UNVEILING THE NEXUS: ELEVATING MARKETING STRATEGIES FOR ENHANCING SATISFACTION AND LOYALTY IN ELDERLY HEALTH CARE SERVICES

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ABSTRACT

The study aimed to examine whether there is an association of marketing mix, and perception with customer's satisfaction, and loyalty among elderly people. A total of 400 participants were included in the study. The study population comprised individuals aged 65 years and above from Assam, India including both males and females. Participants were primarily selected from residential homes, old age homes, and various common gathering places such as parks, shops, Namghar (a holy place), and community halls.

The study indicated a significant correlation between the dimensions of the marketing mix, perception, satisfaction, and loyalty. Moreover, the findings from the linear regression analysis, revealed customer satisfaction towards the marketing of healthcare services can be attributed to product, price, place, process, and physical evidence (7 P's) and customer perception (R^2=.54; .53 respectively). Additionally, customer loyalty towards the marketing of healthcare services is influenced by product and price (7P's), and customer perception (R^2=.54; .2 respectively).

This study contributes to understanding the overlooked aspect of marketing to the elderly population, providing valuable insights for healthcare companies to develop improved marketing strategies. Hence, irrespective of the organization's size, type, or location, whether it's a startup or an established entity, privately owned or government-operated, local or global, the role of business managers is vital in making informed decisions and establishing strategic priorities to allocate resources efficiently in order to meet evolving customer demands and achieve business success. As a result, commercial enterprises need to develop tools, concepts, and strategies to effectively navigate the dynamic and unpredictable marketing landscape.

KEYWORDS

marketing mix, customer perception, customer satisfaction, customer loyalty and elderlies

BACKGROUND

According to the "American Marketing Association," marketing is both a function of an organization and a set of procedures aimed at developing, communicating, and delivering value to customers, while also managing beneficial client relationships for the business and its stakeholders [1].

Given the diverse preferences and tastes of customers, it is challenging for marketers to uniformly serve the needs and wants of all individuals. As a result, marketers divide the

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heterogeneous market into homogenous groups in order to achieve the dual goals of attracting potential customers through superior value and retaining and growing existing customers by providing satisfaction. While the fundamental function of marketing is to acquire and retain customers for profit generation, it encompasses more than just this objective. Another crucial marketing function is creating awareness of the company among its target audience, often achieved through branding or establishing a visible presence. Therefore, marketing is not a solitary effort but requires collaboration across the entire organization to achieve customer satisfaction [1,2,3,4].

THE MARKETING MIX STRATEGY

The concept of marketing strategy involves developing a long-term and future-oriented approach that encompasses the overall plan of an organization or business to achieve its fundamental objectives. This strategy aims to provide the organization with a sustainable competitive advantage by understanding and meeting the needs and desires of its customers [5]. McCarthy and Perreault [6] defined the marketing mix as "the controllable variables that an organization can coordinate to meet the needs of its target market." This definition, with slight modifications, gained widespread acceptance.

Nevertheless, a highly influential alternative framework that gained widespread acceptance was introduced by Broom and Bitner [7], known as the 7 Ps of Marketing. This concept expanded upon the traditional 4 Ps of the Marketing Mix (product, price, place, and promotion) by incorporating three additional elements: people, process, and physical evidence. The framework is further elaborated below:

TABLE 1. THE MARKETING MIX

Product	Price	Place	Promotion	People	Physical Evidence	Process
Traditional Quality		Distribution	Advertising			
Features and options	Discounts and allowances	Channels of Distribution	Personal selling			
			Sales promotion			
Style Brand name Packaging Product line Warranty and Service level	Payment terms	Coverage Outlet Locations Sales Territories Inventory levels and locations	Publicity			
		Transport carriers				
Modified and expanded for services						
Quality level		Location	Advertising	Personnel	Environment	Policies
Brand name	Discounts	Accessibility	Personal selling	Training	Furnishings	Procedures
Service line	Allowances	Distribution	Sales promotion	Discretion	Color	Mechanization
Warranty	Payment terms	Distribution channel	Publicity	Commitment	Layout	Employee discretion

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			Incentives	Noise level	
Quality/price Price differentiation	Coverage		Appearance Interpersonal behaviour Attitudes Other customers' Behaviour Degree of involvement, Customer/ customer Contact	Facilitating goods Tangible clues	Customer involvement Customer direction Flow of activities

Source: Booms & Bitner [7]

UNDERSTANDING THE ELDERLY MARKET FROM THE MARKETING PERSPECTIVE

It is evident that nations with a significant aging population are witnessing notable trends and shifts in human civilization [8,9]. In the past, there was a prevailing notion that growth and development in the modern era should primarily focus on the younger population, neglecting the elderly segment. This perspective has limited our understanding of the economic consequences affecting both the younger and older populations [10]. It is apparent that the elderly population has distinct needs, wants, and desires compared to other age groups. They often face various chronic diseases, physical disabilities, mental illnesses, and psychosocial issues, which cannot be viewed in isolation. Additionally, several factors, such as social concerns (e.g., separation from children), occupational challenges, mistreatment, lack of knowledge and awareness about risk factors, dietary and nutritional requirements, and psycho-emotional concerns (e.g.,

mental stress, difficulty staying occupied), along with financial constraints and inadequate access to healthcare, contribute to the deterioration of their mental and physical health. Consequently, these factors have a detrimental impact on their quality of life [11]. Therefore, it is crucial to handle the elderly population with utmost care and affection [12-19, 22, 53].

