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The Effects of Brand Image and Brand Trust on Patients' Satisfaction: An Application of Private Hospitals in Dhaka City of Bangladesh

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Abstract

This study examines the effects of brand image and trust on patients' satisfaction with private hospitals in Dhaka, Bangladesh. This study is a Quantitative research. For collecting the data, the sample size is 359 patients selected via purposive sampling using survey questionnaires on eight top-listed branded private hospitals in Dhaka. For analysing the goals, multiple data analysis methods were performed, such as demographic analysis, descriptive analyses, and reliability tests via SPSS, while correlation and hypothesis tests were performed using CFA and SEM with AMOS software. The results of this study show higher reliability for both brand image and brand trust, which indicate a positive relationship with patients' satisfaction. Through enhancing private hospitals' brand image, brand trust can be applied to assist a positive image and establish marketing tactics to continue existing and appeal to new patients to create a profitable business. Furthermore, in confirming academic results from this study, policymakers should value brand image and brand trust marketing as they can advance the private hospital's business globally.

Keywords: Patient Satisfaction, Hospitals Brand Image, Hospital Brand Trust.

Introduction

In the current business industry, patients are the principal concern as a customer. According to Grogan et al. (2000), a patient's satisfaction is key to assessing and determining the hospital's success (Begum et al., 2021). Compared with other businesses, the hospital business faces distinctive challenges (Rumi et al., 2021; Yousapronpaiboon & Johnson, 2013). Improper examination and treatments might lead to a patient's death (Shabbir et al., 2016). Therefore, the patient's satisfaction relies on the hospital's image and trust (Begum et al., 2021). Many problems arise in the hospital business all over the world. To overcome the various problems in general hospitals, a huge number of private hospitals have been established to improve service quality, infrastructure difficulties, medical dealings, technological advancement, staff performances, brand trust, etc., for reducing medical error, the death rate of mother and child as well as to keep patients' security (Mohiuddin, 2020.; Salem 2016; MOHE 2016; 2012.; World Bank, 2003). Because of the mismanagement, a lot of complaints arise, so most patients lose the brand image and trust of those reputable hospitals (Farhana, 2017). That is why the World Health organisation (has given great attention to patients' satisfaction in the evaluation of hospital business in the last few decades (Murray & Frenk 1999).

Therefore, the study concluded that maintaining patient satisfaction (Sukawati, 2021) and their evaluation and judgement are the major factors in the hospital industry (Cronin & Taylor, 1992; Irfan & Ijaz, 2011; Yousapronpaiboon & Johnson, 2013). Like other countries, Bangladesh also has had its share of complaints about government hospitals as well as private hospitals (Rimi et al., 2014.; BBS., 2014); although economic growth has led to a rise in the number of hospitals, the hospital infrastructure is still far behind (Zubayer, 2017). Due to the high population density in Bangladesh, the number of hospitals is still insufficient, according to Ahmed et al. (2015), while Shafiqur et al. (2010) cited that Bangladesh is the 8th highest populated country in the world with 164.7 million (Report of UN, 2020). Currently, the total number of hospitals operating in Bangladesh is 1683 in the health care industry, whereby 1005 are private and 678 are public. Interestingly, among these, 138 private hospitals are situated in the capital city of Dhaka, Bangladesh (MOH&F, 2020; BBS, 2018). Still, many patients come to get better treatment with their trust and faith from the private hospitals in Dhaka (Mohiuddin, 2020), but unfortunately, many patients become disappointed by those images and lose trust, which also causes them to fly other countries too (Begum, 2017). As few studies have been done on private hospitals in Dhaka, the literature suggests doing more research.

A huge number of patients seek treatment from various private hospitals such as Islami Bank Private Hospital (IBAF, 2015), Square Hospital, Evercare Lab Aid, United Hospital (Zubayer, 2017), Ibn Sina Private Hospital (Muna, Begum & Alam 2016), Ad-Din Hospital (Fistula-Care, 2012) every day. High service quality levels advance higher repurchase and trust (Farhana, 2017). Unfortunately, the private hospital's infrastructure system is inadequately constructed as they have long queues, delays for treatments, staff attitude issues, negative image, and trust etc. (Rashid, 2007; Chaudhury et al. 2006) in comparison to public hospitals (Farhana, 2017). Begum et al. (2021) mentioned that patients are ready to bear the cost, while Farhana (2017) speculates that many patients go abroad to receive better treatment instead of getting treatment in private hospitals in Dhaka, Bangladesh. Thus, from the view of patients, hospital image and trust are still lagging and thus need to be assessed and improved (Mohiuddin, 2020; Farhana, 2017; Zubayer, 2017; Andaleb, 2011). So, it is also necessary to know the patient's needs to improve customer satisfaction pertaining to private hospitals by reinforcing patients' beliefs (Zubayer, 2017). In this regard, this research intended to examine the hospitals' brand image and brand trust in private hospitals in Dhaka, Bangladesh. The study found that patients are concerned about the hospital's brand image and brand trust. Therefore, the findings are helpful for private hospitals to improve and ensure that patients keep selecting local hospitals instead of foreign hospitals (Farhana, 2017; Shabbir et al., 2016).

