

THE PUBLIC HANDSHAKE, THE PUSHED GOSSIP AND THE HEALTHCARE MARKETING. A CASE STUDY IN THE CITY HOSPITAL WAID AT ZURICH

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Abstract:

In 2008 the way of communication and marketing of the City Hospital Waid in Zurich (Switzerland) changed. With the website re-launch the same year the hospital started to talk less and show more, providing handshakes with the reinforced public presentations. 2010 saw the biggest party for employees ever, the premiere of the first fulltime emergency service in job sharing-cooperation with the family physicians of Zurich and the start of the exclusive web-forum service by a team of physicians in the biggest portal for elderly people in Switzerland (*www.seniorweb.ch*). In 2011 a big open door day registered a record of 2700 visitors, the special campaign “*teddy klinik*” for kids and parents celebrated a successful start with the treatment of 230 teddybears, the start of the first non-medical public presentation *Waidfokus+* and the first alumni party for ex assistant physicians. New events occurred in 2012: referring physicians campaign, first licence *Teddyclinic* sold, *smartphone app*, project hospital weather, new private ward, new intranet, Swiss association *Scaph.net*. Success: countless personal and written feedbacks and talks. Public handshakes do matter.

Keywords: *healthcare marketing; Stadtspital Waid; teddy clinic; nudge marketing*

EL APRETÓN DE MANOS, EL IMPULSO DEL CHISMORREO Y EL MARKETING SANITARIO. UN ESTUDIO DE CASO EN EL CITY HOSPITAL WAID DE ZURICH

Resumen:

En 2008 la comunicación y el marketing del Hospital de la Ciudad Waid de Zurich (Suiza) cambiaron. Con el relanzamiento de su sitio web ese año el hospital empezó a hablar menos y a mostrar más, dando apretones de manos con sus presentaciones públicas reforzadas. 2010 vio la mayor fiesta para empleados de todos los tiempos, el estreno del primer servicio de emergencia a tiempo completo en colaboración con los médicos de familia de Zurich y el inicio de un exclusivo servicio de foro web por un equipo de médicos en el mayor portal para personas mayores de Suiza (*www.seniorweb.ch*). En 2011 un gran día de puertas abiertas registró un record de 2700 visitantes, la campaña especial “*teddy-klinik*” para niños y padres tuvo un exitoso comienzo tratándose 230 peluches, comenzaron la primera presentación pública no médica *Waidfokus+* y la primera fiesta de residentes para ex-médicos residentes. Nuevos eventos tuvieron lugar en 2012: campaña de médicos consultores, venta de la primera licencia *Teddyclinic*, *smartphone app*, proyecto tiempo hospitalario, nueva sala privada, nueva intranet, asociación suiza *Scaph.net*. Éxito: innumerables opiniones y conversaciones personales y escritas. Los apretones de manos importan.

Palabras clave: *marketing sanitario; Stadtspital Waid; teddy clinic; marketing de aliento*

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1. Introduction

The City Hospital Waid in Zurich (Switzerland) with 300 beds and 1000 employees offers 90 meters above the city a view to the Lake. The main engine is called acute geriatrics. First there was pure medical service (1953), then brochures, today a variety of viral marketing and since the 1st of January of 2012 the tariff system *SwissDRG* for stationary patients. This latest development changed a lot reducing the average stay of a patient. The landscape of the city with some 10 hospitals transformed itself quickly into a predatory market. Now, *what as a nonprofit organization?*

When Healthcare Marketing started in Switzerland around 15 years ago almost every job focused on creating and producing brochures, maybe evaluating a new logo/trademark and eventually organizing an open door day. In 2012 the hospital landscape of Switzerland is changing completely with the implementation of the new tariff system *SwissDRG* (diagnosis related groups) for stationary patients. So far this change produced an official catalogue with some 1100 flat rates per case (*SwissDRG 2012*).

