



Expertise
and insight
for the future

Kamran Khamoushi

Dental marketing: a practice- based study of private dental care providers in the UK

Helsinki Metropolia University of Applied Sciences

Master of Health Care

Health Business Management

Master's Thesis

29.8.2021

Author(s)	Kamran Khamoushi
Title	Dental marketing: a practice-based study of private dental care providers in the UK
Number of Pages Date	73 pages + 12 appendices 29 August 2021
Degree	Master of Healthcare
Degree Programme	Health Business Management
Specialisation option	Master's Degree in Healthcare
Instructor	Tricia Cleland Silva, PhD Lecturer
<p>Background: For a dental practitioner, knowledge about effective marketing is almost as crucial as having decent clinical competence in safeguarding a successful practice. However, many dentists "equate marketing with advertising" due to the lack of knowledge regarding the healthcare marketing concept and consumer buying decision process for dental services.</p> <p>Aims: This study aims to describe the concept of healthcare marketing by collecting and presenting evidence and investigating what UK consumers (prospective patients) consider important when trying to find, evaluate, and finally choose a dentist. The purpose is to provide insightful knowledge to help dental care providers significantly improve their marketing efforts.</p> <p>Methods and participants: The data were collected randomly from 423 UK residents over the age of 18 between February and May 2021 using a structured online questionnaire to reveal what UK consumers consider important towards finding, evaluating, and choosing a dentist. The data were analysed using the Statistical Program for the Social Sciences (SPSS).</p> <p>Results: The most important factor that the participants considered important for choosing a dentist was the dentist's clarity in describing the treatment options, total cost, and processes (98.5%, n=417), followed by the dentist competence (97.4%, n=412). The study also revealed that a low number of participants use social media to find a dentist (5.5%, n=23 for Instagram). Such a result indicates that social media advertising is not an effective marketing tactic for promoting dental services.</p> <p>Conclusion: Consumers often go through a lengthy and complicated buying decision process to find, evaluate, and finally choose a dentist. The findings of this study highlight that all the marketing efforts, including advertising costs, may be wasted if the dentist fails to provide the prospective patient with a clear and convincing explanation regarding the treatment options, total cost and processes involved during the initial consultation.</p>	
Keywords	Dental marketing, healthcare marketing, practice-based study, consumer behaviour, digital marketing

Contents

1	Introduction	1
1.1	Introduction to research problem	1
1.2	Research justification	2
1.3	Research aim	5
1.4	Scope of the research	6
1.5	Research objectives	6
2	Literature review	7
2.1	Introduction	7
2.2	The buying decision process The five-stage model	8
2.2.1	Problem recognition	10
2.2.2	Information search	10
2.2.3	Evaluation of alternatives	12
2.2.4	Purchase decision	15
2.2.5	Post purchase behaviour	15
2.3	Marketing	16
2.3.1	Why healthcare marketing requires its own unique approach?	16
2.3.2	Healthcare marketing concept	18
2.3.3	Understanding marketing objectives	22
2.3.4	Marketing strategy STP-model	23
2.3.5	Marketing tactics The marketing mix	26
2.4	Summary	31
3	Research design and data collection methodology	33
3.1	Research design	34
3.2	Data collection methodology	34
3.2.1	Secondary data collection	34
3.2.2	Primary data collection method	36
3.2.3	Primary data collection instrument	36
3.2.4	Ethical consideration	40
3.3	Objectivity, reliability, validity, and generalisability	41
3.3.1	Objectivity	41
3.3.2	Reliability	42
3.3.3	Validity	44
3.3.4	Generalisability	46

4	Data analysis and discussion	46
4.1	Data analysis	46
4.1.1	Participants	47
4.1.2	Demographic analysis	47
4.1.3	Participant's age	47
4.1.4	Participant's gender	48
4.1.5	Participants annual income	48
4.1.6	Participants' education level	48
4.1.7	Participants' responses regarding <i>finding</i> a dentist	49
4.1.8	Participants' responses regarding <i>evaluating</i> a dentist	50
4.1.9	Participants' responses regarding <i>choosing</i> a dentist	52
4.2	Discussion	53
4.2.1	Methods that consumers use to find a dentist	53
4.2.2	Factors that consumers consider important for evaluating a dentist	55
4.2.3	Factors that consumers consider important for choosing a dentist	58
5	Conclusion	61
5.1	Research evaluation	61
5.2	Key findings	61
5.3	Research accomplishment	63
5.4	Limitations	64
5.5	Practical implication	65
5.6	Recommendations	66
	References	67
	Appendices	
	Appendix 1. Questionnaire	
	Appendix 2. Screenshot of online search result	
	Appendix 3. Screenshot of online search result	
	Appendix 4. Screenshot of online search result	
	Appendix 5. Finest Dental company value proposition	
	Appendix 6. Finest Dental consumer rating	
	Appendix 7. Parliamentary and Health service ombudsman report	
	Appendix 8. An example of how to define marketing objective(s) and strategy for a new dental service	
	Appendix 9. Patients' review screenshot	
	Appendix 10. Statistics 1.1 - 1.6: Methods that consumers use to find a dentist	
	Appendix 11. Statistics 2.1 - 2.22: Factors that consumers consider important for evaluating a dentist	
	Appendix 12. Statistics 3.1 - 3.20: Factors that consumers consider important for choosing a dentist	

1 Introduction

1.1 Introduction to research problem

Technology is having a substantial impact on healthcare consumer behaviour (Berkowitz, 2016: 236). Nowadays, patients have access to a massive amount of information, enabling them to be significantly involved in making their choices regarding the costs and quality of treatments. As a result, “health care providers find themselves facing significant competition” (Berkowitz 2016: 67). This growing competition, combined with the complexity of medical services marketing, creates substantial challenges for the service providers in terms of patient-medical personnel relationship optimization and value creation (Cătoi, Geangu & Gârdan 2013: 449-452). With that in mind, it is necessary for medical practitioners to learn about the marketing principles and how they are applied in healthcare because “marketing plays an important role in helping healthcare professionals to create, communicate, and provide value to their target market” (Purcarea 2019: 95).

Studies have also shown that gaining knowledge about effective marketing is almost as crucial as having decent clinical skills in safeguarding a successful practice (Edwards, Shroff, Lindauer, Fowler & Tufekci 2008: 775). For example, Dobros and Katsaliaki (2017: 1) claim that “marketing is an important functional area that can help dental professionals to accomplish their business objectives”. Similarly, Mugeiren and Sanea (2018: 218) argue that dentists must understand the theory and practice of marketing strategies to become successful practitioners.

However, marketing evolution in health care has occurred in a relatively short time (Berkowitz 2016: 50) and is still being refined (Centres for Disease Control and Prevention 2011). For these reasons, many medical practitioners, including dentists, may not have appropriate knowledge about the principles of healthcare marketing. Recent studies (Cătoi et al. 2013: 450) show that promotional activities in the medical field have been carried out by professionals “with lack of experience regarding the effective adaptation of promotional techniques to the specific of medical services”. Such activities have created a false perception among medical practitioners that marketing is all about advertising rather than value creation for patients. As a result, many dental practitioners “equate marketing with advertising”.

According to Marcinko and Hetico (2010: 267-281), advertising is only the most expensive way of promoting medical services and often the least effective side of medical services marketing. The authors claim that internal marketing and patient relationships management are the most time-effective and cost-effective forms of medical services marketing. Other studies (Petronela, Gardan, Iuliana & Gurgu 2010: 140) indicate that, at the level of marketing for any new area, including the medical one, it is essential to study consumer behaviour.

1.2 Research justification

"The UK dental market remains highly fragmented", and the growth of private dentistry is likely to continue strongly (Statista 2021; Clearwater 2020: 2). In 2018, there were 42,252 registered dentists (General Dental Council 2018: 55), and 14,150 dental clinics, of which only 12% were owned by corporate dental bodies (Dentistry 2020).

The above data show that the UK dental market contains many small dental clinics selling homogeneous dental services and many consumers who buy those services. These characteristics indicate that the market is competitive (Dutta 2006: 67-68). In a competitive market, companies are nearly obliged to accept market-determined rates and cannot set prices at any level they choose (Kent & Jackson 2012: 977). Therefore, a firm in such a market needs to have an effective marketing strategy to stay relevant and grow.

Marketing, particularly in healthcare, is a complex process. It contains loads of external and internal factors and disciplines, making it challenging for most small and medium-size dental care providers to develop an effective and lawful marketing strategy. For example, there is often an asymmetry of information between the dentists and the patients. This factor creates the need for the dentists to act as an agent for the patients. Agents are subject to malpractice laws and should protect and act in the best interests of their clients (Kent & Jackson 2012: 977). For this reason, the law prohibits dentists from advertising a treatment option that yields a better profit when there is a cheaper alternative that provides the same benefits for the patient. According to the General Dental Council guidance on advertising (General Dental Council 2013), "advertising that is false, misleading or has the potential to mislead, is unprofessional, may lead to a fitness to practice investigation and can be a criminal offence".

With that in mind, a dental practice needs a solid and lawful marketing strategy along with convenient and quality services to grow and attract new patients (Kent & Jackson 2012 cited in Burlea et al. 2018: 347). However, the problem is that most dental practitioners do not have adequate knowledge about the principles of medical services marketing to develop and maintain an effective marketing strategy.

"A recent study in the UK shows that more than 89% of dentists have a strong aspiration to conduct coordinated marketing efforts, but many have neither the required knowledge nor the tools to do so" For this reason, many dentists have no choice but to hire advertising agencies to take care of their marketing activities without even knowing the adequacy and lawfulness of the agency's actions. The mentioned study has also revealed that dental marketing efforts are not appropriately monitored to understand their success rate and effectiveness in terms of return on investment. (British Dental Journal 2016: 608.)

Most marketing agencies encourage dental practice owners to spend their marketing budget on social media advertising and use discounts to attract prospective patients. Although in other industries, there is an assumption that buyers are motivated mainly, if not wholly, by economic reasons, "this assumption often does not hold in healthcare". (Thomas 2008: 4-11). Therefore, such an approach can be counterproductive in dentistry because healthcare marketing presents certain features not found in other industries. For this reason, dental practitioners need to gain knowledge about healthcare marketing principles to avoid choosing the wrong path that may lead to irreversible damages.

For instance, the FINEST DENTAL liquidation case (British Dental Association 2020) is one of the latest cases highlighting that many marketing techniques and attitudes in other fields cannot find applicability in healthcare.

Finest Dental was one of the largest chains of private dental practices in the UK. Unfortunately, the company ceased its operation due to a bad financial situation in early February 2020, just before the Covid-19 outbreak. As a result, the company had to close all its practices across the country, leaving thousands of patients, the associate dentists, and other staff who worked at those practices in an uncertain and stressful situation. (Company Rescue 2020; British Dental Association 2020.)

Finest Dental Slogan was "The Affordable Perfect Smile"(see appendix 5), highlighting that the company's primary marketing strategy was to attract more consumers by offering high quality yet affordable services. The company had a solid social media presence and massively spent on advertising across many traditional and digital advertising channels, including radio, magazine, google ads, social media, and e-mail. They also had managed to gain an overall 4.3/5 review rating from 1119 reviews (see appendix 6). However, they failed.

Since then, many patients and dental experts have pondered why Finest Dental failed, although they had built a strong brand through extensive advertising and offered a compelling value proposition in a country where dental treatments are relatively expensive. "It's just a huge provider's catastrophic failure in a high-end financial section of the market", was said by Dr Charles Lister (Dental Tribune 2020).

The circumstances around the case suggest that the company's management did not adequately understand the principle of medical services marketing and the consumers' buying decision process for dental services, which require focusing on patient relationships management, internal marketing, and quality rather than offering low prices and spending on social media advertising to attract new consumers. They massively invested in advertising, hoping to attract prospective patients to buy their "affordable services". They tried to become highly profitable through economies of scale as if they were selling mobile phones.

It is worth mentioning that some of the leading advertising agencies that present themselves as dental marketing agencies should also be partly blamed for this kind of situation because, in many cases, they give inappropriate and even misleading marketing advice to dental professionals. For example, when searching for "dental marketing" or "dental services marketing" terms using the Google search engine (see appendix 2, 3 and 4), the top search results are more often very similar to the following statement.

Search result 1 (see appendix 2): "The main goal for dental marketing or advertising is that patients and prospects book an appointment which is usually done by picking up the phone and calling the office. Click-to-call ads are available through Facebook and Google Ads (formerly known as Google AdWords) on mobile, desktop....."

It is interesting to know that the above statement is a part of the "19 Genius Dental Marketing Ideas to Grow Your Practice" (Lister 2020), published on the "Wordstream" website, which is one of the world's leading and highly ranked digital advertising agencies (G2 2021). However, anyone with a moderate knowledge of healthcare marketing can realize this statement is inaccurate and somehow misleading. In fact, some of those "19 Genius Dental Marketing Ideas" such as "Referral Bonuses" are even illegal and can get the dental offices into serious troubles because, in many countries, it is unlawful to give a current patient a discount or gift for referring a new patient to the dental office.

These kinds of inappropriate "Dental Marketing Ideas" are often recommended by advertising agencies and can easily mislead dental practitioners who do not know the basics of healthcare marketing.

The above discussions indicate that relying only on an advertising agency, even the leading ones, for marketing dental services involves tremendous risks. In other words, those dental care providers that are not familiar with the principles of healthcare marketing and the consumer buying decision process may accept and implement inadequate, misleading, and even illegal marketing strategies recommended by advertising agencies, which can lead to patient's dissatisfaction and harming the service provider's reputation. In more severe cases like the Finest Dental liquidation case, the health and safety of many patients and practitioners' jobs will be at risk, too. Therefore, dental professionals need to become familiar with healthcare marketing principles and the consumer buying decision process for dental services to improve patient safety and satisfaction and safeguard their reputation and financial survival.

1.3 Research aim

There is insufficient valid information in the literature regarding the principle of marketing in the field of dentistry and the consumer buying decision process for dental services.

As mentioned earlier, recent studies show a strong aspiration among British dental professionals to conduct coordinated marketing efforts. However, many of them have neither the required knowledge nor the tools to do so. Since the key to good marketing has always been to understand consumer behaviour (Kotler & Keller 2016: 194-197; Hawkins & Mothersbauch 2010: 8-9; Kotler & Armstrong 2011: 134-150), this study aims to describe the concept of healthcare marketing by collecting and presenting evidence and

investigating what prospective consumers (patients) consider important when trying to find, evaluate, and finally choose a dentist. The purpose is to provide insightful knowledge to help dental care providers significantly improve their marketing efforts.

With that in mind, the following investigative questions are set as guidelines to fulfil the research aim.

- What factors can influence consumers' decision when buying dental services?
- What are the key principles of healthcare marketing?
- What methods (channels) UK consumers use to find a dentist?
- What are the main factors that UK consumers consider important for evaluating a new dentist?
- What are the main factors that UK consumers consider important for choosing a dentist?

1.4 Scope of the research

This study concentrates on the UK dental market and consumers. Although the result and conclusion of this research may be helpful for marketing dental services in other countries, it is essential to note that “*culture* is the fundamental determinant of a person's wants and behaviour” (Kotler & Keller 2016: 179) and therefore plays a central role in marketing.

1.5 Research objectives

This study has five primary objectives corresponding to the research questions.

1. to describe the basics of the consumer buying decision process for dental services
2. to explain the key principles of healthcare marketing
3. to identify the main methods that UK consumers (patients) use to find a dentist
4. to classify the main factors that UK consumers consider important for evaluating a new dentist
5. to identify the factors that UK consumers consider important for choosing a dentist.

2 Literature review

In this thesis, the term “product,” is often used interchangeably with “service” and “healthcare service”, the term “customer” with “consumer” and “patient”, the term “National Health Service” with “NHS”, and the term “General Dental Council” with “GDC”.

2.1 Introduction

"Dentists are health care providers who play a vital role in society, taking care of one's smile, oral health, dental function and aesthetics" (Shukla, Chandak, Rojekar & Bhattad 2019: 128). Such a role requires dentists to choose both adequate treatments to meet patients' dental needs and appropriate resources necessary to provide care (Kent & Jackson 2012: 973).

On the other hand, the health commercialization trend is transforming patients' approaches in finding, evaluating, and choosing their dentist. As a result, the information and abilities that dentists must possess have evolved substantially. In today's dental market, dentists need to have good entrepreneurial skills, particularly marketing skills, to run their dental office efficiently. Nevertheless, their primary dental education does not equip them for such a role. For these reasons, marketing skills can significantly help dentists to achieve the objectives of their business. (Dobros & Katsaliaki 2017: 1.)

However, the problem is that *marketing* is a broad term involving many definitions, theories, strategies, tactics, and views that may not be all relevant or even useful for marketing dental services. The reason is that the marketing approach used by an organization depends on many factors such as its size, objectives, type of services, location, regulatory requirements, the industry in which it operates, and extra. For example, Thomas (2008: 6-7) argues that "many marketers have found out that healthcare requires its own unique approach and takes on certain characteristics unlike those of other industries". As another example, Sotiriadis (2018: 300) claims that "marketing efforts and activities in small and medium-sized enterprises (SMEs)", such as a dental practice, "are quite different than in big corporations".

For these reasons, the literature review in this chapter mainly focuses on the marketing definitions, theories, concepts, tools, and practical examples that are useful within the scope of this research. Below is a summary of the topics that this chapter covers.

- Section 2.2 contains the Engel-Kollat-Blackwell model of *consumer behaviour*. The model focuses on the consumer buying decision process which significantly helps marketers and consumer behaviourists recognise why and how consumers make specific decisions. (Nair 2008: 29.) For this reason, the consumer decision-making process, also known as “the buying decision process”, is a fundamental topic in dental marketing.
- Section 2.3 describes *marketing* and the basics of the marketing process in healthcare. This section briefly explains how service marketers set marketing objectives, select target markets, position their market offerings, create a strategy, and use the *marketing mix*, also known as the *7Ps of service marketing* (Product, Place, Price, Promotion, People, Process, and Physical evidence), to implement their marketing strategy.

2.2 The buying decision process | The five-stage model

The primary purpose of marketing is to identify and satisfy human and social needs (Kotler & Keller 2016: 27; Berkowitz 2016: 340). Similarly, Truman (1986: 49) states that “the aim of marketing is to know and understand the customer so well that the product or service fits him and sells itself”.

According to Hawkins and Mothersbauch (2010: 9), “all marketing decisions and regulations are based on assumptions and knowledge about consumer behaviour. It is impossible to think of a marketing decision for which this is not the case”. Likewise, Kotler and Armstrong (2011: 134-150) argue that “the buying decision is the focal point of the marketer's effort”. They also claim that the consumer's preference is affected by the complex relationship of personal, social, cultural, and psychological factors. If a business does not understand what a prospective consumer wants before they say it, the consumer most probably takes his/her business elsewhere.

The above statements and arguments indicate that, although identifying human and social needs is essential, a marketer's biggest challenge is knowing and understanding how consumers make purchase decisions. Therefore, identifying consumers' preferences and gaining a deep understanding of their buying decision process plays a central role in defining an effective marketing strategy for any dental care provider.

It should be mentioned that a dental service is a healthcare type service which, according to Gardan and Petronela (2015: 22), "has a complex consumption motivation behind and deep emotional involvement of the consumers". In addition, studies show that healthcare consumers are more interested in developing a long-term relationship than completing a single transaction. (Purcarea 2019: 93). Similarly, Kay (2007: 250) states that "healthcare markets are profoundly different from other types of markets, especially from the consumer perspective. Health evokes a strong personally felt involvement with consumers".

Such characteristics indicate that a consumer's actual decision to buy a healthcare service such as a dental treatment involves a process in which the consumer's emotional and rational appeals play an essential role. Therefore, relying only on advertising to attract new consumers is not an effective marketing strategy, particularly for medical services. Instead, a deep understanding of the consumers' buying decision process is central to effective marketing strategy as it helps marketers to find out how consumers decide to buy a service, select a doctor, accept a treatment plan, join a health plan, or terminate the services that they are using (Berkowitz 2016: 340).

The Engel-Kollat-Blackwell model of *consumer behaviour* is a stage model that focuses on stimulating the consumer buying decision process to help marketers recognize how and why consumers make specific decisions (Nair 2008: 29). The "buying decision process" contains five stages, as listed below.

- I. Problem recognition
- II. Information search
- III. Evaluation of alternatives
- IV. Purchase decision
- V. Post-purchase behaviour

Studies show that "smart companies try to fully understand customers' buying decision process—all the experiences in learning, choosing, using, and even disposing of a product" (Kotler & Keller 2016: 194-197). It must also be mentioned that consumers do not necessarily always go through all the five stages. Depending on the situation and the purchase type, they may reverse or skip some. (Anand, Ali, Panwar & Singhal 2019: 36; Kotler & Keller 2016: 196).

2.2.1 Problem recognition

“Buying process starts when the buyer recognizes a problem or need, triggered by internal or external stimuli” (Kotler & Keller 2016: 195). Similarly, Berkowitz (2016: 340) claims that the problem recognition stage is where the consumer perceives a gap between the current and desired state. In this stage, the consumer is motivated to take action to close the gap.

The above statements indicate that many reasons can trigger the “problem recognition stage” in consumers’ minds. For example, a consumer walking into a dental office expect to see a clean and tidy environment. However, if the dental office is not as clean as expected, the consumer may feel unsafe due to the perceived risks of cross-contamination associated with an unclean environment. In another situation, when a consumer does not receive a warm welcome from the employees, she may consider this disrespectful and conclude that the dental care provider does not care about her. In both situations, the consumer recognizes a gap between the desired and current state and may start thinking that the service provider is not trustworthy.

Most consumers who recognize a problem usually go to the “information search stage” to find and “evaluate alternatives” and eventually leave the service provider if the problem is not solved promptly. Therefore, “patient satisfaction must be the main objective of any healthcare organization, and this requires a thorough knowledge of their needs and expectations”. (Purcarea 2019: 94). Similarly, Berkowitz (2016: 340) states that “it is critical for an organization to develop marketing strategies to aid the problem-recognition stage”.

For example, if a dental care provider only provides face-to-face consultations, it may indicate that consumers who prefer online consultations will look at alternatives that offer online consultations. For these reasons, having an efficient system to collect consumers feedback is essential for a dental service provider because it can help spot the service delivery weaknesses before they cause serious problems. In addition, any consumer feedbacks may provide an opportunity to develop new services to boost competitive advantage.

2.2.2 Information search

A consumer often enters the “information search” stage after recognising that a problem exists. In this stage, the consumer tries to find a solution to the perceived problem.

Berkowitz (2016: 342) claims that information search falls into two categories known as “internal information search” and “external information search”.

2.2.2.1 Internal information search

According to Berkowitz (2016: 342), the internal information search stage involves recalling information from memory. In this situation, an individual tries to think about whether he or she has any information from past experiences that can help him or her solve the existing problem. For example, when a consumer decides to change her dentist for any reason, the consumer first tries to remember whether she knows another dentist. She also tries to determine whether she had heard about a reputable dentist from someone else in the past. If the consumer can recall the dentist’s name, she may either end her search at this stage, contact the dentist, and schedule an appointment, or, at least, consider the dentist as an option for further evaluation.

2.2.2.2 External information search

Berkowitz (2016: 342) states that external information search involves gathering data from one or several sources when internal information search is insufficient. Considering the example provided in the previous subsection, if the consumer cannot recall the name of a highly reliable dentist or dental practice, then she starts using external sources to obtain the information she needs. Kotler and Keller (2016: 195) claim that “major information sources to which consumers will turn fall into four groups”:

- **Personal.** Family, friends, neighbours, colleagues
- **Commercial.** Advertising, Web sites, e-mails, salespersons
- **Public.** Mass media, social media, consumer-rating organizations
- **Experiential.** Handling, examining, using the product.

In today's dental market, consumers can easily access these external sources to obtain the required information about a dentist. However, the amount and influence of the information obtained through external sources differ with the *consumer's characteristics* and *product (or service) category*. It is essential to know that although customers receive most of the information regarding a service or product from commercial sources such as advertising, the most influential information in terms of decision making usually

comes from personal, experiential, and independent public sources (Schwartz, Luce & Ariely 2011: 163–174 cited in Kotler & Keller 2016: 196).

With that in mind, the objective of advertising is usually to get consumers to respond to or think about the company's products or services positively. However, "a purchase may result only after a lengthy consumer decision-making process". (Kotler & Armstrong 2011: 416.) This argument indicates that a dental practice cannot rely only on advertising to increase its revenue.

Kotler and Keller (2016: 196) also claim that commercial sources such as advertising, Websites, e-mails, salespersons usually perform an information function. On the other hand, personal sources such as family, friends, neighbours, colleagues perform an evaluation or legitimizing function.

For example, although consumers may learn about a dental practice from advertising or other commercial sources, they often turn to their friends, family, or colleagues and impartial public sources such as "Google reviews" for evaluation. The American Dental Association (cited in Dobros & Katsaliaki 2017: 2) claims that about 75% of new patients come from the recommendations of current patients in a typical dental practice.

It is also important to note that "the consumer learns about competing brands and their features" during the "information search" stage. In this stage, the consumer starts to evaluate the information he or she had gathered to find the best option(s). (Kotler & Keller 2016: 196.)

2.2.3 Evaluation of alternatives

Evaluation of alternatives is the third stage, where the consumer starts comparing the different attributes that may best satisfy the individual's needs. "In this stage, the consumer determines the criteria for judging the alternative products or services" and begins comparing the services using these criteria. A criterion may refer to a tangible attribute such as cost, location, equipment, or intangible such as the dentist's clarity in explaining a treatment plan or how the consumer is greeted. As a result, the consumer choices gradually drop to a few, from which one is selected as the final choice. For complex decisions, consumers may concentrate only on important attributes that vary among the competitors. These important attributes are considered the "determinant attributes" and often contain both tangible and intangible attributes. (Berkowitz 2016: 346.)

The above argument shows that evaluating intangible attributes such as "experiencing the service" can be a decisive factor in making difficult decisions. However, the evaluation of such *determinant attributes* often requires consumers to go back to the "information search" stage, visit the dental office, have a chat with the dentist, interact with employees, evaluate the overall cleanness of the practice and other issues that the consumer consider important. With that in mind, the following example describes the buying stages that a consumer goes through when trying to find, evaluate and choose a dentist for dental implants.

A consumer needing dental implants starts searching for information to find a local dentist who provides a reliable and affordable service. Therefore location, reliability, and price become "determinant attributes".

- Location: consider that during the initial search, the consumer finds out that from 15 local dental practices only 10 of them offer dental implants treatment. Therefore, the consumer has 10 options.
- Reliability: to check the dentist's reliability, the consumer may turn to her friends, family, colleagues or use public sources such as Google reviews. In this stage the data may indicate that five of those 10 dentists are extremely reliable. Now the consumer choices drop to five.
- Price: the next "determinant attribute" in this example is the service fee which can often be obtained from the dentists' website. At this stage, the consumer may end up having two or more options that seem to satisfy her needs and expectations equally. Therefore, in order to make the final purchase decision, the consumer needs to obtain more information to choose the best option among the remaining dental care providers.

In this stage, a consumer often wants to "experience the service", which is probably the last consumer's remaining resort for final evaluation. Since service experience involves the consumer's subjective feelings and reactions, it is usually considered the most important "intangible determinant attribute" for choosing a dentist.

The reason is that treatments such as dental implants sometimes require a consumer to establish a long-term relationship with the service provider. Therefore, the consumer

wants to know how the service feels before committing to the treatment and long-term relationship. For instance, in this example, a consumer may want to evaluate the dentist's transparency, competence and respect for the patient, the office's atmosphere, employees' behaviour, or simply the cleanness of the dental practice before making the final purchase decision. Therefore, a dental practice that offers free or low-cost initial consultations for major procedures may have a better chance to attract prospective consumers as it will provide them with a risk-free opportunity to experience the service.

When a consumer books an appointment for a free consultation, the consumer is still in the "information search" stage but one step closer to make the final decision. According to Shukla et al. (2019: 135), dentists should focus on communication skills to respond effectively to the emerging relationships with the patients in this stage. For this reason, dentists need to acquire soft skills like active listening, empathy, collaboration, and others.

For complex treatments such as dental implants, consumers' perception of the service and service experience is often the most important "intangible determinant attributes" that can help the consumer make the final purchase decision. Therefore, a dental practice that offers a free or low-cost initial consultation will likely attract more potential consumers because such risk-free offers often motivate the prospects to experience the service.

Kotler and Keller (2016: 196) state that "**marketers need to identify the hierarchy of attributes that guide consumer decision-making** to understand different competitive forces and how these various sets get formed".

For example, as explained before, when a consumer is in the process of choosing a dentist for dental implant treatment, the consumer is about establishing a long-term relationship with the dentist due to the nature of the treatment. Therefore the "determinant attribute" may include dentist competence, transparency, reputation, service fees, and respect for the patients. In this case, other attributes such as extended opening hours and free parking slots are less important. On the other hand, the "determinant attributes" for general and low-cost dental services such as routine dental check-ups, or a dental hygiene service, may include extended opening hours, proximity, convenient booking, and free parking slots rather than the dentist competence or service fee.

2.2.4 Purchase decision

At this stage, the consumer chooses an alternative over the others and makes the purchase. However, it is essential to note that the consumer decision-making process does not end at this stage. (Berkowitz 2016: 346.) The next stage is the post-purchase behaviour stage, where the consumer starts evaluating the purchase to ensure that she or he had made the right decision. Therefore, monitoring post-purchase behaviour, including post-purchase satisfaction and actions, is fundamental for consumer retention and business reputation management.

2.2.5 Post purchase behaviour

According to Berkowitz (2016: 346), the consumer starts evaluating the services or products after the purchase. As a result, the consumer might experience that the service or product lacks certain qualities or hears favourable things about other brands (companies). In such a situation, most consumers will be alert to information that supports their decision. Therefore, effective marketing communications are always needed after purchase to help consumers feel good about their purchase. To facilitate effective communication, “marketers must monitor post-purchase satisfaction and post-purchase actions”. (Kotler & Keller 2016: 200.)

2.2.5.1 Post-purchase satisfaction

When the perceived performance of a service or product is not as good as expected, the consumer is dissatisfied; when it fulfils expectations, the consumer is satisfied; when it is better than expected, the consumer is delighted. These feelings directly indicate whether the consumer comes back to buy again and talks positively or negatively about the service or product to others. It should also be noted that the perceived performance of a service or product may vary among the customers even if they receive an identical service or product. (Kotler & Keller 2016:200.)

2.2.5.2 Post purchase actions

A satisfied consumer will more probably repurchase the product (or service) and recommend it to others. Whereas dissatisfied consumers may abandon the service, return the product, or take private and public actions against the company (Kotler & Keller 2016: 200).

For example, satisfied patients are more likely to go back to their dentist and will likely say good things about the dentist to others. They may also write a positive and genuine online review. On the other hand, dissatisfied consumers may leave their dentist, warn their friends, and even take several public actions such as submitting a complaint to General Dental Council, writing negative online reviews, or going to a lawyer.

According to Berkowitz (2016: 346), post-purchase communication can strengthen the consumer's belief that he or she made the right decision by choosing the service provider over the others. Post-purchase communication can be in the form of an e-mail, phone call, text message, newsletter, or similar means. Likewise, Kotler and Keller (2016: 200) claim that post-purchase communications to buyers noticeably reduces order cancellations and product returns.

The above arguments indicate that dental service providers must use post-purchase communication tools such as a survey or feedback form to obtain the information that can significantly help them increase patient satisfaction, reduce complaints, and build an excellent online and offline reputation.

However, it is essential to note that recent systematic research shows that patient satisfaction surveys "must be consistent with how patients evaluate their experiences rather than by presuming to rely on consumerist or marketing theories" (Afrashtehfar, Assery & Bryant 2020: 8).

2.3 Marketing

2.3.1 Why healthcare marketing requires its own unique approach?

One cannot deny that there are several similarities between healthcare and other businesses in terms of monetary transaction, accounting, marketing, resource management and extra. However, such a narrow focus should not lead to a shaky conclusion that healthcare is a business and can be run like a business. Mintzberg (2017: 93) states that "the field of health care may be appropriately supplied by businesses", but running health care like a business comes with tremendous risk.

Many reasons indicate health care requires a modified marketing approach. However, due to the scope and limitation of this study, only some of them are mentioned below.

