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Brand Image as a Determinant of Patient Decision-Making in Inpatient Healthcare Utilization

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Article Info

Abstract

Healthcare has evolved from provider-centered to consumer-oriented models, making brand image crucial in patient decision-making. However, systematic examination of this relationship in developing country healthcare contexts remains limited. This study investigated how brand image dimensions (corporate identity, physical environment, contact personnel, service offerings, and corporate individuality) influence patient decisions for inpatient services at Nahdlatul Ulama Hospital, Tuban, Indonesia. A quantitative cross-sectional study from January to March 2023 using structured questionnaires from 268 inpatients selected through purposive sampling. Brand image dimensions and patient decision-making were measured using 5-point Likert scales. Analysis included descriptive statistics, Spearman's correlation, and multiple linear regression. All five dimensions collectively influenced patient decision-making (F=42.990, p<0.001), explaining 45.1% of variance. Bivariate analysis showed significant correlations for all dimensions, with physical environment (rho=0.456, p<0.001) and corporate identity (rho=0.399, p<0.001) strongest. However, multivariate analysis revealed only three dimensions independently influenced decisions: service offerings (β=0.318, p<0.001), contact personnel (β=0.184, p=0.024), and corporate individuality (β=0.115, p=0.030). Brand image significantly influences inpatient healthcare decisions, with service offerings, contact personnel, and corporate individuality most influential. Healthcare facilities should develop comprehensive brand strategies emphasizing service quality, patient-staff interactions, and aligned corporate values, highlighting human elements over physical infrastructure.

Introduction

In the increasingly competitive global healthcare landscape, hospitals worldwide are recognizing the strategic imperative of developing a distinctive brand image to influence patient decision-making processes (Kemp *et al.*, 2014; Maulana & Ayuningtyas, 2023; Pakaya *et al.*, 2024). The healthcare sector has undergone a paradigm shift from its traditional provider-centered model to a more consumer-oriented approach, transforming patients into discerning healthcare consumers with evolving expectations and preferences (Büyükdağ, 2021; Górska-Warsewicz, 2022; Wartiningsih *et al.*, 2022). This transformation

necessitates sophisticated branding strategies that effectively communicate value propositions and differentiate healthcare institutions in an increasingly saturated market. This study is anchored in two complementary theoretical frameworks: the Brand Equity Model (Aaker, 1991) and the Healthcare Service Quality Model (Padma *et al.*, 2010). Aaker's Brand Equity Model posits that brand equity consists of four key dimensions: brand awareness, brand associations, perceived quality, and brand loyalty. In healthcare contexts, these dimensions translate to institutional recognition, service associations, care quality conception, and patient retention. The Healthcare Service

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Quality Model complements this framework by emphasizing that patient perceptions of service quality derive from both technical (clinical outcomes, professional competence) and functional aspects (service delivery process, interpersonal interactions).

These theoretical models together suggest that healthcare brand image functions as a cognitive schema through which patients interpret and evaluate their healthcare experiences, subsequently influencing decision-making. This study operationalizes this framework through Wu's (2011) five dimensions of hospital brand image: corporate identity, physical environment, contact personnel, service offerings, and corporate individuality. These dimensions collectively shape patient cognitive and affective responses, which ultimately determine healthcare utilization decisions. Brand image—defined as the constellation of impressions, beliefs, and perceptions stakeholders hold about an organization—has emerged as a critical determinant in patient healthcare decisions (Ackovska et al., 2020; Kotler & Keller, 2016). Within healthcare settings specifically, this multidimensional construct encompasses corporate identity, physical environment, contact personnel, service offerings, and corporate individuality (Fairiska & Sulistiadi, 2024; Wu, 2011). These dimensions collectively shape patient perceptions of institutional quality and reliability, subsequently influencing their healthcare utilization patterns (Shabbir et al., 2010; Toreh & Wuisan, 2024).