2. Literature Review

2.1 Introduction

As the hospital's business patients are the real customers of the hospitals and health care (Mohsin et al., 2021), this study uses the term 'patients' instead of 'customer'. According to Kotler and Armstrong (2001), for successful marketing strategies, the products or services of the consumer should be primarily identified so that the business has ample knowledge of the requirements and demands of patients. In the following, the perceptions of brand image and brand trust are considered to affect patients' satisfaction (Afsar, 2014) in the hospital business as they are associated with the research.

2.2 Patients' Satisfaction

In any business, the performance of the industry depends on what purchasers accurately want to correspond to demand (Parasuraman et al., 1990) as the consumer is a key part of the production line (Chakrapani, 1998) for the repurchased intention of product and service (Pizam & Ellis, 1999). Thus, patients from the hospital industry and their companions are recognized as customers. Patient satisfaction is the judgment of individual consumption of services or products (Oliver, 1997). Patients' perspective is a significant sign of a hospital's services (O'Connor et al., 1994) and images. To encourage patients' return visits, the executive body of the hospitals must set greater importance on fulfilling the needs of patients so that they remain loyal to the hospital and re-visit whilst also providing profit for the hospital (Schneider & White, 2004:p. 20; Sritharan & Velnampy, 2011; Abednia & Zeim, 2011).

The literature revealed that since the 1970s, customer satisfaction has been getting attention in business (Churchill & Surprenant, 1982). Later, hospital businesses also highly acknowledged patients' satisfaction in literature (Soon et al., 2017) and found a relationship between satisfaction and repurchase services (Mill, 2002). So, there are many popular theories found for customer satisfaction in previous research, such as the Dissonance Theory by Festinger (1957), the Assimilation Contrast theory by Sherrif & Hovland (1961), the Adaption Level Theory by Helson (1964), and Oliver (1977) advanced theory or model is 'The Expectancy-Disconfirmation Model'. This is a well-established model of the structure to consider customers as well as to find patient satisfaction too, as recognised by Yuksel and Yuksel (2008), Modest (2022), Mill and Isac (2014) and many other scholars. 'The Expectancy Disconfirmation theory' is the purchasers' decision-making process based on their opportunities, views, and objectives found more relevant to the study Because this theory simply sets up the consumers' feelings about the product or service (Oliver, 1980).

In this study, patient satisfaction is based on the hospital's brand image and trust. Thus, the research aims to examine the effects of brand image and trust on patients' satisfaction with private hospitals.

2.3 Brand Image

Branding is currently a prevalent concept. In business achievements, branding involves brand policies and marketing strategy (Sudirman et al., 2022; Suridana, 2021). The firm designation is the brand name, so it is essential for a 'firm' to deliver superior service. According to Berry (2000), Berry et al. (1998) and Kotler (2000), a superior Brand Image increases a positive insight or precise form of the image, a pleasing sequence of stimulating knowledge as well as diverse emotions about the brand that possess on reinforce in purchasers' heart (Wijaya 2013). Kottler (1991) discovered that brand images distinguish a product or service from its competitors, so the brand image is a sequence of name, reputation, pattern and logo or symbol. According to Sener (2014), brand image is a major factor in choosing a hospital. Common belief shows that confidence in hospital brand image approval is based on patient satisfaction, which, in short, means that hospitals' brand image has been directly linked to superior patient' satisfaction (Wu., 2011). There are some theories and models about the brand in the research field, such as the Aker Brand Model's five dimensions of brand image (Wijaya 2015). The five dimensions of Brand Image, as demonstrated by Wijaya (2015), are brand identity, brand personality, brand associations, brand behaviours and attitudes, and brand competence

and benefits, which are more relevant to finding the relationship for this study. Figure 1 shows the model of Brand Image.

Figure 1: Five Dimensions of Brand Image



Source: *Dimension of Brand Image Wijaya (2015)*

According to Suridana (2022, 2017) and Park (2010), the brand image of hospitals can demonstrate disappointment based on services due to extra waiting time, ambiguous service, consumer pressure and rage. These negative impressions and experiences frustrate the patients and their companions, leading to displeasure about the hospital's brand image. On the other hand, research proves that a comfortable atmosphere, superb facilities, quick services in meeting the doctor and caring behaviours have an inverse correlation between satisfaction and brand image.

