



The Role of Brand Image in Bridging Service Quality to Patient Expectations

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ABSTRACT

Patient expectations in the context of modern health services are defined as patient expectations regarding the availability of information, participation in decision-making, and overall service quality. The research aim is to analyze the influence of tangibility, empathy, reliability, responsiveness, and assurance on patient expectations intervened by hospital brand image. The selection used the accidental sampling technique of 200 respondents at emergency room patients using accidental sampling technique. This study employed quantitative methodology, focusing on associative causality through a cross-sectional framework. Data were gathered via questionnaires and analyzed using structural equation modeling—partial least squares (SEM-PLS). The findings suggested that patient expectations were shaped by tangibility, empathy, and responsiveness yet were unaffected by reliability and assurance, with brand image served only to mediate the impact of responsiveness on patient expectations. These outcomes offer insights for hospital administration on the importance of enhancing systems for facility upgrades, technological advancements, and the improvement of human resources through targeted training.

Keywords: Brand image, patient expectations, service quality.

ABSTRAK

Harapan pasien dalam konteks pelayanan kesehatan modern diartikan sebagai harapan pasien mengenai ketersediaan informasi, partisipasi dalam pengambilan keputusan, dan kualitas layanan secara keseluruhan. Tujuan penelitian adalah untuk menganalisis pengaruh *tangibility*, *empathy*, *reliability*, *responsiveness*, dan *assurance* terhadap harapan pasien yang dipengaruhi oleh citra merek rumah sakit. Pemilihan sampel sebanyak 200 responden pasien IGD menggunakan teknik *accidental sampling*. Penelitian ini menggunakan pendekatan kuantitatif, fokus pada penelitian asosiatif kausalitas dengan rancangan *cross-sectional*. Teknik pengambilan data dengan kuesioner dan diuji menggunakan *structural equation modeling—partial least squares* (SEM-PLS). Hasil penelitian adalah bahwa harapan pasien dapat dipengaruhi oleh *tangibility*, *empathy*, dan *responsiveness*, namun tidak oleh *reliability* dan *assurance*; citra merek hanya memediasi *responsiveness* terhadap harapan pasien. Hasil penelitian ini memberikan implikasi kepada manajemen rumah sakit dalam mengembangkan sistem untuk pememajaan fasilitas, pemutakhiran teknologi, dan meningkatkan kemampuan sumber daya manusia melalui pelatihan. **Stevany, Erry Yudhya Mulyani, Nofierni. Peranan Citra Merek dalam Menjembatani Kualitas Layanan dengan Harapan Pasien.**

Kata Kunci: Citra merek, harapan pasien, kualitas layanan.



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INTRODUCTION

The emergency department (ED) plays a vital role in the healthcare infrastructure, offering immediate care for acute health issues and emergencies. As the primary point of contact for patients with medical conditions requiring immediate attention, EDs play a vital role in saving lives, providing acute care, and responding to public health emergencies.

Every year, emergency conditions occur in the world, affecting 270 million people and causing more than 130,000 deaths per year,

25% of which occur in emergency conditions. In developing countries, emergency deaths reach 44%.¹ Numerous conditions classified as emergencies account for the majority of global fatalities, such as ischemic heart disease, affecting 7.4 million individuals (13.2%); stroke, impacting 76.7 million people (11.9%); chronic obstructive pulmonary disease, with 3.1 million cases (5.6%); lower respiratory infections, also at 3.1 million (5.5%); and various cancers, leading to 1.6 million deaths (2.9%). Cases of injury or accident cause the death rate to reach 1.2 million people.¹ This

data shows that many emergency patients are hospitalized and need immediate help to prevent disability and death.

Patient expectations can be interpreted as the specific hopes and expectations that patients have regarding the quality of the medical services they receive.¹ Patient expectations are consumer assumptions or expectations regarding what should or should not happen during the service delivery process.² Dimensions of Expectations of the Structure-Process-Outcome Model, also known as the

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Trilogy of Quality:³

a. Structure

Organizational, physical, and human aspects of the health care system can influence care. Patients expect a structure that supports effective and safe care in the ED. This involves the existence of adequate facilities and equipment, an adequate number of staff, and a good management system.

b. Process

Actions taken by a healthcare provider during the delivery of care. ER patients want a care process that is efficient, effective, and oriented to their needs. This includes reasonable waiting times, good communication with health workers, and the implementation of appropriate medical measures and procedures.

c. Outcomes

The ultimate impact of health care on patients, including changes in health conditions or patient satisfaction. ED patients expect positive results from the care they receive. This involves healing or improving health conditions, effective pain management, and a high level of satisfaction with the care provided.

Service quality is defined by the customer's assessment of whether the service provided meets or surpasses their expectations.⁴ Service quality represents the customer's judgment regarding the degree to which the service delivered aligns with their expectations and what they actually receive.⁴ Service quality is the impression left by customers regarding the extent to which services meet, exceed, or disappoint customer expectations.⁴ Service quality is determined by the customer's evaluation of the match between their anticipated service and their actual experience of the service received.⁵ The following are service quality dimensions according to the SERVQUAL model:⁴

a. Physical Evidence (Tangibles)

Physical appearance of facilities, personnel, equipment, and visual communications. Examples: cleanliness of the service area, physical appearance of employees, and quality of equipment or materials used.

b. Empathy (Empathy)

Ability to understand and provide personal attention to customers. Examples: desire to understand customer needs, concern for customer needs, and empathetic response.

c. Reliability

Ability to deliver promised services consistently and reliably. Example: the promised service is carried out accurately and on time.

d. Responsiveness (Responsiveness)

Willingness to help customers and provide service quickly. Example: quick response to customer questions or efficient handling of complaints.

e. Guarantee (Assurance)

The ability and knowledge of employees to provide a sense of trust and confidence to customers. Examples: employee competency, clarity of information, and trust transmitted to customers.

