



**ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

**FACTORS AFFECTING SERVICE BRAND EQUITY: THE CASE
OF PRIVATE GENERAL HOSPITALS IN ADDIS ABABA**

BY

JEMILA MOHAMMEDKEMER

**JULY 2021
ADDIS ABABA**

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**A THESIS PROPOSAL SUBMITTED TO THE DEPARTMENT OF MARKETING
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DECLARATION

I, the undersigned, declare that this thesis “**FACTORS AFFECTING SERVICE BRAND EQUITY: THE CASE OF PRIVATE GENERAL HOSPITALS IN ADDIS ABABA**” is my original work, prepared under the guidance of Mohammed Mohammednur (Ass. Prof.). All sources of materials used for this thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or full to any other higher learning institution for the purpose of earning any degree.

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June 2021

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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June 2021

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ABBREVIATION AND ACRONYMS

ANOVA	Analysis of Variance
CBBE	Consumer Based Brand Equity
FMoH	Ethiopian Federal Ministry of Health
SPSS	Statistical Package for the Social Sciences

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ABSTARCT

The main objective of this study was to investigate the factors affecting brand equity in the case of private general hospitals in Addis Ababa based on Aaker's consumer based brand equity model. Explanatory research design along with mixed research approach was adopted to test the proposed hypotheses. Customers of private general hospitals were considered as a study population and a total of 384 sample respondents were selected using convenience non-probabilistic sampling technique. Of which 317 valid and usable primary data were collected through self-administered questionnaires and processed via SPSS version 21.0. Both descriptive and inferential statistics were used to describe responses regarding the study variables and test the four proposed hypotheses. The results of the findings revealed that brand awareness, brand association, perceived quality and brand loyalty had positive and strong relationship with brand equity. Specifically, perceived service quality of the private general hospitals had relatively the highest effect ($B = .261$) on brand equity followed by brand awareness ($B = .220$) at $p\text{-value} < .05$. Whereas brand association ($B = .182$) and brand loyalty ($B = .174$) had relatively low effect on brand equity. Thus, based on the results, all the four proposed hypotheses were supported. It can be concluded that brand awareness, brand association, perceived quality and brand loyalty are determinant facts that predict the variation on brand equity of the hospitals. Mnaagements of general hospitals should exert mmore effort on creating their brand awareness and improving medical service quality based on their customer's demand to exceed their expectation.

Key Words: Brand Association, Brand Loyalty, Medical Service Quality, Customer Based Brand Equity, Private General Hospitals

CHAPTER ONE

INTRODUCTION

1.1. Introduction

The healthcare industry is a thriving industry all over the globe as people in general requires healthcare services the course of their lives. Such medical services offerings' quality enables the facility to sustain its business especially in obtaining reputable company image or brand value. Private healthcare facilities in particular that are concerned about the stiff business competition have always placed importance of understanding the internal and external environment. Knowing what the others in the same industry are practicing is often a benchmark for organizational improvement (Porter, 2005). What sets a firm apart from another is the unique selling proposition or competitive advantage, having this competitive advantage and knowing how it can help a business will often bring additional profits and larger market share to the organization (Chalal & Bala, 2017). However, private hospitals strive for chasing and keeping known physicians and specialists to maximize their profit rather than building higher brand value and perception in the minds of consumers.

Branding plays a special role in service firms as it increases customers trust, enables customers to better visualize the service products, acts as a means of differentiation among competitive products and delivers value to the customers. According to Wehrli (2015), all these factors help in generating value to the company and this value created or added by the brand. Proper allocation of financial resources and organizational planning that goes into marketing the brand, the acceptance among consumers is relatively easy therefore increasing the value of the company. Erden (1999) refers to this value creation as brand equity.

Firms develop brands as a way to attract and keep customers by promoting a lifestyle, value and image. With the mention of a brand, whether a product or a service, an image would come to the mind of the consumer. These brands have been successful in creating value for the companies and are recognized worldwide for their products. The perceptions created in the minds of consumers are so strong that substitute brands will need longer time to penetrate the market and consumers' pockets.

Brand equity once considered essential for products, is vital for services as well. Studies have revealed that many determinants or antecedents to brand equity suggests application of brand equity measures used in merchandise sector, to evaluate brand equity in service sector (Mackay, 2011).

However, Wang (2009) and Riel (2001) remark that since number of differences exist between services and goods, consumers evaluate extension of service brands differently from non-service brands and therefore, separate conceptualization for service brand equity is required. Moreover, a brand is associated with a “company” in a service sector, unlike manufacturing sector (where it is linked with a product), and this necessitates to relook into the service brand concept (Wang, 2009). Besides, role of consumers participation and involvement in the service process, and heightened competition among service providers further adds to the need to explore service brand equity in a different way. Therefore, the purpose of this study is to investigate the determinants of brand equity in Ethiopian healthcare industry taking private general hospitals in Addis Ababa as a case study.

1.2. Statement of the Problem

Branding plays a special role in service firms as it increases customer’s trust and ability to visualize a better service offer. It acts as a means of differentiation among competitive services and delivers value to the customers (Porter, 2005). This is for the fact that competition creates a lot of tension that may affect basically the existence of companies due to offering similar service to same target customers results in optimizing more choices. With the increased exposure and added access to information, customers are also savvy in realizing the availability of other providers in the market, and would not hesitate to switch if their needs are met by substitute providers (Atilgan, Aksoy& Akinci, 2005). Ethiopian healthcare industry is not far from these facts.

Healthcare is conceived as one of the most promising and fast-growing industries in Ethiopia due to population growth, urbanization, ageing population and infrastructural squeeze of the public sector (Ethiopian Federal Ministry of Health Report - FMoH, 2019). As the first point of contact in the healthcare delivery process, private healthcare service providers tend to have prior advantage over providers of other healthcare categories in capturing the increasing demand. To be successful in the rising market, it is important for private general hospitals to understand the key factors affecting patients when choosing branded medical centres rather than counting on hiring prominent physicians on contract basis or adapting state-of-the-art technology (Herrmann, 2017). Without the clear expectations for behavior, responsiveness and communication, private hospitals are at risk of

spending more time and resources to mitigate effects of patients switching to other strategic competitors easily. Building a brand identity is often a challenge for healthcare service providers on top of perception of patients on the hospital's services, quality and outcomes are areas that need to be managed as well.

Brand equity is regarded as a very important concept in business practice as well as in academic research because marketers can gain competitive advantage through successful brands (Keller, 2004). The competitive advantage of firms that have brands with high equity includes the opportunity for successful extensions, resilience against competitors' promotional pressures, and creation of barriers to competitive entry (Farquhar, 1989). The extant literature suggests application of brand equity measures that are used in manufacturing sector, to evaluate brand equity in service sector (Herrmann, 2017; Hariharan, 2014; Thantry, 2016). However, since number of differences exist between services and goods, consumers evaluate extension of service brands differently from non-service brands and therefore, separate conceptualization for service brand equity is required. Moreover, a brand is associated with a firm in a service sector, unlike manufacturing - where it is linked with a product, and this necessitates to relook into the service brand concept. Besides, role of consumers engagement in the service process, and heightened competition among service providers further adds to the need to explore service brand equity in a different way.

However, despite its importance in the service sector, the concept is not explored much in the service marketing practices in Ethiopian context. Although studies developed research framework of product brand equity, further insight is required to better understand and develop brand equity in services sector as it has been given less due consideration. Among a few studies conducted on healthcare brand equity, Ayinalem (2018) suggests that hospitals should focus on the development of customer relationship management to enhance brand equity, whereas Hailemariam (2014) finds patients' benefits and doctors' independence to be significant factors contributing to brand loyalty. Further their performance is dependent on mix of qualitative factors such as quality of services of highly skilled personnel including technical and behavioral interaction quality, nature of treatment, types of patients and their awareness, availability of general as well as specialized services at a competitive price (Zerihun, 2015), availability of latest technical equipment, etc. (Tiruneh, 2016), which make evaluation of healthcare services difficult.

This study makes efforts to explore brand equity components in healthcare sector that can contribute in the development of service brand equity. It primarily evaluates perceived service quality, brand loyalty, and brand image, the three significant components of service brand equity and establishes their relationships with service brand equity in the healthcare sector in Ethiopia. The aim of this study is, therefore, to evaluate the determinants of brand equity in Ethiopian healthcare industry taking private general hospital as a case study. The output of this study helps in filling the aforementioned research gap by identifying factors that affect brand equity of private general hospitals in Addis Ababa based on Aaker's consumer-based brand equity model.

1.3. Objective of the Study

1.3.1. General Objective

The main objective of this study is to investigate the factors affecting service brand equity in Ethiopia healthcare centers in the case of general hospitals in Addis Ababa.

1.3.2. Specific Objectives

- i. To investigate the effect of brand awareness on brand equity of private general hospitals in Addis Ababa.
- ii. To examine the effect of brand association on brand equity of private general hospitals in Addis Ababa.
- iii. To determine the effect of perceived service quality on brand equity of private general hospitals in Addis Ababa.
- iv. To investigate the effect of brand loyalty on brand equity of private general hospitals in Addis Ababa.

1.4. Significance of the Study

The result from this research may bring valuable information for healthcare service providers in order to understand what factors affect brand equity of general hospitals. By retaining this knowledge, hospital managers and marketers can understand what is important for the customers and then interpret the information to create a suitable branding strategy. The research could help general hospitals increase their brand equity with the knowledge on how to allocate their resources, which could save both money and time for their companies.

Brand awareness, brand association, perceived quality and brand loyalty might be considered to test whether they had positive and significant influence on brand equity. Thus, managements of private general hospitals may consider the results of this study so as to escalate their brand equity substantially. Managements of private general hospitals strive to enhance their medical service quality so as to build strong brand equity. Thus, customers or patients in this regard may benefit from improved service quality offered by the hospitals.

More importantly, private hospitals may consider the findings of this study for formulating and implementing effective marketing strategy so as to attain high degree of service brand equity that will be efficient in sustaining competitive performance.

It may also serve as a ground for further studies.

1.5. Scope of the Study

The scope of this study was delimited geographically, conceptually and methodologically to manage it within the existing resources. Geographically, the scope was limited to Addis Ababa as most prominent private hospitals are located in the capital city. The homogeneity nature of the medical service in the country makes it the overall practices of the private general hospitals by taking representativeness of the cases. Conceptually, There are a number of other factors that affect brand equity in the private hospital service industry. For instance, service charges, location, customer satisfaction and the likes but, in this study, only perceived service quality, brand loyalty, brand association and brand awareness were taken as an independent variable that accounted for variation in the overall brand equity. Methodologically, this study targeted only patients of private general hospitals who will be selected with convenience non-probability sampling technique. Patients out of the city will be intentionally excluded as they are out of the scope of this study.

1.6. Limitation of the study

The debacles of COVID-19 impose its own impact on the credibility of the study as unavailability of loyal customers/ patients/ due to fear of the current pandemics. Besides, marketers or managers of the hospitals were somehow hesitant to disclose their marketing strategy for the case sensitivity. This may also contribute its own influence on the overall picture of the study. However, the student research took all the necessary measures to minimize the drawbacks as much as possible.

