



Endomarketing as a service quality strategy of Public Health Institutions: A study of user behavior

Endomarketing como estrategia de calidad del servicio de instituciones públicas de salud: un estudio del comportamiento del usuario

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Abstract

Procurement for the provision of health services in Ecuador is growing and of vital importance for society. The research objective is to investigate how inadequate endomarketing strategies affect the provision of health services in users of public hospitals. The study had theoretical and empirical methods, the approach was quantitative. The research design was correlational. The study population was 96 internal clients. The technique for data collection was the survey whose instrument (questionnaire) is made up of 18 items. The results when performing the seven editions in the multivariable linear regression model, with adjusted R squared of each model, were: commitment (50.1 %); remuneration (87 %); work environment (68.8 %); compliance (58.7 %); initiatives (63.9 %); resources (71 %) and service (77.2 %); which indicate the influence on the service provision variable (dependent variable). In other words, by influencing the variation factors, the quality of the service will be superior.

Key words: Endomarketing, quality of service, public health institution.

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Resumen

La procuración por la prestación de servicios de salud en el Ecuador es creciente y de vital importancia para la sociedad. El objetivo de investigación es indagar como las inadecuadas estrategias de endomarketing afectan la prestación de servicios de salud en los usuarios de los hospitales públicos. El estudio tuvo métodos teóricos y empíricos, el enfoque fue cuantitativo. El diseño investigativo fue correlacional. La población de estudio fueron 96 clientes internos. La técnica para la recolección de datos fue la encuesta cuyo instrumento (cuestionario) está constituido por 18 ítems. Los resultados al realizar los siete tirajes en el modelo de regresión lineal multivariable, con el R cuadrado ajustado de cada modelo, fueron: compromiso (50,1 %); remuneración (87 %); ambiente laboral (68,8 %); cumplimiento (58,7 %); iniciativas (63,9 %); recursos (71 %) y servicio (77,2 %); los cuales indican la influencia sobre la variable prestación de servicio (variable dependiente). Es decir que al influir los factores de variación, la calidad del servicio será superior.

Palabras clave: endomarketing, calidad de servicio, institución de salud pública.

Introduction

In the international context, endomarketing is considered as a way of managing marketing, programs in the aspect of talent management, production, sales, finance, among others (Regalado, Allpacca, Baca & Gerónimo, 2011). In relation to this, different studies have been carried out aimed at many areas, a clear example is the study carried out in Venezuela to different pharmaceutical companies where they point out that they did not know previously and worse still apply endomarketing, but by applying they have been able to acquire multiple benefits mainly in the work environment, since interpersonal relationships between different coworkers were more dynamic. Likewise, in Bogotá it has been possible to perceive the great changes when applying the endomarketing model in 5 hospitals, of which 3 have an international accreditation for the provision of health services.

On the other hand, in the field of health, endomarketing management is defined, based on the World Health Organization, which points out that health is not only the absence of diseases, but on the contrary, it is a state well-being in the mental and social sense. It is a state of balance

between human and his environment (Costales & García, 2017). This was evident in Spain with the promotion of health and compliance with services to the entire society to achieve the institutional objectives of the Madrid Health Centers (Bustamante, 2013). In Brazil, the Federal University Hospital of Santa Catarina has based its actions on endomarketing to achieve quality accreditation by implementing the ONA Manual to manage external customer service (Bonetti, 2015).

In Ecuador, administrative management in the health field in the last 10 years has had a significant increase, according to statistical data from the National Institute of Statistics and Censuses since 2007, Health Institutions as well as Hospitals and Health Centers are on the rise.

In Cantón Ambato there are two public hospitals: the Regional Teaching Hospital Ambato and the Hospital la Merced. The Ambato Regional Teaching Hospital works as a zonal unit that has 400 beds and provides medical care in different specialties to the population of Tungurahua, Chimborazo, Cotopaxi and Pastaza. The most relevant specialties are: Hospitalization, Imaging, Emergency, Intensive Care, Pharmacy, Surgery, Gynecology, Cardiology, Psychiatry, among others. The problem that has been identified is the inadequate endomarketing strategies that affect the provision of Health services in users. In addition, it is evident that the internal communication media are obsolete, the protocols for user care are generalized for all hospitals.

The poor socialization of institutional policies leads to non-compliance with institutional goals and objectives, discrediting the Ambato Teaching Hospital. For the development of the research, the formulation of the question was considered: How do the inappropriate endomarketing strategies affect the provision of Health services in the users of the Public Hospitals of the canton Ambato?