- Healthcare services include diagnosis, treatments, nursing, and management of disease and injurious. The health care industry also provides preventive, remedial and therapeutic services to patients. (PAT research 2020.) Many healthcare procedures are complicated, making them hard to explain (Purcarea 2019: 93). For this reason, "healthcare providers are generally concerned with the promotion of a service that is often difficult to describe" (Thomas 2008: 6). In addition, statements such as "high quality", "perfect smile", or "minimally invasive procedures" may mean different things to different consumers.
- In healthcare, "emotions like fear, pride and vanity often come into play more compared with the purchase of other goods and services" (Thomas 2008: 6). For example, every oral surgery or tooth extraction involves a degree of anxiety and complication, no matter how minor.
- Health care is a system that provides health services. According to Kotler and Armstrong (2011: 242), defining, measuring, and judging "service quality" is much harder compared to "product quality". More importantly, assessing service quality in health care is much more complex than in other sectors. The reason is that service quality in healthcare is assessed using the Institute of Medicine (IOM) framework for quality assessment which states that healthcare must be "safe, timely, effective, efficient, equitable, and "patient-centred". These six domains contain many factors that are all difficult to measure and judge because they are subjective and each of them may mean different things to different people. For example, "patient-centeredness" refers to "providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions". (AHRQ 2018.) Since individual preferences, needs and values may greatly vary from one patient to another, it is hard to measure and judge "patient-centeredness". As another example, if we look at the "effectiveness" domain, a highly effective drug for a patient may not have the same positive effect on other patients, and in some cases, it may even cause adverse side effects.
- Healthcare consumers rarely know the actual value or quality of the services they consume (Thomas 2008: 6; Crié & Chebat, 2013: 124). Therefore, they rely on their doctor as a trusted and knowledgeable expert to evaluate the service value and quality for them (Kay 2007: 248). Sometimes it may take several years for

some consumers to recognize the actual value of the service they had received because some medical conditions develop very slowly. For example, when dental decay is not adequately treated, it may cause a problem again after several months or even years. However, if the same condition is appropriately treated may never cause a problem again.

- Healthcare providers must deal with challenging advertising regulations, or they will risk losing their licence. For example, General Dental Council (GDC) guidance on advertising states, "you must make sure that any advertising, promotional material or other information that you produce is accurate and not misleading and complies with the GDC's guidance on ethical advertising." (General Dental Council 2013). For this reason, dentists must ensure that the content of their practice website, social media accounts, and any other advertising complies with the GDC guidelines. Fulfilling this requirement for a service that is already hard to describe creates a significant challenge for marketers.

2.3.2 Healthcare marketing concept

According to Berkowitz (2016: 37), the American Marketing Association (AMA) definition of Marketing is the most widely accepted one, which defines marketing as "the process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy individual and organizational objectives." With that in mind, the main building blocks of marketing consists of the following elements.

- The process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services.
- Clear understanding of customers' needs and wants.
- Clear understanding of organizational objectives.
- Creating exchanges that satisfy individual needs and wants and fulfil organizational objectives.

The above marketing definition indicates that a clear understanding of the patients' "needs and wants" and healthcare objectives (organizational objectives) are fundamental to the healthcare marketing concept. A need is a consumer's desire for a specific and

necessary functional or emotional benefit of a product or service. A want is a consumer desire for a product or service that consumers wish for but is not necessary. On the other hand, organizational objectives are "the long-term performance targets the company hopes to achieve" (Berkowitz 2016: 159).

It is evident that most people try to reach healthcare when they need medical care or want to improve their physical or mental health. However, what may not be so obvious is healthcare objectives.

Healthcare objectives refer to what a healthcare provider needs to do to fulfil the healthcare purpose. With this in mind, the first step is to understand the purpose of healthcare. Therefore, before examining how marketing is applied to healthcare, it is necessary to recognize why healthcare exists beyond its services and what it is trying to achieve.

According to WHO (2020), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". On the other hand, Hayashi et al. (2014: 341) state that "oral health is vital to the general health, well-being and life expectancy of the seven billion people living on Earth".

The above statements lead to the conclusion that the purpose of healthcare (including dental care) is to enhance the quality of life by improving health, which in turn creates benefits for society. With that in mind, the main organizational objective of any healthcare provider must always be to provide high-quality healthcare services because that is how the purpose of healthcare is fulfilled.

The Institute of Medicine (IOM) has provided one of the most influential frameworks for quality assessment, which states health care must be "safe, timely, effective, efficient, equitable, and "people-centred" (AHRQ 2018). The meaning of each of these six domains is as follows.

- **Safe:** "Avoiding harm to patients from the care that is intended to help them".

- **Effective:** “Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively)”.
- **Patient-centred:** “Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions”.
- **Timely:** “Reducing waits and sometimes harmful delays for both those who receive and those who give care”.
- **Efficient:** “Avoiding waste, including waste of equipment, supplies, ideas, and energy”.
- **Equitable:** “Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status”.

Therefore, as the starting point, any healthcare marketing initiative must aim to fulfil the IOM quality requirement across all domains. This is only possible when marketing becomes part of the organizational culture. In other words, the entire organization needs to be aligned around helping patients to overcome their problems in a safe, timely, effective, efficient, equitable, and people-centred manner. This involves a substantial degree of internal and interactive marketing efforts. "*Internal marketing* means that the service firm must orient and motivate its customer-contact employees and supporting service people to work as a team to provide customer satisfaction" (Kotler & Armstrong 2011: 269). "*Interactive marketing* means that service quality depends heavily on the quality of the buyer-seller interaction during the service encounter" (Kotler & Armstrong 2011: 269). Similarly, Marchinko (2004: 267-281) states that internal marketing and patient relationships management are the most time-effective and cost-effective forms of medical services marketing.

Although healthcare exists to fulfil its specific purpose, healthcare organizations need resources to operate and sustain themselves. Therefore, they need to apply certain business models and marketing strategies to obtain the required resources.

A health care provider can be public, private, or public-private partnerships. This thesis focuses on private dental care providers in the UK. However, for the sake of clarity and consistency, some of the main differences between the operation mode of the public (National Health Service) and private dental care providers in the UK are briefly discussed below.

Comparing public and private dental care providers

Fully private dental care providers rely entirely on the income generated from providing dental services for the local community to cover their costs. Therefore, they need to provide great consumer experiences and deliver high-quality services to attract those willing to pay for the services. In the UK, public dental services are subsidized by the National Health System (NHS). Practices delivering dental services under NHS contracts rely on government subsidies to operate (NHS 2021) and must adhere to many regulations and processes (British Dental Association 2021A). For example, "dentists are not allowed to refuse any treatment available on the NHS, and there should only ever be one charge for a single course of treatment, even if the patient visits the dentist several times". In addition, NHS dentists need to provide 12 months guarantee for certain treatments. (Parliamentary and health service ombudsman 2015.)

Although NHS dental care providers are required to provide low-cost dental services set by the NHS, they can enjoy a more predictable and secure income and often need to allocate insignificant or no resources at all for advertising. In addition, NHS dental care providers can usually apply cost-saving tactics to sustain themselves. For example, they do not need to modernize their equipment or renovate their surgery as often as private dentists do.

In the private sector, consumers have many options to choose from. They can generally book an appointment with their preferred dentist and choose a service based on their needs and desires. Therefore, private dentists must always carefully consider both patients' needs and wants and allocate enough time to explain all the available options clearly. Whereas NHS dentists are only required to satisfy patients' basic needs rather than addressing what they want (NHS 2021). Thus, the NHS model lacks sufficient incentives for patients to choose a better option.

In the private sector, patients or their insurance providers pay for the service. Therefore, the overall quality of services, particularly patient experience, timeliness, safety, and effectiveness, represents the core concept for value creation and differentiation strategies explained in subsection 2.3.4. The NHS covers most of the expenses in the public sector, and the patient pays a small fee and sometimes nothing for the service. Therefore, accessibility and equity seem to have priority over other IOM quality domains. For example, case studies and major incidents such as the Mid Staffordshire NHS Foundation Trust case (Francis 2013:44-45) show that effectiveness, patient-centeredness, and patient safety are not appropriately monitored and implemented in many UK's public healthcare settings. This can be due to the budget limitations or cost savings measures imposed by the price-for-performance (P4P) model used in the NHS.

The private sector's primary marketing strategy is based on building trust, providing a great customer experience, and delivering high-quality care and cure services to create exchanges that satisfy consumers needs and wants. Such a strategy also helps private dental care providers to achieve healthcare objectives. The public sector's main marketing strategy focuses on health promotion and disease prevention, such as dental hygiene and oral cancer monitoring that can lead to better oral health outcomes and cost savings in the long run. This strategy is beneficial for society and can help the NHS system fulfil healthcare objectives, but it only satisfies consumers' basic needs and does not address what they want.

2.3.3 Understanding marketing objectives

In section 2.3.2, it was discussed that marketing is "the process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy individual and organizational objectives." Berkowitz (2016: 37).

Organizational objectives are "the long-term performance targets the company hopes to achieve" with the help of marketing functions (Berkowitz 2016: 159). On the other hand, marketing objectives are specific, measurable, achievable, realistic, and timely action plans to help an organization achieve its marketing goals (Sotiriadis 2018: 304).

The above definitions show that marketing objectives are subordinate to organizational objectives. In other words, organizational objectives must be defined first. Then,

marketing objectives can be defined based on what an organization wants to accomplish from its marketing activities.

The above requirements may create an impression that objective setting is more complex than it appears to be. However, an objective can be simplified by proceeding from the broad to the specific. (McDonald & Wilson 2016: 230.)

Appendix 8 is an example that explains how to proceed from the broad to the specific in order to set marketing objective(s) and strategy for a new dental service.

2.3.4 Marketing strategy | STP-model

STP stands for “Segmentation”, “Targeting”, “Positioning and differentiation”.

Once an organization defines its marketing objectives, it needs a clear plan to achieve them. Such a plan is called a *marketing strategy* (Fifield 1998: 36). In other words, “a marketing strategy details the steps of how each individual marketing objective will be achieved”. (Egelhoff 2008: 51; Fifield 1998: 36). According to Kotler & Armstrong (2011: 48), marketing strategy involves answering two major questions:

1. Which customers should a company serve?
2. How will the company create value for them?

Market segmentation and targeting answer the first question, and market positioning and differentiation answers the second one.

2.3.4.1 Market Segmentation

Kotler & Armstrong (2011: 45) state that “companies know that they cannot profitably serve all consumers in a given market, at least not all consumers in the same way”. Many consumers have different needs and wants, and most companies can serve some segments better than others. Thus, each firm must divide the whole market, select the most appropriate segments, and develop mutually beneficial strategies for serving the chosen segments.

Sotiriadis (2018: 304) argues that many firms fail not because they provide a low-quality or mediocre service or product, but because of improper market segmentation. For this

reason, a firm must always ensure that the segment size, growth, and attractiveness are in line with the company's objectives and resources (Kotler & Armstrong 2011: 201). For example, a single-handed dental practice cannot provide 24 hours emergency service for the entire community because of its limited capacity.

The main market segmentation methods for a small or medium enterprise (SME) are listed below (Sotiriadis 2018: 305).

- *Geographic segmentation*: this refers to the location of the business or target consumers or both.
- *Demographic segmentation*: this refers to characteristics such as gender, income, age group, level of education, marital status, ethnicity and extra.
- *Psychographic segmentation*: this refers to the emotional attributes of consumers including personality types, belief systems and lifestyle.

For example, a market segment for a dental practice can be children under the age of 12 (Demographics segmentation) who have anxiety (Psychographic segmentation) and live within 30 miles radius from the practice location (Geographic segmentation).

For effective marketing, a dental practice needs to identify the group(s) of consumers that it can serve best with its resources.

2.3.4.2 Market targeting

Market targeting requires assessing the attractiveness of each market segment and picking one or more segments to enter. For example, a dental practice in a big city with many potential consumers can decide whether to provide dental services for children, premium services for adults with high incomes or low-cost cosmetic dentistry for students. On the other hand, in a small city, the practice may need to choose more than one market segment to fulfil its capacity.

However, it is important to know that "a company should target segments that can profitably generate the greatest customer value and sustain it over time". Therefore, a target market that may generate significant income for the company but provides little value for

the consumer or vice versa is not an appropriate target market. In addition, a company with limited resources should aim to target one or a few special segments. (Kotler & Armstrong 2011: 49.)

For example, providing quality and affordable dental services may be highly appreciated by many consumers. However, the offering may not be sustainable if the segment is not big enough or the business has to spend a significant amount of money on advertising to attract new consumers. As discussed in section 1.2, the latter was one of the contributing factors to the failure of “Finest Dental”, which its value proposition was “Affordable Perfect Smile”.

2.3.4.3 Market Positioning and differentiation

Positioning and differentiation are the last steps of the marketing strategy. Positioning is the process of arranging for a product (or service) to occupy a distinct, distinguished, and desired position in target consumers' thoughts compared to rival products (or services). Differentiation is the method of differentiating the product or service to create exceptional customer value to attain the needed position in customers' minds. Therefore, “effective positioning begins with differentiation”. (Kotler & Armstrong 2011: 49.) These definitions reveal that positioning and differentiation are strongly interrelated. In other words, they are two sides of the same coin.

The idea behind positioning and differentiation is to create a "unique value proposition" or perception of a better market offering than competitors. According to Kotler & Armstrong (2011: 49), "if a product (or service) is perceived to be exactly like others on the market, consumers would have no reason to buy it".

Therefore, for appropriate positioning, a dental practice must have insight into its target market's consumers' decision-making process and identify what factors influence its consumers buying decisions (these were discussed in section 2.2). For instance, the practice must find out whether its target consumers are motivated by low prices, discounts, service guarantee, convenience, dentist competence, clear communication, friends and family recommendation, high-end dental equipment, online reviews, cleanness of the dental office, extended opening hours, or a combination of these and other factors. Chapter 4 of this study contains quantitative primary data analysis and empirical findings that

highlight what UK consumers consider important towards finding, evaluating, and choosing a dentist.

As an example, consider that in a small city, all dental practices are closed during weekends. On the other hand, market research shows that many local consumers desperately need or want to have access to dental services on Sundays. With that in mind, a dental practice can improve its position by offering its dental services on Saturdays. In this case, the dental practice uses service *differentiation* to enhance its position in the target market.

After setting marketing objectives and defining marketing strategy, a business needs to know how to implement its marketing strategy to establish strong positioning in target markets. The following subsection describes a set of tactical marketing tools known as "Marketing Mix" that a business can use to implement its marketing strategy.

2.3.5 Marketing tactics | The marketing mix

A service company such as a dental practice can use a set of 7 tactical marketing tools known as "the Marketing Mix" or "the 7Ps of service marketing" to implement its marketing strategy. These seven tactical marketing tools consist of product, price, place, promotion, people, processes, and physical evidence, all within the company's control. These controllable variables are essential for service delivery planning and defining how an organization and its services are perceived in the marketplace. (Sotiriadis 2018: 300; Ruskin-Brown 2006: 51.) For these reasons, the marketing mix constitutes the company's tactical tool kit for establishing strong and effective positioning in the target market. Each of these tactical tools is briefly discussed below.

Product: refers to the package of benefits that the consumers buy from the business; it can be goods, services, ideas, or a combination of these (Thomas 2008: 18; Berkowitz 2016: 44). For example, products like dental braces or dentures are a combination of goods (the denture) and services (the work involved to make the denture). In contrast, an oral examination is a pure service because the consumer does not receive any physical item.

Price: refers to the fees charged and the terms associated with the sale of the product or simply "what consumers are willing to pay" for a product or service (Berkowitz 2016: 45).

This is the profit making variable and is the consumer's perceived value compared to competitors' products. For example, consider that two dental practices offer dental implants in a city, one may offer low prices with a one-year guarantee, and the other may offer higher prices with a three-year guarantee term. The actual profit margin may be the same for both dental practices because the one that offers low prices with one year guarantee will have no financial obligation if something goes wrong after one year. In contrast, the other dental practice must cover the cost of any implant failure for up to three years if something goes wrong. However, if the deciding factor for the consumer is to have three years guarantee term, there is no use to offer low-cost implants with a one-year quarantine term. Similarly, if the deciding factor for the consumer is only the fees charged, it is an inappropriate tactic to provide high-cost implants with three years guarantee. That is why market segmentation, targeting and knowing precisely what consumers want before reaching the company are essential.

According to Kotler & Armstrong (2011: 241), in these days of intense price competition, consumers view the services of different providers as similar, and they are less concerned about the provider than the price. "The solution to the price competition is to develop a differentiated offer, delivery, and image". For example, a dental practice can offer free online consultations, low-cost online consultations, or free face-to-face initial consultations to attract new consumers. In this example, a marketer should carefully examine which one of these offerings "creates exchanges that satisfy individual needs and wants and, at the same time, fulfils organizational objectives".

Many consumers who need regular dental care may prefer to go to a local dentist. Therefore, providing free online consultations may not be an ideal differentiated offer as it can attract unwanted consumers from other cities who use the service only to obtain a free second opinion. In this case, the 'free online consultation offer' can consume the dental practice's resources and may not lead to an overall positive outcome for the practice. However, offering 'low-cost' online consultations seems to be a more rational option because it still creates value for consumers by eliminating the need to make a trip to the dentist and, at the same time, generates some income for the practice to keep up its operation.

On the other hand, providing "free face-to-face" initial consultations can also be an effective differentiated offer because it mainly attracts potential local consumers by creating value for them. Most importantly, it provides an opportunity for the dental practice to

interact and build a relationship with its target consumers. Once a consumer starts booking an appointment for a free face-to-face initial consultation, the business has three additional tactical tools, which are “process”, “people”, and “physical evidence”, to delight the prospective consumers and establish a long-term relationship with them. These tools will be explained shortly. However, it is essential to know if the “Process”, “People”, or “Physical evidence” are not optimized to delight the prospective consumers or at least meet their expectations, all the marketing efforts that had led the consumer to book an appointment will most probably be wasted.

Place: refers to the "distribution and logistics involved in making the product or service available" (McDonald, Frow & Payne 2011: 37). Therefore, place "might include decisions regarding the location or the hours a medical service can be accessed" (Berkowitz 2016: 44). Since services are performed, "they need to have a suitable environment for that performance". Therefore, the location of the premises is vital in terms of service performance and achieving marketing objectives. (Gilmore 2003: 17.)

For example, if a dental care provider's main competence is to provide teeth straightening service, its marketing strategy should target the local community's teenage or young segment. Therefore, choosing a place (Location) with a low population density of teenage or young people can be a tactical mistake because the location may not contain enough prospective consumers for such a service. As a result, the provider may fail to achieve its marketing objectives.

Promotion: refers to "the communications programme associated with marketing the product or service" (McDonald et al. 2011: 37). For many people, "promotion has historically meant advertising, and advertising has meant marketing". However, **this is not the case**; promotion is just one part of marketing and involves a range of tactics, including publicity, advertising, and personal selling. (Berkowitz 2016: 49.)

"The aims of the promotion fall into three main categories. They are to inform, remind, and persuade" (Krishna, Raghavan & Reddy 2009: 80). In other words, promotion raises awareness about a product or service and tells prospective consumers why they should buy it. However, as explained in section 2.2.2, since promotional activities such as advertising come from commercial sources, they are less persuasive for healthcare consumers. Furthermore, healthcare consumers often try to obtain influential information from personal, experiential, and independent public sources for making a purchase

decision. For these reasons, healthcare consumers usually go through several stages of the "buying decision process" and may use many sources to collect information about the service and the service provider's reputation before making a purchase decision. Therefore, relying only on "promotion" to implement a marketing strategy is often ineffective and can be a tactical marketing mistake.

With that in mind, a dental practice can mainly use the "remind" and "inform" features of promotion to enhance its image and generate interest. For example, a dental practice can use the "promotion" tactic to communicate its "differentiated offer" or "unique value proposition" such as "free face-to-face initial consultations" with target consumers.

The remaining tactical tools are *Process, People and Physical evidence*, which are extremely important for value creation and service differentiation. Therefore, these tools are essential in terms of persuading consumers to buy a service. However, each tool needs to be carefully utilized with the consumer's needs in mind.

Process: refers to the procedures and policies that influence how a service is created and delivered to customers. Attention to detail to create delightful experiences during the entire process, including the pre-, during, and post-service delivery, is critical to the success of service operation. (Gilmore 2003: 17; Krishna et al. 2009: 99-89.) A complicated service delivery policy or procedure creates an unfriendly image of the company.

For example, consider a patient who needs dental implants and is looking for a dentist. She sees an eye-catching advert regarding free dental implant consultation and decides to book an appointment with the dentist using the dental practice's online booking facility. When trying to book an appointment, the patient realizes that the registration form contains many irrelevant and time-consuming questions that need to be answered. So, she decides to call the practice to schedule an appointment. However, when she calls, the line is busy, or no one picks up the phone. This complicated pre-service delivery creates an unfriendly image of the dental practice and may cause the patient to look elsewhere for the treatment. In this case, all the marketing efforts, including the cost of advertising and other activities, are wasted.

People: "There are many different players or people involved in service delivery. Often people are the service". (Gilmore 2003: 17.)

When buying a service, consumers will usually not receive anything tangible. Therefore, their perception of the service quality is often determined by the quality and behaviour of the company's employees. (McDonald et al. 2011: 37.) Studies also show a continuing movement toward a more patient-centric approach, in which patient satisfaction indicates the level of service quality (Shukla et al. 2019: 129). Likewise, Berkowitz (2016: 36) claims that "increasingly, customer satisfaction is the key issue in health care".

For these reasons, employees' interactions with consumers are essential and must be appropriately managed. Managing this aspect of the marketing mix requires the service firm to train and motivate its customer-contact employees and supporting service personnel to work as a team to satisfy consumers needs and provide them with delightful experiences during the entire service delivery to earn their trust (this is usually referred to as internal marketing). These aspects are crucial for a service firm because consumers buying decision as discussed in section 2.2 is "affected by the degree of trust a consumer associates with an organisation and in turn is heavily influenced by the individual who actually makes the initial contact with the consumer' and carries out the sale". (Krishna et al. 2009: 86; Gilmore 2003: 17.)

It should be stressed again that people are the most critical part of the service delivery process because "services are performed by people", and people can build enduring relationships (Ruskin-Brown 2006: 49). This statement highlights the importance of employees' involvement in service delivery and marketing. It also reveals that a task performed by a machine cannot be categorised as a service. For instance, although a chatbot may facilitate communication with consumers as effective as an employee, it cannot build a favourable relationship. Therefore, a chatbot is just a facility that may provide consumers with helpful information, but it is not a service. The following example highlights the importance of people in service delivery and marketing.

Consider that a dental practice has used substantial resources to promote and market a new service. After few days, a prospective consumer makes a phone enquiry, and the receptionist fails to give appropriate information to the consumer. In this case, the consumer's perception of the service quality may significantly drop, causing the consumer not to proceed further. In another situation, a consumer may book an appointment for a consultation with the dentist. Again, the consumer's perception of the service quality may significantly drop if she or he feels that the overall dentist's clarity in describing the diagnosis or treatment options is unsatisfactory. Consequently, the consumer may decide to

stop using the service because the "lack of clarity and transparency" can be linked to poor service quality.

In both cases presented in this example, all marketing efforts would be wasted, no matter how much money was spent on promotional activities and how hard the marketers had tried to attract potential consumers using other marketing tactics.

Therefore, for creating a delightful consumer experience, it is crucial to pay attention to details to spot and overcome any weaknesses in the service delivery process. Furthermore, it must be noted that service involves a chain of activities performed by different people, and a chain is just as strong as its weakest point. Thus, the entire organisation must be aligned, and all employees must be trained and work as a team to satisfy consumers needs and wants during every step of the service delivery process.

Physical evidence: refers to what consumers can see related to the service, such as website, interior design, how employees dress and act, professional equipment, office furniture, the business premises and extra. Physical evidence also includes customer testimonials and reviews, particularly those on an independent and impartial reviewing site that are not under the company's control, such as Google and Yelp Reviews. The physical evidence aspects of the service experience are essential in services marketing because they "provide tangible clues for customers to evaluate the service and contribute to the overall image and ambience". (Gilmore 2003: 17.) Similarly, Kotler and Keller (2016: 426) argue that "service companies can try to demonstrate their service quality through physical evidence and presentation".

2.4 Summary

There is a right approach to apply marketing in business, and there is a right approach to do it in healthcare. However, they are not the same.

American Marketing Association (AMA) has defined marketing as "the process of planning and executing the conception, pricing, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy individual and organizational objectives" (Berkowitz 2016: 37).

The above definition indicates that the key to effective healthcare marketing is to understand patients' (individuals') needs and wants and healthcare objectives (organizational objectives).

Since the primary purpose of healthcare is to enhance the quality of life by improving health, a healthcare provider's main organizational objective must always be to provide high-quality healthcare services, aiming to create exchanges that satisfy patients' needs and wants.

With that in mind, the Institute of Medicine (IOM) has provided one of the most influential frameworks for quality assessment, which states health care must be "safe, timely, effective, efficient, equitable, and "patient-centred" (AHRQ 2018).

Therefore, as the starting point, any healthcare marketing initiative must aim to fulfil the IOM quality requirement **across all domains** to create exchanges that satisfy individual needs and wants. This is only possible when marketing becomes part of the organizational culture. In other words, the entire organization needs to be aligned around helping patients to overcome their problems in a safe, timely, effective, efficient, equitable, and patient-centred manner.

In dentistry, the perceived service quality depends heavily on the quality of the employees-consumer interaction during the service delivery process. **For this reason, a safe, timely, effective, and efficient dental service can still be considered low quality from consumers' perspective if the service is not "equitable" or "patient-centred".** For instance, a patient has left a negative online review (see appendix 9), stating that

"I am happy so far with the result; however, the service is very poor. Impossible to get through the phone, there has been a lot of miscommunications in between dentists and not much competency from them".

Therefore, a dental practice must take the following steps before trying to promote its services.

1. Prepare and practice an ideal *internal marketing* strategy to motivate all employees to work as a team to improve customer satisfaction.

2. Prepare and practice an ideal *interactive marketing* strategy to highlight the importance of both high-touch and high-tech.

The five stages of the buyer decision process discussed in section 2.2 reveal that consumers often go through a lengthy and complicated buying process to find, evaluate, and finally choose their dentist. Therefore, any dental care provider needs to know the factors influencing consumers' buying decisions during each stage of the process. Such knowledge significantly helps dental practitioners develop effective marketing strategies to attract, engage, delight, and, more importantly, retain their consumers (patients).

With that in mind, chapter 4 contains the analysis of primary data collected using an online questionnaire from 423 UK residents over the age of 18 to reveal what factors UK consumers consider important towards finding, evaluating, and choosing a dentist.

3 Research design and data collection methodology

As discussed in section 1.3, this study seeks answers to the following investigative questions.

- What factors can influence consumers' decision when buying dental services?
- What are the key principles of healthcare marketing?
- What methods (channels) UK consumers use to find a dentist?
- What are the main factors that UK consumers consider important for evaluating a new dentist?
- What are the main factors that UK consumers consider important for choosing a dentist?

This chapter contains three sections. Section 3.1 provides information and justification regarding the research design. Section 3.2 describes the data collection methodology and ethical consideration to answer the research questions and section 3.3 contains the required information regarding the objectivity, reliability, validity, and generalisability of this study.

3.1 Research design

"A research design is a step-by-step plan that guides data collection and analysis", aiming to answer the research question (McCaston 2005: 1). Therefore, each research design provides researchers with specific approaches to collect data (Abbott & McKinney 2012: 35).

For this study, a descriptive research design was chosen. Descriptive research is a non-experimental fact-finding investigation with adequate interpretation (Krishnaswami & Satyaprasad 2010: 12). This type of research is primarily concerned with determining "what is" and provide detailed accounts of poorly understood phenomena. That is why descriptive studies have produced much valuable knowledge about attitudes, opinions, and practices (Gall & Borg 2003: 289-290).

For example, much of the marketing research is devoted to describing the marketing mix (price, place, promotion, products) and the consumer behaviour, making descriptive research design an ideal choice for such studies (Mishra 2007: 72-74), including this research.

3.2 Data collection methodology

"Research data come from two types of collection approaches" (Bax & Cambridge 2013: 14-15).

- I. Collecting data from secondary sources known as secondary data collection.
- II. Collecting data via primary research activities know as primary data collection.

This subsection explains the methodology used in this research to collect both secondary and primary data.

3.2.1 Secondary data collection

"Secondary data" refers to data that has been collected by someone else for another purpose but is available for other researchers to reuse (Boslaug 2007: 1). "Secondary data analysis" is the process of analysing secondary data by researchers who were not involved in the original data collection (Greenhoot & Dowsett 2012: 3).

Secondary data can sometimes provide partial or even complete answers to the research questions, eliminating the need for collecting primary data. For this reason, a researcher must first collect and review relevant secondary data as they may contain some or even all the required information. However, the key to using secondary data is the researcher ability to evaluate the quality (accuracy, completeness, consistency, reliability) of data (McCaston 2005: 3). Therefore, it is essential to know how to assess data quality.

Seeking answers to the following six questions can guide a researcher to evaluate secondary data sources (Granderson 2018). This simple but powerful approach has been published by "Packaged Facts," a division of Market Research Group, LLC. In addition, Olabode and Bakare (2020: 36-37), Bradford and Cullen (2011: 148-150), and McCaston (2005: 3-4) have comprehensively explained the same approach for assessing the quality of secondary data.

Six questions (criteria) for assessing secondary data sources:

- I. "What was the data provider's original purpose or goal"?
- II. "Who collected the data?"
- III. "When was the data collected?"
- IV. "How was the data collected?"
- V. "What type of data was collected?"
- VI. "Whether the data is consistent with data from other sources?"

For this research, secondary data were collected based on the six criteria listed above to ensure the data quality. The secondary data were retrieved from official statistics, reference books, scholarly journals, literature review articles, and the website of the relevant global or national organizations.

The collected secondary data were sufficient to answer the following investigative questions.

- What factors can influence consumers' decision when buying dental services?
- What are the key principles of healthcare marketing?

In addition, the secondary data indicated the need for primary data collection to answer the three remaining research investigative questions listed below.

- What methods (channels) UK consumers use to find a dentist?
- What are the main factors that UK consumers consider important for evaluating a new dentist?
- What are the main factors that UK consumers consider important for choosing a dentist?

3.2.2 Primary data collection method

Primary data is the data that a researcher directly collects through surveys, interviews, observation, experiments and extra (Clippinger 2017: 2). According to Borg and Gall (1989: 288-290), survey methods are regularly used to collect descriptive data. Accordingly, this research also uses the survey method for primary data collection.

Descriptive data can be quantitative, qualitative or employ elements of both, often within the same study (Calhoun 2020: 67). However, when using quantitative descriptive data, a survey strategy allows the researcher to produce conclusions that reflect the whole population at a much cheaper cost than gathering data for the entire population (Saunders, Lewis & Thornhill 2009: 144; Borg & Gall 1989: 167). For these reasons, surveys are among the most used research designs in the social and behavioural sciences and an excellent vehicle to reveal people's attitudes, beliefs, values, and behaviour.

3.2.3 Primary data collection instrument

This subsection contains the information regarding the sample size calculation, questionnaire design and data collection strategy.

3.2.3.1 Sample size calculation

The required sample size(n) was calculated using the following formula (Scott M.S. 2021).

Necessary Sample Size(n) = $(Z\text{-score})^2 * StdDev*(1-StdDev) / (\text{margin of error})^2$

$$n = z^2 * p * (1-p) / e^2$$

Where:

- **n (sample size)**: represents the minimum required quantity of samples for the research.
- **Z (z-score)**; represent a constant value that is defined based on the required confidence level. For example, Z=1.96 for achieving a 95% confidence level.
- **p (standard deviation)**: the most forgiving number is 0.5 to ensure that the samples will be large enough.
- **e (margin of error)**: represents how much higher or lower than the population mean the researcher allows to let the sample mean fall.

For this research, the following values were used.

$z = 1.96$ to achieve 95% confidence level

$p = 0.5$ to ensure that the samples would be large enough.

$e = 0.05$ to achieve 5% margin of error

$$n = \frac{1.96^2 \times 0.5(1-0.5)}{0.05^2}$$

$$n = 0.9604 / 0.0025 = 384.16$$

$$n \approx 385$$

The sample size ($n = 358$) shows that collecting at least three hundred eighty-five (385) valid survey responses is needed to achieve a 95% confidence level with a 5% margin of error. The following example explains what these numbers mean.

Let us assume a survey for “choosing a dentist” was conducted based on the 95% confidence level and 5% margin of error. Now consider that 84% of the participants said that “the dentist competence” was extremely important for choosing a dentist.

The above finding means, if the survey were repeated using the same techniques, the researcher would expect that 95% of the time, the results to be within 5% of the previous result (84%). In other words, 95% of the time, the researcher would anticipate the results to be between:

$$84\% - 5\% = 79 \text{ percent}$$

and

84% + 5% = 89 percent.