Regarding the sample size and sampling technique used in this study, it affects the generalizability of the findings for the fact that sample respondents were selected per researcher's convenience. It might not fully represent the behavior of the entire population of customers of private hospitals. As the convenience non-probability sampling was used, subjective and methodological biases were induced to some extent. Besides, the study relates to the factors affecting brand equity of private general hospitals in Addis Ababa. It only focused on four dimensions of brand equity. As per different researches in different times, so many other factors can enhance consumer-based brand equity. Therefore, further investigation on factors that affect brand equity should be seen from company image and trust perspective. Exclusion of these and other unmentioned factors also affect the generalizability of the findings to some extent.

1.7. Definition of Key Terms

- Brand Association:** Consists of all brand-related thoughts, feelings, perceptions, images, experiences, beliefs, attitudes (Kotler and Keller, 2006, p. 188)
- Brand Awareness:** The ability for a buyer to recognize or recall that a brand is a member of a certain product category (Aaker, 1991, pp.61).
- Perceived Quality:** is usually at the heart of what customers are buying and is often used to differentiate or position brands against others. It is also an important brand asset as, among all brand associations, only perceived quality has been shown to drive financial performance through the price premium that consumers are prepared to pay ” (Klopper 2011, pp.38).
- Brand loyalty:** The tendency to be loyal to a focal brand, which is demonstrated by the intention to buy the brand as a primary choice. (Oliver, 1997, pp.3).
- Purchase Intention:** Defined practically as “the possibility of shopping and it is subject to willing purchase, considering purchase and recommendation purchase (Dodds, 1991).
- Customer-Based Brand Equity (CBBE):** defined as “the differential effect of brand knowledge on consumer response to the marketing of the brand in which brand knowledge is conceptualized, based on an associative network memory model in terms of two components, brand awareness and brand image” (Keller 2003, pp.60).

1.8. Organization of the Study

This study is organized into five main chapters. The first chapter refers introduction of the study which includes the background, the problem statement, the research objectives, significance and scope of the study. The second chapter focuses on literature review. It contains relevant theories, conceptual and empirical discussions leading to identification of research gaps and the conceptual framework. The third chapter presents the research methodology including research approach and design, target population, sampling methods, sample size, data collection instruments to be used as well as method of data analysis and presentation. The fourth chapter presents demographic characteristics, descriptive and inferential statistics analysis, findings and their interpretations. The last chapter consists summary of major findings, conclusions and recommendations of the research study.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

This chapter presented theoretical, empirical and conceptual framework along with proposed hypotheses of the study. The theoretical framework that is made from the literature reviewed comprised of different brand equity models, measuring scales, limitations, and relation with factors affecting brand equity. Empirical review gives the shortest summary of some of relevant studies along with formulated hypotheses; and while the conceptual framework of the study which is clearly depicted what to be done in this research will be discussed and presented.

2.1. Theoretical Review

2.1.1. Brand

In the continually changing world where customers' primary choice and manners in making decisions about which product to buy or service to use the selling company has to build and retain their brand in a way which makes it essential to the customer. Brand can be defined as "a name, term, sign, symbol, or design, or combination of them which is intended to identify the goods and services of one seller or group of sellers and to differentiate them from those of competitors" (Kotler, 1991; Kotler, 1999). As pointed out in Keller (2013) branding has been around for centuries as a means to differentiate the goods of one producer from those of another. In fact, the word brand is derived from the Old Norse word brand, which means "to burn," as brands were and still are the means by which owners of livestock mark their animals to identify them (Keller, 2013). On the other hand, in the contemporary world concept of branding has come to include much more than just creating a technique to identify a product or company. As DeChernatony and McDonald (2003) explanation brands have also been viewed to go ahead of the physical components of what they stand for to include additional attributes, which are important considerations for consumers' buying decisions.

Brand definitions are many; different authors provide their own justification towards the meaning of a brand. The definitions are useful to understand a brand from different perspectives. A brand is a unique name or symbol such as logos, trademarks or package design proposed to identify the goods or services of either seller or group of sellers and distinguish those goods or services from those of competitors as defined by (Aaker, 1991). According to Kotler (2000) meaning, a brand is essentially

a seller's promise to deliver a specific set of features, benefits and services every time to the buyers. In the same way, Keller (2003) defines that a brand is an emotional and physiological association a firm has with a customer; strong brands acquire opinion, emotion and sometimes-physiological reaction from a customer. The brand is not just a name because the name created to identify the product whereas the brand is created to add value to the product and offer it a personality and the excellent brands can suggest an assurance of quality (Keller, 2003).

In addition, a brand is something that exists in the minds of consumers. It is a continual, distinctive business identity intertwined with links of personality, quality, origin, liking and other. It is also a long-lasting entity, deep-rooted in reality, but also reflecting the perceptions and perhaps even the habit of consumers. According to Kotler and Keller (2006) to brand a product, it is important to educate consumers "who" the product is by giving it a name and using other brand elements to help to identify it as "what" the product achieves and "why" consumers should be worried about. Branding engages in creating mental arrangements and serving consumers to organize their awareness about products in a manner that makes clear their decision-making and, in the process, present value to the firm. The way to branding is that consumers recognize variations among brands in a product category (Kotler and Keller, 2006); Branding is the practice by which companies creating unique and strong perceptions in the minds of consumers for their product offerings from competition (Keller, 2003).

In general, the process of branding originated as a means by which a firm could distinguish its goods or services from those of its competitors. In the beginning, branding acted as a guarantee of consistency and quality for consumers. Nowadays, however, brands are renowned for offering consumers a distinctive set of perceived benefits not found in other products. These perceived benefits potentially both simplify consumers' purchase decision making and offer a starting point for customer loyalty. According to Boyle (2007) argues that products that match their (consumers) want most intimately become brands. As he explains, it is the perceived unique benefits that brands offer consumers that give them their value adding potential and enable them to sustain a price premium over their commodity form

2.1.2 Branding in the Services Industry

As specified by Turley and Moore (1995) service industries are playing a more and more key role in the overall economy. Interest in the measurement of service quality is thus justifiably high and the delivery of higher levels of service quality is the strategy that is increasingly being offered as a key

to service providers“ efforts to position themselves more successfully in the marketplace (Turley and Moore,1995). However, the problem inherent in the realization of such a strategy is related to service quality, which is an elusive and abstract construct that is problematical to identify and evaluate (Turley and Moore, 1995). This means the service quality has be-come an increasingly important factor for success and survival in the service sector. It is often suggested that marketing in the service sector is somewhat challenging due to the unique characteristics of the service and the domination of experience and credibility of qualities. Actually, due to the natural service characteristics (i.e., tangibility, inseparability, heterogeneity and perishability), it has been argued that the concept of branding is more imperative to services than to physical goods (Kapferer, 2004). As a result, the brand has been increasingly being aware of as an important determinant of consumer preference in the service sector (Turley and Moore, 1995).

2.1.3 Service Brand Equity

Brand equity for services is different than for products (Nath & Bawa, 2011). Berry (2000) goes so far to claim that brand equity is more important for services than for products. The reason behind why service brand equity is different from product brand equity is because of the characteristics of services, mainly the variability and intangibility (He & Li, 2011). They strengthen this argument by saying that when buying a service, the customer’s ability to assess the quality of that service is lower than when assessing the quality of a product. They further say that this could increase the risk in the customer’s mind when purchasing a service. *“However, brand, given its intrinsic value, can help reduce the perceived risks of buying and consuming services.”* (He & Li, 2011: p.80). Although most of the research on brand equity claim that there is a difference, it occasionally surface other research that says that this difference does not exist (Heaven, 1990; Rafiq, 1995).

Among researchers there are differences as to what the underlying factors to brand equity for service brands are. Berry (2000) is defining products and services as tangibles and intangibles. The brand is represented by the tangibles, however when it comes to intangibles, the brand is the company. He further created the service brand equity model, where he shows the connection between five factors and their impact on brand equity. These factors are companies presented brand, external brand communications, customer experience with company, brand awareness and brand meaning.

The company’s presented brand, Berry (2000) describes as the company's communication of their identity that can be done through controlled channels such as presentation of services, the service

center or advertising. External brand communications he further describes as the knowledge assimilated by customers regarding the service and company. This knowledge is information that the company has difficulties controlling, it can be assimilated through channels such as word of mouth and press (Berry, 2000). This factor influences both brand meaning and brand awareness that is the next step of the model. The factor called customer experience with the company. Hosein (2012) describes as simple as how the customer experiences the service provided by the company. This is one powerful factor that can destroy everything the company has worked for, if the service does not live up to the expectations of the customers.

Brand meaning is how the customer perceives the brand and what the customer associate with it. Brand meaning is primarily influenced by customer experience with the brand, the other two underlying factors do also influence brand meaning to some extent. According to Berry (2000) brand meaning in its turn is the factor that primarily affects brand equity. The last factor is brand awareness that is mainly influenced by the presented brand, it is described by Hosein (2012) as if the customer is aware of the brand. Hence the external brand communication is another influencing factor, the brand needs to be communicated in order for the customer to be aware of it.

Most research regarding service brand equity use the foundation by Aaker (1991) or Keller (1993) and their factors when measuring brand equity for services. Balaji (2011) whose research regards building a strong service brand and testing the relationship between the different brand equity factors. He based his research on Aaker's five factors and reached the conclusion that in services only three of them are significant; brand awareness, perceived quality and brand loyalty (Balaji, 2011). This conclusion hence excluded the importance of two of Aaker's five factors; brand association and other proprietary brand assets. There is a similar view regarding service brand equity within the healthcare sector, where perceived service quality and brand loyalty are considered being the factors that positively impact service brand equity (Chahal and Bala, 2012). These researchers define brand loyalty the same, as the consumer's willingness to rebuy a service on a regular basis even if there are cheaper alternatives or other influences from other companies.

Perceived quality is defined by Balaji (2011) as how the customer assesses the service in relation to what quality they previously expected it having. However, Chahal and Bala (2012) defines perceived service quality as the perception of the service before the service is experienced, in relation to other services. The last factor only used by Balaji (2011), brand awareness, is defined as the part the brand

has in the consumer's mind. Further he states that in order to grab the attention of a customer during purchase decisions, building brand awareness is one of the main concerns a company has. He and Li (2011) explored the main factors for service brand equity in high-tech business, where they identified two main factors that affect service brand equity. They agree with previous researchers regarding the quality of the service (overall service quality) being an important factor. Which they define as the consumer's perceptions and expectations of a service after the service has been performed.

However, they differentiate themselves from other researchers by claiming perceived value being the other factor influencing service brand equity (He and Li, 2011). This factor they explain as the value gap between the received and perceived benefits the customer has. How they value the outcome of the service after it has been executed (He and Li, 2011). Nath and Bawa (2011) conducted a research regarding measurements of brand equity in service firms on the Indian market. They constructed a scale in order to measure the service brand equity, where they had four brand equity factors; brand familiarity, perceived quality, brand loyalty and brand association. By brand familiarity they mean that the customer knows of the brand, their ability to recall its logo and the customer opinion of the brand. When deciding how to measure the perceived quality, Nath and Bawa (2011) did it by asking respondents regarding how they perceive the quality and the reliability of the brand.

