ST.MARY'S UNIVERSITY
SCHOOL OF GRADUATE

STUDIES COLLEGE OF BUSINESS AND ECONOMICS
DEPARTMENT OF MARKETING MANAGEMENT

FACTORS UNDERLYING CHOICE OF HOSPITAL BRANDS AMONG CONSUMERS IN ADDIS ABEBA, ETHIOPIA

BY
SOLOMON G/SELASSIE G/MICHAEL

JUNE, 2019
ADDIS ABABA,EHIOPIA

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SOLOMON G/SELASSIE G/MICHAEL
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APPROVED BY BOARD OF EXAMINERS

| ------------------------ | ------------------------------ | ---------------------- |
Dean, Graduate Studies	**Signature**	**Date**
Adviser	**Signature**	**Date**
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External Examiner	**Signature**	**Date**
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Internal Examiner	**Signature**	**Date**

DECLARATION

I, Solomon G/Selassie G/Michael, declare that this thesis is my original work. Prepared under the guidance of **Mesfin Workneh (PhD).** All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

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ENDORSEMENT

This thesis has been submitted to **St. Mary's University**, School of Graduate Studies for

examination with my approval as a university advisor.

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          Advisor   Signature

St. Mary's University, Addis Ababa   **JUNE,2019**

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LIST OF ABBREVIATIONS AND ACRONYMS

AMA: American Marketing Association

ANOVA: Analysis of Variance

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ABSTRACT

Every customer in the market has his/her own brand choice. Customers consider certain attributes before purchasing products or services. The objective of this study was to identify the underlying factors of brand choice among consumers of private hospital in Addis Ababa, Ethiopia. The variables included in this study are perceived cost of care, location, reputation of institution, recommendation of other, availability of specialist, advertisement and modern technology and equipment offer. A sample of 360 private hospital consumers was selected using convenience sampling technique. A semi -structured questionnaire based on likert type scale was used to elicit information from the sampled respondents in the city of Addis Ababa. The data were analyzed using descriptive statistics, one way ANOVA, independent sample t-test and multiple regressions. The findings of the study showed that most of respondents were aware of hospital brands available in Addis Ababa. Particularly St. Gabriel General Hospital Plc., Hayat Hospital and Bethzatha General Hospital are found to be a top of mind and mostly preferred brands of all brands available in Addis Ababa. The study reveal that cost of care, location, reputation of institution, recommendation of other, availability of specialist, advertisement make a significant contribution to hospital brand choice of consumers in Addis Ababa. Moreover, the study finding shows that, there is a difference among consumers of the different age groups with regard to advertisement as a factor for brand choice. Regarding the difference between educational level of respondents on the factors they consider in brand choice, cost of care and reputation of institution were found to have a significant difference. However, the test result for variation on reputation of institution and availability of specialist brand preference based on respondent's gender and income level was found to be insignificant.

Key Words: *Brand choice, Hospital Brand, Brand Preference.*

CHAPTER ONE

INTRODUCTION

This chapter introduces readers to the study of factors considered in the choice of private hospital brands, in Addis Ababa. It underlines the importance of the research, formulates its objectives and research questions. Moreover, issues related to, significance as well as limitation and delimitation of the study are included in this chapter. Finally, the chapter concludes by summarizing the content of the subsequent chapters

1.1. Background of the Study

While patient retention is vital to the success of any hospital, it is also incredibly important to determine what brings an individual to a particular health care institution in the first place. There are a number of considerations which may influence an individual's choice of hospital. Some of the most logical determinants would include physician referrals, proximity, health insurance coverage, and hospital performance reports. However, little research has been performed in an effort to pinpoint which of these factors, if any, hold greater weight in individuals' choice of health care institution or provider. This study sought to shed light on the choice of hospital decision process in an attempt to provide health care marketers with recommendations to more effectively target consumers. As the health care industry becomes increasingly consumer-driven, it is crucial for hospitals to understand the considerations involved in their patients' choice of health care institution.

The purpose of this study is to determine the factors which most heavily influence consumers' choice of hospital, as well as to make recommendations to health care marketers based upon the conclusions reached. This study also hoped to provide beneficial insights to public policy makers who desire to give consumers more control in the health care decision making process. Very little research has been performed in recent years as to consumers' choice of hospital decision process. As such, the significance of this study is not only that it produces findings which support decades-old conclusions, but that it also provides insights which are not presently in the literature.

Companies with superior information can choose their markets better, develop better offerings, and execute better marketing planning (Kotler and Keller, 2012). Since customers are, the start

and end of marketing, marketers should collect information about their customers' preference and act in a way that can satisfy their needs. A marketing program could not be successful without considering and understanding of customers' needs.

Moreover, as Keller (2004) explains, the strength of a brand depends on how consumers think, feel and act with respect to that brand. In particular, the strongest brands will be those brands for which consumers become so attached and passionate that they, in effect, become missionaries and attempt to share their belief and spread the word about the brand. Although, marketers must take responsibility for designing and implementing the most effective and efficient brand building marketing programs possible, the success of those marketing efforts ultimately depends on how consumer respond.

In order to obtain a favorable consumer response to a company's offering, understanding and predicting brand choice decisions of customers is necessary. American Marketing Association on (January 10, 2013) defines brand choice as the selection of one brand from a set of alternative brands

Consumer brand preference is an essential step in understanding consumer brand choice; has therefore always received great attention from marketers. In the marketplace, consumers often face situations of selecting from several options (Dhar, 1999). Brand preferences represent consumer dispositions to favor a particular brand (Overby and Lee, 2006). It refers to the behavioral tendencies reflecting the extent to which consumers' favors one brand over another (Hellier, P.K., Geursen, G.M., Carr, R.A. and Rickard, J.A.2003; Zajonc and Markus, 1980). Brand preference is close to reality in terms of reflecting consumer evaluation of brands.

Consumer preferences for brands reflect three responses: cognitive, affective and conative or behavioral (Grimm, 2005). The cognitive components encompass the utilitarian beliefs of brand elements (Grimm, 2005). The affective responses refer to the degree of liking or favoring that reflects consumer feelings towards the brand (Grimm, 2005). The conative or behavioral tendencies are denoted by Zajonc and Markus (1982) as the consumers' predicted or approached act towards the object. It is the revealed preference exhibited in consumers' choices (Hsee et al., 2009). Chernev, A., Hamilton, R. and Gal, D. (2011) assume that the association of behavioral outcome, such as willingness to pay and brand preference with the behavioral tendencies.

The bias position consumers constitute toward a certain brand, created from comparative judgment between alternatives, reflects the brand strength (Biel, 1992). Thus, changes in 3 consumer brand preferences are reflected on the brand performance and market shares (Sriram, S., Chintagunta, P.K. and Neelamegham, R. (2006). In addition, brand preference combines the desired attributes and consumer perceptions; thus, it offers an indirect and unobtrusive way to assess salient attributes (Keller, 1993). Therefore, uncovering consumer brand preferences are considered critical input to design successful brand strategy, brand positioning, and gives insights to product development (Alamroand Rowley, 2011). Consequently, understanding brand preferences contributes in building strong brands able to build long-term relationship with consumers

Hospital is a health care institution or provider, which has been differentiated through marketers 'effort of building a brand. A hospital is an institution of health care providing treatment with specialized staff and equipment so basic that it cannot be physically differentiated in the minds of consumers (Keller, 2004). It is believed that consumers may not perceive any difference among various brands of hospitals, however, the effort of marketers make them to choose one brand over another. Furthermore, in their decision-making consumers may employ various choice criteria. Therefore, in order to develop a successful marketing strategy that can prove the existence of difference among various brands, identifying and understanding consumers' choice criteria is indispensable.

According to (Kebede, S., Abebe, Y., Wolde, M., Bekele, B., & Mantopoulos, J. (2010) there are 143 hospitals in Ethiopia out of which 88 are government-owned hospitals. It's known that Ethiopian hospitals have been managed by medical doctors. Those doctors neither had the formal managerial training nor the time to manage such complex institutions. In a country of 20 million people where the annual per capita total health expenditure is about 5 US dollars and where the physician density is one of the lowest in the world, hospitals have been poorly managed(Kebede, S., Abebe, Y., Wolde, M., Bekele, B., & Mantopoulos, J. (2010)

Looking ahead, health care treatment demand is expected to continue its rapid growth, in line with population levels, favorable demographics, continued economic growth, and a gradual convergence of national consumption levels towards those of neighboring countries. According to Access Capital projection (2010), health service in Ethiopia will rise by around 15 percent per

year in the coming years, a volume growth that can comfortably support several new hospital providing treatment in the next five year period even after accounting for the expansion plans of existing institution. This rapidly growing market will make the competition among institution stiffer than before. In this competitive environment, the way by which companies win the competition is through differentiation, building strong brand. To build a strong brand understanding what consumers expect from a certain hospital brand or what factors they consider to choose a brand of hospital is important.

The relative importance of each factor, will be identified by researchers, depends on the nature of industry or service category under consideration, location and social characteristics of the consumers of different brands. Although, many studies have been conducted in various product categories, literature on brand choice in the health care institution of health care industry is relatively insignificant. Thus, the consideration of relevant variables/factors for this research, in the case of private hospital brand choice was primarily guided by literature (similar studies conducted in different product categories and books). Moreover, the extent to which those factors are applicable to the health service category and Ethiopian market was tested.

Keeping in view the importance of understanding consumer behavior, taste and preference, the present study was conducted with the objective of identifying the various factors responsible for determining the brand choice among consumers.

1.2. Statement of the problem

In every service category, consumers have more choices, more information and higher expectations than ever before. To move consumer from trial to preference, brands need to deliver on their value preposition, as well as dislodge someone else from the consumer's existing preference set.

It is very well understood that information on consumer behavior and brand preference are key factors which creates efficiency in business management (Bytiqi, 2008). Having more information on customer's needs, wants and behavior will help business to choose their target market(s) and tailored marketing programs. Interest in consumer brand choice has grown among marketing practitioners' and scholars in the process of understanding consumer brand selection (Kotler, 2002). It is very critical for companies to understand the customer's requirement and

provide the products that satisfy their needs. Consumers brand preference represents a fundamental step in understanding consumer choice.

The consumer preference toward the brand transforms into motivation to continually repurchase the product. Consumers are faced with the task of differentiation and choosing among product or services and brands. Formation of preference represents a fundamental step in understanding consumer choice and consideration as a direct antecedent of the purchase intention.

People can be exposed to external (cultural factors, social factors, etc.) or internal (personal factor and psychological factors) during their decision making processes. Consumers shape their purchasing behaviors under the effect of these factors and they either buy or not.

Several studies have been conducted in order to determine factors which impact consumers' buying decisions. All of these studies has aimed to reveal key factors which impact consumers and classifying according to their similar characteristics

Understanding what consumers consider in choosing a particular hospital brand is important for health institution; it will lead them to formulate a better marketing programs. However, failure to do so may result in losing a substantial market share. Thus, it is worthy to study the factors that consumers consider to select one brand from a set of alternative brands available in the market. The motivation behind this study is the fact that in recent years the competitiveness in the health industry has enormously increased. However, it has not been clear which factors consumers consider in their choice of hospital brands. Many important elements might have strong influence on using decisions, which need to be considered to understand the consumers buying decision-making. Further, it seems highly essential to differentiate between user's brand choice and the factors affecting it.

1.3 Research Questions

This study were conducted to identify the underlying factors of consumers brand choice in a health care service category and the main research question of the study is **What factors determine the brand choice of private hospital in Addis Ababa?** Under this main research question, the following specific research questions were addressed.

• What factors determine the brand choice of private hospital?

• Do the determinant factors of brand choice vary across demographic profile of respondents?

1.4. Objectives of the Study

1.4.1 General objective of the study

The general objective of this research is to identify underlying factors of brand choice among consumers of health care services in Addis Ababa.

1.4.2 Specific objectives of the study

The specific objectives of this research were as follows:

• To identify the factors that consumers consider when choosing a brand of hospital.

1.5 Research Hypothesis

Based on the literature review and the hypothesized connections presented in the conceptual framework the following hypotheses were tested:

➢ Ho: Cost of care hospital does not contribute significantly favorable to brand choice.
   H1: Cost of care hospital contribute significantly favorable to brand choice.

➢ Ho: Location does not contribute significantly favorable to brand choice.
   H1: Location contribute significantly favorable to brand choice .

➢ Ho: Reputation of Institution does not contribute significantly favorable to brand choice .
   H1: Reputation of Institution contribute significantly favorable to brand choice.

➢ Ho: Recommendation of others (physicians, relatives &Friends) does not contribute significantly favorable to brand choice.
   H1: Recommendation of others (physicians, relatives &Friends) contribute significantly favorable to brand choice.

➢ Ho: Availability of Specialists does not contribute significantly favorable to brand choice.
   H1: Availability of Specialists contribute significantly favorable to brand choice .

➢ H0: Advertisement consider does not contribute significantly favorable to brand choice.
   H1: Advertisement contribute significantly favorable to brand choice.

- H0: Modern Medical Technology & Equipment offer dose not contribute significantly favorable to brand choice

    H1: Modern Medical Technology & Equipment offer contribute significantly favorable to brand choice .

1.6 Significance of the Study

The health care industry or market in Ethiopia is growing rapidly. Different companies are introducing new brands to the market and at the same time, demand is increasing. The introduction of various brands will lead to tight competition, which in turn make consumers to face brand choice decision in the market. In such a situation, it becomes necessary for institution of health care to understand the major factors attracting consumers to one's own brand, so that they can succeed in the market and win the competition.

A clear understanding of the factors that influence brand choice is critical to ensure that a company's branding and marketing efforts are matched with the needs of consumers. Therefore, this study can help marketers to design a better marketing strategy by identifying the factors that determine consumers brand choice.

Even though information regarding buying behavior may be helpful to marketers, research about this issue in health market and Ethiopian context is scarce. Thus, this study will have a theoretical contribution in the area of service purchase decision and consumers brand choice criteria in the context of Ethiopian market. Furthermore, the study will give insight for other researchers to explore and investigate more in the area, in a broader scope and wider context.

1.7. Scope of the Study

The study aim to underlying factors of Private hospitals brand choice and the relationship of these factors with their hospital brand choice. According to the list maintained by Federal Ministry of Health there are 31 private hospital in Ethiopia, out of these 25 are in Addis Ababa. They are registered as a private general (16), private maternity specialty(8) and private cardiac super specialty(1).This study aims to understand factors that determine consumer Private hospital brand preference, their relationship with the brand preference and if consumer preference for a particular hospital brand varies or changes with the consumer profile. To achieve this aim, the scope of the study were to identify different factors, i.e. cost of care, Location (proximity to

home), reputation of institution, recommendation of family and friends, availability of specialists, advertisement, technology and modern equipment offered, that influence a brand preference of a particular Private Hospital brand in Addis Ababa.