3.2.3.2 Questionnaire design

An online questionnaire (See appendix 1) was created using Google form. The sample size calculation revealed that at least three hundred eighty-five (385) valid survey responses would be needed to achieve a 95% confidence level with a 5% margin of error. Therefore, the aim was to collect anonymous and random responses from at least three hundred eighty-five UK residents over the age of 18 to accomplish the following research objectives.

- to identify the main methods that UK consumers (patients) use to find a dentist.
- to classify the main factors that UK consumers consider important for evaluating a new dentist.
- to identify the factors that UK consumers consider important for choosing a dentist.

For content validity explained in subsection 3.3.3, the questionnaire needed to contain all the factors that a consumer may consider towards finding, evaluating, and choosing a dentist. In addition, the questionnaire needed to be concise and easy to understand to minimize participants errors (a threat to reliability) discussed in subsection 3.3.2.

The questionnaire (see appendix 1) contained three main questions listed below with multiple answer options on a 5-point Likert scale to collect and measure consumers' preferences (attitudes, beliefs, and values) towards finding, evaluating, and choosing a dentist. The questionnaire was designed to measure 48 attributes plus the demographic characteristics of the participants. The participants needed 5-7 minutes to fill out the online questionnaire.

- **Question 1.** Let's assume you need to see a dentist, but you do not currently have any preferences. So, the question is: how would you search for a dentist or a dental clinic? Rate each answer below from (Strongly Disagree) to (Strongly Agree).
- **Question 2.** Let's assume you have managed to find several dental clinics/dentists after your search. Now you want to choose one of them for an initial consultation or

check-up. Rate each evaluation factor below from (Not at all important) to (Extremely important) that may influence your decision.

- **Question 3.** Now let's assume you have just had an initial consultation with the dentist you had chosen. Rate each factor below from (Not at all important) to (Extremely important) that can motivate you to choose the dentist.

Following the third main question, respondents were asked to answer four demographic questions. However, answering the demographic questions was voluntary to comply with the Metropolia UAS ethical consideration guidelines discussed in subsection 3.2.4. The respondents could avoid answering the demographic questions by choosing the "prefer not to answer" option. According to Maruyama and Ryan (2014: 180), questions concerning participants' demographic and social backgrounds should be placed at the end of the survey, when participants are more likely to give such private information. The authors argue, if a participant is hesitant to answer, at least responses to the attitude and belief questions will not be influenced by the mistrust that personal (demographic) questions may provoke.

3.2.3.3 Data collection strategy

"The methods of gathering data have been changing over time as the way we communicate has changed, and response rates have declined" (Dusek, Yurova & Ruppel 2015: 291). One of the substantial changes involves using the snowball sampling technique for quantitative research. Snowball sampling has traditionally been used in qualitative research to collect data from the hard-to-reach population. However, new studies indicate that the snowball sampling method is becoming very popular among researchers for collecting quantitative data. The reason is that nowadays, researchers can easily use various tools such as social media, e-mail, and websites to distribute a questionnaire via snowball sampling method in many countries or regions and collect the data in a reasonable timeframe. (Dusek et al. 2015: 279-292.)

This research was conducted in Finland, while the questionnaire had to be distributed in the UK. With that in mind, the questionnaire's link was distributed by e-mail, using the snowball sampling technique. In addition, the questionnaire link was listed on the Survey Circle research platform (SurveyCircle 2021) that many students and researchers in the EU and USA use to conduct online surveys. The platform allows researchers to target specific populations that they want to study. Publishing the link on the Survey Circle

website ensured that primary data from the UK residents with higher education levels would also be randomly collected and included in the study for analysis. This procedure was used to enhance the sample representativeness required for the research reliability and validity discussed in subsections 3.3.2 and 3.3.3. According to Rothman, Gallacher and Hatch (2013: 1013), “Seeking representativeness of the study population makes sense when sampling purely for descriptive purposes”.

Data collection started on 15.2.2021 and ended on 19.05.2021. In total, four hundred sixty-one (461) participants filled out the online questionnaire (223 responses were collected via SurveyCircle research platform and 238 via snowball sampling method). Seventy per cent (70%) of the first two hundred respondents were from the 18-29 age group. Then, only individuals over the age of 30 were encouraged to participate in the survey in order to improve the representativeness of the study population.

In total, thirty-eight (38) questionnaires were not completed as instructed. Therefore, they were removed from the database, and only the remaining 423 survey results were used for data analysis. This is discussed in more detail in reliability subsection 3.3.2.

The primary data analysis also led to an unexpected finding which needed further validation. Therefore, additional secondary data were retrieved for data triangulation under “secondary data collection guidelines” discussed in subsection 3.2.1 from reliable sources including, Parliamentary and Health Service Ombudsman, General Dental Council’s (GDC) annual reports, and public Google review pages of 50 dental practices operating in the UK. This is discussed more in subsection 3.3.3.3 (criterion validity).

3.2.4 Ethical consideration

- I. An appropriate code of research ethics was adopted based on the Metropolia University of Applied Science ethical consideration guideline.
- II. The following measures were all taken in this research to strengthen the research ethics. According to Denscombe (2009: 80) these measures prevent unworthy conditions in the form of academic misconduct.
 - The research respected the law and cultural norms of the society within which the research was conducted.

- The data was collected via legal and legitimate means.
- The research was conducted with professional integrity (honest, objective, unbiased).
- Participants were supplied with sufficient information about the research.
- Participants gave their consent to participate in the research.
- Appropriate steps were taken to avoid any misrepresentation or deception.
- The interests of the research subjects (participants) were protected through:
 - Avoiding stress and discomfort.
 - Maintaining the confidentiality of information.
 - Protecting their anonymity.
 - Avoiding undue intrusion.
- Reasonable steps were taken to maintain the security of the data.

3.3 Objectivity, reliability, validity, and generalisability

Objectivity, reliability, validity, and generalisability are fundamental concerns for quantitative researchers and need to be assessed to establish trustworthiness (Sinkovics, Penz & Ghauri 2008: 1).

3.3.1 Objectivity

Objectivity simply means lack of bias which can significantly help in obtaining quality data. (Denscombe 2009: 86).

Obtaining quality market research is often a challenging task (Washington 2013). This is mainly due to the possible lack of objectivity of a source, especially when the purpose of the information is to persuade consumers, create a need, inform, teach, or sell. However, the purpose of research is to find the truth. Moreover, “the classic image of the researcher is that of a person who is dedicated to discovering the truth”. Therefore, objectivity is a precondition to conduct reliable and valid research. (Denscombe 2009: 82-85.). In this research, the following steps were taken to achieve objectivity.

- I. Anonymous data collection using an online questionnaire and random sampling as a neutral strategy to eliminate data collection bias.
- II. Avoiding speculation
- III. Looking through plenty of accessible data that could affect the research.
- IV. Open-mindedness and a detached view of the research results to eliminate researcher's bias.
- V. Total objectivity regarding analysis and conclusion; this research was not sponsored by any individual or organization. Therefore, there was no concern regarding the impartiality of its design, analysis, and conclusion.

3.3.2 Reliability

“Reliable measures do not fluctuate – they yield consistent results” (Ruane 2016: 126). Thus, reliability can be defined as “the extent to which a measuring device, or a whole research project, would produce the same results if used on different occasions with the same object of study” (Robson 2002: 551). However, for reliability assessment on different occasions, the researcher needs to ensure that “there has been no real change in the variable being measured” (Ruane 2016:126).

For example, consider a researcher is using a thermometer to measure the boiling temperature of a liquid in a particular room; a reliable thermometer in that location should show the same measure on any other day provided no other material was added to the liquid.

As discussed in subsection 3.2.3, the measuring instrument in this research was a questionnaire developed to measure the factors influencing consumer decisions towards finding, evaluating, and choosing a dentist. With that in mind, reasonable attempts were made to maximise the research reliability by minimising the following four threads to reliability.

- I. **Subject or participants errors.** The questionnaire designed for this research had a specific feature to minimise participants errors. The questionnaire contained *three attention-drawing questions*, instructing the participants to choose a

specific answer (see appendix 1; the three attention-drawing questions are shown with red arrows for illustration purposes). This technique detects the participants who do not pay enough attention to the questions or deviate from the instruction when answering the questions. In total, thirty-eight (38) participants had given the wrong answer to one or more of these attention-drawing questions. Therefore those 38 responses were considered unreliable and were entirely removed from the database before data analysis.

- II. **Subject or participant bias.** Necessary steps were taken to ensure respondents' anonymity which can often eliminate participants' bias. In addition, the questionnaire did not contain any question that would directly impact participants either positively or negatively as an individual.
- III. **Observer error.** The research was conducted using an online questionnaire, eliminating the observer error.
- IV. **Observer bias.** As mentioned in subsection 3.3.1, this research was not sponsored by any individual or organisation. Therefore, there was no concern regarding the impartiality of its design, analysis, and conclusion.

Table 1 shows the result of Cronbach's Alpha reliability test, which was performed using SPSS software (the Statistical Program for the Social Sciences) to check the instruments' reliability. Any number between 0.8 and 0.9 indicates that the instrument's reliability is very good.

		N	%
Cases	Valid	423	100.0
	Excluded ^a	0	.0
	Total	423	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items

.845	.851	48
------	------	----

Table: 1: Cronbach's Alpha reliability test

Since the instrument's Cronbach's Alpha is equal to 0.845 (see table 1), the measures are reliable. However, it is important to know that a reliable measure does not necessarily guarantee its validity. Consider the thermometer in the example above and assume that the thermometer always produces reliable results (the same result under the same condition). However, if the thermometer is not calibrated correctly, all the results (although the same) can be inaccurate. For this reason, a researcher must also always check the validity of the measures. This is discussed in the following subsection.

3.3.3 Validity

Measurement is a crucial but challenging part of any research. Validity is "the extent to which data collection method or methods accurately measure what they were intended to measure" (Saunders 2009: 603). Therefore, validity is a fundamental issue in evaluating research trustworthiness. With that in mind, "research validity in surveys relates to the extent to which the survey measures right elements that need to be measured" (Business Research Methodology 2020)

The following options are available for assessing the validity or accuracy of a measure. These options are listed in sequence from less to more accurate assessments. (Ruane 2016: 119-125.)

3.3.3.1 Face validity

Face validity is a subjective assessment and does not require detailed scientific justification. For example, a survey to test people's attitude towards vaccination may be classified as valid because it "looks" right or "seems" to be addressing relevant aspects of vaccination.

3.3.3.2 Content validity

Content validity refers to "asserting a measure is accurate because it addresses all dimensions or components of the concept's nominal definition" and is a vital consideration

when a researcher works with multidimensional and complex studies. (Ruane 2016: 119.)

This research investigated the UK consumers' attitudes and opinions towards finding, evaluating, and choosing a dentist. Therefore, the data collection instrument (the questionnaire) needed to address all these dimensions and was developed considering these requirements for valid measurement. However, for content validity assessment, judgments are often made by experts in the field (Ruane 2016: 121). Therefore, the questionnaire link was sent to few selected known academics for content validity assessment and its content was amended based on their feedback. In addition, the survey received a rating of 4.6 on a scale of 1 to 5 from 210 anonymous academics who were asked to rate the questionnaire's quality using the SurveyCircle research platform. For these reasons, the instrument fulfils the content validity requirement.

3.3.3.3 Criterion validity

Criterion validity involves "using empirical evidence to establish that a measure is measuring what it claims to measure". Two common strategies (concurrent validity and predictive validity) are used for establishing criterion validity. For example, a researcher can show concurrent validity of a measure by comparing it with another earlier validated measure of the same or similar constructs. If the measures are the same or very close, the concurrent validity condition is met. (Ruane 2016: 122-123.)

During data analysis with SPSS software (the Statistical Program for the Social Sciences), the "dentist clarity in describing the treatment options, total cost and processes" (see chart 1) gained the highest score among all attributes for choosing a dentist.

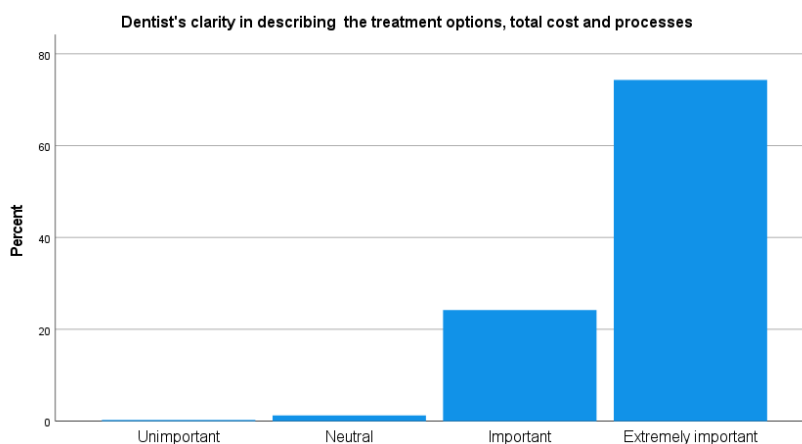


Chart 1. Dentist clarity in describing the treatment options, total cost, and processes.

This finding was unexpected and required the “concurrent validity test” to ensure the measurement’s validity. This is discussed in subsection 4.2.3.

3.3.3.4 Construct validity

Construct validity refers to “demonstrating the accuracy of a measure by showing it produces results consistent with theoretically-based hypotheses or predictions” (Ruane 2016:124-125). In this research, the theoretical aspects of healthcare marketing and the consumer buying decision process discussed in chapter 2 were used. The research findings were consistent with theoretically based predictions.

3.3.4 Generalisability

Generalisability is “the extent to which the findings of a research study are applicable to other settings” (Saunders et al. 2009: 592).

In this study, a mathematical calculation was used to determine the required sample size to achieve a 95% confidence level with a 5% margin of error which is an acceptable standard to fulfil the generalisability requirement for this kind of research.

In addition, as explained in subsections 3.2.3 and 3.3.2, several efforts were made to improve the representativeness of the study population and minimize sampling and non-sampling errors such as frame error (coverage error) and researcher’s bias.

Therefore, from the theoretical viewpoint, the research is generalizable with a 95% confidence level and a 5% margin of error.

4 Data analysis and discussion

4.1 Data analysis

This section contains descriptive data analysis of the participants responses and discussion regarding the following research questions.

- What methods (channels) UK consumers use for *finding* a dentist?
- What are the main factors that UK consumers consider important for *evaluating* a new dentist?
- What are the main factors that UK consumers consider important for *choosing* a dentist?

4.1.1 Participants

As explained in subsection 3.2.3.3 (data collection strategy), in total, four hundred sixty-one (461) participants over the age of 18 filled out the online questionnaire. However, thirty-eight (38) questionnaires were not completed as instructed. Therefore, they were removed from the database to enhance the research reliability as described in subsection 3.3.2, and only the remaining 423 survey results were used for data analysis.

4.1.2 Demographic analysis

Tables 2 - 6 contain participants demographic characteristics (age, gender, annual income, education level)

4.1.3 Participant's age

Table 2 shows that only nine persons over the age of 60 participated in the study. This is equal to 2.1% of the population sample size, whereas the actual individuals over the age of 60 represent 17.1% of the UK's total population (Statists 2021B). The low participation of this age group could be due to online accessibility issues or the participants' lack of interest. This issue was one of the research limitations, which is discussed in section 5.4.

	Participant's age	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 - 29	196	46.3	46.3	46.3
	30 - 44	165	39.0	39.0	85.3
	45 - 59	53	12.5	12.5	97.9
	Above 60	9	2.1	2.1	100.0
	Total	423	100.0	100.0	

Table 2: Participant's age

4.1.4 Participant's gender

Table 3 shows that 53% of participants were female, 43,7 were male, and 3.3 % preferred not to say. The UK's females represent 50.8%, and the males 49.2% of the total population (Countrymeters 2021). Therefore, the sample representativeness is good in terms of participant's gender.

	Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Prefer not to say	14	3.3	3.3	3.3
	Male	185	43.7	43.7	47.0
	Female	224	53.0	53.0	100.0
	Total	423	100.0	100.0	

Table 3. Participant's gender

4.1.5 Participants annual income

Table 4 shows participants annual income range. According to the table, more than 80% of the study population have an annual income of less than £40000 per capita. Therefore, the participants' average annual income seems to be close to the UK's gross domestic product (GDP) per capita, which was £31,432 for 2020 (Statista 2021A).

	Annual income (£)	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Prefer not to say	34	8.0	8.0	8.0
	Less than 24000	170	40.2	40.2	48.2
	25000 - 40000	172	40.7	40.7	88.9
	Above 40000	47	11.1	11.1	100.0
	Total	423	100.0	100.0	

Table 4: Annual income

4.1.6 Participants' education level

Table 5 shows that only eight participants had less than high school education. This is equal to 1.9% of the population sample size. It should be noted that individuals with less than high school education are mainly under the age of 18. Therefore, the low participation of this group can mainly be due to the age limit set for participants.

	Education level	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Prefer not to say	20	4.7	4.7	4.7
	Less than high school	8	1.9	1.9	6.6
	High school graduate	142	33.6	33.6	40.2
	Bachelor's degree	106	25.1	25.1	65.2
	Master's degree	123	29.1	29.1	94.3
	Doctorate	24	5.7	5.7	100.0
	Total	423	100.0	100.0	

Table 5: Education level.

4.1.7 Participants' responses regarding *finding* a dentist

This subsection contains data analysis and empirical findings regarding the survey's first question, which is as follows.

Question 1. Let's assume you need to see a dentist, but you do not currently have any preferences. The question is: how would you search for a dentist or a dental clinic? Rate each answer below from (Strongly Disagree=1) to (Strongly Agree=5).

Result: Table 6 contains the descriptive statistics of the participants' responses corresponding to the 6 Likert-scale items of the first question. The table is sorted based on the hierarchy of the attributes and indicates that using *internet search* is the most widely used method for *finding* a dentist, followed by the *family and friends' recommendations* (or word of mouth). The table also highlights that most UK consumers do not rely on social media to find a dentist.

Descriptive Statistics

	Attribute	N	Minimum	Maximum	Mean	Std. Deviation
1	I use internet to conduct an online search (Google search, online business directories)	423	1	5	4.17	.814

2	I ask my friends, family members or local people for recommendation (WORD OF MOUTH)	423	1	5	4.11	.931
3	I look at dentists' advertisements in newspapers and magazines	423	1	5	2.11	1.114
4	I use Facebook to find a dentist	423	1	5	1.90	1.118
5	I use other social media platforms to find a dentist	423	1	5	1.83	1.063
6	I use Instagram to find a dentist	423	1	5	1.70	.930
	Valid N (listwise)	423				

Table 6. descriptive statistics of the participants' responses corresponding to the 6 Likert-scale items of the first question regarding the main methods (channels) that UK consumers use *to find a dentist*

Statistics 1.1 to 1.6 (see appendix 10) contain the frequency and percentage of the participants' responses corresponding to the 6 Likert-scale items of the first question.

4.1.8 Participants' responses regarding *evaluating* a dentist

This subsection includes data analysis and empirical findings regarding the survey's second question, which is as follows.

Question 2. Let's assume you have managed to find several dental clinics/dentists after your search. Now you want to choose one of them for an initial consultation or check-up. Rate each evaluation factor below from (Not at all important=1) to (Extremely important=5) that may influence your decision.

Result: Table 7 contains the descriptive statistics of the participants' responses corresponding to the 22 Likert-scale items of the second question. The table is sorted based on the hierarchy of the attributes from the most to the least important and indicates that *Google reviews* is the most important factor for *evaluating* a dentist followed by *the treatment cost*. The table also highlights that most UK consumers do not rely on the clinic's *strong social media presence* for evaluating a dental service provider.

	Attribute	N	Minimum	Maximum	Mean	Std. Deviation
1	Google reviews	423	1	5	4.14	.818
2	Treatment cost	423	1	5	4.12	.804
3	The clinic is specialised in the service I need	423	1	5	4.11	.810
4	The clinic is within a 10-mile radius	423	1	5	3.96	.993
5	The clinic provides a wide range of services	423	1	5	3.78	.889
6	The clinic offers free face to face initial consultation	423	1	5	3.77	.970
7	Friends and family opinion	423	1	5	3.74	1.043
8	In case of cosmetic treatments, I want to see before and after photos of past patients	423	1	5	3.65	1.119
9	The clinic has cutting-edge dental equipment	423	1	5	3.57	.918
10	The clinic can provide same-day treatment	423	1	5	3.56	1.022
11	Other online reviews (Trustpilot, yelp....)	423	1	5	3.55	1.038
12	The clinic's website attractiveness	423	1	5	3.44	.916
13	The clinic offers extended opening hours in the evening	423	1	5	3.36	1.125
14	The clinic offers low cost online consultation	423	1	5	3.30	1.102
15	The clinic's website educational content	423	1	5	3.22	1.057
16	Several dentists are working in the clinic	423	1	5	3.21	1.033
17	The dentist has more than 20 years of experience	423	1	5	3.09	1.141
18	Facebook reviews	423	1	5	2.74	1.235
19	The clinic is in the city centre	423	1	5	2.69	1.061
20	The website should have a Chatbot	423	1	5	2.54	1.126

21	Number of employees (the more people work in the clinic the better)	423	1	5	2.50	.903
22	The clinic has a strong social media presence	423	1	5	2.32	1.127
	Valid N (listwise)	423				

Table 7. descriptive statistics of the participants' responses corresponding to the 22 Likert-scale items of the second question regarding the main factors that UK consumers consider important for *evaluating a dentist*.

Statistics 2.1 to 2.22 (see appendix 11) contain the frequency and percentage of the participants' responses corresponding to the 22 Likert-scale items of the second question.

4.1.9 Participants' responses regarding *choosing a dentist*

This subsection contains data analysis and empirical findings regarding the survey's third question, which is as follows.

Question 3. Now let's assume you have just had an initial consultation with the dentist you had chosen. Rate each factor below from (Not at all important=1) to (Extremely important=5) that can motivate you to choose the dentist.

Result: Table 8 shows the descriptive statistics of the participants' responses corresponding to the 20 Likert-scale items of the third question. The table is sorted based on the hierarchy of the attributes from the most to the least important and indicates that the *dentist's clarity in describing the treatment options, total cost, and processes* is the most important factor for *choosing a dentist*, followed by the *dentist competence*. The table also highlights that *large reception and treatment rooms* do not motivate most UK consumers to choose a dentist.

Descriptive Statistics

	Attribute	N	Minimum	Maximum	Mean	Std. Deviation
1	Dentist's clarity in describing the treatment options, total cost, and processes	423	2	5	4.73	.487
2	Dentist's competence	423	2	5	4.64	.541
3	The cleanness of the dental office	423	3	5	4.59	.515
4	Dentist respect for patients	423	2	5	4.57	.588

5	Dentist's communication skills	423	2	5	4.35	.628
6	Dentist's patience	423	1	5	4.32	.698
7	Receiving a gentle dental care	423	2	5	4.28	.709
8	Receptionist respect for patients	423	2	5	4.27	.693
9	Dentist's empathy	423	1	5	4.17	.838
10	A relaxing atmosphere	423	1	5	4.11	.685
11	Receptionist's communication skills	423	2	5	3.88	.808
12	High-end dental equipment	423	1	5	3.83	.824
13	Punctuality	423	2	5	3.81	.797
14	Lower treatment cost compared to other dentists or clinics	423	1	5	3.60	.894
15	Offering 1 year guarantee	423	1	5	3.59	.882
16	Offering a 3-year guarantee	423	1	5	3.29	.998
17	Office Furniture Aesthetic and Quality	423	1	5	3.26	.966
18	Discounts	423	1	5	3.18	.902
19	Large treatment room	423	1	5	2.87	.925
20	Large reception room	423	1	5	2.73	.939
	Valid N (listwise)	423				

Table 8. descriptive statistics of the participants' responses corresponding to the 20 Likert-scale items of the third question regarding the main factors that UK consumers consider important for *choosing a dentist*.

Statistics 3.1 to 3.20 (see appendix 12) contain the frequency and percentage of the participants' responses corresponding to the 20 Likert-scale items of the third question.

4.2 Discussion

4.2.1 Methods that consumers use to find a dentist

Table 9 summarises the participants' responses regarding the most to least widely methods that UK consumers use to find a dentist (see appendix 10 for detailed statistics). According to the table, *internet search* is the most widely used method followed by *friends and family recommendations* (word of mouth). The table shows that 88% of the survey participants either agree (53%) or strongly agree (35%) 'to conduct an online search such as Google search to find a dentist, and 85% either agree (48.8%) or strongly agree (36.2%) that they ask their friends and family for recommendations. Based on these results, having good online visibility and reputation are necessary for a dental practice to attract new consumers.

A dental practice can improve its online visibility by creating an effective SEO (search engine optimization) strategy. With that in mind, it is important to recognize that dentistry is a local business, and consumers usually look for a reliable dentist based on their location and required services. For example, a consumer who lives in East London will likely use a keyword such as "Best cosmetic dentist in Esat London" rather than "Cosmetic dentist in London" when looking for a cosmetic dentist. Therefore, for creating an effective SEO strategy, a dental practice must mainly concentrate on the *keywords* corresponding to its location (city, area, street) and the main services it provides rather than targeting a large geographical area and non-specific services. For example, a cosmetic dentist in the Esat London area that provides cosmetic dentistry and dental implants should focus on the Keywords such as 'cosmetic dentist in East London' rather than 'dentist in London', or "affordable dental implants in East London" rather than "affordable dental implants".

For a dental service provider to attract new patients through referrals and recommendations, which is one of the most cost-effective and time-effective marketing tactics, it must always aim to provide delightful experiences for all its stakeholders, particularly patients. Since people usually talk about their experiences with their family, friends, and colleagues, such a tactic can significantly help raise awareness among the local community that the dental practice and its employees are reliable and helpful. This will increase the probability that more consumers remember the dental practice name, consider it as a trustworthy dental care provider during the "Internal information search" and evaluation of alternative explained in subsection 2.2.2, and finally choose the practice as their preferred dental care provider.

On the other hand, the data analysis indicates that social media advertising is not an effective tactic to attract potential consumers. For example, the data shows that in total, only 5.5% of the participants either agree (3.8%) or strongly agree (1.7%) to use Instagram for finding a dentist. Such a low percentage suggests that allocating resources for Instagram advertising may lead to a negative return on investment.

Attribute	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Number of Participants (Percent)	N (%)	N (%)	N (%)	N (%)	N (%)

1	I use internet to conduct an online search (Google search, online business directories)	9 (2.1)	7 (1.7)	35 (8.3)	224 (53)	148 (35)
2	I ask my friends, family members or local people for recommendation (WORD OF MOUTH)	13 (3.1)	17 (4.0)	33 (7.8)	207 (48.9)	153 (36.2)
3	I look at dentists' advertisements in newspapers and magazines	175 (41.4)	90 (21.3)	96 (22.7)	60 (14.2)	2 (0.5)
4	I use Facebook to find a dentist	209 (49.4)	116 (27.4)	43 (10.2)	43 (10.2)	12 (2.8)
5	I use other social media platforms to find a dentist	213 (50.4)	124 (29.3)	46 (10.9)	26 (6.1)	14 (3.3)
6	I use Instagram to find a dentist	229 (54.1)	12 (29.1)	48 (11.3)	16 (3.8)	7 (1.7)

Table 9. methods that UK consumers use to find a dentist

4.2.2 Factors that consumers consider important for evaluating a dentist

A consumer may find several dentists during an initial search for a dentist. Then the consumer starts evaluating them to choose the best alternative.

Table 10 shows the hierarchy of 22 attributes that the survey respondents consider important for evaluating a dentist or comparing alternatives (see appendix 11 for detailed statistics). The data reveals that 86.2% of the participants either agree (52.2%) or strongly agree (34%) that they use *Google reviews* for evaluating a dentist, followed by the *treatment cost* which 82.1% of the participants either agree (47.8%) or strongly agree (34.3%). These results show that good online reputation and competitiveness are central to attracting new consumers in this stage.

In order to ensure competitiveness, a dental practice mainly needs to offer similar prices compared to the other practices in its neighbourhood. However, it is not so easy to achieve an excellent online reputation.

As discussed in subsection 2.2.5, unsatisfied consumers will likely take unfavourable post-purchase actions, such as writing negative Google reviews. Unfortunately, potential consumers are often more interested in reading those negative reviews first. For this reason, a dental practice needs to receive as many as legitimate positive Google reviews from consumers but, most importantly, minimize the probability of receiving any negative reviews. Therefore, for a dental practice to achieve an excellent online reputation, its employees must work in harmony as a team to ensure all consumers are happy with the services they receive.

On the other hand, the data analysis indicates that the *social media presence* is the least important evaluation factor. The data shows that in total, only 16.5% of the participants either agree (12.5%) or strongly agree (4%) that strong social media presence is an important evaluation factor. Again, such a result indicates that allocating resources for creating a solid social media presence and advertising may lead to a negative return on investment.

Attribute		Not at all Important	Unimportant	Neutral	Important	Extremely Important
Number of Participants (Percent)		N (%)	N (%)	N (%)	N (%)	N (%)
1	Google reviews	7 (1.7)	11 (2.6)	40 (9.5)	221 (52.2)	144 (34.0)
2	Treatment cost	2 (0.5)	14 (3.3)	60 (14.2)	202 (47.8)	145 (34.3)
3	The clinic is specialised in the service I need	1 (0.2)	17 (4.0)	61 (14.4)	200 (47.3)	144 (34.0)
4	The clinic is within a 10-mile radius	10 (2.4)	34 (8.0)	56 (13.2)	188 (44.4)	135 (31.9)
5	The clinic provides a wide range of services	10 (2.4)	29 (6.9)	78 (18.4)	235 (55.6)	71 (16.8)

6	The clinic offers free face to face initial consultation	7 (1.7)	39 (9.2)	100 (23.6)	176 (41.6)	101 (23.9)
7	Friends and family opinion	20 (4.7)	35 (8.3)	74 (17.5)	200 (47.3)	94 (22.2)
8	In case of cosmetic treatments, I want to see before and after photos of past patients	24 (5.7)	49 (11.6)	75 (17.7)	180 (42.6)	95 (22.5)
9	The clinic has cutting-edge dental equipment	7 (1.7)	49 (11.6)	121 (28.6)	190 (44.9)	56 (13.2)
10	The clinic can provide same-day treatment	11 (2.6)	50 (11.8)	140 (31.1)	137 (32.4)	85 (20.1)
11	Other online reviews (Trustpilot, yelp....)	24 (5.7)	39 (9.2)	103 (24.3)	193 (45.6)	64 (15.1)
12	The clinic's website attractiveness	10 (2.4)	62 (14.7)	116 (27.4)	202 (47.8)	33 (7.8)
13	The clinic offers extended opening hours in the evening	25 (5.9)	73 (17.3)	119 (28.1)	136 (32.2)	70 (16.5)
14	The clinic offers low cost online consultation	22 (5.2)	84 (19.9)	124 (29.3)	131 (31.0)	62 (14.7)
15	The clinic's website educational content	27 (6.4)	81 (19.1)	122 (28.8)	156 (36.9)	37 (8.7)
16	Several dentists are working in the clinic	30 (7.1)	68 (16.1)	140 (33.1)	153 (36.2)	32 (7.6)
17	The dentist has more than 20 years of experience	40 (9.5)	95 (22.5)	120 (28.4)	125 (29.6)	43 (10.2)
18	Facebook reviews	89 (21.0)	92 (21.7)	114 (27.0)	96 (22.7)	32 (7.6)

19	The clinic is in the city centre	67 (15.8)	104 (24.6)	167 (39.5)	65 (15.4)	20 (4.7)
20	The website should have a Chatbot	89 (21.0)	122 (28.8)	126 (29.8)	66 (15.6)	20 (4.7)
21	Number of employees (the more people work in the clinic the better)	66 (15.6)	130 (30.7)	180 (42.6)	44 (10.4)	3 (0.7)
22	The clinic has a strong social media presence	118 (27.9)	140 (33.1)	95 (22.5)	53 (12.5)	17 (4.0)
Valid N (listwise)						

Table 10. The hierarchy of factors that UK consumers consider important for evaluating a dentist.

4.2.3 Factors that consumers consider important for choosing a dentist

Table 11 shows the hierarchy of 20 attributes that the survey respondents consider important for choosing a dentist (see appendix 12 for detailed statistics). The data reveals that 98.5% of the participants either agree (24.3%) or strongly agree (74.2%) that the *dentist's clarity in describing the treatment options, total cost, and processes* is an important factor for choosing a dentist, followed by the 'dentist competence' which 97.4% of the participants either agree (30.5%) or strongly agree (66.9%). On the other hand, the data analysis indicates that a *large reception room* is the least important factor for choosing a dental practice. The data shows that in total, only 18.7% of the participants either agree (14.9%) or strongly agree (3.8%) that a large reception room is an important factor for choosing a dentist.

