

# Key Determinants of Brand-Customer Relationship in Hospital Industry

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## Abstract

*Brand building is in conjunction with the customers and it is supported by a clearly defined brand identity, as the customer's value statement is the basis for all action in the organization. Thus, it ensures that customers' brand experience is coherent, accessible and satisfying at every contact. This research is attempting to examine the relationships of brands with their customers, according to an investigation made on the experienced patient of the branded hospital. This paper explores whether or not the brand forms a relationship with the customers. This study was organized in one of the well-branded hospitals in Chennai. Out of 680 beds, the 365 patients who stayed for at least 4 days as inpatients were considered as respondents for this study. The schedule has been prepared to study the research objective. The data is analyzed with appropriate statistical tools, such as descriptive statistics, correlation and stepwise multiple regression. It is concluded that brand image, brand loyalty and patient satisfaction provide clear insight of the customer's relationship with the brand.*

**Key words:** BCR, brand loyalty, brand trust, brand image, patient satisfaction, behavioral intention

**JEL Classification:** I11

## Introduction

Marketers no longer want to merely satisfy customers, they seek relationships with them. In fact, customer-brand relationships have become a competitive imperative and the dominant paradigm of marketing (Gronroos, 1997; Gummesson, 2002). The notion that relationships are more profitable than individual transactions is well founded, but the search for a framework to quantify, diagnose, and describe the nature of such relationships has proven elusive. Personal relationships were introduced in the marketing literature as a metaphor for the associations between customers and brands (Fournier, 1998).

In an attempt to classify the various types of marketing as presented in the literature, two main distinct types were identified: the transactional and the relationship marketing (Coviello, Brondie and Murno 1997; Brondie, Coviello, Brooks and Little 1997; Coviello and Brondie 1998; Pels et al. 2000; Coviello, Brondie, Danaher and Johnston 2002). It is well recognized that one of the key recent developments related to marketing as a discipline at present, is that it has shifted from a transactional to a relationship focus, while there are attempts to identify specific relationship marketing schools of thought (Palmer, Lindgreen and Vanhamme 2005). However, it is acknowledged that these different types of marketing are not mutually excluded

and companies practice more than one type simultaneously (Brondie, Coviello and Brodie 1997). Marketing mix elements are particularly relevant for the transactional approach, while people and the development of personal contacts amongst individuals are the key interests of the relational approach. This is in line with the initial relationship marketing viewpoint, where it has been argued that personnel, technology, knowledge and time are the elements that have to keep the promises made to the customers (Gronroos 1996).

Relationship marketing is a business practice that focuses on the long term customer relationship. The new understanding brought the concept of relationship marketing to marketing theory and practice is related to keeping existing customers and building strong long term relations instead of looking for new customers continuously. Gronroos (1996) posited that relationship marketing is the effort to set up long term relationships with customers to achieve objectives, to keep and improve the relationships. Cram (1994) has defined relationship marketing as the application of personal information emerged as a result of communication made with customers to develop permanent and long term relationships that are beneficial to both parties.

The hospital market has today changed from a seller's market to a buyer's market, where, the patient is more important. Therefore, to achieve patient satisfaction, the hospital has to develop its own technology, as well as become more service-oriented. A marketing orientation is, therefore, the latest need for the image upgrading of the hospital. The main task of a marketing orientation is to determine the needs and wants of their customers / patients and to satisfy them through design, communication, pricing and delivery of appropriate and competitively viable products and services. A hospital's primary objectives are usually humanitarian, philosophical or regulatory and based on some perceived need. However, the problem may arise due to the difference in patient's needs and wants. For instance, a patient's needs from a hospital are reasonably good quality medical care. Yet market research over the past few years has shown that hospitalized patients want a variety of amenities which are not associated with their need for reasonably good quality medical care. They want smiling, empathetic nurses and staff, a wide selection of food for their meals and a quick response to their calls. Patient's satisfaction in a hospital is basically the patient's state of mind. It is the ability of the hospital service to meet the expectations of the patient. Customer delight is all about exceeding the expectations of the patients to make them highly satisfied with the hospital. In the hospital perspective, the customer is any individual or institution who is an actual, potential or future user of the hospital and its various services. The patient-customer in the hospital is very different from the regular customer, the difference being that they do not want to be customers in the first place. The hospital customer is forced to be a customer because of their illness and unfortunately, he/she has to part with their money.

