**The Marketing of Services for the Vocational Rehabilitation Industry**

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**ABSTRACT**

*The vocational rehabilitation industry is in a service provider business, and therefore is suitable for some concepts that come from the marketing of services. This paper is an attempt to outline and explain how the concepts from services marketing can be adapted for use in the rehabilitation industry. Of course, some of these marketing concepts are being used in the industry at the present time, but we think it might be useful to list and explain how some of the other concepts might be helpful to rehabilitation professionals.*

**BACKGROUND OF THE VOCATIONAL REHABILITATION INDUSTRY**

The marketing concepts reviewed in this paper apply to the vocational rehabilitation industry, which is in the “business” of helping people get back to work after some unfortunate incident or health related issue has taken away a person’s ability to perform a job the way they did before the incident or issue occurred. This paper does not specifically apply to those professionals who are helping people in drug rehab programs, but many of the marketing concepts covered can be used for professionals in that industry, also. The rehabilitation therapy industry in the U.S. consists of about 35,000 establishments (single location companies and units of multi-location companies) with combined annual revenue of about $26 billion. (Dun and Bradstreet) The rehabilitation industry consists of many kinds of professionals with several types of market segments who could be considered their target markets. This non-exhaustive list of professionals include:

* State and Federal vocational rehabilitation agencies and their representatives
* Rehabilitation specialists providing reemployment services to long term disability insurance carriers and their claimants
* Vocational counselors and their managers
* Attorneys involved in personal injury practice or social security claims representation
* Vocational outplacement service providers
* Advocate supervisors
* Medical professionals, i.e., occupational and physical therapists, chiropractors, physicians, etc.

**BASIC REVIEW OF SERVICES MARKETING**

The following review includes various aspects of services’ characteristics, quality determination features, and applications to these above-mentioned professionals.

**DEFINITION OF SERVICES**

From a marketing point of view: “Services are economic activities offered by one party to another. Often time based, these activities bring about desired results to recipients, objects, or other assets. In exchange for money, time, and effort, service customers expect value from access to labor, skills, expertise, goods, facilities, networks, and systems. However, they do not normally take ownership of the physical elements involved.” (Wirtz, et. al., page 15) We wanted to begin with a definition of services in order to explain that vocational rehabilitation personnel of all sorts are involved in the marketing of services in one role or another to some kind of “customer”. The customer could be called another name such as a client, a patient, an employee, or a claims representative, etc. We wanted to offer this definition of services from a marketing perspective for a couple of reasons. One reason is to give a frame of reference for how marketing professionals view the relationship between an organization and its principle focus of activity (some kind of customer). Another reason is to set the stage to explain how services differ from physical products, and how the differences influence the marketing of those services. Traditional features of services as opposed to physical products:

* Intangibility
* Inconsistency/Heterogeneous
* Inseparability
* Inventory/Perishable (Kerin, et.al., p. 233)

A short explanation and an example of each of these characteristics follows:

**Intangibility**

Services cannot be touched, smelled, seen, tasted or heard before the purchase. “Instead, services tend to be a performance rather than an object. . .” (Kerin, Hartley, p. 233). Because of this feature of services, it is difficult for customers to compare or assess what they are buying before purchase. It is difficult for customers in the “search” process, and therefore, it is difficult for marketers to illustrate the benefits of using the service. In order to overcome this aspect of services, the marketer must try to “tangibilize” the intangible. Marketers try to make the service “concrete or tangible” with the surroundings or the environment with which the customer comes into contact. For example, employee demeanor and uniforms, buildings, store or offices’ décor, and brand names and marks serve to make an intangible somewhat tangible.

**Inconsistency/Heterogeneous**

If the service is delivered by a machine, then quality consistency is better. However, if people deliver the service, then the quality is not always consistent because people are not machines and their emotions come into play. Because many services depend on the people who provide them, their quality may vary depending the provider’s capabilities and day-to-day performance. This feature is definitely relevant to the vocational rehabilitation industry, because people deliver many services from help to advice. Marketers try to reduce this inconsistency through the standardization and training of employees. Consistent quality is further complicated by the fact that the services must be tailored for the customer many times in the vocational rehabilitation industry. In fact, extensive time and effort is spent in evaluating the needs of the customer. In the physical therapy/occupational therapy industry, the goal may be restoring physical function. In the state/federal vocational rehabilitation industry, the goal is usually to help the individual return to work.

**Inseparability**

Inseparability means that the production and consumption of the service occur simultaneously. Due to this, the customer has a hard time separating the service provider from the service itself. If a customer does not like his/her counselor, he/she may not like the service provided either or simply choose not to participate in their rehabilitation plan. A patient may not take the advice of a doctor that he/she does not like personally. Another example is that if the patient does not attend a personal consultation, then the advice given (through another mode of delivery) is difficult to receive in its original form.