Brand image reflects consumers' perceptions of a product or service's quality and a brand's excellence relative to its competitors.⁶ Brand image is shaped by the consumer's overall perception or impression of a product or company, fostering strong associations and memories.⁷ Brand image is the feelings and opinions of customers about the brand as well as the associations and experiences that customers have.⁸ Brand image is a set of memories, associations, beliefs, and consumer expectations related to a brand.⁹ Brand image indicators, according to the theory put forward by Kotler and Keller.¹⁰

a. One key aspect contributing to the formation of a brand image is the favorability of brand association, notably product superiority, wherein the product outperforms its competitors.

b. The strength of brand association lies in the distinct soul and personality of every valuable brand. It is the fundamental

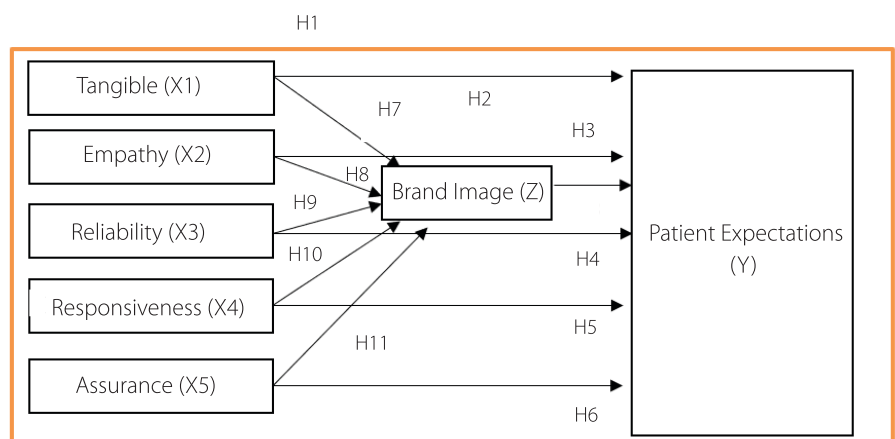
duty of the brand owner to showcase and disseminate this unique character through advertising, promotions, and marketing initiatives. Such efforts forge and sustain the connection between the brand/product and its customers, facilitating rapid recognition and enduring presence in a competitive market. Cultivating a renowned brand is challenging, yet its popularity is a crucial element that can cement the brand's image in the customers' minds.

c. The uniqueness of brand associations stems from the distinctiveness of the product itself, setting it apart in the minds of consumers.

METHOD

Study Design

This study was carried out at a private hospital in Jakarta, Indonesia, utilizing quantitative research methods with an explanatory causality approach. Data were gathered through a survey on 200 emergency room patients from November 2023 to January 2024. The participants in this research consisted of individuals who were patients in the emergency room. The sample size was determined according to Hadiyati, *et al.*¹¹ In this study, researchers used the accidental sampling technique. Accidental sampling is a sampling method that involves taking objects from respondents that exist or are available at a location depending on the research context.¹¹ The inclusion criteria are patients who had received treatment at the ER at a private hospital in Jakarta, conscious and stable, willing to fill out a questionnaire or willing to be respondents, and aged over 17 years. Patients with previous employment



Scheme 1. Research constellation.



history at the hospital or immediate family ties to hospital staff were also excluded to prevent potential response biases related to service quality perceptions and patient expectations.

This study explored the relationships between service quality dimensions—tangibility, empathy, reliability, responsiveness, and assurance—and patient expectations, with the hospital brand image acting as an intervening variable (H1). Each dimension of service quality was hypothesized to independently exert a significant influence on patient expectations. Specifically, tangibility (H2), empathy (H3), reliability (H4), responsiveness (H5), and assurance (H6) were all expected to directly impact patient expectations. The influence of these service quality dimensions extended to the hospital's brand image, where tangibility (H7), empathy (H8), reliability (H9), responsiveness (H10), and assurance (H11) were anticipated to significantly affect how the brand was perceived. Additionally, the hospital brand image (H1) itself was posited to significantly influence patient expectations (H12), thus playing a crucial role in mediating the effects of service quality dimensions on patient outcomes (Scheme 1).

Data Collection Techniques and Data Sources

Demographic data questionnaires were employed to examine the characteristics of the respondents, including aspects such as gender, age, and highest level of education attained. Data collection for this study was conducted through questionnaires handed out to participants. The research questionnaire consisted of 36 statement items that had been standardized (not yet published) shown in Supplementary Material S1, segmented into seven distinct variables: patient expectations, brand image, tangibility, empathy, reliability, responsiveness, and assurance. The design of the research questionnaire involved presenting closed statements with response options to the study sample, utilizing an interval Likert scale and visual analog scale for responses.

