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NEW MARKETING OPPORTUNITIES FOR PERIPHERAL TOURISM SMALL AND MEDIUM ENTERPRISERS (SME'S): THE RENAL PATIENTS' MARKET

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Abstract: Competition in the tourism sector is becoming extremely intensive worldwide. This paper shows that an additional opportunity is offered to small tourism SME's located in peripheral destinations, occurring from a new market: kidney patients in the UK, in search for holidays abroad.

Due to the latest medical technology, this category of patients is nowadays enabled to follow their daily machine assisted haemodialysis treatment even away from home in remote destination, with the provision of adequate medical infrastructure in the accommodation at destination.

Kidney patients form a special group of potential customers with similar needs and characteristics, hence a market niche. This paper aims at examining and assessing in-depth alternative niche marketing strategies that may be used by tourism SME's for effective positioning at kidney patient's markets.

Key words: SME's, marketing niche, positioning, product differentiation, market differentiation, renal patients.

Sažetak: NOVE MARKETINŠKE MOGUĆNOSTI ZA MALA I SREDNJA PODUZEĆA U PERIFERNOM TURIZMU: TRŽIŠNI SEGMENT BUBREŽNIH BOLESNIKA. Širom svijeta sve je intenzivnija konkurencija u turističkom sektoru. U radu se opisuje dodatna mogućnost koju malim i srednjim turističkim poduzećima u perifernim destinacijama nudi novi tržišni segment bubrežnih bolesnika iz Ujedinjenog Kraljevstva koji žele godišnji odmor provesti u inozemstvu.

Najnovija medicinska tehnologija omogućuje ovoj kategoriji bolesnika redoviti dnevni tretman hemodijalize čak i u udaljenim destinacijama, uz uvjet postojanja odgovarajuće medicinske infrastrukture u smještajnom objektu u destinaciji.

Bubrežni su bolesnici posebna grupa potencijalnih gostiju sa zajedničkih potrebama i karakteristika, te stoga predstavljaju tržišnu nišu. Ovim se radom razmatraju i detaljno analiziraju alternativne marketinške strategije koje mala i srednja turistička poduzeća mogu primijeniti radi efikasnog pozicioniranja u tržišnim segmentima bubrežnih bolesnika.

Gljučne riječi: mala i srednja poduzeća, tržišna niša, pozicioniranje, diferencijacija proizvoda, diferencijacija tržišta, bubrežni bolesnici.

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INTRODUCTION

This paper examines the challenges confronting small hotels in a worldwide ever-growing competing environment. It draws the attention to the small medium enterprises (SME's) on the possibility of adopting appropriate marketing strategies which will accentuate the positive and neutralize the negative consequences of their features as SME's along with eventual negative consequences arising by their location.

The benefits of adopting a niche marketing strategy are illustrated within the case of the UK renal patients market: renal patients are actually representing an important market given the fact that due to the latest evolutions in medical technology, these patients are now in the position of traveling outside the country, even traveling to long-haul destinations –provided that adequate medical treatment is provided on the spot.

SMALL FIRM'S DEFINITION

A very small number of studies have focused on small hotels as small firms, adopting sound business practices to survive in an industry dominated by large concerns. While small, the firm plays important roles for the industry sector (Morrison, 1998). Furthermore SME's are considerably contributing to generating employment, bringing in foreign exchange, enhancing the regional and as well as the community's economic growth for example.

Starting with the publication of the well-known Bolton Report in 1971 the issue of what constitutes a 'small' firm has posed considerable problems for researchers. Subsequently, a review of the small business literature reveals "panoply of definitions which are justified by their users on the basis of their value to particular projects" (Thomas, 1998, p. 2). According to Commission of the European Communities (1996 cited in Papanikos, 2000), there are four main criteria to categorise business according to its size:

- Number of employees;
- Economic results;
- Turn over; and
- Independence.

Morrison (1996) gives a comprehensive definition of small hospitality firms "*...financed by one individual or small group, directly managed by its owner(s) in a personalised manner and not through the medium of a formalised management structure. It may or may not be affiliated to an external agency on a continual basis for at least one management function. In comparison to the largest unit of operation within the hotel industry it is perceived as a small, in terms of physical facilities, product/service capacity, and number of employees (p. 19).*"

Regardless of those criteria, SME's are primarily characterized as organisations that managed by non-owner-managers. Given this fact, some of them may entrepreneurs; we are still, therefore, left with our three groups: managers of small firms; owner-managers; and entrepreneurs, without any clear delineation (Valachis, Christou, Giouzepas, Tsinikas, 2005).