ELDERLY POPULATION OVERVIEW- THE INDIAN PERSPECTIVE

Due to advancements in life expectancy, the aging population in India is experiencing significant growth at an exponential rate. This trend has led to an increased demand for comprehensive care for the elderly [12]. According to the United Nations' 2015 census report, the percentage of individuals over the age of 60 is projected to rise from 8 percent in 2015 to 19 percent in 2050 (graph 1). Furthermore, reports suggest that by the end of the century, the elderly population will comprise approximately 34 percent of the total population in India [13].

GRAPH 1: PERCENTAGE OF THE 60-PLUS PERSONS IN TOTAL POPULATION, INDIA, 1950-2100
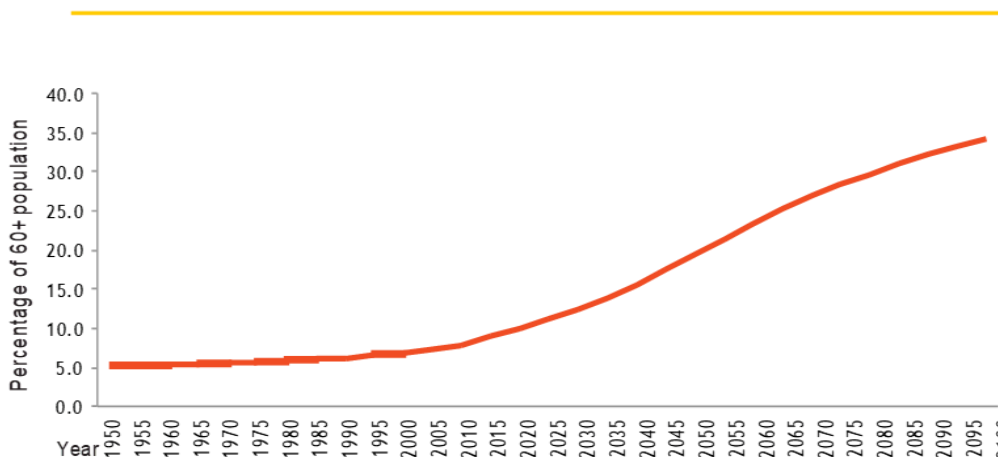
Source: United Nations (2015), World Population Prospects, 2015 Revision, Department of Economic and Social Affairs, United Nations.

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The objective of this study is to examine the marketing of healthcare products and services targeted at elderly individuals, utilizing the marketing mix framework. When introducing a product to the market, companies develop new marketing strategies and plans. These plans encompass situational analysis, objectives, goals, tactics, cost considerations, and profit estimations [14]. Prior to formulating any strategy, marketers must gather information about the specific target audience, which could be possible through research work. Therefore, this study aims to shed light on the strategies implemented by healthcare companies, emphasizing the positive impact of effective marketing mix strategies. It also seeks to identify any shortcomings and provide valuable insights, recommendations, and suggestions that can contribute to the development of effective marketing strategies for the elderly population.

HYPOTHESES

1. Dimensions of 7P's Marketing Mix, would significantly correlate with Perception, Satisfaction, and Loyalty among elderly customers.
2. 7P's Marketing Mix would significantly impact Satisfaction among elderly customers.
3. Customer perception would significantly impact Satisfaction among elderly customers.
4. 7P's Marketing Mix would significantly impact Loyalty among elderly customers.
5. Customer perception would significantly impact Loyalty among elderly customers.

SAMPLE AND PROCEDURE

The study population comprised individuals aged 65 years and above from Assam, India including both males and females. Participants were primarily selected from residential homes, old age homes, and various common gathering places such as parks, shops, Namghar (a holy place), and community halls.

The respondents for this study were primarily selected from four districts in Assam, namely Sonitpur, Kamrup-metro, Nagaon, and Lakhimpur. According to the 2011 census report, the total population of elderly individuals in Assam was 20,78,544. To determine the appropriate sample size, the formula for minimum samples required for a standard normal distribution with a 95% confidence level and a 5% margin of error was used:

$$n = \frac{z^2 \times p(1-p)}{e^2}$$

Where:

- z is the z score (at a 95% confidence level, the Z score is 1.96)
- e is the margin of error (5% = 0.05)
- n is the sample size
- p is the population proportion (number of interested population/total population)

Using the above equation, the calculated sample size was determined to be 384 samples, considering a population proportion of 0.5, a Z score of 1.96, and a 5% margin of error. However, the questionnaire was distributed to a sample size of 406 elderly individuals, and 400 filled-in questionnaires were received. The purposive sampling method was employed to select the sample group of elderly population. Subsequently, data cleaning was performed to identify any missing values, ensure data accuracy, and identify outliers. After cleaning the data, a total of 400 valid responses were used for analysis.

