

Word of Mouth Marketing at Health Institutions

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Abstract

Today, information and experience sharing of the consumers with one another has gradually begun to have a greater significance with traditional advertising and marketing activities. Word of mouth has been considered as an information source that affects buyer attitudes and buying behavior. While the importance of word of mouth advertising is being increased, the interpersonal advices are taking an important place. The study was conducted with 145 people using simple random sampling method as a homogeneous one. A 22-item questionnaire was used as a data collection tool created with the literature knowledge of the researcher. The data obtained from the questionnaire were coded and analyzed with SPSS 17.0 statistical software on computer. During the evaluation process, frequency and chi-square analyzes were used. According to analysis results, it is concluded that the participants trust on the advice by their relatives or friends in hospital choose or health related issues.

Keywords: health care, word of mouth marketing

1. Introduction

People face with a large number of messages (information) about product or services in the information age we are living in. Being exposed to so many messages, people sometimes have difficulty in making a decision or they lose their confidence in product or services. In such cases, the best way to facilitate and accelerate the decision making process of individuals is Word of Mouth Marketing. Johann Arndt, the very first person making research about the effects of Word of Mouth Marketing (Word of Mouth-WOMM) on consumers, describes the term as “Word of Mouth Marketing is oral, person-to-person communication between a receiver and a communicator whom the receiver perceives as non-commercial, concerning a brand, product, or a service” (Buttle, 1998). The information obtained through communication is valuable because it comes from a reliable source (Robertson, 2006).

People feel like to share the product, services or even the firms they are satisfied with their favorite people through word of mouth marketing and advice people to live the same experience. They see themselves as an expert because of advising other people, and live the sense of satisfaction provided with this situation.

2. Word of Mouth Marketing Concept and Its Significance

When the consumers want to have a new product or service, spread by word of mouth comes forth intensively. These consumers are in tendency to search and learn from their family members, friends or the most convenient information sources. For this reason, most consumers benefit from word of mouth marketing.

Word of Mouth Marketing is a form of personal experiences between consumers, communication about the product and services. This method is a strong source of information as it includes family members and friends as trustable people (Gildin, 2006,p. 94).

Arndt (1967a,p. 189), the first person making research about word of mouth marketing describes WOMM as “interpersonal oral communication about product or services between a buyer and a reporter who has nothing to do with commerce”

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WOM is a special type of social communication tactics. In the general terms, word of mouth communication happens between friends, neighbors and family members. WOM, within the scope of marketing, is an unofficial communication between the customers who has no relation with product or services of a company in an independent tool (Silverman, 2001).

Spread by word of mouth is described as an unofficial communication model between people about the evaluation of services and product (Chung and Darke, 2006,p. 270). Solomon (2004) describes spread by word of mouth as a product information that is transferred from person to person.

Word of mouth communication is the oldest communication style and an informal communication that is beyond control of the business. Word of mouth marketing is described as an oral communication type between two or more consumers who are interested in the same brand, product or products non-commercially (Woodside and Delozier, 1976,p. 13).

Mowen and Minor (1998) defines word of mouth marketing as an idea, thought and comment exchange process about the product and services of a company between two or more consumers. Word of mouth can be summarized as conversation of a person with the people around (family, friends, and colleague, so on) about the brand, product, services and company (Tavukcuoglu, no date).

It is possible to contact with each person through mass media in this global race world but the importance of spread by word of mouth is the most predominated one. The companies should accept the importance of views and plans, which become valuable when away from the traditional form.

The importance of WOMM is getting more and more because of its inner benefits. These are:

- Positive attitudes occur (Day, 1971,p. 32).
- The researches show that word of mouth has an important effect on buying behavior of the customers (Mangold and et al, 1999,p. 74).
- The risk and doubt decrease with buying decision (Murray, 1991,p. 11).

It can be said that word of mouth marketing is a tool that enhances the loyalty of the customers to campaigns because of current processes in decreasing customer change and risk and doubt feelings. WOM could be described as a strong impression which affects the choice, loyalty and change (Wangenheim and Bayon, 2004,p. 1174).

The third reason of the increase in the importance of WOMM is the stronger connection between the customers. Customers always transfer their daily experiences with each other. Besides, asking someone for an advice and giving advice is easier with the help of internet. Word of mouth marketing enables people communicate and reach the information needed through internet which makes it possible to contact with the foreigners as well as the acquaintances.