The population of the study is limited to Addis Ababa, capital city of Ethiopia. This geographical limitation is not only chosen because of time, access and cost restriction, but also it is believed that a considerable number of user are available in Addis Ababa.

This study focus on to discover which decision criteria consumer more specifically data were collected consider in selecting a hospital and which of those criteria weigh most heavily in the choice of hospital decision making process. Furthermore this research focus only on the factors that consumer consider in choice of local operating of hospital brands.

1.8. Limitation of the study

This research studied only private hospital and the result and recommendation may not be applied to the public hospital. In addition, this research has only focused on seven variables. A study incorporating a range of factors, which are related with companies marketing strategy and other extraneous variables, might have yielded a better understanding of consumers brand choice.

1.9. Organization of the Research Report

The content of this research have five chapters. The first chapter includes the research background, problem statement and research questions, objective of the study, significance of the study, scope of the study, limitation of the study and definition of terms. This will be followed by the discussion of concepts and theories related to the area of study (chapter two, literature review). The third chapter describes the research design, participants of the study, the data source, data collection and analysis techniques and procedures. The fourth chapter deals with the interpretation and discussion of the findings. Finally, in the last chapter, finding of summary, conclusion and recommendations are included.

CHAPTER TWO
REVIEW OF RELATED LITERATURE

Introduction

This chapter provides an insight to readers about the theoretical view of the topics under study. In line with the objectives of the study, the chapter covers topics related to consumers brand choice and conceptual framework.

2.1. Consumers' Brand Choice

Understanding and predicting brand choice decisions by consumers has been a topic of interest to both marketers and researchers. Brand choice investigation involves understanding consumer behaviors in their selection of brands among various product categories (Bentz and Merunka, 2000). In the past, brands have been perceived as products with different attributes; however, brands are now viewed as personalities, identities, and have special meanings intrinsic to consumers (Ballantyne et al. 2006). Brand choice research has been investigated for many years and has intensified as product categories have become more proliferated. For example, 30years ago there were only a handful of beer brands in grocery stores. Now, there are several brands of beer with brand extensions featuring light beers, imports, ice beers, as well as many others. Consumers have more options and many different brands to choose from (Léger and Scholz, 2004).

Much of brand choice research has been through probability models to test the impact of marketing mix variables as a predictor of brand choice (Wagner and Taudes, 1986; Chib et al.2004; Bentz and Merunka, 2000). These variables (referred in most research studies as the 4 P's) are elements such as product features, displays (i.e. advertising, sales promotions), availability (stock of inventory), and price (Chib et al. 2004, May; Bentz and Merunka, 2000; Wager and Taudes, 1986). When used in probability modeling, marketing mix variables are considered non stationary and heterogeneous among the population (Wagner and Taudes, 1986).

Among specific marketing mix variables, pricing appears to have the most consistent impact in studies. Promotions such as sales promotions have shown influence on brand choice which ultimately effect bottom-line prices for consumers. For example, pricing promotions could involve coupons or simply a reduction of price within the product category (Singh et al. 2005;

Papatla and Krishnamurthi, 1996; Wagner and Taudes, 1986; Orth, 2005). In probability modeling studies, it has been shown that displays and features have some impact on brand choice, but this evidence is not as overwhelming or as consistent as other factors among brand choice research studies (Chib et al. 2004; Papatla and Krishnamurthi, 1996; Alvarez and Casielles, 2005). Product attributes have high importance on discovering what areas of the product can be altered in order to make their brand more appealing to the consumer. According to current research, it has been found that the greater the number of brand attributes for a product, then the more likely the consumer is to make that particular band choice (Greenwald etal. 1986; Romaniuk, 2003). Product attributes are important to marketers in order to differentiate products from their competitors (Aaker et al. 1992; Belch and Belch, 1995).

Non-marketing mix variables have been researched in order to discover external factors that impact brand choice. Seasonality and trends have been researched with brand choice. However, their outcomes depend upon the product category. For example, a product such as laundry detergent will most likely have better sales figures in the summertime when the weather is more favorable and people are outside more (Wagner and Taudes, 1986). Personality factors have shown an impact based on what brands consumers buy. Brand credibility has shown significance in determining brand choice as well (Erdem and Swait, 2004; Fry, 1971). Other areas such as purchase time, purchase order, and product name have been researched but have-not been deemed to be main factors in determining a brand choice decision (Charlton and Ehrenberg, 1973). These studies allow marketers to understand consumer switching behaviors and allow for market share penetration, which give marketers a better understanding of what elements effect a particular brand or product category (Chib et al. 2004; Wagner and Taudes, 1986).

2.2 Empirical Review

While this study aimed to produce novel research on the topic of consumer private hospital decision factors, previous findings and perspectives had to first be considered. No single variable has ever been undeniably determined to carry the most weight in an individual's choice of hospital. However, a number of decision factors have consistently appeared in the literature. Javalgi, Rao, and Thomas (1991) found that the myriad considerations in one's choice of hospital could be narrowed down to a list of seven relevant criteria. This list included the location of the hospital, whether or not it employs specialist doctors, the type of hospital, reputation, whether it

offers modern equipment and technology, the cost of care, the courteousness of employees, the recommendation of a doctor, and recommendations of friends and relatives. A thorough examination of existing research on the topic revealed that these seven criteria formed a sufficiently inclusive compilation of important decision criteria in consumers' choice of hospital.

Many of these factors were mentioned in the findings of multiple studies, suggesting that they are frequently taken into consideration when an individual is selecting a hospital.

2.2.1 Location (proximity to Home)

In their study, Javalgi et al. (1991) found that the location of the facility was deemed the most important decision criteria in consumers' choice of hospital. However, more recent research found that an individual's proximity to a hospital may actually have little to do with him or her choosing to go there. According to a study performed by the BlueCross BlueShield of Tennessee Health Institute (2012), in today's mobile culture, distance may no longer be a barrier to patients seeking certain health services. The study explained that the availability of rapid-response transportation, such as helicopters, has also made the transportation of the critically ill a much less time-consuming process, thereby diminishing the importance of a hospital's location. It also surmised that these factors were the most likely causes of the decreased emphasis today's consumers place on the geographic proximity of a health care facility. In light of the BlueCross BlueShield study's findings, the current study sought to examine whether location remains the most important factor in people's choice of hospital or if this potential barrier has been effectively diminished in modern society.

2.2.2 Availability of Specialist or Doctors

In the 1990s, experts in the medical field predicted that managed care and capitation payment arrangements would reduce the demand for specialist doctors. As Jaklevic (1999) found, however, "demand for specialty services has never been higher, thanks to aging baby boomers and the patient-choice movement" (p. 35). An aging U.S. population implies an inevitable rise in the prevalence of chronic disease, as well as a spike in complex medical conditions. Such increases stand to have a profound impact on the future of the health care delivery system, and they also suggest a rise in the demand for specialists.

According to Dall et al. (2013), the Census Bureau predicts a 9.5 percent increase in the U.S. population between 2013 and 2025. Of that population, the number of individuals ages sixty-five and older is projected to grow by nearly 45 percent. Based upon these numbers, the expected growth in the demand for specialty services is quite significant. To illustrate this, "the number of both cardiology and rheumatology office visits is projected to increase by 18 percent. Urology and neurology visits are projected to increase 17 percent, and dermatology visits by 16 percent" (Dahl et al., 2013, p. 2016). Though these may simply be projections, it would be naive to deny the likelihood of an impending increase in patient demand for specialist physicians. As the pervasiveness of chronic and complex medical conditions rises, it is only logical to assume that the demand for specialty services will rise with it. As such, it follows that health care consumers will continue to consider the availability of specialist doctors in making their selection of hospital. However, the modern-day importance of this consideration, which ranked second on the list of criteria compiled by Javalgi et al. (1991), had yet to be quantifiably determined.

2.2.3 Reputation of Institution

In prior studies of decision criteria in consumer choice of hospital, there appeared to be a great deal of importance placed on the institution's reputation. In their research, Hibbard, Stockard, and Tusler (2005) found that when hospital performance reviews were made public, "consumers exposed to the public reviews were much more likely than other consumers to have accurate perceptions of the relative quality of local hospitals, and these perceptions persisted for at least two years after the release of the report" (p. 1159). These findings suggest that exposure to a hospital's reputation and performance reviews can increase the accuracy of an individual's perception of the institution, thereby affecting his or her likelihood of choosing that hospital for future health services.

The study also found that, after being exposed to hospital performance reports, "24 percent [of respondents] had talked to others about the report in the immediate post period, and almost half had talked to others in the next two years." Evidently, participants in this particular study found hospital performance reports to be valuable enough to relay the information to others. By doing so, these individuals acted to strengthen the pre-existing reputations of those facilities, regardless of whether that reputation was positive or negative. Although the findings provided no data as to

respondents' use of this information in future hospital selections, it was suggestive of the importance of hospital reputations and performance reviews in the minds of consumers.

2.2.4 Cost of Care (Affordability)

Intuitively, one would assume that the cost of health care plays a highly significant role in an individual's choice of hospital. In a number of past studies, however, this variable had ranked surprisingly low on the list of consumers' decision criteria. Though this may be true, Gooding (1995) found that "while the cost of care as a factor contributing to hospital choice is ranked relatively low in most studies in which it is included, it is mentioned more frequently than most factors, suggesting it is of greater importance than the face-value findings suggest" (p. 24). In their synthesis of prior studies on the subject, Lane and Lindquist (1988) came to a similar conclusion, finding in the studies reviewed that cost was ranked "eighth of 10 and tenth of 14.Only convenience and location were mentioned as frequently, however. Hence cost may be of greater importance than was found by these scholars" (p. 7). It appeared that, while frequently mentioned as an important consideration in choosing a hospital, cost did not rank highly when compared to other hospital decision criteria. It is possible that the salience of other criteria, such as location or physician recommendations, simply outweighed that of cost of care. In any case, further exploration into the importance cost of care plays in consumers' choice of hospital was certainly warranted.

2.2.5 Recommendation of others (physicians, relatives &Friends)

Though studies have shown that consumers can objectively recognize differences in the service quality and clinical performance of hospitals, they continue to make health care choices which are highly influenced by others, including physicians, relatives and friends. As Smithson (2003) noted, "when choosing a hospital, consumer considerations are most often based on issues relating to physicians and special clinic needs" (p. 4). A testament to this can be seen in a report published by Voluntary Hospitals of America (2003), which found that one-third of patients will go to what they have determined to be a substandard hospital, simply because it was recommended by their doctor. Similarly, a series of studies funded by the Florida Agency for Health Care Administration (ACHA), discovered that "consumers tended to rely heavily on the physician's recommendation. Once trust was established between the physician and the patient, the recommendations were taken very seriously" (Sarel, et al., 2005, p. 16).

The recommendations and quality perceptions of family and friends also appeared to have an impact on consumers' choice of hospital. The Voluntary Hospitals of America report (2003) found that casual contact with a hospital, through visits to family and friends, directly affected individuals' perceptions of the quality of that hospital. The findings suggested that a conscious effort to make favorable impressions on the family members and friends of patients will result in significant pay-off for hospitals in the long run.

2.2.6 Modern Medical Technology & Equipment

Due to gaps in the literature, only seven decision criteria in individuals' choice of hospital were explored in the review of relevant research. However, the current study examined the importance of a number of other factors in the consumer hospital decision process. Three such factors, which were listed in the Javalgi et al. (1991) study, include the type of hospital, whether or not it possesses modern medical technology and equipment, and the courteousness of hospital employees. Due to the passage of the Affordable Care Act (ACA), the effect of the type and scope of an individual's health insurance plan on his or her hospital choice was another variable this study examined. Because this legislation was so recently enacted, little research is available as to its impact on consumers' choice of hospital decision process. Additional decision criteria also emerged throughout the course of the study. Regardless of the number of factors consumers considered in choosing a hospital, the level of importance each factor held in making that decision is what the current study attempted to determine.

2.2.7 Advertisement

In market-based economies, consumers have learned to rely on advertising and other forms of promotion for information they can use in making purchase decisions (Belch and Belch, 2003). Advertising typically provides a reason to buy (Keller, 2004). According to Aynawale, Alimi and Ayanbimipe (2005), advertising helps in projecting product quality and value before the consumers. Hence, it has a major influence on consumers' brand preference.

The survey of 538 randomly selected consumers of Pune/India examined the role played by media on consumer brand choice of Cadbury Dairy Milk (chocolate brand). Results revealed that the major reason for brand preference is advertisement (Kazemi and Esmaeili, 2010). Belch and

Belch and Belch (2003) explain Advertising as a valuable promotional tool for creating and maintaining brand awareness and making sure a brand is included in the evoked set.

2.3 Conceptual Framework

Based on the related literature review the conceptual frame work was developed which includes location of hospital, availability of specialist doctors, hospital reputation, modern equipment and technology offer, cost of care, advertisement, recommendation of others (friends, family) as the independent variable that influence a brand choice (dependent variable) of a particular hospital brand .

- Cost of Care
- Location
- Reputation of Institution
- Recommendation of Other
- Availability of Specialists
- Advertisement
- Modern Medical Technology and Equipment.

Brand Choice
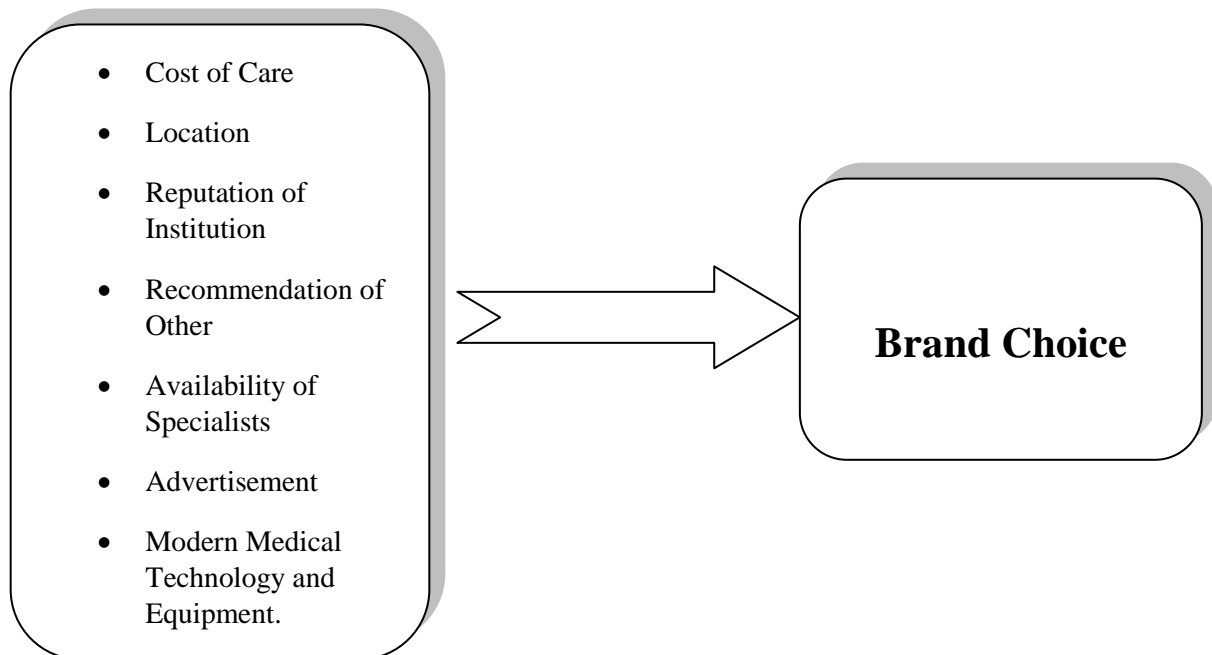
Fig 2.1: Conceptual Framework

CHAPTER THREE
RESEARCH METHODOLOGY

3.1. Research Design

Research design represents the major methodology driving the study, being distinctive and specific research approaches which are best suited to answer the research question (Comack,1996). It explains and justifies the type and method of data collection,, source of information, sampling strategy and time-cost constraints (Saunders, 2012). The research methodology can be classified using the variety of ways, such as methods of data collection, time dimensions, researcher participation and the purpose of the study (Blumberg, 2008). There are three types of research design based on the study purpose: exploratory, descriptive and causal (David, 1987).