2.4 Brand Trust

In business, brand trust is another key feature to success. Berry (2000) explored that branding substantially increases purchaser trust considerably (Hosseini & Behboudi, 2017). Brand trust influences purchaser satisfaction (Fatema, 2019, Chaudhary & Holbrook (2001). Especially in the hospital business context, the previous literature shows that brand trust represents the hospital's brand image (Kotler & Clarke 1987). Zehra and Arshad (2018) claimed that hospitals' brand trust lies in philosophy, preferences and promises offered by the hospitals. The patients' responses to hospitals show that they mostly value personal trust (Kemp et al., 2014), while the reverse or negative perception of hospitals' brand trust might seriously affect patients' minds (Farhana, 2017). According to Wu (2011), upgrading hospital facilities preserve patient's satisfaction and trust in hospitals. Hospital executives must offer incredible capabilities to uphold patient's trust. The previous research found hospital trust relies on some features such as patients' attitudes, perceived quality, stature, staff's favourable or unfavourable attitudes (Kemp et al., 2014), proper bonding (Morgan & Hunt, 1994) and faith, can be supporting trust in the hospital (Hosseini & Behboudi, 2017). Shoniregun et al. (2004) uncovered the purchaser relationship whereby management is required to build a Trust Model that combines with the law and policy on trust, technical trust, community trust, etc. (Deghounpuri et al., 2019). In some cases, the hospital's services are related to the patient's body and mind and life-threatening issues. Thus, Hosseini and Behboudi (2017) stated that positive hospital images boosting patients' trust also shake the share market growth.

2.5 *The Relationship between Brand Image and Patient Satisfaction*

The above literature shows that Brand image affects the purchasers' emotions and actions regarding the firm (Khan et al., 2020). Hunter and Michi (2000) found that the firm's Brand Image can fulfil the purchaser's needs, and wants of services and products to present satisfaction (Sener, 2014). In hospitals, a positive hospital brand image reinforces patient satisfaction. Brand image has a streaming effect, as suggested by Andreessen and Lind (1998) and Davies et al. (2003), while Wu (2011) confirmed that patient satisfaction relates to the brand image. The literature confirmed that brand image directly impacts patients' satisfaction. Javalgi et al. (1992) believed that a favourable brand image not only substantially affects recognized services but also reinforces business marketing (Huei et al., 2015). Therefore, Patient Satisfaction, directed to patient confidence, is significant for the hospital business. The decisive word of mouth is positive recognition of the business image and potential revenue (Zeithaml, 1996). Based on the above literature, relationships between hospitals' Brand Image and Patient Satisfaction the hypothesis is defined as follows:

So H1: Hospital Brand Image has a significant impact on Patient Satisfaction.

2.6 *The Relationship between Brand Trust and Patient Satisfaction*

The literature found that trust is a necessary factor in building relationships with purchasers (Lytle, 1995; Mahmud et al., 2018), and it is the main factor in securing a common connection for the patients or as customers (Kundu & Datta, 2015). Taher and Abdullah (2015) described trust as a challenging relationship involving purchasers and providers. Brand trust happens when customers migrate from one brand to another, such as from an online brand to a physical one (Ang et al., 2001). So, brand trust develops into the 'glue' for purchaser satisfaction in any business as hospitals too for long-continuing kin, affirmative relationship with the organization and lastly, business success (Noor, 2013; Sing & Shirdeshmukh, 2000; Dhegahnpuri et al., 2019).

Brand trust and purchaser have a dynamic link between them (Kusik, 2007), and it must be more pivotal as a whole strategy in business marketing to construct the connection to purchasers to secure positive word of mouth too (Keyani, 2012; Nazir et al., 2019). Brand trust also helps preserve long-term relationships (Hanif, 2010; Poerwadi et al., 2019; Zaman et al., 2012., Rahman et al., 2012). Oliver (2009) also discovered that patient/customer trust is a deep concern leading to the constant purchase of the product or service. The study also shows that patient satisfaction greatly influences levels of the patient's desires, wishes, intentions, and benefits accessible by the hospital's provider (Debono & Travaglia, 2009). While again, displeasure or negative brand trust of the patient might have major effects on the patient's belief (Farhana, 2017). The above investigations found a significant relationship between patient satisfaction and hospital brand trust in hospitals. So, a second and final hypothesis is now set as

H2. Hospital Brand Trust has a significant effect on Patient Satisfaction

Summary of the Hypotheses

According to the above discussion, the literature found a significant relationship between patients' satisfaction, brand image and brand trust, so the hypotheses are formulated as below:

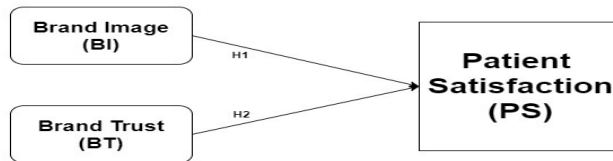
H1: Hospital brand image has a significant impact on patient satisfaction.