3. The Features of Word of Mouth Marketing

Word of mouth marketing is an information exchange about the products and services between individuals either face-to-face or through internet in their daily life. The most important features of word of mouth is its being based on; reliable, transparent and mutual communication (word of mouth (no date), <http://www.fikrimuhim.com>). In order to understand why WOM is an affective and persuasive communication tool, its features can be listed as follows.

3.1. Reliability

Reliability is the first feature that makes word of mouth an affective power in the market. It is a known fact that the consumers make research before buying product or a

service. They think that the easiest and most reliable way to do this research is asking someone who has knowledge about the product and services.

The studies showed that the reliability of the source encourages the usage of product and services because personal sources are seen as informative and reliable (Haywood, 1989: 58). It is accepted that the participants to word of mouth marketing have no personal benefits and they are independent from the sales goals of marketers (Arndt, 1967b,p. 290).

Advertisement is based on a message prepared by the producer of product or service. In recent years, unclear and exaggerated expressions have been used in advertisements. This shakes the trust of people towards advertisements. People prefer to learn about a product more from their relatives rather than get the information from television or newspaper advertisement. For instance, the recommendation about a detergent by the acquaintances is more reliable while an advertisement about it is not that much effective.

3.2. Experience Transfer

According to Silverman (2001), the experience transfer is the second power of WOMM. When the consumer plans to buy a product, using this product means to want to experience it. Thus, he aims to decrease the risks that will be seen because of buying the product and to see the benefits.

The customers are in tendency to rely on the word of mouth spreading in buying new product (Arndt, 1967b,p. 291). The WOM information obtained from friends and reference groups helps them to learn about the results of buying and thus it lessens the stress for trying a new product (Dichter, 1966,p. 152).

There two ways to have an experience: direct and indirect experience. Direct experience is to try a more costly product personally in terms of experience, time, money, failure or disappointment risks. Indirect experience is talking about the experiences of others, listening to experience of others and helping them. Talking about the experiences, people share their fears and risks (Gildin, 2006,p. 100). WOMM fastens the process for product adoption. How fast the customers live the experience, they adopt the product or service that quickly (Silverman, 2007,p. 46).

3.3. Being Based on Customer

In today's world, the customers have changed a lot that it is difficult to provoke them with different ways of traditional marketing such as advertisements, promotion or discount. Instead of listening to advertisements or believing the promotions, the modern customers have become more skeptical and they started to search for the information from trustable sources (Arora, 2007,p. 54).

Word of mouth marketing is the most customer based communication style among the other communication types. The customer decides whom to talk and what to ask (Silverman, 2007,p. 47). Differently from commercial messages, WOMM is applied by the customers who are eager to provide information and research. For all these reasons, WOM information is consumer orientation.

Word of Mouth spreading is a two-way social communication which is different from one-way mass communication. The buyers get WOM information which is special to customer and more flexible than the information obtained from mass communication tools because the customer has the chance to research and exchange information about the details of the product face-to-face (Arndt, 1967a,p. 193; Gilly et. al. 1998,p.89).

3.4. Time and Money Saving

Another feature of word of mouth marketing is its saving time and money of the customer (Silverman, 2001). Customers, instead of buying and trying or searching about the

product they want to buy, go their way to collect data through word of mouth communication (Ellison and Fudenberg, 1995,p. 114). By this way, they use their time economically. Someone has taken the chance and searched about the product and service on behalf them.

In today's world, people are so busy with their works. They do not have enough time to make search and even if they have, they do not want to allocate time for this. Instead of this, they get the needed information about goods and service from the people around that they save time and money. Generally, the companies concentrate on advertisements and spend million dollars to the presentation of their products. However, WOMM which is the most at no cost method is more effective and logical for the companies. WOMM requires the right people talk about their products and service.

4. Word of Mouth Marketing at Health Institutions and Its Importance

The importance of word of mouth marketing activities and its importance come to the fore especially at service sector. Relying on word of mouth, the customers minimize the uncertainty and the risk and thereafter, they actualize the buying at service sector.

When the customers, buyers of product and the buyers of service, are compared, it comes forward that the ones who buy service consult personally. In other words, personal knowledge generates more affect at service sector than product sector (Mangold, 1999,p.73).

For this reason, education, finance and health subjects which are in service sector are the fields at which word of mouth is used actively. Being a part of service sector, health sector creates a convenient environment for word of mouth marketing. Word of mouth marketing is needed especially when the risk is high and the field information is subjective. In health sector, risk is the most important factor for all customers. Customers give more importance to get better or not, in other words, the results rather than an objective information at any health problem such as price. In such situations that cannot be put at risk, individuals contact with their close friends and friends for an advice and also they can even contact with someone who do not seek for profit and experienced such a situation (the illness and so on) previously rather than trusting sources that are argumentative sources such as advertisements. Online environment is a strong alternative for rare illnesses or that is not preferable to be talked everywhere. In the same way with word of mouth, the blogs or support groups propose solutions for the patients, too. Individuals trust these groups because of their not seeking for profit and experiencing the same situation.