The data collection process for this study involved using a structured questionnaire. Older individuals who were employed, unemployed, or retired were selected to participate. They were informed in advance about the study's objective, and fortunately, none of them declined to take part, although some requested additional time due to their discomfort at that specific moment.

Data was collected through offline methods. For the offline mode, the researcher visited participants at their preferred locations and times. Before collecting data, the purpose of the study was reiterated and participants were informed of their right to stop the procedure or refuse to answer any questions they were uncomfortable with. Verbal informed consent was obtained, and the information was recorded while ensuring strict confidentiality and anonymity. Interactions were conducted in the local language, Assamese, and participants were debriefed and thanked for their participation.

The Ethical Clearance was taken from the Ethical Committee in 2019 with number: NO.GMC/CH/39/2017/PT-II/52.

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MEASURES

The variable Marketing mix has 7 constructs:

1. Product: It has 5 items in total. The items were adopted from a study conducted [15]. A five-point Likert scale ranging from 5 (strongly agree), 4 (agree), 3 (indifferent), 2 (disagree) and 1 (strongly disagree) was used for the statements.

2. Price: It has 3 items in total. The items were adopted from a study [15]. A five-point Likert scale ranging from 5 (strongly agree), 4 (agree), 3 (indifferent), 2 (disagree) and 1 (strongly disagree) was used for the statements.

3. Place: It has 4 items in total. The items were adopted from a study [15]. A five-point Likert scale ranging from 5 (strongly agree), 4 (agree), 3 (indifferent), 2 (disagree) and 1 (strongly disagree) was used for the statements.

4. Promotion: It has 3 items in total. The items were adopted from a study [15]. A five-point Likert scale ranging from 5 (strongly agree), 4 (agree), 3 (indifferent), 2 (disagree) and 1 (strongly disagree) was used for the statements.

5. People: It has 6 items in total. The items were adopted from a study [16]. A five-point Likert scale ranging from 5 (strongly agree), 4 (agree), 3 (neutral), 2 (disagree) and 1 (strongly disagree) was used for the statements.

6. Process: It has 4 items in total. The items were adopted from a study [17]. A five-point Likert scale ranging from 5 (strongly agree), 4 (agree), 3 (neutral), 2 (disagree) and 1 (strongly disagree) was used for the statements.

7. Physical evidence: It has 2 items in total. The items were adopted from a study [17]. A five-point Likert scale ranging from 5 (strongly agree), 4 (agree), 3 (indifferent), 2 (disagree) and 1 (strongly disagree) was used for the statements.

8. Customer satisfaction: It has 4 items in total. The items were adopted from a study [18]. A five-point Likert scale ranging from 5 (strongly agree), 4 (agree), 3 (neutral), 2 (disagree) and 1 (strongly disagree) was used for the statements.

9. Customer loyalty: It has 5 items in total. The items were adopted from a study [19]. A five-point Likert scale ranging from 5 (strongly agree), 4 (agree), 3 (neutral), 2 (disagree) and 1 (strongly disagree) was used for the statements.

10. Customer perception: It has 1 item in total. The item was adopted from a study [20]. A six-point Rating scale ranging from 6 (strongly agree) to 1 (strongly disagree) was used for the statements.

11. Customer motivation: It has 1 item in total. The item was adopted from a study [20]. Multiple choice questions were used for the statements.

TABLE 2: CONSTRUCT RELIABILITY, VALIDITY AND CRONBACH ALPHA VALUE

Construct/Dimension	No. of Items	Validity	Cronbach's Alpha Value
Product	Item 1	0.84	0.838
	Item 2	0.89	
	Item 3	0.88	
	Item 4	0.76	
	Item 5	0.82	
Price	Item 1	0.79	0.75
	Item 2	0.73	
	Item 3	0.84	
Place	Item 1	0.86	0.881
	Item 2	0.89	
	Item 3	0.81	
	Item 4	0.83	

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Promotion	Item 1	0.72	0.728
	Item 2	0.77	
	Item 3	0.77	
People	Item 1	0.84	0.927
	Item 2	0.87	
	Item 3	0.83	
	Item 4	0.84	
	Item 5	0.84	
	Item 6	0.42	
Process	Item 1	0.83	0.855
	Item 2	.075	
	Item 3	0.82	
	Item 4	0.68	
Physical evidence	Item 1	0.77	0.834
	Item 2	0.81	
Customer satisfaction	item 1	0.69	0.785
	Item 2	0.79	
	Item 3	0.71	
	Item 4	0.70	
Customer loyalty	Item 1	0.74	0.792
	Item 2	0.77	
	Item 3	0.67	
	Item 4	0.73	
	Item 5	0.79	

Source: Compiled by the researcher

NORMALITY OF THE DATA

Before proceeding with the data analysis, the extreme outliers and missing values were removed from the datasheet. Additionally, to check the normality of the data, measures of central tendency (mean), measures of variability (standard deviation) and measures of shape (skewness and kurtosis) were calculated. The mean scores of the statements are between 2.27 to 4.55 and standard deviations of the mean scores stretched from .70 to 1.53. Lower standard deviation is considered to be closer to the mean score [45]. From Table 3 it can also be observed that skewness is ranged from - 1.75 to .70 and kurtosis is ranged from .16 to 2.77. All the values of skewness for the statements are found within the acceptable ranges from -2 to +2 [45]. Similarly, for kurtosis all the statements are found in acceptable ranges from -7 to +7 [45].

