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Impact of Integrated Marketing Communication on Corporate Brand - An Empirical Evidence from Indian Corporate Hospital

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ABSTRACT

Post LPG, the service sector predominantly occupied a pivotal role in the society. Unlike the primary agricultural sector or secondary industrial sector, which is concerned with production of tangible goods, the service is basically intangible and perishable, in the sense that neither the service provider nor the service receiver can store a service. Healthcare industry which is one of the most crucial components of service sector unlike banking, insurance, hotel, transportation and education is one of the world's largest and fastest-growing industries. Healthcare industry includes many subsectors in it comprising of Hospitals, Medical Infrastructure, Medical Devices, Clinical Trials, Telemedicine, Health Insurance all of which delivers goods and services to treat patients on preventive, curative, rehabilitative, and palliative care basis. The role of hospitals in healthcare has been broadened crossing the limits of curative health to health care. Financially, they account for about 50% of overall health care expenditure. Symbolically, they are viewed by the public as the main manifestation of the health care system. Aging baby boomers, advances in medical technology, dramatic government reforms and a call for increased transparency in the healthcare delivery are few of the challenges facing today's hospitals in the healthcare industry. Getting a secured position in this competitive healthcare environment calls for an innovative approach to communication and this is where Integrated Marketing Communication can help in healthcare delivery system. Effective IMC enables the formation of favorable Brand Awareness and a positive Brand Image. These then forms the brand knowledge structures, which in turn trigger the differentiated responses that constitute brand equity and effective IMC is an integral part of an effective brand equity strategy. The present study addressed the effect of IMC elements on patients' perceptions towards Brand Awareness and Brand Image and how Brand Awareness and Brand Image influence patients' perceptions towards overall Brand Equity. Convenience sampling technique is been applied to collect the sample. Primary data was collected from the patients who had availed of hospital services form the selected Corporate Hospital of Hyderabad, India through a structured questionnaire; responses were recorded on 5-point Likert-scale ranging from 1-Strongly

Disagree to 5-Strongly Agree. As the constructs in the proposed study were inter-dependable in nature, so Structural Equation Modeling is been applied by employing the data analysis tool AMOS-v21. The results of this study have managerial and academic implications where it would contribute to the global literature on the effect of IMC elements on patients' perceptions towards Brand Awareness and Brand Image and its impact on overall Brand Equity. This would be one among the very few studies which addresses research on the linkage between IMC and service brand equity in hospital setting.

Keywords: Healthcare, Hospitals, Integrated Marketing Communication, Brand Equity.

1. INTRODUCTION

Healthcare industry which is one of the most crucial components of service sector unlike banking, insurance, hotel, transportation and education is one of the world's largest and fastest-growing industries. Healthcare industry includes many subsectors in it comprising of Hospitals, Medical Infrastructure, Medical Devices, Clinical Trials, Outsourcing, Telemedicine, Health Insurance all of which delivers goods and services to treat patients on preventive, curative, rehabilitative, and palliative care basis. The role of hospitals has been broadened crossing the limits of curative Health to health care. Financially, they account for about 50% of overall health care expenditure. Organizationally, they dominate the rest of the health care system. Symbolically, they are viewed by the public as the main manifestation of the health care system.

Growth of Hospitals in Healthcare System

The Indian hospital services sector generated revenue of over US\$ 45 billion in 2012. This revenue is expected to increase at a compound annual growth rate (CAGR) of 20 per cent during 2012-2017. Aging baby boomers, advances in medical technology, dramatic government reforms and a call for increased transparency in the healthcare delivery are a few of the challenges facing today's hospitals in the healthcare industry. Getting a secured position in this competitive healthcare environment calls for an innovative approach to communication and this is where Integrated Marketing Communication can help in healthcare delivery system (Fliesman Hillard, 2014).

Marketing in Healthcare

Hospitals, nursing homes, hospices, physician practices, managed care organizations, rehabilitation centres and other healthcare organizations didn't think about marketing until the early 1970's (Kumar, PN., Jacob, A and Thota, S, 2014). Physician to patient communication was very poor and patients had no choice rather than relying solely on physicians for health information. A study by Deloitte Centre for Health Solutions stated that physicians influence almost every dollar spent in the \$2.5 trillion U.S. healthcare industry, and their orders are directly responsible for 80% of healthcare spending (Deloitte Centre for Health Solutions, 2011). Later on due to the rapid advances in science and technology, communication delivery has taken a strong pace because mass of health information was readily available just on a push of button, and with so many choices and options available to reach the target audience, patients started relying on other sources for their health information. Patients are able to play a more active role in their treatment decision making with information readily available through the Internet, dedicated health publications and television shows (Anne Gibson, 2002). And as the healthcare delivery system has been moving from provider centric to patient centric brand communications, marketers started designing customized marketing strategies to suit

the needs and wants of each individual patient according to their healthcare requirements which always influences the satisfaction and loyalty of the patients towards hospitals.