As the smaller of two community hospitals located in the city of Zurich, the City Hospital Waid is facing a tougher marketing challenge than ever. Being a NPO, doing social marketing and communicating with patients, referring physicians, employees –3 clinics, 3 institutes, the nursing department and the service department as well as many associations, the political class, business partners, the press...– the hospital (i.e. healthcare marketing) is being confronted by more interfaces than “regular marketing” is.

With only a few Swiss best practices at hand, the author of this paper tried to tear down the wall of isolated marketing knowledge in order to reach an open-minded exchange between healthcare professionals. As a co-founder and first president of the Swiss Communication and Marketing Association of Public Health (Scaph.net) as well as a member of the task group on Marketing of the European Social Change and Social Marketing Organization (ECSMA) it was/is possible to achieve a better flow between hospital communicators, marketers of approved/field-tested knowledge, experiences and unconventional activities.

Methods of viral marketing, word-of-mouth marketing, swarm marketing, below-the-line marketing, guerilla marketing are at the end many names for the same phenomenon: Swiss hospitals which are re-inventing themselves with new products and services, an awakened branding greed, focusing on healing/human design aspects.

In the case of City Hospital Waid it means simply to connect methods and insights with healthcare marketing. This generation of first movers will have to survive the pioneer phase by running over, around, under several roadblocks before entering the empiric phase. There is no future without research. Like the R&D project by the Swiss Commission for Technology and Innovation CTI, City Hospital Waid started in 2012 with the design of interventions. This recap shows some first insights, as *Healthcare Marketing 2.0*, made in Switzerland. We are talking on a public handshake with many interfaces.

2. Nudging

2.1. Libertarian paternalism

Richard H. Thaler and Cass R. Sunstein created the term “libertarian paternalism” (Thaler and Sunstein 2008) which means, according to the authors, the philosophy of libertarian paternalism that they advocate in nudge and could accurately titled “*Free to Choose, 2.0*”.

These two authors define within their introduction the term “choice architect” (p. 3): “a choice architect has the responsibility for organizing the context in which people make decisions”. In the further context they describe the effect of a job done by a choice architect “to nudge”, i.e. “to push mildly or poke gently in the ribs, especially with the elbow” (p. 4). Going to their “new movement”, libertarian paternalism, Thaler and Sunstein describe the aspects for libertarian as liberty-preserving and for paternalism as it is legitimate for choice architects to try to influence people’s behavior in order to make their lives longer, healthier, and better (p. 5).

The chapter 5 “Choice Architecture” (pp. 89-109) ends suggesting “nudges” as an acronym to summarize the sequence *Incentives - Understand mappings - Defaults - Give feedback - Expect error - Structure complex choices*, as a recapitulation of their six principles.

In 2008 the members of the board in the City Hospital Waid decided about a unique change in the way the 24-hours-emergency-service was being offered (Figure 1). As part of the project *Gesundheitsnetz 2025*¹ and in co-operation with all the three local associations of referring physicians, the plan was simple after the phase of concept: during daytime (from 09.00 till 22.30h) the Waid works together with the referring physicians in a certain rotation. The nightshift belongs to the hospital employees as before. The benefit is to have the chance of knowledge exchange during work: hospital and doctor's office issues with the possibility of perceiving each other in a knowledge gaining way for both. The opening in 2009 showed a bungalow-style building aside the main entrance of the hospital. By using a design like a doctor's office and the communication power of the cooperation partners with newsletters to their members, this small service unit found customers almost easily. Being now responsible for 60% of the stationary patients in the hospital and with the strict rule of sending back a patient to the referring physicians in order to let him define and organize the aftercare, the emergency office was and is still blooming.

The daily average is between 20 and 50 people in walk-in style as well as patients sent by their physicians. There are more than only figures about this success story. When it comes to advertising about this service the City Hospital Waid plays a quiet role in respect of the multiple stakeholders in this network, talking about it to the public with a kind of a remark concept –a hint there, an explanation there– in brochures, papers, and speeches. The hospital contacted the *Swiss Association for Corporate/Plant Paramedics*² as the first hospital ever. The Head of the Emergency Department made a speech at their yearly conference and as a result he welcomed then some corporations who were interested in a brush-up of their own paramedic concept.