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TABLE 3: SKEWNESS AND KURTOSIS

Construct	Mean		SD		Skewness		Kurtosis	
	Min	Max	Min	Max	Min	Max	Min	Max
Product	4.29	4.54	.85	1.15	-1.30	-.70	.44	1.12
Price	2.64	3.14	1.06	1.20	.06	.48	.16	.71
Place	4.35	4.55	.92	1.19	-1.14	-.66	.26	1.41
Promotion	2.79	3.52	1.16	1.53	.09	.37	.27	1.01
People	4.00	4.37	.79	1.19	-1.08	-1.58	.19	2.10
Process	2.27	2.49	1.37	1.48	.47	.70	.96	1.18
Physical Evidence	4.32	4.34	.70	.86	-1.75	-1.30	1.10	2.75
Loyalty	2.88	3.80	1.15	1.23	-.06	.27	.79	1.27
Satisfaction	2.68	3.95	.82	1.13	-1.50	.39	.41	2.77

Abbreviations: SD- standard deviation, Min- minimum, Max- maximum.

Source: Data analysis done by the researcher based on primary data collected

RESULTS

The demographic characteristics, as presented in Table 4, provide an overview of the 400 total respondents.

TABLE 4: DEMOGRAPHIC PROFILE OF THE RESPONDENCE

Sample Characteristics	Frequency (n=400)	Percent %
Gender		
Male	167	41.8
Female	233	58.3
Marital status		
Married	256	64.0
Unmarried	4	1
Divorced	2	0.5
Widow	138	34.5
Residential Location		
Rural	165	41.3
Urban	235	58.8
Educational qualification		
Illiterate	66	16.5
Primary school	85	21.3
Middle school	73	18.3
Secondary school	85	21.3
Higher Secondary	56	14.0
Graduate	25	6.3
Post graduate	3	.8
Others	7	1.8

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Employment status		
Employed	22	5.5
Unemployed	238	59.5
Not working	140	35.0
Source of earning		
Pension		
Yes	128	32.0
No	272	68.0
Business		
Yes	5	1.3
No	395	98.8
Rent		
Yes	32	8.0
No	368	92.0
Children		
Yes	391	97.8
No	9	2.3
Grand-children		
Yes	376	94.0
No	24	6.0
Others		
Yes	2	.5
No	398	99.5
Mode of stay		
Family	320	80.0
Old age home	100	13.8
Single	25	6.3

Source: Data analysis done by the researcher based on primary data collected

TABLE 5: CORRELATION COEFFICIENTS AMONG DIFFERENT DIMENSIONS OF 7P'S MARKETING MIX, PERCEPTION, SATISFACTION, AND LOYALTY (N=400)

Dimensions	Product	Price	Place	Promotion	People	Process	Physical Evidence	Perception	Satisfaction	Loyalty
Product	1	.549**	.924**	.454**	.469**	.170**	.187**	.534**	.698**	184**
Price		1	.537**	.825**	.261**	.108	.142*	-.293**	.270**	-.543**
Place			1	.452**	.523**	.106	.151*	.439**	.691**	159*
Promotion				1	.157*	.115	.135*	.307**	.250**	.609
People					1	.157*	.152*	.069	.553**	.027
Process						1	.052	.107	.138*	.025
Physical evidence							1	.177**	.301**	.039

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Perception									1	.334**	.185**
Satisfactio n										1	.034
Loyalty											1

*p<.05; **p<.01

**Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

The results presented in Table 5 indicate a significant correlation between the dimensions of the marketing mix, perception, satisfaction, and loyalty (P<0.05; P<0.01 respectively). The correlations demonstrate significant relationships between various dimensions, such as product, price, place, promotion, people, process, physical evidence, and perception, with loyalty and satisfaction.

TABLE 6: MARKETING MIX WITH SATISFACTION (N=400)

Marketing Mix Variables (Predictors)	Satisfaction (Criterion)		
	β	t	Sig.
Product	.546	3.37**	.001
Price	.319	2.96**	.003
Place	.182	1.90*	.05
Promotion	.062	.61	.541
People	.366	1.08	.282
Process	.06	5.18***	.000
Physical Evidence	.162	2.31*	.022
R	**.783**		
R²	**.545**		
Adjusted R²	**.524**		
F	**26.830*****		

*p<.05; **p<.01; ***p<.001   Dependent variable: Customer satisfaction

Independent variables: Marketing Mix

The findings from the linear regression analysis, as presented in table 6, reveal that the R2 value is .545, indicating that 54% of the variation in customer satisfaction towards the marketing of healthcare services can be attributed to product, price, place, process, and physical evidence. Among the 7Ps, product (β= .546, p<0.01), price (β= .319, p<0.01), place (β= .182, p<0.05), process (β= .06, p<0.001), and physical evidence (β= 162, p<0.05) show statistically significant relationships, whereas promotion and people do not significantly predict the outcome. The largest beta coefficient is observed for the product dimension, indicating a strong and unique contribution to explaining customer satisfaction. The adjusted coefficient of determination (R²) suggests that .545 percent of the variation in customer satisfaction can be explained by the variations in the independent variables. This implies that these dimensions have the ability to account for changes in customer satisfaction. Therefore, the overall model is deemed significant at the .001 level (F= 26.830).