Positive Word of mouth Marketing: Positive word of mouth marketing occurs when news which have the characteristics of advice that the company desires are transferred. Positive word of mouth communication is not only cause a decrease in marketing spending. Besides, when the new customers are persuaded and attracted, the income of the company increases (Derbaix and Vanhamme, 2003).

The most effective factors in buying decision of the customers at word of mouth marketing are value and quality perceptions. If these perceptions are high, these create positive effect at word of mouth communication (Hartline and Jones, 1996).

Negative Word of Mouth Marketing: Positive experiences of the customers are the respondent of expectations, and they are forgotten so quickly. However, negative experiences are annoyed people and disappointed them. The studies proved that people like talking about extraordinary, unexpected and surprising events. They do not talk about ordinary things because they are boring. If people are not satisfied with the product and service, they feel in need of talking about this with others, thus, their negative experiences will be transferred to others (Gildin, 2002). This effects the reputation and financial situation negatively (Sundaram et al., 1998).

This study was done to determine the effect of word of mouth marketing on individuals living around Family Health Center in Konya in reaching health services. The

results of this study will provide information about how much the society give importance to the advice of others in receiving health service and will give an opportunity to evaluate the service policies of health institutions. It is thought that this study will shade light on future studies that there is a limited number of study on word of mouth marketing at health service.

5. Materials and Methods

This descriptive study was done between the dates 12 August 2010 – 30 September 2014. The population consisted of all the individuals over 18 year old living around Family Health Center in Konya. The study was conducted with 145 people using simple random sampling method as a homogeneous one.

The questionnaire form was created using literature. The form has two main parts. In the first part, there are seven questions to evaluate the socio-demographic features of the participants. In the second part, there are 15 questions to determine the effect of word of mouth marketing on health services. The data obtained from the questionnaire were coded and analyzed with SPSS 17.0 statistical software on computer. During the evaluation process, frequency and chi-square analyzes were used.

Results

When the socio-demographic features of the participants were considered, it is seen that 45.5 % of them are male and 66.9% are married. While 26.9 of them are at the age 18-25. 22.7 % are 26-35. When the educational background is considered, most of the participants are university graduate or they are still going to school. While the percentage of civil servant is 34.5%, students are in the second rank with 19.3%. It is seen that 36.5 % of the participants have an income of 0-500 TL, while 26.2 % has 501-1000 TL. When the health insurance is considered, most of the participants (84.8%) have SGK (Insurance of Social Security Institution).

Table 1: The Socio Demographic Features of the Participants (n: 145)

Features	Number	%	Features	Number	%
18-25 age	39	26.9	Civil servant	50	34.5
26-35 age	33	22.7	Craftsman	12	8.3
36-45 age	28	19.4	Student	28	19.3
46-55 age	27	18.6	Self-employment	7	4.8
56-65 age	18	12.4	Worker	16	11
Sex	Number	%	Retired	20	13.8
Female	79	54.5	Housewife	9	6.2
Male	66	45.5	Worker	3	2.1
Marital Status	Number	%	Income	Number	%
Married	97	66.9	0-500 TL	53	36.5
Single	48	33.1	501-1000 TL	38	26.2

Educational Background	Number	%			
			1001-1500 TL	22	15.2
Illiterate	3	2.1	1501-2000 TL	18	12.4
Primary School	29	20	2001-2500 TL	8	5.6
High School	30	20.7	2501-and more	6	4.1
University	83	57.2	Health Insurance	Number	%
			SGK (Insurance of Social Security Institution)	123	84.8
			Yesil Kart (Greed Card: health insurance card for the uninsured people in Turkey)	8	5.5
			Private insurance	3	2.1
			No insurance	11	7.6

When the factors that are important for the individuals in contacting private hospitals except from emergency are taken into consideration, it is seen that service quality of the hospital is the first important factor (60%). The second one is whether the hospital has a social security agreement or not (49.7%) and the third one is whether the doctor the individual wants to see in this hospital or not (43.4%). Advice by partner, close friends or relatives consists of the 41.4% (Table 2). According to chi-square results single people are effected with quality service presentation more than married ones ($x^2=4.795$. $p<0.05$). Whether the hospital has a social security agreement or not is more important for craftsman and students than the other profession groups think ($x^2=13.925$. $p<0.05$). The university graduates think whether the hospital has a social security agreement or not and past

experiences have the precedence ($\chi^2=9.223$. $p<0.05$; $\chi^2=8.673$. $p<0.05$) and university and high school graduates are affected by hospital is providing quality service ($\chi^2=26.014$. $p<0.05$). There is no meaningful relation with the other socio-demographic features.

