

HEALTH MARKETING AND COMMODIFICATION HEALTH CARE: A STUDY IN SADR MEDICAL CITY/ IRAQ

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ABSTRACT

Health marketing came to reform care systems, to fill the shortages in them, and to promote individualism and equality among the members of society. The current study aims to test the relationship between health marketing and the Commodification of Health Care, and the study has adopted the descriptive analytical approach to achieving this goal. The study reached several conclusions, the most important of which are: considering patients as customers, they hold the keys to a successful health marketing campaign, and providing patient-centered health care is one of the emerging topics in healthcare. In addition, the study recommended several recommendations, the most important of which are: Health organizations in Iraq should be more sensitive to the health needs of society through their integration with patients, as the process of surveying patients' opinions and measuring the degree of their satisfaction is the core of the work of the marketing function, as it is the main element of the process of managing feedback between patients and health organizations.

Keywords: Health Marketing, Commodification Health Care, Sadr Medical City, Iraq.

INTRODUCTION

Health marketing is one way to make developments in the medical field and health protection services. Therefore, it has received the attention of public health systems exceptionally at present. Health marketing is mainly used, it has become an essential tool for providing healthcare services, and activities have begun with privatizing the health sector in many countries. Health marketing is booming. In addition, expanding new information and communication technologies is forcing this traditionally reserved sector to open up to different healthcare beneficiaries. The current study is an essential contribution to improving the image of the health organization and making it in a distinct and decent position in the health market. The introduction of the concept of marketing in health organizations makes it completely oriented with its ideas toward all consumers to search for what helps it provide the best services to those in need. The problem of the current study lies in the inadequacy of some health organizations run by the government and its transformation from a profession focused on healing, which is a particular type of human activity governed by ethics that serve those ends. To market ethics and self-interests of doctors, insurance plans, or investors. To reduce the Commodification of Health Care and market the healing relationship and replace traditional professional ethics with market ethics, the study proposes to support health care as a necessary human commodity whose basic principle is charity and patient-oriented, which requires workers in health organizations, including doctors and professionals, to provide a degree of altruism, eradication of self-interests and real interest in ethical work behavior.

LITERATURE REVIEW

Health Marketing

According to the American Marketing Association, marketing is the process of planning and implementing the perception, pricing, promotion, and distribution of ideas, goods, and services to create exchanges that satisfy individual and organizational goals, and "health marketing" extends this definition of marketing to the field of health care (Thomas,2008). Health marketing broadly includes any activities related to the development, packaging, pricing, and distribution of health care products. Any mechanisms used to promote these products. It should be noted that marketing is not just advertising, public relations, direct mail, or any number of other promotional techniques that can be used, and marketing is not embodied with one technology, they are all part of the marketing process, and all of them must be used in the context of the organization's marketing plan (Altuntaş et al.,2013), (Crié & Chebat, 2013).

Marketing is a large-scale endeavor that includes a wide range of activities. Although marketing is the most challenging job in healthcare, healthcare marketers still face many challenges despite its increasing acceptance. We find that few healthcare executives have been trained in the commercial aspects of healthcare. Fewer have received training or experience in marketing, so many in healthcare continue to question the appropriateness of Marketing (Rivers & Glover,2008).

Healthcare marketing is a dynamic industry that requires creativity and passion from marketers, healthcare marketing is still in its early stages of development, and as such is characterized by an atmosphere of excitement and exploration, and not only are new products and services constantly introduced, but the fact that there are few marketing procedures in place in healthcare makes the environment exciting, and there is little routine about healthcare marketing (Sarantopoulos et al.,2014), and there are many opportunities in this flexible environment that may not exist in other more established industries (Al-Hadrawi & Jawad,2022), and that the rise of marketing in the field of health care from the beginning was considered health care service providers in the health care industry of essential social service employees that consumers will deal with for healthcare, which is the basic need of the individual to survive, any individual who gets sick is looking for a place to receive treatment Appropriate (Grover,2016).

Health care developed in the seventies when individuals began to pay attention to health marketing and stated (Kotler & levy,1969) that the concept of marketing should not be limited to organizations that aim to achieve profit only and then those organizations that serve mainly for social reasons began to adapt the marketing process in their operations (Al-Hadrawi et al.,2022). Previous studies indicate that the hospital had no marketing department, and no marketing staff was employed. However, providing curative and preventive care was their primary goal, meaning those who needed it would approach them (Crié & Chebat,2013).

