Research Article

Exploring Hospital Brand Image: A Mixed-Method Study on Social Security Patients

Daniel Ginting[1], Nina Fentiana[2*]

[1] Postgraduate, Universitas Sari Mutiara Indonesia

[2] Akademi Keperawatan Kesdam BB/I Medan, Indonesia

* Correspondence: fentiana.nina@gmail.com

Abstract. Limited literature on patient perceptions of hospital services occurs in Indonesia. The study aims to explore the perceptions of social security agency patients towards the hospital's brand image in the outpatient and inpatient service environment at Laras Hospital, Simalungun Regency, North Sumatra Province. The research method used a mixed method (quantitative and qualitative) on 100 patients in October-December 2024. Sampling was carried out purposefully, and data analysis was carried out univariately and thematically. The image of the hospital in outpatient services was very good (91.9%) and good (79.6%) in inpatient services. The themes that emerged from the patient's perspective on brand image were the quality of doctor services, the value of services perceived by patients, facilities, and equipment in services. The results of the study emphasise the importance of health service providers improving the quality of doctors and nurses perceived according to patient needs. Strengthening this area will improve patient perceptions of the hospital's brand image.

Keywords: Brand image; Patient perspective; Private hospital; Simalungun; Social security agency

1. Introduction

Patient perception of the hospital image will form patient trust based on information and past patient experiences which become patient preferences for a hospital brand. (Sitorus et al., 2020; Sitorus & Al., 2020; Wardhana, 2024). Literature review study on consumer or patient determinants of hospital brand equity reported that perception of care process, service quality, patient satisfaction, management process and other medical specific factors are the main factors related to hospital brand equity. (Noviyani & Viwattanakulvanid, 2024; Rina Sabri, 2022; Thutur Pangestu & Poerbo, 2021). Analysis of consumer or patient behavior in choosing a hospital or other health care facility also shows that patient perceptions during the treatment process have an impact on patient behavior in choosing the desired hospital. This is because the needs of patients are increasingly different and the way of assessing the quality of health care services from each patient is very diverse. (Górska-Warsewicz, 2022; Jebbouri et al., 2021). Data from 17 hospitals in Zhejiang, China also reported that the quality and expectations of patients towards hospital services had a significant positive effect on patient satisfaction and hospital image (Sun et al., 2021).

A number of studies in Indonesia also reported that the quality of hospital services, the physical condition of the hospital, and service rates are related to the hospital's brand image. (Rachmania & Widayati, 2019; Wicaksono et al., 2024). Patients or families of patients who utilize inpatient services at Jember Clinic Hospital first consider the corporate identity variable of the service image, especially the price or costs that will be incurred by the patient or patient's

family. Location, equipment, corporate identity and facilities are considered important by hospital patients in re-utilizing hospital services. (Rahayu et al., 2021).

Data from 253 outpatients at AN-NISA Hospital, Tangerang in the period of August 2018 showed that the image of the hospital and the quality of service had a significant influence on patient satisfaction, the quality of service had a positive influence on patient satisfaction, and the image of the hospital, and the image of the hospital were determining factors for the reuse of hospital services (Utami et al., 2020). Public hospital study in Palembang showed that factors that influence patient perceptions of hospitals include the appearance of hospital staff, quality of facilities and equipment, staff responsiveness, knowledge, politeness and empathy. Emotional factors, complaints and trust were found to be very important in shaping patient satisfaction, while patient-provider relationships played an important role in influencing revisit intentions. (Noviyani & Viwattanakulvanid, 2024).

Studies in Indonesia and globally highlight the impact of service quality and facilities on hospital brand image, yet no research has focused on low-income patients, especially those utilizing social security services. To address this gap, we aim to explore social security agency patients' perceptions of hospital brand image.

Specifically, we sought to determine the factors that patients perceived as contributing to hospital brand image assessments and explore alternative interventions and approaches to improve hospital brand image. Using both quantitative and qualitative approaches, our study will provide a richer understanding of patient experiences and inform targeted policy interventions. Our findings are expected to guide health care providers and policymakers in designing patient-centered strategies that improve quality of care. This evidence-based qualitative exploration will address the shortcomings of previous research by capturing the complexity of patient experiences and offering detailed recommendations for health care practice and policy.

2. Method
2.1 Study Design
This study uses quantitative and qualitative descriptive designs that are widely applied in health and public health research. Quantitative research will collect data from a case or phenomenon using numbers (numerical). While qualitative research will explain the phenomenon in the research area, interpret unexpected things or explore certain results in more detail. The quantitative and qualitative designs in this study are expected to provide a broad picture of the image of the hospital according to the perspective of social security agency patients. The study was conducted at Laras General Hospital, in Simalungun Regency, North Sumatra Province, Indonesia from October to December 2024. This hospital is a type C hospital managed by the private sector and all of its patients are social security agency users.