2. THEORETICAL DEVELOPMENT AND RESEARCH HYPOTHESES

Integrated Marketing Communication

IMC considers a combination of communication vehicles (e.g. advertising, public relations, sales promotion, direct marketing, sponsorship, word-of-mouth, personal communication) rather than relying on media advertising for reaching consumers. But more importantly, by identifying consumer contact points with the brand, IMC aims to pursue interactions with the consumers most efficiently (Ambar Basu & Jian Wan (2009). With the information technology revolution, patients started gaining knowledge on health topics and demand decision-making sovereignty (Gomes & Knowles, 2001; Rust & Espinoza, 2006), (Dutta-Bergman, 2005; Hibbard & Peters, 2003). Hospitals started adopting a patient-focused marketing orientation (Huang, Weng, Lai, & Hu, 2012; Raju & Lonial, 2002; Wrenn, 1996). The speed and interconnectivity of online media have led to the emergence of an entirely new, fragmented portfolio of information channels available for patient education (Hennig-Thurau et. al., 2010; Laing, Hogg, & Winkelman, 2005). Healthcare consumers are able to access information on latest medical diagnosis and treatment options immediately online and interactively exchange medical experiences in online communities and hence ongoing channel fragmentation affects patient information and choice behaviour (Keeling, Khan, & Newholm, 2013). As health education and public awareness increased, patients are now more knowledgeable about health providers and services than ever before (Dutta-Bergman, 2005; Revere & Robinson, 2010). To master health choices, patients seek reliable, meaningful, and transparent information (Hibbard & Peters, 2003; Nanda et al., 2012). Hence, based on the review of various research papers on IMC; it can be assessed that, the application of IMC elements in U.S, Europe and Asian healthcare settings is high, but literature support for the same in the Indian backdrop is almost negligible, though it is being extensively used in practice by the entire Indian Corporate Healthcare. Hence for the purpose of the present study, the existing literature from U.S, Europe and Asian settings has been reviewed extensively. On the basis of literature reviewed, the researcher has identified three major elements which includes Advertising, Public Relations and Online Media followed by other elements which includes C.M.E, Word of mouth, S.M.S which are applied to Indian Corporate Healthcare sector

Brand Awareness

Brand awareness is one of the dimensions of brand equity (Ravi Shekhar., Kumar Satyabhusan., Dash Prem Chandra Purwar, 2013). It is the ability of a customer to recognize or recall that a brand is a member of a certain product category (Aaker, 1991; Saputra, R., & Dewi, 2016; Krisnawati, Perangin-Angin, Zainal & Suardi, 2016). Aaker (1991, 1996) theorized brand awareness, as one of the dimensions of customer-based brand equity. Keller (1993), working primarily on customer knowledge, advocated brand awareness and brand image as dimensions of customer-based brand equity. Yoo et. al. (2000), Pappu and Quester (2006, 2008), Tong and Hawley (2009) empirically validated brand awareness as one of the dimensions of customer-based brand equity. Brand awareness is the part of knowledge equity. The depth and breadth of brand's awareness determines brand equity (Keller, 1993; Wibisono, Yani & Muhlisyah, 2016; King, 2016).

Brand Image

Image plays an important role in differentiating the service of a healthcare provider from that of its competitors (Shanthi, 2006). For example, a company with a positive corporate image about its programs can bring in individuality and differentiation that lead to high awareness, loyalty, and reputation (Heerden and Puth, 1995) and is ultimately in a position to attract consumers. Brand Image is the consumers' perception of a brand as reflected by the brand associations held in their memory. Keller (1993) defines brand associations as the informational nodes linked to the brand in the memory of the consumers. In simple words, it reflects consumers' perception about brand based on their experience and knowledge (VanAuken, 2007). Further, scholars such as Chen (2009), Bibby (2009), and Wood (2000) highlight on the positive relationship between brand equity and image. Two kinds of relationships are observed in the literature that is, direct effect of brand image on brand equity and indirect effect on brand equity through mediating variables such as brand loyalty. This relationship implies that brand image determines brand loyalty and the degree of brand loyalty determines the value of the brand that is, brand equity.

