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Research Article

Investigating of Brand Equity on Hospital Image

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Abstract: This study identifies five factors that influence the creation of brand equity through successful customer relationships: trust, customer satisfaction, relationship commitment, brand loyalty and brand awareness. An empirical test of the relationships among these factors suggests that hospitals can be successful in creating image and positive brand equity if they can manage their customer relationships well. The subjects were 318 customers of hospitals in Tehran area. Structural Equation Modeling (SEM) with Lisrel software was used for the data analysis. Results from the research hypothesis testing suggest the following information. First, the study found that trust, customer satisfaction and relationship commitment all had a positive influence on brand loyalty and brand awareness. And brand equity, trust, customer satisfaction and relationship commitment also had a significant positive influence on hospital image. All of hypothesis is supported.

Keywords: Brand awareness, brand loyalty, trust

INTRODUCTION

Building brand equity is considered an important part of brand building (Keller, 1998). Brand equity is supposed to bring several advantages to a firm. For example, high brand equity levels are known to lead to higher consumer preferences and purchase intentions (Cobb-Walgren et al., 1995). Developing further insights into the measurement of consumer-based brand equity is important in the face of the prominence of branding. Branding is a powerful means of differentiation. Differentiation is one of the key competitive positioning strategies offered by Porter (1990). The strategic impact of branding is duly recognized in the marketing literature (Aaker, 1992; Kapferer, 1994; Keller, 1999). Brands might develop sustainable competitive advantage for firms (Aaker, 1989). That is, if consumers perceive a particular brand favorably, then the firm may have a competitive advantage. Hence, it becomes vital for brand managers to have access to valid and reliable consumer-based brand equity instruments (Pappu et al., 2005).

Medical institutions and hospitals in Iran are limited in their ability to increase brand loyalty because they don't run much commercial advertising. Customer Relationship Management (CRM) is their one of the viable option for raising brand equity. Brand loyalty and brand equity and satisfy customers' needs, medical

institutions can enhance their marketing activities by increasing patients' benefits and doctors' independence.

That is the purpose of the study presented here, as well as to identify which factors are influential in building customer relationships.

The study is presented in the following manner. First, we draw from the research literature to identify the brand equity factors that influence the building of successful customer relationships in hospitals. Second, we construct a research model that explains the relationships of those factors to brand equity and hospital image. Third, we generate research hypotheses and empirically test them. Finally, we discuss the practical and theoretical implications of the results.

LITERATURE REVIEW

Brand equity: Brand equity is a perception of belief that extends beyond mere familiarity to an extent of superiority that is not necessarily tied to specific action. Familiarity does not imply belief in superiority Brand equity does not imply action, only perception. Commitment and loyalty also do not imply superiority, whereas brand equity does (Nam *et al.*, 2011).

A review of the literature reveals five factors that influence the creation of successful brand equity in hospital marketing:

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- Trust
- Customer satisfaction
- Relationship commitment
- Brand loyalty
- Brand awareness

Past research has identified these as the most important factors related to brand equity and relationship management. Each factor is discussed in turn below (Kim *et al.*, 2006).

Trust: Much of the research examining the trust component of relationship marketing is in a business-to-business context with a dominant product marketing focus (Doney and Cannon, 1997). Only recently is there emphasis on understanding trust in a business-to-consumer services context. Research in this area also examines trust in the brand and the linkage to brand equity (Brodie *et al.*, 2009).

Trust has received a great deal of attention from scholars in several disciplines such as psychology, sociology and economics as well as in more applied areas such as management and marketing.

Considering brand trust as expectancy, it is based on the consumer's belief that the brand has specific qualities that make it consistent, competent, honest, responsible and so on, which is in line with the research on trust (Andaleeb, 1992; Doney and Cannon, 1997). This research suggests that trust is based on the dispositional attributions made to the partner about his/her intentions, behaviors and qualities. The key issue, then, is to know which specific attributions form brand trust.

In the health care context, trust can create an exchange environment in which a hospital can provide better care to its patients, or customers, while becoming or remaining profitable. Built on management capability, trust is a standard that hospitals and their employees offer patients. When patients complain about service, the hospital and its employees must do their best to respond to the complaints and thereby maintain or rebuild trust (Kim *et al.*, 2006).

Customer satisfaction: Customer satisfaction is a complex construct and has been defined in various ways. Recently, researchers have argued that there is a distinction between customer satisfaction as related to tangible products and as related to service experiences. This distinction is due to the inherent intangibility and perishes ability of services, as well as the inability to separate production and consumption. Hence, customer satisfaction with services and with goods may derive from and may be influenced by, different factors and therefore should be treated as separate and distinct (Veloutsou *et al.*, 2005).