Tangible questionnaires were used to measure the extent of the influence of physical evidence that allowed patient expectations to increase. Researchers modified the instrument based on the theory and research of Parasuraman, *et al.*⁴ The empathy

questionnaire was used to measure how far the empathy provided by emergency room staff could increase patient expectations. The reliability questionnaire was used to measure how far the reliability of officers could increase patient expectations. The responsiveness questionnaire was used to measure how far the staff's response could increase patient expectations. The assurance questionnaire was used to measure how far the assurance provided by the ER service could increase patient expectations. Researchers modified the empathy, reliability, responsiveness, and assurance questionnaire based on the theory and research of Parasuraman, *et al.*⁴ The brand image questionnaire was used to level the brand image of the hospital in providing health services. The researchers adapted the instrument in line with the theories and studies presented by Kotler, *et al.*, tailoring it to fit the specific requirements and objectives of their study.⁶

Method of Data Analysis

The validity test of these instruments was done by using bivariate Pearson, and all questions showed a p-value of <0.05 ; therefore, all were valid and included in this research. The reliability test of these instruments was done by using the Cronbach's alpha formula, and all questions showed a value of >0.6 , therefore valid and reliable. Descriptive analysis of this research was presented using the Three Box Method and score index. Hypothesis testing in this study used SEM-PLS. Following the evaluation of the reflective measurement model, the subsequent phase involved examining the path model. The analysis within path testing encompasses assessing collinearity, measuring R-Square values, and evaluating causal relationships. This included

scrutinizing both direct and indirect influences, as well as mediation effects, to understand the dynamics of the variables involved.

RESULTS

Demographic Data

The characteristics of the respondents showed that there was a balance between male and female respondents, namely 82 male respondents (41%), and 118 female respondents (59%). In terms of age demographics, the majorities of the respondents were older than 40 years (39%) and had a bachelor's education (56%) (Table 1).

Convergent validity analysis was conducted to evaluate the correlation between different measurements of the same construct, ensuring that indicators of a construct shared a significant portion of variance. To assess convergent validity, the outer loading and average variance extracted (AVE) values were examined. The outer loading indicated the degree of correlation each indicator had with its construct, with convergent validity deemed adequate if the outer loading was ≥ 0.7 . The AVE measured how well the manifest variables represented the latent construct, with a value ≥ 0.5 indicating suitable convergent validity. Reliability was assessed through composite reliability, requiring a value greater than 0.7, and Cronbach's alpha, with a threshold over 0.6. The data from this study showed that all variables met these criteria for reliability, as all composite reliability values exceeded 0.7 and all Cronbach's alpha values were above 0.6, confirming the reliability of all variables involved in the study.

Following the validation and reliability confirmation of the questions, the researcher

Table 1. Respondent characteristics.

Respondent Characteristics		Frequency (n)	Percentage (%)
Gender	Male	82	41
	Female	118	59
Age (years)	≤ 20	18	9
	21–30	47	23.5
	31–40	57	28.5
	> 40	78	39
Education	High school	18	9
	Diploma	35	17.5
	Undergraduate	112	56
	Postgraduate	35	17.5

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proceeded with sampling through descriptive data analysis techniques employing the Three Box Method. This approach categorized question score items into low, medium, and high segments. Descriptive analysis was utilized to gain insights into respondents' perspectives on the variables under investigation. This analysis was conducted using the index analysis technique. According to the average score index derived from the Three Box Method, the mean scores for each variable were compiled as shown in **Table 2**.

A. R Square

R2 analysis is employed to determine the extent of variability in endogenous variables that could be accounted for by exogenous variables. A higher R2 value indicated a more accurate explanation of the endogenous variable by the exogenous variable, reflecting the effectiveness of the model in predicting the outcome variable based on the predictors.

The R2 (R squared) metric was utilized to assess the degree to which exogenous variables

impacted endogenous variables. From the data presented in **Table 3**, it was observed that the exogenous variables X1 through X5 accounted for 59.6% of the variance in the endogenous variable Y. Similarly, these exogenous variables explained 71.3% of the variance in the endogenous variable Z.

B. F Square

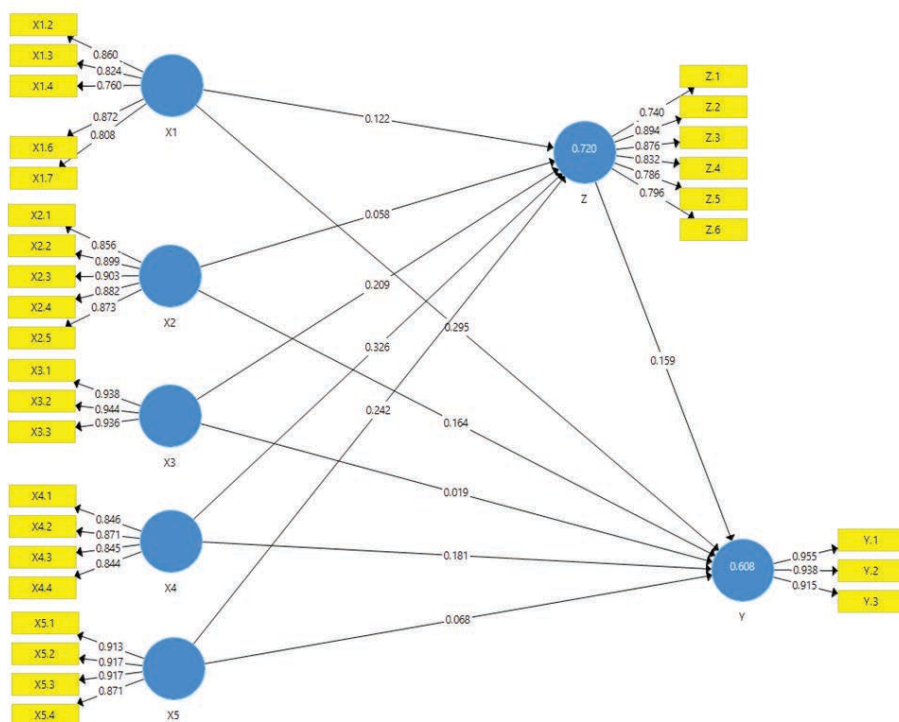
F2 analysis assessed the significance of the impact that exogenous variables had on endogenous variables when modifications occurred, such as the removal of exogenous variables. The F2 value categorization is as follows: values ranging from 0.02 to 0.15 indicate a weak effect, values between 0.15 and 0.35 suggest a moderate effect, and values greater than 0.35 signify a strong effect.