The research was characterized by the study of two variables, (i) Endomarketing. It is made up of sub variables: job satisfaction, motivation, suggestions, interaction, training, prestige and evaluation; and (ii) provision of the service. With their respective sub variables: commitment, remuneration, work environment, compliance, initiatives, resources and service (Mira, 2013).

Endomarketing emerges as a strategic tool to increase the commitment of workers and align them to the objectives of the organization (Da Silva, 2013). As it dates back to the 60s and 70s in the United States and Europe, companies were no longer engaged in production but also in maintaining good relationships among their internal customers (Petracci, 2011). On the other hand, the processes are aimed at increasing the benefits of internal customers with the intention of achieving motivation and an optimal environment. Because a motivated human talent and that they feel part of the company generates greater productivity and positioning in the market (Camacho & De León, 2016).

The importance of endomarketing rests on the process of exchanging internal communication, which makes the management of human talent operationally efficient. In addition, it allows to take maximum care of its collaborators through effective internal communication policies that seek a positive climate, trust, market mentality and customer service (Mira, 2013; Jiménez & Gamboa, 2016).

In the early 1990s, the appearance of endomarketing models began, which sought external and external customer satisfaction. The first models were: The Berry which recognizes the internal client as a fundamental part of endomarketing, which must be developed to acquire a competitive advantage (Bohnenberger, 2015). The importance of the model lies in recognizing employees and focusing activities seeking involvement. On the other hand, the Gronroos model is a more specific way that promotes employee motivation. The Rafiq and Ahmed Model was based on the Berry and Gronroos models considering that to achieve the motivation of internal clients the only way is through the management of activities by the organization, in order to achieve in client's internal job satisfaction and directly create consumer satisfaction.

Motivation: Organizations have a challenge in terms of employee motivation, as what is intended is that they make decisions, are committed and motivated. Motivation affects two factors: first in productivity and the second in line with the objectives of the organization (Azêdo & Alves, 2013).

Institutional image: The image that is projected abroad by an independent company or institution if it is public or private. It is considered as a process in which collaborators try to give a subtle appearance and control the impressions that external clients have of the company in which they work (Robbins, 1999).

Service: In the world context it has several scopes, but the one with the greatest relevance and applicability is in health. The use of new technologies to exercise the health service and contribute to the satisfaction of the population has incurred, in the need to review deficiencies that exist such as the quality and safety of care that harm the image of the institution in this case in hospitals.

Quality of service: The need to improve health has given rise to the constant evolution of strategies in this century, particularly health focuses on the knowledge of three aspects: mastering new technologies, improvements in vaccines and medications in general (Álvarez, 2013). Additionally, the aspect of service quality regardless of the group that performs it, there is a quality deficit in the care provided by health institutions in Ecuador. However, it has a minimal relationship between quality of care and patient satisfaction, perhaps due to the fact that people never stop incorporating more satisfaction characteristics into our lives (Santana et al., 2014; Pedraza et al., 2015).

Services are very important for the development and development of people and the health sector. But there is evidence of the constant scarcity of resources that are destined for the systems of health institutions, which puts administrators to work tirelessly to find alternatives to improve the provision of services for users (Gutiérrez et al., 2014). The provision of services is a greatly expanded concept which must guarantee the life of the human being, the World Health Organization considers that the state has shared responsibility.

Timely attention: Our country has been oblivious in the matter of the provision of health services, this is evident by the various problems that the hospitals have had, specifically the IESS hospitals, which have always had difficulties with their members and not have been treated (Puig, 2013). By evaluating patient satisfaction, it can be seen that there is no timely care, which requires an institutional growth strategy to achieve the perspectives that can be visualized when users receive care.

Good deal: Many perspectives have arisen from how clients or users are served, both in public and private companies. Hence the importance of knowing about which indicators, which allows identifying if people had a good deal when looking for a service. Well, if a person has problems and arrives with them at work, they usually affect their work performance and it is demonstrated with unpleasant and bad faith behaviors (Saldarriaga, 2013).

Cordiality: It is synonymous with education, since it is considered as a set of available means used by people or society to improve their development and practices. Well, cordiality is also considered with the attitude that a certain person has in his job when acting with another person or group with different needs in search of being satisfied, which is presented as a civilized mechanism with the ability to improve well-being of people (Patrici, 2013).

Materials and Methods

The study was carried out with the support of theoretical historical, inductive-deductive, and synthetic analytical theoretical methods with which the theoretical subjects were constructed (del Cid, Méndez & Sandoval, 2011). Furthermore, the empirical method was expert assessment which allowed validating the research and defining the line of research (Hernández, Fernández & Baptista, 2010). The data collection was to form primary and secondary. The approach that was given to the research was quantitative because it has a logical, rigorous and verifiable structure. Well, we started from the problem statement until the hypothesis testing and writing of results (Hernández, Fernández & Baptista, 2010; del Cid, Méndez & Sandoval, 2011).