The relationship between brand image and patient trust has been established as particularly significant, with recent research demonstrating that patients frequently equate a robust brand image with perceptions of superior care quality and institutional reliability (Maulana & Ayuningtyas, 2023). This perception-based assessment becomes pivotal in patient decision-making processes, particularly for inpatient services where patients commit to extended care relationships (Sayiram et al., 2022). Moreover, scholarly evidence indicates that a well-established brand image provides healthcare institutions with sustainable competitive advantages, fostering patient loyalty and generating positive word-of-mouth

recommendations (Fairiska & Sulistiadi, 2024; Toreh & Wuisan, 2024). While the relationship between brand image and consumer behavior has been extensively investigated across retail, hospitality, and financial service sectors (Sürücü et al., 2019), systematic examination of this relationship within healthcare contexts remains comparatively limited, particularly in developing countries and regional healthcare markets (Rosyida et al., 2025). This research gap is particularly evident in studies examining how brand image influences patient decision-making for inpatient services in non-urban healthcare institutions operating within emerging economies (Stevany et al., 2024; Tahir et al., 2024).

Indonesia's healthcare ecosystem presents a compelling research context, having experienced substantial structural and competitive evolution in recent years, accompanied by escalating patient expectations for quality care (Muin et al., 2024). Regional healthcare providers, such as Nahdlatul Ulama Hospital in Tuban, face distinctive challenges in establishing compelling brand identities while competing with larger urban medical centers that typically command greater resources and broader recognition. These regional institutions must leverage their brand image strategically to attract and retain patients within their service communities, balancing aspirational brand promises with consistent service delivery capabilities (Stevany et al., 2024). This study aims to investigate the influence of brand image on patient decisions to utilize inpatient healthcare services at Nahdlatul Ulama Hospital in Tuban, Indonesia, offering findings with potential global applicability. Specifically, the research systematically examines how five fundamental dimensions of brand image— corporate identity, physical environment, contact personnel, service offerings, and corporate individuality—affect patient choice and utilization of inpatient services. Through rigorous empirical analysis, this study seeks to provide evidence-based insights that can inform strategic marketing decisions and operational improvements within regional healthcare facilities internationally.

The findings from this investigation carry significant implications for healthcare

administrators, marketers, and policymakers across global healthcare systems. By identifying the specific brand image components that most strongly influence patient decision-making, healthcare institutions can optimize resource allocation to enhance market positioning and improve patient satisfaction metrics. Additionally, this study contributes meaningfully to the evolving body of literature on healthcare marketing by examining these relationships within the context of a regional hospital in Indonesia, thus addressing a significant gap in current international healthcare branding research (Pilny & Mennicken, 2015). This study examines the extent to which brand image influences patients' decisions to utilize inpatient healthcare services at Nahdlatul Ulama Hospital in Tuban and explores its broader implications for regional healthcare institutions globally. The purpose is to examine how brand image affects patient decision-making, generating insights applicable to similar healthcare contexts worldwide. Specifically, the study aims to identify and evaluate key components of brand image—such as corporate identity, physical environment, contact personnel, service offerings, and corporate individuality—within the hospital, and assess their relevance to global healthcare branding practices. It also seeks to explore the factors that influence patients' decisions to access inpatient care, considering potential cross-cultural differences in healthcare behavior. Furthermore, the research analyzes the relationship between brand image and patient decision-making, with the intention of developing a conceptual framework that can be tested and adapted in different healthcare systems. Finally, the study comes up with evidence-based recommendations to support effective brand image management in regional healthcare institutions facing similar competitive challenges across international settings.

Method

This quantitative cross-sectional study was conducted from January to March 2023 at Nahdlatul Ulama Hospital in Tuban, Indonesia. The hospital was selected as it represents a facility with a distinctive brand identity,

serving a diverse patient population. The target population comprised inpatient service users at Nahdlatul Ulama Hospital Tuban, with 816 average annual admissions in 2022. The sample size was calculated using Slovin's formula with 5% margin of error, yielding a minimum requirement of 268 participants. Purposive sampling was employed to select participants meeting the inclusion criteria: patients admitted for at least two days, fully conscious, providing informed consent, and literate. Exclusion criteria included patients with fluctuating consciousness levels and mental disorder diagnoses.