Later on, the final report of scientists³ in early 2012 after accompanying the first years ended in press information. No conference, no campaign about it. It doesn't look like a winning way, but it is. Being quiet in social marketing doesn't mean your success is less. Empathy and respect for all players within and around the Hospital's unique *Notfallpraxis*, i.e. emergency service, pushed a positive wave of gossip about it and the Head of this Department and his team earned and earn a lot of respect. For all activities here, the Communication and Marketing Department worked and works in total synchronization with the emergency people. The Hospital nudged and touched the choice architecture power, so it wanted to do it again as a complementary method of "selling healthcare by brochures".

Figure 1. "Züri-Notfall" (Zurich Emergency), registered as trademark by the City Hospital Waid and its first contact with concrete branding



Source: <http://www.stadt-zuerich.ch.org/>

¹ A joint venture of 24 organizations, Zurich governmental departments, insurance companies, hospitals, associations of physicians and pharmacy, and healthcare organizations in order to develop projects about a future healthcare in the city of Zurich (Gesundheitsnetz 2012).

² *Schweizerische Vereinigung für Betriebssanität*, grouping some 200 members, i.e. corporate/plant paramedics (SVBS/ASSE/ASSA 2012).

³ IHAM –Institut für Hausarztmedizin der Universität Zürich (Institute for Practice/Family Medicine)– and WIG –Winterthurer Institut für Gesundheitsökonomie (Institute for health economics in Winterthur)–.

Figure 2. Welcome part of the City Hospital Waid at Seniorweb (question teasers and the content team)

The screenshot displays the 'EXPERTENGRUPPEN-AUSKÜNFTE' section of the Seniorweb website. It features a list of four medical questions with their respective dates and 'Weiterlesen >>' links. To the right, the 'EXPERTEN' section shows a grid of 16 expert physicians, each with a small portrait and their name and title.

EXPERTENGRUPPEN-AUSKÜNFTE

Expertenrat | Blog | Kommentare

Schmerzhaftes Kribbeln im Oberschenkel
Ich habe seit ca. 3 Wochen im rechten Oberschenkel, aussen, ein starkes kribbeln und anschliessend ein br...
12.04.2012 - 12:47 | [Weiterlesen >>](#)

Calcium-Präparate
Wegen Osteopenie muss ich Calcium Präparate einnehmen. Bis jetzt wurde mir Sandoz D3 ff verschrieben. In ...
26.03.2012 - 13:43 | [Weiterlesen >>](#)

Fast blind
Meine Frau ist 80 Jahre alt und leidet seit einiger Zeit unter starkem Tränenfluss. Draussen sieht sie ka...
19.03.2012 - 12:30 | [Weiterlesen >>](#)

Membrane Peeling
Das Maculaödem, das sich nach der Membrane Peeling entwickelt hat, trotz bis jetzt jeder Behandlung. ...
08.03.2012 - 10:10 | [Weiterlesen >>](#)

Autoimmunkrankheit
Diagnostiziert wurde eine Autoimmunkrankheit. Bereits Anfangs letzten Jahres hatte ich über Wochen in be...
07.03.2012 - 09:54 | [Weiterlesen >>](#)

mehr

EXPERTEN

 Claudine Geser Dr. med.	 Tarzis Jung Dr. med.	 Stephan Lautenschlager Prof. Dr. med. M.H.A.	 Daniel Grob Dr. med.
 PD Dr. med. Krassen Nedeltchev	 Irene Bopp-Patrice M. Kistler Dr. med.	 Stefan Wildi PD Dr. med.	
 Stefan Suter Dr. med.	 Catherine Hess Dr. med.	 Hanny Adam Dr. med.	 Christoph Kronauer KD Dr. med.
 Stefan Christen Dr. med.	 Robert Theiler Prof. Dr. med.	 Matthias Becker Prof. Dr. med.	 Christoph Meier PD Dr. med.

