

Hospital Sponsorship, An Opportunity to be Seized!

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Abstract: *Patronage (or sponsorship) on the part of hospitals is a very old practice. But, in Morocco, few have deployed a professional approach. Conversely, sponsorship is practiced in a large number of health structures in Tunisia, France and the United States. Moreover, the work of researchers on the subject remains scarce. Thus, the objective of this article is exploratory. It aims to highlight the levers, specificities and characteristics of sponsorship in Moroccan hospitals, based on this fragmented literature and exploratory interviews carried out with 05 Moroccan hospital structures.*

Keywords: sponsorship, health organizations, donations

1. Context

In recent years, more and more hospital structures have made a concrete commitment to sponsorship and are trying to professionalize (Hospimedia, 2013, 2015). This recent commitment in Morocco of hospitals in the collection of donations arouses a lot of reflection and debate among professionals. Some are reluctant to this movement. Conversely, others show strong enthusiasm. The Mohammed VI University Hospital is an example.

It is the first public hospital in Marrakech to have created a patronage department in 2015. The mission of this department has been from the outset to develop the institution's own resources to finance innovative projects both to improve the hospital environment and the quality of life of patients (decoration of pediatric departments, deployment of the Cinevision system for reduce the sedation of children with cancer during an MRI examination, create an inclusive play area), acquire cutting-edge medical equipment (surgical robot, Visualase device in neurosurgery) or even fund research projects (Vascular malformation). Since,

Paradoxically, while hospital sponsorship questions healthcare players, few researchers have looked into this question. Indeed, the majority of research on fundraising has focused on NGOs and the sponsorship campaigns of higher education institutions (Erwin, 2013). However, sponsorship in a hospital raises specific questions. Indeed, the hospital has a strong territorial anchoring, everyone is treated there one day or another, there experiences positive emotions (healing, childbirth, etc.) or negative (illnesses, death). This special relationship of the hospital to its territory and its patients probably entails specificities in terms of sponsorship. Some English-speaking research has studied them. The objectives of hospital sponsorship were thus highlighted, the key success factors, the methods of recruiting and retaining donors, then the ethical problems generated by sponsorship in such a context. The objective of this article is first of all to present this English-speaking literature (part 1). Then, in order to have a broader vision than that of the United States of these different facets of hospital sponsorship, we conducted 15 individual interviews with sponsorship players in five hospital structures (part 2). This putting the theoretical and empirical elements into perspective will make it possible to discuss the key factors

of effectiveness and the consequences of the implementation of a sponsorship strategy in hospitals. The methods of recruiting and retaining donors, then the ethical problems engendered by sponsorship in such a context. The objective of this article is first of all to present this English-speaking literature (part 1). Then, in order to have a broader vision than that of the United States of these different facets of hospital sponsorship, we conducted 15 individual interviews with sponsorship players in five hospital structures (part 2). This putting the theoretical and empirical elements into perspective will make it possible to discuss the key factors of effectiveness and the consequences of the implementation of a sponsorship strategy in hospitals. In order to have a broader vision than that of the United States of these different facets of hospital sponsorship, we conducted 15 individual interviews with sponsorship players in five hospital structures (part 2). This putting the theoretical and empirical elements into perspective will make it possible to discuss the key factors of effectiveness and the consequences of the implementation of a sponsorship strategy in hospitals. In order to have a broader vision than that of the United States of these different facets of hospital sponsorship, we conducted 15 individual interviews with sponsorship players in five hospital structures (part 2). This putting the theoretical and empirical elements into perspective will make it possible to discuss the key factors of effectiveness and the consequences of the implementation of a sponsorship strategy in hospitals.

Sponsorship at the hospital: State of the art

A limited number of studies have been carried out on hospital sponsorship. The themes addressed in the literature are:

- 1) The motivations for developing hospital patronage;
- 2) The types of management and structures deployed internally to improve the effectiveness of sponsorship;

- 3) Relationship marketing developed towards donors so that they remain faithful and
- 4) The ethical problems posed by sponsorship at the hospital.