Similarly, researchers have taken a long time to look at healthcare marketing as a separate field: the first article on health marketing was published in 1980 at that early stage, and until then, the focus was on getting managers and practitioners to motivate and interact on potential topics of healthcare marketing (Zhao,2023).

In the last decade, research publications on healthcare marketing have increased, as reported by Stresmersch (2008), ranging from drugs to customer behavior to hospital

management. After a long time, the issue of healthcare marketing has come to be taken seriously by the healthcare industry (Upadhyay,2011).

From the above, health marketing is a set of activities and events that aim to achieve contact with the target audience, collect information about them and identify their needs to form healthy behavior among individuals (Appadurai, 1988), (Cruz Saco, 2022), (Hair et al., 2021).

The current study addressed health marketing through the following dimensions.

Healthy Capital

If Becker, in 1964, advocated the importance of linking the concept of human capital with the concept of school education and health, aspects that increase the quality and productivity of workers, so countries that have seen continued revenue growth have also seen a continuous increase in investment in education and health Marx, (1936).

The optimal level of worker competence can be achieved by linking education to a balanced state of health (Verulava & Dangadze, 2018), Becker in 1994 endorsed the formation of human capital, noting: "I will talk about another type of capital, education, computer-based training, health care, lectures on the virtues of punctuality, and honesty, are also human capital, in the sense that they improve education and health, increasing the gains of the worker throughout his life." (Gotsadze et al., 2017), Becker's human capital theory aims to explain the gains resulting from worker integrity, education, and health at the individual and community level. Therefore it is necessary to view education and health as a form of investment in human resources with direct benefits to society (Mihalache, 2019).

Patients

Health marketing always focuses on patient care first and foremost, and today's patients are becoming more aware due to the ease of access to information (Sofaer & Firminger, 2005), so providing concise, relevant, and up-to-date information is critical. In the U.K. and USA, patients need to be more involved in their care and be more aware of their health and available treatments (Adrian & Gardan,2015).

Technological advancements facilitate sharing of information between patients and physicians through online services(Al-Hadrawi & Jawad,2022). In addition, online access to medical records leads to new opportunities for self-monitoring and convenient care delivery, such as email consultations (Kay,2007).

Health Care Officials

Healthcare products are not isolated but constitute a holistic patient experience, so healthcare officials pay great attention to them. While some health organizations have specific products that require the marketing team to promote them, for example, officials can maintain patient satisfaction at every step by providing services such as user-friendly scheduling platforms and payment procedures (Yeager et al.,2020).

Public health officials are the executive and administrative leaders of public health agencies, they are often selected and appointed by newly elected governors and tasked with focusing their efforts on protecting and improving the health of the population, and social health organizations play a crucial role in developing health policies, so it is preferable to be familiar with relevant science and current evidence for health policy initiatives and is an essential

resource on issues, previous professional experience and leadership style when selecting organizational leaders including CEOs. or equivalent, especially during crises (Regidor et al.,2007).

Health Policymakers

The WHO has defined health policy as agreement or consensus on health issues, goals and targets to be addressed, priorities between those goals, and critical directions to achieve them, and the WHO approach to public health policy puts health on the agenda of policymakers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions, accepting their responsibilities towards health and the process of discussion and evaluation of how to achieve a goal (Collins,2005).

Health policy decisions also depend on value judgments, which are implicit in society. Still, it is essential to understand them to implement the policy, for example, the value placed on women and their health (Sheaffer,2020).

Health Services Payers

Payers aim to serve many functions in the health care system, including providing protection against the financial impact of unforeseen health events, providing patients with access to a wide range of health services offered by a network of healthcare professionals, coordinating this as services, using measurement, and incentives to increase the accessibility and quality of care delivery (Geyman,2022), however, payer co-functions can take several different forms regarding operational arrangements stand-alone plans versus joint ventures with delivery organizations, beneficiary design of covered services, cost distribution, and cost-to-scale payment methodologies versus population-based payments (Bryant,2022).