H2: Hospital brand trust has a significant impact on patient satisfaction.

2.7 Conceptual framework

The research has developed a conceptual framework according to the literature review and theoretical background. Figure 2 plots the conceptual theory, and two (2) hypotheses will show the relationship among the research variables. To establish the conceptual framework, a comprehensive review of patients' satisfaction influence by Oliver (1980), expectancy confirmation theory and other research, brand image developed by Wijaya (2011) with other research called 'five model of brand image' and brand trust also discuss renown scholars' interpretation especially Kemp et al. (2014) and Wu (2011) is demonstrated in this chapter.

Figure 2: The Conceptual Framework



The framework reduces the study to indicate two important factors influencing patient satisfaction. The recommended significant factors are brand image and brand trust concerning hospital patients' satisfaction. In addition, the study also indicates the relationship between the two independent variables (IV), brand image and brand trust and one dependent variable (DV), patient satisfaction.

3. Research Method

This study aimed to examine the influence of brand image and trust on patients' satisfaction in private hospitals in Dhaka, Bangladesh. For this purpose, the sample population and size of 384 survey questionnaires in eight similar accessibility of service categories of hospitals offered (Amin, 2013) was chosen in eight private hospitals to survey data (Sekaran & Bougie, 2010). To get the results, demographic and descriptive analysis, correlation, and hypotheses tests have been performed to ensure the relationship between independent variables and dependent variables. The analysis was done using SPSS, confirmatory factor analysis (CFA), and the structural equation model (SEM) by AMOS software.

3.1 Sampling and Data Collection Method

In this study, the survey questionnaire has been applied to gather and evaluate data. The study followed a purposive sampling method under non-probability sampling in the quantitative method. The population (patients) were chosen according to the sizes and nature of the private hospitals, which were renewed by MOHE & FW in (2019). Among the criteria are hospitals having a reasonable number of at least 10 ICU beds, a reasonable number of at least 10 CCU beds, a high number of patients per month (Mona, 2017) and hospitals with their laboratory and a minimum of 250 beds approximately (MOHE&FW, 2019) in Dhaka. Andrew Fisher's z-score formula (Dattalo, 2008) was applied to choose the population and sample size to maintain fairness.

With the above criteria, eight top-listed private hospitals were chosen, and 384 questionnaires were taken to survey data and the population size, as observed by Sekaran and Bogue (2010, pg. 294). The names of the selected eight private hospitals in Dhaka were the Ad-Deen Hospital, Dhaka Central Hospital, Evergreen Private Hospital, Green

Life Hospital, Ibn Sina Private Hospital Limited, Islami Bank Hospital, Impulse Hospital and Uttora Adhunik Hospital.

3.2 Survey Measuring Scale

The Likert scale was used to evaluate the patient's satisfaction levels. In the Five Likert scale, 25 items in the survey questionnaire were conceived, designed, and constructed based on prior studies. The 1- 5 Likert Scale ranged from 'Strongly Disagree,' 'Disagree,' 'Slightly Agree,' 'Agree' and 'Strongly Agree' (Velnampy et al., 2011) was applied to evaluate all variables which were Patients Satisfaction, Brand Image, and Brand Trust. The survey questionnaire was in dual language, i.e., in English and Bengali. This facilitated local respondents to visibly identify, admit and respond to the questionnaires rapidly (Sekaran, 2003). To measure the patient satisfaction variables, the 10 items in the questionnaire were designed from work in literature done by Maqsood et al. (2017), Aliman and Mohamad (2015), Oliver (1997), Durriyah (2016. p.52), Andervazah et al., (2013), Haryanto and Sitio (2020).

While evaluating brand image, 8 items were adopted from Maqsood et al. (2017), Rahman et al. (2012), Kem et al. (2008), Wu (2011), Babakua & Mangold (1992), Sohail (2001). Aagja and Garg (2010) and finally, 7 items were taken for Brand Trust from the literature of Lasser et al. (1995), Chaudhuri and Halbrook (2001), Andervazah et al. (2013), all of which were research pertaining to hospital manners. On the other hand, validity and reliability tests have been done. The Cronbach alpha is suitable for research as much expertise suggested (Haier et al., 1995; Mayer, 2000; Cooper & Schneider, 2001). The relationship between the hypotheses has been confirmed with the structural equation model (SEM) as it has controlled the unobserved variables and directional effects with correlation (Bollen & Pearl, 2013; Mahfuz, 2020). The findings comprise applicable tables and analysis figures based on the outcome.