This study is trying to identify or explore factors that determine brand choice. Therefore for this purpose mixed research design method is used to understand about factors affecting consumer preference. This research uses both exploratory and descriptive research designs. The exploratory research provides with insight and ideas to discuss the real nature of the brand choice for a particular brand by reviewing different literature. Descriptive study stems from prior knowledge and is concerned with describing a specific phenomenon (Saunders,2012). This research will try to identify what hospital brands are preferred by consumers and the reasons behind that. Therefore descriptive study is the appropriate method of research design.

Quantitative research design examines the relationship between variables and tests the hypothesis. It places greater emphasis on the numerical data and statistical test to achieve conclusion that can be generalized (Saunders, 2012). Even though quantitative research criticized for arbitrary definition of variables away from the context setting and failure to generate hypothesis from the data (Silverman, 2006), to achieve this research objective statistical analysis will be applied to obtain the findings, therefore the design for this research is quantitative research design.

3.2. Data Source and Collection Method

The data for this study were obtained from two sources, primary and secondary. The primary data was collected from the research participants through a semi structured self-administered questionnaire. Secondary data was also extracted from books, journals, articles, magazines, newspapers and other relevant publications.

The primary instrument for data collection in this research was semi-structured questionnaire, which contained a mixture of closed ended and open-ended questions. The questionnaire has three parts. The main part of the questionnaire (part 3) measure the factors consumers considered in making brand choice decision. Seven variables were considered to see the factors that consumers use to make their brand choice decision. The measurement used for these variables was Likert scale.

Pilot survey was conducted on a small group (20 respondents) of medical service user prior to the field survey. The pilot test was used to check if there is inconsistencies in the questions and confirm the suitability of the content of the questions. Based on the feedback received from pretest participants, few changes were made on the questionnaire before it was administered to the sample.

The actual data collection was made by using a self-administered face-to-face survey. The researcher personally distributes and collects questionnaires in purposefully selected areas during the month of March (March 3- 22, 2019). In order to make sure that the questionnaire is understandable by an average person of the study participants, the English version of the questionnaire were translated to the national language, Amharic. Moreover, participants of the study were informed about the objective of the study. They were also notified about the confidentiality of their response.

3.3. Sampling Techniques and procedure

3.3.1 Target population

People, products, firms, markets that are of interest to the researcher are called population. The elements that make up the population are called the sampling units. The desired target population for this study was individuals age 18 and older who live in the Addis Ababa and had sought medical care in the past or may seek it in the future, have at least a foundation education and are

eighteen years or older. Since it is hardly impossible to list all the people with above- mentioned characteristics, the sample frame is the same as the population of concern.

3.3.2 Sample Size and Sampling Techniques

Judgmental sampling were used to select some private hospital in the city in which the researcher believe that patients of private hospital will be available. The specific places in which the researcher collected the data were selected private hospitals and health center available in Addis Ababa.

The current study will depend on non-probability sampling; namely, convenience sampling because the sampling frame is unavailable (Saunders *et al.*, 2012). Non probability sampling is a sampling technique in which some parts of the population have zero chance of selection or where the probability of selection cannot be accurately determined (Bhattacherjee,2012). According to Kothari(2004)when the population element were selected for inclusion in the sample based on the easiest of access, in can be called convenience sampling .This is a technique in which a sample is drawn from that part of the population that is close to hand, readily available ,or convenient (Bhattacherjee,2012). It is an easy, quick, and cost-effective technique, but the main drawback is that it is unrepresentative of the population (Churchill, 1995; Saunders *et al.*, 2012). Thus, the two non-probability techniques i.e. judgmental and convenience were used to select the sample from the targeted population.

There is always the danger of bias entering into this type of sampling technique. But if the investigators are impartial, work without bias and have the necessary experience so as to take sound judgment, the results obtained from an analysis of deliberately selected sample may be tolerably reliable. However, in such a sampling, there is no assurance that every element has some specific chance of being included. Sampling error in this type of sampling cannot be estimated and the element of bias, great or small, is always there. As such this sampling design is rarely adopted in large inquires of importance .However, in small inquiries and researches by individuals, this design may be adopted because of the relative advantage of time and money inherent in this method of sampling (Kothari, 2004).

The sample size for this study was 400.Inorder to develop accurate sample size researchers use default statistical techniques. However, as Stevens etal.(2006) explain, statistical methods of

establishing sample size are only applied to probability samples. In the case of non-probability samples, the choice of sample size was determined by the insight, judgment, experience or financial resource of the researcher.

The appropriateness of the 400 respondents is justified by Neuman (2007) who asserts that when it comes to sampling size selection the researcher should use his discretion. In addition, this decision is consistent with Tabacknick and Fidell (1996) who suggested that, for a regression analysis, the minimum sample size (N) should be $N > 50 + 8M$, where M is the number of predictors (independent variables).. In this study, there are seven main predictors of hospital brand choice as contained in the conceptual framework adapted for this study (i.e. **Cost of Care, Location , Reputation of Institution, Recommendation of Other, Availability of Specialists, Advertisement, Modern Medical Technology and Equipment Offer)**, thus the sample size based on their recommendation should be greater than 114. Thus, the researcher consider available fund and time, sample size used by similar past studies and own judgment to determine the sample size. Hence, a sample of 400 participants was drawn from the targeted population. However, after data collection the sample size was reduced to 360 due to missing data, incomplete surveys, and indifferent answer patterns.

3.4. Reliability Analysis

In order to test the internal consistency of variables in the research instrument Cronbach's Alpha coefficient were calculated. As Zikmund, Babin and Griffin (2010) state scales with coefficient alpha between 0.6 and 0.7 indicates fair reliability. Thus, for this study, a Cronbach's Alpha score of 0.60 or higher is considered adequate to determine reliability.

As per the Cronbach's alpha result, the coefficient for all independent variables and the dependent variable were in the acceptable range, i.e. >0.6. The Cronbach's alpha coefficient of variables for both the pilot test and the actual data is depicted in table 3.1

Table 3.1: Reliability Analysis of Variables

Variable	Cronbach's alpha coefficient		Number Of item
	Pilot study	Actual Data	
Recommendation of others (physicians, relatives & Friends)	0.91	0.9	4
Availability of specialists	0.859	0.83	3
Location (proximity to home)	0.787	0.8	4
Advertisement	0.765	0.79	4
Cost of care	0.717	0.8	4
Modern Medical Technology & Equipment	0.741	0.711	4
Reputation of institution	0.61	0.67	4
Consumer brand choice decision	0.63	0.8	5

Source: Survey data (2019)

3.5. Validity Analysis

Validity is the extent to which differences found with a measuring instrument reflect true differences among those being tested,(Kothari,2004). In other words, Validity is the most critical criterion and indicates the degree to which an instrument measures what it is supposed to measure. In order to ensure the quality the research design content and construct validity of the research were checked.

According to Kothari (2004), content validity is the extent to which a measuring instrument provides adequate coverage of the topic under study. If the instrument contains a representative sample of the universe, the content validity is good. Its determination is primarily judgmental and intuitive. It can also be determined by using panel of persons who judge how well the measuring instrument meets the standards, but there is no numerical way to express it. Based on this definition the content validity was verified by the advisor of this research ,who looked into the appropriateness of the question and the scales of measurement .In addition ,discussions with fellow researchers as well as the feedback from the pilot survey were another way of checking the appropriateness of the question.

A measure is said to possess construct validity to the degree that it confirms to predicted correlations with other theoretical propositions. Construct validity is the degree to which scores on a test can be accounted for by the explanatory construct of a sound theory. For determining construct validity, we associate a set of other propositions with the results received from using

our measurement instrument. If measurement on our devised scale correlate in predicted way with those other propositions, we can conclude that there is some construct validity (Kothari,2004).Therefore ,in order to test the construct validity ,correlation coefficient for the independent and dependent variables were calculated. Based on the result of the correlation analysis, all the seven factors of brand choice were positively related with brand choice. Since the independent variables are positively related with the dependent variables, the independent variable therefore can be considered as a good measure of brand choice.

3.6. Data Analysis

The data analysis was made by using both descriptive and inferential statistics. Descriptive statistics such as frequencies, percentages, means and standard deviations were used to summarize and present the data. In addition to this, Pearson correlation coefficient was used to show the interdependence between the independent and dependent variables.

With regard to inferential statistics, regression analysis was used to test the significance contribution of each independent variable to the dependent variable brand choice. Moreover, one way ANOVA and independent sample-test were used to see the mean difference among demographic profile of respondents on the factor they consider to make a brand choice decision.

3.7. Ethical Considerations

Ethics in business research refers to the set of behavioral principles and norms beginning with the research from the first phase of the study (Sekaran, 2003). The ethical code of conduct should reflect the behavior of everyone participating in the research project; researcher, participants or moderator (Sekaran, 2003). In this research, in order to keep the confidentiality of the data given by respondents, the respondents were not required to write their name and assured that their responses will be treated in strict confidentiality. The purpose of the study was disclosed in the introductory part of the questionnaire. Furthermore, the researcher tried to avoid misleading or deceptive statements in the questionnaire. Lastly, the questionnaires were distributed only to voluntary participants who are 18years and more.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

This chapter presents the data analysis and discussion of the research findings. The data analysis was made with the help of **Statistical Package for Social Science (SPSS v. 16)**. The demographic profile of the study sample, consumers brand awareness, source of information, brand preference and reasons for brand reference have been described using descriptive statistics. Furthermore, descriptive statistics were used to analyze variables of brand choice. To test hypothesis and achieve the study objectives, different inferential statistics were employed. By using **T-test** and **ANOVA** the mean difference between demographic profile of respondents and underlying factors of brand choice were analyzed. Multiple linear regressions were also employed to test hypothesis and achieve the study objective that focuses on identifying the most important underlying factors of brand choice. Pearson correlation coefficient and Cronbach's Alpha were used to test goodness and internal consistency of the measure.

4.1. Descriptive Analysis

4.1.1. Demographic Profile of Respondents

This section summarizes the demographic characteristics of the sample, which includes age of the respondent, gender, education level, and income level. The frequency of medical service usage behavior of respondents is also presented. The purpose of the demographic analysis in this research is to describe the characteristics of the sample such as the number of respondents, proportion of males and females in the sample, range of age, income, and education level, so that the analysis could be more meaningful for readers. In addition to this, the differences between demographic profiles of respondents on the factors they consider in selecting a brand were analyzed by using T-test and ANOVA (the detail is presented later in this chapter).

Table 4.1: Demographic Profile of Respondents

NO		Frequency	Percentage
1	**Gender**		
	Female	115	42
	Male	159	58
2	**Age (in year)**		
	18-25	85	31.0
	26-35	127	46.4
	36-44	38	13.9
	45 and above	24	8.8
3	**Educational level**		
	Primary Education	9	3.3
	Secondary Education	18	6.6
	Diploma	51	18.6
	First Degree	150	54.7
	Masters and above	46	16.8
4	**Monthly income (in Eth.Birr)**		
	0-1000	18	6.6
	1001 – 2500	60	21.9
	2501- 5000	122	44.5
	5001 and above	74	27.5
5	**Health Service Usage**		
	Every six month	69	25.1
	Every year	64	23.4
	More than a year	77	28.1
	Or when a service is mandatory	64	23.4

Source: Survey data (2019)

Table 4.1 visualizes the demographic profile of 274 respondents. In terms of gender, respondents were roughly proportionate between male and female, even though the numbers of male respondents are a bit higher (female 42 %, male 58%). Regarding the age of respondents, the sample population is largely dominated by the age group of 25-35 (46.4%) followed by the group comprise age of 18-25 (31%). This indicates that most of the sample populations are youngsters, So the classification of the sample based on age seems to be quite appropriate, because the choice and consumption pattern of people of different age groups vary from moderately to significant from one another. The rest of the respondents consists, 24 (8.8%) with the age of 45 and above and 38(13.9%) in between the age of 36 and 44.

In terms of education and income, the distribution is not very equally distributed. 28.5 % of respondents have received either primary, secondary or college diploma education, while 16.8%

of the respondents are postgraduate degree holders. The largest group of the population comprises first-degree holders, which is 54.7% of the total respondents. This shows that more than 71.5% of the respondents are well educated, so the education plays important role influencing human an action, the impulse and motives that sustain and regulate all mental activity and behavior of individual (Bytiqi,2008). Similarly majority 71.5% of the respondents earn a monthly income that is more than 2500 ETB. This might be explained by the fact that a great part of the population is highly educated and therefore probably earns a better income than less educated ones. Those respondents who earn less than 2500 ETB are only 28.5% of the population, a way below half of the respondents.

Regarding private health institution usage, respondents were asked how frequently they go for medical services. The purpose of this particular question was to know whether the respondents are the real representative of private users, and as table 4.1 shows, more or less participants of the study are regular users of private hospital. Out of the total respondents, 25.1% reported that they use every day, 23.4% once in year, 28.1% more than once in a year, and the rest 23.4% reported that they use health services in other situation than the listed options.

Some others say that they use health services when the situation forces them to use it. As per their explanation the situations are; when public health institutions is not available, during accident and when there is an emergency to get immediate treatment free of cost.

4.1.2. Level of Brand Awareness and Source of Information

Brand recall and brand recognition are the two measures of brand awareness. Based on the brand recall concept respondents were asked to name the first brand that came to their mind when they think of or heard about the service category of medical services. As shown in table 4.2, 67.15% of the respondents recall "St. Gabriel General Hospital" as the first brand that came to their mind. From the total respondents who mention St. Gabriel Hospital as the first brand, most of them write the full name of the brand "St. Gabriel General Hospital" and a few other even write the slogan ''*It's time for your health*''. This shows that there is something that makes respondents recalls the brand name perfectly. Although researches need to be conducted to know the real reason behind "St Gabriel Hospital" being the first to be recalled, advertisement and other promotional activities of the company might have played a great role. On the other hand, as

most of respondents mentioned, "Repeated exposure to different health institution in the market" is a source of information. Therefore, repeated exposure of " St. Gabriel General Hospital" might be considered as a reason for the brand being top of mind.