Apart from simple statistical terms and size concerns, small firms have important defining characteristics too. Consistent with Burns (2001) a small firm satisfies three criteria, all of which defy practical statistical application:

- **Market influence.** Because of the fact that in economic terms the small firm has as small share of the market, having as a result the low influence in prices or national quantities of the good and service that it provides. The most successful small firms operate in market niches so slim that they dominate that market segment, with no clear competition and they can and do influence both price and quantity.
- **Independence.** The owner-manager is free of charge from outside direct in taking his or her principle judgments.
- **Personal influence.** The small firm is managed in a personalized way and not through the medium of a formalized personal structure with high level of devolution or delegation of authority.

CHARACTERISTICS OF SMALL FIRM BUSINESS PERFORMANCE

In accordance with Lockyer and Morrison (1999), the important supremacy of the small firm within the hospitality industry has been traditionally explained by three main factors that lower the barriers to entry that are the following:

- a) minimal capital requirement;
- b) specialist knowledge is not a necessary requirement; and
- c) qualification barriers to entry are low in comparison to many other industries.

In addition, hospitality market demand is highly segmented, frequently best satisfied by a wide range of small firms offering a variety of geographic locations, quality ranges, physical facilities, and special interests to niche markets (Morrison, 1998).

There are considered to be dynamic in creating employment, while many others suffer from, what is generally termed, resource poverty (Storey, 1994; Ogden, 1998), operating at the margins of profitability and requiring significant public subsidy for key activities such as marketing and training (Baum, 1999).

However the contribution of the large scale tourism and hospitality establishments, Harrison and Leitch (1996) mention the significance of new firms in job generation, innovation and economic change and according to Wanhill (1997) tourism and hospitality SMEs are assigned an important role worldwide as an aid to regional convergence.

According to Beaver, Lashley and Stewart (1998) the competitive advantage in small firms is an elusive concept. It is characterised by the actions and abilities of the owner, and owes much to his or her special perception of satisfactory performance and business direction.

A number of obstacles for the improvement of small firm business performance and achievement of competitive advantage have been identified (Morrison, Rimmington and Williams, 1999; Heffernan and Flood, 2000), as presented at the following table, these obstacles are concerned with variables of a managerial, skills and size nature.

MANAGERIAL	<ul style="list-style-type: none"> • Lack of ambition, vision and inclination to increase production. • Constrained resources to solve gaps in managerial competence. • Perception that business growth would negatively impact on product/service quality. • Anti-business 'hobbyist' approach. • Quality of lifestyle protectionism.
SKILLS	<ul style="list-style-type: none"> • Multi-skilling in every category of staff needed. • Limited resources available to narrow skill gaps.
SIZE	<ul style="list-style-type: none"> • Weak power position within the industry sector and markets as an individual unit. • Limited capacity to solve skill problems. • Physical constraints curtail expansion. • High dependency on externalities.

ENVIRONMENTAL SENSITIVITY AND SMALL TOURISM BUSINESSES

SME's are and can improve further their environmental sensitivity. Discussing further on the personal influence of the SME's managers, it is important here to underline the necessity for them to be committed to the need for tourism to be environmentally and socially compatible (Kilipiris, 2003). It is necessary to secure the frequently quoted and already much abused development strategy of 'qualitative growth' which should increase quality of life with less non-renewable resources and less stress on the environment and people. The two most prominent defining characteristics of small tourism businesses that often perceived at tourist destinations are heterogeneity and ubiquity.

Additionally, according to Dymond (1997) and Revell and Rutherford (2003) SME's have the potential to have an effect on the natural environment in which they run. In line with de Kadt (1992), Brohman (1996) and Dahles (1999) in the current discourse on sustainable tourism development, the broad statement has been that small tourism businesses owing to their size are supplementary environmentally-sensitive having as a result the production of positive environmental effects, that according to Sharpley (2000) those effects are deferent from those of the negative environmental effects that large-scale tourism development are often produced.

SMALL HOTEL ENTERPRISES AND PERIPHERAL DESTINATIONS

The small tourism enterprise, accommodation or catering firms, is playing a significant role within the tourism industry inter. Especially in some Mediterranean countries (Greece, Spain, Italy, Turkey etc.) they are considered to be the backbone of the tourism industry it has been identified (Sheldon, 1993) that in excess of 90 per cent of tourism accommodation establishments worldwide are represented by such small firms.

Nevertheless, SME's in peripheral tourism destinations do represent a series of problems as identified by Morrisson (1998) which includes under else the following:

- Assets are under-utilized by approximately 55oer cent annually;
- Losing market share to large firms and corporate groups;

- Majority operate at the low budget market level in secondary/tertiary locations;
- More sensitive to occupancy and seasonal fluctuations than large firms;
- Self-employment is 57 per cent higher than the small firm sector norm; and
- Volume of UK hotel accommodation is shrinking at the expense of the small firm.