In the first place, the interest for the hospital to develop sponsorship is to increase its resources to better survive crises and to develop innovative and risky research, training and service programs that governments would not want to finance (Herbert, 1962; Haderlein, 2006). It can also help finance buildings or care that disadvantaged patients cannot afford (Herbert, 1962). Deploying sponsorship strategies also helps to improve relations between the hospital, its patients and its territory, since this makes it necessary to develop special relationships with these different audiences (Greenfield, 1985).

Second, the researchers asked themselves the question of the type of management and internal functioning that improves the effectiveness and efficiency of hospital sponsorship. It is preferable to have a minimum of involvement from the top management (Haderlein, 2006). Concretely, this translates into regular meetings between the management and the sponsorship department, by the regular internal dissemination of information on the importance of donations for the hospital, by the integration in the financial indicators of the performance of the sponsorship, through the development of management tools necessary to better identify and improve the relationship with donors and through the launch of innovative projects likely to attract donations.

Third, researchers looked at relationship marketing tools to develop with patients and donors to increase donations to the hospital. Several authors have shown that increasing the services offered to patients (nicer, larger room, easier access to parking, etc.) increases the number and amount of donations (Sloan et al, 1990; Smith et al., 1995 ; Franck et al., 1991). Sending information to donors through communication campaigns or newsletters about how the hospital uses donations is also important. However, researchers qualify these remarks and show that offering more services to patients and sending information to donors do not have very significant short-term effects on the donations collected (Smith et al., 2006). Otherwise, Waters (2009a and 2009b) highlights that individuals give all the more to the hospital because: they are regularly thanked for their donation (via a letter, an invitation, etc.); they are reassured as to the proper use and allocation of the money collected (the hospital must provide proof of this because the donor does not a priori have blind confidence); they are informed about the hospital's resources, the quality of care, certifications, etc. (via the website for example) and they feel involved in the strategies deployed by the establishment (via information letters on the new hospital project for example). They are reassured as to the proper use and allocation of the money collected (the hospital must provide proof of this because the donor does not a priori have blind confidence); they are informed about the hospital's resources, the quality of care, certifications, etc. (via the website for example) and they feel involved in the strategies deployed by the establishment (via information letters on the new hospital project for example). they are reassured as to the proper use

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Fourth, researchers have highlighted the ethical problems generated by sponsorship in hospitals. The major limits identified are of different types (Wright et al, 2013; Julian et al, 2014; Chervenak et al, 2010). First of all, it is to be feared that the treatment and care provided to patients will differ according to their status as donors or not and according to the amount of their donation. Then, some establishments invite doctors to get involved in sponsorship. However, some patients may feel obliged to make a donation if it is requested by a doctor and may think that the quality of care will depend on their donation. Additionally, physicians may feel indebted to donor patients and feel obligated to grant them certain favors (a last minute appointment, longer visits, etc.). To avoid these problems, it is advisable not to solicit patients who have mental health problems, to offer services to donor patients that do not directly concern the care and to develop patronage based on ethical charters. (Roach et al, 2013). In addition, if physicians wish to get involved in fundraising at their institution, they can do so with patients they do not care for. Another risk associated with sponsorship is the choice of research projects and programs supported by the hospital on the basis of their ability to attract donors (Klarman, 1962). For example, it is easier to attract donations to research and training projects than to other projects. This can then deflect the setting of its priorities. it is advisable not to solicit patients who have mental health problems, to offer services to donor patients that do not directly concern care and to develop sponsorship based on ethical charters (Roach et al, 2013). In addition, if physicians wish to get involved in fundraising at their institution, they can do so with patients they do not care for. Another risk associated with sponsorship is the choice of research projects and programs supported by the hospital on the basis of their ability to attract donors (Klarman, 1962). For example, it is easier to attract donations to research and training projects than to other projects. This can then deflect the setting of its priorities. it is advisable not to solicit patients who have mental health problems, to offer services to donor patients that do not directly concern care and to develop patronage based on ethical charters (Roach et al, 2013). In addition, if physicians wish to get involved in fundraising at their institution, they can do so with patients they do not care for. Another risk associated with sponsorship is the choice of research projects and programs supported by the hospital on the basis of their capacity to attract donors (Klarman, 1962). For example, it is easier to attract donations to research and training projects than to other projects. This can then deflect the setting of its priorities.