One key area of change for payers over the past decade has been the emergence of so-called "value-based care," as payers in both the public and private sectors have sought to move away from the FFS system and arrangements for alternative payment models (APMs) that link reimbursement to the quality and outcomes of healthcare delivery. As a result, the public health emergency which continues to this day has had severe consequences for society's health and the healthcare system's financial stability (Keith,2022).

Commodification Health Care

The concept of commodification originates in Marxism, a concept usually invoked to condemn the expansion of the market in worlds that critics believe should not be, such as family or the human body. Marx's intervention in nineteenth-century debates drew attention to what gave goods their value any human labor, and reached this conclusion. First, every commodity is the product of human endeavor and has the importance of using material goods helpful to individuals. Second, an exchange value replaces it with other goods (Azad Armaki et al.,2021), and the extent of use is determined quantitatively at the time of socially necessary labor. Third, it is linked to other goods by the labor time required to produce each. Fourth, the goods have two sides. Human work has a dual character: qualitative and quantitative, there are qualitatively different goods that not everyone can replace coats with coats, and these various goods are exchangeable in different quantities. This analysis stems from Marx's disagreement with economists, who suggested that commodities contain exchange value, which he rejected as the

fetishism of things because they do not consider the social relations contained in the form of commodities (Timmermans & Almeling, 2009).

Marx argues that goods possess an objective character as values only insofar as they are all expressions of social matter identical to human action. Therefore, their objective character as values is purely social (Marx's,1936).and to make these claims, most scholars assume a binary model in which economic and social spheres are separate (Arjun,1986). Moreover, they must be kept as such lest economic concerns invade social relations, lead to their deterioration, and vice versa (Titmuss,1971).

However, an alternative perspective that has emerged from economic sociology in the past several decades indicates that the economic and social spheres are not two separate spheres but continue to mix rather than view commodification as a triumph of the economic sphere over the social globe. Commodification transforms goods, services, ideas, or any other type not considered a kind of goods into a commodity to be bought and sold. It is worth noting that there is a difference between the concept of Marxism and what is determined by the business theories circulating now. Communication when Marx is the conversion of the private to the public. At the same time, commodification is the transformation of a component that cannot be sold into an ingredient that is bought and sold. Therefore, Marx's commodity is the fundamental nucleus of capitalism and a necessary starting point for analyzing economic policy systems (Pellegrino,1999).

The term commodification was used in English in 1975 and was commonly used with the emergence and spread of semiotics. Commodification in the commercial concept has two separate meanings: the first meaning is to put an economic value to a component that was not considered economical, while the second ordinary meaning is used to describe cases of commercial market transformations when a commodity turns from a commodity unique to the market to a commodity that is not distinct and general to the market any When it is transformed from a monopolized commodity by one entity to a competitive public good, reducing its price and making it accessible to all (Scheper-Hughes,2001).

Doctors, nurses, pharmacists, delivery workers, shopkeepers, and all those who allow us to continue living under crises such as the Corona crisis are living proof of this (Biggs et al., 2017), and this shows that work itself cannot be reduced to a commodity, health care, social care Otherwise we risk a steady increase in inequality to the point of sacrificing the weakest and poorest, and to avoid such a scenario workers must be allowed to participate in decisions any the democratization of the organization (Forsyth et al.,2023). So also should not be commodification. When the world is faced with one of the dangers of epidemics and the risk of climate collapse, these two strategic changes will allow us to guarantee each individual's dignity and collaborate to decontaminate and save the planet (Brecher,1991).

Therefore, labor should not be considered a commodity, as it proves that the market mechanism cannot alone be responsible for basic collective choices. The creation of jobs in health care and the provision of life-saving equipment for individuals in need have been placed for years under the logic of profitability. Therefore, collective strategic needs must be safe from commodification (Huang et al.,2018). perhaps all that reminds us of this principle is the tens of thousands of victims. Those who still argue the opposite are ideologues who put us all in line, the logic of profitability cannot decide everything. Just as there is a need to protect specific sectors from the laws of the unregulated market, it must also be ensured that everyone has a chance to get a job that entitles them to live in dignity (Dahal,2022).