These characteristics obviously show that SME's are facing a number of challenges to be faced, therefore companies that like to survive, grow and be profitable may be forced to find markets which have characteristics that may be termed as niche characteristics (Dalgic and Leeuw, 1994) as follows:

- Sufficient size, to be potentially profitable
- No real competitors for markets that have been ignored by other companies
- Growth potential
- Sufficient purchasing ability
- A need for screen treatment
- Customer goodwill
- Opportunities for an entrance company to exercise its superior competence.

SME's located in peripheral destinations are facing the combination of their features as SME's discussed above, along with the inherent characteristics of the peripheral destinations themselves.

As applied to peripheral destination in the Mediterranean negative consequences have been identified (Baum, 1997; Boniface, 1997; Butler, 1994; Go and Pine, 1996; Wanhill, 1997).

Peripheral tourism destinations

Feature	Negative consequence
Climatic	Weather not conducive to all-year round tourism, causing seasonality demand effect restricting length of stay and season
Demographic	Scarce and variable quality of human resources for tourism employment
Geographic	Remoteness from mass markets and gateways, and the consequent distance which often entails high transport and time costs
Industry structure management	Fragmented in market terms and lacking in dynamics which make small firms Low barriers to entry, variable quality and capabilities of management, comparative lack of innovation, technological transfer, and development of market research
Markets	Weakening business growth opportunities in home markets encouraging participation in international markets

It appears that seasonality is common characteristics in peripheral destinations (Baum and Hagen, 1999), that is the seasonal variations in tourism demand where a good part of the industry is operating at near or full capacity during the peak summer season, with facilities and services less used or lying idle at other times at the year (CTC, 1996).

Aiming at formulating strategies that will help to face seasonality and help to the growth of SME's located at the periphery, the main causes of seasonality are here identified (Butler, 1994: p.332-334) as follows:

1. Climate, particularly seasonal variation;
2. Human decision factors, notably social, religious or cultural in origin;
3. Social pressure or fashion;
4. Sporting seasons; and
5. Inertia or tradition.

Seasonality being closely linked with demand, it has to be out that understanding market segmentation and differing demand motives permits recognition of those segments less tied to the traditional vacation structure and are, therefore, more likely to travel during the shoulder and off seasons. Such groups, widely recognized within the industry, include senior citizens, conference delegates, incentive travelers, 'empty nesters' and special interest groups (CEC, 1993).

The purpose of this paper is to try to identify a valuable strategy for those SME's in hospitality, located in peripheral destinations. The interest is therefore to give a response that can comply with both challenges, those of the features of SME's, and those of the peripheral destinations that are usually suffering from seasonality (Baum and Hagen, 1999).

It is interesting to note here, that in the literature, a number of overlapping strategy approaches have been thought to be appropriate for SME's at peripheral destinations Morrison, 1998; Butler, 1994; Boniface, 1997; Baum, 1997; Baum and Hagen, 1999):

- Applied differentiation of the periphery
- Innovation of products
- Market diversification
- Product diversification
- Flexible specialization of customized products to the appropriate segment.

Furthermore, Bomiface (1997) adds the following viewpoint:

"The essence of periphery is that it does not have the power, importance, location or relevance of the mainstream. In this situation it is easy for the periphery in this tourism activity to accept for itself a role of pole significance, weak contrast, faint standard and poor emulation. But the opportunity exists to take more positive and innovative action should the desire be there (p.13)"

NICHE MARKETING

The phenomenon of increased competitiveness in the world market, the fragmentation of markets, the increased diversity of markets, the advanced technologies enabling new marketing approaches, has led many companies around the world to apply niche marketing. Niche marketing seems an appropriate method to be employed in a changing environment as observed above, since the intensification of the competition in these markets shall leave only the strongest companies.

What is a niche? Kegan, Maoriaty and Duncan (1992) define niche as 'a small market that is not served by marketing products' others (Hooley and Saunders, 1993) use the word 'pocket' to define a niche. We tend to accept the definition of Dalgic and

Leeuw (1994) where 'niche is small market concerning of individual customers or a small group of customers with similar characteristics of needs'. In niche marketing, a company focuses on a market niche exhibiting the above characteristics.

The literature displays debate concerning differences between segmentation and niche marketing. Some authors argue that segmentation is a starting point in niche marketing (Chalasan and Shani, not dated) others hold a different view, by stating that niche marketing is the last or final stage of segmentation.

Other important differences that are observed are:

- niche is usually smaller in size compared to the size of a segment
- niche focuses on individuals. In a segment we focus on a so-called homogeneous group
- a niche fulfills a specific need in contrast to a segment where the emphasis is on being on the manageable part of the market (Dalgic and Leeuw, 1994)

Kotler (1991) suggest that the key idea in niche marketing is specialization and he provides the following ways in which to specialize:

- Channel specialization;
- Service specialization;
- Quality/price specialization;
- Product-feature specialization;
- Geographic specialization; and
- Vertical/level specialization.