Brand Equity

Aaker (1991) proposes brand equity as "A set of assets and liabilities linked to a brand, its name and symbol that adds to or subtracts from the value provided by a product or service to a firm and/or to that firm's customers". (Keller, 1993) proposes that positive brand equity occurs when the consumer is familiar with the brand and holds some favourable, strong, and unique brand associations in memory. Cobb-Walgren, Beal, and Donthu (1995) show that a high level of brand equity can lead to high consumer preferences and purchase intentions. Pappu and Quester (2006) defines, brand equity as a multidimensional concept formed from brand awareness, brand associations, perceived quality, and brand loyalty. Kotler and Keller (2006) further argued that brand equity is an important intangible asset that has psychological and financial value to the firm and has effect on consumer's response to the certain brands product purchase. Brands with high equity allow a firm to charge a premium price as well as garner a larger market share in relation to competitors (Simon & Sullivan, 1993). Keller (2002) separated brand equity into two components: awareness and association. Aaker (1991, 1996) grouped it into five categories: perceived quality, brand loyalty, brand awareness, brand association, and other proprietary brand assets such as patents, trademarks, and channel relationships.

Relationship among Integrated Marketing Communication, Brand Awareness, Brand Image and Customer Based Brand Equity

Firm's marketing communications contribute to brand equity. That is, effective communication enables the formation of favorable brand awareness and a positive brand image. These then form the brand knowledge structures, which in turn, trigger the differentiated responses that constitute brand equity (Sreedhar Madhavaram., Vishag Badrinarayanan., Robert E. McDonald, 2013). Effective IMC is an integral part of an effective brand equity strategy. Effective IMC potentially enhances the effectiveness of the firm's portfolio of brands, and hence, could positively influence brand equity (Keller, 2003). IMC helps firms in building the brand equity of their products and services through synergy (Naik and Raman, 2003). IMC contribute to a firm's brand equity. They conceptualized the effects of integrated marketing

communication in terms of “contacts.” A contact is any information-bearing experience that a customer or prospect has with the brand, including word of mouth and the experience of using the product. All of these contacts with customers can potentially influence the firm’s brand equity (Schultz, Tannenbaum, and Lauterborn, 1993). Customers or prospects can also have contact with the brand through marketer-controlled communications, including (1) media advertising, (2) direct response and interactive advertising, (3) place advertising, (4) point-of-purchase advertising, (5) trade promotions, (6) consumer promotions, (7) event marketing and sponsorship, (8) publicity and public relations, and (9) personal selling (Keller, 2001). Various marketing communications influence brand equity, including advertising, sponsorship and various alternative communication options (Aaker and Biel 1993; Cobb-Walgren, Ruble, and Donthu 1995), (Cornwell, Roy, and Steinard 2001), (Joachimsthaler and Aaker 1997).

Based on the exhaustive review of literature, the present study examined the following research hypotheses to provide clear insight into Integrated Marketing Communication and Brand Equity relation in healthcare service context:

- H₁:** IMC elements have a positive effect on patients’ perceptions towards Brand Awareness
- H₂:** IMC elements have a positive effect on patients’ perceptions towards Hospital Brand Image.
- H₃:** Brand awareness positively effects brand equity
- H₄:** Brand Image positively affects Brand Equity

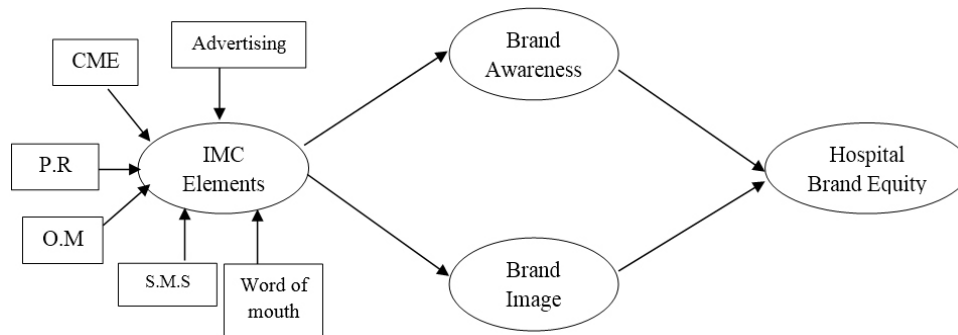


Figure 1: Presents the conceptual framework to be tested in this study. In this framework we identified six elements of IMC (Advertising, Continual Medical Education programs, Public Relations, Online Media, S.M.S, Word of mouth). These elements are antecedents to Brand Awareness and Brand Image elements. These dimensions ultimately impact overall hospital brand equity

3. METHODOLOGY

Sampling and Data Collection

The questionnaire is adopted as a material in this study. This research assumed that the well established branded hospital has its brand identity. Patients know the hospital well, that is why they have considered that particular brand, and it has fulfilled their expectations. It is assumed that brand awareness, brand image, brand loyalty, positive word of mouth and revisit intention are the factors that positively influenced the patient on creating strong brand equity towards the hospital (Annamalai Solayappan and Jothi Jayakrishnan, 2010). In order to examine the research hypotheses, the researcher has selected the hospital which has got a unique brand identity in Hyderabad, India.

