

# BUILDING HEALTHCARE BRAND: ROLE OF SERVICE, IMAGE, AND TRUST

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## ABSTRACT

### OBJECTIVE:

Healthcare branding is a recent concept, and its theoretical modeling is still somewhat inadequate. This paper examines how perceived service quality affects healthcare brand performance, brand image, and behavioral intention.

### METHODS:

The present study uses survey responses from 678 patients who have taken treatment in multi-specialty medical institutes. Standard scales were used from the literature to measure the variables used. The conceptual model was validated using structural equation modeling using AMOS. SPSS was used to determine the validity and reliability of the questionnaire.

### RESULTS:

The theoretical model has a relatively high and significant coefficient path for each of the hypotheses. The R<sup>2</sup> value for satisfaction was 0.70 or 70 percent. The R<sup>2</sup> value for the trust was 0.78. For Brand performance, Brand image and behavioral intentions were 81, 82.5, and 74%, respectively. Overall, the scores suggest an acceptable level of measure score and predictive ability of the relevant constructs. The results disclose the dimensions of service quality in the circumstances of healthcare. The patients place relatively more importance on healthcare service quality than any other attributes of healthcare institutions. Service quality has a high beta value of 0.98 and p-value of 0.000.

### CONCLUSION:

The study makes an innovative theoretical contribution by establishing a relationship between experience-centric healthcare brand performance and brand image. Patient satisfaction and trust were demonstrated to mediate the relationship between perceived service quality, brand performance, brand image, and behavioral intention in a healthcare context. The study established the novel finding that trust and satisfaction play a significant role in service quality, brand performance, and brand image of healthcare institutions. This study also shows that brand performance has a positive and significant direct effect on brand performance. This shows the dependency of brand image on brand performance in the healthcare institution context.

### KEYWORDS

healthcare, healthcare branding, healthcare service quality, healthcare institution brand image, and brand performance.

## INTRODUCTION

In the competitive field of healthcare branding, healthcare institutions need to have the latest marketing tools that aims to engage, develop trust, and have repeat patients. According to Kumar et al. (2023) [9], branding involves developing emotional and rational expectations of consumers that differentiate a brand from its competitors. As the healthcare service sector continues to grow and becomes increasingly globalized, increased competition and reduced government funds place more significant pressure on institutions to market their courses and programs.

Healthcare branding is the process of creating a unique identity for a healthcare organization or product that differentiates it from its competitors and makes it easily recognizable to consumers [2]. It involves developing a brand strategy, including messaging, visual identity, and other brand elements, that effectively communicates the organization's values and mission [6]. Branding is an essential aspect of marketing in the healthcare industry because it can influence how consumers perceive a healthcare organization or product. A strong brand can help build trust and loyalty among patients and other stakeholders, and it can also help attract new patients and retain existing ones [8].

The primary research questions explored in the study are:

1. What are the antecedents of healthcare branding that play significant roles in building a healthcare brand?
2. What are the psychological mechanisms through which antecedents create healthcare branding?

By creating a strong brand, healthcare organizations can build trust and credibility with patients and other

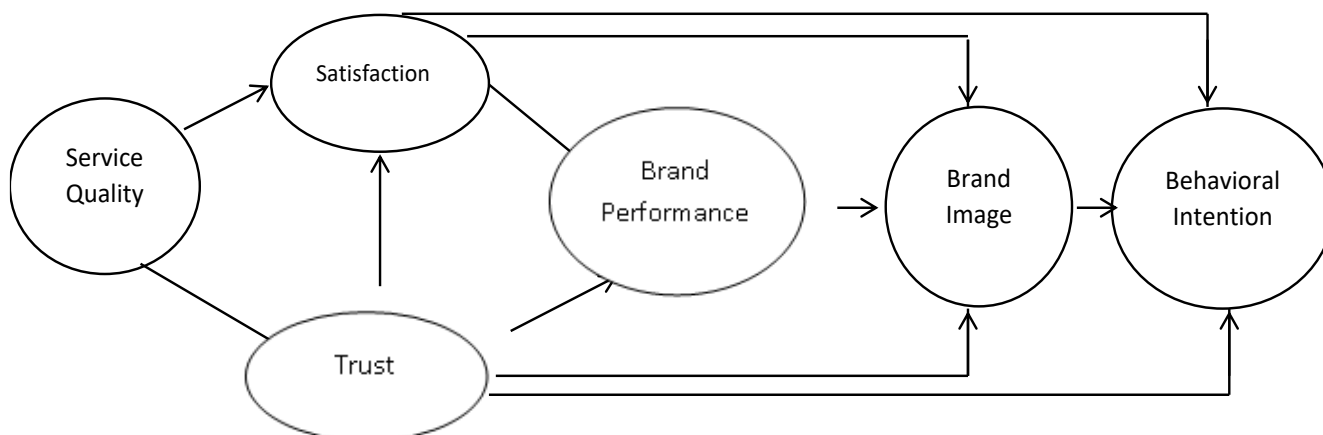
stakeholders, which can lead to increased patient loyalty, patient referrals, and overall growth of the organization [13]. In addition, healthcare branding can help to improve patient experiences by creating a consistent and cohesive experience across all touchpoints, from the website to the clinical setting [24]. This can help patients to feel more comfortable and confident in their care, leading to improved patient satisfaction and outcomes.

