



## PART TWO IN A SERIES

# Why you should love the seven sisters of marketing

Strategies for boosting your business, your image and your profits

By Dr Genna Levitch

In the last issue, we introduced the historical background of “professionals”, how they came to be part of society, the way they saw themselves and how they wanted the public to see them. The use of exclusivity to establish authority was extended to restriction of entry and self-governance. This refined form of marketing depends on the maintenance of credibility. This position is so powerful it manages to achieve the holy grail of marketing: *creating a situation where a potential patient has “bought” before he arrives and selling by the practitioner is superfluous.*

Along with other societal institutions, the professions’ standing has been eroded in the last century. With formal restraints on advertising now removed and non-dentists legally able to employ dentists, the whole profession faces challenges that have not concerned them until now. In the mean time the rest of the business world has accumulated a body of knowledge that has allowed them to predict how consumers will react to marketing.

There is a century of research in the field of marketing of professional services and we are totally ignorant of this body of knowledge. No dental course exists which explains in the simplest terms how we have engineered this privileged position in society, nor the mechanisms that enable us to maintain it. Practitioners seem to have a highly sensitive antenna when it comes to perceived attacks on the profession, but little capacity to know where and how to apply change.

Maintaining a conservative stance has worked for centuries, but that time is coming to a close. The question this series attempts to answer is: How can we take advantage of this professional marketing information without losing the privileged position we enjoy?

To understand how marketing can help the dental practitioner without cheapening the profession is indeed a daunting task. It involves a change in two crucial but unrelated areas:

1. Changing the point of view from what will my colleagues think of me (e.g. when my new signs go up) to who are my potential patients and how will they respond to my marketing?  
And knowing the answer to this question by understanding...
2. Knowledge of the basic factors that govern the marketing of professional services.

The best place to find the knowledge is with the first lecture that marketing graduates receive on the first day in Marketing 101:

### What is marketing?

To many of us, marketing seems manipulative, wasteful, intrusive and unprofessional. Marketing can be seen as advertising or selling. This perception continues to make it difficult for marketing to be effectively implemented. It is a tool and any tool can be used well or poorly. It at times can employ no advertising, relying instead on the careful design of product range, pricing and location to achieve profitable results.

As mentioned before, the well-known management theorist Peter Drucker noted that “the aim of marketing is to make selling superfluous”.

A more precise definition would be: “Marketing is a social and managerial process by which individuals and groups obtain what they need and want through the creating and exchanging of products/services of value with others”.

When this definition is unpacked, there appear seven fundamental, related observations (the seven sisters...):

1. Managerial process. Marketing manifests itself in a carefully formulated program - not reactive and haphazard experiments - that are designed to achieve desired responses. If you thought teeth whitening was a good idea, buying a whitening kit and putting it on your fee schedule may not result in your doors being broken down by fashion victims. Writing an article in your patient newsletter, including before and after photos with a testimonial and placing posters in the surgeries could be a start to a program. It is important to understand that marketing takes place long before any selling can take place.
2. Needs, wants, demands. Sounds like any three-year-old. But it can apply to any chosen group. Human needs are states of felt deprivation. Sleep, hunger, thirst. Marketers have not dreamt them up; they are a basic part of the human make up - be they physical needs, social or individual. Wants on the other hand are shaped by culture and personality. Fame, success, security, to be loved. Wants are also described by people in terms of objects that will satisfy their needs. When backed by buying

power, wants became demands. Patients will actively seek out practitioners who will satisfy their needs - physical, psychological and monetary. Understanding patient's needs, wants and demands in detail provide important insights for designing marketing strategies. For instance, a middle aged female patient needs her teeth to function, socially she wants to look her best, so on discovering she can have her teeth whitened and hence look 20 years younger, the demand for this treatment can become an imperative. Marketing is the process of awakening desire and offering a solution to the needs.

3. Concept of exchange. In other words, getting something of value. Value is the difference between the benefits patients get from purchasing a service versus the costs of obtaining that service. Benefits can be described as the solution to a problem. Besides money; time, convenience and ease of access all affect the perceived cost for the exchange to be equitable. If you describe your treatment in terms of exquisite materials, digital equipment and spotless sterilising, you may enhance your credibility but do little to add value to the treatment. Telling your patient how quick, painless and effective the treatment may be adds to the list of benefits for the patient and hence to the perceived value.
4. Choosing target markets. This is so opposite to a general practice where there is an overreaching attempt to serve all markets and all needs. Good marketers select a target market on the basis of size, potential, profit, mission, location or some other basis. This point may be the largest obstacle to this professional, as targeting a market segment feels like restricting the practice base and letting go of the rest of society (Unless we are moving up-market and then we claim modestly that natural selection has occurred). We have been generalists for so long it is hard to believe that moving forward can mean targeting a market segment. For example, in recent years as general practices have lost patients to high-end cosmetic practices, they have had to chase the emergency end of the market by reducing fees and employing tacky advertising. It may not fit the stereotypical "professional" mould, but it is a survival response to a differentiating market. It may not be everyone's preferred destination, but 40% of the public do not go to a dentist regularly, so this is not an inconsiderable section of the market.
5. Client oriented. Have a look at most Yellow Pages ads. They describe in proud detail what the practice offers. This is seller-oriented. It is the dentist telling patients in terms of his personal tastes, what is on offer. Imposing on the market an offering that is not matched to its needs and wants is likely to fail. Ads that appeal to lifestyle, appearance, convenience and convey "trustworthiness" will succeed as they view dentistry from a consumers perspective.
6. Customer satisfaction. This can be defined as the difference between a patients expectations and what they actually received. Building and managing expectations is crucial to long-term success. It injects the long awaited note of realism into the whole process. The experience of being a patient needs to match the expectations raised by the marketing. Getting people through the door is step 3 in a 17-step process. More on this in subsequent issues.
7. Patient relationships. Dentistry is not a short term, transient transaction. It is as personal and intimate as it can get. The provider and the service are often perceived to be inseparable by most patients. Having long-term relations with patients, staff



and suppliers as well as strong economic and social ties is only possible by promising and consistently delivering high-quality service at a fair price. No amount of clever marketing can help a practice whose members do not have substantial people skills. We are in the people business yet we see ourselves primarily as master craftsmen. A change in this perception is gradually occurring. Those who engage with their patients through this new paradigm have been rewarded beyond belief.

Compare your practice philosophy to the above definitions. Despite protests to the contrary, all practices market; all practitioners sell. Some do it intuitively, even if denying any conscious attempt at promotion.

Look carefully and you should be able to identify that the best practices have actively engaged all of the seven principles above: They have a marketing program developed by management (1) that speaks to (5) the needs, wants and demands (2) of a target market (4). The relationships (7) they build are long-term and based on satisfied patients (6) who feel the cost and effort (3) of regular attendance is well worth it.

In the next article, we will look at the legendary seven P's of marketing and how you can use them not only to build your practice but to also position yourself in any part of the market place.

### About the author

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