To mitigate selection bias, recruitment occurred across all inpatient departments on different admission days, with trained research assistants approaching eligible patients systematically. The independent variable was brand image measured across five dimensions: corporate identity (hospital characteristics, name, logo, pricing), physical environment (location, facilities, building adequacy, cleanliness), contact personnel (staff interactions), service offering (service quality), and corporate individuality (Islamic values, spiritual care). The dependent variable was the patient's decision to utilize inpatient services.

Data were collected using structured questionnaires with 5-point Likert scales. The questionnaire comprised validated items for corporate identity (6 items), physical environment (6 items), contact personnel (6 items), service offering (9 items), corporate individuality (6 items), and healthcare utilization decision (6 items). Scores were categorized as "Good" (at or above median) or "Poor" (below median). Statistical analysis used IBM SPSS Statistics software with three stages: descriptive statistics for demographic profiling, Spearman's rank correlation for bivariate relationships ($\alpha = 0.05$), and multiple linear regression for multivariate analysis to assess simultaneous and individual effects of brand image dimensions on healthcare utilization decisions.

Result and Discussion

This cross-sectional study was conducted from February 2 to March 31, 2023, at Nahdlatul Ulama Hospital in Tuban. Data were collected

TABLE 1. Sociodemographic Characteristics of Respondents (N=268)

Characteristics	Categories	f	%
Age (years)	17-25 (Young adult)	109	40.7
	25.1-45 (Adult)	148	55.2
	>45.1 (Elderly)	11	4.1
Gender	Male	124	46.3
	Female	144	53.7
Education Level	No education	13	4.9
	Primary education	58	21.6
	Secondary education	105	39.2
	Higher education	92	34.3
Occupation	Unemployed	73	27.2
	Self-employed	76	28.4
	Private employee	105	39.2
	Civil servant	14	5.2
Monthly Income (IDR)	2,000,000-3,000,000	114	42.5
	3,000,001-4,000,000	107	39.9
	4,000,001-5,000,000	31	11.6
	5,000,001-6,000,000	12	4.5
	>6,000,001	4	1.5
Reason for Hospitalization	Doctor's referral	15	5.6
	Self-decision	238	88.8
	Doctor referral	2	0.7
	Health center referral	13	4.9

Source: (Author Primary Data, 2022)

TABLE 2. Univariate Analysis of Brand Image Components and Patient Decision-Making (N=268)

Variables	Categories	f	%
Corporate Identity	Good	248	92.5
	Less good	20	7.5
Physical Environment	Good	230	85.8
	Less good	38	14.2
Contact Personnel	Good	231	86.2
	Less good	37	13.8
Service Offering	Good	135	50.4
	Less good	133	49.6
Corporate Individuality	Good	186	69.4
	Less good	82	30.6
Patient Decision-Making	Good	255	95.1
	Less good	13	4.9

Source: (Author Primary Data, 2022)

using questionnaires from 268 respondents. Table 1 presents the sociodemographic characteristics of the study participants.

The majority of respondents (55.2%) were adults aged 25.1-45 years, and 53.7% were female. Regarding education level, 39.2% had completed secondary education, while 34.3% had higher education. Most respondents (39.2%) worked as private employees, and 42.5% had a monthly income of IDR 2,000,000-3,000,000. Notably, 88.8% of respondents chose to utilize inpatient services at Nahdlatul Ulama Hospital Tuban based on their own decision.

The normality test using Kolmogorov-Smirnov yielded a significance value of 0.000 (<0.05). So the data were not normally distributed. Therefore, the median value was used as a measure of central tendency to categorize respondents' answers. Table 2 presents the univariate analysis of the five brand image dimensions and patient decision-making.

The majority of respondents perceived the hospital's brand image dimensions positively. Corporate identity was rated as good by 92.5% of respondents, physical environment by 85.8%, and contact personnel by 86.2%. Service offering had the lowest positive perception, with 50.4% rating it as good, while corporate individuality was perceived as good by 69.4% of respondents. Regarding the decision to utilize inpatient services, 95.1% of respondents gave a positive decision-making. The bivariate analysis using Spearman's rank correlation test showed significant relationships between all brand image dimensions and patient decision-making in utilizing inpatient healthcare services (Table 3).