C. Causal Relationship Analysis

A two-tailed test at a 5% significance level was utilized for analysis. A hypothesis was accepted if the t-value exceeded +1.96 or falls below -1.96, indicating statistically significant differences or relationships at this confidence level.

Table 2. Respondent response matrix based on three box method.

Variable	Score			Behaviour
	Low (20.5 – 40.9)	Middle (41-61.49)	High (61.5 – 82)	
Patient Expectation		v		There is hope
Brand Image			v	Image
Tangible			v	Concrete
Empathy			v	Affection
Reliability			v	Reliable
Responsiveness			v	Responsive
Assurance			v	Guaranteed



Scheme 2. Path model.

Table 3. R² (R square).

	R Square	R Square Adjusted
Patient Expectation (Y)	0.608	0.596
Brand Image (Z)	0.720	0.713

The assessment of the structural model's path coefficients was determined by the outcomes for each relationship. A variable relationship was considered significant if the t-statistic value exceeded 1.96 and the p-value was less than 0.05. According to **Table 5**, variable X1 exhibited a t-statistics value of 4.677, surpassing the threshold of 1.96, and a p-value of 0.0000, which was below 0.05. Therefore, it could be concluded that H2 was accepted, indicating that tangibility (X1) had a significant impact on patient expectations (Y). Likewise with other variables, those that had no effect or the hypothesis was not accepted were H₄: reliability (X₃) was to patient expectations (Y), H₆: assurance (X₅) to patient expectations (Y), and H₈: empathy (X₂) was to brand image (Z).

The assessment of the path coefficient model for indirect effects was based on the results obtained, with an effect deemed significant if the t-statistics value exceeded 1.96 and the p-value was less than 0.05. This criteria ensured that indirect relationships between variables in the model were statistically meaningful.

Based on the data analysis conducted, we could now delve into the following topics for discussion:

1. Brand image (Z) did not act as a mediator



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between tangibility (X1) and patient expectations (Y), nor did it mediate the relationship between empathy (X2), reliability (X3), or assurance (X5) and patient expectations. However, brand image did mediate the impact of responsiveness (X4) on patient expectations.

2. Tangibility (X1) significantly impacted patient expectations, with a notable influence level.
3. Empathy (X2) also significantly affected patient expectations, with a positive influence.
4. Reliability (X3) did not significantly affect patient expectations, indicating minimal influence.
5. Responsiveness (X4) significantly impacted patient expectations, demonstrating its importance.
6. Assurance (X5) did not significantly influence patient expectations, suggesting limited impact.
7. Tangibility (X1) significantly affected the brand image, indicating a positive correlation.
8. Empathy (X2) did not significantly impact the brand image, showing a lack of influence.
9. Reliability (X3) significantly influenced the brand image, highlighting its importance.
10. Responsiveness (X4) significantly impacted the brand image, emphasizing its critical role.
11. Assurance (X5) significantly affected the brand image, indicating its contribution.
12. Brand image (Z) significantly influenced patient expectations, showcasing its pivotal role in shaping expectations.

DISCUSSION

The Influence of Tangibility, Empathy, Reliability, Responsiveness and Assurance on Patient Expectations are Mediated by Brand Image

The research results showed that tangibility, empathy, reliability, and assurance were not mediated by brand image towards patient expectations; only responsiveness was mediated by brand image towards patient expectations. This shows that brand image does not have an important role in indirectly influencing patient expectations in tangibility, empathy, reliability, and assurance, but brand image has an indirect influence in responsiveness that has an impact on patient expectations. This is not in line with the theory

carried out by previous research conducted by Laferton, *et al*,¹² which stated that the responsiveness dimension, the level of conformity with expectations, had an average value of 84.16%, the dimension of confidence (assurance), the level of suitability had an average value of 79.86%, the dimension of attention (empathy), the level of suitability had an average value of 85.47%, and the dimension of appearance (tangibility), the level of suitability had an average value of 81.70%. This also has a big influence on the hospital's brand image; in other words, the higher the service quality dimension meets patient expectations, the higher the hospital's brand image. Then management can create standard performance policies for each employee, such as KPIs (key performance indicators), which include work unit quality indicators, so that it can increase the quality value of each individual at work related to service quality.