Limited research on the impact of branding on patient outcomes and almost a lack of research on branding in specific healthcare contexts [7,19]. While there is some research on the impact of branding on patient perceptions and behaviors, there is limited research on the impact of branding on patient outcomes, such as health outcomes, patient satisfaction, and patient loyalty [19]. While there is a growing body of literature on healthcare branding, much of it is general and not specific to healthcare contexts, such as hospitals, primary care clinics, or specialty practices [20]. According to Keller and McWilliams, in the competitive healthcare service environment, Branding involves developing emotional and rational expectations of healthcare consumers that differentiate a brand from its competitors [4]. As the healthcare service sector continues to grow and becomes increasingly globalized, increased competition and changes in technologies place more significant pressure on healthcare institutions to market their services. Given the increasing importance of healthcare branding and the limitations of current research, more research is needed to understand how branding can be tailored to specific healthcare contexts.

## METHODS

### RESEARCH MODEL AND HYPOTHESIS:

FIGURE1: PROPOSED RESEARCH MODEL



This study aims to find out how the service quality of a medical institute affects the actual brand image, brand performance, and behavioral intention by mediating the effects of satisfaction, and trust, and moderating the role of gender. Service quality (SQ) is defined as the consumer's judgment about a product's overall excellence or superiority. Service quality refers to the degree of excellence of the service provided by an organization [24, 26].

*Hypothesis 1: Perceived Service quality of healthcare institution has a positive relationship with satisfaction.*

*Hypothesis 2: Perceived Service quality of healthcare institution has a positive relationship with trust.*

Brand trust is a security and a sense of well-being of the client that is held by the customer when an interaction happens with brand attributes [5,23]. These attributes are based on promises and brand commitment in perspective on the customer concerning dependability, awareness of other's expectations, and advantages toward the welfare of the community. Brand image is the present perspective of the customers about a brand [2,4].

*Hypothesis 3: Satisfaction has a positive relationship with trust.*

*Hypothesis 4: Satisfaction has a positive relationship with Brand performance.*

*Hypothesis 5: Trust has a positive relationship with brand performance.*

As indicated by Zeithaml in 1996 [27], behavioral intention predicts customer's intentions regarding loyalty to an organization [20,22]. The better-perceived brand experience increases market demand. According to Xu in 2017 a positive correlation has been detected between image and intention in the tourism and hospitality industries [21,24,25].

*Hypothesis 6: Brand performance has a positive relationship with brand image.*

*Hypothesis 7: Trust has a positive relationship with Brand Image.*

*Hypothesis 8: Satisfaction has a positive relationship with Brand Image.*

The brand of a healthcare institution encompasses the unique characteristics that distinguish it from others, as noted by Nguyen (2016) [1,5,8,22]. A healthcare institution's brand reflects its ability to meet patient needs, instills trust in its capacity to provide the required services, and helps potential patients make informed decisions [4,7,19]. Overall, the concepts of satisfaction, trust, and brand play significant roles in the healthcare industry [2,3,6,23].