The adopted design had an exploratory posture since it did not have a pre-established structure to understand the reality of the problem. Subsequently, it was directed to a correlational level because it was necessary to check the assumptions made and it was used to demonstrate the

relationship between variables. For the verification, the statistical model (multivariate linear regression) was applied, which can admit a relationship (positive or negative) (Triola, 2009; Hernández, Fernández & Baptista, 2010).

The study population was 96 people made up of: Administrative staff 23, doctors 60, psychologists 2, nurses 6, nursing assistants 5 who are health professionals at the Teaching Hospital Ambato. The survey technique was used, the instrument of which was the questionnaire, which consisted of 18 items, which were phrased by the literature review, the Likert scale which is considered to be more practical and of optimal management, its extremes were “Always” and “Never” with the option of abstaining if the case required it.

The instrument had two applications: the first was that it was a pilot and it was applied to 10 % of the total population in order to validate the instrument and discard duplicate or poorly focused items and the second was the definitive one and the one that contributed with the information for the verification of the hypotheses and the writing of results (Hernández, Fernández & Baptista, 2010).

The validation of the instrument maintained two criteria: (i) expert criteria, when reviewing the literature; (ii) reliability criterion, considered by the number of items with which the instrument was built. The process for reliability was performed by applying the SPSS Statistics software version 23.0. Consequently, a reliability coefficient of 0.952 was obtained, which is a significant value.

The research had two hypotheses (Ho) Null: “The endomarketing model will not improve the provision of the health service;” and (Ha) Alternative: “The application of the endomarketing model will improve the provision of the health service.” In turn, they were verified by the multivariable logistic regression statistical model, which fulfilled all the assumptions necessary for its application: linearity, normality, collinearity, the observations must not be less than 20, for each dependent variable there must be at least 2 independent influencing variables can be scalar or ordinal and must be quantitative variables. Well, the model looked for the relationship that exists between the dependent variable and each of the independent variables.

Results

The procedure was performed looking for the relationship of each sub variable of service provision by the set of sub-variables of endomarketing. It is for this reason that 7 editions (models) were carried out, the same ones that can be seen in Table 2. It shows the variables that were tested in the different multivariate linear regression models, thus showing that the sub variables were entered correctly.

Table 1. Variables Input/removed

Model	Input variables	Deleted variables	Method
a. Dependent Variable	Job satisfaction,	---	Input
1. Commitment	Motivation, Suggestions,		
2. Remuneration	Interaction, Training,		
3. Work environment	Prestige, Evaluation ^b		
4. Compliance			
5. Initiatives			
6. Resources			
7. Service			

a: Dependent variable: service provision.
b: All requested variables entered.

Source: author's own elaboration.

In Table 1, which is the summary of the seven models, it can be seen that each sub-variable of the variable (service provision) has been related to all the sub-variables of endomarketing. Giving the Durbin-Watson test score indicating that there is independence of errors.

The models that indicate that there is independence of errors were: the model (1) commitment (1.623), (3) work environment (1.319) and (6) resources (1.697) which were accepted, on the other hand, those not accepted (2) remuneration (0.516), (4) compliance (0.752), (5) initiatives (0.435) and (7) service (0.480); as for the criteria, if the value is between 1 and 3, we accept the assumptions and if it is not rejected.

The seven regression models tested with the seven independent sub-variables showed that the adjusted R squared of each model was: (1) commitment (50.1%), (2) remuneration (87%), (3) work environment (68.8%), (4) compliance (58.7%), (5) initiatives (63.9%), (6) resources (71%) and (7) service (77.2%); which indicate the variance that influence the service provision variable (dependent variable), that is to say that when increasing independent variables the variation of the dependent will be higher. Because the R squared allows to identify the percentage of changes in the dependent variable and the corrected square integrates the number of variables and data in order to try to take care of the income effect of new variables that may or may not have a significant contribution, so what is the most recommended value to take to interpret.