Although, Hayat Hospital is the old brand to the market, it is the second health institution to called by most respondents (17.88%). Furthermore, table 4.2 shows that Betezatha General Hospital, Dinberua Hospital, St.Yared General Hospital, Tezena Hospital, Girum Hospital, Myungsung Christian Medical center and Kadisco General Hospital are top of mind brands for 14.2% of respondents.

Table 4.2: Top of mind brand recall

Brand Name	Frequency	Percentage(%)
St. Gabriel General Hospital plc,	184	67.15
Hayat Hospital,	49	17.88
Bethzatha General Hospital	19	6.93
Dinberua Hospital	9	3.28
Addis Hiwot Plc	2	0.73
St. Yared General Hospital	3	1.09
Tezena General Hospital	1	0.36
Girum Hospital	3	1.09
Myungsung Christian Medical Center	1	0.36
Kadisco General Hospital	1	0.36

Source: Survey data (2019)

In addition to top of mind brand recall, respondents were asked to list all the brand names that came to their mind when thinking of private hospital brand. To differentiate the extent of brand recall, those respondents who listed up to three brand names were judged to have low brand recall, while those who listed four to six brand names have medium brand recall. Those respondents who listed seven or more names were deemed to have high brand recall.

In order to set the range the researcher considers the total number of available brands in Ethiopia. From the 31 private hospital local brands that are available in Ethiopia, the market for more than 25 brands is Addis Ababa. Thus, if respondents are able to recall at least 50% (from the total of fifteen) of the available brands, their brand awareness level will be considered as high. As the data shows, most respondents have high levels of brand recall. The most frequently mentioned private hospital brands were "St. Gabriel Hospital" (86.8% of respondents), " Hayat Hospital" (72.99 % of respondents), and " Betezata General Hospital"(72.26 % of respondents).

Respondents were asked to specify how they become aware of different brands of health institutions. The sources of information about different brands of private hospital are presented in table 4.3.

Table 4.3: Information source of brand awareness

Information source for brand awareness	Frequency	Percentage
Billboard and banner	64	23.4
Newspaper and magazine	24	8.8
Referral by Doctor	19	6.9
TV/Radio advertisement	149	54.4
Repeated exposure to different health institution in the market	119	43.4
Word of mouth (heard from family, friends, relatives…)	61	22.3
Other source	15	5.5

 Source: Survey Data (2019)

Table 4.3 shows that most consumers (149, 54.4%) were aware of different brands of private hospital through TV/Radio advertisement. In addition to this, if all kinds of advertisement are considered, the three forms of advertisements in general play a significant role in creating awareness. However, TV/Radio advertisement contributes more, not only compared to different form of advertisements but also from the other sources of information. Next to advertisement, consumers (119, 43.4%) believed that they came to know about different brands of private hospital because of the repeated exposure they face in market while they use medical services or any other services.

Being recommended by different individuals/consumers to use a certain brand were also considered as the major source of brand name awareness by 61.22.3% respondents. When compared to the other source of information listed in table 4.3 influence of other consumers will be the fourth most important source of information.

From different source of information listed in the table 4.3 Referral by doctors or nurse is not playing much role in creating awareness. This might be because of the nature of the product.

Furthermore as the result of this study shows from the total of respondents only 19 are convinced that referral by doctor or nurse advice is the main reason for being aware of different services. Thus, we can say that the theoretical view that makes professional advice most important for

high involvement medical services dependable than that of low involvement commodity items is convincing or can be supported by this study.

Moreover, 5.5% of respondents mention that there is another source that makes them to be aware of different brands of private hospital. As per the answer given to the open ended questions, almost all respondents believed that personal past experience is the major source for their brand awareness.

In the context of marketing, those companies who choose particular private hospital are promoting that brand. In other words, their activity can be named as publicity that is one kind of promotion in which the institution has no direct control on the activity. However, since publicity is one of the most reliable forms of promotion companies should try to make a deal with organization which are in need of such products on a continuous basis. Of course, before making a deal service provider should know the exact nature of those companies requirement and for this further research might be needed. For example, if the organizations are more sensitive to price service render should think of dealing in that term.

4.1.3. Consumers' Brand Preference and Associated Reasons

As table 4.4 shows one brand (St. Gabriel General Hospital) made up more than 75% of the brand preference of consumers. Next to " St. Gabriel Hospital" 22 (8.03%), 13 (4.74%), 6 (2.19%), 3 (1.09%) of respondents have more preference for Hayat, Betezatha, Dinberua, St.yared, and Tezena respectively. However, since more than ¾ of the respondents prefer " St. Gabriel Hospital" and the preference for other brands is insignificant, Yes can be regarded as the most preferred brand of all.

From the total of 274 respondents, 11 (4.01%) of them do not see any difference between different brands of private hospital and they are willing to take any brand of hospital available in the market at the time they needed to think of health services. This indicates that these groups of consumers are still perceiving health institution as a service render institution, although marketers are creating a difference through branding. However, since their number is insignificant readers should not take this fact to make generalizations.

Table 4.4: Brand preference

Health Institution	Frequency	Percentage(%)
Saint Gabriel General Hospital plc,	219	79.93
Hayat Hospital	22	8.03
Betezatha General Hospital	13	4.74
Dinberua Hospital	6	2.19
Addis Hiwot Plc	3	1.09
Any other brand (Whichever is available)	11	4.01

Source: Survey data (2019)

Related with the question that inquires respondents to mention their preferred brand, consumers were asked about the reason that makes them to choose their preferred brand. As table 4.5 show consumers reason for brand preference range from cost of care (54.0 %) to technology and modern equipment offer (1.1%). It was revealed that 54% respondents used their preferred brand for its standard medical service. 48.2% and 35.4% of respondents mention recommendation of family or friends and location (proximity to home) attractiveness of the brand respectively, for preferring a particular brand. From this finding, we can understand that cost of care, recommendation of family or friends and location are the three most important reasons for brand preference, cost of care being the most influential one.

Following the three most important reasons, referral by doctor (20.4%), reputation of hospital (11.7%), and courteousness' of employee (9.1%) are explained as reason for brand preference, referral by doctor being the fourth most important reason of all. This result implies that consumers prefer a brand, which they can get easily. Although the reputation of most private hospital is almost similar, consumer consider reputation of hospital as the fifth most important factor.

On the other hand, technology and modern equipment (1.1%), availability of specialist doctors (7.3%), other consumers influence (7.7%), are the least important reasons for preferring a particular brand. From the three reason technological and modern equipment offer is the least important one, as it is considered by only 3 respondents. This finding might refer to the fact that the practice of know-how activities by health institution in Ethiopia is insignificant.

As it is depicted in the table 4.5, 4(1.5%) respondents claim that they have other reason to prefer a particular brand than the listed ones. As per the explanation respondents provide; consistent

medical service, information about the source of the quality care, medical procedures, patient profile, size of institution or place, knowing the service rendering process and doctor's or expert opinion are the reasons for their brand preference.

Table 4.5: Reasons for brand preference

Consumers reason for brand preference	Frequency	Percentage
Cost of care	148	54.0
Location (proximity to home)	97	35.4
Reputation of hospital/health center	32	11.7
Recommendation of others (physicians…)	132	48.2
Availability of specialist doctors	20	7.3
Advertisement	56	20.4
Modern Medical Technology & Equipment	3	1.1
Courteousness of employees	25	9.1
Insurance requirement	21	7.7
Other reason	4	1.5

Source: Survey data (2019)

4.1.4. Underlying Factors of Brand choice

One statistical approach for determining equivalence between groups is to use simple analyses of means and standard deviations for the variables of interest for each group in the study (Marczyk, Dematteo and Festinger, 2005). The mean indicates to what extent the sample group averagely agrees or does not agree with the different statement. The lower the mean, the more the respondents disagree with the statement. The higher the mean, the more the respondents agree with the statement. On the other hand, standard deviation shows the variability of an observed response from a single sample. The mean values are presented in table 4.6, together with standard deviation of values for each variable.

Table 4.6: Descriptive statistics of variables

Variable	Mean	Std.Deviation
I use what is affordable for me	3.41	1.332
I prefer a health service institution that is reasonable priced.	3.73	1.130
Low price is one of my priorities when I thinking health service use.	2.16	1.267
I am willing to pay higher price for my preferred of hospital	2.72	1.379
Cost of Care	**3.0027**	**.70467**

I choose brand hospital, which has my preferred location.	4.04	1.071
I prefer a hospital brand with a convenient location.	4.12	.913
Visual appeal of access influence my hospital choice.	4.26	.857
When I use the service, I consider the cleanliness of the hospital.	4.19	.934
Location (proximity to home)	**4.1478**	**.68343**
Reputation have influence over the type of hospital I use.	3.93	.989
I use a brand hospital that I frequently exposed through reputation.	4.04	.962
I use a hospital, which has attractive and recognizable reputation.	3.47	1.155
I use private hospital, which is reputable in a better way.	4.17	.862
Reputation of hospital/ health institution	**3.9051**	**.71556**
I prefer to use hospital with some kind of recommendation of friends or family's.	2.87	1.130
I use a private hospital that a physicians recommended.	2.92	1.120
I prefer to use a hospital that I usually see while it has been used in various incidents, or use other kind of non-recommendation.	2.73	1.046
I use other kind of non- recommendation	2.91	1.177
Recommendation of others(physicians, relatives &Friends)	**2.8577**	**.91477**
I prefer a private hospital, which is widely available	2.73	1.130
I use the first private hospital I recognize from my experience.	2.51	1.021
I use any kind of private hospital I found in my surrounding.	2.80	1.159
Availability of specialist or doctors	**2.6788**	**.90574**
I buy bottled water brand, which is advertised in a better way	3.35	1.129
Advertisements have influence over the types of hospital I use	2.73	1.154
I use a brand of private hospital that I frequently exposed through advertisement	2.40	1.129
I use a private hospital brand, which has attractive and recognizable advertisement	3.31	1.143
Advertisement	**2.9480**	**.82336**
I use a private hospital, which I consider as a high quality.	3.71	1.049
I use a private hospital that is given service as per acceptable quality standard.	3.41	1.117
I use private hospital that I consider it has a consistence quality.	3.22	1.160
I prefer a hospital that has latest medical technology.	4.22	.794
Modern Medical Technology & Equipment	**3.6405**	**.66772**

Source: Survey Data (2013)

The mean score for location was relatively high (4.1533). This indicates that respondents consider the location of hospital of a brand when they use private hospital . Consumers make brand choice decision depending on the perceptions they have about proximity to home, acceptability of clinical performance and consistency service quality. All the four items that measure location of institution contributes almost equally to the overall mean.

Next to location, the mean score of reputation of hospital is higher (3.9115). This indicates that reputation is the most important factor among consumers of private hospital. The other items that measure location contributes significantly to the grand mean. The result indicates that consumers give more value to the reputation of a private hospital as a good image. This might be because of the fact that one of the reasons consumers use private health institution for its perceived healthiness. Therefore, if the location seems near to their home they might perceive that the hospital is not too far and good for to use.

The other variable that scores higher mean (3.6414) is technology and modern equipment offer. This implies that most respondents are influenced by technology and modern equipment offered and the more they are aware of a brand their intention to choose that brand will increase. Specifically, consumers prefer to use a familiar brand, as the highest mean score (4.22) shows. The item with the lowest mean score (3.22) refers to respondents distrust to new brands.

Cost of care with mean score of 3.0073 implies that it is the most significant factor among respondents. This result shows that the price variation among different brands of private hospital affect consumer brand choice. Consumers might seek information about the price of different brands before they make brand choice decision. The two items, which are related with affordability and reasonable price, contributes more to the grand mean.

Advertisement scores a mean of 2.8577. This indicates that the influence of advertisement in the use of health institution is less among respondents. Similarly recommendation of others (physicians, relatives & Friends) contributes less to brand choice decision (mean score of 2.9535). The result indicates that respondents will be willing to use any kind of private health institution, if they cannot get their preferred brand (highest mean score 3.31).

The mean score for availability of specialists or doctor factor is relatively low (2.6861). The low mean score indicates that, respondents do not consider availability of specialists of different

brands to make a brand choice decision. The statement that says "I use a private hospital brand that a doctors has recommended" contributes a lowest mean (2.55) value to the overall mean.

4.2. Correlation Analysis

This study employs the correlation analysis, which investigates the strength of relationships between the studied variables. Pearson correlation analysis was used to provide evidence of convergent validity. Pearson correlation coefficients reveal magnitude and direction of relationships (either positive or negative) and the intensity of the relationship (−1.0 to +1.0). Correlations are perhaps the most basic and most useful measure of association between two or more variables (Marczyk, Dematteo and Festinger, 2005). As per Marczyk, Dematteo and Festinger, (2005) general guidelines correlations of .01 to .30 are considered small, correlations of .30 to .70 are considered moderate, correlations of .70 to .90 are considered large, and correlations of .90 to 1.00 are considered very large. Depending on this assumption, all basic constructs were included into the correlation analysis and a bivariate two tailed correlation analysis was done.

As per table 4.7 the coefficients shows that the seven factors measuring brand choice were all positively related with brand choice within the range of 0.253 to 0.488, all were significant at p<0.01 level. Five independent variables i.e. location, recommendation of family or friends, cost of care, advertisement and availability of specialists show a moderate level of positive relation with the dependent variable (consumer brand choice). The rest two variables reputation of hospital and technology or modern equipment offer shows a small positive relation (0.288 and 0.253 respectively).

Regarding the relationship between the independent variables, table 4.7 clearly shows that figures with the symbol '**'indicate that each of the variables are significantly correlated with each other at a significance level of p<0.01. The results indicate that location of hospital is the only variables with negative signs. This indicates location of hospital is negatively correlated with referral by doctor. Moreover, the relation between location of hospital and is not significant (p=0.573 for recommendation of family or friends, and 0.731 for availability of specialists).

Cost of care is significantly correlated with all the seven independent variables at p< 0.01, at moderate level with most of the variables. Reputation of hospital also show a significant relationship with all variables.

Advertisement and availability of specialists show a positive moderate relationship almost with all the independent variables except the non-significant relationship of the variable with location of hospital. Advertisement also show a positive relation with almost all independent variables, except the negative relation it has with location of hospital (r=-0.137, p < 0.05). On the other hand, technological and modern equipment offer show a positive significant relation with almost all variables at p< 0.01, except it is not significantly related with location of hospital.

