

## CUSTOMER PERSPECTIVE ON BRANDING IN HEALTHCARE MARKETING

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### ABSTRACT

The healthcare industry is made up of sectors that work together to provide diagnosis, treatment and rehabilitation services that are tailored to individual patients. The field of study that encompasses the commercialization of goods and services catering to health and wellness, it is one of the fastest-growing industries in the world. Healthcare services are very much dependent on the economy of the country and the quality of services inversely varies if customers are not satisfied. The paper determines the customer's perspective on branding in the healthcare marketing. Consumers play a critical role in the medical decision-making process, therefore making choices that impact the value of care delivered on both individual and societal levels hereby determining the impact of brand etymology, brand trust, service quality, and brand image of a healthcare industry.

This study has been conducted using self-congruity to find proportionality and the dependency of quality and satisfaction. It can be observed that the quality of healthcare is a key predictor of customer satisfaction, thereby iterating the fact that hospitals will be able to provide better levels of care and therefore, improve the customer experience. Furthermore, it is an undeviating fact that good customer service means increased revenue for hospitals which will benefit not just the hospital but also have profitable and positive impact on the economy. The data has been collected through questionnaire to produce accurate value that will help to induce appropriate measures to control the deviation. The analysis of data of the study is expected to reveal the role of brand literacy perceived by the consumers as a driver of decision making with construct of study to consumer brand relationships development for healthcare organizations.

**Keywords:** healthcare industry, self-congruity, consumer branding, proportionality, brand etymology, brand image, brand literacy

### INTRODUCTION

The healthcare industry has undergone fundamental structural changes over the last decade. Increased consumer choice, consolidation, and the entry of large, well-funded disruptors are three major trends influencing healthcare service delivery. Creating long-term, sustainable competitive advantages has become critical to the success of healthcare organizations in this new, fiercely competitive marketplace.

Branding is one of the most effective methods firms have used to build durable competitive advantages and differentiate products and services from the competitors outside of the healthcare industry. To attract patients, healthcare organizations have traditionally focused on geographic proximity and the reputation of particular physicians. Depending on the context, the term "brand" can refer to a wide range of intangible assets

from marketing intangibles, customer goodwill, and business processes, to the legally protectable visual and narrative elements identifying a company's products and services like logos and trade names. These protectable assets have very little value unless they communicate values, attributes or character to audiences both inside and outside the company.

Within healthcare, brand recognition translates into a loyal patient base, greater bargaining power with insurers and suppliers, and the ability to recruit the most qualified physicians and team members. A well-known brand creates top-of-mind awareness and simplifies the decision-making process for patients. On the payer side, insurers are incentivized to include healthcare organizations with strong brand name recognition in their networks because the brand communicates quality and value propositions. "With a projected physician shortfall of 120,000 by 2030" (Finnegan, 2018), acquiring and maintaining high-quality professionals is a top goal for many healthcare businesses, whose success will partly rely on brand recognition. As a result, a strong brand is a differentiator healthcare firms can rely on to increase customer loyalty, market share, and profitability. In the last few years, some major healthcare systems have led the way and invested significant resources in extensive rebranding efforts. These investments reflect the organization's commitment to delivering excellent quality care and appeal.

In development of mega health systems, effective branding strategies are required around a system of shared values and promote those values to communities, executives, employees, and other stakeholders.

Another trend emphasizing the acceleration is "reutilization" of the healthcare industry, influenced by increasingly empowered patients. Prior to the COVID-19, consumer-driven delivery models such as telehealth, e-pharmacy, retail care, was predicted to outpace industry growth. Last few months has significantly contributed to the expansion and development of these delivery models and tremendously accelerated consumer adoption. With regards to traditional healthcare institutions, this entails direct competition with well-funded disruptors such as Amazon, Walmart, Walgreens, and CVS, along with competition with well-funded pure-play digital health businesses like Teladoc, Amwell, Doctor on Demand, and MDLive where even Information Technology companies have ventured into the pharmaceutical chain. Conventional healthcare institutions are taking notice, and several have invested in complete rebranding initiatives in recent years.

