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The impact of electronic marketing on improving the competitiveness of hospitals in Dubai
(An analytical study)

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Abstract

This study explored how electronic marketing of healthcare services impacts competitiveness in public and private hospitals. Using Pearson correlation coefficient, a positive correlation was found between electronic marketing and enhanced competitiveness (correlation coefficient = 0.248, $p < 0.01$).

Key findings include: no significant correlation between service and hospital type, indicating equal applicability of electronic services; varied opinions on electronic service availability; limited awareness of electronic marketing's aspects in public hospitals due to limited exposure; uniform external obstacles for electronic marketing implementation; significant opportunities for electronic marketing in both sectors; unanimous agreement on enhancing internet culture among healthcare users.

Statistical analysis revealed significant differences in electronic shopping levels between public and private hospitals, highlighting electronic marketing's impact on competitiveness. Recommendations include raising awareness of electronic marketing's importance in public hospitals, addressing private hospitals' obstacles, and promoting electronic marketing adoption. Further advanced research is stressed for healthcare service development through electronic marketing.

Background of the study

The services provided by government service agencies are among the most important pillars for achieving the well-being of society, which all governments promise their people to provide. This is due to its belief that improving government services has economic and social benefits for all segments of society. Government service organizations face several economic, political, social, technical, and cultural changes and challenges, which makes it imperative for these organizations to face these challenges by adopting modern management concepts and adopting different strategies and approaches that enable them to raise the level of performance of government service agencies and achieve their goals efficiently and effectively through positive dealing with environmental challenges and transformations, rationalization of spending, speed of delivery, and simplification of procedures, which is commensurate with the approach. Comprehensive administrative development through efficient use of its resources and continuous improvement of the quality of its services and customer satisfaction.

This is despite the challenges facing service organizations, including the health sectors in many countries in general, and in the United Arab Emirates in particular, where the health services provided by the Ministry of Health witnessed a remarkable development in all its preventive, curative, and other aspects in a record period during which distinguished progress was achieved in health status indicators. Other service sectors are due to the importance imposed by the nature of the services provided by the sector due to its direct connection with the health and life of community members. The provision of health care is one of these services that receive great care from the government based on the importance of improving the health status of the individual and the community, due to its importance in supporting the development process. Given the rapid development witnessed by the health sector, great competition and many alternatives, and the patient's awareness and knowledge of all new things through the various media, or the global information network (the Internet), the research was based on studying the role of information technology in achieving competitive excellence and raising productive efficiency within hospitals by identifying what information technology is used inside hospitals in Dubai and what benefit has been achieved for the hospital as a result of using this technology. The research included two sides: a theoretical side and a field side, and the theoretical side focused on defining the concept of information and the concept of modern information technology with an indication of its importance, tools, and factors affecting it, in addition to the modern concept of hospitals and their basic functions and the quality of information technology used in hospitals with a summary of the importance of information technology as

a planning tool in the field of health in the United Arab Emirates. Established, through the design of a survey that was distributed to all governmental and private hospitals.

Study Objectives

The objectives of the study are the following points:

1. Assess managers' perception of electronic marketing's importance in Dubai hospitals and its correlation with health service marketing.
2. Identify environmental constraints affecting health service e-marketing and correlate them with hospital practices.
3. Evaluate ownership's impact (government vs. private) on e-marketing health services and its correlation.
4. Measure electronic marketing's role in enhancing hospital competitiveness and its correlation.

Study Questions

1. Does managers' perception correlate significantly with electronic health service marketing implementation
2. Is there a significant correlation between environmental constraints and electronic health service marketing in hospitals?
3. Does ownership pattern significantly correlate with electronic health service marketing extent?
4. Is there a significant correlation between electronic health service marketing and enhanced competitive capabilities in studied hospitals?

Literature Review

Adam et al., (2002) aimed to compare three countries in terms of internet usage in business. The three countries examined were Australia, New Zealand, and the United Kingdom (Britain). The study found that all three countries conduct their business activities through the internet and utilize marketing communications and the internet as a marketing channel. Additionally, the study concluded that British organizations make greater use of the Internet

in managing relationships compared to Australian and New Zealand organizations. There were few collaborative business activities between Australian and British organizations and New Zealand organizations. The study suggested the need for research to address marketing challenges faced by organizations in these three countries.