The definitions above do not include an important element for SME's in peripheral destination. That is the concept of relationship marketing. Relationship Marketing is defined as a marketing strategy that seeks to establish an ongoing business relationship with customers, whereby 'the product becomes the total relationship' (Kegan *et al*, 1992; Christou, 2003). Indeed, long term, strong relationships are key in niche marketing. In order to develop them, we have to practice relationship marketing. In this approach we try to build a relationship for the mutual benefit of both parties-supply and demand-. Through this win-win situation the niche marketer can build a barrier to deter potential competitors and sustain long term profitability as well a customer retention and supplier relationship (Davis and Davidson, 1991; Christou and Kassianidis, 2003).

Niche marketing strategy is obviously suitable for renal patients in Western Europe. Product diversification-suitable for peripheral destinations-, along with specialization and market diversification – suitable for SME's-, will create the appropriate blend of- to an extent overlapping- strategies proposed to be used by SME's in peripheral destinations, creating for them a valuable response for their viability.

THE ACTUAL HOLIDAY MARKET FOR RENAL PATIENTS

Holidays for renal patients are a already available service for some years. There is actually a rich variety of destinations available in more than 110 cases in Europe and worldwide.

Many famous destinations around the Mediterranean (Spain, Italy, France, Egypt, Morocco, Greece, Turkey, Cyprus etc.) are to be found but also in more 'cooler' destinations e.g. UK, Ireland, Austria and the Netherlands.

The majority of the establishments providing medical care for renal patients are mostly Therapy Centers equipped with the appropriate dialysis devices or Dialysis Clinics, both private and public. Nearby hotels and restaurants provide the accommodation and the appropriate nutrition.

In this case, which is the most widespread, patients have normally to book at the hotels that will also cater for their special diets, along with the organizing of their transfer to and from the Haemodialysis Center.

Recently, new tourism enterprises are operating and producing a comprehensive integrated product for renal patients' holidays. That is the combined package of suitable accommodation, nutrition and medical care, which is provided under the same 'roof'. It is usually a resort hotel suitably equipped with haemodialysis devices and manned with trained medical staff. (e.g. Herakleion, Crete in Greece).

The development of the market and the opportunity of applying new marketing strategies by tourism SME's operating in the periphery, has led a number of them to collaborate with the local authorities for enhancing tourism activity in their regions especially in low season.

The program 'Holiday dialysis in Italy' is an important paradigm on how private enterprises can, with the active contribution of local authorities in their periphery, work together aiming at offering exciting holidays for renal patients and their families. The Macerate District in central Italy, a peripheral destination close to important holiday resorts, groups together small hotels and restaurants around the state-of-the-art Dialysis Centers of Recaneti and Civitanova. Together, they form a valuable alternative for haemodialysis patients' needs for holidays. The alliance of tourism SME's and the local authorities offer additional services to their clients ranging from discounted admittance to cultural manifestations, excursions to the organized transfer to the Dialysis Centers.

In this respect, SME's operating in that 'alliance' scheme can:

- have a local access to a centralized international network
- have facility to package and sell components of tourism products
- have a comprehensive product information database

Furthermore, other benefits that can be derived are, according to Morrison (1999) are the following,

- access to highly sophisticated computerized systems
- participation in a global marketing network
- training and support programs
- members retain independence of business ownership

Hence, providing SME's with the appropriate means to achieve their entrepreneurial goals and aims.

PROFILE OF AGENTS	MANAGEMENT	MEDICAL CARE
Full comprehensive hotel resort	Integrated	Private, in the resort premises
SME, small individual hotel and/or catering firms	Private entrepreneurial management	Collaboration with private or public dialysis centres
SME's small individual hotel and/or catering firms, local authorities	Strategic alliance	Alliance with private or public dialysis centres

END STAGE RENAL DISEASE

End Stage Renal Disease is a serious chronic condition characterized by kidney failure and requiring a very complex regime as maintenance treatment. Apart from the regular sessions of dialysis, renal patients are subject to strict fluid and dietary restrictions (Stein and Wild, 2000).

PREVALENCE

Prevalence rate for patients receiving renal replacement therapy in the UK at the end of 2002 was 626 patients per million-population (p.m.p.) (ERA-EDNA Registry Annual Report, 2003).

HAEMODIALYSIS THERAPY

Renal replacement therapy treatment involves the removal of waste products from the body, which is achieved by dialysis while other kidney functions are supplemented by medication.