In summary of the literature on hospital sponsorship, little research has been carried out on this theme and none has been conducted in Morocco where the relationship of individuals to donation is very different from other countries (Buhler, 2007). However, research has shown that culture

influences the charitable behavior of individuals (Nelson et al, 2006; Kemmelmeier, Jambor and Letner, 2006; Winterich and Zhang, 2014).

To find out, we conducted qualitative exploratory research in Morocco. This empirical study aims to answer the following questions: what are the objectives and levers of hospital sponsorship in Morocco today? What are the marketing and communication tools used by them to prospect and retain donors? What are the institutional changes brought about by the deployment of patronage in hospitals? Are there differences / similarities between the key success factors identified in the English-speaking literature and those observed in Morocco? Beyond these questions, this exploratory research also aims to draw inspiration from Tunisian and French models, more advanced in terms of hospital sponsorship,

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To answer these different questions, we have adopted qualitative approach in the form of in- depth individual interviews conducted with sponsorship directors of health establishments or hospital foundations or, when such a function did not exist within the structure, with the general management or the strategy department or the communications manager. We also interviewed two consultants specializing in hospital sponsorship. Reading articles in the trade press and consulting hospital websites guided us in the choice of hospital centers. The objective was not to compare institutions in terms of the effectiveness or efficiency of their fundraising, but to focus on establishments that have developed good practices or are embarking on this path. The choice of the Moroccan health establishments questioned was based on an identification in the professional press of establishments officially engaging in a sponsorship process. In Morocco, we contacted by e-mail the most famous hospital foundations in different sectors (oncology, pediatrics, geriatrics) and we interviewed those who agreed to receive us for an online interview (Zoom meeting). In total, 15 in-depth semi-structured interviews of approximately 1 hour 00 were conducted mainly with large establishments, located in national metropolitan areas, with staff dedicated to fund raising and mobilizing various tools. A maintenance guide has been constructed. It took up the different themes on fundraising identified in the literature (structures and tools developed to support sponsorship, objectives, ethics, etc.). When these documents existed, we also recovered sponsorship activity reports, sponsorship brochures, communication campaigns carried out, etc. The data collected was subjected to a thematic content analysis (coding and identification of emerging themes and sub- themes). the communication campaigns carried out, etc. The data collected was subjected to a thematic content analysis (coding and identification of emerging themes and sub- themes). the communication campaigns carried out, etc. The data collected was subjected to a thematic content analysis (coding and identification of emerging themes and sub- themes).

2. Emerging themes

1) Motivations for the development of sponsorship in healthcare establishments

The main motivations for sponsorship mentioned by the actors interviewed are to finance projects related to medical research, care (purchase of advanced equipment), education and then the construction of new buildings. Improving the well-being of patients, their quality of life and the services offered is also mentioned: offering them a better welcome, more services, leisure and culture (games, activities, computer equipment, books, library, etc.) . The funds collected are more rarely used to develop health promotion and prevention operations within the hospital. Finally, the money collected is never used to cover the operating costs of the hospital (salaries of caregivers, etc.). On the other hand, the sums collected can cover the operating costs of the foundation responsible for raising funds. However, some are trying to finance themselves. This is the case of a foundation (which wished to remain anonymous) which created a private clinic and purchased assets whose profits and interest finance their operating costs.

2) Implications of different actors

Sponsorship is not only the business of the sponsorship service. It emerges from the interviews carried out that the involvement of different players within (doctors, management, nurses, secretaries, etc.) and outside the hospital (companies, patients, etc.) is necessary to optimize sponsorship. Optimal fund raising goes first of all through close collaboration between the hospital management and its foundation or its sponsorship service: the health structure is assimilated to "a bank of projects to be financed" and the foundation. Patronage service is assimilated to "a donor bank". The involvement of management is first of all necessary to free up internally the financial resources necessary for the establishment of a sponsorship structure (recruitment of experts) and to choose the priority projects to be financed.

3) Relationship marketing with donors

Depending on the objective of the patron (prospecting or loyalty), of the target (citizen, patient, major donor, companies), the marketing tools used by health establishments to develop donations differ.

4) Prospecting for potential "major donors"

Our results shed new light on the relationships that patrons have with hospital organizations. Major donors are individuals, family foundations or businesses that make a significant contribution to the institution. When the expert staff in sponsorship is limited, we have found that healthcare establishments generally focus on this target rather than on the target of individuals.