**Inventory/Perishable**

Services cannot be stored if the demand and the supply do not match. With services, the costs are much more subjective and are related to idle production capacity. For example, when a rehabilitation counselor schedules an appointment with the client, and the patient does not show, the counselor’s time is wasted or becomes a cost. In the public sector, the rehabilitation counselor may decide that the client is no longer interested in the rehab services and closes the case. Due to the lost revenue and the opportunity cost from the missed appointment, some doctors charge the absent patient a fee anyway. In order to combat the missed appointment problem, some professionals now make phone calls or send multiple texts to remind patients about the upcoming appointment time. When students miss a class, that class can never be made up. The product cannot be put back in inventory and “sold” at a later time.

**A PROCESS PERSPECTIVE**

These above four features of services have been replaced and/or updated by some more categories and descriptions that take into account a process perspective of services, especially those that are not necessarily delivered by human labor and those services that employ some physical or tangible actions. This way to classify services takes into account who or what is the direct recipient of the service. According to Wirtz, et. al., there are two categories of services: those directed at people and those directed at possessions. Each of these is further divided into two sub categories.

**PEOPLE**

The first sub category, People Processing, consists of those services directed at people’s bodies such as a haircut or a massage, passenger transportation (trains and taxis), and health care of all types. Some vocational rehabilitation services like physical therapy would come under this sub category. The second sub category under services for people is Mental Stimulus Processing. These services directed at people’s minds. Examples include education, music concerts and live plays, advertising and public relations, and psychotherapy. Often a person participating in vocational rehabilitation might need both physical and psychological counseling services. Many times, there is grief over the loss of an old life and the stress of building a new life. Sometimes the new life includes returning to school at the age of 55 to learn a new skill or trying to navigate the labor market when using a wheelchair, or both simultaneously.

**POSSESSIONS**

The first sub category here is Possession Processing. Possession Processing consist of those services directed at people’s physical possessions like houses, cars, clothes, etc. The second sub category is Information Processing. This sub category involves services directed at people’s intangible assets like bank accounts, legal services, and financial assets.

**HOW DO CLIENTS DETERMINE SERVICE QUALITY?**

In the vocational rehabilitation industry, it is extremely important to understand the service quality level from the customer’s viewpoint. However, because of the nature of services, the quality of the service is difficult to ascertain from the customer’s viewpoint. This difficulty to determine quality levels is especially true prior to selecting the service provider. In addition, because of the unique characteristics of services, it is difficult to explain the quality level to a client from the marketer’s viewpoint. Marketers must come up with a way for the client to “see” or realize what the quality level of the service might be. In the vocational rehabilitation industry, the quality of the service is often illustrated by education, licenses and certifications owned by the provider. Much like an accountant, the vocational rehabilitation counselor must complete a master’s degree in rehabilitation counseling and must pass a national certification examination in order to be designated as a Certified Rehabilitation Counselor. He/she must also pass a state licensure examination to become a Licensed Professional Counselor. The same is true for a Registered Occupational Therapist. An occupational therapist must complete a master’s degree in occupational therapy and be licensed by the state. A physical therapist must complete a doctorate in physical therapy and be licensed by the state. Understanding the possible service quality level has implications for many aspects of marketing, and has a major impact on what the client expects and receives in exchange for his/her time, money, and or effort. The following are some generic dimensions used by customers when evaluating the service quality level of a marketer’s offering.

* **Tangibles -** A hotel’s attractiveness; doctor’s office furnishings; an easy to understand billing statement.
* **Reliability -** Is telephone bill free of errors, does my lawyer call back when promised; is my a/c repaired properly?
* **Responsiveness -** How fast does my provider act to solve a problem; is expert/helper willing to answer questions; does my helper keep appointments on time?
* **Assurance C*redibility*** - Reputation of provider; am I pressured to buy something; is there any kind of follow-up or guarantee? ***Security*** - Is my personal history private, does my provider adhere to confidentiality; does my insurance policy give coverage as promised? (State licensure laws as well as HIPPA regulations require confidentiality for protecting the records of patients.) ***Competence*** -Does my provider/sales rep, etc. know what they are doing; can the travel agent anticipate problems and warn me? ***Courtesy -*** Do the workers have a pleasant demeanor; are the rehabilitation representatives pleasant and polite on the telephone?
* **Empathy**

***Access*** -Are the supervisors easy to talk to; are there toll free numbers when needed; are the offices conveniently located?

***Communication*** - Does my expert always use technical language? If I have a complaint, do the providers listen and try to understand? If the provider cancel or postpones, do I get a call? (The essence of counseling is communication with the client to help reframe the experience and expectations for the future.)

***Understanding The Customer*** -Do they understand my particular situation or am I just a “case” like all others? Does my schedule matter or is it always what is convenient for the provider? (Wirtz, et. al., p.433)

**TWO CASES**

Consider the following two cases that involve actual vocational rehabilitation counselors helping their clients find suitable jobs in the workforce. These cases illustrate several of the dimensions of product quality at work. The dimensions of empathy, competence, and assurance are rather obvious requirements to help the people involved in these situations. An essential part of the vocational rehabilitation services is helping clients identify their strengths and finding employment that utilizes those strengths. In terms of processing these examples would be included in People Processing, as outlined above.