The research instrument was administered to 300 Indian patients. Face- to- face interviews were held by administering structured questionnaire during November and December, 2016. A cover letter regarding the purpose of this study was included in each questionnaire. The questionnaires do not ask for the names of the respondents and assure the respondents that their responses are being used only for academic research.

In total, 244 among 300 distributed questionnaires were returned. Out of those, 28 were unusable questionnaires due to incomplete answers or missing data. Consequently, 216 usable questionnaires were ultimately used for further statistical analysis. Among the respondents, 62.4% were male, 50.2% were between the ages of 40-50, and 34% had graduated from colleges or university.

Sampling was done in two stages, first for choosing the hospital and then for choosing the respondents. In the first stage, the selected hospital which has won the attributes in the following order: state-of-the-art medical equipments for the procedures and surgeries, corporate reputation, high volumes of patient flow had been considered and which also fulfilled the following criteria (i) Selected hospital providing quaternary care facilities. (ii) Selected hospital is a multispecialty hospital specialized with clinical services in at least 5 departments.

In the second stage, convenience sampling was done to get responses from 300 individual patients of the chosen hospital who fulfilled the following criteria i.e. (i) Patients who had availed of hospital services both as outpatients and inpatients irrespective of a specific specialty. (ii) Patients who visited the outpatient department of the hospital as: (a) New patients (b) Follow up patients (iii) In patients who were admitted in critical care units and wards of the hospital with a minimum length of stay of 4 days or more.

Generation of Scale Items

The measures needed for the study consisted of IMC, Brand Awareness, Brand Image & Brand Equity elements. Items for measuring each construct were adopted from existing literature and their psychometric properties i.e. face and content validity of the scale was verified through stakeholders (i.e. patients, physicians, researchers) interviews. Likert type scale of 5 point were used to the latent constructs considered (1 = strongly disagree and 5 = strongly agree) in this study. Table presents the source and details of Items measuring the variables included in the study.

<i>Latent Constructs</i>	<i>Variables</i>	<i>Number of Items</i>	<i>Source</i>
IMC Elements	<ul style="list-style-type: none"> • I am aware of the promotional activities of the hospital. • I am aware of the community screening camps and health checks being organized by the hospital • I know that the hospital regularly advertises about its brand. • I feel the hospital website is highly interactive and facilitates the usage of services conveniently • I visit hospital website to research on specific informational content which includes accessing for nursing or special medical services, doctors, test results, insurance and find it useful as a means of communication • I am aware of health related information shared by hospital in social media • I was positively recommended about this hospital by my friends & family members. 	7	Developed for the study by researchers

<i>Latent Constructs</i>	<i>Variables</i>	<i>Number of Items</i>	<i>Source</i>
Brand Awareness	<ul style="list-style-type: none"> • I am aware of this hospital. • I can quickly recall this hospital. • I can recognize the symbol or logo of this hospital. • I can recognize this hospital among other competing brands. 	4	(Aaker, 1996 & Yoo et. al, 2000)
Brand Image	<ul style="list-style-type: none"> • This hospital has a positive image in my mind. • This hospital has a unique image in my mind as compared to other competing hospitals. • The hospital performs social activities • The hospital is sincere to the patients. • The hospital has differentiated image in terms of quality. • The hospital is quiet and restful. • The hospital has clean environment. 	7	(Keller 1993, Lassar et. al. 1995, Aaker 1996, Yoo et. al. 2000, Kim et. al. 2003, Arnett et. al. 2003)
Hospital Brand Equity	<ul style="list-style-type: none"> • It makes sense to avail the facilities and medical services of this hospital instead of any other hospital, even if they are the same. • Even if another hospital has the same facilities and services as this hospital, I would prefer to choose this hospital. • If there is another hospital as good as this hospital, I prefer to choose this hospital. • If another hospital is not different from this hospital in any way, it seems smarter to choose this hospital. 	4	(Yoo, Boonghee, Naveen Donthu, Sungho Lee, 2000)

4. RESEARCH RESULTS

Structural Equation Model (SEM) was used to examine the hypotheses in this study. A two-step process of analysis (Anderson and Gerbing, 1988) with AMOS- v21 statistical package was implemented. In the first step, the measurement model was used to assess the validity and reliability. The fit of confirmatory factor analysis (CFA) to the observed data was evaluated to determine if the items loaded on their respective scales. In the second step, structural model was employed to test the hypotheses. The results were described as follows.

