amman, who suggested that, a significant improvement results in employee knowledge created after implementation of internal marketing program.

This result was incongruent with [22], they conducted study about implementation internal marketing through employee's motivation, who had stated that, a non-statistically significant difference of effect of internal marketing program on enhancing the awareness and knowledge of employees after program implementation.

From researcher point of view the preprogram inadequacy knowledge of nurses related to internal marketing they didn't have adequate training for marketing than before or negligence and lack of interest from nurse managers to acquire new knowledge. And that was new object and most of them the first time to listening about program. So this improvement was related to utilizing of internal marketing approaches.

Generally, results regarding internal marketing attitude among the studied nurses in the study setting. The current study had revealed that there was a highly statistical significant difference in relation to the mean score of total internal marketing attitude, and also there was a highly significant improvement in attitude of the studied nurses toward internal marketing throughout post immediate and follow up phases (after three months) of program compared with the preprogram phase while majority of them had highly positive attitude at post program. The highest mean score was the communication management with mean±SD (28.28±2.80).

The result of this study in same line with [23], who conducted a study about the effect of internal marketing on organizational commitment from market-orientation, stated a significant impact of successful application of internal marketing program on attitudes of employees after implementing program compared with their attitude before program. Added to [24], who conducted a study on internal market orientation and its influence on organizational performance, which showed that the employees' attitude was affected by the communication management to the internal marketing which actually translate to better productivity in quality service delivery especially communication dimension.

This result findings was contradict with [25], who conducted a study about the impact of internal marketing on internal service quality, they highlight on there was a significant impact of internal marketing with its elements on the overall employee's retention at Amman Jordan private hospitals. From the researcher's point of view, everyone hopes to change from bad to good condition. So improving the behavior of nurses in this field, I hope it will change for the better and is related to enhancing their knowledge of the implementation of the tutorial, which helped to express the inner emotions, it links staff to work activities, promotes process improvement, drives work outcomes by changing staff behavior and enhances the vision of the organization.

The current study revealed that there was a positive statistical significant correlation between total knowledge score and total attitude score toward internal marketing of the studied nurses during pre-post and follow up (after three months) of educational program phases. This result was agreed with [26], who conducted study about internal market

orientation and market-oriented behaviors, which reported that significantly and positively correlated between employee knowledge and their attitude related to internal marketing educational program. Moreover [27], who conducted study about the effective relationship between the job attitudes and its relation with the employees performance, who founded that ,there is a positive correlation between all dimensions of internal marketing about nurses' attitude and their knowledge.

Generally, there was statistical significant correlation between nurses total knowledge and attitude of internal marketing regarding to their age, and years of experience and highly statistical significant correlation between age and attitude of internal marketing immediately- Post program phase and follow up program phase (after three months) compared with preprogram phase. This result was agreement with [21], who conducted study on the impact of internal marketing on retaining employees at private hospitals in Amman, who reported that there were significant differences correlation between employee total knowledge and attitude of internal marketing regarding to age and years of experience. From researcher point of view their was positive correlation saw as related to increase the age and experience of nurses in their work , their efficiency in giving nursing care which back to the length of work in the hospital.

The current study revealed that there was a positive statistical significant correlation between total knowledge scores and attitude scores toward internal marketing of the studied nurses during pre- immediately- post and follow up educational program phases. This result findings was agreement with [28],who conducted a study about internal marketing and the mediating role of organizational competencies ,who reported that, there were positive and statistical significant correlation between mean score of total internal marketing attitude. On other hand this finding was goes with [29], who conducted a study about the impact of internal marketing activity on external marketing outcome, who reported that, statistical significant correlation on employee attitude and awareness after implementing marketing program.

This result was similar with [30],who conducted study on the role of internal marketing in facilitating knowledge management practices who reported that, had positive and significant effect of internal marketing program on facilitating measures of knowledge of nurses, and efforts to create and share program knowledge enabling members of organization to involve in this process voluntarily.

Regarding the personal characteristics of the studied patients, more than half of patients (55.6) their age between 40- 50 years, with mean±SD (33.59±7.38) years. As regarding to sex more than half of patients (56.9%) were female. According to marital status the majority of patients (86.4%) were married. As for their educational level less than half (44.4%) were secondary degree. As related to duration of hospital stay more than two third of patients (69.4%) were 7-10 day and repeated admission.

The current study revealed that, there was a highly significant improvement in level of patient safety through the phases of implementing internal marketing educational program throughout immediately post and follow up phases (after three months)of program compared with the preprogram phase ,while majority of patients (88.9%) had highly patient safety level during immediately post program phases.

This finding was consistent with [31],who conducted a study about a nationwide hospital survey on patient safety culture in Belgian hospitals, who reported that, setting priorities in response to increasing marketing competition and implementing marketing program in numerous hospitals were actively improving their medical care quality and enhancing level of patient safety.