Table 4.7: Correlation Analysis

	Cost of Care	Reputation of Hospital	Location of Hospital	Recommendation of others(physicians, relatives &Friends)	Availability Of specialist doctors	Advertisement	Modern Medical Technology & Equipment	Brand choice decision
Cost of Care	1	.386**	.193**	.224**	.386**	.425**	.282**	.434**
Reputation of Hospital		1	.232**	.194**	.131**	.161**	.328**	.358**
Location of hospital			1	.035	-.022	-.137*	.107**	.253**
Recommendation of others(physicians, relatives &Friends)				1	.545**	.347**	.247**	.488**
Availability of specialist doctors					1	.492**	.170**	.466**
Advertisement						1	.272**	.390**
Modern Medical Technology & Equipment							1	.288**
Brand choice decision								1

Source: Survey Data (2019)

4.3. Regression Analysis

In order to see contribution of factors that consumers consider in choosing a brand of private hospital, multiple linear regression analysis was employed. Brand choice was used as the dependent variable while the underlying factors of brand choice were used as the independent variables. Tables 4.8 provide the results of the multiple regression analysis.

The regression model (see Appendix 2) presents how much of the variance in the measure of brand choice of consumers is explained by the underlying factors of brand choice (the model). The model or the predictor variables have accounted for 49.2% (adjusted **R Square** of 47.5% with estimated standard deviation 0.31908) of the variance in the criterion variable (brand choice). The remaining 64.2% are explained by other variables out of this model.

Similarly, the **ANOVA** table (see Appendix 2) shows the overall significance/acceptability of the model from a statistical perspective. As the significance value of **F** statistics shows a value (.000), which is less than $p<0.05$, the model is significant. This indicates that the variation explained by the model is not due to chance.

As it is stated earlier in this chapter, this study aims to identify the most contributing independent variables in the prediction of the dependent variable. Thus, the strength of each predictor (independent) variable influence on the criterion (dependent) variable can be investigated via standardized Beta coefficient. The regression coefficient explain the average amount of change in dependent variable that caused by a unit of change in the independent variable. The larger value of Beta coefficient that an independent variable has, brings the more support to the independent variable as the more important determinant in predicting the dependent variable.

Table 4.8: Regressions for Consumers Brand Choice

Model	Unstandardized Coefficients		Standardized coefficients	t	Sig
	B	Std.error	Beta		
(Constant)	1.187	.176		6.728	.000
Cost of Care (Affordability)	.077	.035	.124	2.198	.029
Location (proximity to Home)	.100	.032	.163	3.139	.002
Reputation of Institution	.112	.031	.175	3.579	.000
Recommendation of others(physicians, relatives &Friends)	.112	.027	.232	4.131	.000
Availability of Specialists	.033	.031	.069	1.070	.286
Advertisement	.086	.030	.162	2.832	.005
Modern Medical Technology & Equipment	.009	.033	.014	.277	.782
Dependent Variable: Consumer Brand Choice					

Source: Survey Data (2019)

The R-square value only indicates the variance in overall consumer choice of hospital brand as it is explained by the independent variables. However, when we see the extent to which each independent variables influence the dependent variable, recommendation of family, location of hospital, reputation, advertisement and cost of care, was found to be the determinant of brand choice, in their descending order referring recommendation of family and friends as the most important underlying factor of brand choice.

According to Table 4.8, the regression standardized coefficients for the five independent variables, i.e. recommendation of family, reputation, location, advertisement and cost of care (affordability). 0.232, 0.175, 0.163, 0.162, and 0.124 respectively. Their significance levels are 0.000, 0.000, 0.000, 0.002, 0.005, and 0.029 respectively, which are less than 0.05. This indicates significant relationship between them and the dependent variable (**consumers brand choice**). Since, coefficients of the predictor variables are statistically significant at less than five percent; alternative hypotheses related with recommendation of family, reputation, location, advertisement and cost of care, were accepted and the remaining two alternative hypotheses (which are related with technology or modern equipment offer and availability of specialists) were rejected.

Table 4.9: Summary of the Overall Outcome of the Research Hypotheses

Hypotheses	Result	Reasons
Ho: Cost of care (affordability) does not contribute significantly favorable to brand choice . **H1:** Cost of care (affordability) contribute significantly favorable to brand choice .	Ho: Rejected H1:Accepted	β =0.163,p<0.05
Ho: Location or proximity to home does not contribute significantly favorable to brand choice **H1:** Location of proximity to home contribute significantly favorable to brand choice	Ho: Rejected H1:Accepted	β =0.175, p<0.05
Ho: Reputation of institution does not contribute significantly favorable to brand choice **H1:** Reputation of institution contribute significantly favorable to brand choice	Ho: Rejected H1:Accepted	β =0.124, p<0.05
Ho: Recommendation of others (physicians, relatives &Friends) does not contribute significantly favorable to brand choice **H1:** Recommendation of others(physicians, relatives &Friends) contribute significantly favorable to brand choice	Ho: Rejected H1: Accepted	β =0.232, p<0.05
H1: Availability of specialist contribute significantly favorable to brand choice **Ho:** Availability of specialist does not contribute significantly favorable to brand choice	Ho: Accepted H1: Rejected	β =0.069, p>0.05
H0: Advertisement does not contribute significantly favorable to brand choice. **H1:** Advertisement consider contribute significantly favorable to brand choice.	Ho: Rejected H1: Accepted	β =0.232, p>0.05
H0: Modern Medical Technology & Equipment is significantly favorable to brand choice. **H1:** Modern Medical Technology & Equipment is does not contribute favorable to brand choice.	Ho: Accepted H1: Rejected	β =0.014, p<0.05

Source: Survey Data (2019)

In general as table 4.9 clearly shows, among the seven predictors, multiple linear regression (Beta coefficients) analysis revealed that, recommendation of family and friends is the first most significant variable for consumers brand choice decision followed by reputation of hospital. Location of hospital take the third place and referral by doctor is regarded as the fourth most

important factor of brand choice. Finally, cost of care takes the 5th place. On the other hand, availability of specialists and technology or modern equipment offers, have no significant effect on brand choice of consumers as it is explained by the significance level p>0.05.

This indicates that, private hospital users do not significantly consider the technology or modern equipment offer associated with a hospital brand in their decisions. Moreover, availability of specialists is not a major determinant of consumers' brand choice decision among the sample considered for the study.

In addition to the above-mentioned factors, which have been confirmed significant through regressions analysis- there are other factors that consumers consider to make a brand choice decision. As per the response given to the open ended question that request respondents to indicate if they consider any other factor, most consumers respond that they prefer to know the unique feature of the service before they make a brand choice decision.

4.4. Underlying Factors of Brand Choice Based on Respondents' Profile

In order to achieve the objective that aims to examine if there is a difference between the demographic profile of user and the factors they consider in their usage/brand choice decision, two inferential statistics techniques were employed. The independent t-test and one-way ANOVA were applied to compare demographic characteristics and investigate how they are related with cost of care, location, reputation, recommendation of family, availability of specialists, advertisement and technology or modern equipment.

T-test is used to test mean differences between two groups. In general, t-test require a single dichotomous independent variable and a single continuous dependent variable (Marczyk, Dematteo and Festinger, 2005). Thus, t- test were used to compare mean difference between gender and underlying factors of brand choice. Similarly, ANOVA is a test of mean comparisons. In fact, one of the only differences between a *t*-test and an ANOVA is that the ANOVA can compare means across more than two groups or conditions (Marczyk, Dematteo and Festinger, 2005). Hence, One-Way ANOVA analysis between the factors of brand choice and four income levels, five education levels, and four age groups were executed.

4.4.1. Underlying Factors of Brand Choice Based on Gender

As it is shown in table 4.10, the mean difference between male and female subjects with regard to the variables location and availability of specialists is -0.20171, and -0.03106 respectively. The result of independent sample t-test shows that the mean difference between male and female subjects with the variables location of hospital and availability of specialists is significant, at p value is 0.008 and 0.008 respectively, which is less than 0.05.

This result indicates that the two variables (location of hospital and availability of specialists) influence on male private hospital brand choice decision is higher than the influence the variables have on female subjects. The mean difference between female and male for the remaining five variables is not significant as their p values are less than 0.05 (see table 4.10).This shows that the variables influence on brand choice of female and male subjects is almost similar.

Table 4.10: Independent sample t-test between gender and underlying factors of brand choice.

	Gender	N	Mean	Std. Deviation	Mean Difference	t-Value	Sig.(p)
Cost of care (Affordability)	Female	116	2.9052	.72581	-.16919	-1.974	0.744
	Male	158	3.0744	.68218		-1.955	
Location (proximity to Home)	Female	116	3.7888	.81066	-.20171		0.008
	Male	158	3.9905	.62580		-2.324 -2.235	
Reputation of Institution	Female	116	4.1466	.69319	-.00218	-0.026	0.9660
	Male	158	4.1487	.67840		-0.026	
Recommendation of others(physicians, relatives &Friends)	Female	116	2.8147	.94875	-.07459	-0.666	0.535
	Male	158	2.8892	.89072	-.03106	-0.666	
Availability of Specialists	Female	116	2.6609	1.01103		-0.280	0.008
	Male	158	2.6920	.82301	-.16769	-0.271	
Advertisement	Female	116	2.8513	.79467			
	Male	158	3.0190	.83920		-1.671 -1.685	0.738
Modern Medical Technology & Equipment	Female	116	3.6746	.65874			
	Male	158	3.6155	.67522	.05906	0.723 0.726	0.694

*significant at p< 0.05

Source: Survey Data (2019)

4.4.2. Underlying Factors of Brand Choice Based on Income Level

In order to find out whether there is a significant difference between the factors of brand choice and income level, one-way ANOVA analysis was executed. The results of the analysis are presented in Table 4.11. From the seven variables significance difference between income levels is observed with regard to two variables (cost of care and availability of specialists). As table 4.11 shows there is significant difference between different income groups and price at F=3.087, p<0.05, which is 0.028. Similarly, the difference between availability of specialists and different income levels is significant at F=5.978, p<0.05 (i.e. 0.001).

On the other hand, for the remaining six variables, the result shows that there is no significant mean difference between different income groups with regard to location, reputation, advertisement, recommendation of family ,availability of specialists package design and technology or modern equipment. This indicates that the consideration of the six variables as brand choice criteria by different income groups is the same.

As ANOVA table (Appendix 4) shows the mean score for respondents who earn an income of less than 1000 ETB is 3.2917, which is the highest compared to respondents in the other income group. This indicates that, those respondents who earn an income less that 1000 ETB give more attention when they use medical services. Similarly, with regard to availability of specialists or doctors the same group of respondents (who earn <1000) give more consideration as indicated by the highest mean score, 3.3148.

Table 4.11: One Way ANOVA between Income Level and Underlying Factors of Brand Choice

		Sum of squares	Df	Mean Squares	F	Sig
Cost of Care (Affordability)	Between Group	4.496	3	1.499	3.087	.028
	Within Group	131.064	270	.485		
	Total	135.560	273			
Location (proximity to Home)	Between Group	1.679	3	.560	1.094	.352
	Within Group	138.104	270	.511		
	Total	139.783	273			
Reputation of Institution	Between Group	.584	3	.195	.414	.743
	Within Group	210.011	270	.778		
	Total	223.959	273			
Recommendation of others(physicians, relatives & Friends)	Between Group	9.921	3	3.307	4.086	0.07
	Within Group	218.528	270	0.809		
	Total	228.449	273			
Availability of Specialists	Between Group	13.949	3	4.650	5.978	0.001
	Within Group	210.011	270	0.778		
	Total	223.959	273			
Advertisement	Between Group	4.527	3	1.509	2.257	.082
	Within Group	180.545	270	.669		
	Total	185.071	273			
Modern Medical Technology & Equipment	Between Group	.413	3	.138	.307	.820
	Within Group	121.302	270	.449		
	Total	121.715	273			

* **Significant at p<0.05**
Source: Survey Data (2019)

4.4.3. Underlying Factors of Brand Choice Based on Age

The result of the analysis shows that there is a significance difference between age group of respondents with regard to one variable i.e. availability of specialists/doctors. As table 4.12 shows there is significant difference between different age groups and availability of specialists at F=2.746, significant level 0.043, which is less than 0.05.

The private hospital brand choice of respondents who are in different age groups is affected by promotional activities of a brand. For the remaining six variables, the result shows that the influence is the same among different age groups of respondents. Respondents who are in the age

category of 18-25, give more attention for availability of specialists, as mean score 2.8784 shows (See Appendix 5).

Table 4.12: One Way ANOVA between Age and Underlying Factors of Brand Choice

		Sum of Squares	Df	Mean Squares	F	Sig
Cost of Care (Affordability)	Between Group	2.137	3	.712	1.439	.232
	Within Group	133.170	262	.495		
	Total	135.307	729			
Location (proximity to Home)	Between Group	.501	3	.167	.322	.809
	Within Group	139.273	269	.518		
	Total	139.774	272			
Reputation of Institution	Between Group	.660	3	.220	.467	.706
	Within Group	126.832	269	.471		
	Total	127.492	272			
Recommendation of others(physicians, relatives & Friends)	Between Group	6.304	3	2.101	2.545	0.57
	Within Group	222.134	269	.826		
	Total	228.437	272			
Availability of Specialists	Between Group	6.653	3	2.218	2.746	.043
	Within Group	217.203	269	.807		
	Total	223.856	272			
Advertisement	Between Group	1.887	3	.629	.925	.429
	Within Group	182.878	269	.680		
	Total	184.766	272			
Modern Medical Technology & Equipment	Between Group	2.127	3	.709	1.620	.185
	Within Group	117.734	269	.438		
	Total	119.860	272			

Source: Survey Data (2019)

4.4.4. Underlying Factors of Brand Choice Based on Education Level

ANOVA result in table 4.13 shows that two variables are perceived differently among respondents, who are in different educational groups. The variables are location and cost of care with a significant level (.041) and (.024), respectively, which is less than 0.05.

Those respondents with a post graduate degree give more attention to location and cost of care when compared to other group of respondents, as the highest mean score (3.2609 for cost of care and 4.1304 for location) shows (See Appendix 6). On the other hand, respondents with a college diploma have less preference (mean score of 2.8221) for cost of care compared to other respondents. Regarding location, those respondents who obtain a secondary education are the ones' that show less preference (3.6944). (See Appendix 6)

Table 4.13: One Way ANOVA between Education and Underlying Factors of Brand Choice

		Sum of Squares	Df	Mean Square	F	Sig.
Cost of Care (Affordability)	Between Group	4.921	4	1.230	2.533	0.41
	Within Group	130.639	269	.486		
	Total	135.560	273			
Location (proximity to Home)	Between Group	5.677	4	1.419	2.847	.024
	Within Group	134.106	269	.499		
	Total	139.783	273			
Reputation of Institution	Between Group	3.050	4	.763	1.648	.162
	Within Group	124.463	269	.463		
	Total	127.514	273			
Recommendation of others(physicians, relatives &/Friends)	Between Group	5.596	4	1.399	1.689	.153
	Within Group	222.853	269	.828		
	Total	228.449	273			
Availability of Specialists	Between Group	6.464	4	1.616	1.999	
	Within Group	217.496	269	.809		
	Total	223.959	273			
Advertisement	Between Group	1.858	4	.465	.682	.605
	Within Group	183.212	269	.681		
	Total	185.071	273			
Modern Medical Technology & Equipment	Between Group	1.312	4	.328	.733	.570
	Within Group	120.403	269	.448		
	Total	121.715	273			

Source: Survey Data (2019)

4.5. Discussion of Major Findings

This study is also significant because it provides useful suggestions to hospital marketers in targeting health care consumers. This knowledge allows marketers to tailor external communications based upon the type of medical service a health care consumer is seeking. Results also suggest key variances in the importance of certain hospital decision factors across income levels, an insight which can help marketers to further segment target audiences.

