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Brand trust and image: effects on customer satisfaction

Introduction

Increasing and pervasive technological advancement, particularly in the healthcare sector, makes marketing and brand development essential. Healthcare advancements and economic development are closely linked, and achieving one in the absence the other is not possible (Ramani and Dileep, 2006). Numerous high-quality services and brand variety, and increased customer awareness about service selection, stimulate service providers to either create powerful brands or increase their customer satisfaction. Branding plays a key role in a firm's services, increasing customer trust (Berry, 2000), enabling customers to better visualize service products (Kim *et al.,* 2008), acting to differentiate among competitive products (Motameni and Shahrokhi, 1998) and delivering value to customers. These influencing factors contribute to value-making (Bamert and Wehrli, 2005). Healthcare services are among the most important personalized provisions that consumers experience (Kemp *et al.,* 2014). In response to this growing challenge, managers in pre-eminent healthcare centres, including the Mayo and Cleveland Clinics, Johns Hopkins, Memorial Sloan-Kettering and Massachusetts General Hospitals enhanced their efforts to reinforce their brands (Thomaselli, 2010). A brand acts as a promise to consumers, implying that staff provide the healthcare required (Kemp *et al.,* 2014).

India, Malaysia, Singapore and Thailand are well-established destinations for medical tourists seeking cardiac and orthopedic surgery (Kher, 2006; Macready, 2007). Consequently, developing effective branding strategies is paramount for healthcare managers, especially significant given the changes the industry is facing (Kemp *et al.,* 2014). Owing to deductibles and increasing co-payments, consumers are becoming more selective about the healthcare they receive and more healthcare options make selection possible (Sparer, 2011). New markets to meet increasing demand, therefore, exist (Larkin, 2007).

Service marketing brands can reduce consumer purchase risks and optimize their cognitive processing (Onkvisit and Shaw, 1989). Every successful brand represents its loyal customers (Wang *et al.,* 2011). In business, trust is viewed as lasting and collaborative relationships. Trust is essential for creating and maintaining long-term relationships (Rousseau *et al.,* 1998; Singh and Sirdeshmukh, 2000). Berry (2000) and Berry *et al.,* (1988) say that a company or brand name is important for providing services as the company name is its brand. Owing to their inherently intangible nature, branding and image creation are particularly vital to having long-term and successful services (Bello and Holbrook, 1995; Onkvisit and Shaw, 1989; Turley and Moore, 1995).

There is little healthcare brand equity research, which may be due to healthcare services being high credence quality products with complex and unique specifications (Hariharan *et al.,* 2004). Furthermore, performance depends on several quantitative and qualitative factors including highly skilled personnel, technical and behavioral interactions, treatment, patient type, general and specialized services at a competitive price, and state-of-the-art technical equipment (Thantry *et al.,* 2006) making healthcare service evaluation difficult.

Privatized hospitals, clinics, laboratories, etc., and individual increased awareness of their health and healthcare centers make people more selective. Brand equity can bring an advantage to India's healthcare market since India is among the preferred healthcare tourism destinations for patients from developing and developed countries (Thantry *et al.,* 2006). Trust and favorable image alongside patient awareness play a crucial role in achieving satisfaction and in increasing

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the service provider's market share. Indispensable services enhance customer sensitivity and manager accountability. Thus, managers are opting to develop their brands and to increase patient satisfaction. Consequently, this study answers the followings questions: What effect do brand image and brand trust have on customer (patient) satisfaction? How does customer (patient) satisfaction affect healthcare service use?

Literature review

Brand trust

Transactions require trust, especially in intangible services. Healthcare services are vital and risky in some cases; therefore, the ability to create customer trust is important. Several studies address this subject. Morgan and Hunt (1994) believe that trust exists only when one party has confidence in an exchange partner's reliability and integrity. Moorman *et al.,* (1993) defined trust as the willingness to rely on an exchange partner in whom one has confidence. Trust in a healthcare brand is driven by several factors including consumer attitudes toward the brand, perceived quality, prestige and staff customer-oriented behavior (Kemp *et al.,* 2014). Rotter (1980) suggests that when individuals have favorable attitudes towards an entity, they are more likely to trust it. Brand attitudes point out to an affective reaction to a brand, or a predisposition to respond in a favorable or unfavorable manner (Lutz, 1975; Lutz *et al.,* 1983; Burton *et al.,* 1998). Effective service branding is conditioned to managing consumer attitudes (Berry, 2000). Kemp *et al.,* (2014) believe that healthcare-related brand trust includes trust and reliance and having confidence in the hospital. Emotional commitment to a hospital means being dependent on its services. Relationships characterized by trust often result in long-term commitment (Hrebiniak, 1974; Morgan and Hunt, 1994).