The data signify that "dentist's clarity in describing the treatment options, total cost, and processes" is the most important factor towards choosing a dentist. As mentioned in subsection 3.3.3 (validity), this finding was unexpected and required a concurrent validity test to ensure the measurement's validity. Thus, the question was how to obtain valid evidence to test the concurrent validity of this measure.

It is known that consumers often leave their service providers when they are unhappy with the service delivery. With that in mind, after an intensive search for valid data, it was

revealed that unhappy UK consumers often submit negative 'Google Reviews' when they decide to leave their dentist due to receiving low-quality services. Negative Google reviews (as opposed to positive ones) are usually more reliable because they cannot be manipulated or removed by business owners. In addition, unhappy consumers often try to write about the incident in detail and explain why they are unhappy. Therefore, negative reviews usually contain certain reliable descriptive information about the incident, including customer service weaknesses or unsatisfactory patient experiences. With that in mind, negative Google reviews from 50 dental practices that had relatively low Google review ratings (under 3.8 from 5) were retrieved. The data revealed that most of the patients who had left their dental care provider complained that the dentist had not clearly explained the treatment options, total cost or processes involved.

More importantly, while searching for valid evidence, an essential investigation report from the Parliamentary and Health Service Ombudsman also came up. According to the report, "undercover investigation found that 'a worrying number' of dentists do not spell out the treatment patients need. In addition, sometimes dentists fail to share and communicate clear treatment plans that explain treatment options and associated costs with their patients". (Parliamentary and Health Service Ombudsman 2015.) The report also includes the story of several patients who had complained against their dentist for the mentioned reasons (see appendix 7).

In addition, patients' complaints to General Dental Council were retrieved for further clarification and data triangulation. The General Dental Council data also revealed that many dentists were impaired because of providing inadequate or insufficient information to their patients regarding the treatment options, costs, or processes involved before or during the treatment (General Dental Council 2021).

Therefore, the data from different sources confirmed the concurrent validity of the mentioned measure for choosing a dentist.

Attribute	Not at all important	Unimportant	Neutral	Important	Extremely Important
Number of Participants (Percent)	N (%)	N (%)	N (%)	N (%)	N (%)

1	Dentist's clarity in describing the treatment options, total cost, and processes	0 (0)	1 (0.2)	5 (1.2)	103 (24.3)	314 (74.2)
2	Dentist's competence	0 (0)	1 (0.2)	10 (2.4)	129 (30.5)	283 (66.9)
3	The cleanness of the dental office	0 (0)	0 (0)	5 (1.2)	162 (38.3)	256 (60.5)
4	Dentist respect for patients	0 (0)	4 (0.9)	9 (2.1)	152 (35.9)	256 (61.0)
5	Dentist's communication skills	0 (0)	4 (0.9)	23 (5.4)	216 (51.1)	180 (42.6)
6	Dentist's patience	3 (0.7)	5 (1.2)	24 (5.7)	214 (50.6)	177 (41.8)
7	Receiving a gentle dental care	0 (0)	6 (1.4)	45 (10.6)	195 (46.1)	177 (41.8)
8	Receptionist respect for patients	0 (0)	7 (1.7)	39 (9.2)	211 (49.9)	166 (39.2)
9	Dentist's empathy	4 (0.9)	12 (2.8)	58 (13.7)	182 (43.0)	167 (39.5)
10	A relaxing atmosphere	1 (0.2)	7 (1.7)	51 (12.1)	249 (58.9)	115 (27.2)
11	Receptionist's communication skills	0 (0)	22 (5.2)	99 (23.4)	208 (49.2)	94 (22.2)
12	High-end dental equipment	6 (1.4)	13 (3.1)	109 (25.8)	212 (50.1)	83 (19.6)
13	Punctuality	0 (0)	26 (6.1)	103 (24.3)	218 (51.5)	76 (18.0)
14	Lower treatment cost compared to other dentists or clinics	1 (0.2)	52 (12.3)	125 (29.6)	182 (43.0)	63 (14.9)

15	Offering 1 year guarantee	8 (1.9)	39 (9.2)	120 (28.4)	206 (48.7)	50 (11.8)
16	Offering a 3-year guarantee	17 (4.0)	67 (15.8)	166 (39.2)	124 (29.3)	49 (11.6)
17	Office Furniture Aesthetic and Quality	10 (2.4)	93 (22.0)	129 (30.5)	158 (37.4)	33 (7.8)
18	Discounts	12 (2.8)	81 (19.1)	174 (41.1)	132 (31.2)	24 (5.7)
19	Large treatment room	24 (5.7)	122 (28.8)	178 (42.1)	82 (19.4)	17 (4.0)
20	Large reception room	33 (7.8)	144 (34.0)	167 (39.5)	63 (14.9)	16 (3.8)
	Valid N (listwise)					

Table 11. Factors that UK consumers consider important for choosing a dentist

5 Conclusion

This chapter summarizes the result of the thesis, including research evaluation, key findings, how the research aim was achieved, limitations, practical implication, and recommendations.

5.1 Research evaluation

As described in section 3.3, objectivity, reliability, validity, and generalisability are fundamental concerns for quantitative researchers and need to be assessed to establish trustworthiness (Sinkovics et al. 2008: 1). These tools were utilized comprehensively throughout the research process, from planning to execution to create and perform the required tasks.

5.2 Key findings

Although marketing in dental industry shares many fundamentals with marketing in other industries, there are substantial differences.

This study investigated consumers' preferences toward finding, evaluating, and choosing a dentist by focusing on the relevant marketing theories discussed in chapter 2 and examining 48 attributes related to the *dental consumers' buying decision process* presented in section 4.1. In addition to identifying and classifying consumer preferences, the research led to the following key findings.

1. This study challenges the widespread perception that social media advertising is an effective marketing tactic for promoting dental services. For example, in this study, 54.1% of participants "strongly disagreed, 24.1% "disagreed", and 10% neither agreed nor disagreed that they would use Instagram to find a dentist. This result indicates that allocating resources for social media advertising may lead to a negative return on investment.

2. While advertising may raise awareness about a dental service, most consumers often go through a lengthy and complicated buying decision process to find, evaluate, and finally choose a dentist. Therefore, a dental service provider must know the factors that likely influence consumers' buying decisions during the buying process before attempting to create an effective marketing strategy. These factors are listed in section 4.2 for UK consumers and can help dental practitioners develop effective marketing strategies to attract, engage, delight, and, more importantly, retain their consumers (patients).

3. The hierarchy of the top 10 attributes for choosing a dentist (see table 11 in subsection 4.2.3) highlights that the dentist's transparency, empathy, communication skills, respect for patients, competence, and the overall dental team behaviour are among the most decisive factors for consumers when choosing a dentist. For this reason, some dentists may need additional training to obtain the required soft skills, including effective communication, clarity, empathy, patience, problem-solving, flexibility and teamwork to improve patient satisfaction and retention.

4. The top 10 factors that participants consider important for choosing a dentist (see table 11 in subsection 4.2.3) also reveals that the perceived service quality in dentistry depends heavily on the quality of the employee-consumer, particularly dentist-consumer, interaction during the service delivery process. This finding uncovers that patient relationships management can be one of the most cost-effective and time-effective marketing tactics.

5. The most significant finding relates to "what factors consumers consider important for choosing a dentist". In this study, *dentist's clarity in describing the treatment options, total cost, and processes* gained the highest score among all attributes, even more than the "dentist's competence". This result highlights that all the marketing efforts may be wasted if the dentist cannot provide the prospective patient with a clear and convincing explanation regarding the treatment options, total cost and processes involved during the initial consultation.

6. *Marketing* is about creating exchanges that satisfy both *individual and organizational objectives*. Therefore, for marketing a healthcare service such as a dental service, knowing the healthcare objectives and why a service matters to consumers are both central to marketing. As discussed in subsection 2.3.2, the purpose of healthcare is to enhance the quality of life by improving health. Such a purpose can only be achieved by providing high-quality healthcare services. Therefore, for creating an effective marketing strategy, the primary organizational objective of a dental care provider must always be to deliver high-quality services. With that in mind, dentists can use the Institute of Medicine framework for quality assessment, which states health care must be "safe, timely, effective, efficient, equitable, and "patient-centred" (AHRQ 2018) as a guide to creating high-quality services that meet patient expectations. This is only possible when marketing becomes part of the organizational culture. In other words, the entire organization needs to be aligned around helping patients to overcome their problems in a safe, timely, effective, efficient, equitable, and patient-centred manner. These factors combined with the information presented in section 4.2 towards finding, evaluating, and choosing a dentist (particularly dentist's clarity in describing the treatment options, total cost, and processes) and focusing on applying appropriate marketing tactics presented in subsection 2.3.5 (particularly people, process, and physical evidence) can significantly help a dental care provider create a unique value proposition and develop a solid and cost-effective marketing strategy.

5.3 Research accomplishment

This study aimed to describe the concept of healthcare marketing by collecting and presenting evidence and investigating what UK consumers (potential patients) consider important when trying to find, evaluate, and finally choose a dentist. The purpose was to provide insightful knowledge to help dental care providers significantly improve their

marketing efforts. With that in mind, the following five objectives were set as guidelines to fulfil the aim.

1. to describe the basics of the consumer buying decision process for dental services
2. to explain the key principles of healthcare marketing
3. to identify the main methods that UK consumers (patients) use to find a dentist
4. to classify the main factors that UK consumers consider important for evaluating a new dentist
5. to identify the factors that UK consumers consider important for choosing a dentist.

Objectives 1 and 2 were achieved through the literature review presented in chapter 2. Objectives 3, 4 and 5 were achieved by conducting a quantitative survey and descriptive data analysis presented in chapter 4. Thus, the research aim is accomplished with an exception explained in the research limitation section below.

5.4 Limitations

In this study, the required sample size was calculated to achieve a 95% confidence level with a 5% margin of error. Therefore, these values set the theoretical research limitation in terms of generalizability.

As explained in subsections 3.2.3.3 and 3.3.2, several efforts were made to improve the representativeness of the study population and minimize sampling and non-sampling errors such as frame error (coverage error) and researcher's bias. However, it is important to note that only nine individuals over the age of 60 filled out the online questionnaire. This is equal to 2.1% of the total sample size, whereas the real individuals over the age of 60 represent 17.1% of the UK's total population (Statists 2021B).

With that in mind, the proportion of study samples for the mentioned age group is much lower than required. Therefore, the result of this study may not fully represent the opinion of the UK prospective consumers who are over the age of 60. The main reasons for the low participation of individuals over the age of 60 in this study could be, for example, lack of interest, internet accessibility issues, or the inconvenience associated with filling out

an online questionnaire. However, regardless of the reason, there is a concern regarding the sample representativeness of individuals over the age of 60.

5.5 Practical implication

This study focused on three stages of the buying decision process, including "information search", "evaluation of alternative", "purchase decision" as well as other related marketing theories to reveal what UK consumers (patients) consider important when trying to find, evaluate, and finally choose a dentist. In comparison, previous dental marketing studies have mainly concentrated on investigating one of the mentioned stages.

Although concentrating on one stage is more manageable in terms of research planning and execution, it should be noted that investigating a "process", such as in this case "the buying decision process of the dental consumers", often requires a researcher to investigate the entire process to find the gap. The reason is that "a process" is defined as "a chain of actions to achieve a particular end". Since a chain is as strong as its weakest point, the chain (the process) needs to be investigated entirely to spot the potential problems based on which the researcher can provide appropriate recommendations. Whereas investigating only a part of the chain (the process) may or may not help the researcher spot the main problems.

The data analysis of the 48 attributes presented in chapter 4 reveals the hierarchy of what consumers consider important when trying to find, evaluate and choose a dentist. With that in mind, this study contains comprehensive descriptive information that can help dental professionals better understand the principle of dental marketing and provide suggestions for creating effective marketing strategies and improving patient satisfaction and safety. For this reason, implementing the finding of this research can contribute to fulfilling patients' satisfaction and safety levels and help dental practitioners to safeguard their reputation and financial survival.

Therefore, the results of this study can be helpful for, at least, the providers of dental education that train future dentists, dental practice owners who want to enhance their marketing strategy and patient satisfaction, dental service marketers who work as agents, and dental students who wish to work as entrepreneurs and run their dental practice after graduation.

5.6 Recommendations

1. As highlighted several times, the most noticeable finding of this study relates to what factors consumers consider important for choosing a dentist. The data analysis revealed that *dentist's clarity in describing the treatment options, total cost, and processes* gained the highest score among all attributes. Therefore, further research is needed to understand the consumers' precise perception of "dentist clarity in describing the treatment options, total cost, and processes". The findings of such research can help dental professionals learn how to communicate more effectively with their patients.

2. "Culture" plays a central role in marketing because it is "the fundamental determinant of a person's behaviour" (Kotler & Keller 2016: 179). Since all participants in this study were UK residents, the findings are more applicable to the UK dental market. With that in mind, researchers can use a similar approach for any desired country to determine what factors consumers (patients) consider important towards finding, evaluating, and choosing a dentist. The findings of such studies can help create effective marketing strategies which will help to enhance patient satisfaction and safety and optimise resource allocation.

References

- Abbott, M. L. and McKinney, J. (2012). *Understanding and Applying Research Design*. Somerset: John Wiley & Sons, Incorporated. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=1120726>> Read 12.1.2021.
- Afrashtehfar, K. I., Assery, M. K. A. and Bryant, R. B. (2020). Patient satisfaction in medicine and dentistry. *International Journal of Dentistry*, Vol. 2020, pp.1-10. <<https://www.hindawi.com/journals/ijid/2020/6621848/>> Read 15.3.2021.
- AHRQ (2018). *Six Domains of Health Care Quality*. <https://www.ahrq.gov/talkingquality/measures/six-domains.html> Read 5.12.2020.
- Anand, S., Panwar, D. and Singhal, K. (2019). Consumer Decision Making Process Models and their Applications to Market Strategy. *International Management Review*. Vol. 15 Issue 1, pp. 36-44. <<http://www.imrjournal.org/uploads/1/4/2/8/14286482/imrv15n1art3.pdf>> Read 3.3.2021.
- Bax, S. and Cambridge, M. C. (2013). *Cambridge Marketing Handbook: Research: Research*, Kogan Page, London. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=1658890>> Read 17.12.2020.
- Berkowitz, E. N. (2016). *Essentials of Health Care Marketing, Fourth Edition*, Jones & Bartlett Learning, LLC. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=4441582>> Read 10.1.2021
- Boslaug, S. (2007). *Secondary Data Sources for Public Health, A Practical Guide*, Cambridge University Press. <https://assets.cambridge.org/9780521870016/excerpt/9780521870016_excerpt.pdf> Read 20.01.2021.
- Bradford, S. and Cullen, F. (2011). *Research and research methods for youth practitioners*. Taylor & Francis Group, Florence. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=957417>> Read 16.12.2020.
- British Dental Association (2020). *Finest Dental going into liquidation*. <https://bda.org/news-centre/latest-news-articles/Pages/Finest-Dental-going-into-liquidation.aspx> Read 20.1.2021.
- British Dental Association (2021A). *NHS and commissioning*. <https://bda.org/advice/Pages/NHS-and-commissioning.aspx> Read 7.3.2021.
- British Dental Journal (2016). Research gives insight into dentists' attitude to marketing. *Br Dent J* 220, 608. <<https://doi.org/10.1038/sj.bdj.2016.429>> Read 13.11.2020.

Burlea, L.S., Carausu, E.M., Dascalu, C.G., Lupu, I.C., Feier, R.D. and Zegan, G. (2018). Marketing in Dentistry: Opinion Survey on Promotion of the Dental Office. *Revista de cercetare și intervenție socială*, Vol. 63, pp. 346-358. <<https://www-proquest-com.ezproxy.metropolia.fi/docview/2160714291?accountid=11363>> Read 19.12.2020.

Business Research Methodology (2020). *Validity*. <<https://research-methodology.net/research-methodology/reliability-validity-and-repeatability/research-validity/>> Read 20.02.2021.

Cătoi, I., Geangu, I. and Gârdan, D. (2013). Applying Marketing Principles in the Field of Medical Services – An Ethical Challenge. *Procedia Economics and Finance*, Vol. 6, pp. 449-456. <<https://www.sciencedirect.com/science/article/pii/S2212567113001627>> Read 19.11.2020.

Calhoun, T. (2020). *Introduction to Social Research*. ED-Tech Press

Centres for Disease Control and Prevention (2011). *what is Health Marketing?* <<https://www.cdc.gov/healthcommunication/toolstemplates/WhatIsHM.html>> Read 20.2.2021.

Clearwater international (2020). *Dental Market Overview*. <<https://www.clearwaterinternational.com/assets/pdfs/Clearwater-International-Dental-Clearview-2020-2.pdf>> Read 25.2.2021.

Clippinger, D. (2017). *Business Research Reporting*. Business Expert Press. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=5173456>> Read 20.2.2021.

Company Rescue (2020). *Finest Dental Chain Goes into Liquidation*. <<https://www.companyrescue.co.uk/guides-knowledge/news/finest-dental-chain-goes-into-liquidation-4449/>> Read 19.12.2020.

Countrysmeters (2021). *United Kingdom (UK) Population*. <[https://countrysmeters.info/en/United_Kingdom_\(UK\)](https://countrysmeters.info/en/United_Kingdom_(UK))> Read 25.5.2021

Crié, D. and Chebat, J.C. (2013). Health marketing: Toward an integrative perspective, *Journal of Business Research*, Vol. 66, pp 123-126. <<https://www.sciencedirect.com/science/article/pii/S014829631200238X>> Read 11.02.2021.

Denscombe, M. (2009). *EBOOK: Ground Rules for Social Research*. McGraw-Hill Education, Berkshire. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=480624>> Read 14.2.2020.

Dental Tribune (2020). *Finest Dental chain of practices ceases trading, distressing many patients*. <<https://eu.dental-tribune.com/news/finest-dental-chain-of-practices-ceases-trading-distressing-many-patients/>> Read 7.1.2021.

Dentistry (2020). *UK dental market ripe for further consolidation*. <https://dentistry.co.uk/2020/02/04/uk-dental-market-ripe-consolidation/> Read 12.12.2020.

Dobros, M. and Katsaliaki, K. (2017). Applying Marketing Tools in Dental Practice: The Case of Greek Dentists. oral health and dental management, *Journal of Business Research*, Vol. 2017, pp 1-8. <<https://www.semanticscholar.org/paper/Applying-Marketing-Tools-in-Dental-Practice%3A-The-of-Dobros-Katsaliaki/7ed9c53991b4cc2c6c3f16d10458cfdb7a06fb4d>> Read 11.02.2021.

Dusek, G., Yurova, Y. and Ruppel, C. (2015). Using social media and targeted snowball sampling to survey a hard-to-reach Population: A Case Study. *International Journal of Doctoral Studies*. Vol. 10, pp. 279-299. <<https://www.informingscience.org/Publications/2296>> Read 8.1.2021

Dutta, S. (2006). *Introductory economics (micro and macro): For class xii*. New Age International Ltd. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=346118>> Read 10.1.2021.

Edwards, DT., Shroff, B., Lindauer, SJ., Fowler, CE. and Tufekci, E. (2008). Media advertising effects on consumer perception of orthodontic treatment quality. *The Angle Orthodontist*. 78(5):771-777. <<https://meridian.allenpress.com/angle-orthodontist/article/78/5/771/58722/Media-Advertising-Effects-on-Consumer-Perception>> Read 1.11.2020.

Egelhoff, T. C. (2008). *How to market, advertise and promote your business or service in your own backyard*. John Wiley & Sons, Incorporated. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=353434>> Read 25.2.2020.

Fifield, P. (1998). *Marketing strategy*. Taylor & Francis Group. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=987972>> Read 5.2.2020.

G2 (2021). *WordStream*. <https://www.g2.com/products/wordstream/reviews> Read 17.1.2021.

Gall, M. D., Borg, W. R. and Gall, J. P. (2003). *Educational research: An introduction* (7th ed.). Longman Publishing.

Gardan, D. and Petronela, G. (2015). Healthcare services consumer behavior in the light of social norms influence. *Annals of Spiru Haret University Economic Series*. 15(1). 19. <https://www.researchgate.net/publication/319227573_Healthcare_services_consumer_behavior_in_the_light_of_social_norms_influence> Read 7.2.2020.

General Dental Council (2013). *Guidance on advertising*. <<https://www.gdc-uk.org/docs/default-source/guidance-documents/guidance-on-advertising.pdf>> Read 17.2.2021.

- General Dental Council (2021). *Upcoming hearings and previous decisions*. <https://olr.gdc-uk.org/hearings> Read 27.5.2021.
- Gilmore, A. (2003). *Services marketing and management*. SAGE Publications. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=254585>> Read 15.12.2020
- Granderson, D. (2018). *6 Essential Questions for Evaluating Secondary Data Sources*. <<https://www.packagedfacts.com/Content/Blog/2018/02/22/6-Essential-Questions-for-Evaluating-Secondary-Data-Sources>> Read 30.01.2021.
- Greenhoot, A. and Dowsett, C. (2012). Secondary Data Analysis: An Important Tool for Addressing Developmental Questions. *Journal of Cognition and Development*. 13. 2-18. 10. <<https://www.tandfonline.com/doi/abs/10.1080/15248372.2012.646613>>Read 19.1.2021.
- Hawkins, D.I. and Mothersbaugh D.L (2010) *Consumer behavior: Building Marketing Strategy*, 11th ed., McGraw-Hill/Irwin.
- Hayashi, M., Haapasalo, M., Imazato, S., Lee, J., Momoi Y., Murakami, S., Helen Whelton, H. and Wilson, N. (2014). Dentistry in the 21st century: challenges of a globalising world, *International Dental Journal. FDI World Dental Federation. International Dental Journal* Vol. 64, pp. 333–342. <<https://www.sciencedirect.com/science/article/pii/S0020653920325740>> Read 2.2.2021.
- Kay, M. J. (2007), Healthcare Marketing: What is Salient? *International Journal of Pharmaceutical and Healthcare Marketing*, Vol. 1, No. 3, pp. 247-263. <<https://www.emerald.com/insight/content/doi/10.1108/17506120710818256/full/html>> Read 3.3.2021.
- Kent, N.D. and Jackson, B.L. (2012). The Market for Dental Services. *Journal of Dental Education*, 76(8), 973-986. <<https://onlinelibrary.wiley.com/doi/epdf/10.1002/j.0022-0337.2012.76.8.tb05350.x>> Read 15.1.2021.
- Kotler, P. and Armstrong, G. (2011). *Principles of Marketing*. (14th ed.) Prentice Hall.
- Kotler, P. and Keller, K.L. (2016). *Marketing management*. (15th ed.) Essex: Pearson.
- Krishnaswami, O. and Satyaprasad, B. (2010). *Business research methods*. Himalaya Publishing House. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=588025#>> Read 2.2.2021.
- Krishna, DG., Raghavan, H. & Reddy. (2009). *Services Management*, Global Media. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=3011370>> Read 1.4.2021
- Lister, M. (2020). *19 Genius Dental Marketing Ideas to Grow Your Practice*.

<<https://www.wordstream.com/blog/ws/2016/11/30/dental-marketing-ideas>> Read 1.11.2020.

Marcinko, D. E. and Hetico, H. R. (2010). *The business of medical practice: Transformational health 2.0 skills for doctors*. (3rd ed). New York: Springer Publishing Company. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=863079>> Read 17.1.2021

Maruyama, G. & Ryan, C. S. (2014). *Research methods in social relations*. John Wiley & Sons, Incorporated, <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=1712221>> Read 21.1.2021

McCaston, M. K. (2005). *Tips for collecting, reviewing, and analysing secondary data*. <[https://www.andis.org.au/data/assets/pdf_file/0003/713235/Tips for Collecting Reviewing and Analyz.pdf](https://www.andis.org.au/data/assets/pdf_file/0003/713235/Tips_for_Collecting_Reviewing_and_Analyz.pdf)> Read 125.1.2021

McDonald, M. and Wilson, H. (2016). *Marketing plans: How to prepare them, how to profit from them*. John Wiley & Sons, Incorporated. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=4698001>> Read 4.3.2021

McDonald, M., Frow, P. and Payne, A. (2011). *Marketing plans for services: A complete guide*. John Wiley & Sons, Incorporated. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=698012>> Read 5.3.2021

Mintzberg, H. (2017). *Managing the myths of health care, bridging the separations between care, cure, control, and community*. eBook. Berrett-Koehler Publishers, Inc.

Mishra, M. (2007). *Modern marketing research*. Global Media. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=3011276>> Read 27.1.2021

Mugeiren, O. A. & Sanea, J. A. (2018). Dental service marketing. *Journal of International Oral Health*, 10(5), 216-219. <<https://www.jioh.org/article.asp?issn=0976-7428;year=2018;volume=10;issue=5;spage=216;epage=219;aulast=Al>> Read 15.1.2021.

NHS. (2021). *Why has my NHS dentist charged me for private treatment?* <<https://www.nhs.uk/nhs-services/dentists/dental-costs/why-has-my-nhs-dentist-charged-me-for-private-treatment/>> Read 7.3.2021.

Olabode, S. and Bakare, A. (2020). An assessment of the reliability of secondary data in management science research. *Journal of Employment Relations & Human Resource Management*. <[https://www.researchgate.net/publication/344346438 AN ASSESSMENT OF THE RELIABILITY OF SECONDARY DATA IN MANAGEMENT SCIENCE RESEARCH](https://www.researchgate.net/publication/344346438_AN_ASSESSMENT_OF_THE_RELIABILITY_OF_SECONDARY_DATA_IN_MANAGEMENT_SCIENCE_RESEARCH)> Read 25.1.2021.

Parliamentary and Health Service Ombudsman (2015). *What does our work say about NHS dental charging?* <https://www.ombudsman.org.uk/publications/what-does-our-work-say-about-nhs-dental-charging> 25.5.2021

PAT research (2020). *All about Healthcare industry: Key segments, Value chain, Needs and competitive advantage.* <https://www.predictiveanalyticstoday.com/what-is-healthcare-industry/> 30.1.2021

Petronela, G., Gardan, D., Iuliana, C. and Gurgu, E. (2010). How the marketing research affects the improvement in the dental doctor-patient relation. *Annals of Spiru Haret University, Economic Series*. 1. 139-151. <https://www.researchgate.net/publication/227489632_How_the_marketing_research_affects_the_improvement_in_the_dental_doctor-patient_relation> Read 17.2.2021

Robson, C. (2002). *Real World Research: A Resource for Social Scientists and Practitioner-Researchers* (2nd ed). Oxford: Blackwell

Rothman, K. J., Gallacher, J. E. and Hatch, E. E. (2013). Why representativeness should be avoided. *International journal of epidemiology*, 42(4), 1012–1014. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3888189/>> Read 15.2.2021

Purcarea, V. L. (2019). The impact of marketing strategies in healthcare systems. *Journal of Medicine and Life*, 12(2), 93-96. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6685306/>> Read 15.03.2021.

Ruskin-Brown, I. (2006). *Mastering marketing*. Thorogood Publishing. <<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=308995>> Read 13.1.2021.

Saunders, M., Lewis, P. and Thornhill, A. (2009). *Research Methods for Business Students*. (5th ed). London: Prentice-Hall.

Schwartz, J., Luce, M. F., & Ariely, D. (2011) “Are Consumers Too Trusting? The Effects of Relationships with Expert Advisers,” *Journal of Marketing Research* 48 (Special Issue 2011), pp. 163–174. <http://leeds-faculty.colorado.edu/mcgrawp/PDF/Schwartz%20et%20al%20Are%20Consumers%20Too%20Trusting_.pdf> Read 2.3.2021.

Scott, M.S. (2021). *Determining Sample Size: How to Ensure You Get the Correct Sample Size*. University of North Carolina Wilmington. <<https://uncw.edu/irp/ie-resources/documents/qualtrics/determining-sample-size-2.pdf>> Read 1.3.2021.

Shukla. H., Chandak. S., Rojekar, N. and Bhattad, D. (2019). MID [Marketing in Dentistry.: a cross sectional study. *International Journal of Health Sciences & Research*. 2019; 9(3):128-136. <https://www.ijhsr.org/IJHSR_Vol.9_Issue.3_March2019/18.pdf> 15.1.2021.

Sinkovics, R., Penz, E. and Ghauri, P. N. (2008). Enhancing the trustworthiness of qualitative research in international business. *Management International Review*. 48(6), 689-714. <<https://doi.org/10.1007/s11575-008-0103-z>> Read 19.3.2021.

Sotiriadis, M. (2018). *The emerald handbook of entrepreneurship in tourism, travel, and hospitality: Skills for successful ventures*. Emerald Publishing Limited.
<<https://ebookcentral.proquest.com/lib/metropolia-ebooks/detail.action?docID=5231407>> Read 17.2.2021.

Statista (2021). *Number of dentists employed in the United Kingdom (UK) from 2007 to 2019*. <https://www.statista.com/statistics/463556/dentists-employment-in-the-united-kingdom-uk/> Read 14.03.2021.

Statista (2021A). *Gross domestic product per capita in the United Kingdom from 1955 to 2020(in GBP)*. <https://www.statista.com/statistics/970672/gdp-per-capita-in-the-uk/> Read 25.5.2021.

Statista (2021B). *Population of the United Kingdom in 2019, by age group* <https://www.statista.com/statistics/281174/uk-population-by-age/> Read 25.5.2021.

SurveyCircle (2021). *Research website SurveyCircle*. <https://www.surveycircle.com> Read 15.1.2021

Thomas, R. (2008). *Health services marketing: A practitioner's guide*. Springer.
<<https://link.springer.com/book/10.1007%2F978-0-387-73606-8>> Read 11.12.2020

Washington, R. (2013). *5 Reasons Why Objectivity is Critical When Performing Market Research*. <<https://blog.marketresearch.com/blog-home-page/bid/316012/5-reasons-why-objectivity-is-critical-when-performing-market-research>> Read 12.1.2021

Appendix 1 (1/7)

Questionnaire

Research title: Choosing a dentist

Please note: you must be over the age of 18 and a UK resident to participate in this study.

What is the aim of this survey?

This survey aims to investigate the UK residents' common approaches and preferences in searching, evaluating and choosing a dentist. The survey is conducted as a part of a master's thesis in the department of Health Business Management at the Metropolia University of Applied Science in Finland.

Will my taking part in this research be kept confidential?

Any information that is collected about you during this research will be completely anonymous, and we will not ask you to provide any information from which you could be identified. There will be no information linking your response to your e-mail, name, IP address or other identifying information. Therefore, after clicking to submit your answers once the survey is complete, you will no longer be able to withdraw and your responses will be stored for analysis.

What will I be asked to do?

You will be asked to answer short rating scale questions about how you would normally find, evaluate and choose a dentist.

How long does it take to complete the survey?

The survey consists of three main questions with multiple predefined list of rating answer options. It will take approximately 5-7 minutes to complete.

Do I have to take part?

Taking part in this research is entirely voluntary, and you are free to make your own choice about whether you want to participate. If you agree to take part, you are free to withdraw at any time by simply closing your browser and exiting the survey.

If you have any questions about this study, please contact [kamran.khamoushi\(at\)metropolia.fi](mailto:kamran.khamoushi@metropolia.fi)

* Required

I am a UK resident and over the age of 18 . I have read and understood the information above regarding this study and consent to taking part. *

Check all that apply.

I agree

Appendix 1 (2/7)

Section 2/3

Please note: you must be over the age of 18 and a UK resident to participate in this study.