Two additional issues that need to be clarified when researching customer satisfaction in services is whether satisfaction is conceptualized as facet (attribute specific) or as overall (aggregate); and whether it is viewed as transaction-specific (encounter satisfaction) or as cumulative (satisfaction over time). In the present study, satisfaction is conceptualized as an overall, customer attitude towards a service provider (Dimitriades, 2006).

Relationship commitment: Recent research on customer loyalty reflects attempts to integrate the concept of attitudinal commitment in an effort to distinguish between true and spurious loyalty (Fullerton, 2005). There are two types of customer commitment conceptualizations: affective calculative or continuance commitment, having different antecedents, contents and consequences (Zins, 2001). Calculative commitment is the way that the customer is forced to remain loyal against his/her desire. In calculative commitment customers can be committed to a selling organization because they feel that ending the relationship involves an economic or sacrifice (Fullerton, 2005). commitment reflects a consumer's sense of belonging and involvement with a service provider akin to emotional bonding (Dimitriades, 2006). The streams of research in the medical literature on patient-physician relationships in general (including patient-physician roles, patient-physician communication styles and patient satisfaction) have not focused on improving the knowledge of what motivates patients to continue relationships with their physicians. To attain the trust and satisfaction of patients, physicians need to establish a relationship that meets patients' expectations in term of being supportive and actively involving them in decision-making. Clearly, this suggests that patient commitment should be linked to empowering patientphysician relationships (Kim et al., 2006).

Brand loyalty: Despite the large number of studies on brand loyalty, much of the research over the past three decades investigates consumer loyalty from two perspectives: behavioral loyalty and attitudinal loyalty (Bandyopadhyay and Martell, 2007; Dick and Basu, 1994). Behavioral loyalty refers to the frequency of repeat purchase. Attitudinal loyalty refers to the psychological commitment that a consumer makes in the purchase act, such as intentions to purchase and intentions to recommend without necessarily taking the actual repeat purchase behavior into account (Jacoby, 1971).

Three conceptual perspectives have been suggested to define customer loyalty: the behavioral perspective, the attitudinal perspective and the composite perspective. The behavioral perspective, "purchase loyalty", strictly looks at repeat purchase behavior and is based on the customer's purchase history. Here, the emphasis is on past-rather than on-future actions. Moreover, no other loyal behavioral actions such as price tolerance, word of mouth, or complaint behavior can be interpreted. Concentrating on the behavioral aspect of loyalty could overestimate true loyalty. The

attitudinal perspective, in contrast, allows gain in supplemental understanding of loyal behavior (Zins, 2001). Here, customer loyalty is approached as an attitudinal construct. Attitude denotes the degree to which a consumer's disposition towards a service is favorably inclined. This inclination is reflected by activities such as the customers recommending service providers to other consumers or their commitment to repatronize a preferred service provider. Based on a favorable attitude towards a service provider, customers may develop "preference loyalty" (Dimitriades, 2006).

Brand awareness: This refers to the strength of a brand's presence in consumers' minds. Brand awareness is an important component of brand equity (Aaker, 1991; Keller, 1993). Aaker mentioned several levels of brand awareness, ranging from mere recognition of the brand to dominance, which refers to the condition where the brand involved is the only brand recalled by a consumer. Rossiter and Percy (1987) defined brand awareness as the consumers' ability to identify or recognize the brand, whereas Keller conceptualized brand awareness as consisting of both brand recognition and brand recall.

According to Keller, brand recall refers to consumers' ability to retrieve the brand from memory, for example, when the product category or the needs fulfilled by the category are mentioned. Keller (1993) argued that "brand recognition may be more important to the extent that product decisions are made in the store". Hence, in the present study, brand awareness is conceptualized as consisting of both brand recognition and brand recall (Pappu *et al.*, 2005).

Brand equity: Brand equity is supposed to bring several advantages to a firm. For example, high brand equity levels are known to lead to higher consumer preferences and purchase intentions (Cobb-Walgren et al., 1995). Firms with high brand equity are also known to have high stock returns (Aaker and Jacobson, Developing further insights into measurement of consumer-based brand equity is important in the face of the prominence of branding. Branding is a powerful means of differentiation. Differentiation is one of the key competitive positioning strategies suggested by Porter (1990). Brands might develop sustainable competitive advantage for firms. That is, if consumers perceive a particular brand favorably, then the firm may have a competitive advantage. Hence, it becomes vital for brand managers to have access to valid and reliable consumer-based brand equity instruments (Pappu et al., 2005).