Brand loyalty is described as how frequently the customer use the service and how long they could wait in case if out of stock but still use the service. Lastly brand association is described as the customer's trust and admiration for the brand, also if the brand differentiates itself from other brands. Pinar (2014) has come to the conclusion that four of Aaker's (1991) factors are important for service brand equity; brand awareness, perceived quality, brand loyalty and brand association. However, they added four more factors; organizational association, emotional environment, learning environment and university reputation. These factors are specifically used when conducting university branding and measuring university brand equity. Where organizational association is defined as seeing the brand as an organization, where the whole organization (principles, employees and agenda) is regarded as the brand (Hosein, 2012).

Emotional environment is considered as the emotion consumers have towards the brand, what the emotions are is different from person to person. According to Pinar (2014) the learning environment is seen as how the service is experienced, such as the co-created learning experience. They further define the factor university reputation as that university lives up to what is promised by them, such

as for example the education. Hosein (2012) defines brand awareness, perceived quality, brand loyalty and brand association in accordance with several authors presented earlier definition of the concepts (Balaji, 2011; Nath & Bawa, 2011). The concepts are defined in the same way as previously discussed.

2.1.4 Brand Equity

Brand equity is considered as the power of the brand that is built in the minds of the consumers on the basis of what they have learnt, seen, felt, and heard about the brand (Keller, 1998). Although in marketing, consumer aspect of brand equity, which focuses on the cognitive aspect of consumer, is frequently followed; but is conceptualized differently by different authors. Many different views of brand equity have been proposed in the literature. Some define brand equity from a financial perspective while others define it from the customer perspective (Rios & Riquelme, 2010).

Keller (1993) view brand equity from the customer's perspective and define it as the positive differential effect a brand has on a customer response to a product or service. A positive brand equity means that the customer responds more favorably to a product or service from a brand they know of than from an unknown brand (Keller, 1993). Pinar, (2014) says that the main objective with all branding strategies is to build strong brand equity and this is mainly affected by what the customers have experienced, heard and learned about the brand. Christodoulides (2006) describe brand equity as the customer's knowledge, perceptions and attitudes towards a brand that allow the company to differentiate themselves and get a competitive advantage towards competitors. There is a disagreement within the customer-based brand equity literature regarding what factors that affect brand equity (Rios & Riquelme, 2010). There have been proposals for several different brand equity models and there is a great variation of what and how many factors that affect brand equity (Rios & Riquelme, 2010). The focus of this study is however only on the customer-based brand equity.

2.1.5. Consumer Brand Equity Models

A dozen of conducted researches were and still are unable to arrive at one conclusion about what the dimensions are of and how to measure brand equity. Some of them for example, classify brand equity measure as of financial and consumer based (Myers 2003). The financial perspectives focus mostly on stock prices or brand replacement. Other researchers, who were and still dominant on the field, tries to measure brand equity from the consumer perspective.

Aaker for instance, argues that brand equity should be measured from the perspective of the consumer. The stronger the brand awareness, brand loyalty, and brand association the higher the financial value will be. In other words, the value of the brand equity dimensions (i.e., especially brand awareness, brand loyalty, brand association and perceived quality) are the base on which the financial value of the firm will depend.

2.1.5.1. Aaker's CBBE Model

The CBBE model of Aaker, often called the “five asset Brand Equity model” one of the most accepted models used to build, maintain, sustain, and measure brand equity over time.

The first element of brand equity, brand loyalty, will help firms by reducing marketing costs. Costs such as, promotional and distribution costs (trade leverage). In other words, loyal customer base will enhance to attract new customers by minimizing perceived risk of the new comers.

The second dimension of brand equity according to the figure below is brand awareness. Brand awareness can be an anchor to which other associations can be attached, familiarity or liking about the brand could be developed, and it may signal substance or commitment of the company/brand and help consumers to consider the brand in the purchase category.

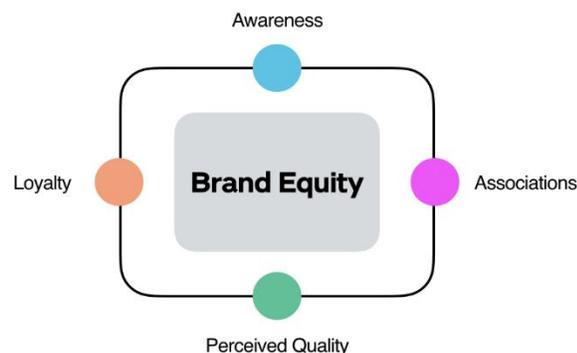


Figure 1: Aaker's Consumer-Based Brand Equity Model

The third determinant of brand equity, perceived quality, which is difficult to measure in service business than merchandise may offer a number of benefits for the company. Because consumers took quality as a justification of their buying, a base to conquer consumer mind as the tip of hand brand awareness, enable the company to extend its brands since consumers faith on the quality of the earlier

products/ services will be projected and still enable both the manufacturer or service provider to command premium prices.

Brand association also offer similar benefit with perceived quality. Some authors use brand awareness and brand image interchangeably. It creates positive attitude and feelings, and help consumers to acquire, and process huge data of information about hundreds and thousands of different brand communication messages.

Similarly, Keller (2004) emphasizes the role of measuring consumer-based brand equity to the benefits of the firm in terms of both long term and short-term basis. He added that, measuring CBBE is strategic in nature and help to improve marketing productivity. He defined Brand Equity as the differential effect on brand knowledge on consumer response to the marketing of brand. As dimensions of brand knowledge, the higher the familiar with the brand with some kind of favorable, strong and unique association in memory the higher the value of the brand equity will be. This construct is based on the associative network memory model.

The associative network memory model views memory as consisting of a network of nodes and connecting links, in which nodes represent stored information or concepts and links represent the strength of association between this information or concepts. Any type of information can be stored in the memory network, including information that is verbal, visual abstract, contextual in nature (Keller 1993; Keller 2003).

Consistent with, the associative network memory model Keller conceptualized brand equity from perspective of individual consumer brand knowledge. Moreover, the knowledge of consumer about brands affects the marketing brand strategy of firms. Brand knowledge is not the facts about the brand – it is all the thoughts, feelings, perceptions, images, experiences, and so on that becomes linked to the brand in the minds of consumers about the brand. In this model, brand knowledge is composed of brand awareness and brand associations (image). Brand awareness is related to the strength of the brand node or trace in memory, as reflected by consumers' ability to identify the brand under different conditions. Brand awareness is necessary, but not always sufficient, step in building brand equity.

Brand image can be defined as perceptions about a brand as reflected by the brand associations held in consumer memory. In other terms, brand associations are other informational nodes linked to the brand for consumers. Associations come in all forms and may reflect characteristics of the product or aspects independent of the product itself. The brand image is expressed as the function of the type,

favorability, uniqueness and strength of associations between the brand and the consumers (Keller 2003).

The CBBE measurement approach, argued by Keller (2003), is an indirect approach, which tries to identify potential sources of customer-based brand equities distribution channels, the effectiveness of marketing communications, and the success of brand extension by measuring brand awareness and the characteristics and relationships among brand associations. The direct approach focuses on consumer response to different elements of the firm's marketing program.

2.1.5.2. Cause-Effect Model

The second consumer-based brand equity model developed by Anne Martensen and Lars Grønholdt named Cause-Effect Model that links customer-based brand relationships to rational and emotional brand associations, as well as rational and emotional brand evaluations. The customer-based brand relationships are characterized by loyalty, based on both behavior and attitude (Grønholdt 2000). The model links the final variable, customer-based brand relationships, to the driver's rational brand evaluations and emotional brand evaluations, which are in turn linked to the product quality, service quality, price, and brand promise, brand differentiation and brand trust and credibility. The model proposes two routes to creating brand strength; rational and an emotional route, as well as a combination of these routes.

2.1.5.3. Brand Asset Valuator Model

The third CBBE measurement model, recent one, which is called Brand Asset Valuator (BAV) Model was forwarded by Advertising Agency. The company identified four pillars of brand equity; namely: energized differentiation, Relevance, esteem and knowledge. Energized differentiation is the brand's point of difference relate to margins and cultural currency. But relevance is how appropriate the brand is to the consumer relates to consideration and trial. It is about whether the brand can be considered in purchase decision. Esteem refers to how the brand is perceived in quality and loyalty. If it is about the intimate understanding of the brand relates to awareness and consumers experience, it is called knowledge. In this model brand strength, which is the leading indicator of future growth value, is composed of energized differentiation. Similarly, the current indicator for current operating value (i.e. Brand stature) is made up of esteem and knowledge. Brand strength components from energized differentiation than relevance show more value than brand stature components, where esteem is better future value indicator than knowledge.

2.1.5.3. Keller's CBBE Model

Keller (2003) introduces us the concept of customer-based brand equity (also called CBBE model) in order to make clearer how brand equity should be built and managed. By analysing this model, the needs of consumer can be discovered and studied more in details, enabling us to take a further step to find satisfying solutions for them. Although a number of useful perspectives concerning brand equity have been put forth, the CBBE model provides a unique point of view as to what brand equity is and how it should best be built, measured, and managed.

The CBBE model is basically about finding what customers have learned and experienced over a certain period of time. The formal definition of customer brand equity is the value of the customer relationship that brand creates (Keller, 1998). Keller's CBBE model is called Brand resonance model. The brand resonance model views brand building as an ascending series of steps, from bottom to top: (1) ensuring identification of the brand with customers and an association of the brand in customers' minds with a specific product class or customer need; (2) firmly establishing the totality of brand meaning in the minds of customers by strategically linking a host of tangible and intangible brand associations; (3) eliciting the proper customer responses in terms of brand-related judgment and feelings; and (4) converting brand response to create an intense, active loyalty relationship between customers and the brand (Kotler and Keller, 2009).

2.1.3. Service Brand Equity

Brand equity for services is different than for products (Nath & Bawa, 2011). Berry (2000) goes so far to claim that brand equity is more important for services than for products. The reason behind why service brand equity is different from product brand equity is because of the characteristics of services, mainly the variability and intangibility (He & Li, 2011). He and Li (2011) strengthen this argument by saying that when buying a service, the customer's ability to assess the quality of that service is lower than when assessing the quality of a product. They further say that this could increase the risk in the customer's mind when purchasing a service. However, brand, given its intrinsic value, can help reduce the perceived risks of buying and consuming services. (He and Li, 2011).

Although most of the research on brand equity claim that there is a difference, it occasionally surface other research that says that this difference does not exist (Heaven & Scotti, 1990; Rafiq & Ahmed, 1995). Among researchers there are differences as to what the underlying factors to brand equity for

service brands are (e.g., Berry, 2000; He & Li, 2011; Nath & Bawa, 2011). Berry (2000) is defining products and services as tangibles and intangibles. The brand is represented by the tangibles, however when it comes to intangibles, the brand is the company. He further created the service brand equity model, where he shows the connection between five factors and their impact on brand equity. These factors are companies presented brand, external brand communications, customer experience with company, brand awareness and brand meaning (Berry, 2000).