1. **Question 1) Let's assume you need to see a dentist, but you do not currently have any preferences. The question is: how would you search for a dentist or dental clinic? Rate each answer below from (Strongly Disagree) to (Strongly Agree) ***

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I ask my friends, family members or local people for recommendation (WORD OF MOUTH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use internet to conduct an online search (Google search, online business directories.....)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use Instagram to find a dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use Facebook to find a dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use other social media platforms to find a dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look at dentists' advertisements in newspapers and magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention, choose "strongly disagree" for this row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Appendix 1 (3/7)

2. **Question 2) Let's assume you have managed to find several dental clinics/ dentists after your search. Now you want to choose one of them for an initial consultation or check-up. Rate each evaluation factor below from (Not at all important) to (Extremely important) that may influence your decision ***

	Not at all important	Unimportant	Neutral	Important	Extremely important
The clinic's website attractiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic's website educational content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The website should have a Chatbot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Google reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other online reviews (Trustpilot, yelp....)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic has cutting-edge dental equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic offers extended opening hours in the evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention, choose "Extremely important" for this row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic offers free face to face initial consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic offers low cost online consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic has a strong social media presence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic is within a 10 mile radius	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Appendix 1 (4/7)

The clinic is in the city center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Several dentists are working in the clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic provides a wide range of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic is specialised in the service I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinic can provide same-day treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The dentist has more than 20 years of experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In case of cosmetic treatments, I want to see before and after photos of past patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family opinion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of employees (the more people work in the clinic the better)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3/3

Appendix 1 (5/7)

3. Question 3) Now let's assume, you have just had an initial consultation with the dentist you had chosen. Rate each factor below from (Not at all important) to (Extremely important) that can motivate you to choose the dentist. *

	Not at all important	Unimportant	Neutral	Important	Extremely important
The cleanness of the dental office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower treatment cost compared to other dentists or clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office Furniture Aesthetic and Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist respect for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receptionist respect for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large reception room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large treatment room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention; choose "Important" for this row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering 1 year guarantee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering a 3 year guarantee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist's patience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist's empathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High-end dental equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A relaxing atmosphere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receptionist's communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Appendix 1 (6/7)

Dentist's communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist's clarity in describing the treatment options, total cost and processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving a gentle dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist's competence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What age are you? *

- 18 - 29
- 30 - 44
- 45 - 59
- Above 60

5. Which gender are you? *

- Female
- Male
- Transgender
- Non-binary
- Prefer not to say

Appendix 1 (7/7)

6. What is your annual income? *

- Less than 24000£
- 25000 - 40000£
- Above 40000£
- Prefer not to say

7. What is your education level? *

- Less than high school
- High school graduate
- Bachelor's degree
- Master's degree
- Doctorate
- Prefer not to say

8. What is your country of residence? *

If you would like to give more information or want to know about the result of this study please send an e-mail to [kamran.khamoushi @ metropolia.fi](mailto:kamran.khamoushi@metropolia.fi).

This content is neither created nor endorsed by Google.

Google Forms

Appendix 2


google.com/search?q=dental+marketing&rlz=1C1CHBD_enF1888F1888&oq=dental+marketing&aqs=chrome..69i57j0i45

dental marketing

All Images Maps Videos News More Settings Tools

About 270 000 000 results (0,64 seconds)

The main goal for **dental marketing** or advertising is that patients and prospects book an appointment—which is usually done by picking up the phone and calling the office. Click-to-call ads are available through Facebook and Google Ads (formerly known as Google AdWords) on mobile, desktop, and tablet. 12 Jun 2020



www.wordstream.com > blog > 2016/11/30 > dental-mark...
[19 Genius Dental Marketing Ideas to Grow Your Practice ...](#)

About featured snippets Feedback

People also ask

- How do you attract patients to your dental practice? ▾
- How much do dentists spend on marketing? ▾
- How dental professionals advertise market their professional practice? ▾
- How much does a dental practice make a year? ▾

Feedback

www.patientpop.com > dental-marketing-and-advertising ▾
[Dental Marketing | Key Strategies for Success in 2021 ...](#)
Modern **dental marketing** is nearly synonymous with digital marketing. Like digital marketing, successful **dental marketing** requires a multi-channel approach that ...

www.strategybeam.com > Dental Marketing ▾
[10 Proven Dental Marketing ideas To Drive More Patients To ...](#)
5 Apr 2019 — 4. Use Local Facebook Ads To **Market** Your **Dental** Services · 5. Make Your

Source:

https://www.google.com/search?q=dental+marketing&rlz=1C1CHBD_enF1888F1888&oq=dental+marketing&aqs=chrome..69i57j69i59j0i457j0i4.4014j0j15&sourceid=chrome&ie=UTF-8

Appendix 3

The screenshot shows a Google search interface. The search bar contains the text "dental services marketing". Below the search bar, there are navigation options: "All", "Images", "News", "Maps", "Videos", and "More". The search results show "About 202 000 000 results (0,60 seconds)".

19 Genius Dental Marketing Ideas to Grow Your Practice

- Local Awareness Facebook Ads. While you want to get the word out about your **dental practice**, being specific about who you **market** to is important. ...
- Click to Call Ads. ...
- Mobile Call-Only Ads. ...
- 4. Facebook Demographic Targeting. ...
- Appointment Reminders. ...
- Google Ads Income Targeting. ...
- Remarketing Ads. ...
- New! Facebook Messaging Ad Type.

[More items...](#) • 12 Jun 2020

www.wordstream.com › blog › 2016/11/30 › dental-mark...
[19 Genius Dental Marketing Ideas to Grow Your Practice ...](#)

About featured snippets Feedback

People also ask

How do you market a dentist? ^

Let's take a look at 11 of the most effective dental patient marketing strategies you can use to market your dental practice.

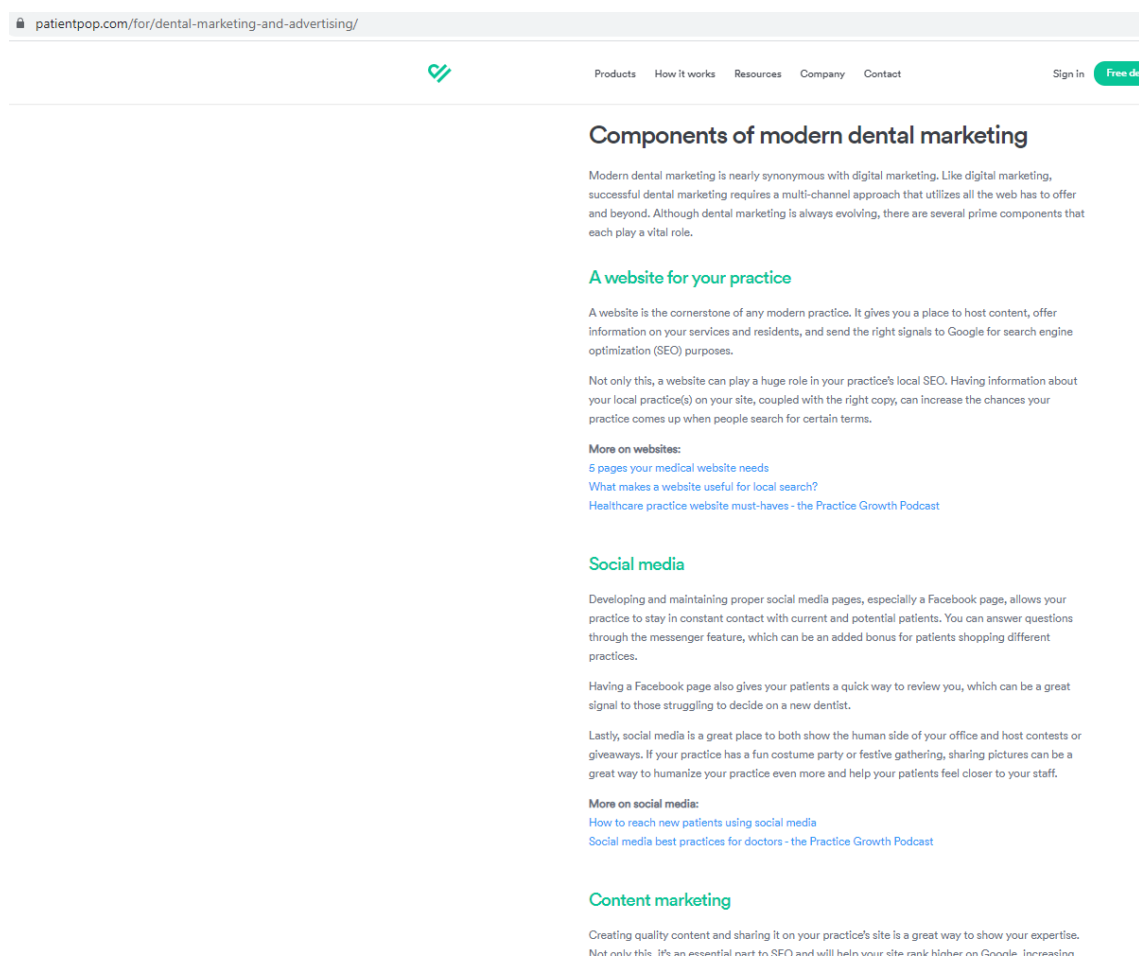
1. Get Involved with the Community. ...
2. Build a Community on Social Media. ...
3. Focus on Local SEO. ...
4. Create a Strong, Well-Designed Site. ...
5. Use Content **Marketing** to Offer Value. ...
6. Run AdWords Campaigns.

[More items...](#) • 26 Apr 2018

www.disruptiveadvertising.com › marketing › dental-p...
[11 Effective Dental Patient Marketing Methods Your Practice](#)

Source: <https://www.wordstream.com/blog/ws/2016/11/30/dental-marketing-ideas>

Appendix 4



The screenshot shows a web browser at the URL [patientpop.com/for/dental-marketing-and-advertising/](https://www.patientpop.com/for/dental-marketing-and-advertising/). The page features a navigation menu with links for Products, How it works, Resources, Company, and Contact, along with Sign In and Free demo buttons. The main content is titled "Components of modern dental marketing" and includes sections on "A website for your practice", "Social media", and "Content marketing".

Components of modern dental marketing

Modern dental marketing is nearly synonymous with digital marketing. Like digital marketing, successful dental marketing requires a multi-channel approach that utilizes all the web has to offer and beyond. Although dental marketing is always evolving, there are several prime components that each play a vital role.

A website for your practice

A website is the cornerstone of any modern practice. It gives you a place to host content, offer information on your services and residents, and send the right signals to Google for search engine optimization (SEO) purposes.

Not only this, a website can play a huge role in your practice's local SEO. Having information about your local practice(s) on your site, coupled with the right copy, can increase the chances your practice comes up when people search for certain terms.

More on websites:
[5 pages your medical website needs](#)
[What makes a website useful for local search?](#)
[Healthcare practice website must-haves - the Practice Growth Podcast](#)

Social media

Developing and maintaining proper social media pages, especially a Facebook page, allows your practice to stay in constant contact with current and potential patients. You can answer questions through the messenger feature, which can be an added bonus for patients shopping different practices.

Having a Facebook page also gives your patients a quick way to review you, which can be a great signal to those struggling to decide on a new dentist.

Lastly, social media is a great place to both show the human side of your office and host contests or giveaways. If your practice has a fun costume party or festive gathering, sharing pictures can be a great way to humanize your practice even more and help your patients feel closer to your staff.

More on social media:
[How to reach new patients using social media](#)
[Social media best practices for doctors - the Practice Growth Podcast](#)

Content marketing

Creating quality content and sharing it on your practice's site is a great way to show your expertise. Not only this, it's an essential part to SEO and will help your site rank higher on Google. Increasing

Source.

<https://www.patientpop.com/for/dental-marketing-and-advertising/>

Appendix 5

finestdental.co.uk



Finest Dental Update...

The current situation regarding Finest Dental is both heartbreaking & deeply regrettable. The circumstances that led to the demise took place totally unexpectedly and were out of the control of the management team; realising the need to attend to the patients, we have worked tirelessly over the last month in order to find a solution to continue the care for our patients.

As a consequence, we have found a solution with the The Care Clinic Group, who will complete outstanding patients treatments. We will be assisting the patients and The Care Clinic group to ensure a smooth transition between providers.

We deeply regret the position that we find ourselves and the patients in. If you wish to arrange an appointment with The Care Clinic Group please visit their website www.CareClinics.co.uk.

We will shortly be publishing a full impartial report for the patients and the public that will outline the circumstances that led to the demise of Finest Dental.

Source: <https://finestdental.co.uk/>

The screenshot shows a web browser displaying an article on the Dental Tribune website. The URL in the address bar is <https://eu.dental-tribune.com/news/finest-dental-chain-of-practices-ceases-trading-distressing-many-patients/>. The page header includes the 'DENTAL TRIBUNE' logo, 'EDITION EUROPE', a search bar, and social media icons. The main navigation menu lists 'NEWS', 'CLINICAL', 'EDUCATION', 'MARKETPLACE', 'E-SHOP', 'E-PAPER', and 'ALL SECTIONS'. Below the navigation, there is a 'Back to news' button and social media sharing icons. The article text begins with 'LONDON, UK: In worrying news outside of the COVID-19 pandemic, it has been reported that a number of dental practices in the UK operating under the Finest Dental brand have recently stopped trading with immediate effect. The closure has left thousands of patients in the dark about whether scheduled treatments and procedures will go ahead—many of which were paid for in advance.' The author is identified as 'By Brendan Day, DTI' with a date of 'March 24, 2020'. The article continues with details about the B&A Group's liquidation and the involvement of the Care Clinic Group.

Source:

<https://eu.dental-tribune.com/news/finest-dental-chain-of-practices-ceases-trading-distressing-many-patients/>

Appendix 6

reviews.co.uk/company-reviews/store/finest-dental

Translate ZOOM OFFICE Education UNI 85

EWS.io

Finest Dental Reviews

★★★★★
4.27 Rating 1,119 Reviews

82% of reviewers recommend Finest Dental

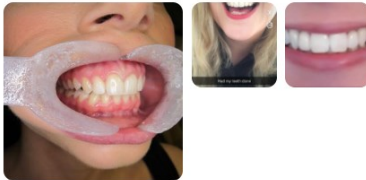
Company Reviews

Merchant Metrics

- Shipping & Delivery**
 - Delivery Methods: Courier, Own Driver
 - On-Time Delivery: 98%
- Customer Service**
 - Communication Channels: Email, Telephone, Live Chat
 - Queries Resolved In: Under An Hour
 - Customer Service: 3.73 out of 5
- Returns & Refunds**
 - Refunds Process: Difficult

Write Your Review

★★★★★




Sort by: Most Recent Filter: None

Kimberley Dunbar ★★★★★

“ Hello everyone. If anyone is looking for the make of the implant. I have been doing lots of chasing around over the last 24 hours due to being worried that my implant was failing

About Finest Dental:



Source: <https://www.reviews.co.uk/company-reviews/store/finest-dental>

Appendix 7

[ombudsman.org.uk/publications/what-does-our-work-say-about-nhs-dental-charging](https://www.ombudsman.org.uk/publications/what-does-our-work-say-about-nhs-dental-charging)

Insight from our casework

Mistakes by dentists

Dentists' failure to share with patients clear treatment plans that explain the dental charges involved, despite an obligation to do so.

Mrs S's story

Mrs S had NHS root canal treatment to a tooth at her dental practice, but, during treatment, opted for a composite (white) filling to be provided privately. Mrs S experienced more problems with the tooth and returned to the dental practice later that year. She paid an NHS dental charge to have the tooth filed and subsequently extracted. Mrs S complained that her dental practice failed to fully discuss treatment options with her before it started root canal treatment. She also complained that she should not have been charged for the further NHS treatment to her tooth because she felt it arose from the failure of the original root canal treatment.

Given that private treatment is not covered by the 12-month guarantee, and that the follow-up treatment was different to the original treatment, we did not agree that Mrs S was incorrectly charged for her follow-up NHS treatment. Nevertheless, we said that the rules are clear that dentists should not carry out a mixture of NHS and private treatment to the same tooth over a single course of treatment. We also concluded that there was no evidence that the dental practice acted in line with the rules to discuss Mrs S's private treatment options or obtain her consent on the relevant form before treatment. We therefore recommended that Mrs S's dental practice reimburse her the cost of her private treatment.

Dentist or dental practice confused about appropriate charging for dental treatment and then missing opportunities to correct mistakes.

Mr A's story

At an appointment with his dental practice, Mr A and his dentist agreed that Mr A should have all his teeth extracted and he should have dentures. He was referred to a local hospital for the extraction. When Mr A went back to the dental practice to be fitted with the dentures, he and dental practice staff disagreed about whether this should be considered as a new course of treatment.

We concluded that, according to the rules, the extraction, the appointment where this was discussed and the fitting of the dentures, should all have been charged as one single course of treatment, regardless of whether Mr A was referred to a different practitioner during the course of treatment. We also concluded that the dental practice missed a chance to correct the mistake when Mr A challenged it. We asked the dental practice to apologise and make a payment to Mr A to recognise its failure to apply the NHS dental charge correctly. We also asked it to review the rules about NHS dental charges.

[ombudsman.org.uk/publications/what-does-our-work-say-about-nhs-dental-charging](https://www.ombudsman.org.uk/publications/what-does-our-work-say-about-nhs-dental-charging)

Patients' confusion

Patients did not understand that they would incur two NHS dental charges for what they considered to be one course of treatment.

Mrs G's story

Mrs G's dentist extracted four teeth from the front of her mouth and fitted an immediate (temporary) denture. Mrs G says that at a later appointment, the dentist told her that her gums would shrink and she would need to pay for a replacement denture once that had happened. She was unhappy about this because she felt that she was being asked to pay twice for a single course of treatment. We concluded that, according to the rules, an extraction and fitting of immediate dentures, and the provision of permanent dentures, count as two, separate courses of treatment.

Mr Y's story

After Mr Y had an NHS scale and polish (cleaning to remove plaque from his teeth) at his dental practice, he arranged for a more thorough cleaning procedure to be carried out there the following month. Mr Y complained that the dental practice's NHS scale and polish was sub-standard, and that he was not told that the follow-up cleaning procedure would be charged privately.

We concluded that, according to the rules, dentists are only required to remove plaque from around the gum line to combat disease during an NHS scale and polish. A more thorough clean would be cosmetic, and could be charged for privately.

Patients paying for NHS treatment and/or incurring fines because they have completed the exemption from NHS dental charges form incorrectly.

Mr R's story

After a full dental extraction, Mr R's dental practice fitted him with dentures. At his appointments, Mr R completed the relevant forms, stating that he was exempt from NHS dental charges because he was receiving income-based Jobseeker's allowance. Mr R was not receiving that specific benefit at the time. The form that Mr R signed states 'I understand that I will have to pay a penalty charge of up to £100 if it is not correct and I am not entitled'. Mr R was later charged for his treatment and given a penalty charge because he was not entitled to free NHS dental care.

Mr R complained that his dental practice did not help him to complete the forms and this meant that he incorrectly stated he was eligible for free NHS dental care. We concluded that the dental practice acted in line with the NHS Business Service Authority's guidelines because dentists are not allowed to help patients complete the forms.

Source: <https://www.ombudsman.org.uk/publications/what-does-our-work-say-about-nhs-dental-charging>

Appendix 8 (1/3)

The following example describes how to define marketing objective(s) and strategy for a new dental service.

Assumption: Let us assume a dental practice wants to market a new service called “same-day dental implants”. The “same-day dental implants” is a treatment that can help a patient suffering from missing teeth to have a new set of teeth on the same day, unlike standard dental implant treatment that requires the patient to wait for several months. However, the “same-day dental implants” is 50% more expensive than standard dental implants treatment, making the procedure less attractive to those patients who cannot afford it.

As explained in subsection 2.3.3, the objective setting is the first step to market a service or product. With that in mind, the marketing objective for the “same-day dental implant” service can be something like the following objective.

- **Allocate £400** to run a marketing campaign for **ten days** to **raise awareness** among the prospective consumers **about the “same-day dental implants”** service. **The goal is to receive 2-5 phone calls or e-mail enquiries per day** from potential consumers.

Now we need to examine whether the above marketing objective fulfils the required “SAMRT” characteristics.

Specific: in this example, the objective is specific because it focuses only on *raising awareness about the “same-day dental implants” service*.

Measurable; in this example, the objective is measurable because *it is possible to count the phone calls or e-mail enquiries* from the potential consumers.

Achievable: in this example, the objective is achievable because *handling 2-5 phone calls or e-mails is not difficult to achieve* given the level of any receptionist expertise and skill.

Appendix 8 (2/3)

Time-bound: in this example, the marketing objective is time-bound because the campaign will run *for ten days*.

Realistic: in this example, *the total marketing budget is only £400*. The main question is whether the budget is enough to create a marketing campaign for ten days so that the dental practice receives 2-5 enquiries from the consumers who are interested in the “same-day dental implants” treatment. The answer can be positive or negative, depending on how the marketing budget is spent. If the campaign can **accurately target** the potential consumers, then the marketing budget may be enough. However, spending the budget without targeting will be like shooting in the dark. Therefore, the budget will most probably be wasted. Both situations are described below.

According to the objective of this example, the marketing budgets is £40 per day for 10 days (or £400 in total). If a single click on the Google Ads link (or similar online ads) costs £2, only 20 individuals can see the advert daily by clicking on the link. Thus, if the marketer can find a way to ensure that only the potential consumers (a consumer who is looking for dental implants, can pay for the treatments, and live near the practice) can see and ultimately click on the Google Ads link, then there is a high probability that 2 of those 20 potential consumers contact the practice every day during the campaign. On the other hand, if everyone can see the Google ads link, many individuals from other locations who may not even need dental implants may click on the ads link just for curiosity. In this case, the budget will be gone before the potential consumers get a chance to see the advert.

The above example shows that after setting the marketing objective(s), the next step is to decide about specific strategies to reach the prospective consumers (target audience).

Marketers use the “segmentation, targeting and positioning” strategy known as the STP model to reach the target audience (Sotiriadis 2018: 300). The STP model is explained in the subsection 2.3.4. However, it is helpful to see how STP is used as a marketing strategy regarding the example above. This is described below.

Appendix 8 (3/3)

If we look at the example again, it is evident that the dental practice needs accurate and trustworthy information to reach the population segment that are good candidates for dental implants (this is called segmentation). If we assume that reliable market research shows that 40% of the consumers over the age of 50 in the geographical location of the dental practice have lost their natural teeth, then the dental practice must spend its entire marketing budget and effort to reach this segment of the population (this is called targeting). Targeting other geographical location or age groups may lead to unnecessary waste of resources. Finally, the dental practice must offer a “unique value proposition” to its target audience to differentiate itself from the competitors. For example, the practice can offer a free initial face to face consultation or a three-year quarantine (this is called differentiation).

The arguments presented in this example show that market segmentation, targeting, positioning, and differentiation is a marketing strategy that plays an essential role in reaching and attracting the target audience. This strategy is explained in section 2.3.4.

Appendix 9

Finest Dental Liverpool Street

22-23 Widegate St, London, United Kingdom

3,6 ★★★★★ 175 reviews ?

E Elisa Ascari
2 reviews
★★★★★ a year ago

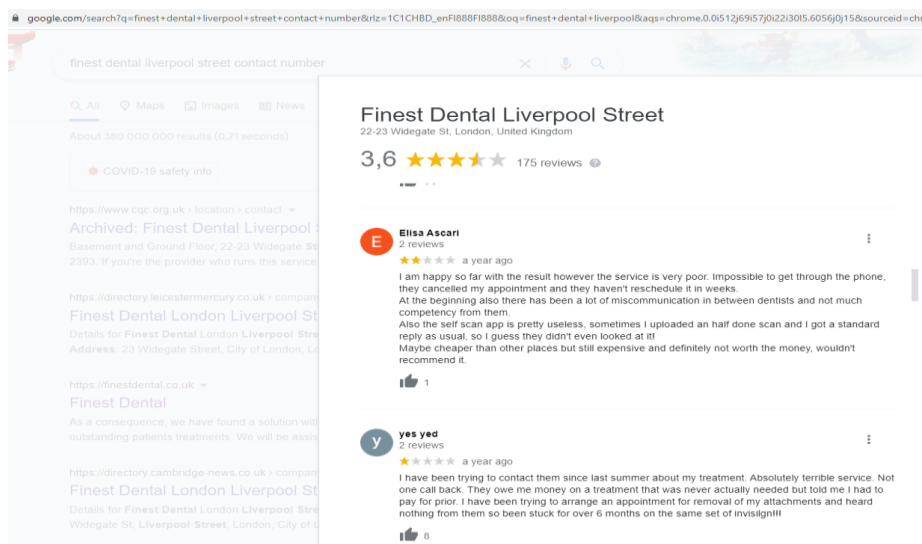
I am happy so far with the result however the service is very poor. Impossible to get through the phone, they cancelled my appointment and they haven't reschedule it in weeks. At the beginning also there has been a lot of miscommunication in between dentists and not much competency from them. Also the self scan app is pretty useless, sometimes I uploaded an half done scan and I got a standard reply as usual, so I guess they didn't even looked at it! Maybe cheaper than other places but still expensive and definitely not worth the money, wouldn't recommend it.

👍 1

y yes yed
2 reviews
★★★★★ a year ago

I have been trying to contact them since last summer about my treatment. Absolutely terrible service. Not one call back. They owe me money on a treatment that was never actually needed but told me I had to pay for prior. I have been trying to arrange an appointment for removal of my attachments and heard nothing from them so been stuck for over 6 months on the same set of invisalign!!!

👍 8



Source:

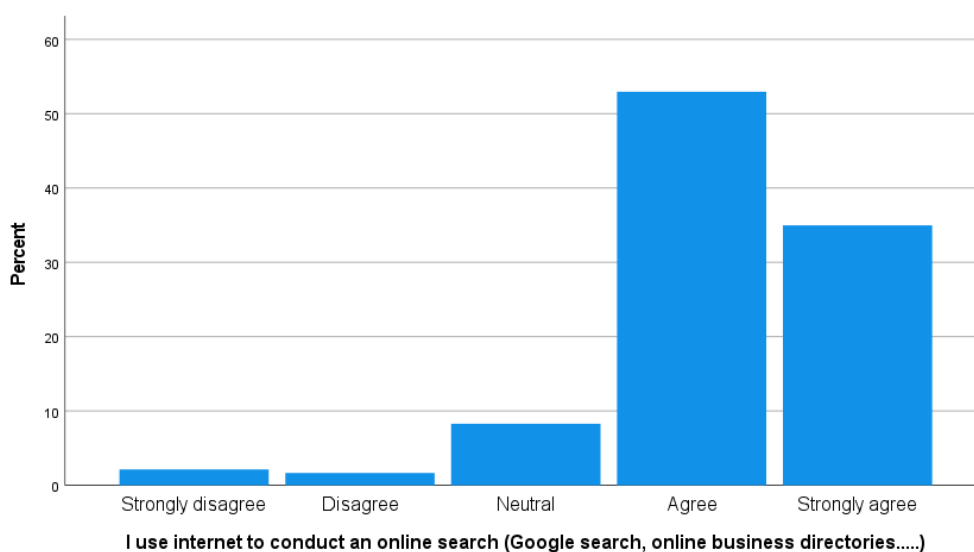
https://www.google.com/search?q=finest+dental+liverpool+street+contact+number&rlz=1C1CHBD_enF1888F1888&oq=finest+dental+liverpool&aqs=chrome.0.0i512j69i57j0i22i3015.6056j0j15&sourceid=chrome&ie=UTF-8#lrd=0x48761cb3a5146d6f:0x4eb5369f163da11c,1,,

Appendix 10 (1/6)

Statistics 1.1

I use internet to conduct an online search (Google search, online business directories.)

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	9	2.1	2.1	2.1
	Disagree	7	1.7	1.7	3.8
	Neutral	35	8.3	8.3	12.1
	Agree	224	53.0	53.0	65.0
	Strongly agree	148	35.0	35.0	100.0
	Total	423	100.0	100.0	



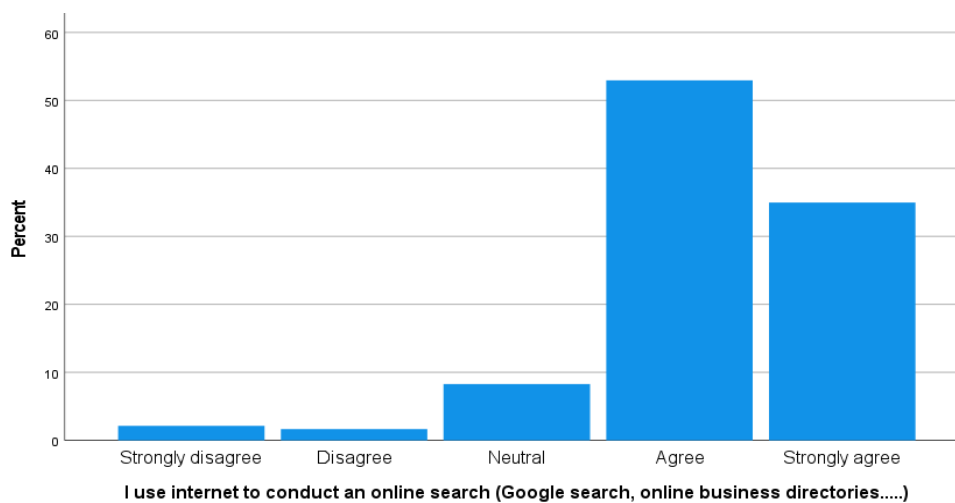
N	Valid	423
	Missing	0
Mean		4.17
Median		4.00
Mode		4
Std. Deviation		.814
Minimum		1
Maximum		5

Appendix 10 (2/6)

Statistics 1.2

I ask my friends, family members or local people for recommendation (WORD OF MOUTH)

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	13	3.1	3.1	3.1
	Disagree	17	4.0	4.0	7.1
	Neutral	33	7.8	7.8	14.9
	Agree	207	48.9	48.9	63.8
	Strongly agree	153	36.2	36.2	100.0
	Total	423	100.0	100.0	



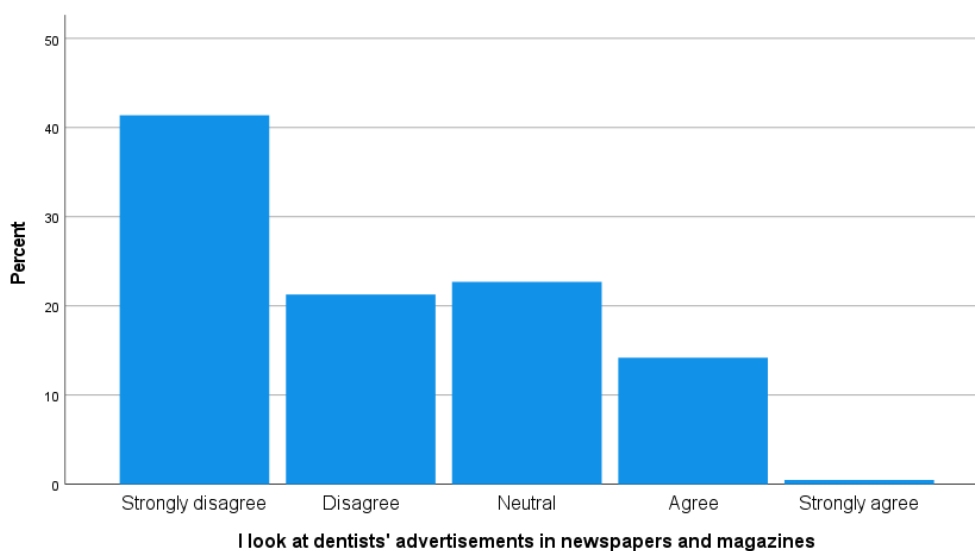
N	Valid	423
	Missing	0
Mean		4.11
Median		4.00
Mode		4
Std. Deviation		.931
Minimum		1
Maximum		5

Appendix 10 (3/6)

Statistics 1.3

I look at dentists' advertisements in newspapers and magazines.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 = Strongly disagree	175	41.4	41.4	41.4
	2 = Disagree	90	21.3	21.3	62.6
	3 = Neutral	96	22.7	22.7	85.3
	4 = Agree	60	14.2	14.2	99.5
	5 = Strongly agree	2	.5	.5	100.0
	Total	423	100.0	100.0	



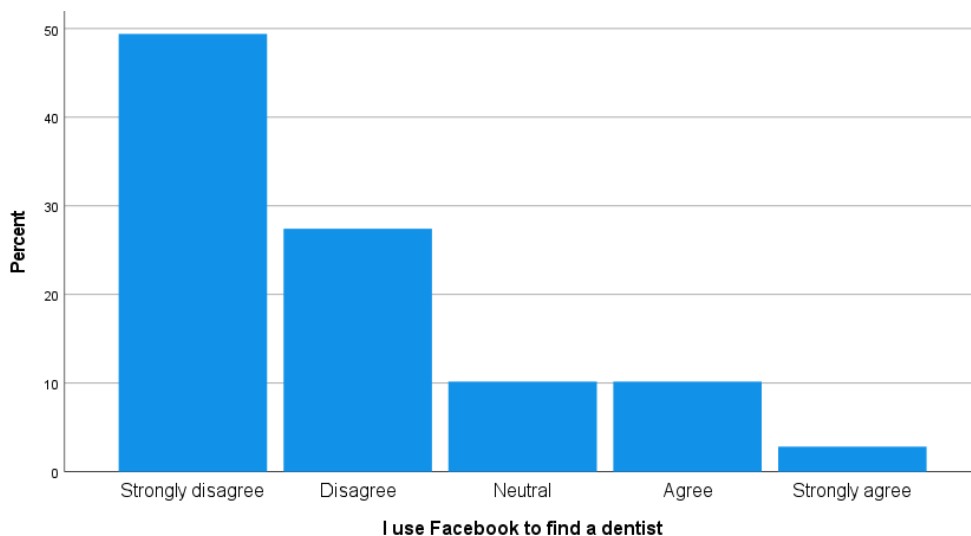
N	Valid	423
	Missing	0
Mean		2.11
Median		2.00
Mode		1
Std. Deviation		1.114
Minimum		1
Maximum		5