The most recent literature (Hunt, 1997; Srivastava et al., 1998, 2001) specifically characterizes brand equity as a relational market-based asset. Much of its value is a result of the brand's external relationships with other members of the value chain (e.g., the distribution system and the final users). This relational nature makes brand equity be an external asset to the

firm because it is often merely "available" and not "owned" by the firm. In other words, brand equity ultimately derives in the market place from the set of brand associations and behaviors that have been developed towards the brand. In summary, as a relational market-based asset, brand equity may be expressed as a function of brand-consumer relationships and as such the introduction of trust as a key relational variable enriches our understanding of brand equity and may provide better performance predictions and assessment of brand equity (Delgado and Luis, 2005).

Hospital image: Keller (1993) defines brand image as the "perceptions about a brand as reflected by the brand associations held in consumers 'memory." These associations encapsulate the emotional perceptions consumers attach to a brand (Dobni and Zinkhan, 1990) and symbolic meanings attached to specific attributes of the product or service (Padgett and Allen, 1997). Hence, a brand's image integrates functional and symbolic brand beliefs forming the consumer's overall impression of the brand (Low and Lamb, 2000). Building upon this understanding, Hsieh et al. (2004) define brand image in relation to evoked feelings, impressions, perceptions, beliefs and attitudes towards a brand. The brand image encapsulates the consumer's evaluation of brand meaning (Hoeffler and Keller, 2002), which the organization transfers to the consumer through integrated marketing communication channels such as advertising and sponsorship processes.

To provide a more specific understanding of brand image, Thakor (1996) suggests that brand image can be thought of as benefits, attributes or personality traits. Of particular relevance is the concept of brand personality. Brand personality as a "set of human characteristics associated with a brand." These personality driven evaluations explain why a consumer may hold an emotional connection towards one brand but not another (Aaker, 1997). A range of direct and indirect encounters with the brand such as advertising processes (Batra *et al.*, 1993) create and influence conceptions of brand personality. Thus, external communications largely form brand personality.

Kotler and Clarke (1987) point out that hospital consumers' idea of hospital image is not absolute but relative. A hospital's image can be used to help it improve its competitive position through strategic marketing activities. Hospital patients are able to form a specific thought about any hospital within a rapid time. They usually form an image of a hospital from their own medical examination and treatment experiences. Good hospital image is built by patients' trust in the treatment and by knowledge of the hospital, which can improve a consumer's tendency to select that hospital in the future (Kim *et al.*, 2006).

RESEARCH DESIGN

Conceptual model: Figure 1 presents the conceptual model and the hypotheses for this study.

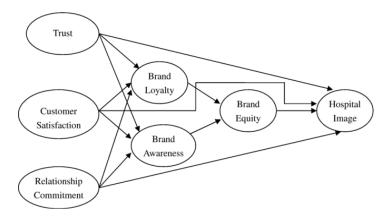


Fig. 1: Conceptual model

The most relevant to the study as it focuses specifically on the influence of customers' trust on customer value and customer loyalty. They distinguish between customers' trust in the behavior of employees and trust in the company's management policies and practices (Brodie *et al.*, 2009).

Thus the following hypotheses are proposed:

H1: Trust influences brand loyalty positively.

H2: Trust influences brand awareness positively.

Aaker conceptualized brand equity as a set of assets (or liabilities). Brand awareness, brand associations, perceived quality, brand loyalty and other proprietary assets were the five assets of brand equity he proposed (Pappu *et al.*, 2005).

Previous studies support a positive relationship between consumer satisfaction and brand loyalty in the service industry. Rust and Zahorik (1993) demonstrate a link between consumer satisfaction and brand lovalty in the retail banking and hotel industry. McDougall and Levesque (1994) show that customer satisfaction has a positive effect on brand loyalty in different service sectors: dentistry, auto repair services, restaurants and hairdressers. Faullant et al. (2008) confirm the predictive ability of consumer satisfaction on loyalty. Further empirical studies supporting the positive relationship between consumer satisfaction and consumer loyalty can be found in Anderson et al. (1994), Fornell (1992), Hallowell (1996), Kandampully and Suhartanto (2000) and so on Nam et al. (2011). Thus, we propose that:

H3: Customer satisfaction influences brand loyalty positively.

H4: Customer satisfaction influences brand awareness positively.

Based on mentioned literature other hypothesis suggested:

H5: Relationship commitment influences brand loyalty positively.

Table 1: Reliability of variables

Variables	ables Number of question	
Trust	6	0.868
Customer satisfaction	4	0.875
Relationship commitment	6	0.851
Brand loyalty	4	0.760
Brand equity	5	0.880
Brand awareness	3	0.750
Hospital image	7	0.850
Total	35	0.930

H6: Relationship commitment influences brand awareness positively.