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TABLE 7: CUSTOMER PERCEPTION WITH SATISFACTION (N=400)

(Predictor)	Satisfaction (Criterion)		
	β	t	Sig.
Customer perception	.821	3.40**	.003
R	**.231**		
R2	**.053**		
Adjusted R2	**.048**		
F	**9.28****		

**p<.01   Dependent variable: Customer satisfaction
Independent variables: Customer perception

The findings from the linear regression analysis, as presented in Table 4.4, reveal that the R2 value is .053, indicating that 53% of the variation in customer satisfaction towards the marketing of healthcare services is influenced by customer perception. The results show that customer perception (β= .821, p<0.01) significantly predicts the outcome, making a strong and unique contribution to explaining the dependent variable, which is customer satisfaction. The adjusted coefficient of determination (R²) suggests that .053 percent of the variation in the dependent variable can be explained by variations in the independent variable, customer perception. This implies that customer perception plays a substantial role in understanding customer satisfaction. Therefore, the overall model is considered significant at the .01 level (F= 9.28).

TABLE 8: MARKETING MIX WITH LOYALTY (N=400)

Marketing Mix Variables (Predictors)	Loyalty (Criterion)		
	β	t	Sig.
Product	.229	2.02*	.045
Price	.355	3.35**	.001
Place	.143	1.61	.541
Promotion	.063	1.08	.282
People	.028	.403	.688
Process	.014	.257	.797
Physical Evidence	.033	.596	.552
R	**.741**		
R2	**.549**		
Adjusted R2	**.529**		
F	**27.68*****		

*p<.05; **p<.01; ***p<.001   Dependent variable: Customer Loyalty
Independent variables: Marketing Mix

The findings from the linear regression analysis, as presented in Table 4.5, reveal that the R2 value is .549, indicating that 54% of the variation in customer loyalty towards the marketing of healthcare services is influenced by product and price. The results show that product (β= .229, p<0.05) and price (β= .355, p<.01) are statistically significant predictors, while place, promotion, people, process, and physical evidence do not significantly predict the outcome.

Among the seven Ps, the largest beta coefficient is β= .355, which corresponds to price. This suggests that price makes a strong and unique contribution to explaining the dependent variable, which is customer loyalty. The adjusted coefficient of determination (R²) indicates that .549 percent of the variation in the dependent variable can be explained by variations in the independent variables. This implies that the marketing mix strategy, specifically product and price, explains a significant portion of the variance in

customer loyalty. Therefore, the overall model is considered significant at the .001 level (F= 27.68).

TABLE 9: CUSTOMER PERCEPTION WITH LOYALTY (N=400).

(Predictor)	Customer loyalty (Criterion)		
	β	t	Sig.
Customer perception	.039	.754	.451
R	**.039**		
R2	**.002**		
Adjusted R2	**.004**		
F	**.568**		

**p<.01 Dependent variable: Customer loyalty
        Independent variables: Customer perception

The findings from the linear regression analysis, as presented in Table 4.6, reveal that the R2 value is .002, indicating that only .2% of the variation in customer perception towards the marketing of healthcare services is influenced by customer loyalty. The results show that customer perception (β= .0391, p>0.01) is not a significant predictor and does not contribute to explaining the dependent variable, which is customer loyalty. The adjusted coefficient of determination (R²) indicates that .004 percent of the variation in the dependent variable can be explained by variations in the independent variables. Therefore, the results of the linear regression model suggest that customer perception does not have a significant correlation with customer loyalty.

DISCUSSION

The main aim of the current study was to gain insights into the specific needs and demands of healthcare products and services among the elderly population provided by companies.

The result displays the regression analysis, illustrating the impact of the marketing mix components i.e. Product, price, place, process and physical evidence have a positive impact on consumer satisfaction. These results are consistent with previous studies [32,33,34,35,36], which also highlighted the influence of these factors on customer satisfaction. Nuseir and Madanat [24] emphasized in their study that higher product and service quality leads to increased customer satisfaction. The satisfaction of elderly customers is driven by the attainment of expected outcomes from the products or services they use. It is important to note that the quality of a product or service is evaluated from the customer's perspective rather than the company's viewpoint. Additionally, customer perception is a strong predictor of customer satisfaction. The quality of a product leaves a lasting impression on customers' psychology, regardless of their age, and its acceptance generates a high level of satisfaction and loyalty [38].

In the context of the place element, certain factors such as order process, storage location, goods distribution, and handling can positively or negatively impact customer satisfaction [37]. The distribution channel, comprising service providers and market intermediaries, is integral to the place element. Companies can choose between direct and indirect marketing channels to provide products and services. Direct channels involve selling products directly from manufacturers to end consumers, while indirect channels involve intermediaries like brokers, wholesalers, and retailers. Indirect channels increase product costs due to profit distribution among agents. Choosing the right medium for selling products and services is crucial to ensure effectiveness and accessibility for all stakeholders. Customer satisfaction is negatively affected when the site or distribution channel inconveniences them, highlighting the importance of customer service and an efficient distribution network [35]. The people element in the service delivery process plays a crucial role as they interact with customers.