Appendix 10 (4/6)

Statistics 1.4

I use Facebook to find a dentist.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	209	49.4	49.4	49.4
	Disagree	116	27.4	27.4	76.8
	Neutral	43	10.2	10.2	87.0
	Agree	43	10.2	10.2	97.2
	Strongly agree	12	2.8	2.8	100.0
	Total	423	100.0	100.0	



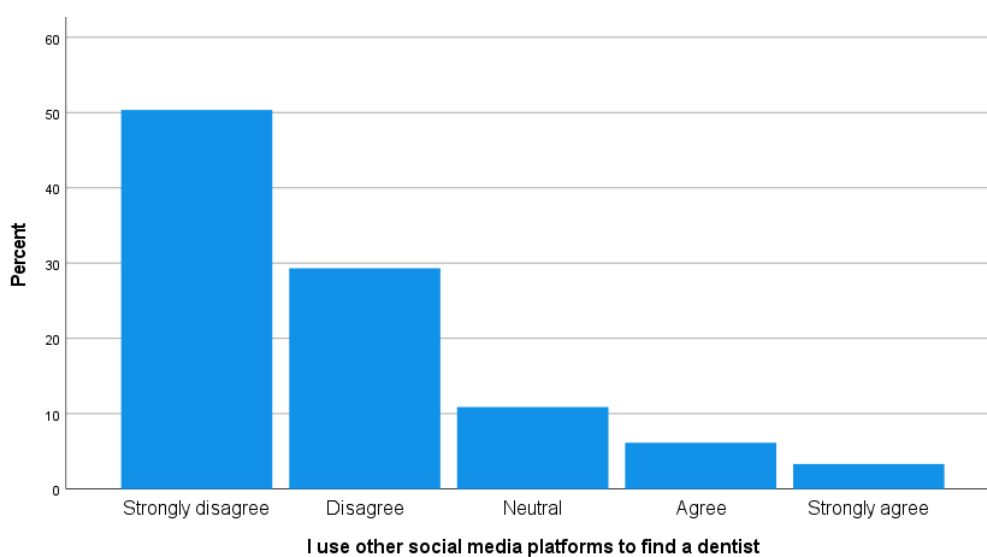
N	Valid	423
	Missing	0
Mean		1.90
Median		2.00
Mode		1
Std. Deviation		1.118
Minimum		1
Maximum		5

Appendix 10 (5/6)

Statistics 1.5

I use other social media platforms to find a dentist.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	213	50.4	50.4	50.4
	Disagree	124	29.3	29.3	79.7
	Neutral	46	10.9	10.9	90.5
	Agree	26	6.1	6.1	96.7
	Strongly agree	14	3.3	3.3	100.0
	Total	423	100.0	100.0	



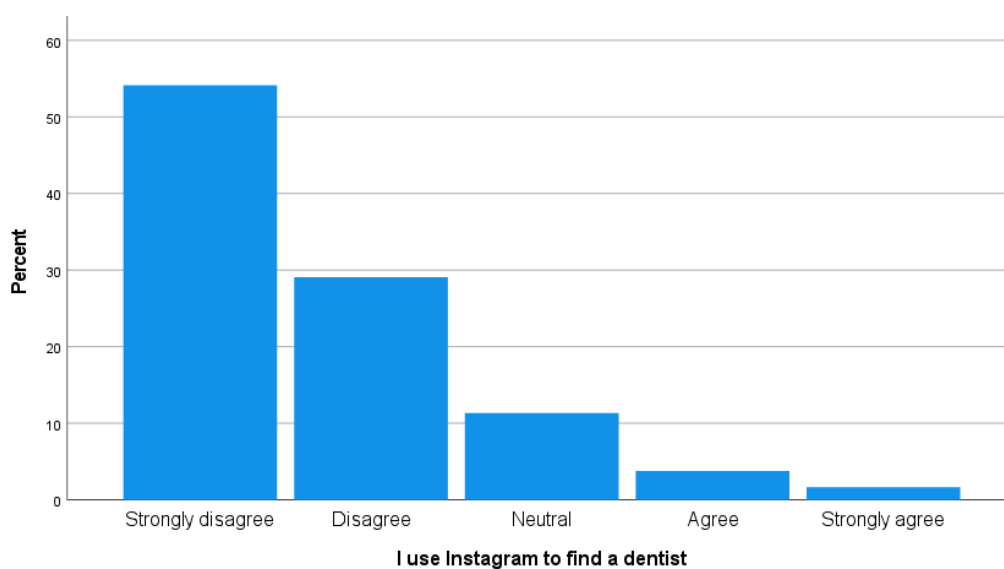
N	Valid	423
	Missing	0
Mean		1.83
Median		1.00
Mode		1
Std. Deviation		1.063
Minimum		1
Maximum		5

Appendix 10 (6/6)

Statistics 1.6

I use Instagram to find a dentist.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	229	54.1	54.1	54.1
	Disagree	123	29.1	29.1	83.2
	Neutral	48	11.3	11.3	94.6
	Agree	16	3.8	3.8	98.3
	Strongly agree	7	1.7	1.7	100.0
	Total	423	100.0	100.0	



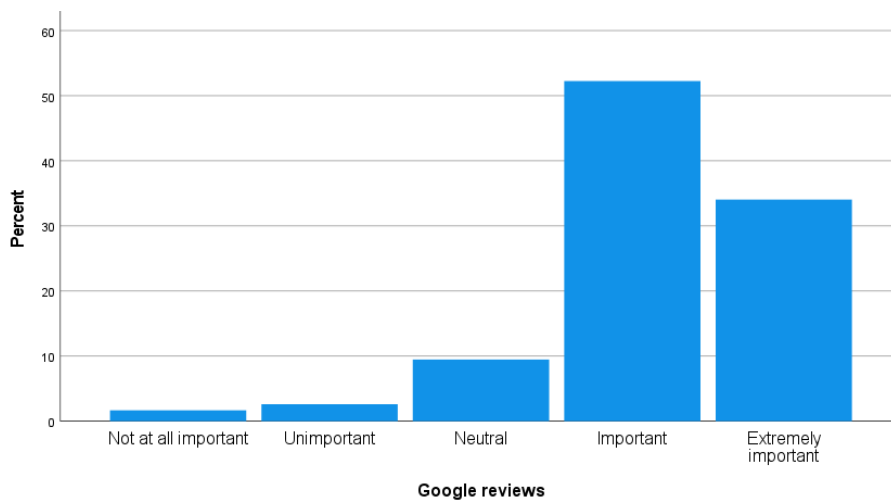
N	Valid	423
	Missing	0
Mean		1.83
Median		1.00
Mode		1
Std. Deviation		1.063
Minimum		1
Maximum		5

Appendix 11 (1/22)

Statistics 2.1

Google reviews

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	7	1.7	1.7	1.7
	Unimportant	11	2.6	2.6	4.3
	Neutral	40	9.5	9.5	13.7
	Important	221	52.2	52.2	66.0
	Extremely im- portant	144	34.0	34.0	100.0
	Total	423	100.0	100.0	



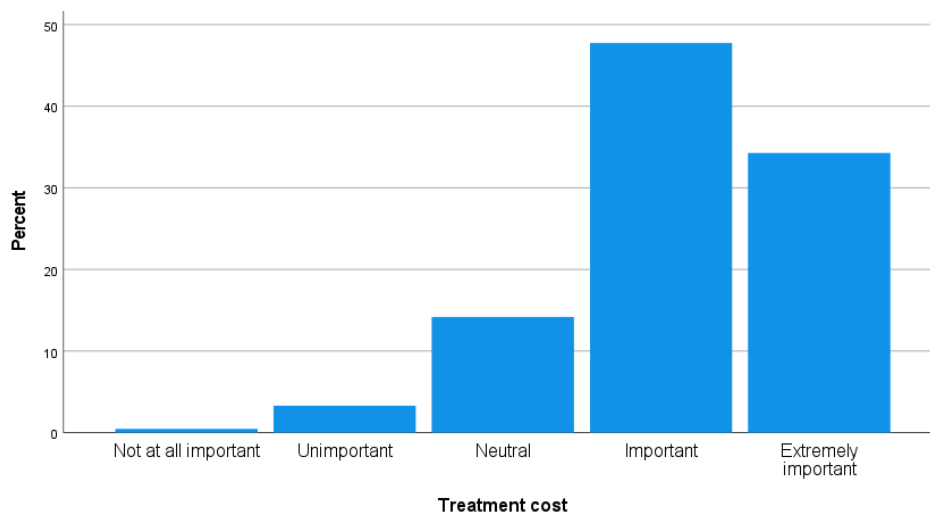
N	Valid	423
	Missing	0
Mean		4.14
Median		4.00
Mode		4
Std. Deviation		.818
Minimum		1
Maximum		5

Appendix 11 (2/22)

Statistics 2.2

Treatment cost

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	2	.5	.5	.5
	Unimportant	14	3.3	3.3	3.8
	Neutral	60	14.2	14.2	18.0
	Important	202	47.8	47.8	65.7
	Extremely important	145	34.3	34.3	100.0
	Total	423	100.0	100.0	



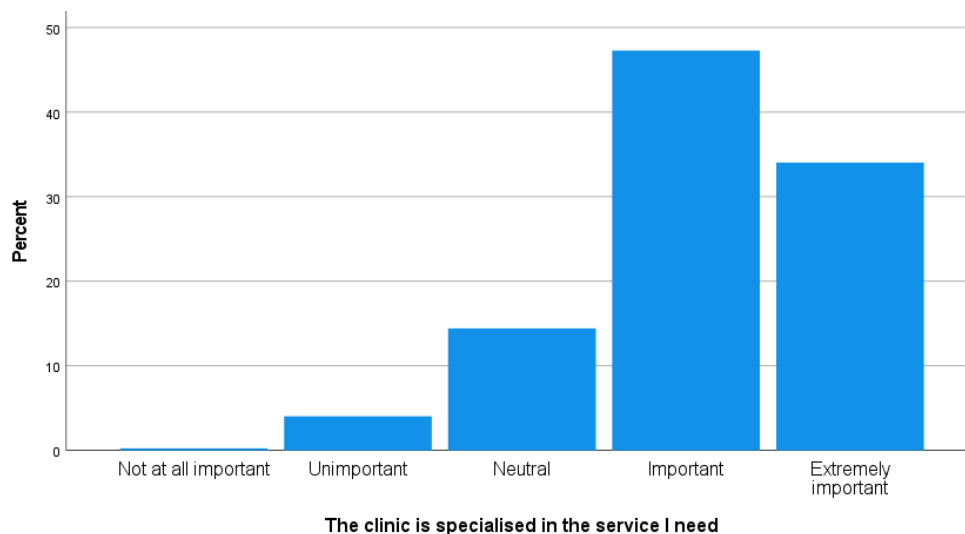
N	Valid	423
	Missing	0
Mean		4.12
Median		4.00
Mode		4
Std. Deviation		.804
Minimum		1
Maximum		5

Appendix 11 (3/22)

Statistics 2.3

The clinic is specialised in the service I need.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	1	.2	.2	.2
	Unimportant	17	4.0	4.0	4.3
	Neutral	61	14.4	14.4	18.7
	Important	200	47.3	47.3	66.0
	Extremely important	144	34.0	34.0	100.0
	Total	423	100.0	100.0	



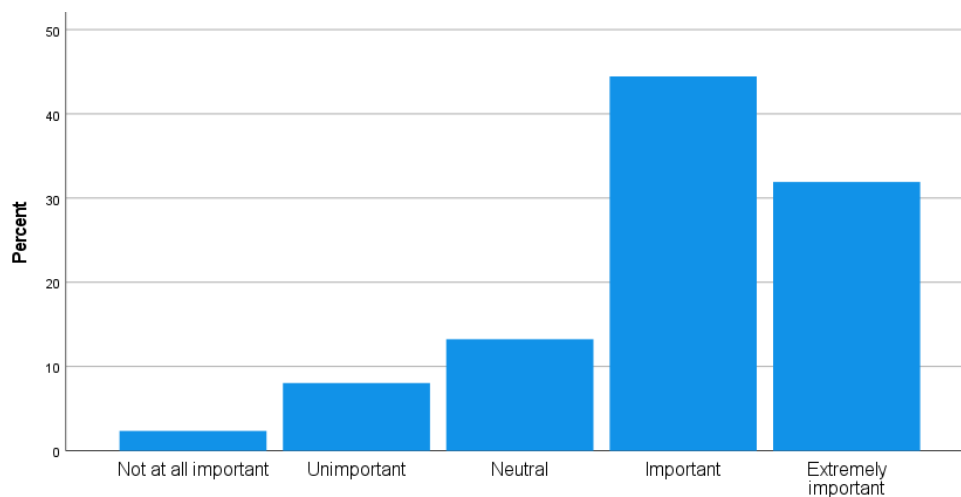
N	Valid	423
	Missing	0
Mean		4.11
Median		4.00
Mode		4
Std. Deviation		.810
Minimum		1
Maximum		5

Appendix 11 (4/22)

Statistics 2.4

The clinic is within a 10-mile radius.

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	10	2.4	2.4	2.4
	Unimportant	34	8.0	8.0	10.4
	Neutral	56	13.2	13.2	23.6
	Important	188	44.4	44.4	68.1
	Extremely important	135	31.9	31.9	100.0
Total		423	100.0	100.0	



The clinic is within a 10 mile radius

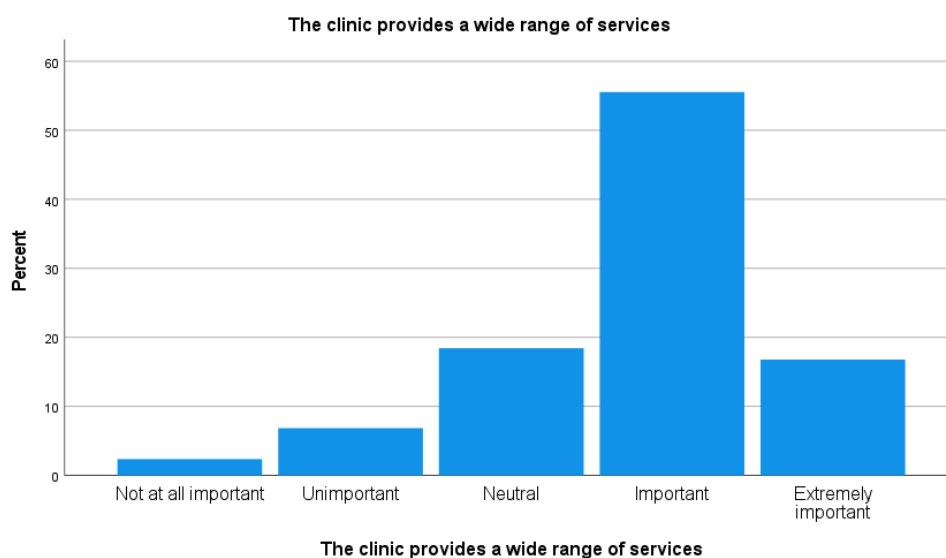
N	Valid	423
	Missing	0
Mean		3.96
Median		4.00
Mode		4
Std. Deviation		.993
Minimum		1
Maximum		5

Appendix 11 (5/22)

Statistics 2.5

The clinic provides a wide range of services.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	10	2.4	2.4	2.4
	Unimportant	29	6.9	6.9	9.2
	Neutral	78	18.4	18.4	27.7
	Important	235	55.6	55.6	83.2
	Extremely im- portant	71	16.8	16.8	100.0
	Total	423	100.0	100.0	



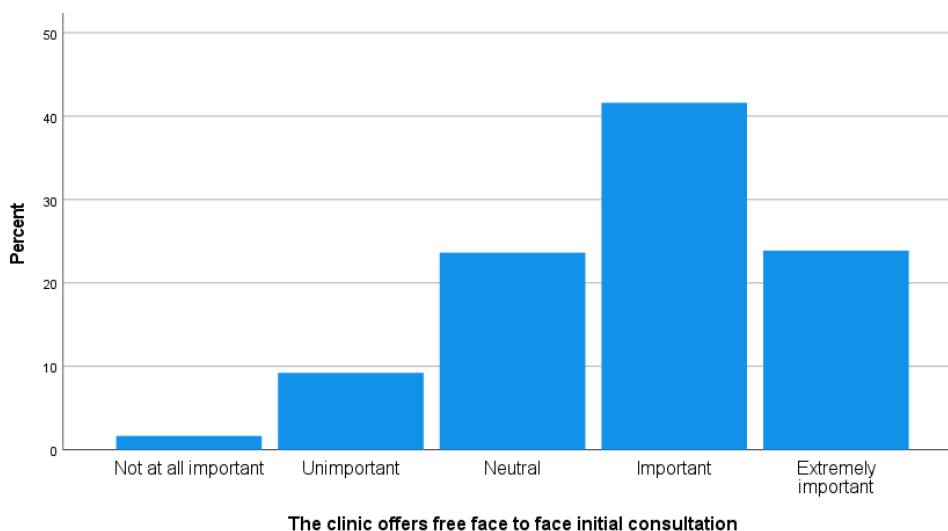
N	Valid	423
	Missing	0
Mean		3.78
Median		4.00
Mode		4
Std. Deviation		.889
Minimum		1
Maximum		5

Appendix 11 (6/22)

Statistics 2.6

The clinic offers free face to face initial consultation.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	7	1.7	1.7	1.7
	Unimportant	39	9.2	9.2	10.9
	Neutral	100	23.6	23.6	34.5
	Important	176	41.6	41.6	76.1
	Extremely important	101	23.9	23.9	100.0
	Total	423	100.0	100.0	



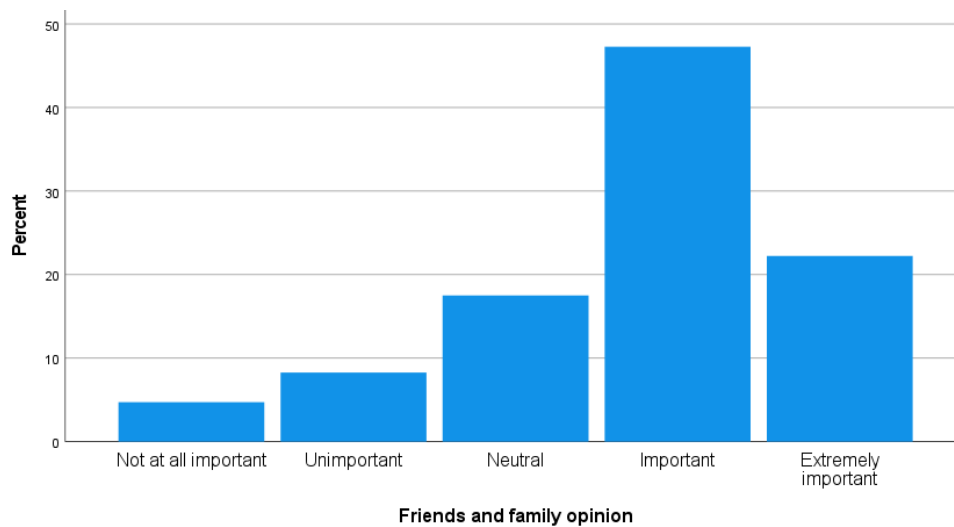
N	Valid	423
	Missing	0
Mean		3.77
Median		4.00
Mode		4
Std. Deviation		.970
Minimum		1
Maximum		5

Appendix 11 (7/22)

Statistics 2.7

Friends and family opinion

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	20	4.7	4.7	4.7
	Unimportant	35	8.3	8.3	13.0
	Neutral	74	17.5	17.5	30.5
	Important	200	47.3	47.3	77.8
	Extremely important	94	22.2	22.2	100.0
	Total	423	100.0	100.0	



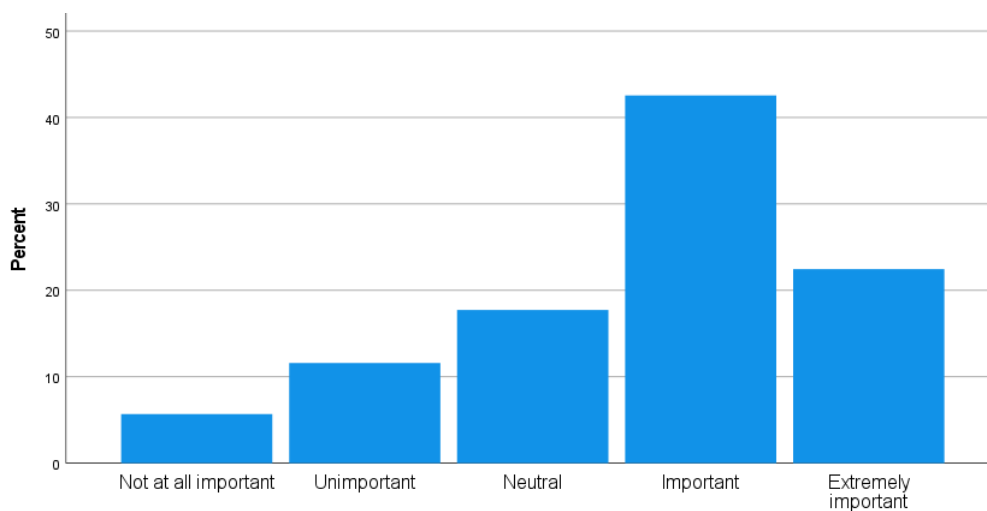
N	Valid	423
	Missing	0
Mean		3.74
Median		4.00
Mode		4
Std. Deviation		1.043
Minimum		1
Maximum		5

Appendix 11 (8/22)

Statistics 2.8

In case of cosmetic treatments, I want to see before and after photos of past patients.

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	24	5.7	5.7	5.7
	Unimportant	49	11.6	11.6	17.3
	Neutral	75	17.7	17.7	35.0
	Important	180	42.6	42.6	77.5
	Extremely important	95	22.5	22.5	100.0
Total		423	100.0	100.0	



[In case of cosmetic treatments, I want to see before and after photos of past patients]

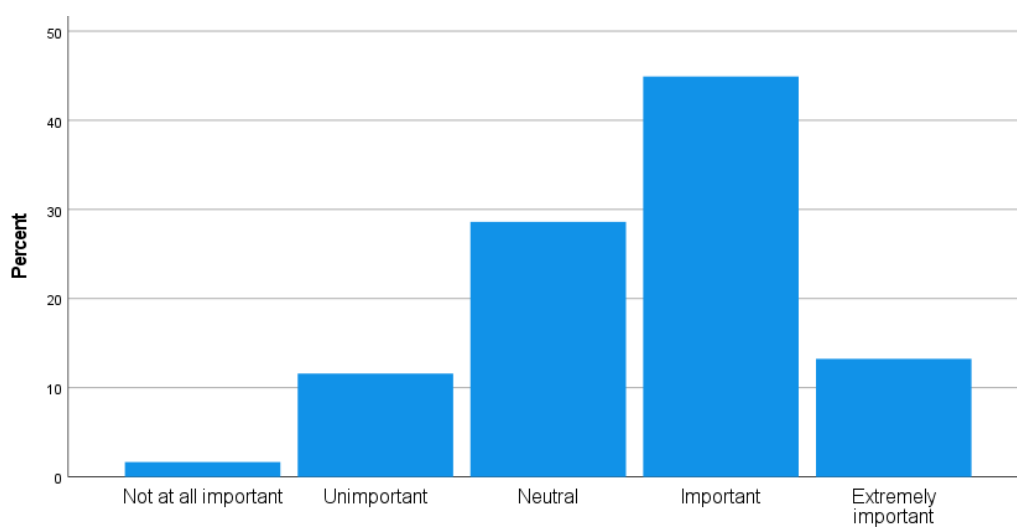
N	Valid	423
	Missing	0
Mean		3.65
Median		4.00
Mode		4
Std. Deviation		1.119
Minimum		1
Maximum		5

Appendix 11 (9/22)

Statistics 2.9

The clinic has cutting-edge dental equipment.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	7	1.7	1.7	1.7
	Unimportant	49	11.6	11.6	13.2
	Neutral	121	28.6	28.6	41.8
	Important	190	44.9	44.9	86.8
	Extremely important	56	13.2	13.2	100.0
	Total	423	100.0	100.0	



The clinic has cutting-edge dental equipment

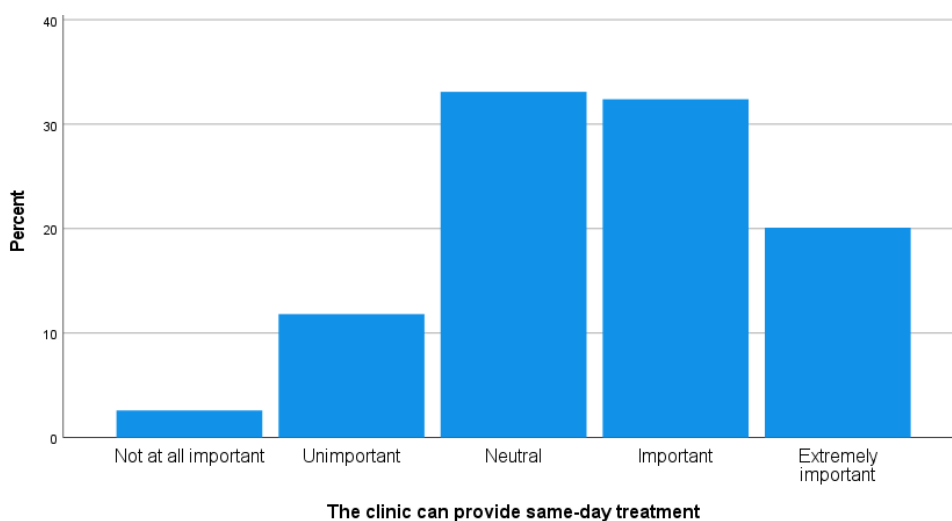
N	Valid	423
	Missing	0
Mean		3.65
Median		4.00
Mode		4
Std. Deviation		1.119
Minimum		1
Maximum		5

Appendix 11 (10/22)

Statistics 2.10

The clinic can provide same day treatment.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	11	2.6	2.6	2.6
	Unimportant	50	11.8	11.8	14.4
	Neutral	140	33.1	33.1	47.5
	Important	137	32.4	32.4	79.9
	Extremely important	85	20.1	20.1	100.0
	Total	423	100.0	100.0	



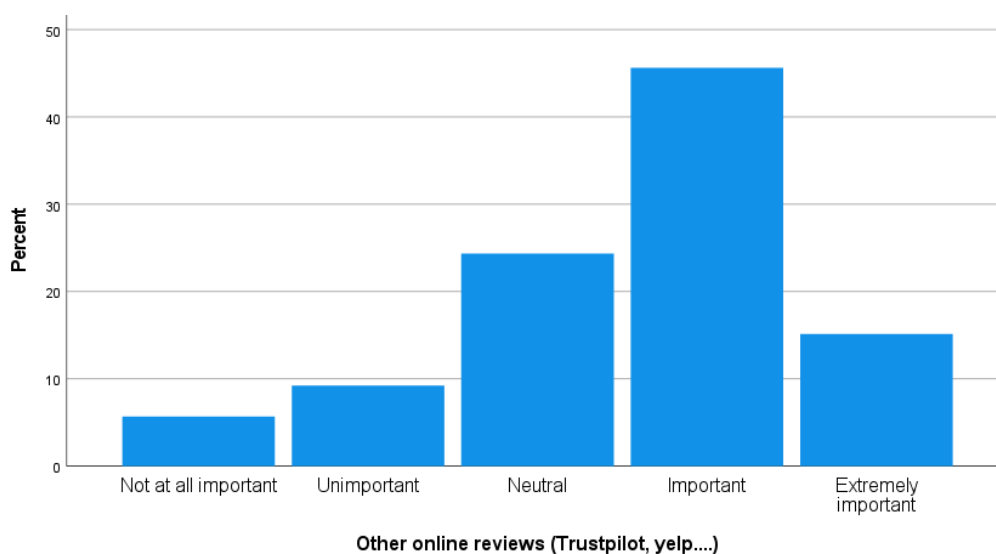
N	Valid	423
	Missing	0
Mean		3.56
Median		4.00
Mode		3
Std. Deviation		1.022
Minimum		1
Maximum		5

Appendix 11 (11/22)

Statistics 2.11

Other online reviews (Trustpilot, yelp....)