The company's presented brand, Berry (2000) describes as the company's communication of their identity that can be done through controlled channels such as presentation of services, the service center or advertising. External brand communications he further describes as the knowledge assimilated by customers regarding the service and company. This knowledge is information that the company has difficulties controlling, it can be assimilated through channels such as word of mouth and press (Berry, 2000). This factor influences both brand meaning and brand awareness that is the next step of the model. The factor called customer experience with the company,

Berry (2000) describes as simple as how the customer experiences the service provided by the company. This is one powerful factor that can destroy everything the company has worked for, if the service does not live up to the expectations of the customers (Berry, 2000). Brand meaning is how the customer perceives the brand and what the customer associate with it (Berry, 2000). Brand meaning is primarily influenced by customer experience with the brand, the other two underlying factors do also influence brand meaning to some extent. According to Berry (2000) brand meaning in its turn is the factor that primarily affects brand equity. The last factor is brand awareness that is mainly influenced by the presented brand, it is described by Berry (2000) as if the customer is aware of the brand. Hence, the external brand communication is another influencing factor, the brand needs to be communicated in order for the customer to be aware of it.

2.1.6. Consumer-Based Brand Equity

In conceptual terms, brand equity finds different definitions in the literature (Raggio & Leone, 2007). Despite the lack consensus among scholars, two different approaches to consumer-based brand equity are presented. The first approach emphasizes the brand contribution as a business asset. It is considered that the value of the brand lies in its ability to increase the attractiveness of products or services identified with it (Aaker, 1991; Kamakura & Russell, 1993). This increase in attractiveness is reflected in the perception of the consumer and in the value of the company. One of the most cited

definitions of this approach is proposed by Aaker (1991). The author broadened the discussions about the theme by indicating that brand equity is a multidimensional construct.

The second approach assumes that brand equity is constructed from the familiarity of the consumer with the brand (Christodoulides & Chernatony, 2010; Keller, 1993; Yoo et al., 2000). This familiarity comes from actions taken in marketing that potentiate or reduce positive consumer associations. It is assumed that consumer perceptions and knowledge regarding the brand tend to affect their intent and purchase decision. Although different, the first and second approaches are not considered as excluding, but complementary, while the overview addresses contribution of the brand to the company, the second approach emphasizes the construction of this value in the minds of consumers.

The consumer-based brand equity it is what will differentiate consumer choice between identical products (Yoo, 2000). In the literature, there is a consensus that brand equity is a complex and multidimensional construct that involves several dimensions in order to be able to measure the real value attributed by the consumer to the brand (e.g. Aaker, 1991; Keller, 1993; Pappu et al., 2005; Yoo & Donthu, 2001). However, there is no consensus about definitions of these dimensions. For example, Aaker (1991) indicates that the brand equity is composed of five dimensions: brand associations, brand awareness, perceived quality, brand loyalty and other proprietary brand assets. However, other proprietary brand assets are based on the perspective of the company and considered irrelevant to the perspective of the consumer (Christodoulides & Chernatony, 2010). Keller (1993) points the dimensions brand knowledge e brand image, and Yoo (2001), from the operationalization of the model by Aaker (1991), indicates that awareness and associations are part of the same dimension.

In the services marketing, Nam et al. (2011) indicates others dimensions of the consumer-based brand equity, considering the proposition of Aaker (1991) limited in the service brands. The five dimensions proposed: environmental quality, staff behaviour, ideal self-congruence, brand identification and lifestyle-congruence. Çifci (2016) extended a model of Nam et al. (2011) including the brand awareness dimension. Considering the various suggestions this study addresses four dimensions of brand equity: brand associations, brand awareness, perceived quality and brand loyalty. The model proposed by Aaker (1991) has been the most widely used model in the literature.

2.1.6.1. Brand Association

Brand Association is a link that consumers make with the brand (Keller, 1993; Huang & Sarigöllü, 2012). Examples of associations include graphic representations or words that come to mind when thinking about the brand (Feldwick, 1996). These relations are built in the mind of the consumer from the contact he has with the brand. Contact with the brand can occur through advertising messages, social networks, consumers' story, and product or service experimentation and generate positive or negative associations in their minds (Aaker, 1991).

2.1.6.2. Brand Awareness

Brand Awareness refers to the ease with which the consumer will recognize or recall the brand in a given category of product or service (Aaker, 1991; Keller, 1993). The ease of awareness offers an advantage to the brand, considering that the more easily the consumer remembers or recognizes the brand, the more likely it is to select it when purchasing (Huang & Sarigöllü, 2012).

2.1.6.3. Perceived Quality

Perceived quality refers to the consumer's perception of the superiority of one brand over another (Aaker, 1991). This level of perceived quality is not related to the characteristics of the product itself, but to a subjective evaluation of the brand present in the mind of the consumer (Anselmsson, 2009). The high-level of perceived quality generates reasons for purchase and allow the consumer able to differentiate products and services from the same product category.

2.1.6.4. Brand Loyalty

Brand loyalty reflects the likelihood of consumers switching brands (Aaker, 1991). Different from the perceptual dimensions presented previously, which involve constructs present in the mind of the consumer that do not depend on the purchase or experience with the product and / or service, brand loyalty consists of a behavioral dimension. In order for the consumer to become loyal to a particular brand, he will necessarily have to buy it, try it on (Myers, 2003; Romaniuk & Nenycz-Thiel, 2013). The highly loyal to consumer with the brand, reduced their likelihood of switching it to a competitor (Aaker, 1991). Although there are associations between the four dimensions of brand equity, each is capable of generating a distinct set of contributions to organizational results (Aaker, 1991). Associations that generate positive feelings, such as linking the brand to a football idol, tend to affect consumer satisfaction with the use of some brand product, its buying decision and the reason for this consumer to buy an extension, that is, a brand-new product.

The perception of superior quality tends to increase the consumers' buying motivation and to allow the company to work with higher prices, consequently affecting its profitability and market share. In turn, loyal consumers have reduced motivation for brand change. They do not strive to seek alternative brands because they trust and are satisfied with the focal brand, thereby maintaining these customers reduce the marketing costs of the company, increases its volume sales and entry barriers to competitors, whereas competitors will need excessive resources to capture this type of customer, and loyal consumers tend to indicate the brand to other individuals.

Thus, based on the company's goals, their marketing actions may be directed to a particular dimension. However, so it is possible this direction it is necessary to know the factors affecting each of the brand equity dimensions. Not always the factors that affect particular dimension, as factors affecting brand loyalty, are the same affecting other dimensions of brand equity.

2.2 Empirical Review

Most research on service brand equity use the foundation by Aaker (1991), Berry (2000) or Keller (1993) and their factors when measuring brand equity for services (Balaji, 2011; Chahal & Bala, 2012; He & Li, 2011; Nath & Bawa, 2011; Pinar, 2014). Balaji (2011) whose research on building a strong service brand and testing the relationship between the different brand equity factors. He based his research on Aaker's five factors and reached the conclusion that in services only three of them are significant; brand awareness, perceived quality and brand loyalty (Balaji, 2011). This conclusion hence excluded the importance of two of Aaker's five factors; brand association and other proprietary brand assets.

He and Li (2011) explored the main factors for service brand equity in high-tech business, were they identified two main factors that affect service brand equity. They agree with previous researchers regarding the quality of the service (overall service quality) being an important factor. Which they define as the consumer's perceptions and expectations of a service after the service has been performed. However, they differentiate themselves from other researchers by claiming perceived value being the other factor influencing service brand equity (He & Li, 2011). This factor they explain as the value gap between the received and perceived benefits the customer has. How they value the outcome of the service after it has been executed (He & Li, 2011).

Nath & Bawa (2011) conducted a research regarding measurements of brand equity in service firms on the Indian market. They constructed a scale in order to measure the service brand equity, where they had four brand equity factors; brand familiarity, perceived quality, brand loyalty and brand association. By brand familiarity they mean that the customer knows of the brand, their ability to recall its logo and the customer opinion of the brand.

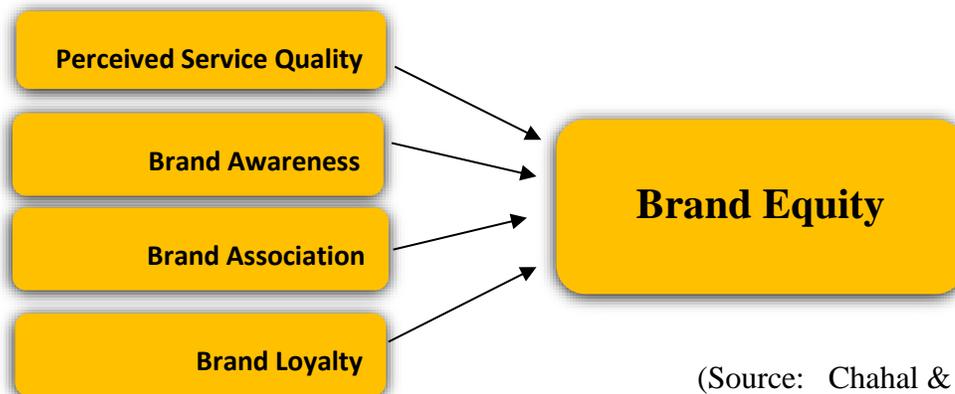
When deciding how to measure the perceived quality, Nath and Bawa (2011) did it by asking respondents regarding how they perceive the quality and the reliability of the brand. Brand loyalty is described as how frequently the customer use the service and how long they could wait in case if out of stock but still use the service (Nath & Bawa, 2011). Lastly brand association is described as the customer's trust and admiration for the brand, also if the brand differentiates itself from other brands (Nath & Bawa, 2011).

Pinar, (2014) has come to the conclusion that four of Aaker's (1991) factors are important for service brand equity; brand awareness, perceived quality, brand loyalty and brand association. However, they

added four more factors; organizational association, emotional environment, learning environment and university reputation. These factors are specifically used when conducting university branding and measuring university brand equity

2.3 Conceptual Framework of the Study

Conceptual frameworks can act like maps that give coherence to empirical inquiry. Because conceptual frameworks are potentially so close to empirical inquiry, they take different forms depending upon the research question or problem. In this study, the relationship between factors that affect brand equity (namely perceived quality of hospital service, patient brand awareness, association and loyalty) and service brand equity is under investigation. In this regard, the conceptual framework depicts the relationship between perceived hospital service quality, brand awareness, brand association and patients brand loyalty as independent variables, and brand equity as the dependent variable. As shown on Figure 2.1, the four independent variables have direct relationship with brand equity.