Table 2. Model summary

Model	R	R ²	Adjusted R ²	Standard error	Durbin-Watson
1. Commitment	0.734 ^a	0.538	0.501	0.25601	1.623

Model	R	R ²	Adjusted R ²	Standard error	Durbin-Watson
2. Remuneration	0.938 ^a	0.879	0.870	0.36394	0.516
3. Work environment	0.843 ^a	0.711	0.688	0.39246	1.319
4. Compliance	0.786 ^a	0.617	0.587	0.18461	0.752
5. Initiatives	0.816 ^a	0.665	0.639	0.24973	0.435
6. Resources	0.855 ^a	0.732	0.710	0.47818	1.697
7. Service	0.888 ^a	0.789	0.772	0.25434	0.480

a. Predictors: (Constant), Job satisfaction, Motivation, Suggestions, Interaction, Training, Prestige, Evaluation.

Source: author's own elaboration.

The ANOVA of the regression model with seven sub-variables indicates a significant improvement in the prediction of the dependent variable (service provision). As can be seen in Table 2. When having the ANOVA with seven sub-variables in the model (1) commitment (F: 14.652; P <.000), (2) remuneration (91.644; P <.000), (3) work environment (30.982; P <.000), (4) compliance (20.263; P <.000), (5) initiatives (25.263; P <.000), (6) resources (34.259; P <.000) and (7) service (47.033; P <.000); with these values it can be considered that there is a significant improvement and it is influential in the dependent variable (service provision), since the level of significance is below the p <0.01 that the evaluation parameter.

Table 3. ANOVA

Model		Sum of squares	df	Square root	F	Sig.
1	Regression	6.722	7	0.96	14.652	.000 ^b
2	Regression	84.969	7	12.138	91.644	.000 ^b
3	Regression	33.404	7	4.772	30.982	.000 ^b
4	Regression	4.834	7	0.691	20.263	.000 ^b
5	Regression	10.918	7	1.56	25.011	.000 ^b
6	Regression	54.836	7	7.834	34.259	.000 ^b
7	Regression	21.297	7	3.042	47.033	.000 ^b

a. Dependent variable: service provision

b. Predictors: (Constant), Job satisfaction, Motivation, Suggestions, Interaction, Training, Prestige, Evaluation.

Source: author's own elaboration.

In the Table 4 shows the component values of the regression model, which are given by the least squares equation, which is the (mathematical model). The regression model coefficients, that is, the scores indicate the sub variables that contribute significantly to the dependent variable (service provision). The value t and sig. Of the seven models, they were as follows: Model 1 (Commitment) the sub-variable that contributes the most is prestige (3.889), Model 2 (Remuneration) is training (6.425), Model 3 (Work environment) is job satisfaction (4.032), Model 4 (Compliance) are training and suggestions (5.433, 4.561), Model 5 (Initiatives) are interaction and evaluation (2.383, 3.842), Model 6 (Resources) is training (6.408) and Model 7 (Service) is training (6.518). Therefore, it is considered that the sub-variables of endomarketing (VI) contribute significantly and there is a close relationship with the provision of the service (DV), the only one that does not contribute is motivation and this because if the rest of the sub-variables will not be able to count on motivation. All of the above manifested is ratified because the significance level is $p < 0.01$ (Table 3). In addition, the criterion of assumption 3 is met that there is no multicollinearity of the values, since no value is for above 10 and together all the values are close to 1.

Table 4. Coefficients

Model		Non-standardized coefficients		Standardized coefficients	T	Sig.
		B	Standard error	Beta		
1	Commitment	-.038	.173		-.218	.828
	Service	-.011	.038	-.048	-.297	.767
	(Constant)	-.012	.028	-.063	-.427	.671
	Interaction	1.083	.278	.780	3.889	.000
	Motivation	-.038	.064	-.118	-.595	.553
	Prestige	.116	.062	.394	1.884	.063
	Training	-.069	.056	-.192	-1.230	.222
	Evaluation	-.008	.136	-.012	-.058	.954
2	Remuneration	-.126	.247		-.511	.610
	Interaction	-.060	.054	-.092	-1.113	.269
	Motivation	.078	.040	.148	1.951	.054
	Prestige	.510	.396	.132	1.289	.201
	Training	.581	.090	.650	6.425	.000
	Evaluation	.078	.088	.096	.893	.374
	Suggestions	-.003	.080	-.003	-.038	.970
	Work satisfaction	.320	.194	.176	1.648	.103