4. Data Analysis and Findings

In this research, the first part of the survey questionnaires adopted 10 items to get the demographic information from respondents, and 450 survey questionnaires were distributed among the eight hospitals.

4.1 Data Screening and Preparation

This study identified and excluded all the missing data before analysis. To normality test, skewness and kurtosis have been done. Kline (2011) stated that skewness smaller than 3 and kurtosis smaller than 10 are acceptable for normality tests. So, the results demonstrated that the data set is normally distributed. After data preparation and screenings of 450 questionnaires, 372 were returned, and 13 were improperly responded to; therefore, only 359 questionnaires had usable data. The percentage of response rate was 82.66%. Moreover, the valid response rate was 79.77% percentages.

According to the corresponding hospitals' population (patients) size, the highest number of surveys was done on Islami Bank Hospital, where 65 surveys or 18.10% per cent were returned. The Ibn Sina Hospital, the second largest data distribution, had 59 questionnaires or 40% per cent return; the third was Green Life hospitals; the lowest number of questionnaires returned was 29 or 8.10% from Impulse Private Hospital. In total, 359 or 100% per cent is considered a large size of data to survey appropriate results.

4.2 Demographic and Characteristics

The demographic picture of the population is shown in Table 1.

Table 1: Demographic Profile of Respondents

Variable	Frequency	Percentage (%)
Gender		
Male	270	75.2
Female	89	24.8
Age		
Below (<) 30 years old	51	14.2
31-40 years old	161	44.8
41-50 years old	110	30.6
51 and above years old	37	10.3
Religion		
Muslim	318	88.6
Other	41	11.4
Occupation		
Student	25	7.0
Government Service	21	5.8
Business	114	31.8
Private Service	131	36.5
Others	68	18.9
Education		
Primary	19	5.3
SSC	67	18.7
HSC	155	43.2
Masters	88	24.5
PhD	3	.8
Others	27	7.5
Kind of treatment		
General	284	79.1
Acute	34	9.5
Chronic	41	11.4
Duration of visiting years		
Below 1 Year	247	68.8
Above 1-2 Years	57	15.9
2-5 Years	40	11.1
5 Years and above	15	4.2

Source: Author's compilation

The above demographic table shows that 270 were male and 89 were female, proving the literature of a male-dominated culture in Bangladesh. The highest number of respondents, 161, were between 31 and 40 years old at 44.8% per cent, and 37 were 51 years and above with 10.3% per cent. Based on the demographic, the majority of the respondents' religious background is Muslim at 88.6% (318), while the rest are from 'other religions' at 11.4% (41). Thus, the findings reinforced the literature that Bangladesh is a 'Muslim' populated country. The data shows that 36.5% of those attending treatments in private hospitals in Dhaka were 'private service' workers, whereas the lowest figure of 5.8% was government staff. Also, the study found that most of the respondents whose income is derived from private services can bear the medical costs. Categorically, the maximum number of respondents with HSC Certificates was 155 (43.2%), while only 3 (8%) had PhD degrees. The findings show that the respondents of this study are generally educated with comparable A levels but not higher education. Table 1 shows that 284

(79.1%) respondents visited the hospitals for general treatment; it is noticeable that most of the patients approached hospitals for general treatments, and a few patients, 9.5%, went for acute treatments. Here, the investigation found that 247 patients (68.8%) spent less than one year in the hospitals and 15 (4.2 %) above 5 years among them.

As the study examined private hospitals, a great number of respondents (30.9%) earned a reasonably moderate income, i.e., 20,000 - 45000 Bangladeshi Taka (BDT), which enabled them to seek treatments there. Unfortunately, many respondents that are 63 or 17.5% refused to answer the item of survey about their income level, as it is a sensitive or private detail for them.

4.3 Reliability

This study performed reliability tests. According to the literature, there are four methods to examine data reliability. According to Hair et al. (2010), the most popular method for internal consistency is Cronbach's alpha α (Tanu et al., 2018). When Cronbach's alpha α is more than 0.7, the data is highly reliable and acceptable within 0 to 1 (Hair et al., 2010). In this study, 25 underlying items under 3 variables are all higher than 0.7, so data is highly reliable. Among all three variables for Patients' Satisfaction (PS), the reliability test Cronbach's alpha (α) is 0.741, the Brand Image (BI) reliability test Cronbach's is (α) is 0.734) and the variables Brand Trust (BT) reliability, i.e., Cronbach's alpha (α) is 0.752. The analysis shows that all reliability Cronbach alpha is above 0.7, where brand trust is highest, showing internal consistency at 0.752 among the variables.