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	24	5.7	5.7	5.7
	Unimportant	39	9.2	9.2	14.9
	Neutral	103	24.3	24.3	39.2
	Important	193	45.6	45.6	84.9
	Extremely important	64	15.1	15.1	100.0
	Total	423	100.0	100.0	



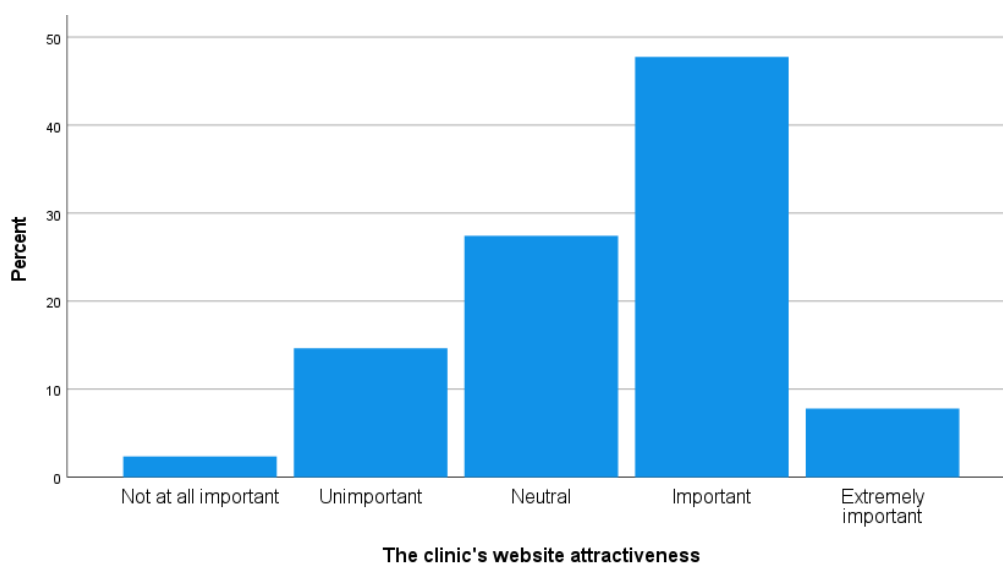
N	Valid	423
	Missing	0
Mean		3.55
Median		4.00
Mode		4
Std. Deviation		1.038
Minimum		1
Maximum		5

Appendix 11 (12/22)

Statistics 2.12

The clinic's website attractiveness

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	10	2.4	2.4	2.4
	Unimportant	62	14.7	14.7	17.0
	Neutral	116	27.4	27.4	44.4
	Important	202	47.8	47.8	92.2
	Extremely important	33	7.8	7.8	100.0
	Total	423	100.0	100.0	



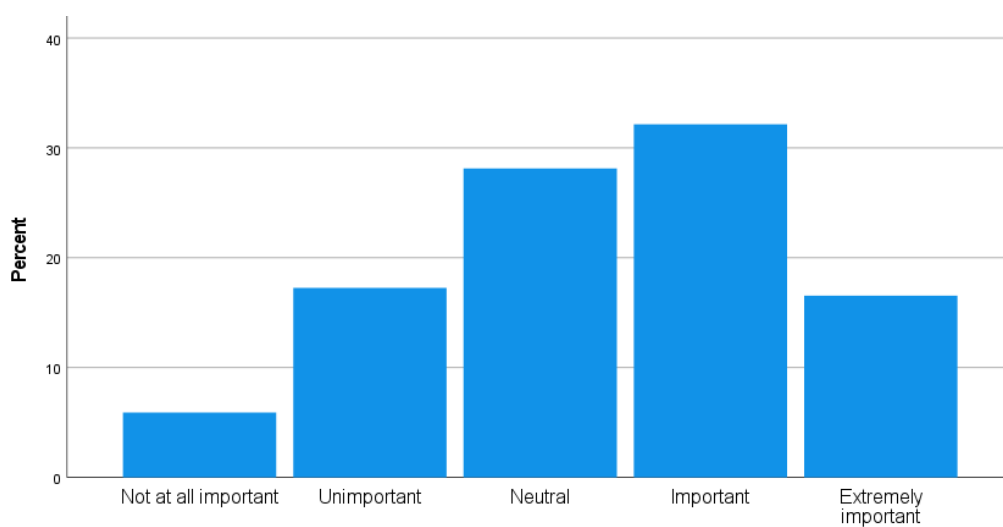
N	Valid	423
	Missing	0
Mean		3.44
Median		4.00
Mode		4
Std. Deviation		.916
Minimum		1
Maximum		5

Appendix 11 (13/22)

Statistics 2.13

The clinic offers extended opening hours in the evening.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	25	5.9	5.9	5.9
	Unimportant	73	17.3	17.3	23.2
	Neutral	119	28.1	28.1	51.3
	Important	136	32.2	32.2	83.5
	Extremely important	70	16.5	16.5	100.0
	Total	423	100.0	100.0	



The clinic offers extended opening hours in the evening

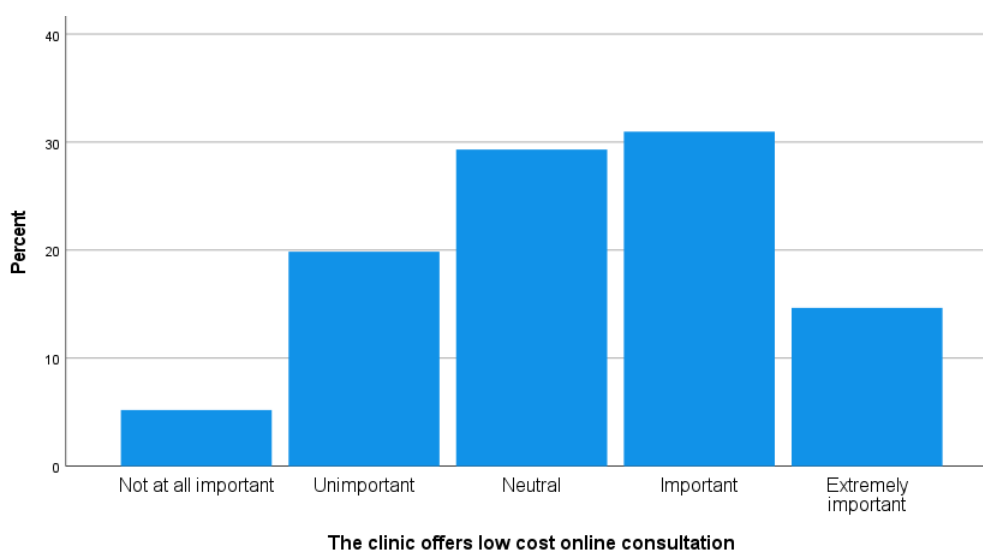
N	Valid	423
	Missing	0
Mean		3.36
Median		3.00
Mode		4
Std. Deviation		1.125
Minimum		1
Maximum		5

Appendix 11 (14/22)

Statistics 2.14

The clinic offers low cost online consultation.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	22	5.2	5.2	5.2
	Unimportant	84	19.9	19.9	25.1
	Neutral	124	29.3	29.3	54.4
	Important	131	31.0	31.0	85.3
	Extremely important	62	14.7	14.7	100.0
	Total	423	100.0	100.0	



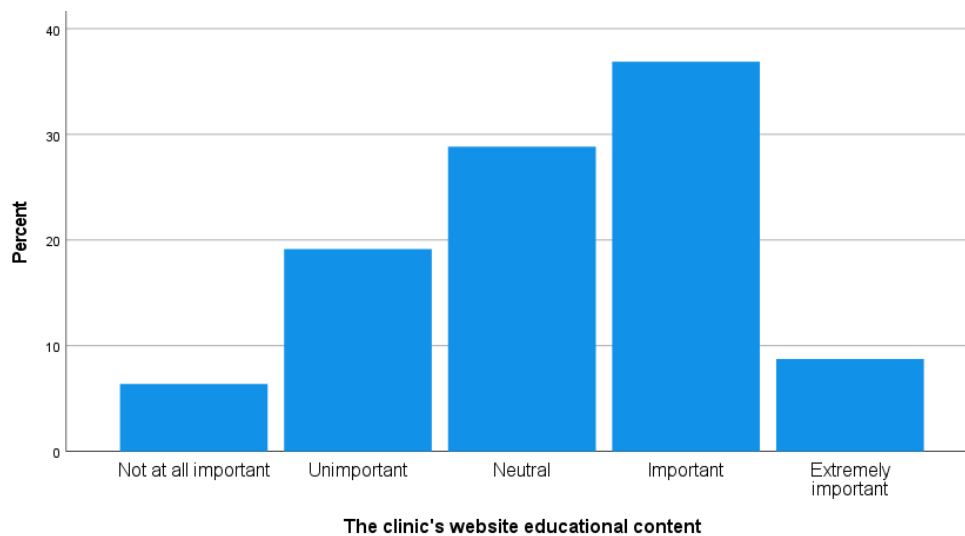
N	Valid	423
	Missing	0
Mean		3.30
Median		3.00
Mode		4
Std. Deviation		1.102
Minimum		1
Maximum		5

Appendix 11 (15/22)

Statistics 2.15

The clinic's website educational content

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	27	6.4	6.4	6.4
	Unimportant	81	19.1	19.1	25.5
	Neutral	122	28.8	28.8	54.4
	Important	156	36.9	36.9	91.3
	Extremely important	37	8.7	8.7	100.0
	Total	423	100.0	100.0	



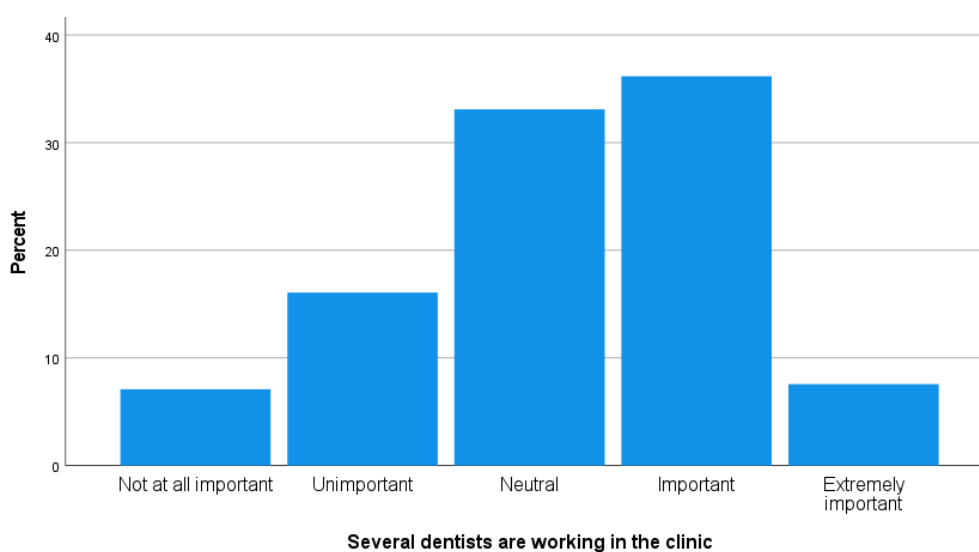
N	Valid	423
	Missing	0
Mean		3.22
Median		3.00
Mode		4
Std. Deviation		1.057
Minimum		1
Maximum		5

Appendix 11 (16/22)

Statistics 2.16

Several dentists are working in the clinic.

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	30	7.1	7.1	7.1
	Unimportant	68	16.1	16.1	23.2
	Neutral	140	33.1	33.1	56.3
	Important	153	36.2	36.2	92.4
	Extremely important	32	7.6	7.6	100.0
	Total	423	100.0	100.0	



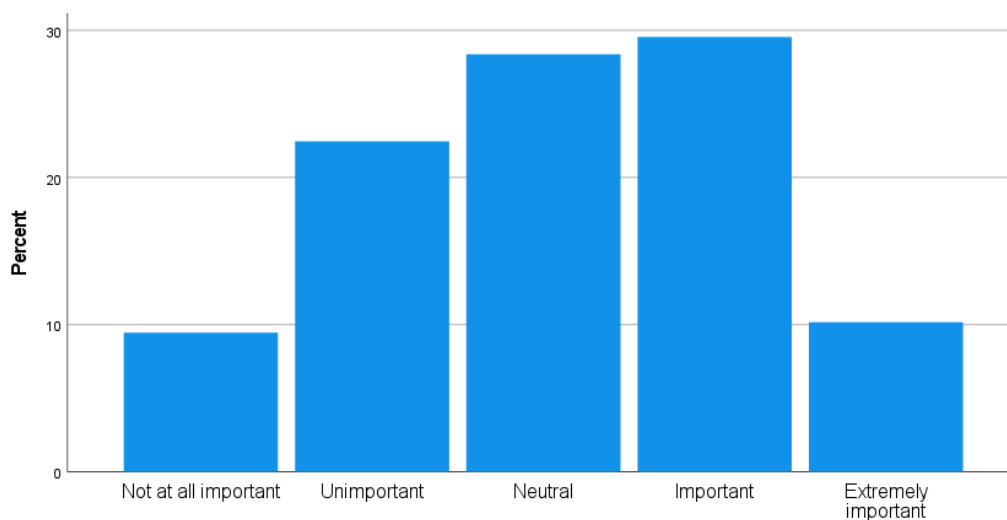
N	Valid	423
	Missing	0
Mean		3.21
Median		3.00
Mode		4
Std. Deviation		1.033
Minimum		1
Maximum		5

Appendix 11 (17/22)

Statistics 2.17

The dentist has more than 20 years of experience

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	40	9.5	9.5	9.5
	Unimportant	95	22.5	22.5	31.9
	Neutral	120	28.4	28.4	60.3
	Important	125	29.6	29.6	89.8
	Extremely important	43	10.2	10.2	100.0
	Total	423	100.0	100.0	



The dentist has more than 20 years of experience

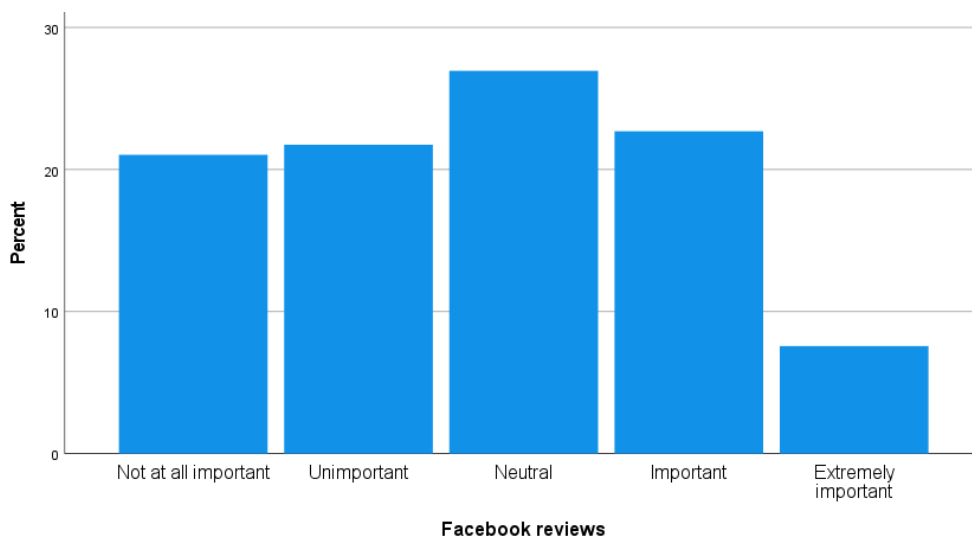
N	Valid	423
	Missing	0
Mean		3.09
Median		3.00
Mode		4
Std. Deviation		1.141
Minimum		1
Maximum		5

Appendix 11 (18/22)

Statistics 2.18

Facebook reviews

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	89	21.0	21.0	21.0
	Unimportant	92	21.7	21.7	42.8
	Neutral	114	27.0	27.0	69.7
	Important	96	22.7	22.7	92.4
	Extremely important	32	7.6	7.6	100.0
	Total	423	100.0	100.0	



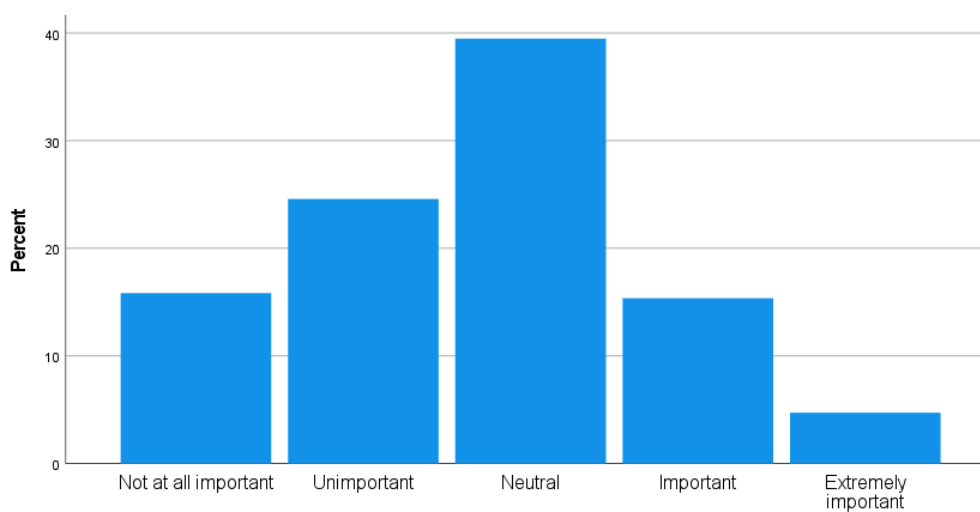
N	Valid	423
	Missing	0
Mean		2.74
Median		3.00
Mode		3
Std. Deviation		1.235
Minimum		1
Maximum		5

Appendix 11 (19/22)

Statistics 2.19

The clinic is in the city centre.

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	67	15.8	15.8	15.8
	Unimportant	104	24.6	24.6	40.4
	Neutral	167	39.5	39.5	79.9
	Important	65	15.4	15.4	95.3
	Extremely important	20	4.7	4.7	100.0
	Total	423	100.0	100.0	



The clinic is in the city center

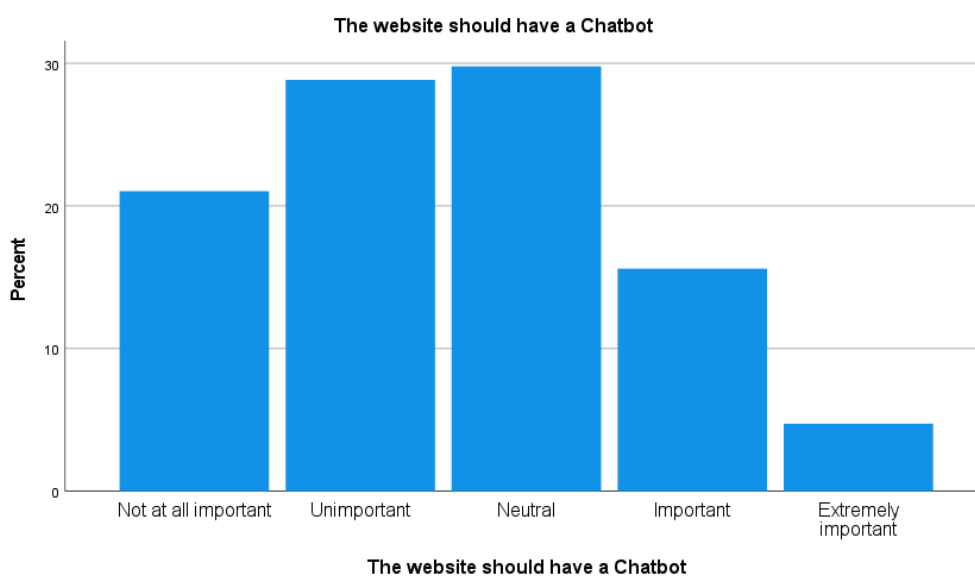
N	Valid	423
	Missing	0
Mean		2.69
Median		3.00
Mode		3
Std. Deviation		1.061
Minimum		1
Maximum		5

Appendix 11 (20/22)

Statistics 2.20

The website should have a Chatbot.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	89	21.0	21.0	21.0
	Unimportant	122	28.8	28.8	49.9
	Neutral	126	29.8	29.8	79.7
	Important	66	15.6	15.6	95.3
	Extremely important	20	4.7	4.7	100.0
	Total	423	100.0	100.0	



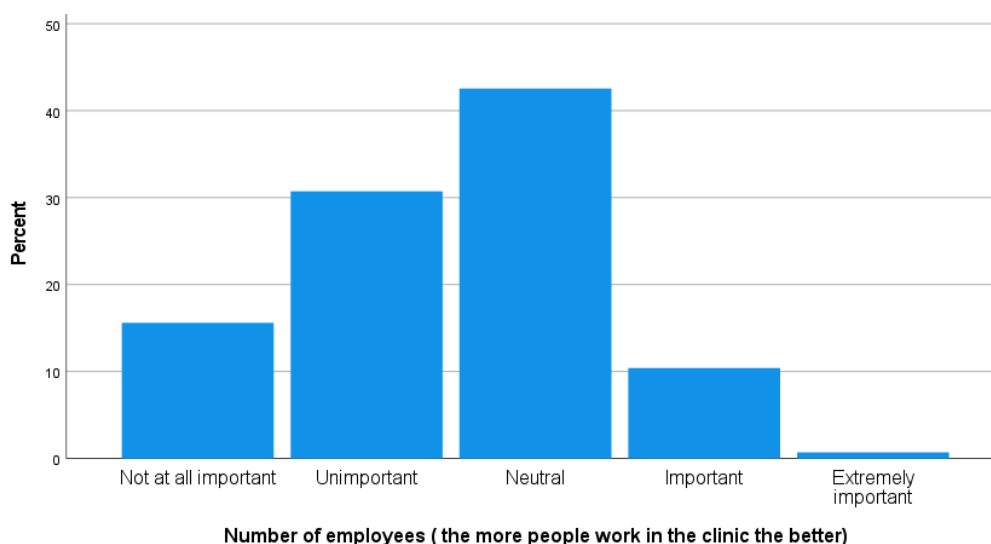
N	Valid	423
	Missing	0
Mean		2.54
Median		3.00
Mode		3
Std. Deviation		1.126
Minimum		1
Maximum		5

Appendix 11 (21/22)

Statistics 2.21

Number of employees (the more people work in the clinic the better).

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	66	15.6	15.6	15.6
	Unimportant	130	30.7	30.7	46.3
	Neutral	180	42.6	42.6	88.9
	Important	44	10.4	10.4	99.3
	Extremely important	3	.7	.7	100.0
Total		423	100.0	100.0	



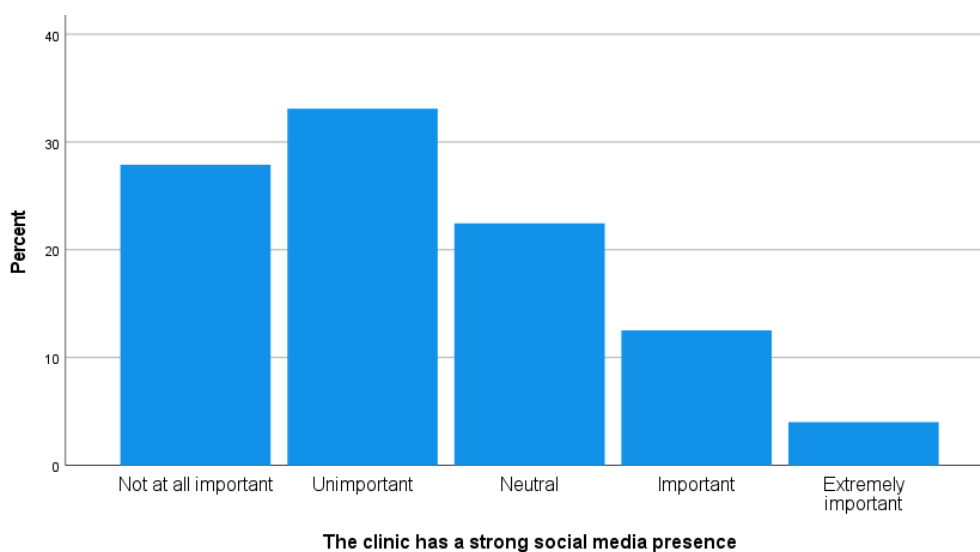
N	Valid	423
	Missing	0
Mean		2.50
Median		3.00
Mode		3
Std. Deviation		.903
Minimum		1
Maximum		5

Appendix 11 (22/22)

Statistics 2.22

The clinic has a strong social media presence.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	118	27.9	27.9	27.9
	Unimportant	140	33.1	33.1	61.0
	Neutral	95	22.5	22.5	83.5
	Important	53	12.5	12.5	96.0
	Extremely important	17	4.0	4.0	100.0
	Total	423	100.0	100.0	



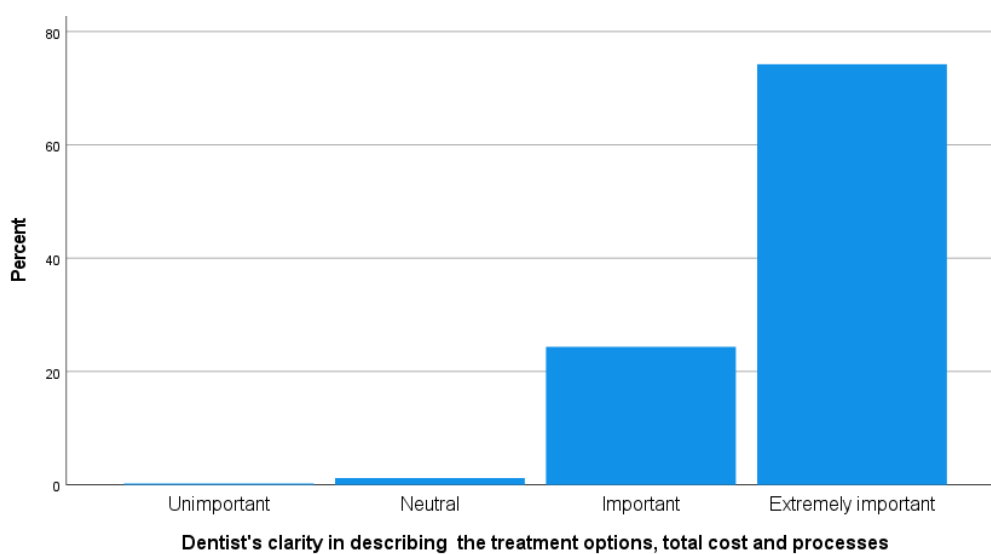
N	Valid	423
	Missing	0
Mean		2.32
Median		2.00
Mode		2
Std. Deviation		1.127
Minimum		1
Maximum		5

Appendix 12 (1/20)

Statistics 3.1

Dentist's clarity in describing the treatment options, total cost, and processes.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unimportant	1	.2	.2	.2
	Neutral	5	1.2	1.2	1.4
	Important	103	24.3	24.3	25.8
	Extremely important	314	74.2	74.2	100.0
	Total	423	100.0	100.0	



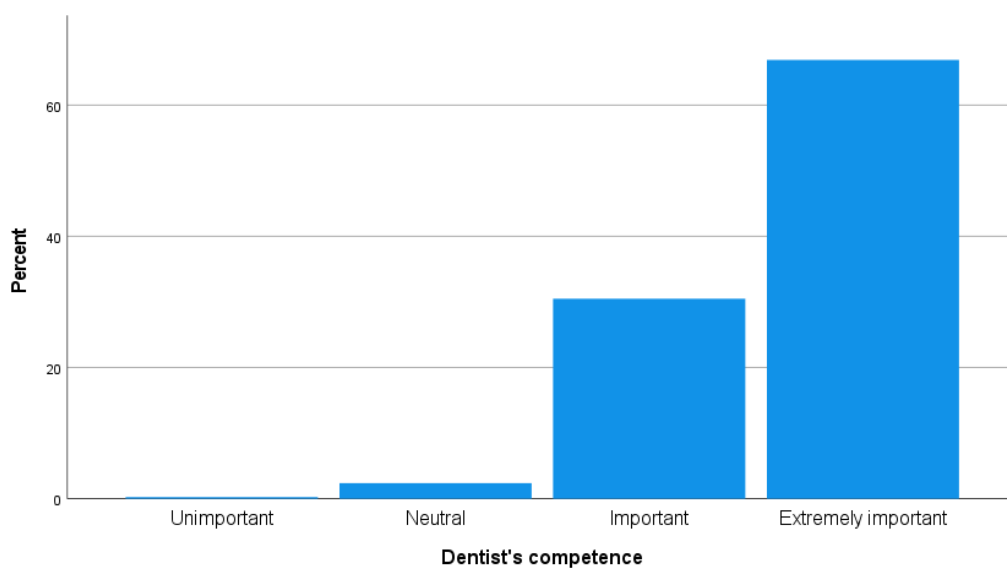
N	Valid	423
	Missing	0
Mean		4.73
Median		5.00
Mode		5
Std. Deviation		.487
Minimum		2
Maximum		5

Appendix 12 (2/20)

Statistics 3.2

Dentist's competence

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unimportant	1	.2	.2	.2
	Neutral	10	2.4	2.4	2.6
	Important	129	30.5	30.5	33.1
	Extremely important	283	66.9	66.9	100.0
	Total	423	100.0	100.0	



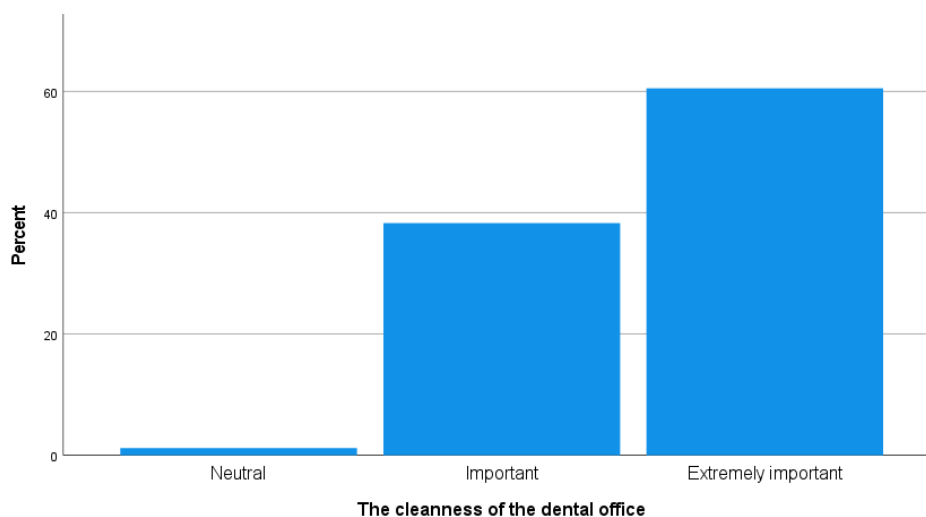
N	Valid	423
	Missing	0
Mean		4.64
Median		5.00
Mode		5
Std. Deviation		.541
Minimum		2
Maximum		5

Appendix 12 (3/20)

Statistics 3.3

The cleanness of the dental office

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neutral	5	1.2	1.2	1.2
	Important	162	38.3	38.3	39.5
	Extremely important	256	60.5	60.5	100.0
	Total	423	100.0	100.0	



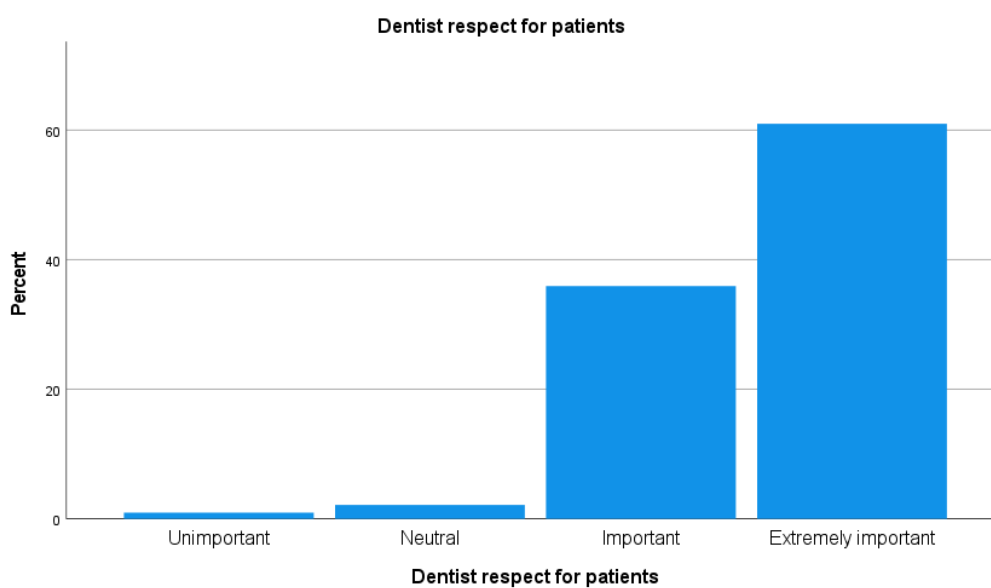
N	Valid	423
	Missing	0
Mean		4.59
Median		5.00
Mode		5
Std. Deviation		.515
Minimum		3
Maximum		5

Appendix 12 (4/20)

Statistics 2.4

Dentist respect for patients

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unimportant	4	.9	.9	.9
	Neutral	9	2.1	2.1	3.1
	Important	152	35.9	35.9	39.0
	Extremely important	258	61.0	61.0	100.0
	Total	423	100.0	100.0	



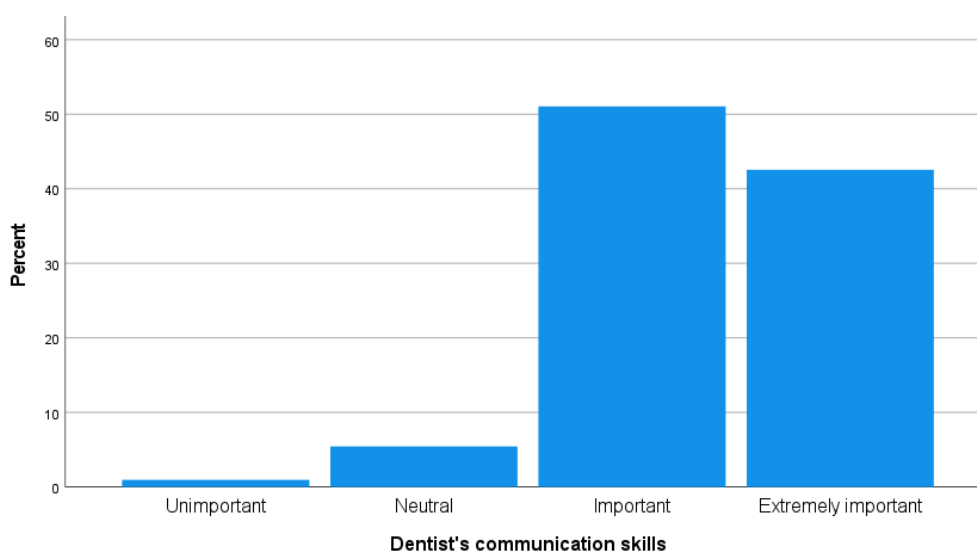
N	Valid	423
	Missing	0
Mean		4.57
Median		5.00
Mode		5
Std. Deviation		.588
Minimum		2
Maximum		5

Appendix 12 (5/20)

Statistics 3.5

Dentist's communication skills

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unimportant	4	.9	.9	.9
	Neutral	23	5.4	5.4	6.4
	Important	216	51.1	51.1	57.4
	Extremely important	180	42.6	42.6	100.0
	Total	423	100.0	100.0	