Measurement Model

The results of measurement model show an adequate fit to the data, $\chi^2 (df = 98) = 203.520, p < 0.001$; GFI = 0.901; CFI = 0.847; TLI = 0.859; RMSEA = 0.051. Regarding convergent validity, the fact that all factor loadings for the items measuring the same construct are statistically significant can be viewed as evidence supporting the convergent validity of those items (Anderson and Gerbing, 1988). Table 1 demonstrates that the estimate of standardized loading for each item was statistically significant, and provides the support of convergent validity.

On the other hand, a series of χ^2 difference tests was used to assess discriminate validity. This was done for a pair of constructs at a time by constraining the estimated correlation parameter between them to 1, and then performing a χ^2 difference test on the values obtained for the constrained and unconstrained models. The resulting significant difference in χ^2 indicates that the two constructs are not perfectly correlated and that discriminate validity is achieved (Anderson and Gerbing, 1988).

According to Table 2, all of the χ^2 differences are statistically significant in this study, which is viewed as a good evidence for the discriminate validity.

<i>Construct</i>	<i>Item</i>	<i>Standardized Loading</i>
Integrated Marketing Communication	IMC1	0.711***
	IMC2	0.701***
	IMC3	0.698***
	IMC4	0.726***
	IMC5	0.788***
	IMC6	0.707***
	IMC7	0.773***
Brand Awareness	BAW1	0.881***
	BAW2	0.821***
	BAW3	0.808***
	BAW4	0.790***
Brand Image	BI1	0.703***
	BI2	0.770***
	BI3	0.757***
	BI4	0.777***
	BI5	0.790***
	BI6	0.698***
	BI7	0.704***
Overall Brand Equity	OBE1	0.901***
	OBE2	0.808***
	OBE3	0.888***
	OBE4	0.899***

*** $p < 0.001$

<i>Model</i>	X^2	<i>df</i>	ΔX^2	Δdf
Unconstrained model	203.520	98		
Constrained model:				
IMC – Brand Awareness	442.178	99	238.658***	1
IMC-Brand Image	451.957	99	248.437***	1
Brand Awareness-Brand Equity	417.817	99	214.297***	1
Brand Image-Brand Equity	395.693	99	192.173***	1

*** $p < 0.001$

In addition to validity, reliability is essentially an evaluation of measurement accuracy. The Cronbach's alpha was used to analyze the reliability of each construct. Table 3 shows means, standard deviations, alpha reliabilities, and correlations among all constructs in this study. The Cronbach's alpha internal consistency reliability estimates ranged from 0.788 to 0.888, which is an acceptable level (Nunnally, 1978). Thus, the measures are reliable.

<i>S.No.</i>	<i>Construct</i>	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
1.	IMC	3.29	0.570	(0.788)			
2	Brand Awareness	3.40	0.501	0.629**	(0.866)		
3	Brand Image	3.44	0.467	0.204*	0.673**	(0.888)	
4	Overall Brand Equity	3.18	0.656	0.585**	0.237*	0.592**	(0.856)

Values in parentheses indicate the Cronbach's alpha reliability estimates. N = 216. * $p < 0.05$; ** $p < 0.01$

Structural Model Testing

The four hypotheses were tested by using a structural model in this study. Overall, this model provides an acceptable fit to the data, χ^2 (df = 98) = 203.520, $p < 0.001$; GFI = 0.901; CFI = 0.847; TLI = 0.859; RMSEA = 0.051. The parameters of the structural paths in the full structural model were further estimated. As shown in Figure 2, the results indicate that IMC has a significantly positive impact on Brand Awareness, and H1 was supported ($\beta = 0.601, p < 0.001$). H2 postulated that IMC has a positive effect on Brand Image, and this hypothesis was supported ($\beta = 0.319, p < 0.05$). H3 postulated that Brand Awareness has a positive effect on Hospital Brand Equity, and this hypothesis was supported ($\beta = 0.767, p < 0.001$). Finally, H4 predicted that Brand Image has a positive effect on Hospital Brand Equity, but this hypothesis was not supported ($\beta = 0.063, p > 0.05$).