(Source: Chahal & Bala, 2014)

Figure 2: Conceptual Framework of the Study

2.4. Research Hypothesis

2.4.1. *The effect of Perceived Service Quality*

Perceived service quality is the consumers' overall perception about the quality/superiority of a particular product or service in comparison to other Service brand equity in healthcare available service products. Aaker (1991) considers it as an intangible overall feeling about a brand that affects

market share, price, and profitability. Since service quality provides a base for service differentiation for a company in terms of reliability, responsiveness, assurance, tangibility and empathy (Parasuraman, 1985), the real test for its success depends on the competent quality of services it provides to the consumers. To qualify this test and to contribute to brand equity, hospitals must provide “service plus” that is, a combination of high-quality professional service and best patient care, quality services that can delight patients. This subsequently will enhance brand name and image of the hospital (Shanthi, 2006) and add to its brand value. In line with these findings, the first hypothesis of the study is:

H1. Perceived quality has positive and significant effect on brand equity of general hospitals.

2.4.2. The Effect of Brand Loyalty

In healthcare sector, service brand loyalty means loyalty of consumers who continue to prefer the services from the same healthcare providers (or a provider), who have positive influence on them. Chahal and Bala (2010) equate service brand loyalty with positive attitude (attitudinal loyalty) and repeat purchase behavior (behavioral loyalty) of consumers toward the hospital. In other words, loyalty of patients is the service brand loyalty of the healthcare institutions. For instance, satisfied patients prefer the same hospital for same or different treatments and may recommend it to their friends and relatives unlike dissatisfied patients who may discontinue their treatment from the same hospital (Corbin, 2000). Thus, loyal patients generate a solid financial basis for future activities because even after discharge they may continue to support the healthcare organization through positive word of mouth, donation or some other form of co-operation. In these regards, patients’ loyalty is essential for healthcare units to retain patients and to survive in the competitive market. Consistent with the suggestions from existing literature, we propose the following hypothesis:

H2. Brand loyalty has positive and significant effect on brand equity of general hospitals.

2.4.3. The Effect of Brand Association

Image plays an important role in differentiating the service of a healthcare provider from that of its competitors (Shanthi, 2006). For example, a company with a positive corporate image about its programs can bring in individuality and differentiation that lead to high awareness, loyalty, and reputation (Heerden and Puth, 1995) and is ultimately in a position to attract consumers. Brand image is the consumers’ perception of a brand as reflected by the brand associations held in their memory.

This relationship implies that brand association determines brand loyalty and the degree of brand loyalty determines the value of the brand that is, brand equity. Marketing researchers highlight on direct relationship between brand equity and brand association Consistent with these findings, the study proposes following hypotheses:

H3. Brand association has positive and significant effect on brand equity of general hospitals.

2.4.4. The effect of Brand Awareness

The ability for customers to connect a brand with a certain product or service category is known as brand recall (Balaji, 2011). According to Berry (2000) marketer communication is what the company is communicating through for example advertising. The company communication is also visualized through the brand name, logo and symbolic associations (Berry, 2000). According to White (2002) online companies can build brand awareness by communicating their message through either offline approach or online approaches. External communication refers to communication that is not controlled by the company, for example word of mouth (Berry, 2000). What can be seen is that there are a few elements affecting the customer's brand awareness; communication, recall, recognition and top of mind (Berry, 2000). Brand awareness is concluded within the service brand equity literature to have a positive impact on brand equity. For that reason, the researchers concluded the hypothesis that the relationship between brand awareness and Service brand equity is positively related

H4. Brand awareness has positive and significant effect on brand equity of general hospitals.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Research Approach

The current study had utilized a quantitative research design to address the research objectives. A quantitative method of study was employed to determine the satisfaction level of patient services provided by private general hospitals in Addis Ababa, Ethiopia. Quantitative research is a systematic and scientific investigation of quantitative properties and their relationships. The objective of quantitative research is to develop and employ mathematical models, theories and hypotheses pertaining to natural phenomena. The process of measurement is central to quantitative research because it provides the fundamental connection between empirical observation and mathematical expression of an attribute (Abbey, 2009).

3.2. Research Design

In the research the descriptive and explanatory research design were employed. The former is concerned with describing the characteristics of a particular individual, group or events and the researcher has no control over the variables but could only report what has happened or what is happening. Explanatory design, the latter, seeks to establish cause-and-effect relationships. Its primary purpose is to determine how events occur and which ones may influence particular outcomes (Kothari, 2004). They are characterized by research hypotheses that specify the nature and direction of the relationships between or among variables being studied. The reason of using this method is to study the relationship between the stated dependent and independent variables of the study.

3.3. Population, Sample Size and Sampling Method

3.3.1. Target Population

A target population is the entire group of people or entities that the researcher is interested in and for which the researcher wishes to draw conclusions (Kothari, 2004). According to Ethiopian Investment Agency, EIA (2018) report on 2020, the dwellers in Addis Ababa are estimated roughly around 6 million but the number is expected higher for the fact that the population has been growing 3% annually and the local migrants to the capital city substantially increasing since the last two decades. According to Federal Ministry of Health (FMoH) 2017, there are a total of 144 hospitals in the country

of which 90 are run by both federal and state governments while the rest are owned by private investors.

Among 58 registered active hospitals in the vicinity of the capital city, only 14 are public owned whereas the rest 44 private hospitals are licensed to provide the service up to the standard. According to Ethiopian health tier, one of the criteria to level the healthcare institutes is their respective bed capacity. Based on minimum bed capacity requirement, those which have a minimum of 35, 50 and 110 beds are categorized under primary, secondary and tertiary level healthcare. There are a total of 33 primary hospitals, 10 secondary (general) hospitals and tertiary (specialized) hospitals in the city currently (Addis Ababa Health Bureau, 2019). General hospital shall mean a health facility at secondary level of healthcare tier which provides preventive, curative and rehabilitative service that requires diagnostic facilities and therapeutic intervention with a minimum capacity of 50 beds.

A population of admitted inpatients in general hospitals is targeted for the facts that it is believed that they may have relatively longer exposure to observe the overall medical treatment as well as the respective staffs' activity than out patients (Monarch, 2009). The study population, thus, constitutes the inpatients admitted at the time of data collection for a medical treatment in 10 private general hospitals namely Hayat, Yordanos, Tirunesh Beijing, Korean (MCM), Kadisco, St. Yared, Bethezata, Bethel Teaching, Yerrrer, Halelujah and St. Gebriel General Hospital.

3.3.2. Sampling Size

Determining Sampling is the process of selecting a number of study units from a defined study population. It is economical to take representative sample for the intended investigation when conducting census is unrealistic. Since the population of customers (patients in this case) is unknown or infinite, Cochran formula is applied (Hair, 2000). Accordingly, the sample size for patients (infinite population) is computed as follows:

$$n = \frac{z^2(p)(q)}{e^2}$$

Where:

- n- Sample size
- z- Standard deviation given a corresponding confidence level of 95%
- p- Estimated proportion of incidence (success rate = 0.5)
- q- (1 -p) or assumed failure rate (0.5)

e- Proportion of sampling error or error margin in a given situation (5%)

Thus, the sample size of the intended study with 95% confidence level, probability of 50% occurrence, probability of 50% failure and 5% marginal error, is obtained as:

$$n = \frac{z^2(p)(q)}{e^2} = \frac{(1.96)(0.5)(0.5)}{(0.05)^2} = 384.16 = 385$$

A representative sample size of 385 respondents were taken from 10 general hospitals with a capacity of accommodating 50 and more beds for the reason that more than 39 patients from each hospital are required to get the intended sample size taking the possibility of relatively high non-response rate due to their health status at the time of conducting the survey.

3.3.3. Sampling Method

Even though hospitals are obliged to have their own records of patients, the ethics doesn't allow them to transfer patients' medical history for third parties. As both the health institutes and concerned authorities are hesitant to provide the patients' list and their respective addresses, it is impractical to select samples from the sample frame randomly. According to Zikmund (2000), there are two main sampling methods, probability and non-probability sample. In this study, the lack of access to a list of the population under study (unavailability of the sampling frame) makes fully randomized samples (probability sampling) difficult to obtain. Thus, purposive (judgmental and convenience non-probabilistic) sampling were applied to determine the sample size.

3.4. Data Source and Data Collection Method

According to Catherine (2007), data may be collected as primary, secondary or both. Primary data are originated by the researcher for the specific purpose of addressing the problem at hand. On the other hand, secondary data contains relevant data that has been collected for a different purpose, but from which the conclusion is valuable for the purpose. In this study basically the primary source, quantitative data from the admitted patients in the selected private hospitals, were collected and used for analysis.

3.5. Data Collection Instruments

This study is mainly intended to carry out using quantitative data. Quantitative data with regard to brand equity determinant factors were collected through close-ended questionnaire. The questions were adapted from similar study by Rios & Riquelme (2010). Assessing and collecting data was not an easy task as the researcher tried to collect the data from different respondents admired in different hospitals in Addis Ababa. In addition to English language, a local language (Amharic) questionnaire was offered as option. The questions enable the participants to express their opinion on the determinants of service brand equity in terms of brand awareness, brand association, brand loyalty and perceived quality. Standardized questionnaires were prepared which contained only closed ended questions and distributed to the targeted respondents to self-administer. It is prepared by reviewing literature related to the objectives of the study and has three parts such as respondents' demographic profile, determinant factors and overall brand equity.

3.6. Validity and Reliability

The validity of test reveals the degree to which a measuring instrument measures what it is intended to measure (Saunders, 2004). The validity of the research instrument is determined by the amount of build in error in measurement. Copies of the survey were made accessible to experts in this study such as advisor for comments and opinions so as to create validity in terms of contrast, content, criterion and readability in order for making it suitable for the objectives of the study. Areas considered irrelevant to the study was removed while others were collected and added. Content and face validity are also used in determining the validity of the research. The student researcher ensured validity of the study by pre-testing (external validity) with questionnaires to correct any ambiguity in the questions when detected and also by asking clearly stated questions to the respondents.

Cronbach's Alpha test was applied to test the reliability of the measurement scale. According to Hair (2006) reliability refers to the consistency, stability or dependability of a measurement technique over time and across settings or conditions. It is used to measure the internal consistency of a scale. According to (Zikmund, 2010). if α is > 0.7 , it means that the scale has high reliability, 0.5 is sufficient, and if α is smaller than 0.3, then it implies that there is low reliability. Thus, the alpha coefficients result for all factors are greater than 0.7, implying that the internal consistent to measure the required data.

3.7. Method of Data Analysis

The study used multiple-regression analysis model for testing the hypotheses drawn from the conceptual framework. Regression analysis is a statistical method to deal with the formulation of mathematical model depicting relationship amongst variables which can be used for the purpose of prediction of the value of dependent variable, given the value of the independent (Kothari,2004). Linear regression estimates the coefficients of the linear equation, involving one or more independent variables that best predict the value of the dependent variable. Multiple linear regression is conducted to identify the relationship and to determine the most dominant variables that influence the brand equity of the targeted general hospitals. To determine the effect of determining factors on brand equity and overall service brand equity dimensions, multiple-regression analysis model is depicted as:

$$Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + e$$

Where: Y = Overall Brand Equity; X₁= Perceived Service Quality; X₂ = Brand Awareness; X₃=Brand association; X₄= Brand Loyalty; e = error term; β_0 = constant, term; $\beta_{1, 2, 3,4}$ = coefficient terms.