2.2 Study Participants
Participants consisted of 100 patients who were routine outpatients and inpatients at the time of the study and were treated in various classes of care at Laras Hospital. The group of study participants consisted of outpatients and inpatients who met the inclusion criteria, which included using hospital services more than once, being a user of national insurance, and stating their willingness to participate. To ensure the diversity of patient demographic characteristics and in accordance with the criteria in the research objectives, this study used a purposive sampling technique with exit interviews (Creswell & Creswell, 2018). The respondent criteria are: (1) The patient is not in an emergency situation, (2) The patient is conscious, (3) The patient's treatment period is at least 1x24 hours, (4) If the patient is a child,

then the respondent is the parent or family member who looks after them during the treatment period, (5) The patient is willing to be a respondent and is ready to be interviewed.

2.3 Data Collection

Data were collected through direct contact with outpatients and inpatients using an exit interview scheme. Participants were interviewed about the acceptance of care and services provided by hospital employees, which were staff, nurses, and doctors during the process. This study was conducted in two stages. The first stage of data collection used a questionnaire conducted with a structured questionnaire. Data collection using a questionnaire was conducted in November 2024. The hospital image questionnaire was compiled with indicators; location, good impression, attributes, general services, reputation, recommendations, health services. The measurement scale used a linkert scale; Strongly Agree = 5, Agree = 4, Less Agree = 3, Disagree = 2, Strongly Disagree = 1.

After cross-tabulation of questionnaire data was obtained, the study conducted the second stage of data collection, namely in-depth interviews. In-depth interviews were scheduled directly with volunteer participants after receiving treatment. In this study, data were collected using quantitative and qualitative approaches, which gathered comprehensive and detailed insights from the participants.

Interviews were conducted in Bahasa Indonesia, and then translated into English using the backward translation method. In addition, verbatim transcription of the recordings was conducted to facilitate data analysis. Interviews focused on obtaining participants' perspectives on hospital image after receiving services. Interviews lasted 10-30 minutes and were conducted from November to December 2024. Guidelines from published theories and literature were used to develop interview questions for the purpose of this study. We developed interview questions by thoroughly reviewing relevant theories on hospital image from the patient's perspective, related scientific literature on variables related to hospital image, and consultation and discussion with subject matter experts while considering the scope and objectives of this study.

2.4 Data Anlysis

Data collected from the quantitative approach was analyzed using univariate (numerical) analysis (Hastono, 2006) and data from the qualitative thematic analysis approach to find patterns in the meaning of the data. Data were manually analyzed using printed interview transcripts, using Braun and Clarke's six-phase thematic analysis methodology. Initially, all transcribed interviews were reviewed verbatim for accuracy. The first phase was thematic analysis, where the researcher engaged closely with the data by collecting, transcribing, reading, and rereading the transcripts while noting initial ideas. In the second phase, initial codes were developed to identify information relevant to the study, highlighting potential patterns across the transcribed interview data. In the third phase, the researcher analyzed and organized the initial codes to identify and classify potential themes from the data. In the fourth phase, the potential themes identified were assessed in relation to the data set to ensure they aligned with the research objectives. In the next phase, the identified themes were refined and titled to reflect the core themes, offering detailed insights into each theme. Finally, the research findings were compiled in the final stage, and the analysis was synthesized (Braun & Clarke, 2006).

3. Result

3.1 Characteristics of the Participants

The study involved 100 participants with diverse demographic characteristics. A total of 46 respondents were outpatients and 54 respondents were inpatients. Regarding age

distribution, the majority of participants (62%) were between 40 and 59 years old, while the remaining 38% were between 20 and 39 years old. In terms of gender, there was a slightly higher proportion of female participants, which was 55% of the sample, compared to 45% of males. Regarding education level, a significant majority (88%) of participants had an education level below a bachelor's degree, while 12% had an education level of a bachelor's degree or above. This demographic profile provides a balanced view of the gender and age range and education levels that differ greatly among the participants in this study.

3.2 Hospital Image in Outpatient Services

Health services at Laras Hospital are generally included in the very good category. This means that patients assess the services provided by Laras Hospital from the first time they arrive, the service process, the costs incurred, until the patient goes home according to the patient's perception. If the service felt is not as expected, then the patient is dissatisfied and ends up judging the hospital with a bad image.