Brand trust effects on customer satisfaction - brand image

To purchase or choose services having a positive image, which are special, important and valuable for an individual, speeds up and facilitates customer choice. Brand image effectiveness can be studied for special services such as healthcare. Good brand image makes consumers believe in product quality and assists consumers to make a choice and to feel comfortable while purchasing their product (Chih-Chung *et al.,* 2012). Kotler (1991) refers to brand image as combining name, fame (reputation), design and symbol. It is used by consumers to distinguish products and services from competitors. Farquhar (1989) states that brand image has additional value beyond product function and service. Greve (2014) also measured brand image using a scale containing three items: value, realized (perceived) quality and uniqueness. Kim *et al.,* (2012), adopting Lemmink's *et al.,* (2003) approach, measured brand image using two classifications. Intangible brand image (medical standards, positive reputation, kind personnel, etc.) and tangible brand image (equipment, parking facilities, dependent/subsidiary facilities, etc.). Dodds *et al.,* (1994) claim that brand image provides the whole information about the product; higher brand images influences overall appraisal and quality perceptions.

Brand image effects on customer satisfaction - customer satisfaction

Providing timely healthcare services is important, which can increase customer satisfaction, which, in turn, creates a positive image. Customer satisfaction is considered an important and significant factor in repurchasing a product or receiving a service, especially an intangible one. Related studies provide several definitions. The most common and comprehensive, with different author perspectives, reflect the notion that satisfaction is a feeling resulting from evaluating what

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has been received versus what was expected, including the purchase decision itself, needs and wants associated with purchasing (Armstrong and Kotler, 1996). Customer satisfaction can be defined as a construct and as a special consumer attitude; it is a post-purchase phenomenon reflecting how much consumers like or dislike the service after experiencing it (Woodside *et al.,* 1989). According to Kitapci *et al.,* (2014), responsiveness, empathy, insurance, reliability and tangibility enhance healthcare-related customer satisfaction. Patient satisfaction is among the most widely studied topics in the last four and half decades (Puri *et al.,* 2012; Chahal and Sharma, 2004; Sharma and Chahal, 1995; McAlexander *et al.,* 1993; Flexner, 1985). It has increasingly progressed in the healthcare sector, particularly in developed countries (Newman *et al.,* 1998). Andaleeb (1988) stated that patient satisfaction will increase if communication between patients and staff is appropriate (resulting in trustworthiness, which enhances individual's awareness and sensitivity about what to expect). Another study using SERVQUAL in healthcare indicates that although all three SERVQUAL dimensions affect public hospital patient satisfaction, these tangible dimensions seem not to have any impact on those hospitals (Yeşilada and Direktör, 2010). Satisfaction, which is a perceptual difference between prior expectations and post-performance, propels patients to receive services for the same/different health problems from the same/different hospital (Sardana, 2003). Newman *et al.,* (1998) and Gilson *et al.,* (1994) in their studies showed that patient satisfaction measures patient's attitudes towards physicians, medical care and the healthcare system.

Patient satisfaction frameworks have developed progressively since 1970 (Sardana, 2003; Cooper *et al.,* 1979; Kotler and Zaltman, 1970). Raftopoulous (2005), Kang and Jeffrey (2004), Chahal and Sharma (2004), Sardana (2003), Brady and Cronin (2001), Corbin *et al.,* (2001), Newman *et al.,* (1998) and Gilson *et al.,* (1994) specified various patient satisfaction dimensions. For example, Sardana (2003) conceptualized patient satisfaction using five dimensions: (i) physician and nursing care; (ii) supportive staff; (iii) convenient visiting hours and emergency aid. Chahal and Sharma (2004) claimed that physicians, nurses and managers; (iv) facilities and (v) cleanliness are major factors affecting patient satisfaction. Physicians and nurses are complementary and both should be studied if service quality needs improving (Jakobsson and Holmberg, 2012). Kang and Jeffrey (2004) and Raftopoulous (2005) considered that food, room characteristics, and treatment significant in explaining patient satisfaction. Staff comportment also has a significant effect on patient satisfaction. The way in which staff behave with patients is a crucial factor (Andaleeb, 1988).