While et al., (2006) focused on three elements: customer satisfaction, service quality, and the behavior of service providers in service organizations. It attempted to find a relationship between the three elements and their impact on each other. The study's application was on service organizations. The study identified four dimensions of comprehensive service quality: Tangibles, Responsiveness, Recovery, and Knowledge. It concluded that there is a strong connection between service quality, which encompasses these four dimensions, and the level of interaction and satisfaction of the customers. This helps service organizations achieve their objectives and enhances their competitive capabilities in the face of global variables.

Javalgi et al., (2006) focused on service marketing and how it has become one of the managerial functions and approaches that assist organizations in achieving higher levels of interaction, development, and growth. It also aimed to establish a framework for the relationship between marketing research, market orientation or sales orientation, and Customer Relationship Management (CRM). The study concluded that there are correlational relationships between marketing research, market orientation, and Customer Relationship Management. The study's application was on hotels (the hotel services industry), federal printing, and other service organizations that were the subject of the study.

Mosad Zineeldin (2006) measured the quality of healthcare services and customer satisfaction. It conducted a comparative study of healthcare services in Egypt and Jordan by surveying a sample of patients in selected hospitals in both countries. The study also aimed to identify significant factors influencing customer satisfaction and evaluate the quality of healthcare services in Egypt and Jordan, comparing similarities and differences between the two countries. The study utilized the five dimensions of comprehensive service quality: Tangibles, Reliability, Responsiveness, Assurance, and Empathy. The study found that customer satisfaction varies based on the quality of healthcare services provided in hospitals, and it established a correlation between customers' preferences for one hospital over another based on the dimensions of service quality. Improving healthcare service quality can be achieved by applying the five dimensions of comprehensive service quality

and a strategic customer-oriented approach.

Gary Jarrett(2006) aimed to analyze international healthcare logistics by studying the benefits of implementing a Just-In-Time (JIT) production approach in healthcare or the healthcare services sector. It diagnosed the healthcare logistics environment and identified its elements. The study also examined the necessary improvements or steps required to implement JIT production. The study concluded that cost and return on investment have an impact on the implementation of JIT production in the healthcare sector, comparing healthcare to industrial and service sectors, and small industries. The study suggested that the healthcare services sector should encourage price competition among different healthcare organizations.

Through reviewing previous research and studies, it was noticed that there is a lack of research on the topic of electronic marketing, especially in Arab studies. This can be attributed to various reasons, including the novelty of the subject under study or other factors that the researcher attempted to identify through this study and subsequently interpret through the results. The majority of the studies related to electronic marketing, if any, remain theoretical frameworks and lack extensive practical or field application. This highlights the importance of deepening the understanding of modern technology, particularly electronic marketing, in the context of marketing healthcare services. It calls for a more profound exploration of the role played by the healthcare sector and its significance for human beings, linking it to electronic marketing for these services.

This emphasis on the topic is crucial for enhancing the development of hospitals, particularly in the area under study, and elevating the status of the healthcare services sector in general.

Methodology

Study Assumptions

- The first assumption: is that there are deficiencies in the application of electronic marketing in the hospitals under study, caused by various internal and external environmental obstacles.
- The second assumption: is that the opportunities and potentials for the electronic marketing of healthcare services are greater in private hospitals compared to public (government) hospitals.
- The third assumption: is that there is a difference in the application of electronic marketing between public and private hospitals.

- The fourth assumption: is that there is a relationship between electronic marketing of healthcare services and enhancing the competitive capabilities of these hospitals.

Study Methodology and Data Collection

The study combined secondary data analysis (literature review) and primary data collection (questionnaires) to gather insights on electronic marketing's impact on hospital competitiveness from employees in major government and private hospitals in Dubai. Statistical software (SPSS) was employed for data analysis, involving tests such as proportions, frequencies, weighted averages, (Z) scores, and (χ^2) to assess data nature and assumptions.

Focused on key government and private hospitals in Dubai, the sample comprised 226 individuals from public hospitals and 102 from private hospitals, selected through stratified random sampling, representing doctors, administrators, and staff.

To meet study objectives, appropriate statistical methods using SPSS were employed. The initial analysis ensured the research tool's reliability and validity. Overall reliability coefficients showed Cronbach's alpha values of 0.85 for the public sector and 0.83 for the private sector. Split-half reliabilities of 0.92 and 0.91 respectively, along with 71.03% variance explained by exploratory factor analysis, affirmed high construct validity and reliability, ensuring consistent outcomes in similar contexts.