This result was in agreement with [32], who studied the relationship between the market orientation and the internal marketing and its effect on the customer safety, who stated that, the internal marketing could increase the

employees' performance and lead to higher level of the quality of services, and hence it can lead to the increase of the patient safety.

V. Conclusion

It can concluded that there was an improvement in the level of nurses knowledge and attitude toward internal marketing throughout immediately post and follow up (after three months) of program compared to the preprogram phase, also there was positive statistical significant correlation between total knowledge scores and total attitude scores toward internal marketing of the studied nurses at pre-post and follow up (after three months) educational program phases. finally there was a highly significant improvement in level of patient safety through the phases of implementing internal marketing educational program throughout immediately post and follow up phases (after three months) of program compared with the preprogram phase .

Recommendations

In the light of the present study the following recommendations were suggested:

- 1-In-service training and education programs must be a continuous process for refreshing and increasing nurse's knowledge, attitude and skills about the internal marketing process especially newly employed nurses.
- 2-Establish marketing strategies and attendance workshops and conferences to increase awareness and practice of all nursing personnel toward marketing.
- 3-Establish a marketing committee and marketing department with an experienced nurse manager in healthcare marketing.
- 4- Institutions and educational bodies that are interested in studying marketing management in the introduction the topic of internal marketing in the introduction the topic of internal marketing within its vocabulary so that the nursing student can know the importance and role of this philosophy in today's organizations.
- 5-Nursing marketing must be integrated into under graduate nurse curricula and job performance criteria at all levels of practice to promote marketing and branding success.
- 6-Advertise clients and visitors by posters and advertisement with the health services that provided by the hospital.
- 7-The organization should publish the importance of marketing information to employees through the use of means of communication, and to focus on talking to them to provide sufficient and accurate information about the current and new services that the organization intends to promote.

In the light of the present study the following recommendations were suggested:

- 1-Replication of the study on a larger probability sample is highly recommended to achieve generalizable results.
- 2-Developing and validating marketing strategy and implementing it in the study settings.
- 3- Study the role of internal marketing in enhancing the competitive position and its effect on increase the marketing share of the hospital.
- 4-Study impact of internal marketing on nurses' job satisfaction and organizational commitment.

References

- [1] Zeithaml V. and Bitner M.: Service marketing: integrating customer focus across the firm. , Boston, MA: Irwin McGraw-Hill, 2015; pp: 16-26.
- [2] Weinreich, N.:Hands-on social marketing: A step-by-step guide to designing change for good. 2nd ed. Thousand Oaks (CA), 2017.

- [3] Akroush M., Abu-Elsamen A., Samawi G., and Odetallah A.: Internal marketing and service quality in restaurants. *Marketing Intelligence and Planning and patient outcomes: Systematic literature review. Journal of Nursing Management*, 2016; Vol. 1 No (9), pp: 70-81.
- [4]Hafer, J, and Joiner C: Nurses as image emissaries: are role conflicts impinging on a potential asset for an internal marketing strategy? *JHCM*. 1984; Vol.4. Available at: <http://www.ncbi.nlm.nih.gov/pubmed>, Accessed 21 May, 2017.; Vol (3).No (1):25-35
- [5]Soleimani H .:Knowledge management enablers, processes, and organizational performance: An integrative view and empirical examination', *Journal of Management Information Systems*, 2015;Vol. 20 No (1) , pp: 179-189.
- [6]Dwyer, L.: Relevance of triple bottom line reporting to achievement of sustainable tourism: A scoping study. *Tourism Review International*, 2016; Vol.9 No (1), pp: 879-900.
- [7]McCormick, K.:Further data needs for quality care monitoring, drug considerations, reimbursement and outcome measurement Image, *Journal of nursing research*, 2016; Vol. 2, No(2) pp: 29 - 32.
- [8]Singer S., Rosen A., Zhao S., Ciavarelli A. and Gaba D. : Comparing safety climate in naval aviation and hospitals: Implications for improving patient safety. *Health Care Management Review*, 2016; Vol.3 No (5) , pp: 134-146.
- [9]Kohn, L. and Corrigan S.:Committee on quality of health care in American. Institute of Medicine . Washington, National Academy press, 2013; Vol.28, No (1) , pp: 1-16.
- [10]Huang, J., Weng, R., and Lai, C.: The impact of market orientation on the physician-patient relationship: A qualitative analysis. *The Journal of Health Sciences*, 2013; Vol. 1 No (3): pp: 48-61.
- [11]Jou, Y., Wu H. and Lin Y.: The relationship between the internal marketing orientation and organizational commitment-taking nursing personnel as an example. *Pan pacific Management Review*, 2001; Vol. 4 No (2) , pp:193-207.
- [12]Dumitrescu L., Cetină I. and Pentescu A.:A study on Employees Perception on Internal Marketing Strategies of Several Romanian Companies, *European Scientific Journal*,2014;Vol. 1 No (1) , pp:296-310.
- [13]Elsayed, S.: The Effect of Implementing SBAR Shift Report on Quality of Reporting of Patient Care, Doctorate Thesis, Faculty of Nursing, Ain Shams University 2013.
- [14]Liu H.: Food Service Employee Attitude toward Computer- Based Training in South Eastern Idaho, Doctoral Dissertation, and Idaho State University,2006; pp: 151-153.
- [15]Mehdi S. and Masoumeh Sh.:The effect of internal marketing toward customer orientated behavior, *Indian Journal of Fundamental and Applied Life Sciences*, 2015;Vol. 5 No (3), pp: 532-540.