Tangibles Have a Significant Influence on Patient Expectations at Hospital

The findings of the study indicated that tangibles significantly impacted patient expectations, as evidenced by statistical outcomes with a significance level of 0.000. This underscores the crucial role tangible aspects play in shaping patient expectations. This shows that tangibles will influence patient expectations regarding the services provided in the ER. The higher the tangible value a hospital has, the higher the patient's expectations will be. This aligns with the established theory that hospitals need to carefully select aspects of their appearance to foster positive evaluations and impressions of the quality of services offered. However, it's important not to elevate patient expectations to an unrealistic level, ensuring that patient needs and satisfaction are met in a balanced manner.⁴ This study corresponded with

Table 4. F² (F square).

	Patient Expectation (Y)	Brand Image (Z)
Tangible (X1)	0.095	0.023
Empathy (X2)	0.019	0.003
Reliability (X3)	0.000	0.049
Responsiveness (X4)	0.025	0.127
Assurance (X5)	0.003	0.062
Patient Expectation (Y)		
Brand Image (Z)	0.018	

Table 5. Direct effect test result.

	Original Sample (O)	T Statistics (O/STDEV)	P Values
X1 -> Y	0.295	4.677	0.000
X1 -> Z	0.122	2.032	0.043
X2 -> Y	0.164	2.114	0.035
X2 -> Z	0.058	0.671	0.503
X3 -> Y	0.019	0.232	0.817
X3 -> Z	0.209	2.173	0.030
X4 -> Y	0.181	2.774	0.006
X4 -> Z	0.326	3.686	0.000
X5 -> Y	0.068	0.873	0.383
X5 -> Z	0.242	2.659	0.008
Z -> Y	0.159	2.394	0.017

Table 6. Indirect effect test result.

	Original Sample (O)	T Statistics (O/STDEV)	P Values
X1 -> Z -> Y	0.019	1.418	0.157
X2 -> Z -> Y	0.009	0.594	0.553
X3 -> Z -> Y	0.033	1.542	0.124
X4 -> Z -> Y	0.052	1.999	0.043
X5 -> Z -> Y	0.038	1.687	0.092



the research carried out by Idris, *et al*,¹³ which stated that physical evidence and empathy supported behavioral intentions about pharmaceutical retail in Malaysia. The relationship between physical evidence, assurance, and empathy on customer satisfaction is also significantly positive, which creates high patient expectations. A'qoulah, *et al*,¹⁴ also proved in their research that in Nagaland, health service providers needed to re-evaluate their service performance considering patient expectations.

Empathy Has a Significant Influence on Patient Expectations at Hospital

The research results showed that empathy influenced patient expectations. The statistical outcomes, evidenced by a significance level of 0.035, demonstrated that empathy significantly affected patient expectations concerning the services offered in the emergency room. This highlights the importance of empathy in shaping patient anticipations and perceptions of care quality. The higher the empathy given by the staff to the patient, the higher the patient's expectations will be. This is from the theory developed by Parasuraman, *et al*,⁴ who found that empathy was one aspect of service quality that could influence customer satisfaction and created positive expectations. This research is in line with research conducted by Wulur, *et al*,¹⁵ and El-Haddal, *et al*,¹⁶ which stated that paying attention to patients increased patient expectations and even exceeded the patient's perceptions. A'qoulah, *et al*,¹⁴ also proved in their research that health service providers needed to re-evaluate their service performance considering patient expectations. The results showed improvements in these five dimensions, namely tangibility, reliability, responsiveness, assurance, and empathy. This research had a positive impact on ensuring a quality health service system. This study corresponds with the research by Idris, *et al*,¹³ which stated that physical evidence and empathy supported behavioral intentions about pharmaceutical retail in Malaysia.

Reliability Does not Have a Significant Influence on Patient Expectations at Hospital

The research results showed that reliability did not influence patient expectations. The statistical findings, indicated by a significance level of 0.817, demonstrated that the effect in question did not reach statistical significance.

This shows that the employee's ability to meet patient needs does not affect patient expectations. This is possible because adequate education and information have been provided by health workers in the ER so that the ER's ability to handle patients does not affect patient expectations. This is not in line with the theory presented by Oliver,¹⁷ where the reliability dimension in the context of customer service included how consistently and reliably a service or product met customer expectations. Customer expectations tend to increase when a service or product consistently delivers on its promises to customers and adheres to announced promises. This study aligns with the research conducted by Bowling, *et al*,¹⁸ which stated that expectations varied greatly depending on the patient's condition, not depending on the reliability of the staff, but it was recommended to improve communication so that the condition could be better communicated, thereby increasing patient expectations.

Responsiveness Has a Significant Influence on Patient Expectations at Hospital

The study findings revealed that responsiveness significantly impacted patient expectations, as evidenced by statistical results with a significance level of 0.006. This indicates that the responsiveness of healthcare providers plays a crucial role in shaping patient expectations regarding the services they receive. In other words, the faster the response of the staff, the higher the patient's expectations. This is by the theory, which states that responsiveness related to customer service includes the extent to which a company can provide fast, responsive, and effective service in responding to customer needs and desires. Good responsiveness includes the ability to respond quickly to customer questions and requests, thereby increasing customer expectations for efficiency and attention.¹⁹ The results of the research above were also supported by research by Laferton, *et al*,¹² and Wulur, *et al*,¹⁵ which stated that the responsiveness of officers in serving patients increased patient satisfaction and expectations of the unit's services.