3.8. Ethical Considerations

It is important to consider ethical principles when conducting a business research. Ethical issues are categorized into four different types: harm to participants, lack of informed consent, invasion of privacy and deception (Bryman, 2011). In this study, there are descriptive questions about the respondent's' age and gender but this information is not enough to identify the person. The second ethical principle to consider is the lack of informed consent. The third ethical principle concerns the invasion of privacy. In this study the respondent has the opportunity to skip a question if it is judged sensitive. Furthermore, this study is not of a sensitive nature which enhances the respondents' willingness to answer. The fourth ethical principle refers to deception which occurs if respondents are led to believe that a research is about something else than what it is. After taking these ethical principles into considerations and fully live up to the requirements, it can be classified as ethical.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

This chapter presents the data analysis and interpretations of factors affecting service brand equity in Ethiopian healthcare centers taking private general hospitals in Addis Ababa as a case. The data analysis and discussion of the research findings are presented in this chapter.

The data analysis and interpretations are two major components that have been carried out in order to achieve the study's specific objectives. The first section is about the description statistics. The descriptive statistics aid in the description of the demographic characteristics of the respondents as well as the detailed descriptions of both independent and dependent variables. The independent variables comprise brand awareness, brand association, perceived quality and brand loyalty, while brand equity is considered as the dependent variable. The most commonly used descriptive statistics are frequency, mean, and standard deviation. The second section includes correlation test and regression which comprises assumption test, regression results using data processed through SPSS 21.0 statistical tool.

All questionnaires have been screened to complete in order to make the collected data suitable for analysis. All unreturned questionnaires and incomplete questionnaires returned were deleted from the survey data and treated as errors. Of the 385 questionnaires distributed, 355 were returned. Further screened for incomplete surveys and found 29 responses with missing data. Then, discarded them for having errors and other discrepancies. I.e., of the 355 questionnaires collected, 317 were identified as usable and used for final analysis. The response rate was thus 85 percent.

As far as the scale validity concerned, reliability test of the measurement scale was found to be internally consistent to collect the required data.

Table 1: Cronbach's Alpha Test for Reliability

Measurement	Number of Items	Cronbach's Alpha
Brand Awareness	4	.756
Brand Associations	4	.860
Brand Perceived Quality	4	.714
Brand Loyalty	4	.784
Overall Brand Equity	4	.799

Source: Own Pilot Test, 2021

4.1 General Information about the Respondents

The first part of the questionnaire consists of the general profile of respondents. This part of the questionnaire requested a limited amount of information related to general information about the respondents. Accordingly, the following variables about the respondents were summarized and described in the Table- 2 below. These variables include gender, age, education, income and exposure to the services of private general hospitals in Addis Ababa.

Table 2: General Information about the Respondents

Category	Freq.	Percent (%)
Sex		
Female	173	54.6%
Male	144	45.4%
Total	317	100.0%
Age/ Years		
21 - 35	59	18.6%
36 – 50	104	32.8%
51 – 65	118	37.2%
>65	36	11.4%
Total	317	100.0%
Education		
Highschool Certificate	122	38.5%
First Degree	93	29.3%
Masters & Above	27	8.5%
Others	75	23.7%
Total	317	100.0%
Income (Birr) / Month		
< 10,000	131	41.3%
10,000 - 20,000	110	34.7%
>20,000	76	24.0%
Total	317	100.0%
Experience		
1 - 5 years	92	29.0%
6 - 10 years	107	33.8%
>10 years	118	37.2%
Total	317	100.0%

Source: Own Survey data, 2021

The analysis of the data collected revealed that 173 (54.6%) of respondents were male and the rest 144 (45.4%) accounted for female counterparts. This implies that proportion of male and female patients were relatively similar though a slight difference of higher men's number.

As far as age of the respondents were concerned, 59 (18.6%) was found within the age range of 21-35 years old, 104 (32.8%) from 36-50 years, 118 (37.2%) from 51-65 years, and the rest 36 (11.4%) were elders above 65 years old. The trend shows the percentage of patients coming to hospital had a tendency to increase along with their age.

Regarding their educational achievements, 114(36.0%) of the respondents were high school certified, 96(30.3%) first degree holders, 32(10.1%) masters and above, and 75(23.7%) other qualifications. The implication is that majority of them are educated and the possibility of getting balanced responses for the questionnaires is higher.

The monthly income status of the respondents revealed that 76(23.7%) of them earned below 10,000 Birr followed by 110(34.7%) with 10,000 – 20,000 Birr while the rest 131(41.3%) had monthly income above 20,000 Birr. This indicates that the respondents were from different levels of monthly income but low-income (below 10,000) respondents came to hospital were relatively lower than high income customers. It is evidenced by relatively high cost of medical services in private hospitals.

Finally, it was also found that the respondents have known their respective preferred hospitals more than 10 years ago accounted for 118(37.2%) while the respondents who have known the hospital from 6-10 years took a share of 107(33.8%). On the other hand, the rest 92(29.0%) had the exposure for less than 5 years. This shows that the respondents from different period of exposure or loyalty level participated in this study can be taken as a merit of having data from different levels of experiences.

In general, the study participants in this survey were characterized by similar proportion of gender (male and female respondents), education, income and service exposure period. Having different kinds of respondents from each category would have the possibility to show up clear picture of the subject under study.

4.2. Descriptive Analysis

In this part descriptive statistics in the form of mean and standard deviation were presented to illustrate the level of agreement of the respondents. The mean scores have been computed for all the four brand equity variables by equally weighting the mean scores of all the items under each dimensions. Respondents were asked to rate their insight / observation on a five-point Likert type scale ranging from 1- being strongly disagree to 5- strongly agree for service brand dimensions. To compare the respondents' perception towards the variables, the scale is set in such a way that respondents strongly disagreed if the mean scored value is in the range of 1.00 – 1.80; disagreed within 1.81 – 2.60; neither agreed nor disagreed within 2.81 - 3.40; agreed if it is in the range of 3.41 – 4.20; while strongly agreed when it falls within 4.21 – 5.00. In addition, standard deviation shows the variability of an observed response. The result is presented below.

4.2.1. Brand Awareness

Table 3: Descriptive Statistics of Brand Awareness

Descriptive Statistics			
	N	Mean	Std. Deviation
I take special initiative to know the hospital name/ logo	317	4.11	1.053
The hospital name/logo is fixed on my mind	317	4.18	1.041
I can distinguish the hospital name/logo from other similar hospitals	317	4.37	.823
Promotional practices of the hospital help me recognize its name/logo	317	3.66	.914
Average mean	317	4.08	.896

Source: SPSS output, 2021

The finding indicates that majority of respondents strongly agree on distinguish name or logo from other with mean value of 4.31. meanwhile, respondents agree on special initiative to know the hospital name/ logo, hospital name/logo is fixed on mind and promotional practices of the hospital to recognize its name/logo with mean value 4.11, 4.18 and 3.66 respectively. Overall brand awareness had aggregate mean of (Mean=4.08) with the standard deviation (0.896). This implies that majority of the respondents inclined to agree on the importance of brand awareness on their preference of private general hospitals.

4.2.2. Brand Association

Table 4: Descriptive Statistics of Brand Association

Descriptive Statistics			
	N	Mean	SD
I take the treatment of the hospital as a prestige	317	3.73	1.148
The brand of the hospital comes to my mind quickly.	317	4.24	1.040
I experience the sense of self-esteem using the hospital service	317	3.76	1.431
The medical service of the hospital suits my personality	317	4.09	1.019
Average mean	317	3.96	.905

Source: SPSS output, 2021

The results on Table 4.4 indicates that majority of respondents strongly agreed that brand of hospital comes to mind quickly with mean value of 4.24. whereas they show their agreement on treat as prestige, experience self-esteem and service suits personality with mean value of 3.73, 3.76 and 4.09. Overall brand association customer's response rate is (Mean=3.96) with the standard deviation (0.905), which indicates that the response of the respondents near to agreed up on brand association statement questions. Quick retrieving of the name/logo of the hospital, feeling prestigious to use the service and experiencing feeling of self-esteemed had influences on their brand preference for medical services.

4.2.3. Perceived Quality

Table 5: Descriptive Statistics of Perceived Quality

Descriptive Statistics			
	N	Mean	Std. Deviation
The medical service of the hospital is high quality	317	4.36	1.121
The medical service of the hospital is reliable	317	4.27	.831
The hospital's medical treatment makes me feel healthier	317	4.04	1.231
In comparison to other competitors, overall quality of the hospital services can be rated as very good quality	317	3.94	.901
Average mean	317	4.15	.746

Source: SPSS output, 2021

Majority of respondents strongly agree on high quality service and reliable service with mean value of 4.36 and 4.27 respectively. They also agree on treatment makes feel healthier and good over quality service with mean value of 4.04 and 3.94 respectively. overall perceived quality of customers' response rate is (Mean=4.15) with the standard deviation (0.746), which implies that respondents

believed that high quality and reliability of the service made them feel healthier as compared to other competitors results in influencing their hospital preferences.

4.2.4. Brand Loyalty

Table 6: Descriptive Statistics of Brand Loyalty

Descriptive Statistics			
	N	Mean	Std. Deviation
The performance of the hospital brand satisfies me	317	3.89	1.123
I would recommend the hospital services to others	317	4.05	.883
The brand offers better service to me than other competitors	317	3.77	.943
The hospital brand would be the first choice if I need medication.	317	4.08	.704
Average mean	317	3.95	.654

Source: SPSS output, 2021

From the above statistics result, respondents satisfied with the hospital's brand, recommend to others, better service than others and first choice with mean value of 3.89, 4.05, 3.77 and 4.08 respectively. Overall brand loyalty dimension customers' /patient's response rate is (Mean=3.95) with the standard deviation (0.752), which means the response of the respondents apt to agreed up on brand loyalty statement questions.

4.2.5. Brand Equity

Table 7: Descriptive Statistics of Brand Loyalty

	N	Mean	Std. Deviation
The brand/ logo of the hospital is unique to easily memorize	317	3.77	1.011
I believe that the hospital provides reliable information	317	4.13	.634
The hospital is a symbol of safety/ security	317	3.92	.591
I would come to hospital for medical treatment rather than any other medical service available	317	4.04	.825
	317	3.97	.765

Source: SPSS output, 2021

Based on Table 7., the overall brand equity was perceived positively as the mean scored value was found to be 3.97 with std. .765. in these regards, the respondents agreed on the statement which refer to "I believe that the hospital provides reliable information" (mean 4.13); "I would come to hospital for medical treatment rather than any other medical service available" (mean 4.04); "The hospital is

a symbol of safety/ security” (mean 3.92); and “The brand/ logo of the hospital is unique to easily memorize” (mean 3.77). These imply that the respondents’ perception towards the brand of the general hospitals were influenced by uniqueness of logo, provision of reliable info, feeling secured and preferring to come the respective hospitals when medical treatment is in need.