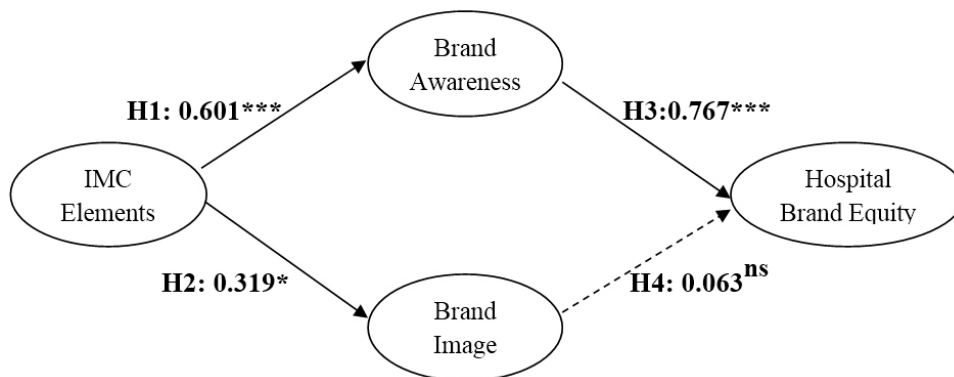


Figure 2: Results of hypotheses testing

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; not significant. Solid path: significant. Dotted path: non-significant

5. DISCUSSIONS

The main purpose of this study is to examine the relationship among IMC, Brand Awareness, Brand Image and Hospital Brand Equity. Results from the hypotheses testing suggest the following information. First, examining the impact of IMC is a critical issue in this study. Results demonstrate the indirect influence of IMC on Hospital Brand Equity. The finding is consistent with the preceding study suggesting that IMC enables favourable Brand Awareness and Positive Brand Image which in turn trigger the differential responses that constitute Brand Equity (Keller, 2003). The indirect effects for IMC on Hospital Brand Equity not only suggest that IMC plays a vital role in creating Brand Awareness, Brand Image and Brand Equity but also indicates that IMC is a key factor in enhancing Brand Awareness, Brand Image and Hospital Brand Equity.

Secondly, the indirect effect of IMC on Hospital Brand Equity is further considered. The positive effect is shown in the verifications among IMC and Brand Awareness, and negative effect is shown in the verification among Brand Image and Hospital Brand Equity. Regarding the indirect effect of IMC on Hospital Brand Equity, the result reveals a long path which contains several constructs. A positive IMC initially increases Brand Awareness perceived by a patient and the higher Brand Awareness perceived by a patient in turn improves Hospital based Brand Equity. This result is consistent with the study by (Keller, 2003) who found the mediating effects of Brand Awareness and Brand Image in the relationship between IMC and Brand Equity.

Finally, IMC has a positive effect on Brand Image but Brand Image negatively affects Brand Equity. This finding is consistent with prior study indicating that the predictive ability of Brand Image on Brand Equity is negative and insignificant in the healthcare services (Hardeep Chahal & Madhu Bala, 2012).

6. IMPLICATIONS

This study examines a model combining IMC, Brand Awareness, Brand Image and Brand Equity. Three of the four hypotheses examined in this study were found to be supported. The results of this study could help hospital marketers and managers better understand the inter-relationship among IMC, Brand Awareness, Brand Image and Brand Equity. In addition, the results generally reinforce past studies regarding hospital marketing and related issues. Several implications drawn from these results which are described as follows.

First, IMC acts as a main antecedent within the integrated model. A favourable IMC stimulates Brand Awareness and Brand Image which in turn promotes Brand Equity. In the competitive healthcare environment, thus, hospitals should focus their marketing efforts on effective brand management. Specifically, hospital marketers should pay more attention towards strengthening their IMC. The hospital marketing team have to fully understand that the formation of a strong IMC is valuable to increasing perceived Brand Awareness and Brand Image, and hence, it encourages Brand Equity. Further several Integrated Marketing Communication strategies such as advertising, public relations, communication with patients via continual medical educational programmes, service training, and internet marketing should be implemented to create and maintain the IMC (Chao-Cahn Wu, 2001). For instance, the use of advertising to create the perception of a strong medical institution with specialized medical services and modern facilities is helpful for the establishment of Brand Equity towards a hospital. In sum, the creation and maintenance of a positive Brand Equity could allow a hospital to gain a competitive advantage in the competitive health care industry.

7. LIMITATIONS OF STUDY

As with many studies, the research was conducted amidst certain limitations. First, the range of medical services provided by the hospital varies. This study was conducted at one of the well branded hospital in Hyderabad, India and hence the results of this study may not be applicable in other settings hence replications in other healthcare environments such as dental, physiotherapy, ayurvedic and in other non-health environments such as insurance, financial, education etc. can also support study findings in conceptualizing IMC and Brand Equity. Second, the study could be criticized on the ground that only two important components of service brand equity were examined and analyzed. Third, Brand Awareness, Brand Image need to be considered and framed as formative constructs rather than reflective constructs to develop the concept more concretely. Fourth, future research should analyze more explicitly the other antecedents and moderating variables of service brand equity such as brand association, perceived service quality, brand trust and brand loyalty for more comprehensive research in the future. Fifth, the data collected for this study is cross-sectional in nature. Future research can be done using longitudinal study design as customers instinctively compare each new experience, positive or otherwise, with their previous ones and judge it accordingly (Meyer and Schwager, 2007). Longitudinal data will throw light on the changing pattern of customer perceptions about the brand. This will help marketers in taking corrective actions to build a strong brand via IMC. Sixth, data was collected conveniently i.e. only those patients were contacted who were willing to provide information regarding their perceptions about the hospital, hence there is a need to explore the relationship between IMC and Brand Equity in similar settings with large randomly selected