Assurance Has No Influence on Patient Expectations at Hospital

The study findings indicated that assurance did not significantly impact patient expectations,

as evidenced by statistical outcomes with a significance level of 0.383. This suggests that the degree of confidence or guarantee offered by the hospital to its patients does not play a significant role in shaping their expectations. Furthermore, these results are consistent with the research carried out by Nadi, *et al*, supporting the notion that assurance might not be a pivotal factor in influencing patient expectations within the healthcare context.²⁰ It stated that the dimensions of service quality, one of which was assurance, did not affect patients' expectations or hopes for services.

Tangibles Have an Influence on Brand Image

The study findings demonstrated that tangible aspects significantly influenced brand image, as indicated by statistical results with a significance level of 0.043. This reveals that the more appealing and evident the physical facilities and environment of a hospital are, the greater the enhancement in the hospital's brand image. Essentially, the physical presentation of a service or product directly contributes to elevating patients' trust in that service. Moreover, these results are consistent with the research conducted by Safira, *et al*, affirming the critical role of tangible elements in shaping perceptions and trust towards healthcare services.²¹ The research showed that tangibles could influence the quality of service on the image of a hospital, such as rooms or facilities that are adequate, neat, comfortable, and safe. Understanding and measuring patient expectations for health services is very important to increase patient satisfaction and provide patient-centered services so that hospitals have their own appeal and brand image.¹⁴

Empathy Has No Influence on Brand Image

The study findings indicated that empathy did not have a significant effect on brand image, as supported by statistical results with a significance level of 0.503. This suggests that the level of empathy demonstrated by healthcare professionals does not significantly impact the overall brand image of the hospital. These results are consistent with the research conducted by Iglesias, *et al*, reinforcing the notion that empathy might not be a primary determinant in shaping the brand image of healthcare institutions.²² The research stated that empathy did not influence the brand image of an organization or company.



Reliability Has an Influence on Brand Image

The research findings indicated that reliability had a significant effect on brand image, as supported by statistical results with a significance level of 0.030. This suggests that hospitals' ability to consistently deliver the required services to patients contributes to enhancing the hospital's brand image. This is in line with the theory stating that customer satisfaction is closely linked to the reliability of the products and services provided. Reliability contributes to consistent perceptions of quality.¹⁷ Fatima, *et al*,²³ and Jonkisz, *et al*,²³ in their research, revealed that the reliability of officers greatly influenced the reputation of hospitals, which created their excellent image.

Responsiveness Has an Influence on Brand Image

The research findings revealed that responsiveness had a significant effect on brand image, supported by statistical results with a significance level of 0.000. This indicates that hospitals' ability to offer responsive services tailored to patients' needs contributes to enhancing the hospital's brand image. The quality of service assessment is positively influenced by the staff's responsiveness to patients, ultimately elevating the overall perception of service quality. Consequently, higher service quality correlates with a stronger brand image for the hospital.^{24,25}

Assurance Has an Influence on Brand Image

The research findings indicated that assurance had a significant effect on brand image, supported by statistical results with a significance level of 0.008. This suggests that hospitals' ability to offer guaranteed services tailored to patients' needs contributes to

enhancing the hospital's brand image. When patients feel assured about the services they receive, it positively influences their perception of the hospital's brand, thereby strengthening its overall image. This research was agreed upon by Wickremasinghe, *et al*,²⁶ and Razeed, *et al*,²⁷ which stated that guarantees influenced outpatient satisfaction. Most respondents want service that is polite, sincere, safe, and secure.

Brand Image Has an Influence on Patient Expectations

The research findings indicated that brand image had a significant effect on patient expectations, as supported by statistical results with a significance level of 0.017. This suggests that hospitals with a positive brand image within the community are more likely to heighten patient expectations for services at the hospital. This aligns with previous research conducted by Ahmed, *et al*, emphasizing the influential role of brand image in shaping patient expectations within the healthcare setting.²⁸ The research stated that a positive image could shape customer experience expectations and increase customer loyalty. Expecting positive experiences in the future can create long-term loyalty. A positive image can shape customers' positive attitudes towards a brand or company and increase patient expectations.

Research Findings

The outcomes of the present study validated the theory that service quality is determined by customers' perceptions of how well the service aligns with or surpasses their expectations.⁴ Service quality is the customer's perception or evaluation of the level of

conformity between customer expectations and what is received. However, this does not fully confirm the brand image mediation theory which states that brand image has an important impact on the influence of service quality on patient expectations.

CONCLUSION

Based on the research findings and discussion, it could be concluded that while tangible, empathy, reliability, and assurance were not directly mediated by brand image towards patient expectations; responsiveness stood out as the sole factor that was mediated by brand image towards patient expectations. This implies that the brand image of a hospital, particularly in the emergency room setting, indirectly influences patients' expectations regarding staff responsiveness in treating their condition.

Furthermore, the study highlighted significant influences between tangibility, reliability, responsiveness, and assurance on patient expectations within the hospital. Tangibility, reliability, responsiveness, and assurance also significantly impacted the brand image of a hospital. Additionally, there was a notable influence between brand image and patient expectations within the hospital. These findings suggest that the higher the brand image of a hospital, the greater the expectations patients have for the services provided.