*Hypothesis 9: Satisfaction has a positive relationship with Behavioral Intention.*

*Hypothesis 10: Brand image has a positive relationship with behavioral intention.*

*Hypothesis 11: Trust has a positive relationship with Behavioral Intention.*

## **DATA COLLECTION AND MEASURES:**

Considering the focal point of the study, data was collected from three healthcare institutes in northern India who had focus on multi-specialty healthcare services. These healthcare institutes have been at least operational for the last 10 years and have a regular inflow of patients. These healthcare institutions have all the facilities like ICU, IPD, and OPD, expert consultants, and oxygen beds. The healthcare institution selection approach was based on convenience sampling. Researchers were able to get access to the contact records of patients from the hospital records and contacted them to participate in the survey. Within the healthcare institute, we followed random sampling to collect responses. Indicating a sampling rate of more than 34.6 percent, which was way higher than the acceptable level of satisfactory rate (for example [9,10,12,15,17]). Participants were emphatically assured that the responses would be kept confidential. These methods are consistent with the procedures prescribed by Podsakoff et al. (2003) to reduce common method bias [23,16].

The researchers approached the case organization (Rajendra Institute of Medical Sciences, Ranchi, India) for ethical clearance. The ethical committee approved the research data collection in the month of December 2023 and the first author received the research support (on-duty leave, research travel permission to the Ranchi City, India on 13<sup>th</sup>-14<sup>th</sup> December 2023).

To test the hypotheses, data were collected from different sample groups (Rajendra Institute of Medical Sciences, Ranchi, India) including recently discharged and old patients at different time frames to avoid common method biases. First, independent variables were measured, and then the dependent variable was measured after a month. Measuring dependent and independent variables at two-time frames reduces the common method bias. A total of 678 participants were included in the study.

A well-structured questionnaire was the tool used for data collection, with two demographic questions. A five-point Likert-type scale was used to measure the responses for all the measures used in the study.

**Service quality:** Service quality (SQ) is defined as the consumer's judgment about a product's overall excellence or superiority. Service Quality is an overall evaluation of tangible and intangible service attributes from a consumer's standpoint, service performance is the control of tangible and intangible service attributes to connect to corporate and marketing strategies from an organization's standpoint. The scale includes 17 questions to identify the service quality of the healthcare institution [3,6,12,17].

**Brand trust:** Brand trust is a security and a sense of well-being of the client that is held by the customer when an interaction happens with brand attributes. These attributes are based on promises and brand commitment in perspective on the customer concerning dependability, awareness of other's expectations, and advantages toward the welfare of the community as a whole.

The scale uses nine questions regarding the trust level of healthcare institutes in the minds of patients [22,25].

**Brand image:** As indicated by Yuan et al. 2016 [32] and according to Sultan and Wong 2010 [29] the brand image may be viewed as the framework for establishing the needs of consumers and giving an overall impression of the brand. Brand image is the present perspective of the customers about a brand. As indicated by Yuan et al. 2016 [32] Perceived image of a brand refers to customers' beliefs and subjective insights of brand associations. Thus, a

brand's image can consist of tangible and intangible cues, which may include cognitive and emotive evaluations and affective responses. The success of a brand image strategy is dependent on the suitability of the brand in local and international markets. It gives an overall impression of the brand. The scale uses five questions regarding the brand image [20]

**Brand performance:** As indicated by Akhoondnejad 2018 [1] the brand performance measure is defined as the brand's relative success in the marketplace, which is often driven by cognitive attitudes. The scale uses 7 questions regarding brand performance [22].

**Behavioral intention:** Prospective patient's behavioral responses that signal whether the patient remains or defects from the healthcare institution. The better-perceived brand experience increases market demand. According to Xu et al. in 2017 [31] a positive correlation has been detected between image and intention in the tourism and hospitality industries. The scale uses five questions regarding the behavioral intentions of patients towards the Healthcare institutions. [4,22].

**Satisfaction:** According to Sultan and Wong in 2014 [29], in the circumstance of healthcare trust has been defined as a cognitive understanding and a thorough belief that the future service performance and subsequent satisfaction will be identical. The scale uses 6 questions to identify Satisfaction, [19, 20, 22].

To achieve the purpose of this study and to estimate the relationships in the model, structural equation modeling with AMOS is used. IBM's SPSS software was used to determine the validity of the questionnaire. SPSS was used to measure the descriptive statistics of the sample. Cronbach's alpha was adopted to test reliability.

## RESULTS

**Interpretation:** The study relies on a sample size in which the number of female respondents is 378 and the number of male respondents is 300. Table 1 indicates that 56.8% of the respondents were females and 44.2% of the respondents were males.