## **Brand-Customer Relationship**

Marketing has an increasing focus on co- created values and the relationships between organizations and customers (Vargo and Lusch, 2004). The effects of various techniques for establishing, modifying, and understanding relationships between brands are not clearly understood. Brand associations and relationships are becoming more common in business (Aaker and Joachimsthaler, 2000). Brands interact in different ways, but there can be identified two key perspectives on these interactions: the perspective of the customer and the perspective of the brand owner. From the point of view of the customer, meaning is derived from a rich diversity of brand experiences that are themselves dependent on a rich variety of backgrounds and contexts. This diversity gives rise to a highly complex set of brand constellations (Simonin and Ruth, 1998; Lange and Torn, 2002). Brand owners do not exist in isolation and while many relationships between businesses are purely transactional, brand-related interactions between brand owners are worthy of consideration since they too can impact upon brand meaning.

In today's operating environment, customers have more information, more choices, more access and it leads to higher expectations. Maintaining relevance and avoiding commoditization are even greater challenges than they were in the past. In this environment, the brand, in its holistic sense, is more important than ever. Those companies that thrive will be the ones that create the most compelling and consistent brand experience for their customers. These organizations will build their brand in conjunction with their customers and supported by all parts of the organization. The depth of the relationship between the brand and its customers will be the foundation for ongoing success and sustained competitive advantage despite disruptions in the marketplace. Prophet has created a model to guide the development of the brand-customer relationship. Creating a brand-customer relationship entails clearly defining the brand identity and customer value proposition and using this to drive alignment of every related point in the organization. The goal is to ensure that every customer's brand experience is coherent, accessible, and satisfying at every contact. In an industry where every point of point is controlled and focused towards creating a single image, the brand accumulates power and the customer relationships gain depth through the coordinated effort of the entire organization.

## **Background of the Study**

Brands create value for their customers. The dominance of brands during the last century was obvious in all markets, particularly in the consumer market. Consumers may even switch stores, or postpone their purchase, when they cannot find their desired brand in the store where they normally shop. The extent of this behavior emergence depends on the brand and the customers, but surprisingly even store loyal consumers tend to switch stores as much as the non store loyal consumers when they cannot find the brand they require (Verbeke, Farris and Thurik 1998). This attitude indicates that a bond with the brand exists, since these consumers are not willing to buy alternative brands of the same product category available in the stores. In the past, it was suggested that producers have to decide the emphasis that they will place on the brand element and the relationship element when they position their products, choosing from a continuum of low-high emphasis for both elements (Palmer 1996). This is hardly the case for most of the branded products nowadays, since customers buy products that they perceive as satisfying them more effectively and can relate to them. This trend has been so increasingly obvious that it has been suggested that relationship marketing consists of the management of a network of relationships between a brand and its customers (Ambler 1997). In reality, the relationship concept connecting the customer and the brand is the interaction between the attitudes of the two parties, the customers and the brands (Blackston 1992; 1993). Recent research findings support that the positive brand and personal interaction are central to the building of successful brand relationships (O'Loughlin, Szmigin and Turnbull 2004). Although some consumers might be unwilling to accept that they form a relationship with brands (Bengtsson 2003), past research supported that the brand consumer relationship might take a number of forms, depending on the personality of customers and the manner they develop relationships in general (Fournier 1998). Their existence has been documented in various contexts. It is evident, especially in well-defined groups of consumers and sub-cultures. Based on specialized literature, the present research focused on finding the brand-customer relationship in hospital industry.

## **Purpose of the Study**

It has been long appreciated that studies on relationship marketing in the consumer markets, especially for consumer products particularly lack in service industry (Scheth and Parvatiyal, 1995). This research is attempting to examine the relationships of brands with their customers, investigated from the experienced inpatients of a branded hospital. This paper explores whether or not brands form a relationship with the customer.