H7: Brand loyalty influences brand equity positively.

H8: Brand awareness influences brand equity positively.

Based on additional past research, including Ross-Wooldridge *et al.* (2004) study of brand equity and company image and Javalgi *et al.* (1992) study of hospital image, we proposed the following hypothesis:

H9: Brand equity influences hospital image positively.

Finally, based on research that includes Flavian *et al.* (2005) study of consumer trust and company image and Kandampully and Suhartanto's (2000) study of relationships between customer satisfaction and company image, we generated our last three hypotheses:

H10: Trust influences hospital image positively.

H11: Customer satisfaction influences hospital image positively.

H12: Relationship commitment influences hospital image positively.

METHODOLOGY

Data collection: The field of the study covers the hospitals in Iran. First step is to collect the data related to the variables defining the theoretical model of the

Table 2: Results of hypotheses

Path between construct	Standardized loading	t-value	Results
H1 : trust → brand loyalty	0/98	15/72	Supported
H2: trust → brand awareness	0/61	9/02	Supported
H3 : customer satisfaction → brand loyalty	0/51	3/12	Supported
H4 : customer satisfaction → brand awareness	0/60	4/15	Supported
H5 : relationship commitment → brand loyalty	0/50	2/62	Supported
H6 : relationship commitment → brand awareness	0/70	9	Supported
H7: brand loyalty → brand equity	0/69	8/10	Supported
H8: brand awareness → brand equity	0/66	7/90	Supported
H9: brand equity → hospital image	0/59	6/35	Supported
H10 : trust → hospital image	0/58	6/23	Supported
H11 : customer satisfaction → hospital image	0/52	4.2	Supported
H12 : brand awareness → hospital image	0/73	11/57	Supported

consumer behavior proposed. In this sense, as has been done traditionally in Marketing Science in particular and in Social Sciences in general, data is obtained by means of a questionnaire. This questionnaire gathers the measures for the set of constituent elements of the model. The subjects were 318 customers of hospitals in Tehran area. To obtain reliable answers, the sample unit was composed of those individuals who were active decision makers of the brand they consumed. The pretest, which measured reliability, asked 47 consumers that they use hospital to answer questionnaires. SPSS data analysis indicated that the Cronbach's a of the questionnaires was 0.93. The findings for the Cronbach's alpha show (Table 1) that the reliability coefficients were acceptable (above 0.6) for all dimensions. Also, tools fortest-retest reliability, a test for the second time, with the previous week on the subject (45) have performed. Pearson's correlation coefficient obtained from the two tests with 0/85 the test-retest reliability of the test will be confirmed.

Measurements: Based on previous researches such Delgado and Munuera (2005) and Delgado et al. (2003) overall satisfaction was measured using Anderson et al. (1994). Brand trust was measured via Delgado et al. (2003). The measurement scale for brand equity was Yoo and Donthus (2001) scale. A four-item scale was used to measure the dispositional commitment to maintaining an ongoing relationship with a brand. Each item was framed as an agree/disagree statement. Hence the questionnaire included 35 items to measure the five dimensions on a Likert scale and ranged from "strongly disagree" (1) to "strongly agree" (5).

RESULTS

Structural Equation Modeling (SEM) with Lisrel software was used for the data analysis. SEM is a comprehensive statistical approach for testing hypotheses about relations between observed and latent variables. It combines features of factor analysis and multiple regressions for studying both the measurement and the structural properties of theoretical models. SEM is formally defined by two sets of linear equations called the inner model and the outer model. The inner model specifies the relationships between unobserved

or latent variables and the outer model specifies the relationships between latent variables and their associated observed or manifest variables (Turkyilmaz and Ozkan, 2007). The results obtained for model showed excellent fit (RMSEA = 0.051; GFI = 0.90; AGFI = 0.91, NFI = 0.91, CFI = 0.93).

Results from structural equation modeling also support research hypotheses (Table 2).

DISCUSSION AND CONCLUSION

Results from the research hypothesis testing suggest the following information. First, the study found that trust, customer satisfaction and relationship commitment all had a positive influence on brand loyalty and brand awareness. This suggests that hospital managers and staffs should take care of patients well enough to allow them to gain trust in the hospital, feel satisfied with it and create a high level of relationship commitment to it. Second, the study found that brand awareness significantly influenced brand equity positively and that brand loyalty did also. This finding may mean that people in Tehran have chosen their hospitals based upon geographic proximity. Third, brand equity had a significant positive influence on hospital image, which suggests that hospital managers should pay more attention to managing their brand equity in order to construct a positive image. And fourth, trust, customer satisfaction and relationship commitment also had a significant positive influence on hospital image.

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