## LITERATURE REVIEW

### Key Constructs:

We have designed the framework based on healthcare service sector. The following variables customer satisfaction, brand image, brand trust and service quality are used. These are primary factors impacting the level of using any healthcare service.

### **Customer Satisfaction:**

Satisfaction is consumers' judgment that a product or service feature, or the product or service itself, provided (or is providing) a pleasant level of consumption-related self-actualization, containing stages of under or over-fulfillment" (Oliver, 1997). It is the key driving psychological feel-good factor that forms the notion of a particular service.

### **Brand Image:**

"Brand image as combining name, fame (reputation), design and symbol, it is used by consumers to distinguish products and services from competitors" according to (Kotler, 1997). "Good brand image makes consumers trust in product quality and lead consumers to make a selection and to feel relaxed while buying their product." (Chih-Chung)

### **Brand Trust:**

"The willingness of the average consumer to rely on the ability of the brand to perform its stated function" (Holbrook, 2001). Brand trust develops after evaluating company's services. "In case organizations provide beliefs of protection, trustworthiness and consistency about their brands to consumers, brand trust will be created successively" (Doney, 1997)

### **Service Quality:**

According to (Bitner, 1994) "Service quality is usually defined as the customer's impressions of the relative superiority/inferiority of a service provide and its provider". Service quality as a factor is quite important as it gives the provider the net-outcome of a service. For instance, the follow-up of patients post treatment adds a layer of security and trust to the customer-relation. This factor is essential in understanding how the services can be further modified thereby uplifting the entire outcome.

Apart from these aforementioned essential parameters, there lies an entire plethora of micro-factors that vary from one demographic to the other. This includes a wide range of sub-factors like the following

- proximity of healthcare organization
- pharmacies and retailers of the organization
- schemes offered locally and globally
- treatment methodologies and success rates
- ubiquitous access to healthcare resources

## METHODOLOGY

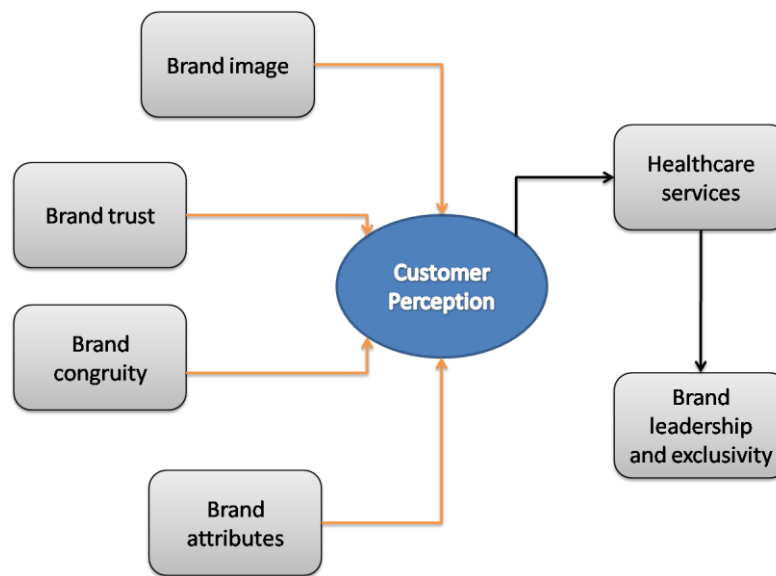
Method of collection:

The information was gathered using the Questionnaire method from corporate hospital in Chennai, Tamil Nadu, India. Various other e-sources such as e-journals, survey analysis were carried out for obtaining the desired value. A conceptual model was created using empirical evidence from depth interviews, statistics and data.

### Sampling:

Sampling technique has been used by providing the questionnaire to a total of 420 individuals out of which 414 have responded. For further understanding of the customer's perception with regards to healthcare marketing.

### Statistical Model:



**Figure1. Proposed Framework**

We have chosen a model where the customer perception or customer's satisfaction is the mediator between brand image, brand trust, brand congruity, brand attributes and healthcare services leading to brand leadership and exclusivity.

The purpose was to determine the impact of patient impression on using brand image and other factors right from the brands etymology to see the correlation in the increased hospital services utilized, thereby assisting healthcare organizations in increasing their profit margins.