4.4 Descriptive Statistics Analysis

After the demographical analysis, three variables were used for descriptive analysis. Here, the dependent variable is patients' satisfaction, and the two independent variables are brand image and trust. Table 4.2 - 4. 4 shows the descriptive analysis of patients' satisfaction (PS), Brand Image (BI) and Brand Trust (BT).

4.4.1 Patients' Satisfaction (PS)

Table 2 shows the descriptive analysis of patients' satisfaction.

Table 2: Patients' Satisfaction (PS)

Underlying Items (Patients Satisfaction)	Mean	Std. Deviation
The hospital's indoor service is satisfactory	4.510	0.512
The hospital is willing to listen to patients' problems.	4.640	0.515
Advanced health techniques are well-maintained	4.460	0.753
Doctors are available on duty	4.690	0.485
Nurses are available on duty.	4.580	0.557
Overall, supportive facilities are excellent	4.570	0.584
The laboratory facilities are good (blood bank, lab, medicine etc.)	4.250	0.971
Staff (doctor, nurse and administrative) attitudes are good.	4.580	0.553
I come to this hospital for all types of treatments.	4.100	1.118
Hospital Charges are reasonable	4.570	0.593
Average Score	4.49	0.664

Source: Author's compilation

Note:1=Strongly Disagree, 5= Strongly Agree

Table 2 shows the results of patients' satisfaction. In these findings, the highest 'mean' number on the item 'doctors are available on duty' was 4.690. On the other hand, the lowest 'mean' number was 4.10 from the item 'I come to this hospital for all types of treatments' with an overall 'mean' score of 4.49 and a Standard Deviation (SD) of 0.664. This proves that most of the respondents appreciated the satisfaction with Private Hospitals in Dhaka city.

4.4.2 Brand Image (BI)

Table 3 shows the descriptive analysis of Brand Image (BI).

Table 3: Brand Image (BI)

Underlying Items -Brand Image (BI)	Mean	Std. Deviation
The hospital's location is convenient and easily accessible	3.580	0.851
The physical facilities of the hospital are visually attractive	4.520	0.712
The hospital has advanced equipment and excellent facilities	4.280	0.849
The hospital has a comfortable environment compared to other hospitals	4.470	0.638
The hospital has a good reputation	4.460	0.61
The hospital is involved with communities and social activities	4.180	0.857
The hospital has competent staff	4.430	0.677
The hospital doctors have a good attitude	4.630	0.512
Average Score	4.38	0.71

Source: Author's compilation

Note:1=Strongly Disagree, 5= Strongly Agree

Table 3 demonstrates in the concept of Brand Image that the highest mean score is the report 'hospital has comfortable environment compared to other hospitals', which scored 4.47 and the standard deviation (SD) is 0.63. The report also shows that the lowest mean score came from the record 'the hospital's location is convenient and easily accessible' at 3.58, and the standard deviation (SD) is 0.851. Thus, in the findings, the average 'mean' score of brand image is 4.38, and the standard deviation is 0.71, which suggests that the highest number of the respondents recognized the private hospitals' brand image as near to 'strongly agree'. These findings show that the respondents are concerned with brand image, so the executives of the hospitals should upgrade to accessible locations and other features that could strengthen the private hospitals' image.

4.4.2 Brand trust (BT)

Table 4 shows the descriptive analysis of Brand Trust (BT).

Table 4: Brand Trust (BT)

Underlying Items (Brand Trust)	Mean	Std. Deviation
I rely on this hospital's treatment	4.440	0.594
I am dependent on this hospital	3.990	1.276
I trust (have faith) in this hospital	4.620	0.532
I believe this hospital does not take advantage of the patients	4.430	0.689
I believe this hospital's management is trustworthy	4.280	0.714
I am happy to revisit this hospital	4.130	0.985

I feel safe to do the treatment at this hospital	4.530	0.532
Average Score	4.34	0.76

Source: Author's compilation

Note:1=Strongly Disagree, 5= Strongly Agree

Table 4 displays that the average or mean result is 4.34, and the standard deviation (SD) is 0.76, proving that the respondents consider brand trust to be the most important. The highest 'mean' score is seen from the statement 'I trust (have faith) in this hospital' at 4.62 and standard deviation (SD) at 0.53, while the lowest 'mean' score is 'I am happy to re-visit this hospital' at 4.13, which signals 'strongly agree'.