TABLE 3. Bivariate Analysis of Brand Image Dimensions and Patient Decision-Making

Brand Image Dimensions	Patient Decision-Making				Total		Correlation Coefficient (rho)	p-value
	Good		Less good					
	n	%	n	%	n	%		
Corporate Identity								
Good	242	90.3	6	2.2	248	92.5	0.399	0.000
Less good	13	4.9	7	2.6	20	7.5		
Physical Environment								
Good	228	85.1	2	0.7	230	85.8	0.456	0.000
Less good	27	10.1	11	4.1	38	14.2		
Contact Personnel								
Good	225	84.0	6	2.2	231	86.2	0.262	0.000
Less good	30	11.2	7	2.6	37	13.8		
Service Offering								
Good	134	50.0	1	0.4	135	50.4	0.193	0.002
Less good	121	45.1	12	4.5	133	49.6		
Corporate Individuality								
Good	181	67.5	5	1.9	186	69.4	0.152	0.013
Less good	74	27.6	8	3.0	82	30.6		

Source: (Author Primary Data, 2022)

TABLE 4. Multiple Linear Regression Analysis of Brand Image Dimensions and Patient Decision-Making

Models	Sum of Squares	df	Mean Square	F	Sig.
Regression	815.027	5	163.005	42.990	0.000
Residual	993.421	262	3.792		
Total	1808.448	267			

Source: (Author Primary Data, 2022)

TABLE 5. Partial Effects of Brand Image Dimensions on Patient Decision-Making

Brand Image Dimensions	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	5.260	1.462		3.599	0.000
Corporate Identity (X_1)	0.072	0.057	0.071	1.257	0.210
Physical Environment (X_2)	0.138	0.072	0.129	1.907	0.058
Contact Personnel (X_3)	0.186	0.082	0.184	2.272	0.024*
Service Offering (X_4)	0.199	0.046	0.318	4.304	0.000*
Corporate Individuality (X_5)	0.117	0.053	0.115	2.179	0.030*

*Significant at $p<0.05$ Source: (Author Primary Data, 2022)

The strongest correlation was observed with physical environment (rho=0.456, p<0.001), followed by corporate identity (rho=0.399, p<0.001), both showing moderate correlations. Contact personnel demonstrated a weak correlation (rho=0.262, p<0.001), while service offering (rho=0.193, p=0.002) and corporate individuality (rho=0.152, p=0.013) showed very weak correlations with patient decision-making.

Multiple linear regression analysis was used to determine the simultaneous influence of the five brand image dimensions on patient decision-making (Table 4).

The F-test showed a significant model (F=42.990, p<0.001), indicating that all five brand image dimensions collectively influenced patient decision-making. The coefficient of determination (R^2) was 0.451; thus 45.1% of the variation in patient decision-making could be explained by the five brand image dimensions, while the remaining 54.9% was influenced by other factors not examined in this study.

The partial t-test results revealed that only three dimensions significantly influenced patient decision-making: contact personnel (t=2.272, p=0.024), service offering (t=4.304, p<0.001), and corporate individuality (t=2.179, p=0.030). Service offering had the strongest influence (β=0.318), followed by contact personnel (β=0.184) and corporate individuality

(β=0.115). Corporate identity and physical environment did not show significant partial effects on patient decision-making. The role of brand image in influencing patient decision-making in inpatient healthcare utilization is a multifaceted topic that encompasses various elements such as reputation, service quality, and patient satisfaction. Recent studies have highlighted the significant impact of a hospital's brand image on patient choices, suggesting that a strong brand can differentiate a hospital in a competitive market and influence patient perceptions and decisions.