## RESULTS AND INTERPRETATION

### Demography

**Table 1 GENDER**

Gender	Frequency	Percentage
Male	221	53.4
Female	193	46.6
Total	414	100.0

For the study, we have distributed the questionnaire to the relevant individuals in the field of interest. From the following table it can be deduced that out of 420 individuals, 414 have responded. Out of 414 respondents, the Percentage of the male and Percentage of female respondents is 53% and 46% respectively. Therefore the result perceives that number of male respondent is greater than that of females which implies that there are mostly male patients encountered in our study willing to give input regarding the healthcare services provided to them and its brand effect.

**Table 2 AGE**

Age (in Years)	Frequency	Percentage
Less than 30 Years	96	23.2
30-39 Years	152	36.7
40-49 Years	82	19.8
50-59 Years	56	13.5
More than 60 Years	28	6.8
Total	414	100.0

The following table demonstrates the age of the individuals who have filled the form. The highest percentage is 36.7 belonging to the age group of 30-39 years while the least percentage is 6.8 belonging to the age group of more than 60 years .Hence we can assume that most patients are from 30-39 years old from the study and also the number of elderly people are less responsive to the brand matters.

**Table 3 QUALIFICATION**

Qualification	Frequency	Percentage
Under graduate	150	36.2
Post graduate	194	46.9
Professionals	70	16.9
Total	414	100.0

The above table represents the most qualification of the respondent .The highest percentage is 46.9% and the lowest being 16.9% .Therefore, we can conclude that postgraduates are keen on studying the brand attributes ,brand image for a given healthcare service followed by undergraduates and professionals. The people with marginal education are prevalent but aren't listed as the response is collected via an educated member from their circle. It can be deduced that brand consciousness is looked upon by people who are educated.

**Table 4 OCCUPATION**

Occupation	Frequency	Percentage
Employed in Private/Public sector	275	66.4
Business	83	20.0
Profession	42	10.1
Others	14	3.4
Total	414	100.0

From the following table, we can derive that most respondents are employed in the private or public sector since their percentage is 66.4% which is the highest compared to that of others being 3.4% .The ratio cannot be generalized since employers working in private or public sector have various external and internal factors in the business environment.

Despite the uncertainty, the possibility as to the increased response from employed respondents can be due to the healthcare services offered by the employers.

**Table 5 MARITAL STATUS**

Marital Status	Frequency	Percentage
Married	304	73.4
Single	110	26.6
Total	414	100.0

The tables implies that most respondents were married having the highest percentage of 73.4 compared to single or unmarried percentage being 26.6, indicating families have a higher inclination towards a brand attribute in general.

**Table 6 FAMILIARITY**

Years of association with the present hospital	Frequency	Percent
< 1 Year	110	26.6
1-3 Years	166	40.1
> 3 Years	138	33.3
Total	414	100.0

The above table explains the years of association that the respondents have with the hospital. The individual being an associate to the hospital for 1-3 years has the highest percentage of 40.1%. The lowest percentage is 26.6 being associated with the hospital for less than a year. Henceforth, we can conclude that the more they are familiar with the hospital's quality services; the brand trust value is directly proportional to the brand loyalty. This depicts how efficient the services are and how beneficial it is for the patient.

**Table 7 INCOME**

Income	Frequency	Percent
< Rs. 35,000	151	36.5
Rs. 35,001 - Rs. 70,000	125	30.2
> Rs. 70,000	138	33.3
Total	414	100.0

It is depicted from the above table that the most respondents belong to income ranging below RS 35,000 having the highest percentage of 36.5 and the lowest percentage being 30.2 belonging to RS 35,001- 70,000. It can be deduced that the branding factor has a wider target audience to the general public belonging to the working middle class.