More specifically, haemodialysis is a type of dialysis involves the attachment of the patient's circulation to a machine through which fluid is passed. This fluid is chemically composed to draw excess salts and water from the blood. Without the blood actually coming in contact with the fluid, waste products from the blood diffuse across a thin membrane into the dialysis fluid, which is then discarded along with the toxic waste products. Each session of haemodialysis lasts about 4-5 hours and is usually performed three times per week (Cameron, 1981).

SPECIALISED DIETARY REQUIREMENTS

The dietary factors that generally require regulation include limiting protein intake (phosphorous) as well as limiting intake of specific electrolytes (primarily potassium and sodium) (Finn and Alcorn, 1986). Protein limitations can add the difficulty of obtaining the energy necessary in meeting daily requirements. Given the decreased ability to excrete sodium and fluid and the fact that sodium consumption can lead to increased thirst, restriction of these two elements is of vital importance. Depending on residual kidney function, potassium intake should be restricted to maintain normal serum potassium levels (Lindsay, Spanner and Heidenheim, 1994). Serum phosphorous levels also need to be kept within the normal range so reduced intake of high phosphate foods is prescribed.

HAEMODIALYSIS AND QUALITY OF LIFE

A study by Merkus, Jager, Dekker, Boeschoten, Stevens and Krediet (1997), investigated patients' self assessment of quality of life on several dimensions: physical functioning, social functioning, role functioning physical and emotional, mental health, vitality, bodily pain and general health perceptions. Results showed that the quality of life of new ESRD patients is substantially impaired. Even at early stages of chronic renal failure there are high depression scores and low quality of life scores (Shilder,

Peterson and Kimmel, 1998). Quality of life is influenced greatly. In this, a great role is played by the illness intrusiveness effects.

For the majority of the patients, starting haemodialysis helps in terms of relieving symptoms like tiredness, poor concentration, cramps due to excess water in the body etc. However, patients also find haemodialysis quite binding. Having to come into hospital three times a week at specific times is greatly constraining for all patients. Leaving the country or even the area can be a problem. Being spontaneous is described as a luxury when life is planned around the haemodialysis sessions.

TARGET MARKET- OFFERING HOLIDAYS TO ESRD PATIENTS

Approximately 20-25 haemodialysis patients per year of those dialyzing in one medium sized hospital dialysis unit leave for holiday's abroad. The usual length of stay is from 1 to 2 weeks, rarely more than that whereas the absolute maximum is four weeks. The form E111 is covering the expenses of dialysis, within the E.U. Patients are more reluctant to visit countries outside the E.U. as the NHS only pays half of the cost and they themselves have to pay the difference.

REQUIREMENTS FOR HOLIDAY DIALYSIS UNITS

A. MEDICAL CARE

Haemodialysis patients dialyzing at the hospital but wish to go abroad, the senior nurse or the home haemodialysis nurse makes all the necessary arrangements. One of the most important factors the staff from the home unit needs to ensure is that the hour/ patient time on dialysis is the same and the quality of the dialysis is the same.

Patients' figures such as blood levels, time needed on dialysis as well as efficiency/ quality of dialysis patients need, has to be communicated in advance to the patients visit to the holiday unit. Weight and blood pressure should be routinely measured before patients are put on the dialysis machine and all other medical information required should be communicated to the home unit.

B. OVERVIEW OF COSTS

In the UK, a session per patient costs about 50 pounds, which is the cost for the disposable parts as each time a complete new set of disposable parts is used. This amount includes 5 pounds for the fluid used, 3 pounds for the lines and 7 pounds for the artificial kidney filter.

Overall the session costs the NHS between 80-120 pounds although the consumables are less than 50 pounds. Space, electricity power for the machines and employment of nursing staff constitute some of the general maintenance costs for the running of such a specialized unit. The types (3-4) of machines used in the UK are standard, made in Germany and Sweden and should be preferred. Most of the time the home renal unit will provide specific parts and the medication patients need to take, as there can be no risking of patients missing their medication doses.

C. COST MINIMIZATION

Shifts can be arranged to take place three times a day with the first shift commencing in the early morning, the second in the late afternoon to early evening and finally a night shift. Use of the dialysis facility can be put on rotation schedule among a

maximum of three hotels while the expenses are shared equally to cover staff salaries, running costs, medical equipment maintenance etc.

Often patients are familiar with the process and know how to put themselves on the machines unless the language installed on the machines or the type of machine is different to what they are used to. Thus, compatibility with the home units is important so that the number for nursing staff can be kept down.

D. OTHER SPECIAL CARE REQUIREMENTS

Preparation of suitable meals inside the hotel facility would be a way of catering for patients' specific needs while also gaining on costs. Low phosphate and low potassium meals do not require expensive or rare ingredients but rather a specific manner of preparation and thus are quite easy to provide.