Table 2: Factors That Is Important For the Individuals in Contacting Private Hospitals

Factors	Number	%
Whether the hospital has a social security agreement or not	72	49.7
Advise by partners, close friends or relatives	60	41.4
Past experiences about the hospitals	55	38
Hospital's providing quality service	87	60
The doctor I want to see should be in this hospital	63	43.4

The participants gave more than one answers and the percentages were expressed as "n".

When the factors that affect choice of individuals in going to private surgery considered, it is seen that the most effective factor is the quality service expectation (89.6%). The percentage of the participants that indicate advice by partner, close friends or relatives is the most important factor is 31 % (Table 3). A meaningful relation between health insurance situation and factors that affect choice of individuals in going to private surgery is found ($\chi^2=11.625$. $p<0.05$). "Having a good economic situation" variable is the most important factor in choice of wealthy individuals in going to private surgery ($\chi^2=12.748$. $p<0.05$).

Table 3: Factors That Affect Choice of Individuals in Going to Private Surgery

Factors	Number	%
Having a good economic situation	33	22.7
Quality service expectation	130	89.6
Advise by partners, close friends or relatives	45	31
Past experiences	38	26.2

The participants gave more than one answers and the percentages were expressed as "n".

In order to determine the first person asked for an advice about health except emergencies the questions addressed showed that participants ask to the health personnel firstly. While the percentage of participants who say I ask for an advice to family members is 40.7%, the percentage of them who say I ask for an advice to friends is 10.3% (Table 4). A meaningful relation between the education level of participants and the people who are asked for an advice is found ($\chi^2=15.347$. $p<0.05$).

Table 4: The First Person Asked For an Advice about Health

Factors	Number	%
Family members	59	40.7
Health personnel	66	45.5
Friends	15	10.3
Neighbors	13	9

In Table 5 and Table 6, there are results of questions about whether the participants use prescribed or non-prescribed drugs. According to this, while 73.8% of participants use non-prescribed drugs, 26.2% of them use prescribed drugs. It is seen that the participants who have a lower education level prefer to use non-prescribed drugs ($\chi^2=8.171$. $p<0.05$).

When the usage of non-prescribed drugs is considered, it is determined that there are two main reasons of that: emergency case (27.6%) and having a prescription previously (25.5%). The percentage of the ones who use non-prescribed drugs after the advice of partner, close friends, relatives is 4.6% (Table 5). The married ones use non-prescribed drugs because of having a prescription previously and the single ones use at emergency case.

While the 87.6% of the participants say, “I talk about my dissatisfaction about health service”, 12.4% say, “I do not talk about my dissatisfaction”. While 89.7% of the participants who say “I talk about my dissatisfaction about health service” say this in order to prevent the kinsmen to see the doctor or go to this health institution, 10.3 of the participants who say “I do not talk about my dissatisfaction” say this in order to take revenge from doctor or the health institution (Table 6).

Table 5: Using Non-Prescription Drugs and the Reasons

Using Non-Prescription Drugs	Number	%
Yes	107	73.8
No	38	26.2
Reasons of using Non-Prescription Drugs	Number	%
No need for a Prescription	12	8.3
Thinking that the drug works	27	18.6
Advise by partner, close friends or relatives	10	6.9
Emergency case	40	27.6
Having a prescription previously	37	25.5
Habits	12	8.3

It is determined that the dissatisfaction about health service is shared more by the some participants more than the other ones such as when student, craftsman and civil servant is compared to other profession groups ($x^2=24.850$. $p<0.05$), when woman compared to man ($x^2=4.084$. $p<0.05$) and the ones having a higher level of education compared to the lower ones ($x^2=14.101$. $p<0.05$). In the same way, some of the participants do not want their kinsmen to see the doctor or go to the health institution the comparison of these participants are when student and civil servants compared to other profession groups ($x^2=14.387$. $p<0.05$), the ones having a higher level of education compared to the lower ones ($x^2=10.245$. $p<0.05$).