Based on the Nursing Health Services Research Unit (NHSRU) report, jointly done by the nursing faculties in Toronto and McMaster universities) Ontario Ministry of Health, 2014), several factors leading to a healthcare service increase or decrease are identified: (i) socio-economic status; (ii) physician supply; (iii) policies and beliefs; (iv) risk behaviors; and (v) health status. Socio-economic status (SES) is an education, income and demographic information (sex, age and ethnicity) measure. It is believed that SES has a significant effect on utilization behavior on some aspects like need, recognition and response to symptoms, disease knowledge, motivation to get well and access to health service (Anderson, 1973; Hulka and Wheat, 1985). Additionally, health status (Anderson, 1973; Hersheyet *et al.,* 1975; Hulka and Wheat, 1985), national values (Barer *et al.,* 1988) and access to doctors (Barer *et al.,* 1988; Hulka and Wheat, 1985) are other factors influencing healthcare use. Figure 1 presents the research framework.

Figure 1 here

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Methodology

We used a mixed, deductive-inductive method for specifying factors extracted from Iranian researchers and experts. Previous healthcare services and patient satisfaction studies were analyzed. Three factors: brand trust, brand image and customer satisfaction confirmed by many researchers were specified. Content analysis is used in many studies and is considered a useful research instrument (Kassarian, 1977; Kolbe and Burnett, 1991; Okazaki and Rivas 2002).

Study population

The population included 310 experts - defined as individuals meeting one of the following criteria: (i) being an instructor, assistant professor, associate professor or a professor in a field related to business or hospital management; (ii) having at least one published article on marketing management or hospital management; (iii) being a manager or at least being involved in healthcare fields; and (iv) being involved in research centers associated with hospital development and patients' expectations.

Data collection

We used measures for each construct from the relevant literature. All items except demographic information were measured on a five-point Likert-type scale from 'strongly disagree' (1) to 'strongly agree' (5). When measuring brand trust, three items were adapted from Kemp *et al.,* (2014) including: relying on healthcare in the hospital; perceived quality; and expertise. To gauge customer satisfaction, a 13-item instrument was adapted from Chahal and Mehta (2013): (i) explaining treatments (ii) communication; (iii) appropriate interaction; (iv) staff punctuality; (v) medical evaluation; (vi) transparent billing; (vii) proper queue management; (viii) impartial admission; (ix) hospital operations; (x) internal atmosphere; (xi) cleanliness; (xii) appearance and (xiii) hospital maintenance. Our measures comprise two sets: three items covering economic status; e.g., income; social status; education and demography, borrowed from Anderson (1973) and Hulka and Wheat (1985), and two items including country values and access to doctors adapted from Barer *et al.,* (1988) and Hulka and Wheat (1985). Table I shows that Cronbach's alphas are between 0.76 and 0.90, above the 0.70 recommended by Nunnally and Bernstein (1994). Composite reliability (CR) is between 0.86 and 0.92, above the 0.6 recommended by Bagozzi and Yi (1988), Fornell and Larcker (1981), revealing that our research variables are in the acceptable range. Finally, we measured validity using convergent and discriminant methods proposed by Anderson and Gerbing (1988). Table 1 shows that factor t test scores are between 1.56 and 10.83, and each measurable variable reaches significance except brand trust effect on customer satisfaction (Gerbing and Anderson, 1988). The average variance extracted (AVE) is between 0.58 and 0.80, above the 0.5 recommended by Fornell and Larcker (1981), and the other variables are all acceptable. This measurement model, therefore, has good convergent validity.

Table I here

Our conceptual model (Figure 2), including Table I's factors, was tested using structure equation modeling (SEM) through partial least square (PLS) regression. The model has two levels. Level 1 is the relationship between observed and latent variables, which shows if observations define the latent variables. Level 2: the whole conceptual model checks if the relationship between latent variables (conceptual model elements) are significant. Student's t test (critical vale 1.96) determined significance among variables. Observed values greater than the critical value are

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acceptable (Table 1). Figure 2 shows the factor loadings between observed and latent and the path coefficient between latent variables, indicating the relationship's intensity.