This study is designed and carried out in order to identify underlying factors of brand choice among consumers of private hospital in Addis Ababa. According to study findings, five factors: recommendation of others (including physicians, relatives, and friends), reputation of the hospital, location, advertisement and cost of care were identified as critical to brand choice decision. However, the influence of recommendation, they continue to make health care choices which are highly influenced by others. As Smithson (2003) noted '' when choosing a hospital,

consumer considerations are most often based on issues relating to physicians and special clinic needs"

Moreover, Belch and Belch (2003), explain advertisement as a valuable promotional tool for making sure a brand is included in the evoked set, which increase the chance of the brand to be selected by the consumer. Similarly, though consumers (finding of the study) do not confirm that technology and modern equipment is the factor for brand choice decision, recommendation of others (physicians, relatives & Friends) is a major influential source that create awareness, which in turn make consumers put the brand in their consideration set. Hence, recommendation of others play a great role in choice of a hospital brand.

Hospital Reputation was also found to be the most important determinant of brand choice decision. Other researchers also found that hospital reputation of a particular brand is important factors in decision-making Hibbard, Stockard, and Tusler (2005). If consumers perceive a brand with highest and consistent reputation, their tendency to choose that brand is higher.

The research findings also indicate that location of hospital is an important factor for decision-making. Javalgi et al. (1991) found that the location of the facility was deemed the most important decision criteria in consumers' choice of hospital. However, more recent research found that an individual's proximity to a hospital may actually have little to do with him or her choosing to go there. According to a study performed by the BlueCross BlueShield of Tennessee Health Institute (2012). in today's mobile culture, distance may no longer be a barrier to patients seeking certain health services.

Although cost of health care were important aspect in an individual's choice of hospital, this factor accounted for a lesser percentage of total underlying factor of brand choice. Though this may be true, Gooding (1995) found that "while the cost of care as a factor contributing to hospital choice is ranked relatively low in most studies in which it is included, it is mentioned more frequently than most factors, suggesting it is of greater importance than the face-value findings suggest" However, the importance of cost as a criterion for brand choice is supported by theory. As Peter and Donnelly (2007) explanation price of products and services often influences whether consumers will purchase them at all, which competitive offering is selected. Moreover, the result of the study is consistent with Lane and Lindquist (1988) came to similar conclusion, only convince and location were mentioned as frequently. Furthermore, as per the result of the

study the influence of cost on brand choice differ across respondents in different income group. This indicates that some consumers consider cost of care as their purchase criteria depending on their earning. This could be because of the fact that consumers associate the cost of a service with their spending power and status.

Unlike past studies, Javalgi (1991),which emphasized on the effects of modern medical technology and equipment, the courteousness of hospital employees on hospital choice of high involvement , this study found a contrary result. As per the findings of the study modern medical technology and equipment was found to be less significant to make a brand choice decision in a hospital choice , which is perceived as low involvement. Literatures indicate that the more consumers become familiar with a certain brand; their tendency to put in their evoked set and make their choice is higher (Sundar and Panden, 2012, Keller (2004). However, in this study the medical technology impact is minimal.

Availability of specialist doctors of health institution were not significantly related with brand choice decision among consumers of private hospital in Addis Ababa. Although it is only logical to assume that the demand for specialty services will increase with it. As such, it follows that health care consumers will continue to consider the availability of specialist doctors in making their selection of hospital. However, the modern-day importance of this consideration.

The statistical test shows that availability of specialists is insignificant predictor of hospital brand choice and therefore consumers do not consider the availability of specialists as one factor in setting their brand choice. This could be due to the fact that in Addis Ababa health care market availability specialists is vary across different health institution and most of them qualified within different field of study charge for different specialist that are different in medical services and availability.

The statistical test shows that modern medical technology is insignificant predictor of hospital brand choice and therefore consumers do not consider modern medical technology as one factor in setting their brand **this could be to assume that most private hospital brands have modern medical technology offer different to each other.**

In general, Survey respondents were given a list of seven pre-determined factors and asked to rank their importance in selecting where to go for medical services. Respondents ranked each

factor using a five-point scale ranging from "not at all important" to "extremely important." The mean for each factor was calculated by assigning values of one to five to each level of importance, with "not at all important" being a value of one and "extremely important" being a value of 5.The findings of the study show that consumers consider an array of factors to make brand choice decision. In addition to this, the result revealed that consumers are aware of most brands available in Addis Ababa, Ethiopia, Recommendation of others (physicians, relatives & Friends) being the major source of awareness. Regarding the difference existed between male and female in consideration of the factors in their decision-making.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSSION AND RECOMMENDATIONS

This chapter aims to review the problem of the research and conclude the findings of with regard to the objectives of the study. Recommendation that focuses on how the problem identified could be addressed is included in the present chapter. Limitation faced while conducting the study and suggestion for future researches is also included at the end of this chapter.

5.1. Summary of Major Findings

The data displayed in Tables 4.6,4.7, 4.8,and 4.9 supports this study's primary assumption: although several decision criteria play a part in an individual's selection of hospital, the criteria possess varying levels of importance in that selection. This concept was broken down even further by asking respondents to rank the importance of the decision criteria in selecting a hospital different types of medical services. Results suggest that the importance of hospital selection criteria vary not only when selecting a hospital, but also based upon the type of medical service sought. This has important implications for hospital marketers because it provides suggestions as to how their messaging may best be directed.

If an individual is in charge of marketing for an institution whose primary business is doctor's visits, he or she may choose to emphasize the organization's long-standing reputation within the community or the friendliness of its employees. This suggestion is given because, according to this study, consumers value the reputation of an organization and the courteousness of its employees when selecting where to go for a doctor's visit. If a marketer is promoting an organization whose main focus is patient services, on the other hand, he or she should emphasize the technology and equipment available at that particular location. It would also be beneficial to develop cooperative relationships between the organization and area physicians, as referrals by doctors/nurses were the second most important factor to respondents in selecting where to go for patient services.

When promoting hospitals which serve as trauma centers or perform procedures which require hospitalizations, marketers should look to the data presented in Table 4.6 for guidance. The second most important factor to respondents in selecting where to go for a hospitalization was the availability of specialists. This is notable because the "availability of specialists" factor did

not even make the top five in rank order of importance for the other two types of medical services. Considering this, marketers attempting to publicize these institutions should emphasize the outstanding reputations and achievements of any specialty departments within the organization.

5.2. Conclusion

This study was initiated to investigate the underlying factors of brand choice in Addis Ababa, Ethiopia. More specifically, in this study the brand awareness level of consumers, information source for brand awareness, brand preference of consumers and the associated reasons have been assessed. The study also found that the choice of hospital decision process selection based on many factors.

The results of regression analysis indicated that there is a positive effect of advertisement, cost of care, location, reputation of hospital, recommendation of others (physicians, family, and friends), availability of specialists, modern medical technology and equipment, depending on their order of importance from most determinant factor to the least. From this finding, it can be concluded that the more consumers exposed to brand advertisements, their tendency to choose the advertised brand will increase. Consumers prefer a company that advertises its hospital brand. The advertisement persuasion effect could be the reason for consumers' preference for the advertised brand.

Moreover, since most consumers uses of medical services for its perceived healthiness, the quality service of the hospital can determine their brand choice. Reputation is the other factor that determines brand choice. Reputation that looks clinical performance and attractive influence for decision of consumers. Moreover, well known reputation can communicate the quality of the health institution; it could be either by affecting emotion of consumers or by persuading them through the quality service.

Modern medical technology and availability of specialists were found to be less considered in the choice of hospital brand among consumers of Addis Ababa. Although consumers believe that advertisement is affecting their brand choice, they claim that being aware of a brand would not create a change in their brand choice. As per the finding, the advertisement influence is more of related with convincing consumers. Consumers might become aware of different hospital brands

through advertisement, however to make a brand choice decision the advertisement should convince them.

The Finding of the study shows that consumers of private hospital who belongs to different income groups perceive cost of care and availability of specialists differently. Those individuals who are in a low-income category prefer medical services with affordable cost. Cost of care and location of hospital perceived differently among different respondents who obtain different educational level. availability of specialists is the only factor, which is perceived differently by consumers who are in different age groups. Moreover, location and availability of specialists are perceived differently as a brand choice criterion among male and female consumers.

Regarding the modern medical technology level, consumers of health services are highly aware of different brands available in Ethiopia. Advertisements are the most influential source of brand awareness. Moreover, St. Gabriel General Hospital is a top- of- mind brand for most consumers in Addis Ababa. Furthermore, the study found out that "St. Gabriel General Hospital " private hospital brand is the most preferred brand by majority of consumers in Addis Ababa. Regarding the reason for the preference, it has been found that good quality service , consistence service performance, courteousness of employees, location and reputations are the most important factors for preferring "St. Gabriel General Hospital".

In general as per the findings of the study, it can be concluded that the branding effort of private hospitals is creating a difference among consumers. Because the prior relationship with the physician, hospital have become branded and a change has been observed among consumers of medical services. Consumers are convinced that not all brands in a category were the same and a meaningful difference exists. Therefore, they are making choices among different brands of health institution by considering an array of factors.

5.3. Recommendations

Depending on the findings of the study and conclusions made, the researcher came up with some important recommendations that can be used to influence the way consumers make brand choice decision.

In general, private hospital should focus on two important things: differentiation and communication. In order for consumers choose a given brand from a range of alternative brands,

they should perceive that that there is a difference between different brands. Therefore, health institution companies should work on adding a distinct feature that can make consumers believe the existence of difference between a certain marketer brand and the others. However, differentiation is not the only task that marketers should do, but also making consumers see the difference is the best part of it. The recommendations given are the following:

➢ Although, advertisement is mainly used to create brand awareness, in the case of Addis Ababa medical service market the effort should be on educating consumes about the values of a brand. Persuasive advertising becomes important in the competitive stage, where a company's objective is to build selective demand for a particular brand (Kotler, 2002). However, the advertisement objective should emerge from the analysis of the current marketing situations of a company. For example, if a brand is new to a market obviously the advertisement objective should be informative.

➢ Keller (2009) posits that since consumers spend little time or effort on the consumption decision of low involvement products, brand awareness alone is sufficient to decide consumer brand choice and determine purchase as consumers are willing to base their choices merely on familiar brands. Hence, it is recommended that health institution should embark on intensive campaign to create stronger brand awareness and brand image.

➢ Location and accessibility, the 2014 Health Grades American Hospital Report to the Nation, consumers are more likely to choose a hospital based on location (58 percent) than based on what health outcomes it achieves for patients (30 percent). That means location is a bigger factors than the clinical quality of care.

➢ Proximity of location to differentiate a brand is also useful strategy. Therefore, if a company creates a convenient location, consumers can be attracted to the brand. With regard to accessibility of a location, it should be clean and comfortable environment with good directional signs, so that it can fit different target markets need.

➢ Accessibility of the location could also be a strategy to attract consumers. Those consumers who are influenced by the visual appeal of the institution can base their brand choice decision on the physical appearance of the hospital. As BlueCross Blue shield of Tennessee Health Institution (2012) explain, the physical appearance of a hospital, doctors or staff are neat in appearance, and with informative brochures about service

availability can also influence whether consumers notice a hospital location, examine it and consume it.

➢ Since medical service is like a mandatory when an accident happen, companies should ensure that their brand is available intensively. Especially in some areas of Addis Ababa, private hospital is not available sufficiently. Therefore, companies should start promoting in a wide variety of promotional technique, since the consumption of insurance requirement might be high in those areas, in which accessibility of public hospital is low.

➢ In Addis Ababa the cost of medical care charges is almost the same. However, since private hospital require huge capital intensive investment that can be limited accessed by everyone proportionately, customers may expect a higher price. Therefore, if companies are interested to attract new customers to their brand they should think of adjusting their price range. This will help companies to target price conscious potential consumers. As per Peter and Donnelly (2007) explanation price of products and services often influences whether consumers will purchase them at all and if so, which competitive offering is selected in stores such as Wal-Mart, which are perceived to charge the lowest prices, attract many consumers based on this fact alone.

5.3. Suggestion for Further Studies

The landscape of the health care delivery system in the Addis Ababa. Is continuously evolving, and, research as to the consumer choice of hospital decision process will remain a constant endeavor. What is crucial consideration to patients in today's world may not be so even ten years from now. However, the result of this study do provide some suggestions as to future research possibilities. First, it may be valuable to further examine the importance of prior patient-provider relationships and availability of physicians in selecting where to go doctor's visits. These two themes became evident in the course of this research study, and while they were not explicitly investigated here, it may be beneficial to do so.

Second, Consumer decision making varies depending on the product nature and specific situation of a customer. Therefore, there is scope for other researchers to study consumers brand choice decision in other product categories and in the context of other countries. Moreover, the study area in the health care category can be conducted in the context of other countries, so that the findings of the study can be replicated.

Future researchers can investigate other factors that might influence brand choice decision of consumers. For example, the relative impact of demographic, social, cultural and economic variables can be investigated. In addition to this, researchers can find a better result by applying additional statistical techniques, such as factor analysis-to reduce variables and increase the validity of the research.