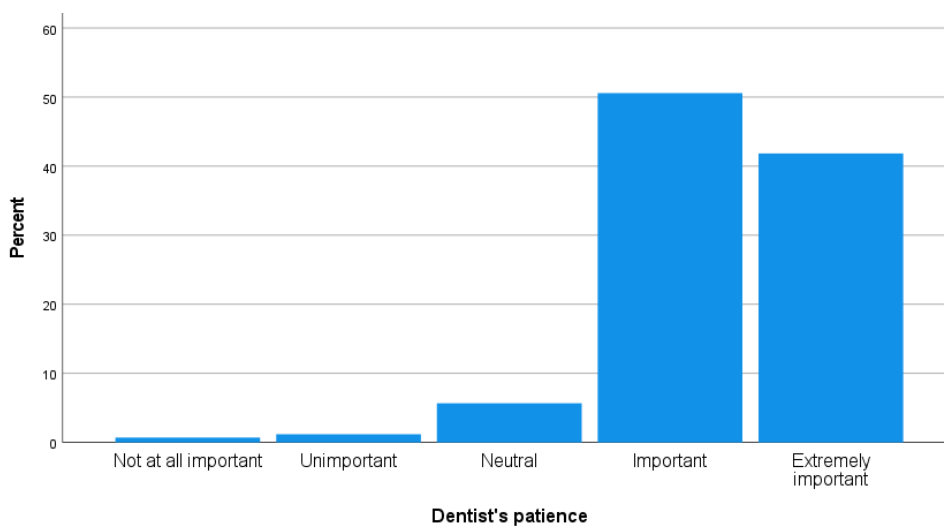
N	Valid	423
	Missing	0
Mean		4.35
Median		4.00
Mode		4
Std. Deviation		.628
Minimum		2
Maximum		5

Appendix 12 (6/20)

Statistics 3.6

Dentist's patience

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	3	.7	.7	.7
	Unimportant	5	1.2	1.2	1.9
	Neutral	24	5.7	5.7	7.6
	Important	214	50.6	50.6	58.2
	Extremely important	177	41.8	41.8	100.0
	Total	423	100.0	100.0	



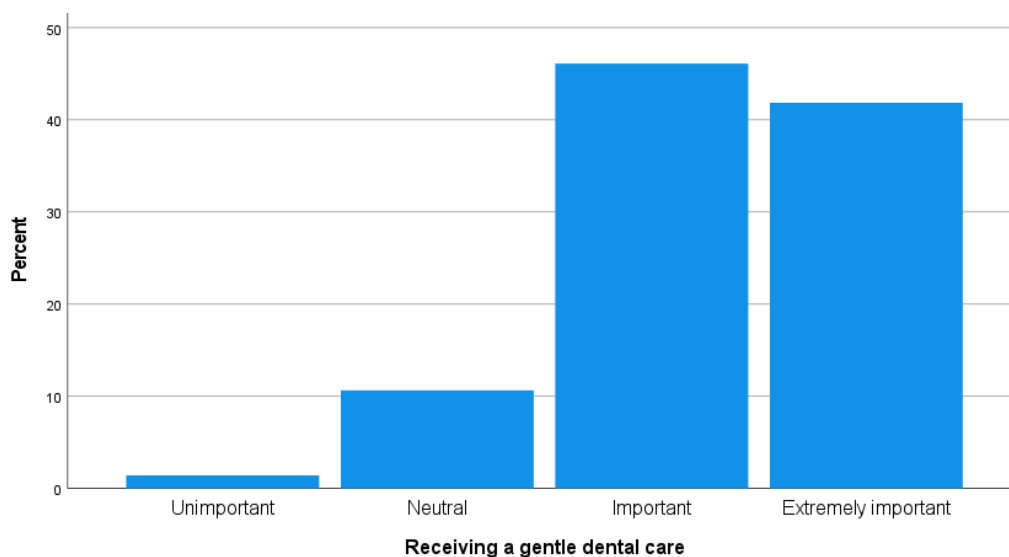
N	Valid	423
	Missing	0
Mean		4.32
Median		4.00
Mode		4
Std. Deviation		.698
Minimum		1
Maximum		5

Appendix 12 (7/20)

Statistics 3.7

Receiving a gentle dental care.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unimportant	6	1.4	1.4	1.4
	Neutral	45	10.6	10.6	12.1
	Important	195	46.1	46.1	58.2
	Extremely important	177	41.8	41.8	100.0
	Total	423	100.0	100.0	



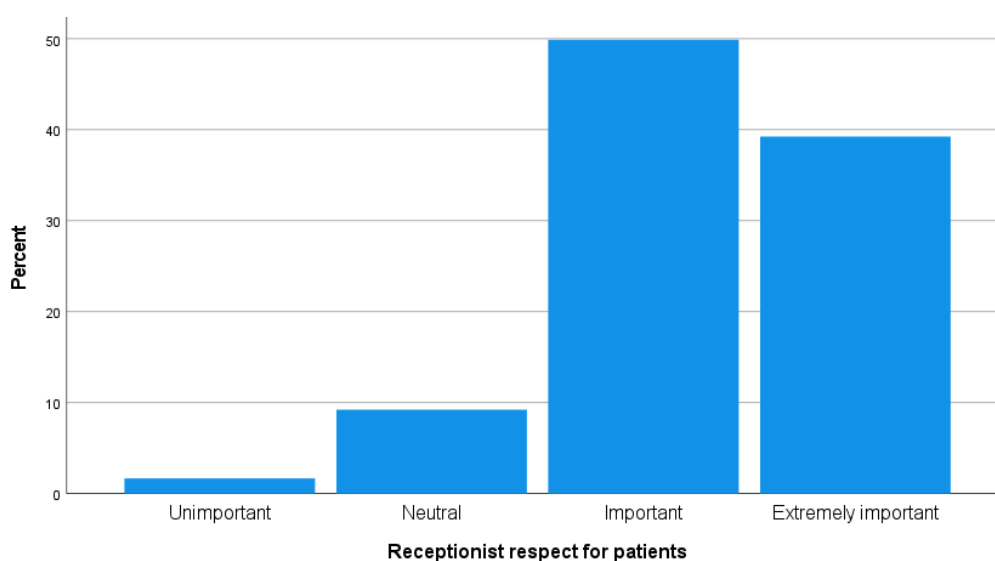
N	Valid	423
	Missing	0
Mean		4.28
Median		4.00
Mode		4
Std. Deviation		.709
Minimum		2
Maximum		5

Appendix 12 (8/20)

Statistics 3.8

Receptionist respect for patients

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unimportant	7	1.7	1.7	1.7
	Neutral	39	9.2	9.2	10.9
	Important	211	49.9	49.9	60.8
	Extremely important	166	39.2	39.2	100.0
	Total	423	100.0	100.0	



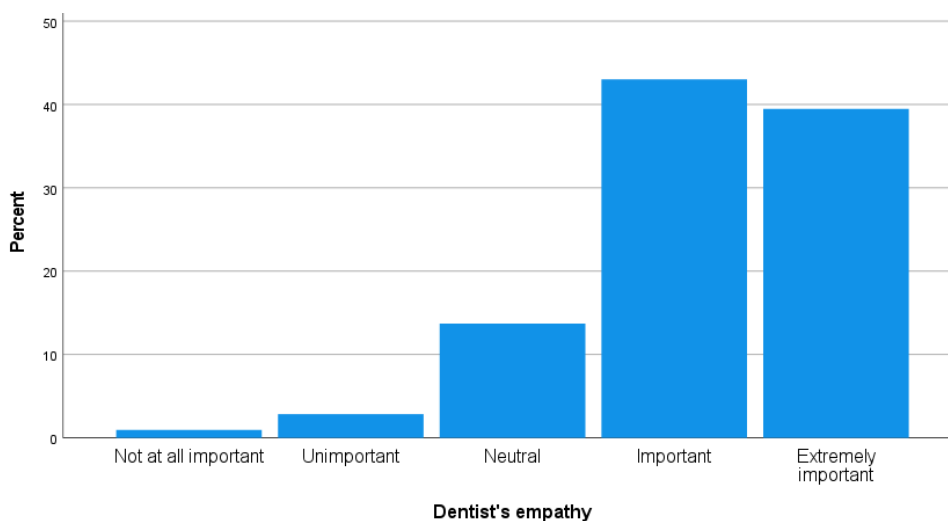
N	Valid	423
	Missing	0
Mean		4.27
Median		4.00
Mode		4
Std. Deviation		.693
Minimum		2
Maximum		5

Appendix 12 (9/20)

Statistics 3.9

Dentist's empathy

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	4	.9	.9	.9
	Unimportant	12	2.8	2.8	3.8
	Neutral	58	13.7	13.7	17.5
	Important	182	43.0	43.0	60.5
	Extremely important	167	39.5	39.5	100.0
Total		423	100.0	100.0	



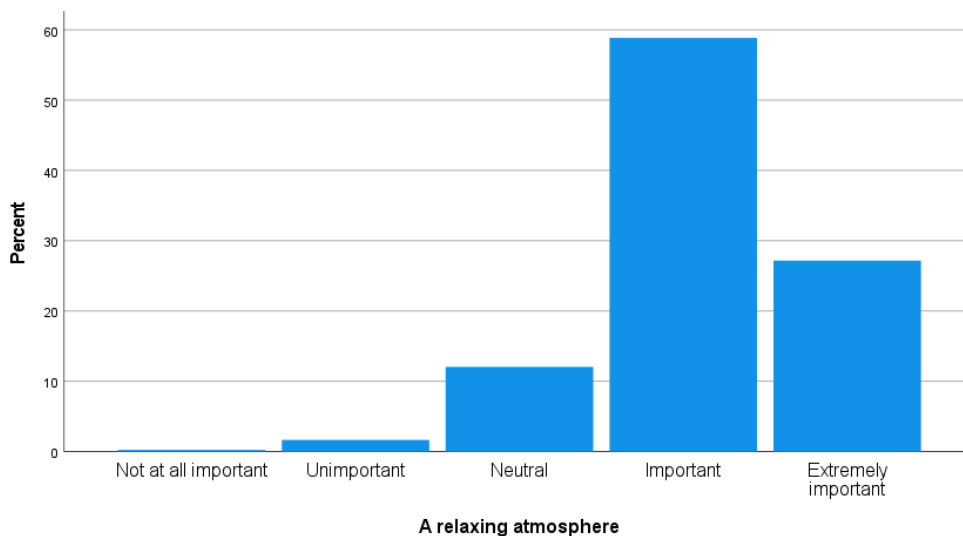
N	Valid	423
	Missing	0
Mean		4.17
Median		4.00
Mode		4
Std. Deviation		.838
Minimum		1
Maximum		5

Appendix 12 (10/20)

Statistics 3.10

A relaxing atmosphere

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	1	.2	.2	.2
	Unimportant	7	1.7	1.7	1.9
	Neutral	51	12.1	12.1	13.9
	Important	249	58.9	58.9	72.8
	Extremely important	115	27.2	27.2	100.0
	Total	423	100.0	100.0	



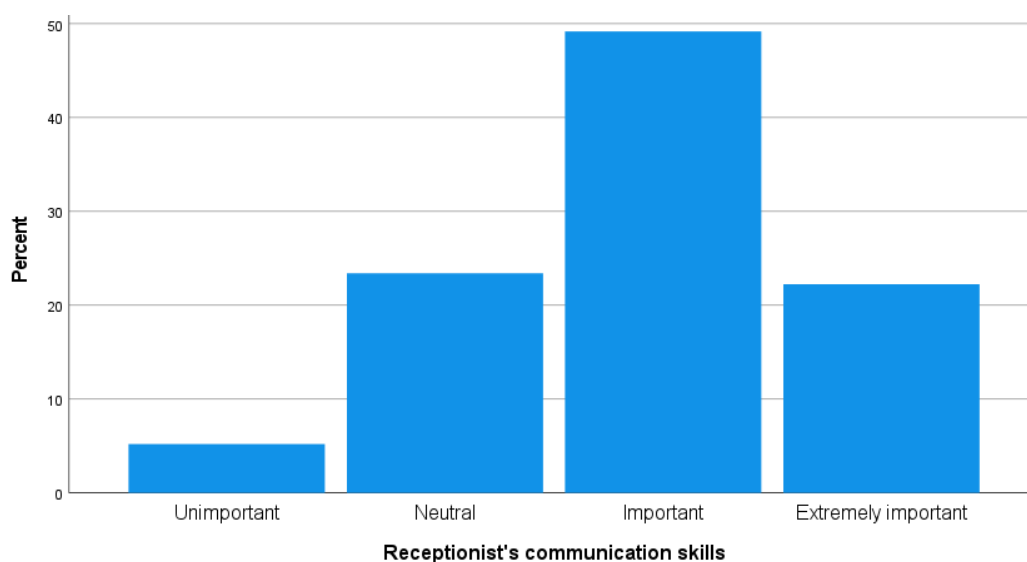
N	Valid	423
	Missing	0
Mean		4.11
Median		4.00
Mode		4
Std. Deviation		.685
Minimum		1
Maximum		5

Appendix 12 (11/20)

Statistics 3.11

Receptionist's communication skills

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unimportant	22	5.2	5.2	5.2
	Neutral	99	23.4	23.4	28.6
	Important	208	49.2	49.2	77.8
	Extremely important	94	22.2	22.2	100.0
	Total	423	100.0	100.0	



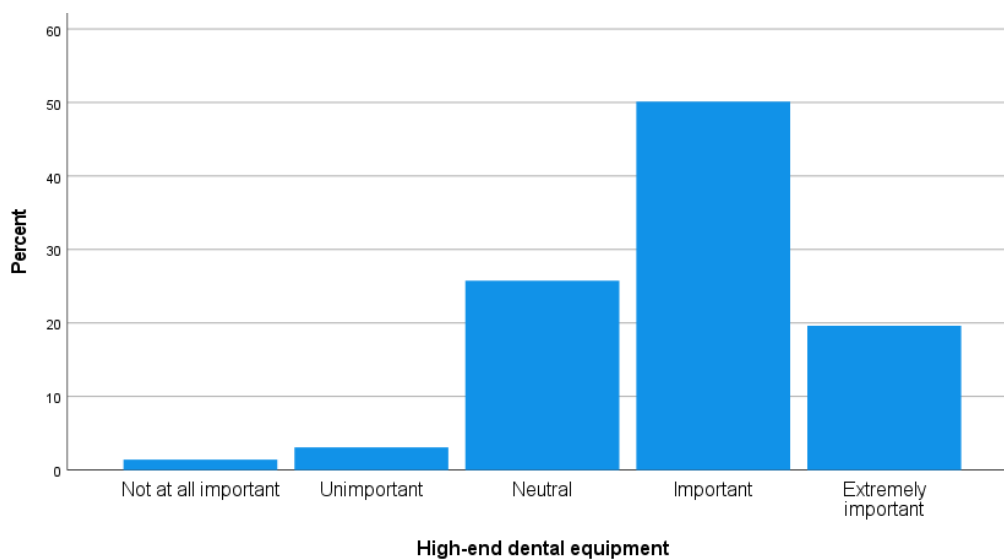
N	Valid	423
	Missing	0
Mean		3.88
Median		4.00
Mode		4
Std. Deviation		.808
Minimum		2
Maximum		5

Appendix 12 (12/20)

Statistics 3.12

High-end dental equipment

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	6	1.4	1.4	1.4
	Unimportant	13	3.1	3.1	4.5
	Neutral	109	25.8	25.8	30.3
	Important	212	50.1	50.1	80.4
	Extremely important	83	19.6	19.6	100.0
	Total	423	100.0	100.0	



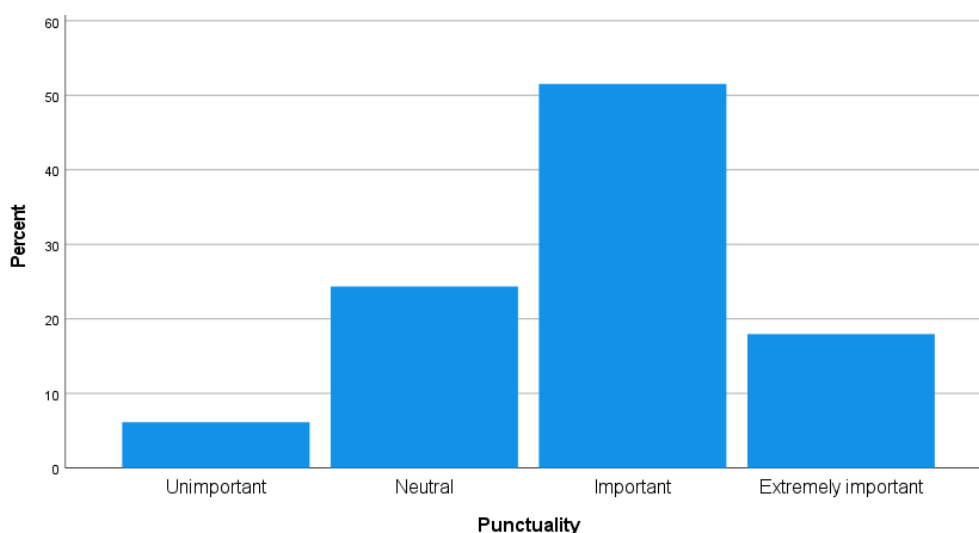
N	Valid	423
	Missing	0
Mean		3.83
Median		4.00
Mode		4
Std. Deviation		.824
Minimum		1
Maximum		5

Appendix 12 (13/20)

Statistics 3.13

Punctuality

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Unimportant	26	6.1	6.1	6.1
	Neutral	103	24.3	24.3	30.5
	Important	218	51.5	51.5	82.0
	Extremely important	76	18.0	18.0	100.0
	Total	423	100.0	100.0	



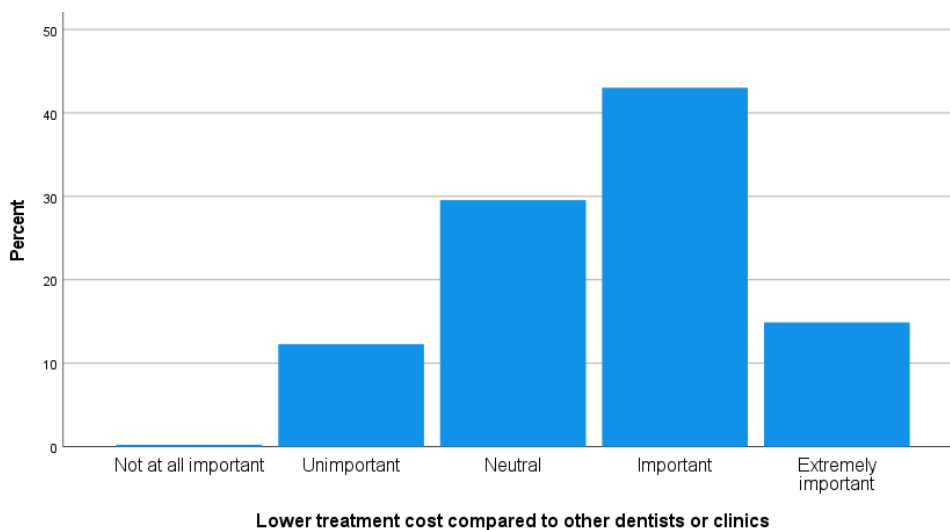
N	Valid	423
	Missing	0
Mean		3.81
Median		4.00
Mode		4
Std. Deviation		.797
Minimum		2
Maximum		5

Appendix 12 (14/20)

Statistics 3.14

Lower treatment cost compared to other dentists or clinics

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	1	.2	.2	.2
	Unimportant	52	12.3	12.3	12.5
	Neutral	125	29.6	29.6	42.1
	Important	182	43.0	43.0	85.1
	Extremely important	63	14.9	14.9	100.0
	Total	423	100.0	100.0	



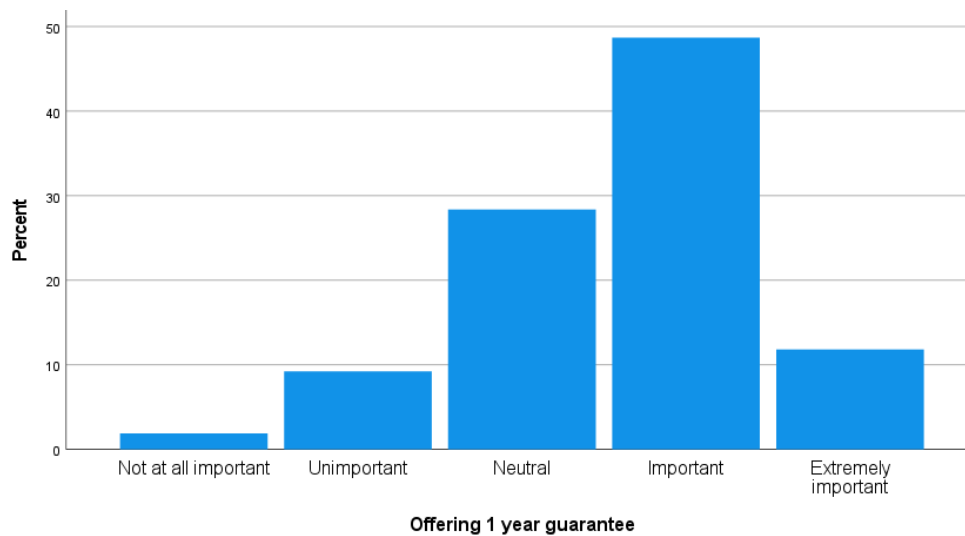
N	Valid	423
	Missing	0
Mean		3.60
Median		4.00
Mode		4
Std. Deviation		.894
Minimum		1
Maximum		5

Appendix 12 (15/20)

Statistics 3.15

Offering 1-year guarantee.

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	8	1.9	1.9	1.9
	Unimportant	39	9.2	9.2	11.1
	Neutral	120	28.4	28.4	39.5
	Important	206	48.7	48.7	88.2
	Extremely important	50	11.8	11.8	100.0
	Total	423	100.0	100.0	



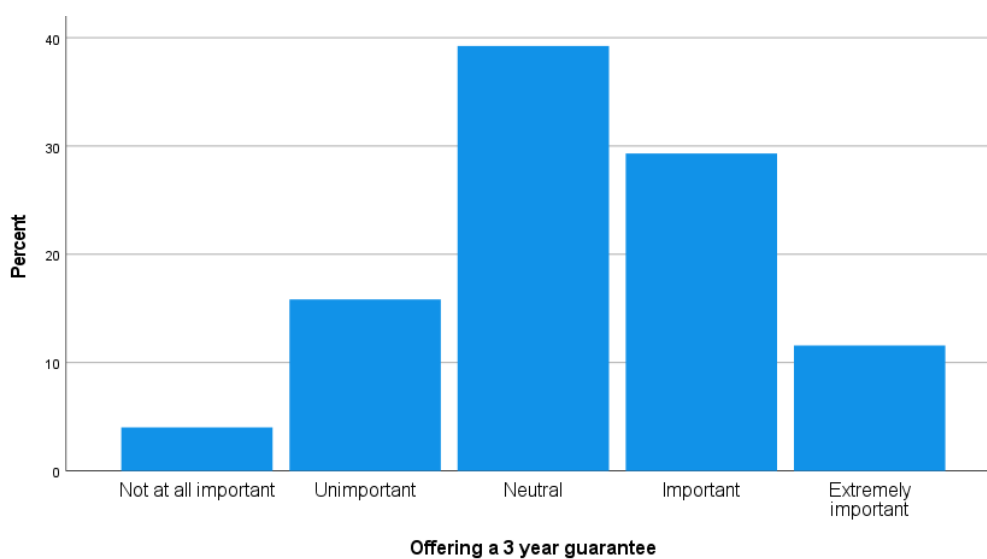
N	Valid	423
	Missing	0
Mean		3.59
Median		4.00
Mode		4
Std. Deviation		.882
Minimum		1
Maximum		5

Appendix 12 (16/20)

Statistics 3.16

Offering a 3-year guarantee.

Participants' responses		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	17	4.0	4.0	4.0
	Unimportant	67	15.8	15.8	19.9
	Neutral	166	39.2	39.2	59.1
	Important	124	29.3	29.3	88.4
	Extremely important	49	11.6	11.6	100.0
	Total	423	100.0	100.0	



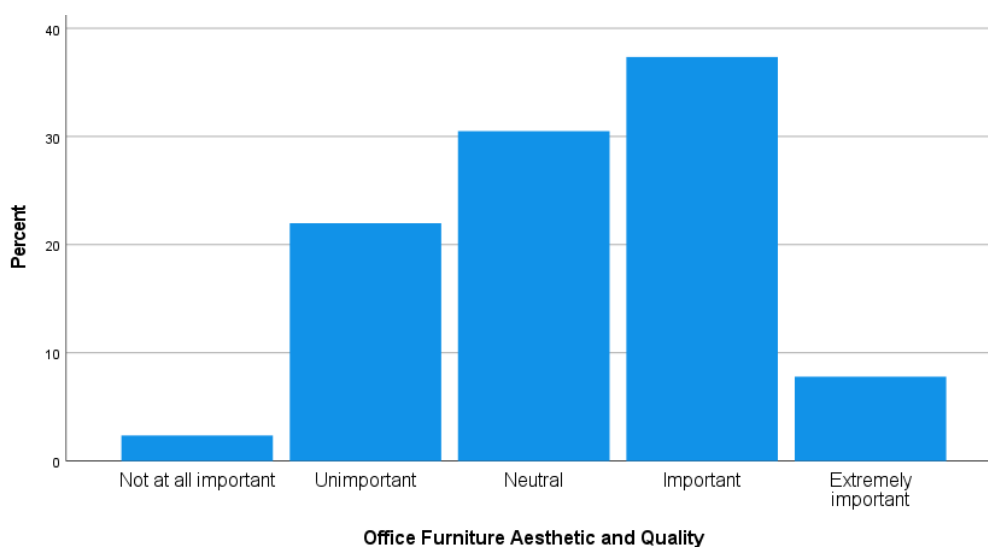
N	Valid	423
	Missing	0
Mean		3.29
Median		3.00
Mode		3
Std. Deviation		.998
Minimum		1
Maximum		5

Appendix 12 (17/20)

Statistics 3.17

Office Furniture Aesthetic and Quality

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	10	2.4	2.4	2.4
	Unimportant	93	22.0	22.0	24.3
	Neutral	129	30.5	30.5	54.8
	Important	158	37.4	37.4	92.2
	Extremely important	33	7.8	7.8	100.0
	Total	423	100.0	100.0	



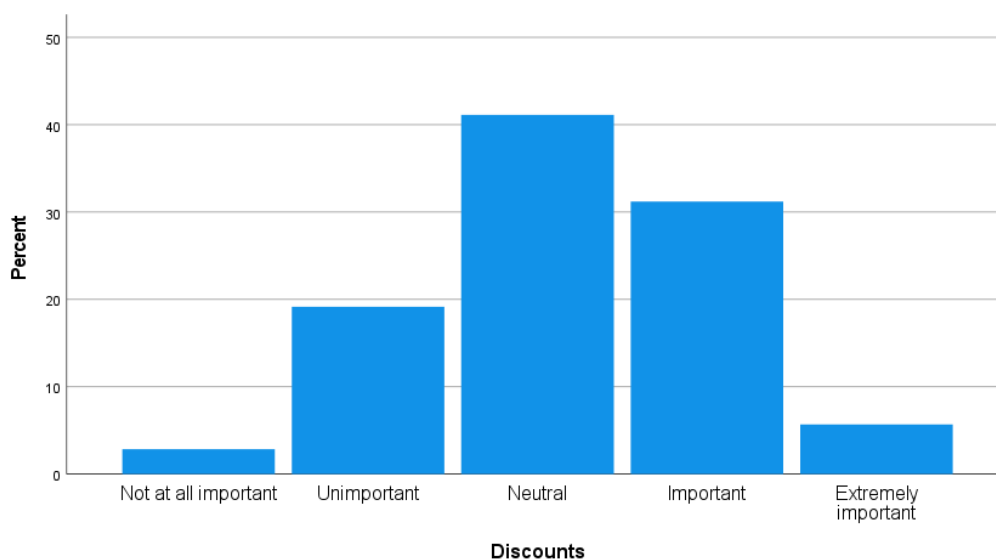
N	Valid	423
	Missing	0
Mean		3.26
Median		3.00
Mode		4
Std. Deviation		.966
Minimum		1
Maximum		5

Appendix 12 (18/20)

Statistics 3.18

Discounts

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	12	2.8	2.8	2.8
	Unimportant	81	19.1	19.1	22.0
	Neutral	174	41.1	41.1	63.1
	Important	132	31.2	31.2	94.3
	Extremely important	24	5.7	5.7	100.0
	Total	423	100.0	100.0	



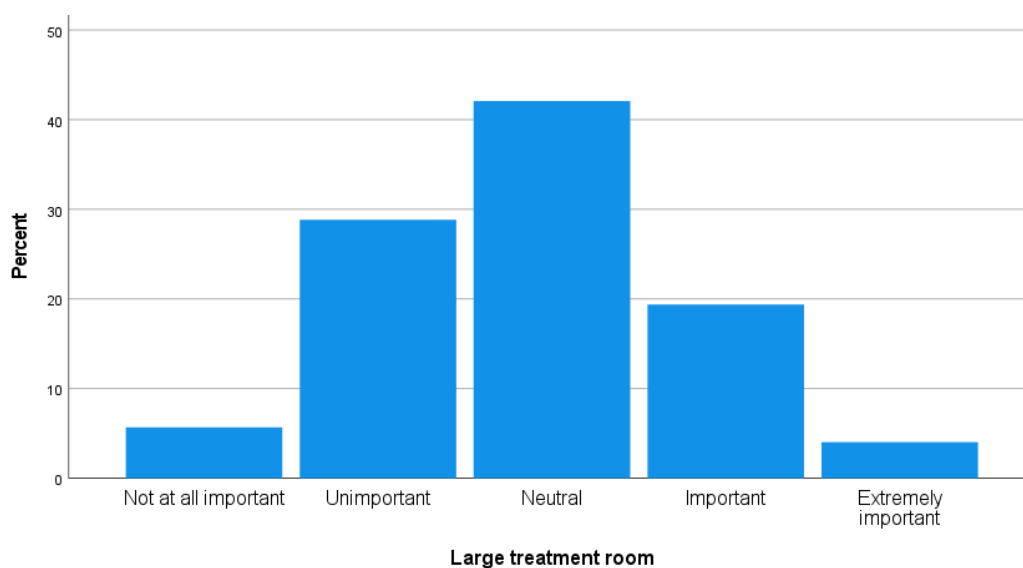
N	Valid	423
	Missing	0
Mean		3.18
Median		3.00
Mode		3
Std. Deviation		.902
Minimum		1
Maximum		5

Appendix 12 (19/20)

Statistics 3.19

Large treatment room

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	24	5.7	5.7	5.7
	Unimportant	122	28.8	28.8	34.5
	Neutral	178	42.1	42.1	76.6
	Important	82	19.4	19.4	96.0
	Extremely important	17	4.0	4.0	100.0
	Total	423	100.0	100.0	



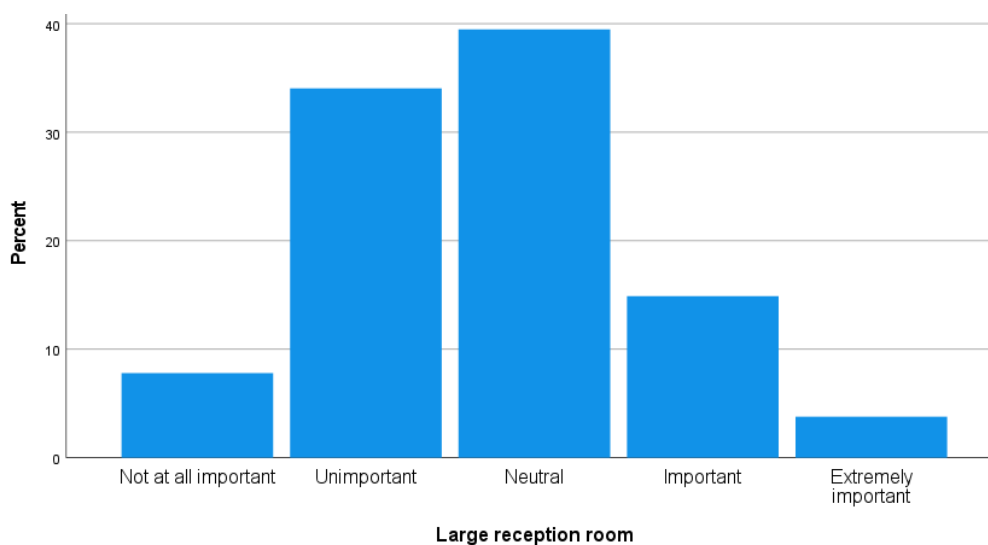
N	Valid	423
	Missing	0
Mean		2.87
Median		3.00
Mode		3
Std. Deviation		.925
Minimum		1
Maximum		5

Appendix 12 (20/20)

Statistics 3.20

Large reception room

	Participants' responses	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	33	7.8	7.8	7.8
	Unimportant	144	34.0	34.0	41.8
	Neutral	167	39.5	39.5	81.3
	Important	63	14.9	14.9	96.2
	Extremely important	16	3.8	3.8	100.0
	Total	423	100.0	100.0	



N	Valid	423
	Missing	0
Mean		2.73
Median		3.00
Mode		3
Std. Deviation		.939
Minimum		1
Maximum		5