One way to do this is to ensure employment for all, to allow everyone to find employment, as ensuring employment, which is a right enshrined in Article 23 of the Universal Declaration of Human Rights, will not only allow everyone to live in dignity but also to multiply our collective strength to meet the many social and environmental needs we face (Smith,2022) , managed by local authorities, helping to ensure work for all, in particular, helps to avoid climate breakdown while ensuring a dignified future for all (Lau,2022).

As a result, healthcare prices, cost, quality, availability, and distribution are increasingly left to competitive market business. Health care is not a commodity. Treating it as such is detrimental to the ethics of patient care, and health is a human good that a good society must protect from market ethics (SACO,2022). From the above, the hypotheses of the study were formulated as follows:

Hypotheses

H₁: *There is a statistically significant impact between health capital and the Commodification of Health Care in Sadr Medical City.*

H₂: *There is a statistically significant impact between patients and Commodification Health Care in Sadr Medical City.*

H₃: *A statistically significant impact between healthcare officials and the commodification of Health Care in Sadr Medical City was found.*

H₄: *A statistically significant impact was found between health policymakers and Commodification Health Care in Sadr Medical City.*

H₅: *A statistically significant impact was found between health services payers and the commodification of Health Care in Sadr Medical City. According to the above discussion, the following conceptual model was made (Figure 1):*



**FIGURE 1
RESEARCH MODEL**

DATA AND METHODOLOGY

Sample and Data Collection

Through a survey of the opinions of a sample of workers in Sadr Medical City / Najaf and to obtain the primary data for this study, the questionnaire was distributed to the sample members, who numbered (750) out of the total study population, which numbered (2936). It was found that there were (39) questionnaires that did not contain complete data and therefore were excluded. In addition, the anomalous data test (OUTLIER) was conducted, and it was clear that there were (7) abnormal and extreme data. Therefore, it was excluded from the data to be the final sample size (704) valid questionnaire for statistical analysis, That is, by a percentage (9-3.8%), which is an acceptable and high percentage, and the questionnaires were filled, unloaded, and analyzed using the statistical program (SPSS). The researcher used statistical sources to select the sample number (Hair et al.,2021). has verified the stability of the study resolution for all its fields through the method of Cronbach's alpha coefficient as Table 1

Table 1 SHOWS THE STABILITY STATISTICS OF THE STUDY TOOL	
Number of paragraphs of the questionnaire	Cronbach Alpha Laboratories
29	0.883

This means that the stability coefficient is high, and the resolution in its final form is distributable. Thus, the researcher has ensured the sincerity and stability of the study resolution, which makes him fully confident in the validity of the questionnaire and its validity to analyze the results, answer the questions of the study and test its hypotheses.

Measures

The measures that touched the currency to measure the variables in this study were as follows:

1. **Health marketing:** It contains five sub-variables (health capital, patients, health care officials, health policymakers, and health services payers). The participant was asked on a 5-point Likert scale: ("1" = "totally disagree" and "5" = "totally agree").
2. **Commodification Health Care:** Participants on the 5-point Likert scale were asked: ("1" = "totally disagree" and "5" = "totally agree").

RESULTS AND DISCUSSION

Table 2 shows the results of the responses of the sample members, the arithmetic averages, and standard deviations for all paragraphs of the health marketing variable. The arithmetic averages ranged between (2.22) and (3.97), and standard deviations ranged between (0. 101) and (1.88). It turned out that the arithmetic average of all paragraphs of health marketing axes reached (3. 47).