This study examined the influence of brand image dimensions on patient decision-making in utilizing inpatient healthcare services at RSNU Tuban. Our findings revealed that brand image, comprising corporate identity, contact personnel, service offering, and corporate individuality, significantly influenced patient decisions to utilize inpatient services (F=42.990, p<0.001). Specifically, three dimensions—contact personnel (t=2.272, p<0.05), service offering (t=4.304, p<0.001), and corporate individuality (t=2.179, p<0.05)—demonstrated significant individual effects on patient decision-making, while physical environment did not show a significant independent influence (p=0.058). Before examining individual dimensions, it's vital to recognize the broader influence of brand image

on healthcare decision-making. A positive brand image is closely related to perceived service quality, which affects patient satisfaction and loyalty. As Wu (2011) demonstrated, hospitals with a strong brand image are often perceived as providing better quality care, increasing the likelihood of patients choosing the same hospital for future needs. Hospital reputation, a component of brand image, can lead patients to travel longer distances to receive care from hospitals with better reputations, indicating that trust in the hospital's brand can outweigh logistical considerations (Pilny & Mennicken, 2015). Additionally, brand equity, which includes factors such as brand loyalty and perceived quality, represents a significant determinant of patient choice, with hospitals investing in strong brand equity, enhancing patient satisfaction and loyalty (Górska-Warsewicz, 2022).

Corporate identity showed a significant bivariate relationship with patient decision-making (p<0.001). It aligns with Rusmin *et al.* (2017) research finding notable associations between corporate identity and inpatient service utilization in private hospitals in Makassar. The logo's green color scheme and design elements resembling the NU (Nahdlatul Ulama) emblem created strong recognition among the predominantly Muslim and Nahdliyin population in Tuban. It illustrates Kurtz & Clow's (1998) in Kurtz & Clow (1998), theory that positive corporate imagery helps retain existing customers and attract new ones. The Islamic identity portrayed through the hospital's branding elements appeared to resonate strongly with the local demographic characteristics. Effective marketing and communication strategies emerged as implicit factors throughout our findings. While not measured as a separate dimension, the mechanisms through which RSNU Tuban communicated its values, services, and identity clearly influenced patient perceptions. It aligns with research by Maulana & Ayuningtyas (2023), who emphasized that effective marketing communication strategies are essential for establishing a strong brand image. Hospitals that successfully communicate their brand values and service quality can create positive perceptions among potential patients,

influencing their healthcare provider choices.

The hospital's digital innovations, particularly the Go RSNU application and online services, represent efforts toward differentiation and innovativeness. Gurtner *et al.* (2018) and Dewi & Mahyuni (2024) noted that hospitals emphasizing innovativeness and cutting-edge capabilities enhance their brand image, positioning themselves as healthcare leaders. Although our study did not specifically measure innovativeness as a factor, the positive response to digital services suggests its contribution to the overall brand perception. Contact personnel demonstrated both a significant association (p<0.001) and influence (t=2.272, p<0.05) on patient decision-making. This aligns with studies by Andriani *et al.* (2021) and Rusmin *et al.* (2017) indicating significant relationships between contact personnel and inpatient service utilization. Most respondents (84%) positively evaluated staff appearance, clear information delivery, and professional competence. However, some respondents (22.4%) expressed concerns about inconsistent physician visiting schedules and unclear medication and dietary information from paramedical staff. Following Nguyen & Leblanc (2001) framework, evaluating contact personnel through appearance, competence, and professionalism, the findings suggest that positive patient-staff interactions significantly influence healthcare facility selection.

Service offering emerged as the most influential factor on patient decision-making (t=4.304, p<0.001). Half of respondents (50%) rated healthcare services positively, citing physician availability and responsiveness, streamlined administration, prompt pharmacy service, ease of communication with healthcare providers, and non-discriminatory treatment regardless of health insurance status. Conversely, 45.2% expressed dissatisfaction with inconsistent physician rounds. These findings align with Aprianti (2019) and Novita *et al.* (2023), who found significant relationships between service speed and intention to reuse inpatient services. RSNU Tuban's digital service innovations—including online registration through the Go RSNU application, free in-city medication delivery, gender-specific "syar'i" delivery services, and

emergency ambulance services—appeared to enhance the service offering dimension of its brand image. The strong influence of service offering aligns with research on diverse patient expectations. Stevany *et al.* (2024) noted that patient expectations vary widely, and hospitals must consider these differences when building their brand image. Factors such as tangibility, empathy, and responsiveness are crucial in shaping patient expectations and should be integrated into brand positioning. RSNU Tuban's focus on diverse service offerings appears to address this range of expectations effectively.