**Table 8 PERCEPTION ON BRAND AWARENESS**

S.No.	Brand Awareness	Mean	Rank
1	I am familiar with various hospital brands (Familiarity)	3.46	4
2	I can able to easily recall the logo of the hospital brands (Recognition.)	3.10	7
3	Hospitals are actively involved in the marketing activities (Marketing)	3.50	3
4	Health camps and awareness programmes are regularly conducted by the hospitals (Programme)	3.82	2
5	Hospital provides various offers or packages on its services (Offers)	3.84	1
6	Various technologies like mobile health/tele-medicine are used by the hospitals (Tech.)	3.23	5
7	Unique characteristics of the hospital will come to my mind very quickly (Characteristics)	3.16	6

The descriptive statistics for the following questions have been calculated with mean-rank method which ranks customer perceived value according to their importance as recorded by respondents. From the data we can interpret that the hospital mainly depends on 4



factors which are Offers, Programme, Marketing and Familiarity according to their ranking order 1,2,3,4 and their mean value are 3.84, 3.82, 3.50, and 3.46 respectively.

The calculation and framework are carried out using MS Excel and MS PowerPoint.

## DISCUSSION AND CONCLUSION

This study highlights the importance of providing customer satisfaction through the service quality, brand trust, brand image, brand congruity, brand attributes to use any health care service. This research examines how service quality plays their crucial role in building good relationships with the customers and patients. The framework proposed in this study is based on providing service quality in the field of Healthcare. The independent variables brand image, brand trust, brand congruity, brand attributes, which revolves around the customer satisfaction which is being the mediator. The dependent variable is Healthcare service further dependant on brand leadership and exclusivity.

It is also noted that the majority of brand value results via offers provided by the organization that has been impacting the overall brand literacy. This can be linked to a psychological perspective of anthropomorphism. The results show us that customers give importance to various offers or packages on its service, health camp and awareness programmes on regularity basis, marketing activity of a hospital and the familiarity of the logo of healthcare institution.

As a consequence, brand leadership and exclusivity is accelerated leaving lasting impressions on the customer relationship.

This research also focuses on the brand image and the brand trust and their roles in developing best customer relationships as well as engaging a higher rate of patients to a Healthcare service. The primary objective of this study is to verify and investigate the extent to which service quality influences the customer satisfaction and how healthcare services are dependent on it.

This study also demonstrates how service quality is critical in fostering positive customer and patient interactions. This research was to analyze factors delivering high-quality healthcare services. The goal was to see how patient perceptions influenced the use of hospital services brand image, as well as to help healthcare organizations boost their profit margins and provide better and sustained service thereby enriching the locality and contributing to the overall economy.

## REFERENCES

1. Arjun Chaudhuri, Morris B. Holbrook (2001), The Chain of Effects from Brand Trust and Brand Affect to Brand Performance: The Role of Brand Loyalty ,Volume: 65 issue:2. Journal of Marketing , page(s): 81-93.
2. Bitner, M. a. (1994). Encounter satisfaction versus overall satisfaction versus service quality In: R.T. Rust and R.L. Oliver, eds. Service quality:new directions in theory and practice. Thousand Oaks, CA: Sage Publications,.

3. Chih-Chung, C., Chang, C., Wei-Chun, L. and Yau-Nang, L. (2012), The effect of advertisement attitude the controlled effects of brand image and spokesperson's credibility, *Procedia – Social and Behavioral Sciences*, Vol. 352-359.
4. Doney, P. a. (1997). An Examination of the Nature of Trust in Buyer-Seller Relationships. *Journal of Marketing* , 61, 35-51.
5. Finnegan, J. (2018, Apr 12). Worse than ever: Physician shortage could hit 120K by 2030|. Retrieved from Fiercehealthcare: <https://www.fiercehealthcare.com/practices/physician-shortage-could-hit-120k-by-2030-aamc-darrell-g-kirch#:~:text=By%202030%2C%20the%20study%20estimates,between%2033%2C800%20and%2072%2C700%20physicians.>
6. Kotler, P. (1997). *Marketing Management: Analysis, Planning, Implementation, and Control*, 7th ed. NJ: Prentice Hall.
7. Morgan, R.M. and Hunt, S.D. (1994), "The commitment-trust theory of relationship marketing",
8. *Journal of Marketing*, Vol. 58 No. 3, pp. 20-38
9. Oliver, R. (1997). *Satisfaction: A Behavioral Perspective on the Consumer*. New York: McGraw-Hill.
10. Ramani, K.V. and Dileep, R. (2006), "Health system in India: opportunities and challenges for improvements", *Journal of Health Organization & Management*, Vol. 20 No. 3, pp. 560 - 572.