Table 2 ARITHMETIC AVERAGES AND STANDARD DEVIATIONS FOR	
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ALL HEALTH MARKETING ITEMS					
Paragraph number	Paragraphs	Arithmetic mean	Standard deviation	Order	Appreciation
health capital					
1	Health improvement of healthy capital plays a role in reducing income inequality.	3.03	1.15	5	mwe reduce
2	The good health of healthy capital has a positive impact on creative and innovative activities.	3.91	1.43	1	mrise
3	Health capital is interested in increasing its future income due to investments in health.	3.72	1.19	3	Mby
4	Health production affects the profitability of health capital and increases satisfaction.	3.60	1.18	4	mwe reduce
5	Health capital involves investments in patients that are necessary to maintain their health.	3.88	1.25	2	mrise
Patients					
1	Patient-based health marketing campaigns help boost the reputation of health organizations.	3.97	1.88	1	High
2	Patients' medical records help provide new opportunities for self-monitoring.	2.22	0.191	5	low
3	Verifying the validity of information in the patient's electronic record reduces errors and prevents new risks.	3.83	1.75	2	High
4	Basic and essential patient data helps reduce administrative costs.	2.61	1.60	4	mwe reduce
5	Information from patients identifies potentially sensitive information such as chronic diseases.	3.80	1.66	3	Mby
Health care officials					
1	Health organizations' needs are paramount in selecting a successful official.	3.89	1.85	1	High
2	Healthcare officials form the first step in the decision-making hierarchy.	3.87	1.77	2	High
3	Healthcare officials communicate public health information provided by surveillance systems to policymakers.	2.35	0.101	6	mwe reduce
4	Healthcare officials collect data and transmit information to their immediate superiors.	3.56	1.59	3	mrise
5	Healthcare officials decide whether or not to recommend a particular series of measures.	2.91	1.44	4	Mby
6	The role and obligations of health care officials depend on their profession and, above all, on the work environment.	2.54	1.11	5	low
Health Policy Makers					
1	Health policies in each country reflect political, economic, and social pressures.	2.78	1.16	4	mwe reduce
2	Collecting evidence and data contributes to identify essential features of the health policy problem and how to solve or mitigate it.	3.89	1.20	2	High
3	Health policymakers focus on the elements of health care reform.	3.93	1.29	1	High
4	Healthcare makers work with marketing teams to enhance services relevant to potential	3.81	1.19	3	Medium

	patients.				
5	Health policymakers create content that engages targeted patients.	2.75	1.02	5	low
Health Services Payers					
1	Payer and health services provide fast and relevant information to key stakeholders.	3.19	0.187	4	Mby
2	Within the motivation and health services, patients retain access to health services.	3.92	1.20	1	High
3	Health services payers serve many functions in the health care system.	3.72	1.36	2	High
4	Health services payers protect against the financial impact of unforeseen health events.	2.80	1.9	6	mwe reduce
5	Health service providers provide incentives to increase the accessibility and quality of healthcare delivery.	3.38	1.15	3	High
6	Health services payers provide opportunities to improve efficiency and equity in health care financing.	2.82	0.113	5	Low
7	The general arithmetic average of all paragraphs of the Health Marketing.	3.47	1.82		Medium

Table 3 shows the results of the responses of the sample members, arithmetic averages, and standard deviations for all paragraphs of the Commodification Health Care variable, ranging from low to high. The arithmetic averages ranged between (2.19) and (3.94). The standard deviations ranged between (0.184) and (1.92), and it turned out that the arithmetic means for all paragraphs of the Commodification Health Care axes reached (3.51).

Table 3 SHOWS THE ARITHMETIC AVERAGES AND STANDARD DEVIATIONS OF COMMODIFICATION HEALTH CARE PARAGRAPHS					
Paragraph number	Paragraphs	Arithmetic mean	Standard deviation	Order	Appreciation
1	Considering health care as a commodity harms the ethics of patient care.	3.94	1.32	1	High
2	Considering health care as a commodity leads to a loss of professionalism.	3.60	1.09	4	Medium
3	Health care is a comprehensive human need and a public good that a good society must provide for a citizen.	3.78	1.17	3	High
4	Jobs in healthcare operate under the logic of profitability.	3.31	1.92	5	Medium
5	Health care is governed by ethics that serve ends, not self-interest.	3.93	1.36	2	High
6	The ownership of the medical knowledge on which healthcare depends lies with professionals, employees, and investors.	3.24	1.82	6	mwe reduce
7	Considering health care as a commodity consumed by the patient and extracted by the doctor.	2.19	0.184	7	mwe reduce
8	General arithmetic means of all paragraphs of Commodification Health Care.	3.51	1.18		Medium