Finally, it would be beneficial for the hotel facility to be able to provide the specialized medication this group of patients use. An arrangement with a local pharmacy store or an in-house drug counter with a qualified pharmacist to dispense drugs would save patients having to carry medication along and could raise the facility's income.

E. EVALUATION OF SERVICES AND ADVERTISEMENT

It would be beneficial for the participating hotels to have a guest book, where complaints and suggestions can be registered by patients. Patient satisfaction has to be assessed and recorded. What is more, to date we are not aware of the existence of a rating system for these holiday facilities. If a needs assessment survey is conducted to investigate the facilities and services rated as imperative or preferable by the home units, then a guide to provided services can be produced and recommendations in the form of a rating system can be forwarded to all dialysis units possible in the target countries.

Finally, to ensure patients' convenient stay, the personnel employed in the holiday dialysis facility apart from suitable medical training needs to be speaking foreign languages and be familiar with the specialized terminology.

MARKETING IN THE RENAL PATIENT'S MARKET: PRACTICAL GUIDELINES

By following Linneman and Stanton (1991) guidelines to develop and successfully implement a generic marketing strategy, we would like here to demonstrate a step-by-step approach for SME in peripheral tourism destination desires to tackle the renal patients market.

Step 1. Know Yourself

This step advises each company to undertake a SWOT analysis, trying to spot its uniqueness, competitive advantages and other useful characteristics.

Step 2. Know Your Customer

To be able to focus on specific niche or niches the company needs exact information on these customers.

The National Kidney Federation in the UK is the appropriate body to draw information about the renal patients market in the UK. In this respect the danger to make wrong assumptions about specific customer groups is greatly reduced.

Step 3. Know Your Competitor

Again, in this step, the above mentioned body can provide us with valuable information about recent development in the competitors market, enabling our company to eventually reposition its offer or to use other means to face an eventually new evolution of the competitors.

Step 4. Develop a Continuous Information System

Present day database techniques can provide us with a comparatively cheap, efficient marketing tool. Those databases need to be linked with other marketing information systems in order to be responsible to the marketplace.

Nevertheless the medical care for renal patient has reached a high level of organizations in the UK and the different bodies securing and providing this care, are the source for the regular updating the company's databases.

Step 5. Apply differentiation

The rule of thumb here is: be differentiated, not just different: alter significant benefits to your customers, determine what your customers real value are and appeal to these values better than anyone else. Position by differentiation and segmentation.

It is rather easy for an experienced and innovative accommodation unit to provide to renal patients a full package of benefits to them which is the following product: contemporary holiday facilities for kidney patients

Step 6. Do Not Compete in the Same Market Segments with Yourself

Avoid competing with your own products in the same market segments.

Servicing kidney patients along with 'normal customers' does not cause any contradiction to this specific guideline

Step 7. Create Your Safe Haven

Create high entry barriers through building a close relationship with your customers, patents, copyrights, alliances and relationship marketing. Cover all the bases to deter potential competitors.

Step 8. Do Not Spread too Thin

If you have discovered one niche you'll probably end up finding more, but make sure that you do not exceed your limit by expanding all your abilities and resources; stay flexible.

Step 9. Develop a Corporate Marketing Strategy

You can not develop your niche markets as stand alone markets but you have to link them to gain synergies and create efficiency.

The proposed niche marketing strategy for kidney patients is linked with the market of usual holiday makers.

Step 10. Be Alert, be in Control

It is essential to watch constantly for shifts in the market place and to respond to them.

Step 11. Do not be Static, look for New Pasture continuously

Consider the possibility that creating new products/services for an old category may mean new solutions to old problems. Consider conglomerate diversification (be careful, watch

Step 12. Minimize your Dependence on Ann One Customer or Product

Do not put all the eggs in the same basket. Try to increase your alternatives. Create more room to maneuver.

This is in fact a real danger in applying the proposed niche marketing strategy. But is there any business decision without a risk?

CONCLUSIONS

Niche marketing is at its essence the implementation of the marketing concept. Niche marketing requires a customer/market-oriented organization which is customer focused. In this paper, niche-marketing strategy is proposed for use by SME's in peripheral destinations, as a tool for a successful differentiation from its competitors and a consequent increase of viability of the business. Thus, SME's can generate a

range of attractive marketing strategies – or a mixture of them- in partnership with both public and private sector organizations.