respondents in order to get more comprehensive findings. In spite of these limitations, the present study is one among very few studies which tests the complex relationship between IMC, Brand Awareness, Brand Image and service Brand Equity in the context of high credence services i.e. hospital services.

References

- Aaker, D.A. (1991), *Managing Brand Equity Capitalizing on the Value of a Brand Name*, 1st ed., The Free Press, New York, NY, pp. 15-21.
- Amine, A. (1998), “Consumer’s true brand loyalty: the central role of commitment”, *Journal of Strategic Marketing*, Vol. 6, pp. 305-19.
- Annamalai Solayappan., Jothi Jayakrishnan. (2010), *Key Determinants of Brand – Customer Relationship in Hospital Industry*”, *Economic Sciences Series*, Vol. LXII (4), pp. 119-128.
- Atilgan, E., Aksoy, S. and Akinci, S. (2005), “Determinants of the brand equity: a verification approach in the beverage industry in turkey”, *Marketing Intelligence & Planning*, Vol. 23 No. 3, pp. 237-48.
- Bailey, R. and Ball, S. (2006), “An exploration of the meanings of hotel brand equity”, *The Service Industries Journal*, Vol. 26 No. 1, pp. 26-38.
- Ballester, E.D. and Aleman, J.L.M. (2005), “Does brand trust matter to brand equity?”, *Journal of Product & Brand Management*, Vol. 14 No. 3, pp. 187-96.
- Bamert, T. and Wehrli, H.P. (2005), “Service quality as an important dimension of brand equity in Swiss services industries”, *Managing Service Quality*, Vol. 15 No. 2, pp. 132-41
- Chahal, H. and Bala, M. (2010), “Confirmatory study on brand equity and brand loyalty: a special look at the impact of attitudinal and behavioural loyalty”, *Vision: The Journal of Business Perspective*, Vol. 14 Nos 1/2, pp. 1-12.
- Chao-Cahn Wu. (2011), “The Impact of hospital brand image on service quality, patient satisfaction and loyalty”, *African Journal of Business Management*, Vol. 5 (12), pp. 4873-4882.
- Chen, Y.-S. (2009), “The drivers of green brand equity: green brand image, green satisfaction and green trust”, *Journal of Business Ethics*, Vol. 93 No. 2, pp. 307-19.
- Corbin, C.L., Kelley, S.W. and Schwartz, R.W. (2000), “Concepts in service marketing for healthcare professionals”, *The American Journal of Surgery*, Vol. 181, pp. 1-7.
- Erden, T., Swait, J., Broniarczyk, S., Chakravarti, D., Kapferer, J.N., Keane, M., Roberts, J., Steenkamp, J.B.E.M. and Zettermeyer, F. (1999), “Brand equity, consumer learning and choice”, *Marketing Letters*, Vol. 10 No. 3, pp. 301-18.
- FLIESHMAN HILLARD. (2014). Healthcare. Retrieved from Flieshman Hillard website: <http://fleishman-hillard.eu/capabilities/healthcare/>
- Gaur, A.S. and Gaur, S.S. (2006), *Statistical Methods for Practice and Research: A Guide to Data Analysis Using SPSS*, Sage Publications, Thousand Oaks, CA, pp. 116-7.
- Hardeep Chahal., Madhu Bala. (2012), “Significant components of service brand equity in healthcare sector”, *International Journal of Health Care Quality Assurance*, Vol. 25 Iss 4, pp. 343 – 362.
- Hariharan, S., Dey, P.K., Moseley, H.S.L., Kumar, A.Y. and Gora, F. (2004), “A new tool for measurement of process-based performance of multispecialty tertiary care hospital”, *International Journal of Health Care Quality Assurance*, Vol. 17 No. 6, pp. 302-12.
- Hausman, A. (2004), “Modeling the patient-physician service encounter: improving patient outcomes”, *Journal of the Academy of Marketing Science*, Vol. 32 No. 4, pp. 403-17.