Using the Likert scale (5 = strongly agree, 1 = strongly disagree), the study assessed agreement levels for each statement, calculating means, standard deviations, and relative weights. The independent samples t-test analyzed differences based on the binary variable (public hospital, private hospital).

Frequency and percentage data in Table 1 evaluated electronic service availability and effectiveness across hospital types, with comprehensive analysis addressing study objectives and hypotheses.

Table 1: Implementation of Electronic Activities

Activity	Level of Implementation	Public hospitals = 227		Private Hospitals 100 =		Chi ²	Sig.
		Freq	%	Freq	%		
Website	Exists	84	37	42	42	0.773	0.680
	Under Implementation	89	39.2	37	37		
	Not Available	54	23.8	21	21		

Electronic promotion	Exists	52	22.9	25	25	1.257	0.533
	Under Implementation	83	36.6	41	41		
	Not Available	92	40.5	34	34		
Electronic Advertisement	Exists	53	23.3	31	31	2.731	0.255
	Under Implementation	71	31.3	32	32		
	Not Available	103	45.4	37	37		
Electronic Pricing	Exists	46	20.3	26	26	1.433	0.489
	Under Implementation	67	29.5	29	29		
	Not Available	114	50.2	45	45		
Electronic Mail	Exists	131	57.7	58	58	3.478	0.176
	Under Implementation	28	12.3	6	6		
	Not Available	68	30	36	36		

Regarding electronic service availability based on surveyed opinions, Table (1) reveals significant disparities in perceived availability across various electronic services in both public and private hospitals.

For email services, there is a distinct confirmation of availability in both public (57.7%) and private (58%) hospitals. Conversely, respondents deny the presence of an electronic pricing system in public hospitals (approximately 50.2%).

For other services, Table (1) indicates no confirmed percentage of availability in either sector. The "Chi2" values in the last columns of the table explore potential relationships between service type and hospital classification (public/private). With significance levels exceeding 0.05, it is evident that no such relationship exists. In essence, electronic service provision appears independent of hospital classification.

- **The results related to the importance of electronic marketing in public and private hospitals are as follows:**

Table 2: Results of the analysis related to the importance of electronic marketing in public and private hospitals

No.	Statement	Hospital Type	Mean	Standard Deviation	Sufficiency Threshold 60%	Approval Score	t-value	Significance Level
1	Electronic marketing is an important tool for developing and improving hospital performance.	Public	4.20	0.93	80	Strongly Agree	0.107	0.915
		Private	4.21	0.88	80.3	Strongly Agree		
2	Electronic marketing has become an essential	Public	4.24	0.90	81	Strongly Agree	0.537	0.592
		Private	4.30	0.89	82.5	Strongly Agree		
3	Electronic marketing is more transparent.	Public	3.92	1.17	73	Agree	1.633	0.103
		Private	4.14	1.06	78.5	Agree		
4	The costs of implementing electronic marketing exceed its benefits.	Public	3.24	1.40	56	Neutral	3.91	0.01
		Private	3.83	1.18	70.8	Agree		
5	Electronic marketing helps attract healthcare service users.	Public	3.79	1.10	69.8	Agree	4.37	0.01
		Private	4.27	0.83	81.8	Strongly Agree		
6	Electronic marketing is not suitable for Saudi users.	Public	2.96	1.53	49	Neutral	5.17	0.01
		Private	3.79	1.23	69.8	Agree		
7	Electronic marketing increases the burden on managers.	Public	3.35	1.47	58.8	Neutral	5.99	0.01
		Private	4.20	1.04	80	Agree		
8	Implementing electronic marketing requires changing the current hospital organizational structure.	Public	3.70	1.34	67.5	Agree	1.502	0.135
		Private	3.92	1.20	73	Agree		
9	Electronic marketing increases the interaction level with healthcare service users.	Public	3.86	1.22	71.5	Agree	0.250	0.803
		Private	3.90	1.21	72.5	Agree		

The researcher assessed the importance level of each dimension's item using a Likert five-point scale, defining relative weight categories based on mean scores. Categories ranged from "Strongly Disagree" to "Strongly Agree," with values above 60% considered acceptable by the sample.