Corporate individuality showed a significant association (p=0.013) and influence (t=2.179, p<0.05) on patient decision-making. Most respondents (67.5%) positively evaluated the hospital's Islamic values, including gender-specific service options, spiritual guidance aligned with patient beliefs, and education about worship during illness. However, 27.6% felt the Islamic elements (Quranic recitations, religious posters, qibla directions) were insufficiently prominent. These findings parallel Rahayu *et al.* (2021) research showing significant relationships between corporate individuality and inpatient service utilization at Jember Clinic Hospital. RSNU Tuban's core value of "*Peduli*" (Care)—based on Islamic teachings emphasizing human service and interpreted as Professional, Empathetic, Disciplined, User-oriented, Loyal, and Innovative—appeared to resonate with the local Muslim-majority population.

This study has several limitations. First, the cross-sectional design limits causal inference between brand image dimensions and patient decision-making. Second, the study was conducted at a single Islamic hospital with distinctive demographic characteristics, potentially limiting generalizability to hospitals with different religious affiliations or in more diverse communities. Third, while we found that the physical environment was not independently significant in multivariate analysis despite showing a bivariate association, further investigation of potential confounding or mediating factors might reveal more complex relationships. Additionally, we did not directly measure the alignment between objective quality indicators and perceived brand image, which Ziemba *et al.* (2019) identified as a potential concern. Patient decisions based on perceived rather than actual quality could affect health outcomes, representing an important area for future research. Finally, while we examined five dimensions of brand image, other potential factors such as innovativeness and technological advancement were not explicitly measured, though they emerged implicitly in respondent feedback.

Our findings suggest several practical implications for hospital management. First, healthcare facilities should invest in staff training to enhance patient-provider interactions, as contact personnel significantly influence patient decisions. Second, service innovations like digital appointment systems, home medication delivery, and gender-specific care options appear to positively impact patient decision-making and could be considered by other facilities. Third, aligning corporate values with local population characteristics (as demonstrated by RSNU Tuban's Islamic identity in a predominantly Muslim area) may enhance brand image and patient attraction. Fourth, while physical environment did not independently influence patient decisions in this study, the 10.1% of respondents noting facility discrepancies and maintenance issues suggest that accurate representation of facilities and consistent upkeep remain important. Furthermore, hospitals should develop comprehensive marketing communication strategies that effectively convey their brand values and service quality. As Maulana & Ayuningtyas (2023) emphasized, successful communication can positively influence potential patients' perceptions and choices. Hospitals should also ensure alignment between their brand reputation and actual service quality, addressing the concern raised by Ziemba *et al.* (2019) regarding potential misalignment. By investing in brand equity while maintaining service quality, hospitals can enhance patient satisfaction and loyalty, creating a more stable patient base (Górska-Warsewicz, 2022).

Conclusion

Brand image significantly influences

patient decision-making in utilizing inpatient healthcare services. Contact personnel, service offering, and corporate individuality emerged as the most influential dimensions at RSNU Tuban, with service offering demonstrating the strongest effect. These findings highlight the importance of healthcare facilities developing comprehensive brand management strategies that emphasize service quality, staff interactions with patients, and corporate values aligned with target populations. While physical infrastructure matters, the human elements of healthcare delivery appear more decisive in patient decision-making. Our findings align with broader research demonstrating that brand image affects perceived service quality, trust, and patient satisfaction. Hospitals must recognize that patients may be willing to travel longer distances or overlook minor inconveniences for facilities with stronger reputations, suggesting that investment in brand development has tangible returns in patient attraction and retention.

However, it is essential for hospitals to ensure that their brand image aligns with actual service quality and patient expectations. This alignment can help build trust and loyalty among patients, ultimately leading to better health outcomes and a stronger competitive position in the healthcare market. Hospitals must be cautious of over-relying on brand image without substantiating it with objective quality measures, as this could lead to patient dissatisfaction and potential reputational damage. Future research should examine these relationships in diverse healthcare settings, explore potential mediating factors between brand image dimensions and patient decisions, and investigate the alignment between perceived brand quality and objective healthcare outcomes.

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