4.5 Correlation and Hypotheses Testing

This study has done 'Confirmatory Factor Analysis' (CFA) as it is able to confirm the variables, which consists of multiple indicators for correlation data set (Byrne, 2013 & Kline 2010). It allows the study to test the correlation between constructs and underlying latent variables (Hair, 2006), while other construct relationships did not exceed 0.85 (Byrne, 2013). Some models fit, which are frequently used for examination, discovered by scholars in literature, such as goodness of fit (GOF) indices, chi-square (χ^2) or degree of freedom (df) was less than 5, comparative fit index (CFI) requires it to be higher than 0.9, root means square error of estimation (RMSEA) ought to be less than 0.08. It is important to note that CFA is undertaken in initial and modified stages. The Exogenous Variables are brand image (BI) and trust (BT). The Endogenous Variable is patients' satisfaction (PS). The analysis shows that the modified Brand Image (BI) with Normed Chi-Square was (χ^2/df) of 1.88, which is less than >5, thus indicating a good fit, CFI is 0.986, which is above the threshold 0.9, and RMSEA is 0.050, attesting acceptable results.

The structural Equation Model (SEM) method is used to do rapid investigation, observe the variability, and explain underlying evaluation in modern business and study, though it permits association among frequent consecutive factors that are established to simplify the structures over parallel indicators like regression method; it is generally distinct by assessing as a substitute of testing compact model (Hair et al., 2017). Nunkoo and Ramkissoon (2011) explained four important undertaking tasks by SEM, where number two is simultaneous testing of the relationship. The hypothesis testing happens between independent and dependent variables in examining their relationship. This ensures that the hypothesis is 'significant' or 'not acceptable' (Quoquab, 2018).

In this study, Table 5 shows the results of evaluations of the hypothesis where SEM was used to explore the correlation between Brand Image (BI) and brand Trust (BT) on Patients' Satisfaction (PS).

Table 5: Results of Hypotheses Testing

Structural path	Std. Reg. weight	S. E	C.R	P	Decision
BI-- >PS	.682	.159	7.253	***	Accepted
BT-- >PS	.323	.033	4.741	***	Accepted

Source: Author's compilation

Note: Std. Reg. Weight = Standardized Regression weight; S. E. = Standardized Error of Regression weight.

C. R. = Critical Ratio of Regression weight; P = significance level for Regression weight.

From the findings, it is proven that the good fit model and path analysis were taken into consideration for hypotheses testing. The results show that the impacts of brand image are 'significant', and the impact of brand trust is also 'significant' to patients' satisfaction'. To understand these situations better, the following paragraphs will explain the relationships clearly and the results of the tests. In Table 4.5, it is shown that the 'structural path' between brand image and patients' satisfaction, where critical ratio (CR) measures how far from zero (0) of standard regression weight (SR), while SE shows the standard error of regression weight and P value that is less than 0.05 shows the significant and greater than 0.05, denote 'not significant' level of analysis. In the outcome, the path proves 'significant' when the Critical ratio (CR) is greater than the critical value.

4.5.1. Hypothesis 1: Hospital Brand Image significantly impacts Patients' Satisfaction

The above hypotheses were crafted based on previous research, especially the cover from Khan et al. (2020), Farhana (2017), Wu (2011), Anderson and Lind (1998), and others. The first hypothesis refers to brand image (BI) and patient satisfaction (PS). In the analysis shown by the structural model, the standardized regression is 682; the standard Error is .159, the critical ratio is 7.253, and the path significance is smaller than 0.05, so $p < 0.05$ from brand image to patients' satisfaction. Thus, the result is 'significant', which means accepted. The path between brand image and patient satisfaction was positive. The result denotes that additional upgrades on the brand image would be beneficial for the private hospitals to appeal to patients' satisfaction. Thus, the outcome of the test is that brand image has 'significant effects' on patients' satisfaction with the line of prior research.

4.5.2 Hypothesis 2: Hospital Brand Trust significantly impacts Patients' Satisfaction

The second hypothesis was coined from previous research such as Lytle (1995), Mahmud et al. (2018), Farhana (2017) and others. Table 4. 5 shows the strong effect in the path between brand trust and patients' satisfaction. The findings display that standardized regression (SR) is .323, standard error (SE) is .033 and critical ratio (CR) is 4.741. Hence, it is 'significant' as the critical ratio is greater than $p < 0.05$. The results signify that brand trust has a 'highly significant' effect on patients' satisfaction. The previous study also shows similar approved findings. So, if the outcomes determine that brand trust has 'significant effects' on patients' satisfaction, then the hypothesis is 'accepted.'