Source: <http://www.seniorweb.ch/>

In Spring 2009 the Chief Physician of the Clinic for Acute Geriatrics and Medical Director at the same time informed about the possibility of overtaking the health expert advice in *Seniorweb*, the biggest portal for elderly people in Switzerland⁴ (Figure 2). A retired well-known physician answered the health questions from people with 50 years and more in a one-man-show-system. After discussing on details with *Seniorweb*, an exclusive contract and disclaimer was developed by the Hospital lawyers and finally went online with some 10 physicians of the Waid at early 2010. The neutralized questions (no names) arrived in communication and marketing. According to a distribution key the various questions were sent to the physicians and their answers were uploaded. Even without a classic campaign of playing the trumpets in public to get immediate awareness of this service, it was successful from the first question about “*what to do when having a hammer toe*” (deformity, causing the toe to be permanently bent).

Today the project involves a content team of 18 physicians, including specialists for dermatology, eyes, neurology and more from the second city hospital, the City Hospital Triemli. So far the first 100 questions were answered. The one from the 73years old Swiss man living in New Zealand set a cardiologist to red alert: with having only an e-mail address this gentleman was recommended to get to the nearest hospital as soon as possible, and he survived.

The Waid never made profit out of this. So the hospital nudged again and stayed quiet for the second time, but this time as a local health institution going nationwide.

2.2. Send and receive: viral effects in social marketing

Social marketing uses to develop and produce brochures, web pages and public events in a behaviouristic way, quite an antique way. It's only about sending information, and almost no feedback is received. To combine the knowledge treasures of marketing professionalism and modern didactics in order to receive a powerful send & receive package we should look for a chance to do that, and healthcare offered the unexpected chance.

⁴ Registering 50'000 visitors a month and 6'000 members in the three language platform for the generation 50+ in Switzerland (Seniorweb 2012).

The aim to transfer methods from one discipline into another is not new. When looking at didactics the three steps of the development are:

- *Behaviouristic*: the teacher is in front of the class, talking about the only truth. Everybody is quiet in the classroom and learning all details of this monologue by heart (a classical learning condition, as per Iwan Petrowitsch Pawlow).

- *Cognitive*: the teacher invites the class to learn by imitation. The knowledge is based on scientific or practical evidence (learning by a model/through observation as per Albert Bandura as, for example, when training airline pilots in emergency situations).

- *Constructivism*: the teacher provides a learning area for the class. The knowledge is based on the theory of cognition like the sun rises up in the morning and falls down in the evening. The class will explore the desired complementary knowledge in an individual way, the personal truth has its place in this kind of learning creating the highest memorability while the teacher plays a kind of consultancy. Aspects of constructivism are, for example, thinking in interdependent networks, dissolving fixed patterns of thinking, taking over personal and autonomous responsibility, etc. (Schmidt 1992, pp. 72 et seq.).

Edmund Kösel writes in his book “Die Theorie der Subjektiven Didaktik” (2002) about the modeling of learning worlds as a theory of subjective didactic: the didactic morpheme. The teacher builds a basic unit with a planned structure of incentives and drift zones (chreodes). As a recap: the teacher builds/models a didactic landscape. The morpheme stands for the main way through it, providing many checkpoints for exchange with teacher and colleagues and reflection of the experiences made in the drift zones.

As a lecturer at the Adult School of Zurich, the author of this paper was always inspired by the power of learning by mixing classical content with explorative learning situations. For example, in copywriting: divided into small groups, the class will create a series of magazine ads for tourism, a well-known place in the Swiss mountains connected to a cruel legend. The first job is done with words; second, by telling the same story by using icons for the body copy only; and finally there is a give-away to be written which the visitor finds on the pillow of his hotel room before starting his mountain tour the next day.

When writing his Master Thesis at the Institute of Applied Psychology in Zurich in 2011 he found some inspirational yet confirming statement about the installation of new didactics in a press interview with Douglas Thomas and John Seely Brown when they stated that “we’re stuck in a mode where we’re using old systems of understanding learning to try to understand these new forms, and part of the disjoint means that we’re missing some really important and valuable data”.