**TABLE 1-GENDER CHARACTERISTICS**

	Frequency	Percent
Female	378	56.8
Male	300	44.2
	678	100

**TABLE 2-AGE OF RESPONDENTS**

	Frequency	Percent
Less than 30	111	16.4
30-40	163	24
40-50	160	23.5
More than 50	244	36
	678	100

**Interpretation:** - From the 678 respondents, Table 2 gives a clear idea of the distribution of the ages of the respondents. The range of ages of the sample chosen was less than 30 to more than 50. 16.4% of the respondents were less than age 30, 24% were of age 30-40, 23.5% were of age 40-50 and the rest were more than age 50.

**Convergent validity test results:** The Confirmatory Factor Analysis (CFA) test results show that the critical ratio values

were greater than 1.96 for each item at the p less than 0.05 level, suggesting strong convergent validity. The square root of the total variance was used to compute the average variance extracted (AVE) for all study constructs. Results show that AVE was greater than 0.5 for each of the study constructs, suggesting a strong convergent validity for each construct. These two results confirm that the constructs have convergent validity. (See table 3 & 4

**TABLE 3 – FACTOR LOADING AND RELIABILITY TEST**

Questions	Constructs	Factor Loadings	Cronbach's alpha
SQ1	Service Quality	0.752	0.932
SQ2	Service Quality	0.739	
SQ3	Service Quality	0.812	
SQ4	Service Quality	0.812	
SQ5	Service Quality	0.773	
SQ6	Service Quality	0.755	
SQ7	Service Quality	0.784	
SQ8	Service Quality	0.743	
SQ9	Service Quality	0.7	
SQ10	Service Quality	0.704	
SQ11	Service Quality	0.721	
SQ12	Service Quality	0.691	
SQ13	Service Quality	0.746	
SQ14	Service Quality	0.712	
SQ15	Service Quality	0.624	
SQ16	Service Quality	0.86	
SQ17	Service Quality	0.873	
Sati6	Satisfaction	0.763	0.917
Sati5	Satisfaction	0.852	

Sati4	Satisfaction	0.79	
Sati3	Satisfaction	0.815	
Sati2	Satisfaction	0.81	
Sati1	Satisfaction	0.812	
Tru1	Trust	0.867	
Tru2	Trust	0.79	
Tru3	Trust	0.831	
Tru4	Trust	0.808	
Tru5	Trust	0.824	0.938
Tru6	Trust	0.838	
Tru7	Trust	0.809	
Tru8	Trust	0.688	
Tru9	Trust	0.728	
Per7	Brand Performance	0.782	
Per6	Brand Performance	0.813	
Per5	Brand Performance	0.697	
Per4	Brand Performance	0.817	0.92
Per3	Brand Performance	0.805	
Per2	Brand Performance	0.799	
Per1	Brand Performance	0.833	
Brlmg1	Brand Image	0.798	
Brlmg2	Brand Image	0.745	
Brlmg3	Brand Image	0.784	0.892
Brlmg4	Brand Image	0.736	
Brlmg5	Brand Image	0.767	
Brlmg6	Brand Image	0.734	
Bhin5	Behavioral Intention	0.83	
Bhin4	Behavioral Intention	0.87	
Bhin3	Behavioral Intention	0.853	0.915
Bhin2	Behavioral Intention	0.746	
Bhin1	Behavioral Intention	0.807	

CMIN/DF= 1.667; GFI= .917; CFI= .909; IFI= .910; TLI= .903; RMSEA=0.057

**Interpretation:** - Table 3 for reliability analysis uses the indication of Cronbach's Alpha for the variables of the study. The first variable is Service Quality, and the reliability was 0.932 on Cronbach's Alpha Assessment. The second variable is Satisfaction, and the reliability test indicated a value of 0.917. The third variable is Trust, and the reliability test value is 0.938. The fourth variable is Brand Image, and the reliability test indicated a value of 0.892. The fifth variable is Brand Performance, and the reliability test indicated a value of 0.920 and the sixth variable is Behavioral Intention, and the reliability test value is 0.915, which indicates that the questions are accepted. These variables show that the reliability analysis exceeds 0.7 and

these variables are valid and reliable for further statistical analysis.