- Heerden, C.H.V. and Puth, G. (1995), "Factors that determine the corporate image of South African banking institution", *International Journal of Bank Marketing*, Vol. 13 No. 3, pp. 12-17.
- Keller, K.L. (1993), "Conceptualizing, measuring, and managing customer-based brand equity", *Journal of Marketing*, Vol. 57 No. 1, pp. 1-22.
- Keller, K.L. (1998), *Strategic Brand Management Building, Measuring and Managing Brand Equity*, 1st ed., Prentice Hall, Upper Saddle River, NJ, pp. 42-53.
- Keller, K.L. (2007), *Strategic Brand Management Building, Measuring and Managing Brand Equity*, 2nd ed., Dorling Kindersley India, New Delhi, pp. 86-103.
- Kim, H.B., Kim, W.G. and An, J.A. (2003), "The effect of consumer-based brand equity on firms financial performance", *Journal of Consumer Marketing*, Vol. 20 No. 4, pp. 335-51.
- Kim, K.H., Kim, K.S., Kim, D.Y., Kim, J.H. and Kang, S.H. (2008), "Brand equity in hospital marketing", *Journal of Business Research*, Vol. 61, pp. 75-82.
- King, J. M. (2016). Dubai wins: A content analysis of global media coverage of the 2020 world exposition bidding process using nation branding theory. *International Journal of Business and Administrative Studies*, 2(6), 201-211.
- Krisnawati, N., Perangin-Angin, L. K., Zainal, M., & Suardi, I. (2016). Brand equity analysis and its impact on the loyal customer of local batik to develop its competitiveness (An empirical study of batik Banten in south tangerang). *Journal of Administrative and Business Studies*, 2(4), 189-207.
- Kumar, PN., Jacob, A., Thota, S. Impact of Healthcare Marketing and Branding on Hospital Services, *Int J Res Foundation Hosp Healthc Adm* 2014, 2(1), pp. 19-24.
- Lassar, W., Mittal, B. and Sharma, A. (1995), "Measuring customer-based brand equity", *Journal of Consumer Marketing*, Vol. 12 No. 4, pp. 11-19.
- Mackay, M.M. (2001), "Application of brand equity measures in service markets", *Journal of Services Marketing*, Vol. 15 No. 3, pp. 210-21.
- Netemeyer, R.G., Krishnan, B., Pullig, C., Wang, G., Yagci, M., Dean, D., Ricks, J. and Wirth, F. (2004), "Developing and validating measures of facets of customer-based brand equity", *Journal of Business Research*, Vol. 57 No. 2, pp. 209-24.
- Pappu, R., Quester, P.G. and Cooksey, R.W. (2005), "Consumer brand equity: improving the measurement – empirical evidence", *Journal of Product & Brand Management*, Vol. 14 No. 3, pp. 143-54.
- Rauyruen, P. and Miller, K.E. (2009), "B2B services: linking service loyalty and brand equity", *Journal of Services Marketing*, Vol. 23 No. 3, pp. 175-86.
- Ravi Shekhar., Kumar Satyabhusan., Dash Prem Chandra Purwar. (2013), "The nature and antecedents of brand equity and its dimensions", *Marketing Intelligence & Planning*, Vol. 31 Iss 2, pp. 141 – 159.
- Saputra, R., & Dewi, C. K. (2016). The impact of brand trust on brand loyalty mediated by customer satisfaction: Case of Tokobagus.com (now OLX.co.id). *Journal of Administrative and Business Studies*, 1(1), 8-13.
- Shanthi, N.M. (2006), *Branding Services Indian Perspective*, 1st ed., The ICFAI University Press, Hyderabad, pp. 90-191.
- Sreedhar Madhavaram., Vishag Badrinarayanan., Robert E. McDonald. (2013), "Integrated Marketing Communication (IMC) and Brand Identity as Critical Components of Brand Equity Strategy: A Conceptual Framework and Research Propositions", *Journal of Advertising*, Vol.34 Iss 4, pp. 69-80.

- Tull, D.S. and Hawkins, D.I. (2005), *Marketing Research Measurement and Methods*, 6th ed., Prentice Hall of India, New Delhi, pp. 314-21.
- VanAuken, B. (2007), *Branding a Reference Guide to Solving Your Toughest Branding Problems and Strengthening Your Market Position*, 1st ed., Jaico Publishing House, Mumbai, p. 7.
- Wibisono, A. B., Yani, A. R., & Muhlisyah, A. (2016). Developing the “classic” image branding of Madura Batik center as an effort to face AEC (ASEAN Economic Community) 2016. *International Journal of Business and Administrative Studies*, 2(6), 173-177.
- Wood, L. (2000), “Brands and brand equity: definition and management”, *Management Decision*, Vol. 38 No. 9, pp. 662-9.