- [16]Bickman L., Douglas Kelley S., Breda C., De Andrade A. and Riemer M.: Effects of routine feedback to clinicians on youth mental health outcomes: A randomized cluster design. *Psychiatric Services*, 2011; Vol. 24 No (6), pp: 629-639.
- [17]Dejong K.: Patient outcomes in the field of nursing: A concept analysis, *International Journal of Nursing Sciences*, 2014; Vol. 1 No (1), pp: 69-74.
- [18]Rafiq M., and Ahmed P.: Advances in the Internal Marketing Concept: Definition, Synthesis and Extension. *Journal of Services Marketing*, 2018; Vol.14 No (6), pp: 449-462.
- [19]Donaldson N.: Nurse staffing and patient care quality and safety. In: Hughes RG, editor. *Patient safety and quality: an evidence-based handbook for nurses*. Rockville, MD: Agency for Healthcare Research and Quality, 2017;pp. 2-111-2-136. AHRQ Publication No.pp: 8-43.
- [20]Elsehrawy, M.: Effect of Marketing Training Program on Total Quality Management Practice. *Journal of nursing and Health Science*, 2017, Vol.6 No (4) pp: 77-86.
- [21]Omar K. and Shehada M. :The Impact of Internal Marketing on Retaining Employees at Private Hospitals in Amman, Jordan *International Journal of Management and Commerce Innovations* Available at: www.researchpublish.com ,2015;Vol.2 ,No(2) , pp:606-619.
- [22]Kyriazopoulos, P., Yannacopoulos, D., Spyriadakos, A., Sisoko M., and Grigoroudis, E.: Implementation internal marketing through employees' motivation, POMS 18th Annual Conference, Dallas, Texas, USA. 2012,1-36.
- [23]Abzari M.,Ghorbani H. and Madani, F. : The effect of internal marketing on organizational commitment from market-orientation viewpoint in hotel industry in Iran. *International Journal of Marketing Studies*, 2011; Vol.3 No (1) , pp:147- 155.
- [24]Tortosa V., Moliner M. and Sánchez J.: Internal market orientation and its influence on organizational performance. *European Journal of Marketing*, 2015; Vol.43 No (11), pp: 1435 - 1456.
- [25] Abu Elsamem A. and Alshurideh M.: The Impact of Internal Marketing on Internal Service Quality: A Case Study in a Jordanian Pharmaceutical Company, *International Journal of Business and Management*, 2012; Vol. 7 No (19), pp: 612-620.
- [26]Lings I. and Greenley G.: Internal market orientation and market-oriented behaviors. *Journal of Service Management*, 2010; Vol.21, No (3), pp: 321-343.
- [27]Salehi,S. Sedqiani P., Tajzadeh,H. Namin A. and Darouian S.: The effective relationship between the job attitudes and its relation with the employees' performance. *Journal of Development Management*, 2014; Vol.1 No (2), pp: 21-28.
- [28]Ahmed P., Rafiq M. and Saad, N.: Internal marketing and the mediating role of organizational competencies", *European Journal of Marketing*, 2012;Vol. 37 No (9) , pp: 21-41.

- [29] Bansal H. and Morris B.: The Impact of Internal Marketing Activity on External Marketing out Comes. *Journal of Quality management*, 2015; Vol. 6 No (12), pp: 61-70.
- [30]Khameneh ,S.: The role of internal marketing in facilitating knowledge management practices, *International Journal of Economics, Commerce and Management United Kingdom* , 2015; Vol. 3 No (5) pp: 662-670.
- [31]Vlayen A., Hellings J., Claes N., Peleman H., and Schrooten, W.: Antione wide hospital survey on patient safety culture in Belgian hospitals: Setting priorities at the launch of a 5-year patient safety plan. *BMJ Quality and Safety*, 2012; Vol.21, pp: 760-767.
- [32]Gounaris P.: the relationship between the market orientation and the internal marketing and its effect on the customer safety. *Journal of Business Research*, 2010; Vol.59 No (4), pp: 432-448.