BIBLIOGRAPHY

1. Baum, T. (1999) "Human resource management in tourism's small business sector: policy dimensions in HRM", in D. Lee-Ross (ed.) *Tourism and Hospitality: International Perspectives on Small to Medium-sized Enterprises*, London: Cassell, pp.3-16.
2. Baum, T. (1997) "The fascination of islands: a tourist Perspective", in Lockhart, D., and Drakakis-Smith, D. (Editors), *Island Tourism: Problems and Perspectives*. London: Mansell, pp.21-35.
3. Baum, T. (1997) "The role of 'islanders' or insularity in tourism destination marketing": paper presented at Peripheral Area Tourism Conference. Bornholm, Denmark
4. Baum, T. (1997b) "Tourism in Aaland: a case study", *Progress in Tourism and Hospitality Research*, Vol.1, No.2, pp.111-118
5. Baum, T. and Hagen, L. (1999) "Responses to Seasonality: the Experiences of Peripheral Destinations", *International Journal of Tourism Research*, Vol. 1, pp.299-312
6. Beaver, G., Lashley, C. and Stewart, J. (1998) "Management development", in R. Thomas (ed.) *The Management of Small Tourism & Hospitality Firms*, Cassell, London, pp.156-173.
7. Boniface, P. (1997) "Behind the scenes: the tourism periphery to France's Mediterranean coast", paper presented at the peripheral Area Tourism Conference. Bornholm, Denmark
8. Brohman, J. (1996) "New Directions in Tourism for Third World Development", *Development and Change*, Vol. 23, No.1, pp. 48-70.
9. Burns, P (2001) "Entrepreneurship and Small Business", Basingstoke: Palgrave.
10. Butler, R. (1994) "Seasonality in Tourism: issues and problems", in Seaton, A. V., Jenkins, C. L., Wood, R.C., Dieke, P.U.C., Bennett, M.M., MacLellau, R. and Smith, R. (Editors), *Tourism. The State of the Art.*, Chichester: John Wiley and Sons, pp.332-339
11. Cameron, S. (1981) "Kidney disease: the facts", Oxford: University Press
12. CEC (1993) "All-Season Tourism: Analysis of Experience, Suitable Products and Clientele", Brussels: Commission of the European Communities and Fitzpatrick Associates
13. Chalasani, S. and Shani, D. (not dated) "Exploiting Niches Using Relationship Marketing", *The Journal of Consumer Marketing*, Vol. 9, No.3, pp.33-42
14. Christou, E. (2003) Guest loyalty likelihood in relation to hotels' corporate image and reputation: a study of three countries in Europe, *Journal of Hospitality & Leisure Marketing*, Vol.10, No.4.
15. Christou, E. and Kassianidis, P. (2003) Consumers perception and adoption of online buying for travel products, *Journal of Travel & Tourism Marketing*, Vol.12, No.4
16. CTC (1996) "Off and Shoulder Season", Ottawa: Canadian tourism Commission. Marketing Report
17. Dahles, H. (1999) "Tourism and Small Entrepreneurs in Developing Countries": A Theoretical Perspective, in: Dahles, H. and Bras, K. (eds.), *Tourism and Small Entrepreneurs, Development, National Policy and Entrepreneurial Culture: Indonesian Cases*, USA, Cognizant Communications, pp 1-19
18. Dalgic, T. and Leeuw, M. (1994) "Niche Marketing revised: concept, application and some European cases", *European Journal of Marketing*, Vol. 20, No.1, pp. 39-55
19. Davis, S.M. and Davidson, W. (1991) "2020 Vision", New York: Simon and Schuster
20. De Kadt, E. (1992) "Making the Alternative Sustainable Lessons from development for Tourism", in: Smith, V. and Eadington, W. (eds.), *Tourism Alternatives*, USA, pp. 47-75, University of Pennsylvania Press
21. Dymond, S. (1997) "Indicators of Sustainable Tourism in New Zealand: A Local Government Perspective", *Journal of Sustainable Tourism*, Vol. 5, No. 4, pp. 279-293
22. European Renal Association-European Dialysis Nursing Association Registry Annual Report, www.edtna-erca.org
23. Go, F. and Pine, R. (1996) "Globalization Strategy in the Hotel Industry", London: Routledge
24. Heffernan, M. and Flood, P. (2000) "An exploration of the relationship between the adoption of managerial competencies, organisational characteristics, human resource sophistication and performance in Irish organisations", *Journal of European Industrial Training*, Vol. 24, No.2/3/4, pp.128-136.
25. Harrison, R., and Leitch, C. (1996) "Whatever You Hit call the Target: An Alternative Approach to Small Business Policy", in *Small Firm Formation and Regional Economic Development*, Dansen, M. (ed), pp. 221-247, London: Routledge.

