

A Systematic Literature Review of Consumer or Patient Determinants of Hospital Brand Equity

Warsewicz Hanna*

Department of Food Market and Consumer Research, Warsaw University of Life Sciences, Str. Nowoursynowska Warsaw, Poland

Abstract

The goal of this study was to look at the consumer and patient determinants of Hospital Brand Equity (HBE) using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement. Scopus, Web of Sciences, PubMed, Google Scholar, Ebsco, and Elsevier databases were searched. Between 15 February and 5 March 2022, a search for studies published up to January 2022 was conducted. As inclusion criteria, article type, peer-reviewed papers, and studies based on empirical research were used. Non-English papers, dissertations, short reports, works in progress, conference publications, and book chapters were not accepted. As a result, a total of 32 studies were chosen for analysis. Three research questions on the main determinants of HBE, brand related factors, and specific factors were developed.

Keywords: Hospital brand equity • Health • PRISMA • Dissertations • Short reports

Introduction

Medical related factors: The studies included in the systematic review were evaluated in three categories: Study description, key findings, and practical recommendations. Among the traditional HBE factors, brand loyalty has received the most attention, but perceived quality, brand associations, brand awareness, and brand image have also been studied. Patient satisfaction, service quality, perception of the treatment process, and medical staff performance were identified as specific medical related factors. Other management process, brand, and patient related factors were also identified. In recent years, the number and variety of medical and other determinants of HBE have increased. The findings of this systematic literature review are relevant to the study of consumer/patient behaviour when selecting a hospital or healthcare facility.

Literature Review

To begin, objective criteria such as mortality and morbidity rates were previously used to evaluate hospital performance. However, as customer expectations change, subjective customer centric assessments such as quality satisfaction and are being used to evaluate performance. Furthermore, as consumer awareness of their rights grows, the patient expects and demands high-quality healthcare. Some hospitals have ingrained themselves in the mental maps of patients and communities in order to achieve high healthcare performance. However, many hospitals have not met this standard.

One reason for this is that their efforts to improve healthcare service quality have relied primarily on investments in advanced medical equipment rather than a mechanism for continuous quality improvement integrated into clinical management [1].

Third, dynamic changes in the local and global environment have resulted in a paradigm shift in public and private hospital management. As a strategy for retaining hospital customers, hospital management must understand the needs and desires of patients. Hospitals' competition for patients is no longer limited to the functional attributes of the services provided, but is also related to the perception of the health service. To provide the services that patients expect, the hospital, as a service provider, must have a good understanding of consumer expectations and desires. This is what knowledge of HBE can provide. Reflects perceived value as seen through the patient's eyes, so hospitals must establish a platform.

A venue for consumer/patient interactions. This will generate positive emotions toward the hospital and ensure a place in the hearts of the consumers (positioning) [2]. Due to the high interaction between the customer and the healthcare provider, *i.e.*, between the patient and the hospital it will also strengthen patient trust and increase the hospital's prestige in the eyes of consumers.

Loyalty to the hospital brand is a frequently studied HBE determinant. This factor was examined in terms of brand loyalty customer loyalty, attitudinal and behavioral loyalty and loyalty. We have two different understandings of brand loyalty as a result of the two classic BE concepts' differing understandings of brand loyalty [3].

*Address for Correspondence: Warsewicz Hanna, Department of Food Market and Consumer Research, Warsaw University of Life Sciences, Str. Nowoursynowska Warsaw, Poland, E-mail: Warsewicz.hanna987@edu.in

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Received: 06 January, 2023, Manuscript No. RRMS-23-85722; **Editor assigned:** 09 January, 2023, PreQC No. RRMS-23-85722 (PQ); **Reviewed:** 24 January, 2023, QC No. RRMS-23-85722; **Revised:** 24 March, 2023, Manuscript No. RRMS-23-85722 (R); **Published:** 31 March, 2023, DOI: 10.37421/2952-8127.2023.7.106

Brand loyalty is the outcome of BE in Keller's model. Brand loyalty is one of the equivalent elements that comprise and shape IS according to Aaker's model. Both approaches were taken into account in the studies included in this SLR. Brand loyalty was treated as a component or determinant of HBE, in accordance with D.A. Aaker's theory. According to K.L., there were also studies that used brand loyalty as the outcome. There were also studies that focused on brand loyalty as the end result, in accordance with K.L. Keller's theory. Some studies, however, combined the two concepts. One study, for example, looked at attitudinal and behavioural approaches and found that attitudinal loyalty should be regarded as a source of BE, whereas behavioural loyalty should be regarded as an outcome of BE. Another study conducted in Taiwan included brand loyalty as a component of the brand equity index, along with brand awareness, brand association, and service quality, indicating that it influences customer loyalty.

Discussion

The differentiation of HBE determinants has been observed in recent years in the context of public and private hospitals. A study conducted in South Korea analyzed emergency medical service via a patient centered approach in four areas: Rescue/first aid and transfer activities, disaster prevention, preparation, and response activities, educational activities in urgent situations, and medical treatment in emergency rooms. It said that the public health system must be considered as a part of the governance structure emergency medical service, especially first aid activities, educational activities, and medical treatment in ERs, which all play a significant role in brand equity for the public health system [4]. In contrast, a study of public and private hospital patients in Indonesia found that brand equity was the dominant variable for increasing customer lifetime value in the public case, whereas private hospitals showed no significant difference. These are single articles that consider the division between public and private hospitals, but the different characteristics of public and private hospitals led to different market responses. In addition, as stated in the introduction, brand equity is essential in government sectors, as it can increase the public's credibility, trust, and loyalty to the government as well as empathy and understanding of patients' needs.

This is a direction for future research in identifying the HBE determinants of public and private hospitals, but also in understanding patient needs and perceptions of service quality and the overall treatment process [5].

Conclusion

The number of which has recently increased. Furthermore, there has been more research on HBE in recent years. This is due to the

fact that HBE is regarded as a value perceived by the patient within the context of his or her own health. There are traditional HBE determinants (perceived quality, brand image, brand awareness, and brand associations), medical factors related to patients' perceptions of the quality of services provided, and those related to hospital operations and treatment process implementation. Other factors include patient satisfaction, patient experience, and social responsibility, management processes, implementing effective marketing communications, and developing patient relationships. This demonstrates that in recent years, with changes in the environment and an increase in patient numbers.

Acknowledgement

None.

Conflict of Interest

None.

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How to cite this article: Hanna, Warsewicz. "A Systematic Literature Review of Consumer or Patient Determinants of Hospital Brand Equity." *Res Rep Med Sci* 7 (2023): 106.