## Research Methodology

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 consideration, brand preference, brand image, brand trust, brand loyalty, positive word of mouth and revisit intention are the factors that positively influenced the patient on creating a relationship with the brand.

In order to examine the research assumption, the researcher has selected the hospital which has a unique brand identity in Tamilnadu, India. The study is developed in one of the well branded hospital in Chennai. The study is exploring whether the brand has built the relationship or not. The data is collected from those patients who are receiving treatment in the hospital. Out of a total of 680 beds in the hospital, 365 patients stayed in the hospital for a minimum of 4 days as inpatients in order to receive treatment. Due to the fact that they are all well experienced in this brand, they are all considered as a sample of this study. When they have experience with this hospital they have enough knowledge on this brand, whether the brand fulfilled their expectation or not. The schedule has been prepared to measure the following: brand consideration, brand preference, brand image, brand trust, brand loyalty, patient satisfaction, positive word of mouth, revisit intension and relationship of the brand. The statements are formulated according to the 5 point Likert scale, where 1 stands for strongly disagree and 5 stands for strongly agree. The schedule is filled in by the researcher himself/herself contacting the sample patients. The data is analyzed with appropriate statistical tools like descriptive statistics, correlation and stepwise multiple regression.

## Results and Discussion

**Table 1.** Inter correlation between study variables

Brand Variables	Brand consideration	Brand preference	Brand image	Patient satisfaction	Brand trust	Brand loyalty	Positive word of mouth	Repeat visit
Brand consideration	1							
Brand preference	0.828**	1						
Brand image	0.829**	0.804**	1					
Brand trust	0.828**	0.822**	0.850**	1				
Patient satisfaction	0.741**	0.660**	0.765**	0.765**	1			
Brand loyalty	0.479*	0.574*	0.599*	0.508**	0.634**	1		
Positive word of mouth	0.554**	0.453**	0.753**	0.642**	0.653*	0.674*	1	
Repeat visit	0.416**	0.254**	0.445**	0.411**	0.487**	0.655**	0.556**	1

Source: Primary Data Computed, \*Significant at five percent level, \*\*Significant at one percent level

It is a fact that the branded hospital has a unique character on its services. Brand consideration is a process by which the consumers simplify their choices by reducing the number of brands they choose from (Robert and Nedungali, 1995). Hence, brand consideration is a key step to select the brand. Past literature showed that the experience with the brand affects the propensity of brand consideration (Fazio and Zanna, 1981). Patients have more choices, more information and higher expectations than ever before. Hence, their brand preference is selective demand. Obtaining and sustaining brand consideration and brand preference is an important step on the road to gaining brand loyalty. The relationship between brand consideration and brand

preference is displayed in Table 1. Patients perceived the service quality as highly satisfying. They felt that the brand is the most suitable for them. Pearson correlation value (0.828) indicates that brand consideration and brand preference have a significant positive relationship, so the patients highly preferred this brand. The patients attained a high level as regards brand image, which proves that this is one of the trusted hospitals. Brand trust also reached high correlation values.

**Table 2.** Impact of brand variables on patient satisfaction

Model summary	Brand variables	B	Standard error	Beta	t-value	p-value
R-value = 0.861	constant	0.032	0.245	-	0.131	0.896
R-square value = 0.742	Brand trust	0.672	0.135	0.608	4.996	0.001*
Adjusted R square value = 0.736	Brand image	0.303	0.137	0.270	2.215	0.029**
Standard error = 0.428						
F=144.859						
P=0.001*						

Source: Primary Data Computed

Note: \*Significant at one percent level, \*\*Significant at five percent level.

Patient satisfaction is influenced by so many factors. The patients expect their selected brand to fulfill their satisfaction. The researcher assumed that brand variables have a positive relationship with patient's satisfaction. In order to verify the assumption, Pearson correlation value is calculated. The calculated r value indicates that brand trust, brand image, brand considerations are secured higher r-value (table-1). The p-values are statistically significant. Hence, the researcher's assumption is true. It is understood that the patient trusts this hospital. After getting the treatment in the hospital, all patients admitted that the hospital kept its promises and commitments. Thus, the patients rely very much on this hospital's services. Patient satisfaction is closely linked to brand trust, brand image, brand consideration and brand preference.