By April 16th 2011, an open door day was organized at the City Hospital Waid. Without having a Kids Department, i.e. children ward/maternity for birth in the hospital, two tours for visitors the Teddy-Klinik for kids and families were implemented aside. In communication and marketing the Waid developed an own version of the existing idea and events of teddy clinics in hospitals: kids bring their teddy bears/plush pets for a complete health treatment to the hospital. They learn about some important facts about healthcare in a playful way.

Specifically, the 230 teddy bears, elephants, tigers and much more animals that day followed a defined procedure (City Hospital Waid 2012): i) check-in by making notes about the name, size and weight of the animal; ii) painting, reading, doing things in the waiting area led by childcare professionals; iii) waiting to be called (“*next: Teddy Bear Max!*”); iv) talking with the physician about the sickness, accident, problem about the teddy bear and getting the diagnosis; v) X-ray department; vi) surgery if necessary (well-done fake surgery without harming a single hair of the fur); vii) association; and viii) check-out by receiving some good advice and gummy bear medicine for the teddy bear and the kid as well (sugar free).

Waid real employees who volunteered for this highlight followed the advice not to question any remarks of the kids (Figure 3). Take them serious about worried owners of a loved teddy bear. When observing the individual situations in this spacey area, every face expression in the world was shown (kids and parents), from smile to laugh and from wondering to crying.

The kids could influence the program and there was a lot of interaction between kids and parents and hospital employees. No one left the Teddy-Klinik without going through heavy emotions. No one stopped to talk about this learnings and impressions one minute later.

Figure 3 Check-in talk in the Teddy-Klinik at City Hospital Waid (April 2011)



Source: <http://www.stadt-zuerich.ch.org/>

From the record of 2700 visitors that day the Teddy-Klinik was noted as a special highlight. Then the Waid applied for a registered trademark at the national Institute for Geistiges Eigentum. Some months later the hospital “owned” the Teddy-Klinik as a label and changed the concept into a yearly event (next time November 2012), receiving many positive feedbacks and an echo from people who missed it and wanted to have that experience too.

This was not only the first true early branding campaign within the Waid social marketing program; it was simply a big success. And by doing remarks about it during every speech by its personnel the hospital received the first inquiry of a one day licence for an open door day of another hospital. That paid deal created a slight change in the bookkeeping department, as they had to open the capability for communication and marketing to write invoices. So far the Waid was already contacted by two other hospitals. This time it nudged even stronger after inviting the public with a true advertising campaign.

3. The principle of pushed gossip, the public handshake effect

The Waid learned a lot about implementing unusual, unexpected highlights within classical social marketing. The re-launch of its website in 2008 and the biggest employee party under the title *Waid Olympiade* (Olympic games in the hospital) in 2010 created a lot of gossip. These first steps in an authentic way to welcome employees, patients and their families, referring physicians, interested people, suppliers and partners, the politics in a personal way won attention as the internal communication and marketing group.

To offer a public handshake means to prepare it a lot. It means to dismiss the classical tuning within brochures and web/new media by using amazing graphics and (too) clever copywriting. For the City Hospital Waid it means to provide unusual chances to learn more and unknown facts/attitudes/atmospheres about our hospital. It is available for answers. This encouraged for another step in the public handshake strategy: the premiere of the first non-medical public presentations series *Waidfokus+*⁵. Without any brochure on a table, without any medical employees as speakers the project was started in September 2011 with the City Police of Zurich. A professional from the Criminal Prevention Department with some 31 years of service talked about tricks and facts about robbers and gangsters and the things you can do on the street. The most elderly audience of 70 people was stunned from the first word on. When the policeman demonstrated situations with a role-play or using someone from the audience as an interactive show it created an atmosphere of sheer explosion in the room. The concept of presentation, enriched when followed by questions and answers proofed to reach the same success as the medical public presentation series. Most questions were about why we are doing this; most feedbacks were about the trust of people to come to our close by location in order to learn interesting facts about Zurich.