Staff members are key contributors to delivering high-quality service and overall satisfaction. However, in the case of elderly customers, the people element may not have a significant impact, either due to a sense of detachment or the inability of staff members to establish a connection or meet the expectations of elderly.
Providing elderly customers with prior information about products or services is beneficial as the pricing factor

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influences both parties. Companies aim to secure profits while retaining customers, and higher pricing policies can lead to customer loss. High-quality products have a strong impact on customer psychology, regardless of age, and generate satisfaction and loyalty [38]. Customer value derived from using a product is a crucial factor as customers may be attracted to competitors offering similar products with lower prices. Saving even a small amount becomes a priority if alternative products offer similar quality. Customers with high expectations require higher quality, and failing to understand their quality requirements puts customer loyalty at risk. The marketing mix concept aims to deliver the right value to the right customer for optimal results [39]. The Customer satisfaction is achieved when customers receive the expected benefits and quality from a product or service, aligning with their needs and preferences. Therefore, when elderly customers purchase a product or service that meets their expectations and perceived quality, they are likely to be satisfied. Customer satisfaction is important for increasing market share and maximizing profits [21]. Studies [22,23] noted that satisfied customers contribute to a company's success by spreading positive word-of-mouth and helping the company achieve its goals.

Improving the supply chain organization, involving suppliers, manufacturers, wholesalers, retailers, and customers, can give an organization a competitive advantage over its competitors. This leads to better customer satisfaction by enabling faster delivery of products and services, thus meeting the needs of the elderly population effectively [24]. Location also plays a crucial role in customer satisfaction among the elderly population and affects an organization's productivity [25]. In service marketing, offering easily accessible products and services under one roof attracts a significant number of elderly customers in Assam. This convenience reduces their effort in searching for desired brands and products, ultimately influencing their satisfaction levels [26]. Price as a flexible element of the marketing mix, can be adjusted quickly based on product and service characteristics. It is most effective when harmonized with other elements of the marketing mix. Earlier studies [27] emphasized the significant relationship between price and customer loyalty. This study also found that elderly customers are sensitive to price, and reducing prices can lead to increased customer loyalty. While a high price does not guarantee brand loyalty, it does indicate perceived excellence in brand quality. However, other study [28] reveals that price does not significantly influence the

purchase decisions of loyal or non-loyal customers. These customers will purchase the product regardless of the price. Customer perception, a topic extensively studied by researchers, has been found to have a direct link with the marketing mix and customer satisfaction [29,30]. perception of service quality, influenced by elderly customers' expectations, is an important factor affecting customer satisfaction. Marketers can modify their distribution channels to align with the needs and preferences of the target customers, including the elderly, thereby cultivating a positive perception of their products and services in the long run. Understanding customer perception regarding a product or service allows marketers to better comprehend consumer behavior [31]. This understanding enables organizations to influence customer perceptions through advertising, public relations, loyalty programs, and discounts, ultimately enhancing customer satisfaction.

Customer loyalty is established when the perceived quality of a product creates a strong impression on customers, leading to a heightened sense of satisfaction and loyalty. However, the concept of quality can be subjective, as each product is perceived differently based on individual preferences [40]. This variation in perception affects the level of satisfaction and ultimately influences loyalty. For a product to generate loyalty, it should meet certain requirements, such as superiority over competitors, uniqueness, non-substitutability, and appropriability. These qualities build trust and foster customer loyalty to the brand [46]. Nevertheless, it is understandable that marketers cannot expect people of all ages to have the same desires, as these needs change as age habits evolve [41]. The needs of elderly customers differ from those of the general population. Therefore, it is recommended that marketers take this into consideration when considering commercial business strategies. The findings of this study provide valuable insights for practical implementation by marketers. Although elderly customers may not be given high priority by marketers, the study reveals that addressing the demand and issues related to marketing elderly healthcare products and services can inspire innovative and creative approaches that cater to all generations in a harmonious manner.

FURTHER RESEARCH AND LIMITATIONS

The current research assesses the significance of healthcare product and service-related satisfaction. Loyalty and Perception levels among elderly individuals in a specific district of Assam, India. Nevertheless, the study is

constrained by certain limitations. The results obtained through purposive sampling may not be applicable to the entire population, emphasizing the need for a more representative sampling technique in future research to generalize the study findings. The current study is primarily non-longitudinal due to time and cost constraints, with a suggestion for future research to adopt a longitudinal approach to track the evolving behavior of elderly customers over time.

It is crucial to acknowledge that the study is restricted to a sample size of 400 elderly Indian customers, and future researchers may consider larger sample sizes from diverse states. The study's scope is also confined to only a few districts in Assam, India.