From Table (2) results:

1. Top rank: Statements 1 and 2 showed high agreement across both hospital types (mean scores 4.20-4.30, relative weight > 80%, "Strongly Agree").
2. Second rank: Statements 3, 8, and 9 received agreement (mean scores 3.86-4.14, relative weight 60%-80%, "Agree").
3. Third rank: Statement 4 had a "Neutral" position for public hospitals (average 3.24, relative weight

40%-60%) and "Agree" for private hospitals (average 3.83, relative weight 60%-80%), with a significant difference favoring private hospitals (t-value 0.000).

4. For statement 5, private hospitals strongly agreed (average 4.27, relative weight > 80%), while public hospitals agreed (average 3.79, relative weight 60%-80%).

5. Statement 6: Private hospitals agreed (average 3.79, relative weight 60%-80%) that electronic marketing isn't suitable for Saudi users. Public hospitals were neutral (average 2.96, relative weight 40%-60%).

6. Statement 7: Private hospitals agreed (average 4.20, relative weight 80%) that electronic marketing increases management burdens. Public hospitals were neutral (average 3.35, relative weight 40%-60%), likely due to limited experience.

In summary, results highlight agreement on various dimensions' statements between hospital types, with nuanced differences indicating differing perceptions and experiences with electronic marketing's impact.

- **Results related to the first assumption: It is stated that "the failure of implementing electronic marketing in the studied hospitals is attributed to a set of internal and external impediments."**

Table 3: the results related to the main impediments within the hospital affecting the implementation of electronic marketing.

No.	Statement	Hospital Type	Average	Standard Deviation	Sufficiency Threshold 60%	Agreement Level	t-value	Significance Level
1	Weak infrastructure (physical-human) for hospital comms.	Public	3.85	1.29	71.3	Agree	1.419	0.157
		Private	3.63	1.38	65.8	Agree		
2	Lack of training on Internet programs	Public	3.73	1.17	68.3	Agree	1.045	0.297
		Private	3.58	1.29	64.5	Agree		
3	Internet culture deficiency among most healthcare providers	Public	3.63	1.25	65.8	Agree	0.290	0.772
		Private	3.59	1.34	64.8	Agree		
4	Insufficient and outdated computers in the hospital	Public	3.74	1.14	68.5	Agree	0.186	0.853
		Private	3.77	1.15	69.3	Agree		
5	Some resistance to implementing electronic marketing	Public	3.34	1.36	58.5	Neutral	2.21	0.028

	in the hospital (Resistance to change)	Private	3.70	1.31	67.5	Agree		
6	Lack of support and encouragement from top management	Public	3.28	1.38	57.0	Neutral	2.10	0.037
	for implementing electronic marketing	Private	3.62	1.32	65.5	Agree		
7	Insufficient financial investments for electronic marketing	Public	3.36	1.36	59.0	Neutral	0.934	0.351
	infrastructure creation	Private	3.51	1.39	62.8	Agree		
8	Nature of healthcare service, making e- service difficult	Public	3.44	1.26	61.0	Agree	1.520	0.130
		Private	3.68	1.36	67.0	Agree		

From the results in Table (3), the following facts are evident concerning the main impediments within public and private hospitals, based on the relative weight categories of the scale (ranging from 1% to less than 20%, representing "Strongly Disagree"; from 20% to less than 40%, representing "Disagree"; from 40% to less than 60%, representing "Neutral"; from 60% to less than 80%, representing "Agree"; and from 80% to 100%, representing "Strongly Agree"):

1. There is agreement among all research sample members on the content of certain items, which are the main impediments within the hospital affecting the implementation of electronic marketing. These items are as follows: Item 1, Item 2, Item 3, Item 4, Item 7, and Item 8. The average scores for these items range from 3.36 in Item 7 to 3.85 in Item 1. The sufficiency thresholds for the relative average in all of them fall into the category of 60% to less than 80%, representing "Agree." Additionally, the significance levels (t-values) for all these items are greater than 0.05, indicating consensus and agreement among public and private hospitals regarding these impediments.
2. There are differences of opinion concerning the content of Item 5 "Some resistance to implementing electronic marketing in the hospital (Resistance to change)" and Item 6 "Lack of support and encouragement from top management for implementing electronic marketing." The significance levels for both items are less than 0.05. In public hospitals, the sufficiency thresholds for the relative average range from 40% to less than 60%, representing "Neutral," indicating that this category is not familiar with the content of these items, and there is no practical application because in real application, there would be a response based on prior experience with the content of

these items. On the other hand, in private hospitals, the sufficiency thresholds for the relative average fall into the category of 60% to less than 80%, representing "Agree," indicating that there is a real presence of the content of these items based on prior experience and practical work for the employees of private hospitals.