**The Case of Howard**

Howard was a 50 year old who had used a wheelchair for more than 30 years. Because of his limited education, he had a spotty work record at best, so he was referred to the state vocational rehabilitation agency for help getting into the labor market.

The rehabilitation counselor worked closely with Howard to help him identify his strengths, especially his outgoing personality. This is where empathy and understanding came into play. The counselor had to draw Howard out, and get him to admit and identify his strengths and weaknesses, so a suitable match could be made with a potential employer. Also, the vocational rehabilitation counselor coached Howard on job interviewing skills before the interviews took place. In addition, as it happened, Howard’s strengths and weaknesses actually helped him find a suitable job at the local Wal-Mart. Mart in Howard’s hometown was having theft issues in its garden center. Wal-Mart has a policy that, if asked, a Wal-Mart employee is supposed to carry fertilizer, shrubs, or plants to the customer’s car. When the employee was gone to the car, and no one was watching the garden center exit, customers would simply walk out with items that they did not pay for. This is where Howard’s “disability or weakness” came into play. He could not carry items to cars for customers very easily, and the manager reasoned (correctly) that a customer would not ask an employee, who used a wheelchair, to carry items to her car. Howard applied for the job and was hired to be at the garden entrance/exit, and when he was on duty, theft dropped dramatically.

**The Case of Carl**

Carl had a significant intellectual disability. He was 37, and had worked at a sheltered workshop in the Dallas area since graduating from high school. Carl had a strong interest in working outside, but the sheltered workshop’s contracts at the time involved all inside work. Carl was a good worker, but he did not care much for working around other people. He was assigned to a workstation on the other side of the workshop away from the other workers, and he insisted on taking all of his breaks outside by himself. Carl was not happy and he continually stated that he wanted a “real job”, so he was referred to a vocational rehabilitation agency. A rehabilitation counselor evaluated Carl, and helped him identify his strengths, which included an excellent work ethic, little supervision needed, and a strong desire to work outside. Using a customized employment approach, the rehabilitation counselor discovered a local cemetery that might need some workers. She contacted the manager of the cemetery and learned that it had a significant turnover among the lawn care crew, and some short-term on-the-job training was set up for Carl. Now, Carl is the “chief weed trimmer” around the gravestones. When there is a funeral, Carl simply moves to a different area of the cemetery. He has worked for the cemetery now for more than nine years, and is much more productive and happy in his job.

**AN IMPORTANT QUESTION TO PONDER FOR REHABILITATION PROFESSIONALS**

**Who Are Your Customers?**

* + Your organization could have several different groups!
	+ The grouping, separation, and classification of customers is done in marketing so as to know and understand their unique needs, wants, problems, situations, etc. better.
	+ Marketing people call these groups “market segments”.

The marketing objectives, strategies, and tactics of an organization might change depending on who is in the market segment. In other words, how you market yourself will depend somewhat on what the particular market segment needs or wants. Here are some examples of typical market segments:

* State/Federal agencies and their representatives.
* Insurance company representatives.
* Other rehab counselors/peers.
* People with disabilities.
* Employers who hire people with disabilities

**CONCLUSION**

The overall purpose of this paper is to explain how some concepts of the marketing of services can be adapted for use by professionals in the vocational rehabilitation industry. To accomplish this objective the paper offers a review of some of the most basic aspects of the marketing of services in general, and attempts to tie some of these aspects to the work of the experts involved in the vocational rehabilitation industry, in particular

**REFERENCES**

(Dun and Bradstreet First Research, 3-6-2017)

Hyde, J., Honeycutt, T., and Stapleton, D., (2014). “The relationship between timely delivery of vocational rehabilitation services and subsequent federal disability benefit application and receipt”, IZA Journal of Labor Policy.

Kerin, R., and Hartley, S., (2018) “Marketing: The Core”, 7th ed., New York: McGraw-Hill Education.

Kotler, P., and Armstrong, G., (2016). “Principles of Marketing”, 16 ed., Boston: Pearson.

Lamb, C., Hair, J., and McDaniel, C., (2018). “MKTG”, 11th ed., Boston: Cengage Learning.

McCarthy, H., (2013). “Cultivating Our Roots and Extending Our Branches: Appreciating and Marketing Rehabilitation Theory and Research, Rehabilitation Counseling Bulletin, Vol 57 (2) 67-79.

Nadolsky, J. (1984). “The Marketing of Rehabilitation Services”, Journal of Rehabilitation, pgs.4-5 and 66-67.

Patterson, J. (2009). “Professional Identity and the Future of Rehabilitation Counseling”, Rehabilitation Counseling Bulletin, Vol 52 (2) 129-132.

Wirtz, J., Chew, P., and Lovelock, C. (2012). “Essentials of Services Marketing”, 2nd ed., Singapore: Pearson.

Young, J., Rosati, R., and Vandergoot, D., (1986), “Initiating a Marketing Strategy By Assessing Employer Needs For Rehabilitation Services”, Journal of Rehabilitation, pgs. 37-41.