In the section where shares the satisfaction about health service with the others is evaluated. It is found that most of the participants (84.1%) say they talk about their satisfaction. The percentage of the ones who do not want to talk about it is 15.9%. While 56.6 % of the participants expect the relatives to see the doctor or go to that health institution, 43.3% of them appreciate the doctor or health institution (Table 7). When compared to other profession groups, student and housewives talk about their satisfaction to others ($x^2=13.740$. $p<0.05$) more and want their kinsmen to see the doctor or go to that health institution ($x^2=15.345$. $p<0.05$).

Table 6: Sharing the Dissatisfaction about Health Service with the others

Sharing the Dissatisfaction with the Others	Number	%
The ones who do not want to talk about	18	12.4
The ones who want to talk about	127	87.6
The Reason of Sharing	Number	%
To take revenge from doctor or the health institution	15	10.3
To prevent the kinsmen to see the doctor or go to health institution	130	89.7

Table 7: Sharing the Satisfaction about Health Service with the Others

Sharing the Satisfaction with the Others	Number	%
The ones who do not want to talk about	23	15.9
The ones who want to talk about	122	84.4
The Reason of Sharing	Number	%
To appreciate the doctor or health institution	63	43.4
To expect the kinsmen to see the doctor or go to that health institution	82	56.6

The participants gave more than one answers and the percentages were expressed as “n”.

35.9% of the participants learn about the developments about health from health personnel. The second one is partner, close friends, relatives (25.5%) while the third one is TV-Health Programs (20%).

Table 8: The Sources Used for Following up The Developments about Health

Factors	Number	%
Health Personnel	52	35.9
TV-Health Programs	29	20
Internet	18	12.4
Newspaper-Magazine	9	6.2
Partner, Close Friends, Relatives	37	25.5

Discussion and Results

The history of word of mouth marketing for health service dates back to early times. As the number of doctors and health institutions were limited in the past, the advices of partner, close friends or relatives was not that much important. In recent years, because of the developments in health sector and the increase in number of doctors/health institutions, word of mouth marketing has become an important concept in our country where the advertisements about health services are forbidden. There are not many studies on this subject in literature that some of the studies are given below.

The study conducted in order to determine the drug knowledge level and drug usage applications of a group of old people by Dolu and Bilgili determined that 6% of the people use non-prescribed drugs because of advice by partner, close friends or neighbors (Dolu and Bilgili, 2010). A study, advertisement at health service and the view of patients about it, confirmed that the most important information source for the patients about health service is friends or relatives advice (28.3%) (Usta and Tengilimoglu, 2000). In a study conducted to determine the information level of married women at the age of between 15-49 about family planning, it is proved that midwife and nurses are the first to ask (61.9%) and the second one is partner, close friends and relatives (40.1%) for the women to ask about the contraceptive methods and its advantages and disadvantages (Tokuc et al., 2005).

In the study about natural nutrition support by Alkibay and Kiliclar, it is indicated that the first communication source which announce the natural nutrition support concept is newspaper, magazine. TV (30%) and the second one is advice by family and friends (26.4%) and the third one (22.3%) (Alkibay and Kiliclar, 2002). In their study, Colon-Ramos et al., proved that the individuals get information about health and nutrition firstly from family members (4.0/5.0), secondly from doctor (3.7/5.0) and thirdly from friends (3.7/5.0) (Colon-Ramos et al., 2009). In a study about positive word of mouth communication, it is found that the ones whose advice asked for mostly are the patients who are satisfied with the hospital service (49%) and doctor (34%), then the advice of friends and relatives (13%) (Ferguson et

al., 2006). In the study about the patients' private hospital choice by Varinli and Cakir, it is seen that in the choice of private hospitals the most important factor (31%) is the patients who experiences the service at the same hospital (Varinli and Cakir, 2004). In an international study conducted to determine why patients choose Mayo clinic, the first source is determined as advice of friends and relatives with a high level (65%) (Hathaway and Seltman, 2001).

As it is understood from the study that individuals trust the advice of their partner, close friends or relatives in hospital choice. It can be said that the advice of close environment (family, close friends, neighbors, relatives) are effective in private hospital choice 40.1 %, in private surgery choice 31%, among the reliable sources to ask for advice 40.7%, sources about health 25.5%.

When the private hospitals had an agreement with SGK through 2003 Transformation in Health Reform, they open their doors to all people, the private and public hospital concept disappeared and the distinctive factor between both became the service quality. For this reason, the institutions at health sector should review their quality policies and try to increase their service quality comprehending the importance of word of mouth for health institutions.

This study aims to put forth the importance of word of mouth communication at health service; and the results of related studies are given. As a result, it is thought that in order to show importance of word of mouth marketing at health service, this study should be conducted in a larger area.

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