Table 4: Results of the analysis related to external impediments affecting the implementation of electronic marketing

No.	Statement Content	Hospital Type	Average	Standard Deviation	Relative Weight	Agreement Level	t-value	Significance Level
1	Internet culture deficiency among healthcare users	Public	3.87	1.12	71.8	Agree	0.456	0.649
		Private	3.81	1.19	70.3	Agree		
2	Deficiency in a wired and wireless communication network	Public	3.73	1.12	68.3	Agree	0.641	0.522
		Private	3.64	1.14	66.0	Agree		
3	Insufficient and poor-quality internet services	Public	3.68	1.17	67.0	Agree	0.590	0.556
		Private	3.76	1.12	69.0	Agree		
4	Deficiency in internet information security systems	Public	3.59	1.08	64.8	Agree	1.676	0.095
		Private	3.37	1.06	59.3	Neutral		
5	Lack of inter-hospital connectivity	Public	3.53	1.48	63.3	Agree	0.888	0.375
		Private	3.37	1.50	59.3	Neutral		
6	Failure of electronic marketing in other hospitals	Public	3.22	1.55	55.5	Neutral	0.078	0.938
		Private	3.21	1.61	55.3	Neutral		
7	Absence of laws and regulations for e-business	Public	3.67	1.34	66.8	Agree	2.156	0.025
		Private	3.29	1.4	57.3	Neutral		
8	Healthcare users' lack of awareness of the importance of implementing electronic marketing in hospitals	Public	3.98	1.05	74.5	Agree	1.525	0.129
		Private	3.76	1.28	69.0	Agree		
9	Low competition between hospitals	Public	4.07	1.15	76.8	Agree	0.727	0.468
		Private	3.96	1.35	74.0	Agree		
10	Lack of government support for promoting e-marketing culture in healthcare services	Public	3.72	1.27	68.0	Agree	0.052	0.958
		Private	3.71	1.33	67.8	Agree		

As for the external impediments for public and private hospitals affecting the implementation of electronic marketing, the following facts are evident from the results in Table (4):

There is agreement among the research sample members regarding both public and private hospitals on the items: 1, 2, 3, 8, 9, and 10, which are considered external impediments to both types of hospitals. The sufficiency thresholds for the relative average of these items fall into the category of 60% to less than 80%, representing "Agree." Additionally, all significance levels (t-values) for these items are greater than 0.05, indicating that there are no differences in the opinions of the research sample members between public and private hospitals. This suggests that these external impediments are prevalent in both public and private environments.

1. For the second category represented by items 4 and 5, we find that the prevailing opinion among employees in public hospitals is "Agree," as the sufficiency thresholds for the relative average fall into the category of 60% to less than 80%. On the other hand, employees in private hospitals maintain neutrality on this matter, as the sufficiency threshold of 57.3% falls into the category of "Neutral." This indicates that employees in private hospitals have less experience or exposure to this area. Nevertheless, the differences in the overall opinion between the two categories are minimal, as evidenced by the significance levels (t-values) exceeding 0.05 (no significant differences). As for item 6 "Failure of electronic marketing in other hospitals," the sufficiency threshold for the relative average falls into the category of 40% to less than 60%, representing "Neutral," indicating that both research samples are not familiar with this information. They remain neutral in their answers, implying that they do not have enough experience with or knowledge of the failures of electronic marketing in other hospitals.
2. Regarding item 7 "Absence of laws and regulations for e-business," we find that the significance level (t-value) for public hospitals is less than 0.05, indicating differences in opinion on the subject. For public hospitals, the sufficiency threshold for the relative average falls into the category of 60% to less than 80%, representing "Agree," whereas employees in private hospitals remain neutral with a sufficiency threshold of 57.3%, falling into the category of "Neutral." This indicates their reservations about laws and regulations governing e-business in hospitals.