4.3. Inferential Analysis

Inferential statistics uses sample measurements of the subject and make generalization about the larger population. It comprises different test such as correlation analysis among variables; assumption of data test for their suitability or fitness to the intended regression analysis model (normality, collinearity, linearity and homoscedasticity); and finally, the multi-regression analysis in terms of model summary, ANOVA test and determination of beta coefficients are conducted to address the objectives of this study.

4.3.1. Correlation Analysis

This study employs correlation analysis, which investigates the strength of the relationships between the studied variables. Pearson correlation analysis was used to provide evidence of convergent validity. It is a very useful means to summarize the relationship between two variables with a single number that falls between -1 and +1 (Field, 2005). As per the guideline suggested by Field (2005), the strength of relationship 0.1 to .29 shows weak relationship; 0.3 to 0.49 is moderate; >0.5 shows the strong relation between the two variables. Hence, in this study correlation test was used to examine the relation between dependent and independent variables.

Table 8: Pearson Correlation Matrix

		Correlations				
		BAW	BAS	BPQ	BLO	BEQ
BAW	Pearson Correlation	1	.546**	.259**	.317**	.579**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	317	317	317	317	317
BAS	Pearson Correlation	.546**	1	.460**	.145**	.568**
	Sig. (2-tailed)	.000		.000	.009	.000
	N	317	317	317	317	317
BPQ	Pearson Correlation	.259**	.460**	1	.277**	.598**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	317	317	317	317	317

	Pearson Correlation	.317**	.145**	.277**	1	.501**
BLO	Sig. (2-tailed)	.000	.009	.000		.000
	N	317	317	317	317	317
	Pearson Correlation	.579**	.568**	.598**	.501**	1
BEQ	Sig. (2-tailed)	.000	.000	.000	.000	
	N	317	317	317	317	317

** . Correlation is significant at the 0.01 level (2-tailed).

Source: SPSS output, 2021

The tables indicate that, there is positive and strong relationship between perceived quality and brand equity ($r = 0.598, < 0.01$) followed by brand awareness and brand equity ($r = 0.579, < 0.01$) then brand association and brand equity ($r = 0.568, < 0.01$) lastly brand loyalty and brand equity ($r = 0.501, < 0.01$). This indicates that all the brand equity dimensions had a strong and positive correlation with brand equity.

4.3.2. Multiple Linear Regression Analysis

4.3.2.1. The Assumptions for Testing Linear Regression Model

The regression assumptions used in this study were correlation (linear relationship), Multicollinearity, Normality, Autocorrelation and Homoscedasticity.

4.3.2.1.2. Test of Normality

According to Bagozzi and Yi (1998), one of the major things that should be done in the evaluation of regression analysis is assessment of the adequacy of input data and statistical assumption underlying any estimation methods used in analysis. The estimation of multi-regression model requires continuous data with normal distribution. A common rule-of-thumb test for normality is to run descriptive statistics to get skewness and kurtosis. Both Skew and Kurtosis should be within the +2 to -2 range when the data are normally distributed (Hair, 1998). Normality test was conducted with SPSS and all the six variables found within the range.

Table 7: Normality of Distribution

Descriptive Statistics					
	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error

BAW	317	-.109	.137	-1.289	.273
BAS	317	-.006	.137	-.873	.273
BPQ	317	-.659	.137	-.730	.273
BLO	317	-.171	.137	-1.228	.273
BEQ	317	-.243	.137	.199	.273
Valid N (listwise)	317				

Source: SPSS output, 2021

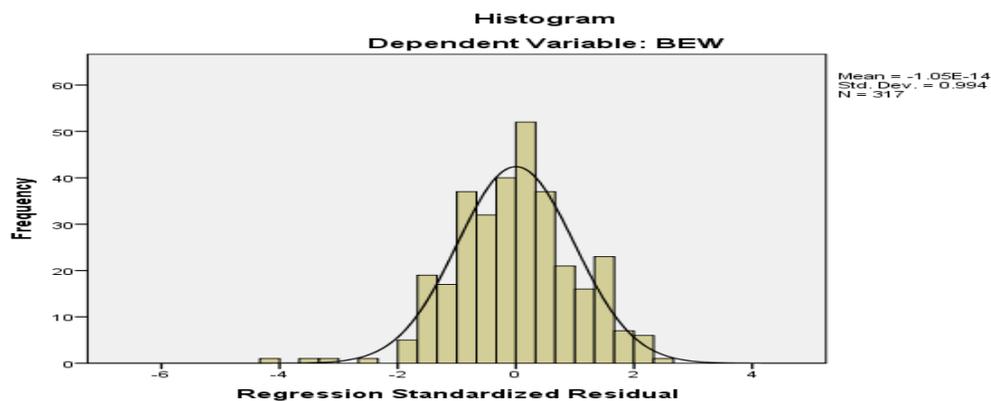


Figure 3: Frequency Distribution of Standardized Residuals

Source: SPSS output, 2021

4.3.2.1.1. Multicollinearity

Multicollinearity refers to the situation in which the independent/predictor variables are highly correlated. If independent variables are correlated, there is likely a redundant measure in the regression equation. Correlations were examined by means of the bivariate correlation measure in SPSS. multi-collinearity in this study was checked using the Tolerance and VIF value. If tolerance value closed to 1 and VIF value is around 1 and not more than 10, it can be concluded that there is not multi-collinearity between independent variable in the regression model. (Robert, 2006). As it is showed in table 5, all independent variables have a Tolerance value greater than 0.01 and VIF value less than 10. Therefore, there was no multi-collinearity.

Table 10: Collinearity Diagnostics

Model	Coefficients ^a	
	Collinearity Statistics	
	Tolerance	VIF

1	BAW	.642	1.558
	BAS	.843	1.186
	BPQ	.740	1.351
	BLO	.583	1.716

a. Dependent Variable: BEQ

Source: SPSS output, 2021

4.3.2.1.3. Auto-correlation

To determine the autocorrelation between observations Durbin-Watson test was used. The Durbin-Watson statistic ranges in value from 0 to 4. A value near 2 indicates non-autocorrelation; a value toward 0 indicates positive autocorrelation; a value toward 4 indicates negative autocorrelation (Field, 2005). With Durbin Watson value of 2.008, which is very close to 2, it can be confirmed that the assumption of independent error has almost certainly been met. (Please refer Table 4.10)

4.3.2.1.4. Linearity

The linearity of the relation between the outcome and explanatory variable represented the extent to which the change in the outcome variable is associated with the predictor variable (Ha3ir, 1998). Conventional regression analysis will underestimate the relationship when nonlinear relationships are present, i.e., R^2 underestimates the variance explained overall and the betas underestimate the individual importance of the explanatory variables involved in the non-linear relationship. Substantial violation of linearity implies that regression results may be more or less unusable (Malhotra, 2007). To test the linearity, the scatter plot of standardized residuals versus the fitted values for the regression models was visually inspected. The plots did not reveal any systematic pattern, thus providing support for the specified linear relationship.

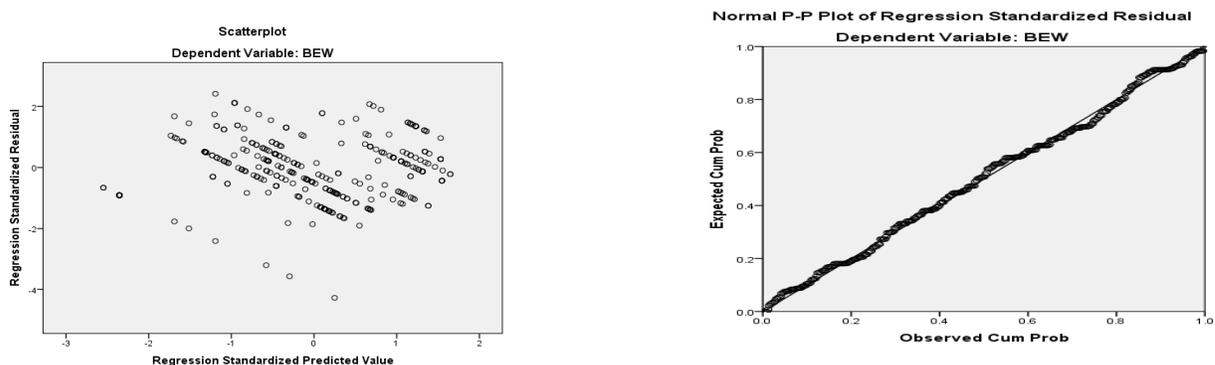


Figure 4: Normal Point plot of Standardized Residuals

Source: SPSS output, 2021

4.3.2.2. Multiple Linear Regression Result

Regression analysis is a statistical method to deal with the formulation of mathematical model depicting relationship amongst variables which can be used for the purpose of prediction of the values of dependent variables, and given the values of the independent (Kothari, 2004). Linear regression estimates the coefficients of the linear equation, involving one or more independent variables that best predicts the value of the dependent variable. In this study regression was conducted in order to determine the effect of service brand equity dimensions namely brand awareness, brand association, perceived quality, and brand loyalty on brand equity as dependent variable. The results have been derived from three major regression analyses such as Model Summary, ANOVA test and coefficient analysis.

I. Model Summary

Table 11: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.793 ^a	.629	.624	.57997	1.917

a. Predictors: (Constant), BLO, BAS, BPQ, BAW

b. Dependent Variable: BEQ

Source: SPSS output, 2021

As indicated in the model summary of the analysis, the value of R (.793) indicated the variation of the four independent variables accounted for approximately 62.9 % (R^2) of the variation in brand equity. However, the remaining percent (37.1%) was explained by other variables not included in this study.

Table 12: ANOVA Test

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	177.567	4	44.392	131.974	.000 ^b

Residual	104.947	312	.336		
Total	282.513	316			

a. Dependent Variable: BEQ

b. Predictors: (Constant), BLO, BAS, BPQ, BAW

Source: SPSS output, 2021

Table 4.12 shows the regression model is significant or not. The significance value of this regression model is 0.000, which equals $p < 0.05$, and 'F' equals 131.974, i.e., the model reaches statistical significance implying that the variation explained by the model is not due to chance.

II. Regression Coefficient

The regression coefficient explains the average amount of change in the dependent variable that is caused by a unit change in the independent variable. The larger value of Beta coefficient an independent variable has, the more support to the independent variable as the more important determinant in predicting the dependent variable.