**Results of the measurement and structural model analyses:**

The results of the measurement model demonstrated an acceptable fit, as did the structural model. The fit indices include RMSEA (0.057). The incremental fit measures, including TLI (0.909), NFI (0.801), and CFI (0.909), were all close to 1.0. The values of these fit indices were all acceptable. Thus, these measures suggest that the model fits reasonably within the dataset.

Discriminant validity test results: The Discriminant validity was supported as the  $v^2$  difference for each pair was significant which meant that  $p$  less than 0.01. Second, a comparison table was developed for AVE and squared correlation

estimates. The results show that AVE estimates are greater than squared correlation estimates. Thus, the results show that discriminant validity exists for each construct.

**TABLE 4- DISCRIMINATE ANALYSIS**

	CR	AVE	Brand Image	Service Quality	Satisfaction	Trust	Brand Performance	Behavioral Intention
Brand Image	0.892	0.579	<b>0.761</b>					
Service Quality	0.931	0.51	0.501	<b>0.667</b>				
Satisfaction	0.918	0.652	0.412	0.511	<b>0.807</b>			
Trust	0.941	0.64	0.527	0.51	0.616	<b>0.8</b>		
Brand Performance	0.922	0.629	0.485	0.579	0.21	0.643	<b>0.793</b>	
Behavioral Intention	0.912	0.676	0.506	0.541	0.678	0.674	0.487	<b>0.822</b>

**TABLE 5 - HYPOTHESIS TESTING**

				Beta coefficient	P test	Result
Satisfaction	<---	Service Quality	H1	0.98	0.000	Accepted
Trust	<---	Service Quality	H2	0.497	0.000	Accepted
Trust	<---	Satisfaction	H3	0.505	0.000	Accepted
Brand Performance	<---	Trust	H4	0.568	0.000	Accepted
Brand Performance	<---	Satisfaction	H5	0.358	0.000	Accepted
Brand Image	<---	Brand Performance	H6	0.583	0.000	Accepted
Brand Image	<---	Trust	H7	0.198	0.003	Accepted
Brand Image	<---	Satisfaction	H8	0.163	0.008	Accepted
Behavior Intention	<---	Brand Image	H9	0.415	0.000	Accepted
Behavior Intention	<---	Trust	H10	0.297	0.000	Accepted
Behavior Intention	<---	Satisfaction	H11	0.329	0.000	Accepted

CMIN/DF= 4.209; GFI= 0.975; CFI= 0.992; IFI= 0.992; TLI=0.969; RMSEA=0.025

**Interpretation:** As the hypothesis states that the Service quality of healthcare institution has a positive relationship with satisfaction with the beta value for service quality with satisfaction being 0.98 and the p-value being less than 0.05 we accept the hypothesis. Similarly, Hypothesis 2 states that the Service quality of healthcare institution has a positive relationship with trust with a beta value of 0.49 and a p-value is less than 0.05. So, Hypothesis 2 is accepted. Also, we can say that the beta value of Service Quality to Satisfaction is higher than Service Quality to trust so we can say that Service Quality to satisfaction is more correlated than service quality to trust. Hypothesis 3 states that Satisfaction has a positive relationship with trust and the beta value is 0.505 and the p-value is less than 0.05. So, the hypothesis is accepted. According to Hypothesis 4. satisfaction has a positive relationship with Brand performance and the beta value is 0.358 and the p-value is less than 0.05 so the hypothesis is accepted. Similarly, hypothesis 5 is also accepted with a beta value of 0.358 and p p-value less than 0.05. As the sixth hypothesis, Brand performance has a positive relationship with brand image and the beta value is 0.583 with p value less than 0.05. So the hypothesis is accepted. Similarly, Hypothesis 7 is also accepted with a beta value is 0.198 and p-value less than 0.05. Hypothesis 8 states that Satisfaction has a positive relationship with Brand Image and the beta value is 0.163 and p-value is less than 0.05 so the hypothesis is accepted.