Further on, stepwise multiple regression is applied to identify the most predictor brand variables on patient satisfaction. The result is displayed in Table 2. Among the brand variables, brand trust and brand image are the most predictor variables on patient satisfaction. From the R square value, it is inferred that the brand trust and brand image have a 74.2 percent influence on patient's satisfaction. The standardized co-efficient beta value indicates the relative importance of the predictor's level of patient satisfaction. It is observed that brand trust and brand image significantly influenced the patient satisfaction. Patient satisfaction is expressed by the equation  $Y = a + b_1 x_1 + b_2 x_2 + \dots + b_n x_n + e$

Where Y = Dependent Variable; a = Constant,  $b_1, b_2, \dots, b_n$  are Standardized Co-efficient Beta value;  $x_1, x_2, \dots, x_n$  are Independent Variable and e = Standard error.

Patient satisfaction = 0.032 + 0.672(brand trust) + 0.303(brand image)

The equation explained that the brand trust and brand image have a positive impact on patient satisfaction. In order to have one-unit increase in patient satisfaction, the brand trust has to be increased by 0.672 while other factors remain constant. Similarly, if brand image level 0.303 increases, one unit of patient satisfaction increases.

**Table 3.** Predictors of brand loyalty

Model summary	Brand variables	B	Standard error	beta	t-value	r-value
R-value = 0.648	constant	0.720	0.385	-	1.870	0.064
R-square value = 0.411	Brand preference	0.689	0.153	0.580	4.490	0.001*
Adjusted R square value = 0.393	Patient satisfaction	0.411	0.111	0.502	3.713	0.001*
Standard error = 0.519	Brand image	0.589	0.156	-0.423	-2.490	0.014**
F = 23.267						
P = 0.001*						

Source: Primary Data Computed

Note: \*Significant at one percent level, \*\*Significant at five percent level.

Customer loyalty, a major theme in marketing research, has become an essential concern and a strategic obsession for many managers (Bodet, 2008). Due to the importance of loyalty in the service industry, there is a growing interest in the business forums and in the academic community. Researchers have found that customer loyalty is an important source of competitive advantage of a business. A number of studies discussed how satisfaction, trust, commitment, service quality, involvement and other factors impact upon loyalty (Bove and Johnson 2006; Russell-Bennett, McColl-Kennedy and Cooté 2007; Rauyran and Miller 2007; Hsu 2008; Kim, Yen, and Kim 2009). In this study brand consideration, brand preference, brand image, brand trust and patient satisfaction are considered as influencing variables on brand loyalty. To identify from among the influencing variables, which are the most predictor variables on brand loyalty, stepwise multiple regression is employed (table-3). From the R square value, it is inferred that the brand preference, patient satisfaction and brand image are the variables influencing brand loyalty by 41.1 percent and this is found to be significant at one percent level.

The standardized co-efficient beta value indicates the relative importance of the predictors of brand loyalty. It is inferred that brand preference, brand image and patient satisfaction significantly and positively influenced the brand loyalty.

Brand loyalty = 0.720+ 0.689 (brand preference) + 0.411 (Patient satisfaction) +0.589 (Brand image)

From the above equation, it is clearly inferred that brand preference, patient satisfaction and brand image have a positive impact on brand loyalty. To have one unit increase in brand loyalty, brand preference has to be increased by 0.689 level when other factors remain constant. Similarly, if patient satisfaction level 0.411 increases and brand image level 0.589 increases, one unit of brand loyalty increases.

