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Developing a conceptual model for healthcare services branding in the military hospital

Hamid R. Rasouli[1], Amir H. Tadayon[2], Mohammad R. Mashayekhi[2], Mohsen A. Farajzadeh[2]

Abstract: *Introduction: Given fast grow and competition in the healthcare industry, managers and health activists in this sector need to adopt strategies for branding. The purpose of the study was to develop a conceptual model for branding in the healthcare industry to build brand advocacy and positive brand image.*

Methods: The study includes patients referred to a military hospital in May 2018. Data gathered by questionnaire, and 162 surveys were collected by simple random sampling method. To test the hypotheses, the conceptual model was analysed by structural equation modeling with SmartPLS® software.

Results: The affective commitment and brand trust could predict brand advocacy. CSR significantly impacts brand image and affective commitment, furthermore brand attitude and COB significantly impact brand trust. There was no significant relationship between brand trust and affective commitment with brand image.

Conclusion Organizations can improve brand image and establish brand support through investing resources on branding. This study contributes insights for marketing managers in developing successful branding strategies for health care organizations.

Keywords: *branding, health care industry, hospitals, SEM*

INTRODUCTION

Healthcare services are dynamic, competitive and full of turbulence. The number of hospitals and healthcare providers rising continuously and with this situation, the atmosphere becomes more and more competitive. Furthermore, in Iran, hospitals can't advertise themselves (It's a law) for gaining more patients and customers (Maleki, 2016). In the other view, measuring the efficiency of healthcare services is depending on lots of quantitative and qualitative criteria (like capable employees, behavioural and technical interactions, treatment matter, type of patient, public and private services) and because of that, it is hard to measure (Thantry et al., 2006).

Due to the hard situation for hardware and material distinction, organizations prefer to be distinct in software (Kotler & Keller, 2012). Huge different exists between services and product usage and because of that, considering people who use them, is different and need other conceptualization (Wang et al., 2009; Van Riel et al., 2001). Moreover, a brand in the service sector corresponds with "organization" whereas in the production sector correspond with "product" and according to this, conceptualizing in the service sector is essential (Wang et al., 2009; Chahal & Bala, 2012). When a high value of satisfaction and emotional commitment is issue, branding in hospitals that refer to customer needs is crucial (Kemp et al., 2014).

Corresponding author: Mohsen Abbasi Farajzadeh
+982188053766

[1] Trauma Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran
[2] Marine Medicine Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran

Health care is one of the most critical services that a patient receives (Kemp et al., 2014). Like brand in product sector that has socio-psychological attributes, for service sector, brand is same and can be inspiring. This means there is a bond between brand and customers (Kemp et al.). The relationship between brand and customer is binary. Developing relationships between brand and customer can be a challenging procedure and in a different pattern. For example, it is possible that nexus among brand and customer is according to simple or emotional cognition (Park et al., 2009; Thomson et al., 2005; Brakus et al., 2009; Grisaffe & Nguyen, 2011). When there is a strong relationship between brand and customer, the organization has a significant advantage in competitive atmosphere and also can immune organization from rivals (Kemp et al.).

The progress of healthcare services and economic development are closely linked; reaching one without other is impossible (Khodadad & Behboudi, 2017). Branding in healthcare services is a newfound phenomenon, but managers are gaining intuition from its competitive advantage. Meanwhile, hospitals as an expensive part of the healthcare industry that assign a high portion of GDP, need more attention and considering (Nasiripour et al., 2010). Branding plays a vital role in service organizations through increasing customer trust, make a better condition to illustrate services, acts as a mean of competitive advantage and gives value to the customers (Chahal & Bala, 2012). Branding in healthcare services requires a strong and organized commitment to presenting unique services. For having successful branding, managers should have a strategy for maintaining and guiding values for making trust and also managing emotion (Kemp et al., 2014; Mangini, 2002).

The purpose of the study was to develop a conceptual model for branding in the healthcare industry to build brand advocacy and positive brand image.