Figure 2 here

Results

Three brand trust constructs, brand image and customer satisfaction were examined. Findings indicated that brand image and customer satisfaction were significant and had a direct effect on healthcare service use. Brand trust was not significant and had no effect. Brand image had the greatest impact; therefore, it is the most crucial factor (Table I).

Discussion, conclusion and recommendations

We aimed to investigate brand trust and brand image effect on customer satisfaction after using healthcare services. Significant medical developments and improvements reflect distinguishing differences among healthcare centers. Experts mentioned that patients were eager to receive the best and fastest healthcare services. Patients tend to spend money and time, and travel long distances to receive treatments. To receive the best treatment, they tend to gather information on hospitals and medical centers. Receiving proper services is important for patients and is directly associated with their lives, which explains why not all healthcare centers or hospitals are favored by patients. Patient choice is influenced by several medical services and hospital treatment processes, staff, physical setting and layout. Patient sensitivity while choosing the most appropriate medical centers has imposed heavy duties and commitments on hospital/medical center staff to offer the best and fastest services. Therefore, managers must protect, develop and improve their brands to secure their survival, ensure patient satisfaction and to enhance their services.

Our study is a major step forward to help Iranian hospital and medical center managers develop their brand and achieve patient satisfaction. Our findings indicate that brand image has a significant effect on Iranian customer satisfaction. There were few, if any, similar studies on the relationship between healthcare brand image and customer satisfaction. We agree with Pop *et al.,* (2010) and Chih-Chung *et al.,* (2012), who conducted their studies in other industries, showing that brand image affects customer satisfaction. Sincere hospital staff received the highest score among all brand image variables. Being honest and fulfilling all commitments to patients are among the most crucial factors. That is why staff sincerity has a meaningful and direct correlation with patient perception.

Taking these points into account, the government primarily must supervise service standards and commitment to patients to prevent exaggeration by hospital managers (false advertisements, which can lead to negative consequences for patients). And to raise patient awareness by providing outcomes (e.g., by ranking successful hospitals based on their services). Hospital or medical center managers, in association with government and university staff, can choose the most appropriate advertising or research method to improve their brand.

Our findings reveal that customer satisfaction affects medical service use, which supports Puri *et al.,* (2012); Donabedian (1996); Camilleri and Callaghan (1998); Sardana (2003); Chahal and Sharma (2004); Kang and Jeffrey (2004) and Raftopoulous (2005) findings. Among items related to customer satisfaction, accurate interactions, adequate and continuous attention to patients and rapport with them received the highest score, suggesting that they are viewed as the most important patient satisfaction factors. Accordingly, the government could establish a

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foundation to closely define doctor-patient interaction in society (such as observing a minimum consultation time, explaining disease and procedures to the patient and following medical ethic principles). The government also could make patients aware of their entitlements.

Academics could present the latest information about verbal communication skills and define transaction standards for physicians and patients. They could also hold educational courses for hospital staff on how to interact with patients. Health service managers must closely monitor the way physicians deal with patients. To achieve high health standards, managers should reduce irregularities, density and chaos, and provide solutions to optimize patient comfort. Both government and university staff are also required to guide and supervise hospital staff.

National standards show the highest effect among items related to using healthcare services in the NHSRU study (Ontario Ministry of Health, 2014). These standards have an important effect on those using healthcare services. Therefore, government staff, hospital administrators and academics are required to identify and develop positive community values including institutionalizing health-oriented culture through increased attention to health and life expectancy among people, information about common diseases and prevention methods, which leads to creating an understanding among people for doing periodic checkup. Our results indicate that brand trust did not have considerable influence on medical services and there are no similar studies connecting these two variables. Our findings contrast with other studies including Morgan and Hunt (1994) and Moorman *et al.,* (1993). We showed that although brand trust did not obtain a significant score, items such as security have a major impact on creating trust among patients. Therefore, government staff must monitor healthcare services. Additionally, the government can set hospital service standards, which university staff can measure and offer solutions. Finally, managers are required to supervise and understand performance at all hospital levels.