26. Hooley, J.G. and Saunders, J. (1993) "Competitive Positioning: The Key Market Success", London: Prentice-Hall
27. Kegan, W., Maoriaty, S. and Duncan, T. (1992) "Marketing", New Jersey: Prentice-Hall, Englewood-Cliffs
28. Kilipiris, F. (2003) "Sustainable Tourism in remote mountainous Greece: Agro tourist attitudes and motivations" *Proceedings of the International Scientific Conference "Sustainable Tourism and the Environment" Chios Island, 2nd-5th October 2003*. Aegean University
29. Kotler, P. (1991) "From Mass Marketing to Mass Customization", *Planning Review, September-October, pp.11-47*
30. Lindsay, R.M., Spanner, E. and Heidenheim, P.A. (1994) "Dietary requirements of renal patients and their impact on quality of life". In *Quality of life following renal failure* (eds) McGee, H. and Bradley, C. Harwood Academic Publisher
31. Linneman, E.R. and Stanton, L.J. (1991) "Making Niche Marketing Work", book and audiotape, New York: McGraw-hill
32. Lockyer, C., and Morrison, A. (1999) "The Structure, Characteristics and Performance of the Scottish Tourism Industry", Scottish Tourism Research Unit/Fraser of Allander Institute, Glasgow: University of Strathclyde
33. Merkus, M.P., Jager, K.J., Dekker, F.W., Boeschoten, E.W., Stevens, P. and Krediet, R.T. (1997) "Quality of life in patients with chronic dialysis: self assesment 3 months after start of treatment: The Necosad study group", *American Journal of kidney Diseases. Vol. 29, No. 4, pp. 584-922*
34. Morrison, A. (1994) "Marketing Strategic Alliances", *International journal of Contemporary Hospitality Management, Vol. 6, No.3, pp.25-30*
35. Morrison, A. (1998) "Small firm co-operative marketing in a peripheral tourism region", *International Journal of Contemporary Hospitality Management, Vol. 10, No. 5, pp. 191-197*
36. Morrison, A., and Thomas, R. (1999) "The future of small firms in the hospitality industry", *International Journal of Contemporary Hospitality Management, Vol. 11, No. 4, pp. 148-154*
37. Morrison, A., Rimmington, M. and Williams, C. (1999) "Entrepreneurship in the Hospitality, Tourism and Leisure Industries", Oxford: Butterworth-Heinemann
38. Nickson, D., Baum, T., Losekoot, E., Morrison, A. and Frochot, I. (2002) "Skills, organizational performance and economic activity in the hospitality industry: a literature review", Oxford and Warwick Universities: SKOPE
39. Ogden, P. (1998) "Comment: benchmarking and best practice in the small hotel sector", *International Journal of Contemporary Hospitality Management, Vol. 10, No. 5, pp. 189-190*
40. Papanikos.G (2000) "The Greek Small and Middle Hotel Enterprises", Institute of Tourism Research, ITEP, Athens: ITEP
41. Revell, A. and Rutherford, R. (2003) "UK Environmental Policy and the Small Firm: Broadening the Focus", *Business Strategy and the Environment, Vol.12, No.1, pp.26- 35*
42. Sharpley, R. (2000) "In defence of (mass) tourism", in: Robinson, M. et al (ed.) *Environmental Management and Pathways to Sustainable Tourism*, Sunderland: Centre for Travel Research, pp 269-284
43. Sheldon, P. (1993) "Destination information systems", *Annals of Tourism Research, Vol. 20, No. 4, pp. 633-49*
44. Schilder, N.R., Peterson, R.A. and Kimmel, P.L. (1998) "Quality of life and psychosocial relationships in pts with chronic renal insufficiency", *American journal of Kidney Diseases. Vol.32, pp.557-566*
45. Stein, A. and Wild, J. (2000) "Kidney failure explained", London: Class Publishing
46. Storey, D. (1994) "Understanding the Small Business Sector", London: Routledge
47. Storey, D.J., and Sykes, N. (1996) "Uncertainty, innovation and management", in Burns, P. and Dewhurst, J. (Eds), *Small Business and Entrepreneurship*, Macmillan, London. (2nd ed)
48. Thomas, R. (1998a) "An introduction to the study of small tourism and hospitality firms", in Thomas, R. (Ed.), *The Management of Small Tourism and Hospitality Firms*, Cassell, London, pp. 1-16
49. Thomas, R. (Ed.) (1998b) "The Management of Small Tourism and Hospitality Firms", Cassell, London
50. Valachis, I., Christou, E., Giouzevas, D. and Tsinikas, N. (2005) Gaining Competitive Advantage In Small-Medium Hospitality Enterprises By Applying 'Interactive Landscapes', *Proceedings of the VIII International Conference, "Contemporary Trends in Tourism Industry", 26-27 May, 2005, Ohrid*,
51. Wanhill, S. (1997) "Peripheral Area Tourism: a European Perspective", *Progress in Tourism and Hospitality Research, Vol. 3, pp. 47-70*
52. Wanhill, S. (2000) "Small and medium tourism enterprises", *Annals Tourism Research, Vol. 27, No. 1, pp. 132-147*