Model		Non-standardized coefficients		Standardized coefficients	T	Sig.
		B	Standard error	Beta		
3	Work	1.122	.266		4.221	.000
	environment	.067	.058	.148	1.155	.251
	Interaction	.030	.043	.083	.709	.480
	Motivation	-1.347	.427	-.501	-3.157	.002
	Prestige	-.131	.097	-.210	-1.339	.184
	Training	.294	.095	.514	3.108	.003
	Evaluation	.162	.086	.232	1.880	.063
	Suggestions	.843	.209	.667	4.032	.000
Work satisfaction						
4	Compliance	.513	.125	0	4.104	.000
	Interaction	.004	.027	.020	.133	.895
	Motivation	.010	.020	.067	.493	.623
	Prestige	.250	.201	.228	1.246	.216
	Training	.249	.046	.979	5.433	.000
	Evaluation	-.375	.045	-1.608	-8.435	.000
	Suggestions	.185	.041	.648	4.561	.000
	Work satisfaction	.038	.098	.074	.387	.700
5	Initiatives	.458	.169		2.708	.008
	Interaction	.088	.037	.329	2.383	.019
	Motivation	-.130	.027	-.602	-4.770	.000
	Prestige	.086	.272	.054	.315	.753
	Training	.109	.062	.296	1.754	.083
	Evaluation	.231	.060	.685	3.842	.000
	Suggestions	-.061	.055	-.146	-1.100	.274
	Work satisfaction	.133	.133	.178	1.002	.319
6	Means	.559	.324		1.726	.088
	Interaction	-.003	.071	-.005	-.042	.967
	Motivation	-.110	.052	-.238	-2.105	.038
	Prestige	-.556	.520	-.163	-1.068	.288
	Training	.761	.119	.967	6.408	.000
	Evaluation	-.151	.115	-.210	-1.313	.193
	Suggestions	.168	.105	.190	1.595	.114
	Work satisfaction	.540	.255	.338	2.119	.037

Model		Non-standardized coefficients		Standardized	T	Sig.
		B	Standard error	Beta		
7	Service	-.003	.172		-.015	.988
	Interaction	.037	.038	.109	.995	.323
	Motivation	-.177	.028	-.638	-6.365	.000
	Prestige	.309	.277	.152	1.119	.266
	Training	.412	.063	.872	6.518	.000
	Evaluation	.100	.061	.231	1.635	.106
	Suggestions	.032	.056	.061	.579	.564
	Work satisfaction	.069	.136	.072	.509	.612

a. Dependent variable: Commitment

Source: author's own elaboration.

Once the multivariate linear regression model has been carried out, it is concluded that the values obtained are very high and the level of significance is less than $p < 0.01$, with which it can be seen that the variable providing the health service largely depends on the application of the endomarketing model. Therefore, the null hypothesis is rejected and the alternative hypothesis is approved: "The application of the endomarketing model will improve the provision of the health service."

Discussion

Endomarketing is decisive in the provision of health services because it allows attracting, convincing, satisfying and keeping customers, which was theoretically supported starting from the origin and evolution of endomarketing using the historical method, which consisted of historical review of theories (Da Silva, 2013). In this review it was also observed that the philosophy was to serve internal and external clients, which can be done through a set of strategies and activities whose purpose is to coordinate efforts to promote initiatives in talent management, production and communication. On the other hand, the elements or sub-variables that make up endomarketing are: interaction, motivation, prestige, training, evaluation, suggestions and job satisfaction which influence the provision of health services according to studies carried out in different countries, which is found in the state of the art and the theoretical framework (Jiménez & Gamboa, 2016).

When characterizing the factors of service provision, it was evident that there are several, which are predictive of compliance or not of the activities to be performed in terms of user care at the Ambato Teaching Hospital (Gutiérrez et al., 2014). Among the most important are: the

commitment that refers to the degree of connection that an individual has with an institution, the remuneration that is the link by which a person carries out an activity in exchange for a monetary payment, the work environment that is a set of various factors and conditions that affects the development of a person's activities. Compliance that is nothing more than the involvement of collaborators to achieve the objectives and goals of the institution, the initiatives that are given by the attitude that a person takes to generate something new or innovate it, the resources that are all necessary inputs that is required to carry out an activity and the service that is an action that translates into a set of activities whose purpose is to satisfy a need.

Conclusions

After analyzing endomarketing and the provision of health services, it can be seen that endomarketing applied as a whole, that is, as a model, directly influences the provision of services. Because when applying the multivariable linear regression model, the relationship between the variables whose values (percentages) were very high was evident, which indicate the variance of influence on the service provision variable (dependent variable), that is, when increase independent variables the variation of the dependent will be higher. To this it should be noted that the level of significance of the seven runs was $P < 0.01$. For this reason, the values obtained are accepted and its credibility is increased. After having reviewed the different contributions and results obtained, it is considered important to generate a possible model that allows solving the detected problem, developing the factors with the greatest impact that influence the provision of health services, among which are: interaction, motivation, training, prestige and evaluation.

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