- **Results related to the second assumption: "Opportunities and capabilities for marketing healthcare services electronically are greater in private hospitals than in public (government) hospitals."**

Table 5: the results related to the opportunities and capabilities for marketing healthcare services electronically

No.	Statement Content	Hospital Type	Average	Standard Deviation	t-value	Significance Level	Sufficiency Threshold 60%	Agreement Level
1	Availability of material facilities in private hospitals compared to public hospitals	Public	4.15	1.15	1.290	0.198	78.8	Agree
		Private	4.31	0.85			82.8	Strongly Agree
2	Increase in awareness and internet culture among healthcare providers in private hospitals compared to public hospitals	Public	4.04	1.00	1.939	0.54	76.0	Agree
		Private	4.23	0.72			80.8	Strongly Agree
3	Top management support for implementing electronic marketing in private hospitals is higher than in public hospitals	Public	4.17	0.92	0.385	0.700	79.3	Agree
		Private	4.13	0.88			78.3	Agree
4	Availability of development allocations in private hospitals compared to government hospitals	Public	3.82	1.10	1.367	0.173	70.5	Agree
		Private	3.64	1.18			66.0	Agree
5	Private hospitals have better medical and human resources than government hospitals	Public	3.62	1.38	1.043	0.298	65.5	Agree
		Private	3.78	1.22			69.5	Agree
6	Availability of wired and wireless communication network in private hospitals is better than in government hospitals	Public	4.10	1.14	0.292	0.770	77.5	Agree
		Private	4.14	1.02			78.5	Agree
7	Internet services are more available in private hospitals than in government hospitals	Public	4.05	1.14	0.511	0.609	76.3	Agree
		Private	3.98	1.06			74.5	Agree
8	Availability of information infrastructure in private hospitals is similar to government hospitals	Public	3.85	1.27	0.028	0.978	71.3	Agree
		Private	3.85	1.16			71.3	Agree

Regarding opportunities for electronic marketing in public and private hospitals (Table 5 results):

1. Strong agreement exists among both hospital groups on the content of eight items. Private hospital employees strongly agree on the first two items (sufficiency threshold > 80%), closely aligned with

public hospital employees. Minimal differences are noted, with significance levels (t-values) exceeding 0.05.

2. No significant differences emerge for the remaining statements, indicated by significance levels (t-values) surpassing 0.05. Sufficiency thresholds for items 3 to 8 range from 65.6% to 79.3%, signaling a prevailing "Agree" opinion on substantial electronic marketing opportunities and capabilities in both sectors.

Table 6: the results related to the most important advantages that can be achieved when implementing electronic marketing in the hospital where the respondents work.

No	Statement Content	Hospital Type	Average	Standard Deviation	t-value	Significance Level	Sufficiency Threshold 60%	Agreement Level
1	Faster response to the needs of healthcare service users	Public	4.23	1.10	2.185	0.030	80.8	Strongly Agree
		Private	3.92	1.35			73.0	Agree
2	Increased number of healthcare service users	Public	4.11	1.07	0.914	0.361	77.8	Agree
		Private	4.22	0.98			80.5	Strongly Agree
3	Improved quality of healthcare services	Public	3.94	1.28	0.011	0.991	73.5	Agree
		Private	3.94	1.21			73.5	Agree
4	Cost reduction, as electronic promotion and advertising are less costly than traditional methods	Public	3.92	1.22	0.911	0.363	73.0	Agree
		Private	4.05	1.23			76.3	Agree
5	Increased interaction level with healthcare services users	Public	4.01	1.12	0.244	0.808	75.3	Agree
		Private	4.04	0.942			76.0	Agree
6	Reducing the presence of healthcare service users inside the hospital	Public	3.98	1.15	1.516	0.132	74.5	Agree
		Private	3.74	1.40			68.5	Agree
7	Considered a tool for increasing transparency	Public	4.00	1.12	1.143	0.254	75.0	Agree
		Private	4.15	1.03			78.8	Agree
8	Utilizing modern technological advancements in favor of service users with healthcare services	Public	3.85	1.26	4.454	0.01	71.3	Agree
		Private	4.34	0.699			83.5	Strongly Agree
9	Retaining current users with the hospital	Public	3.74	1.28	4.465	0.01	68.5	Agree
		Private	4.27	0.827			81.8	Strongly Agree
10	Improving hospital performance	Public	3.76	1.36	2.393	0.023	69.0	Agree
		Private	4.08	1.08			77.0	

The study examines key advantages of implementing electronic marketing in hospitals, based

on responses from both public and private institutions. Notable findings include varying agreement levels between hospital types on specific advantages, with public hospitals showing stronger affirmation in some cases. However, the study concludes that there are no significant differences in the general opinion between public and private hospitals regarding the benefits of electronic marketing implementation.