METHODS

This descriptive study surveyed patients who went to a military hospital in 2018 may, using simple random sampling. To determine the minimum sample size before gathering data Kock and Hadaya (2018) suggest the use of the inverse square root method, which estimates 160 samples. After distributing the questionnaires, 162 samples were gathered. The questionnaire that distributed had two parts, first demographic questions and then 28 questions that evaluate survey variables in Likert-5 scale. The research constructs were developed based on prevalidated measures (Table 1). Instrument items were modified by experts in any aspects and rephrased.

Table 1: Validity and reliability

Construct	Cronbach Alpha (α)	Composite Reliability (CR)	Average Variance Extracted (AVE)	Source
Corporate Social Responsibility	0.856	0.920	0.700	Kemp et al, (7)
Brand Attitude	0.849	0.906	0.710	Kemp et al, (7)
Customer-oriented Behavior	0.9	0.929	0.768	Kemp et al, (7)
Affective Commitment	0.883	0.936	0.831	Kemp et al, (7)
Brand Trust	0.890	0.932	0.821	Kemp et al, (7)
Brand Image	0.809	0.872	0.583	Wu (67)
Brand Advocacy	0.739	0.869	0.623	Kemp et al, (7)

After data gathering, single variable and two variables measurement analyses with SPSS® version 25 software and analysis in structural equation modeling calculated with Smart-PLS® version 3.2.7 (Ringle et al., 2015). Cronbach alpha (recommended threshold ≥ .7) (Cronbach, 1951) and composite reliability (CR) (recommended threshold ≥ .7) (Hair et al., 2016) estimated for reliability and average variances extracted (AVE) (recommended threshold ≥ .5) (Fornell&Larcker, 1981) estimated for validity with Smart-PLS®. Results of Validity and Reliability analysis (Table 1) exemplified acceptable value as exceeded recommended threshold, which is an indication of a validated and reliable instrument.

RESULTS

Researchers can figure out data essence with descriptive results. Results of descriptive analysis like gender, age,

education, insurance and hospital familiarity (or use duration) are in Table 2.

Table 2: Demographic statistics

Measure		Frequency	Percentage
Gender	Male	94	53.4
	Female	82	46.6
Age	Under 20	8	4.5
	21-30	54	30.7
	31-40	47	26.7
	41-50	33	18.8
	Above 50	34	19.3
Education	Under diploma	40	22.7
	Diploma	50	28.4
	Bachelor	56	31.8
	Master	24	13.6
	Doctoral	6	3.4
Having Insurance	Yes	170	96.6
	No	6	3.4
Time of being hospital customer or (familiarity)	Under 1 year	78	44.3
	1 year	30	17
	2 years	21	11.9
	3 years	10	5.7
	Above 3 years	37	21

Most participants were male (53.4%), 30.7% were 21-30 years old, 31.8% had bachelor degree, almost every participant has insurance (96.6%), and 44.3% of participants were being hospital customer under one year. Constructs averages and standard deviations are in Table 3.

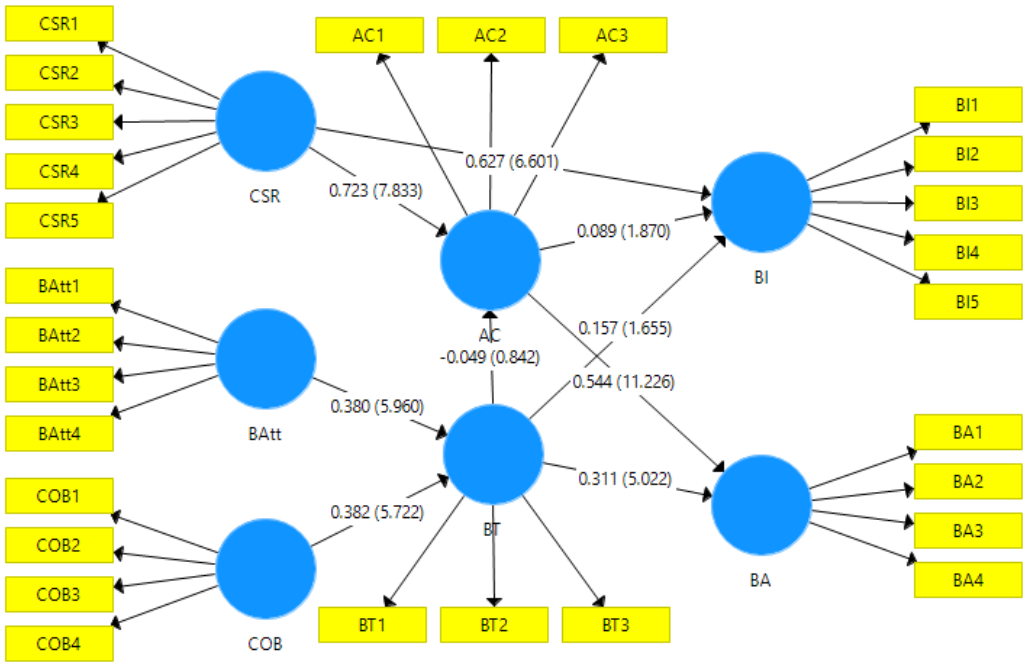
Table 3: Average and Standard Deviation of research constructs