**Table 4.** Predictors of positive word of mouth

Model summary	Brand variables	B	Standard error	Beta	t-value	r-value
R-value = 0.760	constant	0.581	0.428	-	1.350	0.177
R-square value = 0.577	Brand image	0.640	0.161	0.550	3.969	0.001*
Adjusted R square value = 0.560	Brand loyalty	0.604	0.101	0.478	5.985	0.001*
Standard error = 0.560	Brand preference	-0.822	0.196	-0.547	-4.193	0.001*
F = 33.830	Brand consideration	0.457	0.195	0.343	2.339	0.021**
P = 0.001*						

Source: Primary Data Computed

Note: \*Significant at one percent level, \*\*Significant at five percent level.

Every industry is interested in customer satisfaction because satisfied customers are loyal customers. Healthcare is no exception. Many research studies assume that satisfied patients are more likely to recommend their providers to their friends (Donabedian 1966). Brand consideration, brand preference, brand image, brand trust, patient satisfaction and brand loyalty

are the factors considered as influencing variables of positive word of mouth. Stepwise multiple regression is applied to know the most predictor variables on positive word of mouth (table-4). R square value indicates that brand image, brand loyalty, brand preference and brand consideration are the variables that have an influence of 57.7 percent on the positive word of mouth. The standardized co-efficient beta value indicates the relative importance of the predictors of positive word of mouth. It is inferred that brand image, brand loyalty, brand consideration significantly and positively influenced the positive word of mouth. However, brand preference negatively influenced the positive word of mouth.

Positive word of mouth =  $0.581 + 0.640$  (brand image) +  $0.604$  (brand loyalty) –  $0.822$  (brand preference) +  $0.457$ (brand consideration)

The equation clearly indicates that brand image, brand loyalty and brand consideration have a positive impact on the positive word of mouth whereas brand preference has a negative impact on positive word of mouth. To have one unit increase in positive word of mouth, the brand image is to be increased by 0.640 level when other factors remain constant. In the same way, if brand loyalty level 0.604 increases and brand consideration level 0.457 increases, one unit of positive word of mouth increases. But, when the preferred brand is not fulfilling the expected needs of the patients it may decrease the positive word of mouth by -0.822.

The loyal customers are always willing to revisit when they need care again. Some studies have shown that there is a strong association between loyalty and willingness to return (Lee 2005). When the need arises again for receiving treatment, the patients revisit the same hospital. Returning to the same hospital may be influenced by brand consideration, brand preference, brand image, brand trust, patient satisfaction and brand loyalty. Hence, the researcher made an attempt to find the most predictor variables on revisit intentions by applying stepwise multiple regression (table-5).

**Table 5.** Predictors of Revisit intention

Model summary	Brand variables	B	Standard error	Beta	t-value	r-value
R-value = 0.690	constant	1.070	0.458	-	2.194	0.031**
R-square value = 0.476	Brand loyalty	1.007	0.117	0.762	8.618	0.001*
Adjusted R square value = 0.461	Brand image	-0.624	0.208	-0.397	-0.3002	0.003**
Standard error = 0.648	Brand preference	0.323	0.418	0.266	2.184	0.031**
F = 30.331						
P = 0.001*						

Source: Primary Data Computed

Note: \*Significant at one percent level, \*\*Significant at five percent level.

The calculated R square value shows that brand loyalty, brand image and brand preference are the variables that influenced the revisit by 46.1 percent. The standardized co-efficient beta value indicates the relative importance of the predictors on the revisit. It is identified that brand loyalty and brand preference positively influenced the revisit. However, brand image has a negative influence upon the revisit.

Revisit behavior =  $1.070 + 1.007$  (brand loyalty) –  $0.624$  (brand image) +  $0.323$  (brand preference)

Brand loyalty and brand preference have a positive impact on revisit behavior. But brand image has a negative impact on the revisit intention. To have one unit increase in revisit intention brand loyalty has to be increased by 1.007 when other factors remain constant and brand preference by 0.323. When the image of brand does not fulfill the expected needs of the patient, it may decrease the revisit intention by -0.624.