Table 1. Recapitulation of Respondents' Perspectives on the Image of Laras Hospital in Outpatient Services

Statement	Score			
	Total Score	Ideal score	Category	Percentage
Laras Hospital has quite complete outpatient facilities	256	285	Very good	89.2
Laras Hospital provides the best outpatient services	262	285	Very good	91.9
Laras Hospital has easy access to outpatient rooms	260	285	Very good	91.2
Laras Hospital provides impressive outpatient services	262	285	Very good	90,2
Laras Hospital provides outpatient services in accordance with the marketing information provided via the website/brochure.	257	285	Very good	90.2
Laras Hospital has well-functioning outpatient facilities	263	285	Very good	92.3
Laras Hospital provides professional services	265	285	Very good	92.9
Laras Hospital provides comfortable outpatient services	264	285	Very good	92.6
Laras Hospital has cheap outpatient service prices	258	285	Very good	90.5
Laras Hospital has quality doctors in outpatient services that can be relied upon	257	285	Very good	90.2
Laras Hospital prioritizes patient needs	268	285	Very good	94.0

Laras Hospital has good outpatient medical services	269	285	Very good	94.4
Laras Hospital has good outpatient nursing services	268	285	Very good	94.0
Laras Hospital has a nice building	261	285	Very good	91.2
Laras Hospital has a complete range of specialist doctors	259	285	Very good	90.9
Total	**3929**	**4275**	**Very good**	**91.9**

Description: Lowest Score: 15; Highest Score: 75; Range: 75-15:5 = 12

Category: Bad: 15-26; Less Good: 27-38; Fair: 39-50; Good: 51-62; Very Good: 63-75

Lowest Total Score: 57; Highest Total Score: 285; Range: 285-57:5 = 45.6

Category: Bad: 57-102.5; Less Good: 102.6-148.1; Fair: 148.2-193.7; Good: 193.8- 239.3; Very Good: 239.4-285

Based on the results of processing the recapitulation data of respondents' responses regarding the image of outpatient services at Laras Hospital using fifteen questions referring to the ideal score, the maximum score obtained from the image variable of outpatient services at Laras Hospital is 15 x 5 x 57 = 4275, while the minimum score that may occur from the image variable of outpatient services at Laras Hospital is 15 x 1 x 57 = 855. The maximum and minimum score ranges obtained are 3420 and if divided into five categories, the score range in each category is 684. The description of the distribution of scores for the image variable of outpatient services at Laras Hospital in general with a score range of 684 in each category can be described in the form of a continuous line as follows.
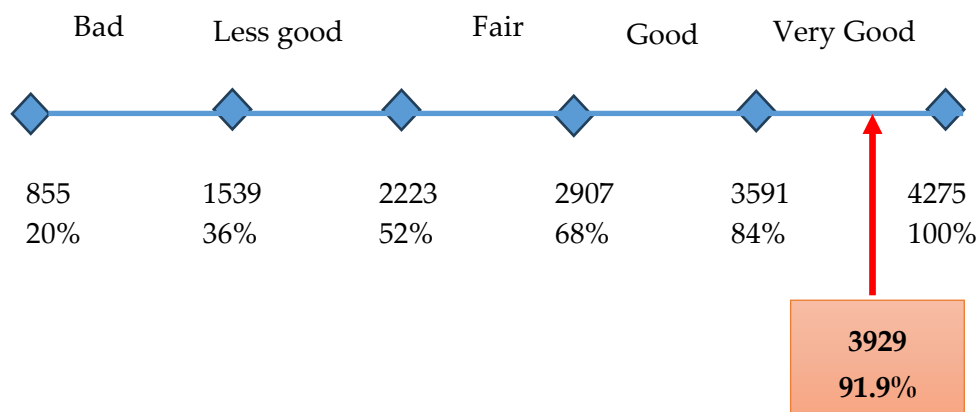
Bad	Less good	Fair	Good	Very Good	
◆	◆	◆	◆	◆	◆
855	1539	2223	2907	3591	4275
20%	36%	52%	68%	84%	100%

3929
91.9%

Figure 1. Continuum Line of Image of Outpatient Services at Laras Hospital

Description: Lowest Score: 855; Highest Score: 4275; Range: 4275-2855:5 = 684

Category: Not Good: 855-1538; Less Good: 1539-2222; Fair: 2223-2906; Good: 2907-3590; Very Good: 3591-4275

The number of respondent response scores from the Laras hospital image variable in outpatient services was obtained at 3929 in the classification of the number of respondent response scores included in the very good category (91.9%). Based on this classification, it can be interpreted that the image of Laras hospital in outpatient services is included in the very

good category, which shows that in the minds of patients as consumers, an image has been embedded that patients make outpatient services at Laras hospital as a choice in seeking treatment.

If we look more closely at the question items on the image of Laras Hospital in outpatient services, it is known that respondents (patients) of Laras Hospital gave the highest total score on the items "Laras Hospital has good doctor services in outpatient services" (Total score 269) and "Laras Hospital has good nurse services in outpatient services" (Total score 268). This illustrates that in the minds of patients at Laras Hospital who receive outpatient services, they assess the doctors and nurses on duty as being in the very good category.