Construct	Average	Standard Deviation
Corporate Social Responsibility (CSR)	3.806	0.971
Brand Attitude (BA)	4.117	0.514
Customer-oriented Behavior (COB)	3.458	1.239
Affective Commitment (AF)	3.448	1.266
Brand Trust (BT)	4.152	1.06
Brand Image (BI)	4.190	0.793
Brand Advocacy (BA)	4.024	0.743

In two variable analyses, researchers used Spearman coefficient correlation. Results of this analysis are in Table 4.

Results of assessing hypotheses using structural model in smart-PLS® (Ringle et al., 2015) (standard and T-values, values in parenthesis in the model) are in Figure 1 which shows H1a, H1b, H2a, H2b, H3 and H4 confirmed and H2c, H5 and H6 rejected. Results are in Table 5.

Figure 1



Structural model assessment: For assessing quality of structural model, R2 considered as criteria for assessing model (Hair et al., 2016) and results show that all variables are more than average (0.33 is the mid number). Table 6 shows the values.

Table 4: Spearman Correlation coefficient, all the numbers are significant at 0.01 level

Construct	CSR	BA	COB	AF	BT	BI	BA
Corporate Social Responsibility	1						
Brand Attitude	0.602	1					
Customer-oriented Behavior	0.501	0.262	1				
Affective Commitment	0.598	0.436	0.334	1			
Brand Trust	0.775	0.467	0.500	0.485	1		
Brand Image	0.712	0.477	0.463	0.481	0.637	1	
Brand Advocacy	0.666	0.445	0.379	0.701	0.627	0.571	1

Table 5

Hypothesis	Independent variable	Dependent variable	Path coefficient (β)	T-value	P-value	result
H1a	Corporate Social Responsibility	Brand Image	0.627	6.601	<0.01	Confirmed*
H1b	Corporate Social Responsibility	Affective commitment	0.732	7.833	<0.01	Confirmed*
H2a	Brand Attitude	Brand Trust	0.380	5.960	<0.01	Confirmed*
H2b	Customer-oriented behavior	Brand Trust	0.382	5.722	<0.01	Confirmed*
H2c	Brand Trust	Affective Commitment	-0.049	0.842	0.420	Rejected
H3	Affective Commitment	Brand Advocacy	0.544	11.226	<0.01	Confirmed*
H4	Brand Trust	Brand Advocacy	0.311	5.022	<0.01	Confirmed*
H5	Affective Commitment	Brand Image	0.089	1.870	0.059	Rejected
H6	Brand Trust	Brand Image	0.157	1.655	0.109	Rejected

* Significant at 99%

Table 6: Model assessment results

Construct	Average
Affective Commitment	0.446
Brand Trust	0.346
Brand Image	0.657
Brand Advocacy	0.553

Finally, according to Tenenhaus, the goodness of fit measured and according to formula

$$\mathrm{GOF} = \sqrt{\mathrm{Communality} \times \mathrm{R}^2} = 0.492$$

calculated that exhibits well goodness of fit (Tenenhaus et al., 2004).