**Table 6.** Predictors of Brand-Customer Relationship

Model summary	Brand variables	B	Standard error	Beta	t-value	r-value
R-value = 0.792	constant	0.355	0.348	-	-1.021	0.310
R-square value = 0.627	Patient satisfaction	0.398	0.118	0.383	3.365	0.001*
Adjusted R square value = 0.616	Patient loyalty	0.383	0.092	0.301	4.148	0.000*
Standard error = 0.526	Brand trust	0.272	0.126	0.233	2.163	0.033**
F = 56.000						
P = 0.000*						

Source: Primary Data Computed

Note: \*Significant at one percent level, \*\*Significant at five percent level.

The brand contributes to the development of the relationship. The strength of the bond depends on the degree to which patients can identify themselves in regard to the physical characteristics of the brand. When the patients perceived the high level of satisfaction towards the arena of the brands, then the brand has a good relationship with their customers. For that, brand consideration, brand preference, brand trust, brand loyalty, positive word of mouth and revisit are the variables considered as an independent variable and BCR is considered as a dependent variable to measure the relationship between brand and customer. Step wise multiple regression is applied to find which are the most predictor variables on Brand-Customer Relationship (table-6). R square value highlights that patient satisfaction, brand loyalty and brand trust are the variables that have an influence of 61.6 percent on Brand-Customer Relationship. It is inferred that patient satisfaction, patient loyalty and brand trust significantly and positively influenced the Brand-Customer Relationship.

Brand-Customer Relationship = 0.355 + 0.398 (patient satisfaction) + 0.383 (patient loyalty) + 0.272 (brand trust)

Patient satisfaction, patient loyalty and brand trust have a positive impact on Brand-Customer Relationship. To have one unit increase in Brand-Customer Relationship, patient satisfaction is to be increased by 0.398 levels, when other factors remain constant, which is followed by patient loyalty 0.383 level and brand trust 0.272 level.

## Findings and Implications of the Study

This study explored the relationship of the brand with their customers. In the case of those who have experienced the brand, their perceived value is measured. It is found that brand consideration is having a high level of positive relationship with brand preference. Brand image significantly influences patient satisfaction. Brand preference, patient satisfaction and brand image are the factors that highly contributed to brand loyalty. The behavioral intention of the patient is influenced by brand loyalty and brand image. Because of their loyalty, they highly recommend the brand to their friends, relatives and others also. Apart from that, when the need arises, they would like to revisit the same branded hospital. This hospital is loyal in terms of their services, it is a very trusted brand in terms of promised services, and hence patients highly favored this brand.

The research confirms the advantage of concepts such as brand identity. Brand image loyalty and satisfaction are the clear insight of the customer's relationship with the brand. These findings contribute to the development of the relational approach and provide a better understanding of consumer behavior.

The importance of the patient satisfaction, loyalty and trust seems to indicate that patients build their trust on the quality of the brands. In contrast, other dimensions are negligible. Hence, the



hospital service providers must take care to build trust in terms of satisfaction. Brand- Customer Relationship relies on every tough point of the hospital services.

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## Determinanți-cheie în relația client-marcă din cadrul industriei serviciilor spitaliere

### Rezumat

Constituirea mărcii se realizează în strânsă legătură cu clienții și este susținută de o identitate clar definită, iar declarațiile de valoare ale clienților constituie baza tuturor acțiunilor din organizație. Astfel, se asigură coerența, accesibilitatea și satisfacerea clienților în cazul experienței lor cu marca. Cercetarea de față încearcă să analizeze relațiile dintre mărci și clienții lor, conform unei investigații efectuate pe pacienții unui spital renumit. Articolul de față urmărește dacă marca formează o relație cu clienții. Acest studiu a fost organizat într-unul dintre spitalele de marcă din Chennai. Din 680 de locuri disponibile, 365 de pacienți care au stat internați pentru cel puțin 4 zile au fost considerați drept repondenți în acest studiu. Programul a urmărit obiectivele stabilite în cercetare. Datele sunt analizate cu instrumente statistice corespunzătoare, precum statistica descriptivă, corelația și regresia multiplă. S-a ajuns la concluzia că imaginea de marcă, fidelitatea și satisfacția pacientului oferă o înțelegere clară a relației clientului cu marca.