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Figure 1: Proposed model

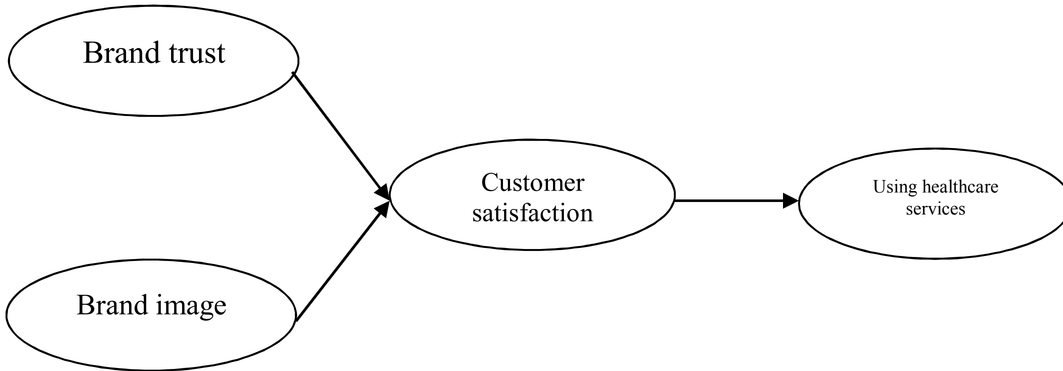

Figure 2: Estimating path coefficients – a model

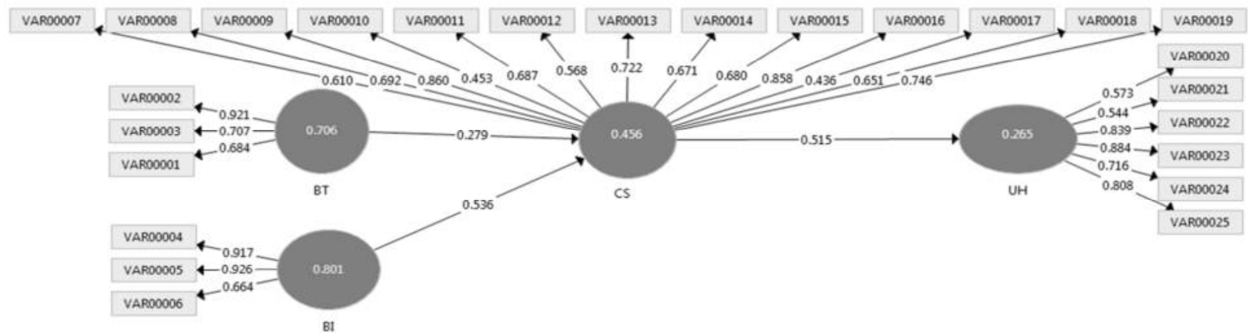

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Table I: Each variable's path coefficient reliability and validity analysis

Index	Mean	Standard deviation	Path coefficients	Factor loading	t	CR	AVE	Cronbach alpha
Brand trust effect on customer satisfaction	4.63	.37	.28		1.56	.92	.64	.88
Brand image effect on customer satisfaction	4.52	.56	.53		4.53	.86	.80	.76
Customer satisfaction effects on using healthcare services	4.42	.45	.51		3.10	.92	.67	.90
Brand Trust:								
BT1	4.57	.49		.68	3.49			
BT2	4.53	.50		.92	2.523			
BT3	4.80	.40		.71	2.51			
Brand Image:								
BI1	4.47	.67		.91	10.11			
BI2	4.37	.84		.93	8.99			
BI3	4.73	.44		.664	3.79			
Customer Satisfaction:								
CS1	4.73	.44		.61	3.99			
CS2	4.07	.97		.69	5.97			
CS3	4.53	.56		.86	10.52			
CS4	4.83	.37		.45	2.99			
CS5	4.47	.62		.69	5.63			
CS6	4.57	.76		.57	3.61			
CS7	4.37	.75		.72	6.46			
CS8	4.37	.75		.67	5.61			
CS9	4.40	.61		.68	4.34			
CS10	4.40	.66		.89	10.83			
CS11	4.63	.48		.436	2.32			
CS12	3.93	.93		.65	5.20			
CS13	4.73	.44		.746	7.93			
Healthcare Services:								
HS1	4.20	.70		.57	2.72			
HS2	4.57	.71		.54	2.28			
HS3	4.07	1.00		.84	6.30			

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HS4	4.00	.97		.88	7.51			
HS5	4.27	1.12		.81	6.63			

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