Table 6: Summary of Hypotheses

Number of hypotheses	Results
H ¹ Hospital brand image has significant effects on patient satisfaction	Significant
H ² Hospital brand trust has significant effects on patient satisfaction	Significant

Source: Author's compilation

From the perspective of Bangladesh, the results demonstrate that patients are highly concerned about brand image and trust in private hospitals (Begum, 2019). Lack of trust and poor brand image compel patients to seek treatment in neighbouring countries (Farhana, 2017). Overall, the structural equation model (SEM) findings for hypothesis testing on variables suggest that brand image and brand trust have 'significant effects' on patients' satisfaction, as demonstrated in Table 4. 6 regarding summaries of hypotheses. Therefore, both hypotheses are supported in the study. In short, the management of private hospitals should concentrate on strengthening brand image and trust for competitive advantages.

5. Conclusion and Theoretical & Practical Implication

This study examined the effect of brand image and trust on patients' satisfaction in private hospitals in Dhaka, Bangladesh. The prior literature and related theory have been studied to craft the research gap, research question, objectives, theoretical framework and hypothesis development. This study found theoretical contributions for academicians in the research field as well as for policymakers of private hospitals. The research gap shows that some studies have been done on service quality in healthcare hospitals in Bangladesh, but research on brand image and trust in healthcare, especially in private hospitals, is negligible. So, the study proves the theoretical contribution of brand image and brand trust in private hospitals of Dhaka. While most prior research found that brand image and trust are a high concern for the patients of private hospitals, they are not that perturbed about price (Farhana, 2017); this study too establishes that image and trust are a concern for patients.

In the findings, brand image and trust denote nearly 'strongly agree'. The study's first objective was to examine the effect of brand image in choosing hospitals (Hosgor & Sevim, 2022; Sukuwati, 2021; Wu, 2011; O'Connor et al., 1994). As the investigation concluded, brand image significantly affects patients' satisfaction, which supports the previous urgings of literature (Sukuwati, 2021; Kim et al., 2008; Wu, 2011) about the relationship between brand image and patients' satisfaction. Therefore, the top private hospitals in Dhaka should focus on continuous advancement to strengthen patients' satisfaction and maintain patients' choices. As the second objective, the effects of brand trust also proved to have a higher relationship with patients' satisfaction. The literature shows that in the hospital's context, brand trust is a major concern for patients as it relates to health, especially in life risk matters. It is emotional and subjective, as observation can be valuable to patient care (Sudirman, 2022).

From the strong beliefs of earlier investigators (Poerwadi et al., 2019; Fatema, 2019; Hosseini & Behboudi, 2017) and tied in the Al-Quran (Surah al-Imran verse 159), Allah's swt. authorities and the Prophet Muhammad's SAW emphasized on Hadith in Sahih al Bukhari to confirm trustworthiness. Allah SWT compensates those who keep trust and punishes those who assist with dishonesty. On the other hand, building trust is one of the basics of business marketing, especially in patient acknowledgement and consent indicators (Sudirman, 2022: A popular hospital continuously recounts its great level of trust for Patients' Satisfaction). So, the research implication is very much applicable to the academia, management of private hospitals and policymakers of the country. In conclusion, this research finds the significant effects on Patients' Satisfaction, whereby the study strongly acclaims that all private hospitals in Dhaka in Bangladesh should give attention to constructing brand image and improving brand trust to expand Patients' Satisfaction because the researcher had selected top-class private hospitals to investigate, it has positive results whereby patients /customers are focused on hospital image, and that hospital trust should be high. Hence, the private hospitals of Dhaka should concentrate on continual brand image and brand trust policies such as enhancing via broadcasting, advertisements, virtual conferences, seminars, and other campaigns. Friendly patient strategies will also boost the brand image and trust levels to guarantee patient satisfaction.

5.1 Limitations and suggestion for Future Study

In the study, the data collection process was done smoothly. Although some hospitals did not give permission, the researchers had taken a similar category of hospitals to

survey. Another limitation was that some patients were very old and had severe sicknesses, so they refused to participate, while some of them were not well educated enough to understand the survey questions and answered vaguely. On the other hand, some outpatients were rushing to go home, so many items in the questionnaire remained empty. Other limitations arose due to delayed permission to survey, and several managerial procedures and bureaucratic systems took a lengthy time to complete despite gaining hospital executive director approval, of which the branch director prevaricated the process. Finally, some executive boards, as well as some patients, were reluctant to fill out the survey due to ethical and confidential grounds of the patients, especially those from the top-listed Private Hospitals in Dhaka. The study applied research data from patients in the top-listed Private Hospitals in Dhaka. Thus, the research strongly suggests future studies on other middle-class and lower-class private hospitals to understand the real picture. Since the data were collected regarding brand image and trust of patients from private hospitals, to get a wider picture, the data model can be tested on several other variables in other infrastructures of private hospitals as well. So, future research may be required to examine and observe the cause of various inadequacies of various sectors in private hospitals.

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