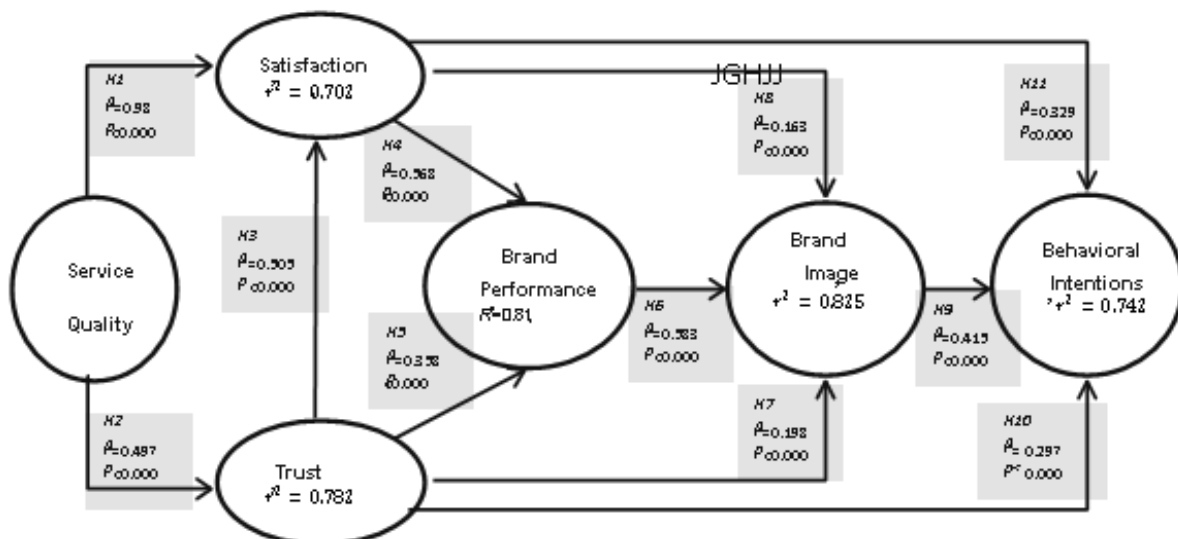
The results disclose the dimensions of service quality in the circumstances of healthcare. The patients place relatively more importance on healthcare service quality than any other attributes of healthcare institutions. Service qualities have a high beta value of 0.98 and a p-value of 0.000. Also, we can say that the beta value of Brand performance to

Brand image is higher than the hypothesis H7 and H8 so we can say that Brand performance to Brand image is more correlated than trust and satisfaction. As the ninth hypothesis Satisfaction has a positive relationship with Behavioral Intention and the beta value is 0.415 with p value less than 0.05. So, the hypothesis is accepted. Similarly, hypothesis 10 is also accepted with a beta value is 0.297 and a p value less than 0.05. Hypothesis 11 states that Trust has a positive relationship with Behavioral Intention and the beta value is 0.329 and p value is less than 0.05 so the hypothesis is accepted. Also, we can say that the beta value of Brand image to behavioral intention is higher than the hypothesis H10 and H11 so we can say that Brand image to behavioral intention is more correlated than trust and satisfaction.

The theoretical model as referred to in Figure 1 has a relatively high and significant coefficient path for each of the hypotheses. The R2 values for each of the constructs are high and significant, which indicates the predictive validity. The R2 value for satisfaction was 0.70 or 70 percent. The R2 value for the trust was 0.78 or 78 percent. Similarly for Brand performance, Brand image and behavioral intentions were 81, 82.5, and 74%, respectively. Overall, the scores suggest an acceptable level of measure score and predictive ability of the relevant constructs.

The results of the measurement model demonstrated an acceptable fit, as did the structural model. The fit indices include RMSEA (0.025). The incremental fit measures, including TLI (0.969), GFI (0.975), and CFI (0.992), were all close to 1.0. The values of these fit indices were all acceptable. Thus, these measures suggest that the model fits reasonably within the dataset.

**FIGURE 1: PATH MODEL OF THE PROPOSED RESEARCH MODEL**





## DISCUSSION

The service quality mainly includes the doctors' ability to deliver interactive, informative, and human services [7,13]. Also, the administrative service quality, which includes the ability of support staff to answer patients' inquiries efficiently and support patients during their course of study [29]. Brands play a significant role in influencing the perception of healthcare institutions' prospective and current patients to develop a strong conative attitude toward a continued and loyal relationship [3].

This study also shows that brand performance has a positive and significant direct effect on brand performance. This shows the dependency of brand image on brand performance in the healthcare institution context. The study also shows that satisfaction, trust, and brand performance have partial mediating effects on service quality - brand image relationship. Hence proved that the relationship between service quality and behavioral intention is mediated by satisfaction, trust, brand performance, and brand image.