Table 4 shows that the impact of the dimensions of health marketing (independent variable) in reducing Commodification of Health Care (dependent variable) is statistically significant as the value of (F calculated) amounted to (11.109). The significance level Sig is equal to (0.000), which is less than (0.05). The coefficient of determination (R²) equals (.532). It confirms the significance of the regression. We find that the value of (B) for the variable of health capital was (.362) (The value of)T for this variable was (2.103) and a significant level of (0.016), which is less than (0.05), which confirms the significance of the regression coefficient. For the patient variable, the (B) value was (.284). The value of T for this variable was (2.531) and a significant level of (0.008), which is less than (0.05), which confirms the significance of the regression coefficient. While the value of (B) for the variable of health care officials amounted to (.420), and the importance of)T for this variable was (4.178) and a significant level of (0.003), which is less than (0.05), which confirms the significance of the regression coefficient, and that the value of (B) for the variable of health policymakers was (.387). The value of T for this variable was (3.226) and a significant level of (0.004), which is less than (0.05), which confirms the significance of the regression coefficient. For the variable of health services payers, the value of (B) amounted to (.285) and the value of)T(for this variable (2.255) and the level of significance (0.012), which is less than (0.05), which confirms the significance of the regression coefficient. From the above, and through the results mentioned above, the study's hypotheses are accepted that there is a statistically significant positive impact of the dimensions of health marketing in reducing the Commodification of Health Care in Sadr Medical City / Najaf. From the above, health marketing and its dimensions under study play a significant role because of its impact in reducing the Commodification of Health Care.

D.V.	R ²	F Calculated	Sig F Calculated	I.V	β	Standard error	T Calculated	Morale level
Commodification Health Care	.532	11.109	0.000	Health Capital	.362	.134	2.103	0.016
				Patients	.284	.103	2.531	0.008
				Health care Officials	.420	.126	4.178	0.003
				Health Policy Makers	.387	.130	3.226	0.004
				Health Services Payers	.285	.144	2.255	0.012

CONCLUSION

The current study dealt with the impact of health marketing in reducing the Commodification of Health Care in Sadr Medical City: Iraq. The study results show an apparent impact between the study variables in the sample studied. It has been shown that the health organizations that do not work the health marketing in her work, she limits Commodification Health Care. It has been shown that there is an interconnection between life and the life worlds

of both doctor and patient, where healing is done by combining the biological interventions of the doctor (medicines, surgery, and manipulation) with the healing power of the patient's body at the end, where self-healing and medical healing begin. It may be a big problem, but in both cases, the help of knowledgeable health professionals is indispensable. Health care cannot be a commodity given the nature of illness and recovery. It is not a product consumed by the patient and excreted by the doctor from substances of one kind or another. Consumes medicines and supplies and spends money on them but does not take health care like any food. The disease improvement may be the end of therapy. Still, health itself is not a tolerable commodity in the treatment of goods, such as the purchase of bread, so patients who buy and sell do not have any personal interest in each other than the transaction as it focuses on the thing or product, and on the commodity to be traded. Their relationship does not extend beyond the sale or consumption of that commodity.

The results showed that the optimal level of efficiency of health care providers can be achieved through education in a balanced state of health and that there is another type of capital, education, computer-based training, health care, lectures on punctuality, and honesty. They are also human capital in that they improve education and health, increasing the worker's gains throughout his life span. Because patients are customers in this business situation, they hold the keys to a successful health marketing campaign, and providing patient-centered health care is one of the emerging topics in healthcare. Healthcare products are not isolated but constitute a holistic patient experience, so healthcare officials pay great attention to them. At the same time, some health organizations have specific products that the marketing team can promote. For example, administrators can maintain patient satisfaction at every step by providing services such as user-friendly scheduling platforms and payment procedures. The context in which decisions are made is often primarily political, concerning the degree to which public health care is provided and who pays for it. Health policy decisions also depend on value judgments. Provide patients with access to a wide range of health services offered by a network of healthcare professionals, coordinate them as services, and use measurement and incentives to increase the possibility and quality of care delivery. In conclusion, we hope that health organizations will be more sensitive to the health needs of the community through their integration with patients, as the process of surveying patients' opinions and measuring the degree of their satisfaction is at the heart of the work of the marketing function, as it is the main element of the process of managing feedback between patients and health organizations. the work of health marketing as it enables the management of health organizations in Iraq to create more impactive systems in the provision and distribution of services and the development of the appropriate price policy for the health services they provide, as well as the development of health awareness and medical education among the beneficiaries of health services.

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