DISCUSSIONS AND CONCLUSIONS

This research aimed to find a pattern for branding in the healthcare industry. Hence, variables like corporate social responsibility, brand attitude, customer-oriented behavior, affective commitment, brand trust, brand image, and brand advocacy recognized and the relationship between them through a conceptual model is investigated. Results showed corporate social responsibility has a significant effect on emotional commitment and brand image; these results are in accordance with recent researches (Kemp et al., 2014; Alrubaiee et al., 2017; Kolade&Ogunnaike, 2014). Brand image mostly previses corporate social responsibility. Therefore, by developing corporate social responsibility, brand image become better in customer mind, and marketing performance will improve. Besides, managers can determine policies and strategies in marketing more efficient due to this results and structures. Furthermore, it is crucial for hospitals to invest and help society, which can create an emotional bond and affective commitment.

According to the results, brand attitude and customer-oriented behavior predicted brand trust, and this is following Kemp et al. research (Kemp et al., 2014). Thus, creating a positive brand attitude and customer-oriented behavior from employees will improve brand trust. Educating employees for having better conduct and behavior with customers can improve customer-oriented behavior. Since the healthcare industry is a personal service and a close relationship exist between parties, trust is crucial due to personal information, mental and physical status exposure to healthcare providers (Kemp et al.).

Brand trust could not predict affective commitment that is in the opposite of previous surveys (Kemp et al., 2014; Patawayati et al., 2013; Feiz et al., 2016). However, it could predict brand support that is in accordance with previous researches (Kemp et al.; Moreira & Silva, 2015; Ansari &Mohammadi, 2016). Results showed with brand trust rise up; brand support will rise simultaneously. Hospitals should focus on high trust level in marketing (Kim et al., 2004). When a customer trust in healthcare service provider, it is possible that he/she continues to use that service provider and suggests it to others. Hospitals should use their sources to invest in developing more trust for creating more brand advocacy. Results showed affective commitment could predict brand advocacy and it is in accordance with previous surveys (Kemp et al.; Moreira & Silva; Feiz et al., Ansari &Mohammadi), so by developing an emotional relationship with customer, he/she becomes a brand advocator and finally, competitive advantage will be created.

This research demonstrates the advantages of branding and establishing a meaningful relationship with customers. Results of this research can help marketing managers and strategic planners. In the healthcare industry, vicinity with a hospital is a key factor for productivity (Beckham, 2000). Nevertheless, with increasing healthcare costs and more options for customers, marketers can act more strategic through creating competitive advantage, and distinguishing customers' needs (Brakus et al., 2009).

Healthcare organizations should effectively put their organization and its brand as a valuable factor in providing unique services. As proposed in this research, corporate social responsibility, affective commitment, customer-oriented behavior, customer engagement (like customer relationship management) and trust, are significant elements to reach this goal.

Although this study can help in creating and developing brands in healthcare services, future research and surveys in this field are imperative. Several limitations have existed in this study. First, as data gathered in a cross-sectional way, no cause and effect relationship can be established about research variables. Investing in a relationship between latent variables through longitudinal data is suggested. Future studies can investigate how the correlation between performance and actual satisfaction can create a connection between brands and consumers. Second, some discordance observed between the results of this research and literature, so the research results should expand cautiously. Third, respondents to questionnaires are from the same region so, gathering data from diverse regions is suggested. Forth, in this study, healthcare providers were limited to hospitals, more scopes like pharmacy, clinics, medical imaging, laboratories, and dental services should be investigated. Finally, respondents may somehow were not in their best physical and mental condition, so this maybe affects the data gathering and analysis.

At least once in a lifetime, people use healthcare services, and because of that, good experience and relationship with providers are crucial. As changing perspective in healthcare services in future years, research opportunity in strategical branding and marketing fields will be plentiful for healthcare service providers.

Conclusion Organizations can improve brand image and establish brand support through investing resources on branding. This study contributes insights for marketing managers in developing successful branding strategies for health care organizations.

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