- **The results related to the third hypothesis, which states that there is a difference in the implementation of electronic marketing between public and private hospitals.**

Table 7: The results related to the differences in the implementation of electronic marketing between public and private hospitals.

Dimension	Variable	Mean	Standard Deviation	t-value	Significance	Interpretation
Electronic marketing in the hospital	Public	33.26	5.62	4.961	0.01	significant
	Private	36.56	5.51			
Obstacles to electronic marketing within the hospital	Public	28.39	5.9	0.961	0.338	not significant
	Private	29.08	6.25			
Obstacles to electronic marketing outside the hospital	Public	37.05	7.14	1.285	0.200	not significant
	Private	35.88	8.49			
Opportunities and potentials for electronic marketing	Public	31.80	5.75	0.400	0.690	not significant
	Private	32.06	4.79			
Advantages of electronic marketing after application in the hospital	Public	52.04	9.04	0.848	0.397	not significant
	Private	52.91	7.47			

The researcher investigated electronic shopping differences between public and private hospitals using an independent t-test. Results show significant variation in electronic shopping

levels, favoring private hospitals (average score: 36.56) over public hospitals (average score: 33.26). Internal and external obstacles, potentials, and positive perceptions, however, exhibited no significant differences between the two types of hospitals. In conclusion, the researcher confirms a significant difference in electronic shopping application between the sectors, with private hospitals leading by 3.3 points (36.56 - 33.26).

- **The fourth hypothesis states that there is a strong positive relationship between electronic marketing of healthcare services and enhancing the competitive capabilities of these hospitals.**

Table 8: The results related to the Pearson correlation coefficient between electronic marketing of healthcare services and the level of enhancing hospitals' competitive capabilities.

Dimension	Pearson Correlation Coefficient	Significance	Interpretation
Electronic marketing	**0.248	0.01	significant
Competitive Capabilities			

Regarding the study of the level of relationship between electronic shopping for healthcare services and enhancing the competitive capabilities of hospitals, the researcher resorted to using the Pearson correlation coefficient. The coefficient confirmed the existence of a relationship between electronic shopping and the level of enhancing the competitive capabilities of hospitals, where the correlation coefficient is 0.248, which is significant at a level of 0.01 (99% confirmed). This indicates that the increase and development in electronic shopping levels enhance the competitive capabilities of hospitals, whether in the public or private sector. Based on these results, the researcher concludes that the fourth hypothesis above has been achieved.

Summary of Results

The study reveals that the type of service provided does not depend on hospital type, indicating potential for electronic service implementation in both public and private hospitals. Significant variation exists in opinions about electronic service availability. Employees in public hospitals lack familiarity with electronic marketing's effects on management due to limited experience, resulting in neutral responses. External obstacles have no differing impact on implementation for both hospital types. Both sectors exhibit substantial opportunities for electronic healthcare

marketing. "Increasing internet culture among healthcare service users" is unanimously considered crucial. Statistically significant differences in electronic shopping levels exist between public and private hospitals, enhancing competitive capabilities. Internal and external obstacles and potential for electronic shopping show no differences. Positive views on electronic shopping advantages are consistent across sectors. Technological development aids competition and customer accessibility, contributing to the proliferation of online services. Elevated electronic shopping levels enhance competitiveness in both public and private hospitals.

Recommendations

- 1- Increase the awareness of employees in public hospitals about the importance of good marketing for healthcare services electronically
- 2- Address the obstacles faced by private hospitals in the implementation and marketing of healthcare services electronically, by identifying and addressing the underlying reasons.
- 3- Work on narrowing the gap in the potential for implementing electronic marketing between public and private hospitals.
- 4- Encourage the implementation of electronic marketing in both public and private hospitals and support hospitals that market healthcare services electronically.
- 5- Raise awareness in society about the importance of electronic marketing and the benefits that can be achieved through its implementation.
- 6- Conduct in-depth and advanced studies in this field related to the development of healthcare services through electronic marketing.
- 7- Focus on modern mechanisms used in marketing healthcare services and stay updated with developments in this field, conducting more studies on this topic
- 8- Enhance the capabilities of public hospitals and bridge the gap between them and private hospitals.

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