This study examined how perceived service quality affects Healthcare institution brand performance, Healthcare institution brand image, and behavioral intention. A recent study conducted by Merrilees in 2017 [12] mentioned the experience-centric branding approach and claimed that most consumers do not only buy services, but they also buy services and experiences together [10, 17]. As indicated by Nguyen in 2016 [17] the dimensions of brand performance are perceived service quality and marketing mix constructs but, in this study, the dimensions of brand performance are relative and experience-centric measures and validation of those measures. Brand performance can be defined as the achievement of a brand in a stipulated market that prescribes market share, switching and brand's overall perception. The brand performance measure has been also considered as an index of penetration, purchase frequency and market share. The brand performance is a partial measure of a brand's marketplace achievement.

The study identified the importance of service quality in the healthcare institutions' context so make service quality a directory or index so the Healthcare institutions can gain further insights into service quality [5]. Also classify service quality in terms of medical, administrative, and facility so it's easier to understand the strengths and weakness of each

attribute and assign necessary resources to improve overall perceived quality [23]. For the sustainable growth of healthcare institutions, it's mandatory to increase and gain patient trust and satisfaction because these two constructs have substantial mediating effects on Brand performance, Brand image, and behavioral intentions [11,17].

## PRACTICAL IMPLICATIONS

Healthcare institutions need to develop their unique dimensions and measures when patients have many choices with cluttered information and limited differentiation, so brands play a significant role in influencing the perception of Healthcare institution's prospective and current patients and develop a strong conative attitude for a continued and loyal relationship [6, 21].

Brand image can comprise of tangible and intangible cues, which may incorporate intellectual and emotive assessments and emotional reactions. Perceived image towards a brand refers to customers' beliefs and subjective insights of brand associations. Marketing communications are well understood to have direct and indirect relationships with brand image. Increase the visibility of brand performance and brand image to patients of healthcare institutions with all kinds of supporting social and economic indicators. Use social media and various campaigns to promote brand performance. So, it will progress brand positioning and brand equity [25]. This kind of measure will effectively engage loyal patients and other stakeholders with the brand. Also, it is possible to market the achievements, rankings, and accreditations of Healthcare institutions this will increase the brand value and brand recognition.

The study identified the importance of service quality in the healthcare institution context so make service quality a directory or index so the healthcare institutions can gain further insights into service quality. Also classify service quality in terms of patient care, administration, and facility so it's easier to understand the strengths and weakness of each attribute and assign necessary resources to improve overall perceived quality. To improve satisfaction and trust in the minds of patients it's important to invest in service quality to maintain healthcare institution-patient relationships which ultimately result in Brand performance. For the sustainable growth of healthcare institutions, it's mandatory to increase and gain patient trust and

satisfaction because these two constructs have substantial mediating effects on Brand performance, Brand image, and behavioral intentions.

Also, through this study, it's possible to understand the satisfaction of patients towards the institute and the trust of patients towards the brand. Brand trust is a security and a sense of well-being of the patient that is held by the customer when an interaction happens with brand attributes. These attributes are based on promises and brand commitment in perspective on the patient concerning dependability, awareness of other's expectations, and advantages toward the welfare of the community as a whole.

## LIMITATIONS AND CONCLUSIONS

The study has a few limitations that need to be considered. Firstly, the samples were only collected from three healthcare institutions, which may limit the generalizability of the results. Additionally, the study obtained a low response rate, which may have resulted in non-response bias, leading to an impact on the estimation of parameters [16]. Therefore, future research should exercise caution when extrapolating the model across different healthcare institutions, and geographic or cultural contexts, considering factors such as gender, courses of study, study mode, study level, and nationality, which could potentially moderate the findings.

The primary objective of this study was to explore how service quality influences brand performance, brand image, and patient behavioral intentions in a healthcare institution setting. The results revealed that the relationship between service quality and behavioral intentions is mediated by patient satisfaction, patient trust, brand performance, and brand image [27,28]. This is a significant theoretical contribution of the study. Overall, while the study has a few limitations, it provides valuable insights into the relationship between service quality and brand performance, which can aid in the development of effective strategies for enhancing patient satisfaction and behavioral intentions in healthcare institutions.

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