5) Retain major donors

Most of the health facilities surveyed attach particular importance to the major donor. To thank him, signify the hospital's recognition, underline his contribution, they are obviously contacted directly and thanked once the donation has been made. In addition, compensation for their donation is offered. They are reflected in different ways: invitation of the patron to events (visit to a service, inauguration of a

building, participation in scientific conferences, invitation to social evenings, gastronomic dinners, auctions, etc. .), integration as a member of the establishment's "patrons' club", meeting with the management of the hospital or the doctors concerned by the funded project.

6) *Reassure, inform: necessary to retain donors*

Communicating information about the project supported by donors is important to reassure them about the use of their donation, to maintain and increase their trust and to retain them. To disseminate this information, websites are very valuable and provide Internet users with activity reports, donation impact reports, financial reports, newsletters which summarize the progress of funded projects, etc. This information can also be sent by name to donors (by e-mail or by post).

3. Discussion and conclusion

This article provides academic and managerial contributions on the theme of hospital fundraising little studied by researchers.

The academic contributions of our research are based on three aspects. First, the review of the literature on fundraising from health facilities, although poor, helped identify specific themes for sponsorship. Second, while research on patronage has mainly focused on NGOs, higher education establishments and cultural patronage, our research provides elements of understanding and insights into patronage in a health context. Thirdly, putting previous research into perspective and the results of interviews with various managers enabled new themes to emerge for further study. More specifically, the existing literature has little or no exploration of the questions and issues detailed below. For example, it appears essential to mobilize the various stakeholders of the hospital to improve sponsorship (management, doctors, nurses, secretaries, opinion leaders in the area: businessmen, politicians, journalists, etc.). It would therefore be important to test management tools and measure their effectiveness in mobilizing and involving these different partners: what internal communication policy? What arguments to reassure staff and support the process? What public relations tools to reach stakeholders in the territory? etc. It would therefore be important to test management tools and measure their effectiveness in mobilizing and involving these different partners: what internal communication policy? What arguments to reassure staff and support the process? What public relations tools to reach stakeholders in the territory? etc. It would therefore be important to test management tools and measure their effectiveness in mobilizing and involving these different partners: what internal communication policy? What arguments to reassure staff and support the process? What public relations tools to reach stakeholders in the territory? etc.

Beyond these academic contributions, our article also provides important recommendations for managers of healthcare establishments. First of all, it appears essential to develop private sponsorship because this helps to improve the services offered by the hospital in terms of patient care, research and training. Then, Moroccan hospital structures must absolutely professionalize to improve the effectiveness

of their sponsorship. In fact, different players today share the patronage "market" in Morocco: associations, grandes écoles, cultural organizations and, more recently, universities which have established themselves with foundations. While health establishments have undeniable assets for raising awareness among donors (geographic proximity, individuals affected by the disease and their hospital, etc.), they are not sufficient. The deployment of a real sponsorship strategy is necessary to emerge in this very competitive philanthropy market. How then can hospitals deploy such a strategy? The literature and our observations show that sponsorship can develop provided:

- Hire professionals and experts in fundraising. This requires an investment and financial efforts that some French hospitals are not yet ready to provide;
- To support the implementation of a sponsorship policy, an internal communication policy in order to allay staff fears and involve them in the process;
- Segment the donor market by developing different tools according to their profiles (individual donors, corporate donors, major donors);
- Set up dedicated tools to prospect (events, inserts in the welcome booklet, menus on the website, etc.) and build donor loyalty (personalized follow-up letters, information documents on the use of donations ,counterpart to donations: participation in events, meetings, toponymy, etc.);
- Improve the transparency of information on the use of resources and budgets, the progress of funded projects, etc.; - implement and / or improve the marketing deployed within the hospital.
- Indeed, a communication policy, service marketing and relationship marketing worthy of the name contribute to sponsorship. However, in this area, it is clear that some Moroccan health establishments are very reluctant or even opposed to the deployment of a marketing approach (Crié, Salerno and Vincent,2014).
- Finally, the ethical issues raised by sponsorship (impact on the treatment of patients, source of funds) should not be ignored either. It seems reasonable to write an internal ethics charter.

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