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APPENDICES

Appendix 2: Regression

Model Summary [b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.701[a]	.492	.475	.31908

a. Predictors: (Constant), modern medical technology, reputation, availability of specialist, location, cost of care, advertisement, recommendation of family

b. Dependent Variable: consumers brand choice decision

ANOVA [b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	24.317	8	3.040	29.855	.000[a]
	Residual	25.147	247	.102		
	Total	49.464	273			

a. Predictors: (Constant), modern medical technology, reputation, location, cost of care, availability of specialists, recommendation of family and advertisement,

b. Dependent Variable: consumers brand choice decision

Coefficients [a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.187	.176		6.728	.000
	Cost of care as a factor for brand choice location as a factor for brand choice	.077	.035	.124	2.198	.029
	reputation as a factor for brand choice	.100	.032	.163	3.139	.002
	advertisement as a factor for brand choice	.112	.031	.175	3.579	.000
	availability of specialists as a factor for brand choice recommendation of other as a factor for brand choice other consumers	.112	.027	.232	4.131	.000
		.033	.031	.069	1.070	.286
		.086	.030	.162	2.832	.005
	Recommendation of other as a factor for brand choice modern medical tech	.125	.026	.258	4.834	.000
		.009	.033	.014	.277	.782

a. Dependent Variable: consumers brand choice decision

Appendix 3: T-Test (Underlying factors of Brand choice based on Gender)

Independent Samples Test

| | | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | | |
| | | | | | | | | | 95% Confidence Interval of the Difference | |
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
cost	Equal variances assumed	.107	.744	-1.974	272	.049	-.16919	.08571	-.33793	-.00046
	Equal variances not assumed			-1.955	238.928	.052	-.16919	.08653	-.33965	.00126
Location	Equal variances assumed	7.086	.008	-2.324	272	.021	-.20171	.08679	-.37259	-.03084
	Equal variances not assumed			-2.235	208.419	.026	-.20171	.09024	-.37962	-.02381
Reputation	Equal variances assumed	.002	.966	-.026	272	.979	-.00218	.08372	-.16700	.16263
	Equal variances not assumed			-.026	244.896	.979	-.00218	.08399	-.16763	.16326
Advertisement	Equal variances assumed	.386	.535	-.666	272	.506	-.07459	.11196	-.29501	.14584
	Equal variances not assumed			-.660	238.758	.510	-.07459	.11305	-.29730	.14813
Availability Of spec	Equal variances assumed	7.094	.008	-.280	272	.780	-.03106	.11093	-.24946	.18733
	Equal variances not assumed			-.271	216.567	.786	-.03106	.11445	-.25664	.19452
Recomm Of other	Equal variances assumed	.112	.738	-1.671	272	.096	-.16769	.10034	-.36524	.02985
	Equal variances not assumed			-1.685	255.130	.093	-.16769	.09951	-.36365	.02826
Modern medical	Equal variances assumed	.156	.694	.723	272	.470	.05906	.08171	-.10181	.21993
	Equal variances not assumed			.726	251.311	.469	.05906	.08140	-.10126	.21938

Appendix 4: One-way ANOVA (Underlying Factors of Brand Choice Based on Income Levels)

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Cost of care	<1000	18	3.2917	.63158	.14887	2.9776	3.6057	1.75	4.50
	1001-2500	78	2.8365	.65444	.07410	2.6890	2.9841	1.00	4.25
	2501-5000	112	3.0871	.73346	.06931	2.9497	3.2244	1.25	5.00
	5001	66	2.9773	.69715	.08581	2.8059	3.1487	1.00	5.00
	Total	274	3.0027	.70467	.04257	2.9189	3.0865	1.00	5.00
Location	<1000	18	4.0000	.54906	.12942	3.7270	4.2730	2.75	5.00
	1001-2500	78	3.7981	.76134	.08620	3.6264	3.9697	1.00	5.00
	2501-5000	112	3.9777	.67329	.06362	3.8516	4.1037	1.75	5.00
	5001	66	3.8826	.76488	.09415	3.6945	4.0706	1.00	5.00
	Total	274	3.9051	.71556	.04323	3.8200	3.9902	1.00	5.00
Reputation	<1000	18	4.0694	.55443	.13068	3.7937	4.3452	2.50	4.75
	1001-2500	78	4.0897	.56691	.06419	3.9619	4.2176	3.00	5.00
	2501-5000	112	4.1875	.75896	.07171	4.0454	4.3296	1.25	5.00
	5001	66	4.1705	.71274	.08773	3.9952	4.3457	2.00	5.00
	Total	274	4.1478	.68343	.04129	4.0665	4.2291	1.25	5.00
Advertisement	<1000	18	3.4722	.94281	.22222	3.0034	3.9411	2.00	5.00
	1001-2500	78	2.8526	.90582	.10256	2.6483	3.0568	1.00	4.75
	2501-5000	112	2.8884	.94490	.08928	2.7115	3.0653	1.00	4.75
	5001	66	2.6439	.79549	.09792	2.4484	2.8395	1.00	4.50
	Total	274	2.8577	.91477	.05526	2.7489	2.9665	1.00	5.00
Availability of specialists	<1000	18	3.3148	.77098	.18172	2.9314	3.6982	2.67	5.00
	1001-2500	78	2.5769	.98132	.11111	2.3557	2.7982	1.00	4.67
	2501-5000	112	2.7976	.88289	.08343	2.6323	2.9629	1.00	5.00
	5001	66	2.4242	.77690	.09563	2.2333	2.6152	1.00	4.00
	Total	274	2.6788	.90574	.05472	2.5711	2.7866	1.00	5.00
Recommendation	<1000	18	3.1528	.92011	.21687	2.6952	3.6103	1.50	4.50
	1001-2500	78	2.9808	.74377	.08422	2.8131	3.1485	1.25	4.75
	2501-5000	112	3.0201	.90241	.08527	2.8511	3.1891	1.00	5.00
	5001	66	2.7311	.71429	.08792	2.5555	2.9067	1.00	4.50
	Total	274	2.9480	.82336	.04974	2.8501	3.0459	1.00	5.00
Modern Medical	<1000	18	3.6806	.71128	.16765	3.3268	4.0343	2.50	4.75
	1001-2500	78	3.5897	.69900	.07915	3.4321	3.7473	1.00	5.00
		112	3.6384	.67520	.06380	3.5120	3.7648	1.75	5.00

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		N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound	Minimum	Maximum
	2501-5000	66	3.6932	.61362	.07553	3.5423	3.8440	2.00	5.00
	5001 Total	274	3.6405	.66772	.04034	3.5611	3.7199	1.00	5.00

Appendix 5: One-way ANOVA (Underlying Factors of Brand Choice Based on Age)

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean Lower Bound	Upper Bound	Minimum	Maximum
Cost of care	18-25	85	3.0794	.61505	.06671	2.9467	3.2121	1.50	4.25
	26-35	126	2.9306	.76527	.06818	2.7956	3.0655	1.00	5.00
	36-44	38	2.9605	.72486	.11759	2.7223	3.1988	1.75	4.50
	45 and above	24	3.1979	.61670	.12588	2.9375	3.4583	2.25	4.25
	Total	273	3.0046	.70530	.04269	2.9205	3.0886	1.00	5.00
Location	18-25	85	3.9088	.72153	.07826	3.7532	4.0645	1.00	5.00
	26-35	126	3.8750	.72371	.06447	3.7474	4.0026	1.00	5.00
	36-44	38	3.9145	.68841	.11167	3.6882	4.1407	2.50	5.00
	45 and above	24	4.0312	.73836	.15072	3.7195	4.3430	2.25	5.00
	Total	273	3.9048	.71685	.04339	3.8193	3.9902	1.00	5.00
Reputation	18-25	85	4.1794	.60579	.06571	4.0487	4.3101	2.50	5.00
	26-35	126	4.1012	.78114	.06959	3.9635	4.2389	1.25	5.00
	36-44	38	4.2368	.57817	.09379	4.0468	4.4269	2.50	5.00
	45 and above	24	4.1458	.56586	.11551	3.9069	4.3848	3.00	5.00
	Total	273	4.1484	.68463	.04144	4.0668	4.2299	1.25	5.00
Advertisement	18-25	85	3.0294	.80587	.08741	2.8556	3.2032	1.00	4.75
	26-35	126	2.8234	.95711	.08527	2.6547	2.9922	1.00	5.00
	36-44	38	2.8355	.87433	.14183	2.5481	3.1229	1.00	4.75
	45 and above	24	2.4688	1.03816	.21191	2.0304	2.9071	1.00	4.00
	Total	273	2.8581	.91643	.05546	2.7489	2.9673	1.00	5.00
Availability of specialists	18-25	85	2.8784	.84804	.09198	2.6955	3.0613	1.00	4.67
	26-35	126	2.5291	.92882	.08275	2.3653	2.6929	1.00	5.00
		38	2.6404	.95036	.15417	2.3280	2.9527	1.00	5.00
		24	2.8056	.82190	.16777	2.4585	3.1526	1.67	5.00
	36-44 45 and above Total	273	2.6777	.90719	.05491	2.5696	2.7858	1.00	5.00
Modern Medical	18-25	85	3.5088	.69270	.07513	3.3594	3.6582	1.00	5.00

Technology	26-35	126	3.6746	.66654	.05938	3.5571	3.7921	1.75	5.00
	36-44	38	3.7434	.63269	.10264	3.5355	3.9514	2.50	5.00
	45 and above	24	3.7083	.55495	.11328	3.4740	3.9427	2.75	4.75
	Total	273	3.6355	.66382	.04018	3.5564	3.7146	1.00	5.00

Appendix 6: One Way ANOVA (Underlying Factors of Brand Choice Based on Education Level)

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Cost of care	Primary Education	9	3.0833	.61237	.20412	2.6126	3.5540	1.75	3.75
	Secondary Education	18	3.0278	.80389	.18948	2.6280	3.4275	1.00	4.50
	Diploma	52	2.8221	.71114	.09862	2.6241	3.0201	1.25	4.00
	First Degree	149	2.9782	.66012	.05408	2.8713	3.0851	1.00	5.00
	Masters and above	46	3.2609	.76550	.11287	3.0335	3.4882	1.25	4.50
	Total	274	3.0027	.70467	.04257	2.9189	3.0865	1.00	5.00
Location	Primary Education	9	3.7222	.73362	.24454	3.1583	4.2861	2.75	4.50
	Secondary Education	18	3.6944	.53244	.12550	3.4297	3.9592	2.75	4.50
	Diploma	52	3.7067	.85279	.11826	3.4693	3.9442	1.00	5.00
	First Degree	149	3.9413	.69953	.05731	3.8280	4.0545	1.00	5.00
	Masters and above	46	4.1304	.58628	.08644	3.9563	4.3045	2.75	5.00
	Total	274	3.9051	.71556	.04323	3.8200	3.9902	1.00	5.00
Reputation	Primary Education	9	4.1389	.61379	.20460	3.6671	4.6107	3.50	5.00
	Secondary Education	18	3.9444	.63914	.15065	3.6266	4.2623	2.50	5.00
	Diploma	52	3.9808	.78567	.10895	3.7620	4.1995	1.25	5.00
	First Degree	149	4.2215	.62973	.05159	4.1195	4.3234	2.00	5.00
	Masters and above	46	4.1793	.73534	.10842	3.9610	4.3977	2.00	5.00
	Total	274	4.1478	.68343	.04129	4.0665	4.2291	1.25	5.00
Advertisement	Primary Education	9	3.3056	.86402	.28801	2.6414	3.9697	2.00	4.75
	Secondary Education	18	2.9444	.84695	.19963	2.5233	3.3656	1.75	5.00
	Diploma	52	2.7452	.95164	.13197	2.4803	3.0101	1.00	4.75
	First Degree	149	2.9279	.87875	.07199	2.7856	3.0701	1.00	4.75
	Masters and above	46	2.6359	.99122	.14615	2.3415	2.9302	1.00	4.50
	Total	274	2.8577	.91477	.05526	2.7489	2.9665	1.00	5.00
Availability of	Primary Education	9	3.2222	.76376	.25459	2.6351	3.8093	2.33	4.33

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		N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound	Minimum	Maximum
specialists	Secondary Education	18	2.9630	1.04092	.24535	2.4453	3.4806	1.00	5.00
	Diploma	52	2.4679	1.05875	.14682	2.1732	2.7627	1.00	5.00
	First Degree	149	2.6913	.83656	.06853	2.5558	2.8267	1.00	5.00
	Masters and above	46	2.6594	.86492	.12753	2.4026	2.9163	1.00	4.67
	Total								5.00
		274	2.6788	.90574	.05472	2.5711	2.7866	1.00	
Recomm of Others	Primary Education	9	2.8056	1.02909	.34303	2.0145	3.5966	1.50	4.75
	Secondary Education	18	3.1806	.81712	.19260	2.7742	3.5869	1.25	4.00
	Diploma	52	2.8365	.69467	.09633	2.6431	3.0299	1.00	4.25
	First Degree	149	2.9581	.84948	.06959	2.8205	3.0956	1.00	5.00
	Masters and above	46	2.9783	.84299	.12429	2.7279	3.2286	1.00	5.00
	Total	274	2.9480	.82336	.04974	2.8501	3.0459	1.00	5.00
Modern Medical Technology	Primary Education	9	3.8611	.88487	.29496	3.1809	4.5413	2.50	4.75
	Secondary Education	18	3.4444	.58508	.13791	3.1535	3.7354	2.00	4.50
	Diploma	52	3.5962	.81221	.11263	3.3700	3.8223	1.00	5.00
	First Degree	149	3.6628	.60119	.04925	3.5654	3.7601	2.00	5.00
	Masters and above	46	3.6522	.68613	.10116	3.4484	3.8559	2.25	5.00
	Total	274	3.6405	.66772	.04034	3.5611	3.7199	1.00	5.00

የግል ሆስፒታል ተጠቃሚዎችን የምርት መለያ (ብራንድ)ምርጫን ለመካት ስለሚረዱ ወሳኝ ሁኔታዎች መጠይቅ

ውድ የዚህ መጠይቅ ተሳታፊ

እኔ ስሜ ሰለሞን ገ/ስላሴ ሲሆን በቅድስት ማርያም ዩኒቨርሲቲ በገበያ ስራ አመራር ትምህርት ክፍል የድህረ ምረቃ ተማሪ ነኝ ፡፡ በአዲስ አበባ ውስጥ የግል ሆስፒታል የሚጠቀሙ ሰዎች በምርት መለያ (ብራንድ)ላይ ያላቸውን ግንዛቤ ለመገምገምና የምርት መለያ ምርጫቸው በሚወስኑ መስፈርቶች ዙሪያ ጥናት በማካሄድ ላይ እገኛለሁ የጥናቱ ውጤት የግል ሆስፒታልዎች (አገልግሎት ሰጪዎች)እሁን ያላቸውን ምርት /አገልግሎት ለማሻሻል እዱሁም የደንበኞችን ፍላጎት ለማርካት የተሻለ መንገድ የሚሆን የግብይት ስልት (Strategy) እዲገነቡ ይረዳዎታል፡፡ በዚህ ጥናት ውስጥ የእርስዎ መልካም ፈቃደኝነት ላይ የተመሰረተ ነው፡፡ በዚሁ መሰረት የሚሰጡት መረጃ ለጥናቱ አላማ ብቻ ጥቅም ላይ እንዲውልና ምስጥርነቱ የተጠበቀ እንደሚሆን (ለሌላ ወገን አልፎ እንደማይሰጥ) አረጋግጣለሁ፡፡ በመጠይቁ ላይ ስምዎን ወይም ዝርዝር አድራሻዎን መጣፍ አያስፈልግዎም፡፡

ስለ መልካም ትብብር በቅድሚያ አመሰግናለሁ፡፡

ክፍል አንድ፡ ጠቅላላ የግ ሁኔታን በተመለከተ (እባክዎ ይህን ምልክት () በትክክል በሚገልፀዋ ሳጥን ውስጥ ያድርጉ)

1. ዕድሜ 18-25 26-35036-44045 እና ከዚያ በላይ

2. ፆታ ፦ሴት ወንድ

3. የትምህርት ደረጃ አንደኛ ደረጃ ያጠናቀቀ ሁለተኛ ደረጃ ያጠናቀቀ ዲፕሎማ
   የመጀመሪያዲግሪ የድህረ ምረቃ እና ከዚያ በላይ

4. ወርሃዊ ገቢ (በኢትዮጵያ ብር)
   ከ1000 ያነሰ   ከ 1001-2500 ከ2501-5000 5001 እና ከዚያ በላይ

5. የግል ሆስፒታል ምን ያህል አዘውትረው ይጠቀማሉ?
   በየወሩ በየስስት ወሩ በየስድስት ወሩ በአመት ሌላ (እባክዎ ይግለፁ)

   ክፍል ሁለት የግል ሆስፒታሎች መለያ (ብራንድ) ግንዛቤን የመረጃ ምንጮና የግል ሆስፒታል ዓይነት ምርጫን
   በተመለከተ

1. የግል ሆስፒታል ሲያስቡ መጀመሪያ ወደ አእምሮዎ የሚመጣው የአገልግት መለያ (ብራንድ) ምንድን ነው?