The aim was/is to show the Hospital from another side. Staff members are professionals about their core competences of medicine, surgery and nursing. At the same time they are curious about other facts of life

⁵ *Waidfokus+* by *Stadtspital Waid*, presentations of other city services like the Fire Department, focusing special or not well-known services, careful casting of the speakers, invitations by letterbox-mailing to 35'000 households surrounding the hospital (City Hospital Waid 2012).

than healthcare. They are humans too and like to laugh about, think about and discuss about fascinating facts of the city of Zurich. The questions and answers showed the great interest of the audience by stretching the time management for some 30 minutes more. The Waid had even to start our first e-mail messaging service in order to invite its new fans although it was mentioned that everybody would be invited the same way next time.

In February 2012 the Waid held the local ranger about *Wild Animals within the City Limits* (foxes, badgers, the first 22 boars and much more in the neighbouring forest, a total figure of 250 guests), an all-time high ever in the history of the hospital for a public presentation and in the its conference furniture storage there were only 7 chairs left. When a lady in the questions & answers section asked the ranger why the woodpecker does not get a concussion of the brain when pecking into a tree, it created the loudest laughs ever in the Hospital. The atmosphere was simply smashing (once more). After this two success stories the Waid got green light to go ahead. Next steps: end of June with bats of Zurich, September with the creators of street names in Zurich, December with the fire department about dangerous Christmas situations (including Santa Claus' special for kids) and in February 2013 the underwater archaeology about the Lake-dwelling history in Zurich.

Figure 4 Invitation flyer for *Waidfokus+*, part of City Hospital Waid corporate design by icons (February 2012)



Source: <http://www.stadt-zuerich.ch/org/>

Findings from the small survey about the guests showed that 44% of attendants already knew the City Hospital Waid as patient, 50% of them were women and 50% were men, most people was in the age between 66 and 75 years, and the majority of them were attending following the invitation from the Hospital (see Figure 4) with the letterbox mailing.

Lots of public handshakes took place during those events. Many positive feedbacks were received during the events and by e-mail after them. And some kind of learning snacks in the learning environment the Hospital provided and provide for the public, people who already knew it as patients and people one day may become patients.

Send and receive, learning environments... the Waid is already in the concept phase of the projects *WaidWetter* (an unusual integration of weather service in own web pages), *WaidGate* (the forthcoming CRM customer relationship management with Waid referring physicians), a new private ward and intranet for our employees (without Waid names yet) and a *iPad* and *iPhone* App for the Waid Institute of Nephrology.

Enough to push different waves of gossip with different target groups until the end of 2013. And by then being able to sort it all out and to have an outcome with numbers and experience reports in a more scientific way.

4. Conclusions

90 meters above sea level in Switzerland, the City Hospital Waid is transforming its marketing strategy with ups and downs, but never again by using "classical" marketing only. The predatory market of Zurich and Switzerland for hospitals will engage new ideas. When Sir Christopher Wren (1632-1722) constructed and built the new St. Paul's Cathedral in London he never backed down when being confronted with difficulties, but he simply nudged. To add new methods in the social marketing mix of a hospital you simply have to be courageous, radical and powerful. With your ideas, in contact with the decision makers, i.e. board of managers and during the implementation and realization. The results are worthy. Money is always a question, and that is specifically the reason why the Waid was thinking about "products to sell" and started with the licensing of its *Teddy-Klinik*. There is more to come. And the Waid

collects all data in order to have a survey about the effectiveness of this public handshake and its consequences.

To start a useful discussion the City Hospital Waid is part of the new Swiss Communication and Marketing Association for Public Health (scaph.net) and the National Advertising Association SW Schweizer Werbung and take care about the network like in *Linkedin.com* or *Xing.com*, as well as managing a new *Facebook* group for the new alumni network of assistant physicians. The Waid intends to work with an external partner in order to define a suitable measurability grid to have a closer look at win & loose effects and to reduce the empiric delta we know about. Soon, in near future, maybe we will be shaking hands.

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