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REFERENCES

1. Khaltaev N, Axelrod S. Countrywide cardiovascular disease prevention and control in 49 countries with different socio-economic status. *Chronic Dis Transl Med*. 2022;8(4):296-304. DOI: 10.1002/cdt3.34.
2. Parasuraman A, Zeithaml VA, Berry LL. SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *J Retailing*. 1988;64(1):12-40.
3. Donabedian A. The quality of care. How can it be assessed? *JAMA*. 1988;260(12):1743-8. DOI: 10.1001/jama.260.12.1743.
4. Parasuraman A, Zeithaml VA, Berry LL. A conceptual model of service quality and its implications for future research. *J Marketing* 1985;49(4):41-50.
5. Becker BW. Competing through quality. *J Marketing* 1992;56(2):132-4.
6. Kotler P, Keller KL. *Marketing management*. 12th Ed. Upper Saddle River, NJ: Prentice-Hall Upper Saddle River, NJ; 2006.
7. Longwell GJ. Managing brand equity: Capitalizing on the value of a brand name. *J Business Res*. 1994;29:247-8.
8. Keller KL. Conceptualizing, measuring, and managing customer-based brand equity. *J Marketing* 1993;57(1):1-22. DOI: 10.1177/002224299305700101.
9. Kapferer JN. *The new strategic brand management: Advanced insights and strategic thinking*. London: Kogan Page London; 2012.



10. Cheung ML, Pires G, Rosenberger Iii P. The influence of perceived social media marketing elements on consumer–brand engagement and brand knowledge. *Asia Pacific J Marketing Logistics* 2020;ahead-of-print. DOI:10.1108/APJML-04-2019-0262.
11. Hadiyati I, Sekarwana N, Sunjaya D, Sasongko E. Konsep kualitas pelayanan kesehatan berdasar atas ekspektasi peserta jaminan kesehatan nasional. *Maj Kedokt Bandung*. 2017;49:102-9. DOI: 10.15395/mkb.v49n2.1054.
12. Laferton JAC, Kube T, Salzmann S, Auer CJ, Shedden-Mora MC. Patients' expectations regarding medical treatment: A critical review of concepts and their assessment. *Frontiers in Psychology*. 2017;8 (233):2-9. DOI: 10.3389/fpsyg.2017.00233.
13. Idris S, Choong F, Sulong R, Dausin O. Perceived service quality, customer satisfaction and behavioral intentions towards hospital in Sabah. *Internat J Supply Chain, Operation Management and Logistics* 2020;1:21-35. DOI: 10.35631/IJSCOL.12003.
14. A'Aqoulah A, Kuyini AB, Albalas S. Exploring the gap between patients' expectations and perceptions of healthcare service quality. *Patient Prefer Adherence* 2022;16:1295-305. DOI: 10.2147/PPA.S360852.
15. Wulur L, Militina T, Achmad G. Effect of service quality and brand trust on customer satisfaction and customer loyalty Pertamina Hospital Balikpapan. *Internat J Economics, Business and Accounting Res (IJEBAR)*. 2020;4:2-83.
16. El-Haddad C, Hegazi I, Hu W. Understanding patient expectations of health care: A qualitative study. *J Patient Exp*. 2020;7(6):1724-31. DOI: 10.1177/2374373520921692.
17. Oliver RL. A cognitive model of the antecedents and consequences of satisfaction decisions. *J Marketing Res*. 1980;17(4):460-9. DOI: 10.2307/3150499.
18. Bowling A, Rowe G, Lambert N, Waddington M, Mahtani KR, Kenten C, et al. The measurement of patients' expectations for health care: A review and psychometric testing of a measure of patients' expectations. *Health Technol Assess*. 2012;16(30):i-xii, 1-509. DOI: 10.3310/hta16300.
19. Dabholkar PA, Thorpe DI, Rentz JO. A measure of service quality for retail stores: Scale development and validation. *J Acad Marketing Sci*. 1996;24(1):3-16.
20. Nadi A, Shojaee J, Abedi G, Siamian H, Abedini E, Rostami F. Patients' expectations and perceptions of service quality in the selected hospitals. *Med Arch*. 2016;70(2):135-9. DOI: 10.5455/medarh.2016.70.135-139.
21. Rivai F, Lestari S, Shaleh K. Hubungan mutu pelayanan dengan kepuasan pasien di instalasi rawat inap rumah sakit Ibnu Sina YW-UMI. *Media Kes Mas Indon*. 2020;16(1):38-47. DOI: 10.30597/mkmi.v16i1.9068.
22. Iglesias O, Markovic S, Rialp J. How does sensory brand experience influence brand equity? Considering the roles of customer satisfaction, customer affective commitment, and employee empathy. *J Business Res*. 2019;96:343-54. DOI: 10.1016/j.jbusres.2018.05.043.
23. Fatima I, Humayun A, Iqbal U, Shafiq M. Dimensions of service quality in healthcare: A systematic review of literature. *Int J Qual Health Care*. 2019;31(1):11-29. DOI: 10.1093/intqhc/mzy125.
24. Ali B, Raad N, Anwar K. Private hospitals' service quality dimensions: The impact of service quality dimensions on patients' satisfaction. *Internat J Med Pharmacy Drug Res*. 2021;5:161-9. DOI:10.22161/ijmpd.5.3.2.
25. Berinyuy B, Forje LC, Dzekashu LG. Service quality, a correlation of customer expectation and customer perception of services received responsiveness and empathy in Shisong hospital. *Int J Soc Sci Hum Res*. 2021;4:3495-505. DOI: 10.47191/ijsshr/v4-i12-07.
26. Wickremasinghe WK, Gamini LPS. The mediating effect of brand equity on the relationship between perceived quality of care and loyalty of customers towards the lady ridgeway hospital for children, Colombo. *Sri Lanka J Management Studies* 2020;2:32. DOI:10.4038/sljms.v2i2.37.
27. Razeed SMMH, Vethirajan DC. Patients satisfaction and expectation towards different dimensions of health care service quality of private hospitals. *J Contemporary Issues in Business and Government*. 2021;27:2070-5. DOI: 10.47750/cibg.2021.27.03.255.
28. Ahmed B, Zada S, Zhang L, Sidiki SN, Contreras-Barraza N, Vega-Muñoz A, et al. The Impact of Customer Experience and Customer Engagement on Behavioral Intentions: Does Competitive Choices Matters ? *Front Psychol*. 2022;13:864841.