2. እባክዎ የሚያስታውሱትን ያህል የሆስፒታል ዓይነት (ብራንድ) በተሰጠው ክፍት ቦታ ላይ ይዘርዝሩ

3. ስለ ተለያየ የግል ሆስፒታል አይነት (ብራንድ)እንዴት ሊያውቁ ቻሉ
   በጎዳና ላይ ማስታወቂያ ሰሌዳና ባነሮች   የቴሌቪዥን/ ራዲዮ ማስታወቂያ
   ስፔሻል ዶክተሮ ምክር/አስተያት በመስማት   የተለያየ ሰዎች የሚያወሩትን
   በመስማት
   የገበያ ቦታ/የሆስፒታል ቦታዎን በተደጋጋሚ በመነብኘት   በጋዜጣ ወይም በመፅሐት
   ሌላ ካለ (እባክዎ ይግለፁ)_____.

4. ምንም ዓይነት የግል ሆስፒታል (የትኛውን ብራንድ) አዘውትረው ይጠቀማሉ(በጣም የሚመርጡትን አንድ
   የግል ሆስፒታል ብቻ ይፃፉ)

5. ከጥያቄ ‹4› ጋር በተያያዘ ለምርት መለያ ምርጫዎ ምክንያት አለዋት(ከአንድ በላይ ይችላሉ)

ሆስፒታሎች የሚገኙበት ቦ

በዶክተሮች የተለየ ሙያ

በሆስፒታች የተለየ እውቀት ወይም ዝና

የድክተሮች አስተያየት /ምክር በመስማት

የሆስፒታሉን አይነት በተደጋጋሚ በማስታወቂያ መታየቱ

የአገልግሎት ክፍያው ተመጣጣኝ ስለሆነ

የሌሎች ሰዎች ምክር ወይም አስተያየት ሰምቼ

ሆስፒታሎች እንደልብ በስፋት መገኘት

ሌላ ማንኛውም ምክንያት ካለ(እባክዎ ይዘርዝሩ)_____.

ክፍል ሶስት የምርት መለያዓይት (ብራንድ)ምርጫ የሚወስኑ ሁኔታዎችን በተመለከተ

የምርት መለያ ዓይነት ምርጫዎን ከሚወስኑት ሁኔታዎ ጋር በማዛመድ የሚከተሉትን መግለጫ ሃሳቦች በዝንጠረገቡ አናት በተሰጠው መስፈርት መሰረት የመረጡትን መልስ በሳጥኖ አቅጣጭ ይህን ምልክት በመጠቅ መልሶዎን ይስጡ መልሶቹ በአምስት መስፈርት የተከፋፈለ ናቸው::

1፡ በፍፁም አልስማማም 2፡ አልስማማም 3፡ መካከለኛ አስተያየት 4፡ እስማማለሁ
5፡ ሙሉ በሙሉ እስማማለሁ

የሁኔታዎች ዝርዝር	በፍፁም አልስማማም	አልስማማም	መካከለኛ አስተያየት	እስማማለሁ	ሙሉ በሙሉ እስማማለሁ
1. የግል ሆስፒታል የአገልግሎት ዋጋ					
• የመግዛት አቅሜ የመመጥ ዋጋ ያለውን ሆስፒታል ዓይነት እጠቀማለሁ					
• ለሚከፍሉት ዋጋ ተመጣጣኝ ጥቅም የሚሰጠኝ የግል ሆስፒታል እመርጣለሁ::					
• ሆስፒታል አገልግሎት ለመጠቀም ስወስን ቅድሚያ ከምሰጣቸው ነገሮች አንዱ ዝቅተኛ ዋጋ ነው					
• ከፍተኛ ዋጋ ያለውን የግል ሆስፒታል አይነት እመርጣለሁ					
2. ሆስፒታል የሚገኙበት ቦታ					

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• እኔ የምፈልገው ለእኔ በጣም ቅርብ የሆነ ሆስፒታል እመርጣለሁ ለእኔ ተስማሚ ቦታ በቀላሉ ለአገልግሎት የሚመች ሆስፒታል ዓይነት እጠቀማለሁ					
• የሚስብ እይታ ያለው /ዓይነት ሆስፒታል የአገልግሎት ምልክት (ብራንድ) ምርጫዬን ይወስናል					
• አገልግሎቱን በመጠቀም ጊዜ የሆስፒታል ቦታ ንፁህና ተመልክቼ ነው					
3. የሆስፒታሉ እውቅና ወይም ዝና					
• የምጠቀመው የግል ሆስፒታል ዓይነት በጥሩ /የተሻለ እውቅና ያለውን ነው በእውቀትና የመጠቀመው የግል ሆስፒታል ዓይነት መርጫዬ ላይ ተፅዕኖ አላቸው					
4. የሌሎች ሰዎች ምር ወይም አስተያየት					
• የቤተሰብ ወይም የጓደኛ ምክር /አስተያየት ያለውን የሆፒታል አይነት እመርጣለሁ/					
• በሆስፒታል ሰራተኞች እንደጠቀም የጠቆመኝ ሆስፒታል እመርጣለሁ/					
5.አገልግሎት በቀላሉ ማግኘትን በተመለከተ					
• የምመርጠው ሆስፒታል በገቢያ ላይ በስፋት የሚገኘው ነው					
• በአካባቢው ያገኙሁትን ማንኛውም ዓይነት የግል ሆፒታል እጠቀማለሁ					
• ህመም በሚኖረኝ ሰዓት መጀመሪያ የማገኘውን ሆስፒታል እጠቀማለሁ					
• የምፈልገውን ሆስፒታል ዓይነት (ብራንድ) ከሌላ የተገኘውን ማንኛውንም ሆስፒታል ዓይነት					

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እጠቀማለሁ					
6.በዶክተሮች የተለየ ሙያ ላይ ያለውን ግንዛቤ በተመለከተ					
• በዶተሮች የተለየ ሙያ ስገለገል የተሻለ ስሜት ይሰማኛል					
• ብዙ ጊዜ ስሙን በደንብ የማስታውሰውን የሆስፒታል ዶክተሮች እመርጣለሁ					
• ለአዳዲስ/የማላውቀውን የተለየ የዶክተሮች ሙያ መጠቀም አያስተማምነኝም የለመድኩት ዶክተር ጋር ሄዶ መታከም እመርጣለሁ					
7.ሌሎች ግምት ውስጥ የምስገባቸው ነገሮች					
• (የህክምና መሳሪያ ዘመናዊነት ፤የሰራተኛ ቱህትና ታዛዥነት ክፍተኛ ጥራት እንዳለው የተሰማኝን ሆስፒታል ዓይነት እጠቀማለሁ					
• ተቀባይነት ባለው የጥራት ደረጃ መሰረት አገልግሎት የሚሰጥ ሆስፒታል እመርጣለሁ					
• ዘላቂ ጥራት እንዳው ያመንኩት ሆስፒታል ዓይነት እመርጣለሁ					
• አገልግሎት ጥሩ የሆነውን ሆስፒታል እመርጣለሁ					
8.የደንበኞች የምርት ዓይነት (ብራንድ) ምርጫ ውሳኔ					
• ብዙ ጊዜ በደንብ የሚተዋወቅ ሆስፒታል እመርጣሁ					
• ብዙ ጊዜ የአገልግሎት ጥራት ያለውን ሆስፒታል ዓይነት እመርለሁ					
• ብዙ ጊዜ የማውቀውን ሆስፒታል ዓይነት እመርጣለሁ					
• ብዙ ጊዜ ሰዎች በደንብ የሚጠቀሙትን/በደንብ የሚገለገሉበትን ሆስፒታል ዓይነት እመርጣለሁ					
• ብዙ ጊዜ ገበያ ላይ በስፋት የሚገኘውን ሆስፒታል ዓይነት እመርጣለሁ					

- ከላይ ከተጠቀሱ በተጨማሪ የግል ሆስፒታል ዓይነት (ብራንድ ስም) ምርጫዬን የሚወስኑ ነገሮች አሉ ካሉ እባክዎ በተሰጠው ክፍት ቦታ ላይ ጥቀሱ

A SURVEY ON BRAND AWARENESS AND UNDERLYING FACTORS OF BRAND CHOICE (QUESTIONNAIRE TO BE FILLED BY CONSUMERS)

Dear Participant,

I am Solomon G/Selassie, a graduate student at St. Marry University, Department of Marketing Management, Currently I am undertaking a research to identify the underlying factors of brand choice among consumers of private hospital in Addis Ababa. The result of the study will assist marketers in developing a better marketing strategy that can improve their existing offering and satisfy customers in a better way possible. Your participation in this survey is voluntary. The information you provide will be used only for the purpose of the study and will be kept strictly confidential. Please do not write your name or contact details on the questionnaire.

Thank you in advance for your kind cooperation.

PART 1: GENERAL PROFILE (PLEASE PUT A "✓" MARK ON THE BOX THAT BEST DESCRIBES YOU)

1. Are you 26 years of age or older?   Yes ☐ No ☐

2. What is your gender? Male ☐   Female ☐

3. What is your age 18-25☐   26-35 ☐   36-44 ☐   45 and above ☐

4. What is your house hold income before taxes?
   Under Birr 1000☐   1001-2500 ☐   2501-5000☐   5001+☐

5. What is the highest level of education you have completed?

   Primary Education ☐   First Degree ☐
   Secondary Education ☐   Masters and above ☐
   Diploma☐

   6. How often do you use medical services? Every six month ☐ every year ☐ More than a year☐   when service is mandatory ☐

PART 2: BRAND AWARENESS, SOURCE OF INFORMATION AND BRAND PREFERENCE

1. What is the first health institution that comes to your mind when you think of health service?
   ----

2. Where do you usually go for your doctor appointment?

Name of Hospital/ Health center---

3. How do you come to know about different health institution? (You can put a **"✓"** mark on more than one alternative)

- ➢ Billboard and Banners ☐
- ➢ Newspaper or Magazine ☐
- ➢ Referral by Doctor ☐
- ➢ TV or Radio advertisement ☐
- ➢ Repeated exposure to different health institution in the market ☐
- ➢ Word of mouth (heard from family, friends, colleagues) ☐
- ➢ If you have an additional reason for selecting where to go for a doctor visit, please explain---

4. Where do you usually go for outpatient medical services?

- ➢ Name of Hospital /Health center--

5. Thinking about "Question 4", how important is each of the following in selecting where to go receive outpatient service?

- ➢ Cost of care (affordability). ☐
- ➢ Location (proximity to home). ☐
- ➢ Reputation of hospital/health center. ☐
- ➢ Recommendation of family member or friends. ☐
- ➢ Availability of specialist doctors. ☐
- ➢ Referral by doctors. ☐
- ➢ Technological and modern equipment offered. ☐
- ➢ Courteousness of employees. ☐
- ➢ Insurance requirement. ☐
- ➢ Any other reason (please specify)---

PART 3: UNDERLYING FACTORS OF BRAND CHOICE

How important is each of the following in selecting where to go to for hospitalization? (Even if you have not been hospitalization before, please select the importance of each if you were to be hospitalization in the future)

	Factors	Not at all Important	Very Unimportant	Neither Important nor Unimportant	Very Important	Extremely Important
COC1	I use what is affordable for me.	1	2	3	4	5

	I prefer a health service institution that is reasonable priced	1	2	3	4	5
	Low price is one of my priorities when I thinking health service use.	1	2	3	4	5
	I am willing to pay higher price for my preferred of hospital	1	2	3	4	5
LO2	I choose brand hospital, which has my preferred location.	1	2	3	4	5
	I prefer a hospital brand with a convenient location.	1	2	3	4	5
	Visual appeal of access influence my hospital choice	1	2	3	4	5
	When I use the service, I consider the cleanliness of the hospital	1	2	3	4	5
ROI 3	Reputation have influence over the type of hospital I use.	1	2	3	4	5
	I use a health institution that I frequently exposed through reputation.	1	2	3	4	5
	I use a hospital, which has attractive and recognizable reputation.	1	2	3	4	5
	I use private hospital, which is reputable in a better way	1	2	3	4	5
ROF4	I prefer to use health institution with some kind of recommendation of friends or	1	2	3	4	5

	family's.					
	I use a private hospital that a physicians recommended.	1	2	3	4	5
	I prefer to use a hospital that I usually see while it has been used in various incidents, or use other kind of non-recommendation.	1	2	3	4	5
AOS5	I prefer a private hospital, which is availability of specialists	1	2	3	4	5
	I use the first health institution I feel secure.	1	2	3	4	5
	I prefer to use a hospital I am familiar with specialist doctors.	1	2	3	4	5
	I prefer to use well recommended specialist doctor.	1	2	3	4	5
RBD6	I feel more secure when I use with referral by doctors					
	Sometimes I don't trust doctor's reference					
	I give high attention for doctor or nurse recommendation					
T/M7	I use a private hospital, which I consider as a high quality.	1	2	3	4	5
	I use a private hospital that is given service as per acceptable quality standard.	1	2	3	4	5

		1	2	3	4	5
	I use private hospital that I consider it has a consistence health services.	1	2	3	4	5
	I prefer a hospital that has latest medical technology.	1	2	3	4	5
CBCD 8	I usually choose well-promoted brand	1	2	3	4	5
	I usually choose the best quality brand	1	2	3	4	5
	I usually choose the brand I know	1	2	3	4	5
	I usually use widely available brand	1	2	3	4	5
	I usually use best-service brand	1	2	3	4	5

If there are any additional factors that affect your brand (private health institution) choice, you can list on the space provided below.