Table 13: Regression Coefficient

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	.547	.124		4.405	.000
1 BAW	.220	.033	.287	6.667	.000
BAS	.182	.025	.271	7.218	.000
BPQ	.261	.030	.352	8.775	.000
BLO	.174	.038	.209	4.632	.000

a. Dependent Variable: BEQ

Source: SPSS output, 2021

Where, BEQ = Brand Equity, BAW = Brand Awareness, BAS = Brand Association, BPQ = Brand Perceived Quality and BLO = Brand Loyalty $\beta_0 = \text{Constant}$, β_1 to $\beta_4 = \text{beta coefficients}$, and $e = \text{error terms}$. Based on multiple linear regression analysis

$$\text{BEQ} = .547 + .220\text{BAW} + .182\text{BAS} + .261\text{BPQ} + .174\text{BLO}$$

The regression analysis revealed that each dimension had positive and significant effect on brand equity. Perceived quality ($\beta = .261$) has the highest effect followed by Brand Awareness ($\beta = .220$), Brand Association ($\beta = .182$) and lastly Brand Loyalty ($\beta = .174$). The regression coefficient explains the average amount of change independent variable that caused by a unit of change in the independent variable. Therefore, the above regression equation indicates that when brand name awareness, brand association, perceived quality, and brand loyalty increase each of them by one unit, also likely have an influence on increases brand equity of general hospitals by 0.220, 0.182, 0.261 and 0.174 respectively.

4.3.3. Discussion of the Result

Hypothesis 1: Brand awareness has a positive significant effect on brand equity of general hospital patients. This is supported at $\beta = 0.220$ and p value of 0.004 at $p < 0.01$. This result is in line with a study by Tong & Hawley (2009) which states that brand name awareness, brand recognition and brand recall are the strongest determinants of brand equity.

Hypothesis 2: Brand association has a positive significant effect on brand equity of general hospital patients. This is supported at $\beta = 0.182$ and p value of 0.00. The finding was in line with a study by Atilgan (2005) states that unique brand association are essential as sources of brand equity to drive customer behaviour. It implies that brand association has effect on brand equity.

Hypothesis 3: Brand perceived quality has a positive significant effect on brand equity of general hospital patients. This is supported at $\beta = 0.261$ and p value of 0.000. the result was in line with Yoo (2000) mentioned that, brand equity will be increased with the help of promoting positive perceived quality that leads consumers to select a particular brand rather than another competing brand. Their result indicates that perceived quality has impact in brand equity.

Hypothesis 4 Brand loyalty has a positive significant effect on brand equity of general hospital patients This is supported at $\beta = 0.174$ and p value of 0.001., which is statistically significant at the

0.01 level. the result was consistent with previous research conducted by Bowen & Shoemaker (1998) Loyal customers are less likely to switch to a competitor solely because of price; they also make more frequent purchases than comparable non-loyal customers. They found that that brand loyalty has the most influencing factor on brand equity. Generally, it indicates that each of the independent variables in a regression model is significantly affecting brand equity of general hospital patients.

Table 14: Summary of the Research Hypothesis Test Result

Hypothesis	Result	Reason
H1: Brand Awareness have a positive and significant effect on brand equity in the case of general hospital patients in Addis Ababa	Supported	$\beta=0.220, p<0.05$
H2: Brand Association have a positive and significant effect on brand equity in the case of general hospital patients in Addis Ababa	Supported	$\beta = 0.182, p<0.05$
H3: Brand Perceived Quality have a positive and significant effect on brand equity in the case of general hospital patients in Addis Ababa	Supported	$\beta =0.261, p<0.05$
H4: Brand Loyalty have a positive and significant effect on brand equity in the case of general hospital patients in Addis Ababa	Supported	$\beta=0.174, p<0.05$

Source: SPSS output, 2021

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATION

This chapter describe the summary of the major findings of the study, conclusions and the recommendations and further research area.

5.1. Summary of Major Findings

This study sought to investigate the factors affecting brand equity in Ethiopian healthcare service companies in the case of private general hospitals in Addis Ababa. Based on the results of the findings, the following major findings are summarized and presented as follows:

- The factors namely brand awareness (mean 4.08), brand association (mean 3.96), perceived quality (mean 4.15) and perceived quality (mean 3.95) that considered as independent variables in this study, were perceived positively by the respondents as the grand mean scored values were found to be above neutral value (mean 3.40).
- Regarding to Pearson correlation it had seen that there is a strong positive relationship between the independent variables (brand awareness, brand association, brand perceived quality and brand loyalty) and dependent variable (brand equity).
- To run the multiple regression analysis, four assumptions for multiple linear regression model namely multicollinearity, linearity, normality and autocorrelation were conducted and found that all the assumption were met accordingly.
- The model summary of the analysis indicates that four independent variables with the dependent one which are accounted for approximately 62.9 % (R^2) of the variation in brand equity. But, the remaining (37.1%) was explained by other variables not included in this study.
- Regarding the beta coefficients, Perceived quality with ($\beta = .261$) has the highest effect on brand equity of the private general hospitals in Addis Ababa.
- Following perceived quality, brand awareness had relatively higher positive and significant effect with ($\beta = .220$) with brand equity.
- Brand Association ($\beta = .182$) and lastly Brand Loyalty ($\beta = .174$). Generally, the formulated four hypotheses were tested and all of the hypotheses are supported at p-vale $< .05$.

5.2. Conclusions

The result of the analysis and the discussion leads to the following conclusions. The purpose of this study was to examine the ~~interrelationships between the~~ factors affecting brand equity of private general hospitals. Specifically, the study investigated the linkages between four brand equity dimensions as constructed by Aaker (1991) and Keller (1993) and brand equity using a multiple linear regression model in general hospitals' context by finding support for the significant interactions among the brand equity assets. It was hypothesized that brand equity, expressed as overall brand perceptions, likeability and popularity, would be influenced by brand awareness, perceived quality, brand associations, brand loyalty and interactions among the dimensions.

Perceived quality it indicates consumers' overall perception about the quality/superiority of a particular product or service in comparison to other Service brand equity in healthcare available service products. So, respondents believe that there is high quality and reliable service and treatments make customers feel healthier. Brand perceived quality found to be the first significant factors that affect brand equity in general hospital. Brand awareness indicate the customers' ability to recall and recognize the brand as reflected by their ability to identify the brand under different conditions and to link the brand name, logo, symbol. The hospitals have distinguishable logo and promotional activities make customers easily recognize the brand from other brands. Brand association consists of all brand related thoughts, feelings, perceptions, images, experiences, beliefs, attitudes and is anything linked in memory to a brand. Brand loyalty means loyalty of consumers who continue to prefer the services from the same healthcare providers (or a provider), who have positive influence on them. Customers didn't switch to other brand, recommending others to use the hospital service, rank as first choice among other competing brands.

It can be concluded that all independent variables have significant and positive effect on prediction of brand equity in the case of general hospitals in Addis Ababa. The brand awareness and perceived quality dimensions are important dimensions to be considered in consumer-based brand equity. Thus, general hospitals with experienced brands in the marketplace may aim actions at fostering the effects of the brand awareness and perceived quality of their medial services on brand equity

5.3. Recommendations

Based on the conclusion, the following suggestions are forwarded:

- The hospital managers or marketers have to develop different marketing activities like attractive jingles and logos to make their brands more unique and promote it using techniques like self-promotion and posters.
- In order to increase the perceived quality, the hospital should consistently deliver the right information and performance in the service, they delivered to reassure and help the brand top of mind. Being consistent help the hospital customers to build trust and credibility in the brand and provide clarity of distinction from competitors.
- The hospital management should use affiliate marketing strategy to extend the association and the image of their brand keeping the linkage credible. This indicates that customer's good brand image and/or brand association with the brand will encourage them to use the brand.
- To increase brand loyalty, the Hospitals should adopt customer loyalty programs that can be enhanced through meeting customers' desired service level, taking customer complaints positively as an input for future improvements and recognizing loyal customers.
- Brand awareness, brand quality, brand association and brand loyalty showed to be bases of brand equity in the case of general hospital in the case of Addis Ababa. Therefore, the concerned body should pay attention to all four dimensions of brand equity found to predict brand equity and emphasize them in their marketing strategy.

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Appendix



**ST. MARY'S UNIVERSITY,
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF MARKETING MANAGEMENT**

Survey Questionnaire

Questionnaire to be Filled by Patients

Dear Respondent,

My name is Jemila Mohammedkemer, a postgraduate student of St. Mary University, School of Graduate Studies. I am conducting my thesis entitled “**FACTORS AFFECTING SERVICE BRAND EQUITY IN ETHIOPIAN HEALTHCARE CENTERS: THE CASE OF GENERAL HOSPITALS IN ADDIS ABABA.**”The purpose of this questioner is to gather information about patient’s perception on the perceived service quality, their loyalty and the brand or company image of the hospital so as to measure the consumer based brand equity of the hospital. Your honest and sincere responses for this questionnaire will play a great role in making the research successful. I assure you that all the responses will be treated confidentially and only be used for academic purpose. Participation is purely voluntary and no need to write your name.

I thank you in advance for offering your golden time and if you have any question, please feel free to contact me by the below contact:

Jemila Mohammedkemer

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Email: robkemer@gmail.com

Part 1: General Information

Please kindly tick on the check-boxes which suit your demographic characteristics.

1. Gender

- Male Female

2. Age

- 21 – 35 years 36 – 45 years 46 – 60 years >60 years

3. Education

- Certificate Diploma Degree Masters& above

4. Monthly Income

- < 5,000 birr 5,000 – 10,000 birr >10,000 birr

5. Reason for Visiting

- Emergency Previous Experience Doctor’s Speciality
 Convenience Recommendation Others.....

PART II. Study Variables (Perceived Quality, Brand Loyalty, Brand Association, Brand Awareness and Brand Equity)

This section is aimed to evaluate private general hospitals’ brand equity. Each statement relates to your feelings or perceptions about the service based on your experience. This part is organized in five Likert scale measurement express your level of evaluation by ticking (√) under the numbers of the five alternatives. The score levels are described as:

1- Strongly Disagree; 2- Disagree; 3- Neutral; 4- Agree; 5- Strongly Agree

Code	Description	Likert Scale				
		1	2	3	4	5
Perceived Quality						
PQY1	The medical service of the hospital is high quality					
PQY2	The medical service of the hospital is reliable					

PQY3	The hospital's medical treatment makes me feel healthier					
PQY4	In comparison to other competitors, overall quality of the hospital services can be rated as very good quality					
Brand Loyalty		1	2	3	4	5
BLT1	The performance of the hospital brand satisfies me					
BLT2	I would recommend the hospital services to others					
BLT3	The brand offers better service to me than other competitors					
BLT4	The hospital brand would be the first choice if I need medication.					
Brand Awareness		1	2	3	4	5
BAW1	I take special initiative to know the hospital name/ logo					
BAW2	The hospital name/logo is fixed on my mind					
BAW3	I can distinguish the hospital name/logo from other similar hospitals					
BAW4	Promotional practices of the hospital help me recognize its name/logo					
Brand Association		1	2	3	4	5
BAS1	I take the treatment of the hospital as a prestige					
BAS2	The brand of the hospital comes to my mind quickly.					
BAS3	I experience the sense of self-esteem using the hospital service					
BAS4	The medical service of the hospital suits my personality					
Brand Equity		1	2	3	4	5
BEQ1	The brand/ logo of the hospital is unique to easily memorize					
BEQ2	I believe that the hospital provides reliable information					
BEQ3	The hospital is a symbol of safety/ security					
BEQ4	I would come to hospital for medical treatment rather than any other medical service available.					

Thank you for your valued time, response and cooperation!!!