HASIL PENELITIAN

Supplementary Material S1. Research Questionnaire

KUESIONER PENELITIAN PENGARUH TANGIBLE, EMPATHY, RELIABILITY, RESPONSIVENESS, DAN ASSURANCE TERHADAP HARAPAN PASIEN DENGAN CITRA RUMAH SAKIT SEBAGAI INTERVENING PADA INSTALASI GAWAT DARURAT RS HP

Identitas Responden

Nama : (Inisial)
Umur :
Jenis kelamin :
Pendidikan Terakhir :

Keterangan :

SS: Sangat Setuju
S: Setuju
TS: Tidak Setuju
STS: Sangat Tidak Setuju

Petunjuk Pengisian Kuesioner:

Jawab pertanyaan dengan memberik tanda centang (√) pada alternatif jawaban sesuai dengan pendapat Bapak dan Ibu.

Harapan Pasien isi dari 0-10

[0] Tidak Memenuhi Harapan Sama Sekali
[10] Memenuhi Harapan Sepenuhnya

NO	PERTANYAAN KUESIONER <i>TANGIBLE</i>	JAWABAN RESPONDEN			
		STS	TS	S	SS
1	Staf medis di IGD RS ini mengenakan seragam dan tanda pengenal/identitas yang disediakan				
2	Peralatan medis yang tersedia di IGD RS ini lengkap				
3	Teknologi medis yang digunakan di IGD RS ini adalah yang terbaru				
4	Petunjuk layanan di IGD RS ini jelas				
5	Staf medis di IGD RS ini berpenampilan rapi				
6	Tersedia informasi mengenai layanan IGD RS				
7	Fasilitas dan lingkungan sekitar IGD RS ini bersih				
NO	PERTANYAAN KUESIONER <i>EMPATHY</i>	STS	TS	S	SS
8	Staf medis di IGD RS ini memahami kebutuhan saya				
9	Staf medis di IGD RS ini sungguh-sungguh mendengarkan keluhan saya				
10	Staf medis di IGD RS ini bersedia membantu saya				
11	Staf medis di IGD RS ini meluangkan waktu khusus untuk berkomunikasi dengan saya				
12	Staf medis di IGD RS ini memberikan perhatian khusus kepada saya				
NO	PERTANYAAN KUESIONER <i>RELIABILITY</i>	STS	TS	S	SS
13	Staf medis di IGD RS ini mampu memberikan pelayanan yang sesuai dengan tepat waktu.				
14	Staf medis di IGD RS ini memberikan pelayanan sesuai dengan yang dijelaskan terhadap saya				
15	Staf medis di IGD RS dapat menangani masalah yang saya alami dengan tepat				
16	Layanan IGD RS ini selalu tersedia 24 jam				
NO	PERTANYAAN KUESIONER <i>RESPONSIVENESS</i>	STS	TS	S	SS
17	Staf medis di IGD RS ini segera merespons kebutuhan saya				
18	Staf medis di IGD RS ini memberikan pertolongan pertama yang cepat terhadap saya.				
19	Layanan IGD RS ini dapat dengan mudah saya akses				
20	Staf medis di IGD RS ini bersedia menerima kritik dan saran saya dan segera meresponsnya				
NO	PERTANYAAN KUESIONER <i>ASSURANCE</i>	STS	STS	STS	STS
21	Perilaku staf medis di IGD RS ini menimbulkan rasa aman bagi saya				
22	Staf medis di IGD RS ini dapat diandalkan				
23	Staf medis di IGD RS ini memiliki pengetahuan dan keahlian yang baik untuk menjawab pertanyaan saya				
24	Staf medis di IGD RS ini dapat memberikan informasi yang jelas, tepat, dan dapat dipercaya				
NO	PERTANYAAN KUESIONER <i>CITRA MEREK</i>	STS	TS	S	SS
25	Respons pelayanan IGD <5 menit				
26	Lokasi IGD RS ini strategis dan berada di jalan utama				
27	IGD RS ini mudah diingat sebagai pilihan pertama saya bila ingin berobat				
28	IGD RS ini sudah dikenal banyak orang				

HASIL PENELITIAN



29	Papan nama IGD RS ini mudah dikenali jika terlihat dari luar				
30	IGD RS ini memiliki daya tarik tersendiri dibandingkan IGD RS lainnya				
NO	PERTANYAAN KUESIONER HARAPAN PASIEN	HARAPAN PASIEN 0-10			
31	Ketersediaan fasilitas dan peralatan medis IGD				
32	Kualitas staf medis IGD				
33	Kecepatan respons petugas IGD				
34	Penjelasan petugas medis terkait prosedur layanan IGD				
35	Hasil pengobatan di IGD				
36	Kepuasan akan pelayanan IGD yang diterima				