Despite these limitations, the paper contributes to the existing literature. Future researchers are encouraged to explore the impact of different elements of the marketing mix (Product, Price, Place, Promotion, People, Process, and Physical Evidence) in-depth among the elderly population. Additionally, technology upgradation should be there for more product development and documentation is required for fulfilling the demands of the customers.

CONCLUSION

Older individuals are increasingly prioritizing a healthy lifestyle, leading them to seek out organic and nutritious food options. They are well aware of the negative effects of popular junk food available in the market, resulting in a growing demand for healthier products that promote overall well-being [42]. However, taste remains a concern for consumers, emphasizing the need for innovative and delicious food offerings. Consequently, it is important to consider the demands for healthier and tastier food products.

The study indicates that elderly customers have had negative experiences with current marketing strategies, necessitating the analysis of strategies for promoting well-being among them in retail stores [43]. Possible solutions involve restructuring the store, such as resizing shelves and providing seating facilities to accommodate limited mobility, as well as categorizing products based on similarity and offering service facilities and equipment.

Therefore, regardless of the nature or scale of the organization, be it new or existing, private or government-run, local or international, business managers play a crucial role in making appropriate choices and setting strategic priorities to allocate resources effectively in response to changing customer expectations, ensuring efficient business success. Consequently, commercial businesses must develop tools, concepts, and strategies to navigate the turbulent and ever-changing marketing environment [44].

Reference
1. Kotler P, Armstrong G. Principles of marketing. 11th ed. Pearson; 2006.
2. Jobber D. Principles and Practice of Marketing. 4th ed. Berkshire: McGraw-Hill; 2004.
3. Morgan NA. Professional Services Marketing. Oxford: Jordan Hill; 1994.
4. Kyambalesa. Marketing in the 21st Century: Concepts, Challenges, and Imperatives. Ashgate Publishing Limited; 2000. Hampshire, England.
5. Baker M. The strategic marketing plan audit. ISBN 978-1902433998; 2008.
6. McCarthy EJ, Perreault WD Jr. Basic Marketing: A Global Managerial Approach. Irwin; 1987.
7. Booms B, Bitner MJ. Marketing Strategies and Organizational Structures for Service Firms. In: Donnelly JH, George WR, eds. Marketing of Services. Chicago: American Marketing Association; 1981. p. 47-51.
8. Jarzebski MP, Elmqvist T, Gasparatos A, et al. Ageing and population shrinking: implications for sustainability in the urban century. npj Urban Sustain. 2021;1:17. https://doi.org/10.1038/s42949-021-00023-z
9. Mahmood MN, Dhakal SP. Ageing population and society: a scientometric analysis. Qual Quant. 2022 Aug 25:1-18. doi: 10.1007/s11135-022-01509-3
10. Kohlbacher F, Herstatt C. The Silver Market Phenomenon: Business Opportunities in an Era of Demographic Change. In: Lückerath-Rovers MF, editor. Innovation and International Corporate Growth. 10.1007/978-3-540-75331-5; 2008.
11. Shrivastava SR, Shrivastava PS, Ramasamy J. Health-care of Elderly: Determinants, Needs and Services. Int J Prev Med. 2013;4(10):1224-1225.

12. Mane AB. Ageing in India: Some social challenges to elderly care. J Gerontol Geriatr Res. 2016;5(2).

13. United Nations Population Fund. I have the power to change my world: UNFPA Annual Report 2017. https://www.unfpa.org/annual-report-2017. Published 2017.

14. Czinkota MR, Ronkainen IA. International Marketing. 7th ed. Thompson Learning; 2004.

15. Fisher T. ROI in social media: A look at the arguments. J Database Market Cust Strategy Manag. 2009;16(3):189-195.

16. Sreenivas T, Srinivasarao B, Srinivasa Rao U. An Analysis on Marketing Mix in Hospitals. Int J Adv Res Manag Soc Sci. 2013;2(4):187. Retrieved from www.garph.co.uk/ijarmss/issn_2278-6236/v2/i4/187.

17. Ala'Eddin A., Abdullah A., Omar A., Dalia Q, Najla K. The Impact of Marketing Mix Strategy on Hospitals Performance Measured by Patient Satisfaction: An Empirical Investigation on Jeddah Private Sector Hospital Senior Managers Perspective. Int J Marketing Stud Arch. 2013;5(6):210. DOI: 10.5539/ijms.v5n6p210.

18. Levesque T, McDougall GHG. Determinants of customer satisfaction in retail banking. Int J Bank Mark. 1996;14(7):12-20. https://doi.org/10.1108/02652329610151340.

19. Lam S, Shankar V, Erramilli K, Murthy B. Customer Value, Satisfaction, Loyalty, and Switching Costs: An Illustration From a Business-to-Business Service Context. J Acad Market Sci. 2004;32(3):293-311. https://doi.org/10.1177/0092070304263330.

20. Ling APA. The Impact of Marketing Mix on Customer Satisfaction: A Case Study Deriving Consensus Rankings from Benchmarking [Master's thesis].

21. Angelova B, Zekiri J. Measuring customer satisfaction with service quality using American Customer Satisfaction Model (ACSI Model). Int J Acad Res Bus Soc Sci. 2011;1(1):27.

22. Zameer H, Tara A, Kausar U, Mohsin A. Impact of service quality, corporate image, and customer satisfaction on customers' perceived value in the banking sector in Pakistan. Int J Bank Mark. 2015;33(4):442-456. https://doi.org/10.1108/IJBM-01-2014-0015.

23. Omar M, Ariffin H, Ahmad R. Service quality, customers' satisfaction, and the moderating effects of gender: A study of Arabic restaurants. Procedia - Social and Behavioral Sciences. 2016;224:384-392. https://doi.org/10.1016/j.sbspro.2016.05.393.

24. Nuseir MT, Madanat H. 4Ps: A strategy to secure customers' loyalty via customer satisfaction. Int J Mark Stud. 2015;7(4):78.

25. Niharika SA. The Impact Of Mobile Commerce In India: A Swot Analysis. International conference of science, technology and Management. 2015. http://data.conferenceworld.in/ICSTM2/P2503-2513.pdf. Published September 27, 2015.

26. Kotler P, Keller KL. Marketing management. 13th ed. Harlow, England: Pearson Education Ltd; 2009.

27. Rao AR, Monroe KB. The effect of price, brand name, and store name on buyers' perceptions of product quality: An integrative review. J Mark Res. 1989;26(3):351-357. https://doi.org/10.1177/002224378902600309

28. Helsen K, Schmittlein DC. Analyzing Duration Times in Marketing: Evidence for the Effectiveness of Hazard Rate Models. Mark Sci. 1993;12(4):395-414.

29. Barber L, Bagsby P, Grawitch M, Buerck J. Facilitating self-regulated learning with technology: Evidence for student motivation and exam improvement. Teach Psychol. 2011;38(4):303-308. https://doi.org/10.1177/0098628311421337.

30. Truong VD. Government-led macro-social marketing programs in Vietnam: Outcomes, challenges, and implications. J Macromarketing. 2017;37(4):409-425. https://doi.org/10.1177/0276146717700347.

31. Subramaniam A, Mamun A, Permarupan PY, Zainol N. Effects of brand loyalty, image, and quality on brand equity: A study among Bank Islam consumers in Kelantan, Malaysia. Asian Soc Sci. 2014;10(14):67-73. https://doi.org/10.5539/ass.v10n14p67.

32. Kadhim FA, Abdullah TF, Abdullah MF. Effects of marketing mix on customer satisfaction: empirical study on tourism industry in Malaysia. Int J Appl Res. 2016;2(2):357-360.

33. Sukamto R, Lumintan D. The Impact of Marketing Mix towards Customer Loyalty Mediated by Customer Satisfaction of Blackberry Indonesia. iBuss Management. 2015;3(2):316-324.

34. Mustawadjuhaefa BJ, Ilhamlabbase. Marketing mix and service quality effect on customer satisfaction and loyalty of Toyota cars. J Res Bus Manag. 2017;5(2):13-23.

35. Quang NH. Effect of Factors Marketing Mix (4P's) on Customer Satisfaction and Loyalty to Airline in Air Cargo Transport in Vietnam's Market. Int J Curr Res. 2017;9(3):47736-47742.

36. Alipour M, Pour BM, Darbahaniha A. The Effects of the 7P Marketing Mix Components on Sporting Goods Customer Satisfaction. Int J Bus Manag Invention. 2018;7(1):20-26.

37. Auh S, Johnson MD. Compatibility effects in evaluations of satisfaction and loyalty. J Econ Psychol. 2005;26(1):35-57. https://doi.org/10.1016/j.joep.2003.10.002.

38. Ghazizadeh M, Besheli AS, Talebi V. Assessing of bank customers' retention and loyalty: A case study of state-owned banks in Tehran. Eur J Soc Sci. 2010;17:274-287.

39. Spiteri JM, Dion PA. Customer value, overall satisfaction, end-user loyalty, and market performance in detail intensive industries. Ind Mark Manag. 2004;33(8):675-687. https://doi.org/10.1016/j.indmarman.2004.03.005.

40. Pourdehghan A. The impact of marketing mix elements on brand loyalty: A case study of mobile phone industry. Mark Brand Res. 2015;2(1):44.

41. Broeckhoven I, Verbeke W, Tur-Cardona J, Speelman S, Hung Y. Consumer valuation of carbon labeled protein-enriched burgers in European older adults. Food Qual Prefer. 2021;89:104114. https://doi.org/10.1016/j.foodqual.2020.104114.

42. Jayasuriya NA. Sri Lankan Consumer attitudes towards healthy meals. J Mark Consum Res J. 2016;24:69-79.

43. Celeski J, Porto AMDS, Bortolan GMZ, Oliveira RPCD, Nickel EM, Reis AAD. Analysis of the Supermarket Environment for Elderly: a Case Study. Hum Factors Des. 2017;6(11):57–71. https://doi.org/10.5965/2316796306112017057.

44. Haftu W. The Effect of marketing mix tools on Customer Satisfaction Case study for Wegagen bank. MASTER, Addis Ababa University; 2019.

45. Hair JF, Black WC, Babin BJ, Anderson RE. Multivariate data analysis. 7th ed. Englewood Cliffs: Prentice-Hall; 2010.

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