3.3. Hospital Image in Inpatient Services

Inpatient services are hospital services that provide bed rest care to patients, patients who need intensive care or monitoring will stay in the inpatient room for several days or more. Laras Hospital also provides inpatient services with several groups of inpatient room classes, namely VIP, Class I, II and III, as well as children's rooms, delivery rooms and ICU with a total of 100 beds. The image of Laras Hospital in inpatient services is presented in detail as follows.

Table 2. Recapitulation of Respondents' Perspectives on the Image of Laras Hospital in Inpatient Services

Statement	Score			
	Total Score	Ideal score	Category	Percentage
Laras Hospital has quite complete inpatient facilities	188	235	Good	80.0
Laras Hospital provides the best inpatient services	196	235	Good	83.4
Laras Hospital has easy access to inpatient rooms	196	235	Good	83.4
Laras Hospital provides impressive inpatient services	195	235	Good	82.9
Laras Hospital provides inpatient services in accordance with the marketing information provided via the website/brochure.	185	235	Good	78.7
Laras Hospital has well-functioning inpatient facilities	184	235	Good	78.3
Laras Hospital provides professional services	188	235	Good	80.0
Laras Hospital provides comfortable inpatient services	188	235	Good	80.0
Laras Hospital has cheap inpatient care prices	151	235	Fair	64.3
Laras Hospital has reliable quality doctors for inpatient services.	170	235	Good	72.3
Laras Hospital prioritizes patient needs	226	235	Very Good	96.2
Laras Hospital has good medical services for inpatient care.	191	235	Good	81.3

Laras Hospital has good nursing services for inpatient care.	189	235	Good	80.4
Laras Hospital has a nice building	185	235	Good	78.7
Laras Hospital has a complete range of specialist doctors	175	235	Good	74.5
Total	**2807**	**3525**	**Good**	**79.6**

Description: Lowest Score: 15; Highest Score: 75; Range: 75-15:5 = 12

        Category: Bad: 15-26; Less Good: 27-38; Fair: 39-50; Good: 51-62; Very Good: 63-75

        Lowest Total Score: 47; Highest Total Score: 235; Range: 235-47:5 = 37.6

        Category: Bad: 47-84.5; Less Good: 84.6-122.1; Fair: 122.2-159.7; Good: 159.8- 197.3; Very Good: 197.4-235

Based on the results of processing the recapitulation data of respondents' responses regarding the image of Laras Hospital's inpatient services using fifteen questions referring to the ideal score, the maximum score obtained from the Laras Hospital's inpatient service image variable is 15 x 5 x 47 = 3525, while the minimum score that may occur from the Laras Hospital's inpatient service image variable is 15 x 1 x 47 = 705. The maximum and minimum score ranges obtained are 2820 and if divided into five categories, the score range in each category is 564. The description of the distribution of scores for the Laras Hospital's inpatient service image variable in general with a score range of 564 in each category can be described in the form of a continuous line as follows
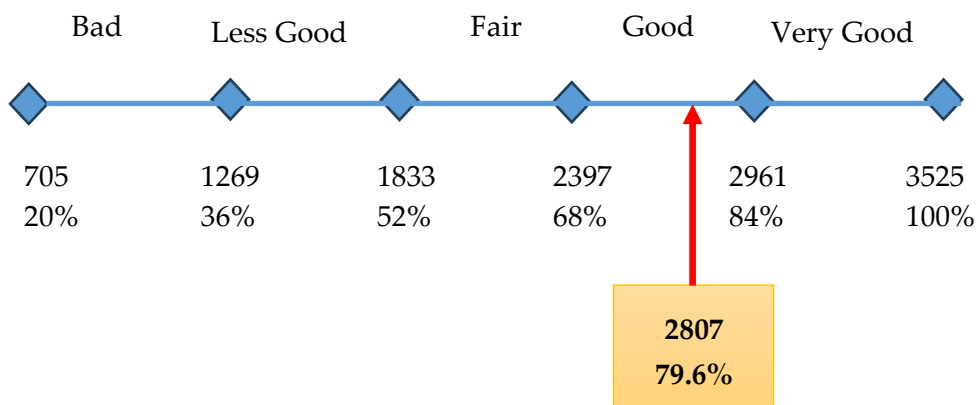

Bad	Less Good	Fair	Good	Very Good	
705	1269	1833	2397	2961	3525
20%	36%	52%	68%	84%	100%

2807
79.6%

Figure 2. Continuum Line of Inpatient Service Image of Laras Hospital
Description: Lowest Score: 705; Highest Score: 3525; Range: 3525-705:5 = 564

        Not Good: 705-1268; Less Good: 1269-1832; Fair: 1833-2398; Good: 2397-2960; Very Good: 2961- 3525

The number of respondent response scores from the Laras hospital image variable on inpatient services was obtained at 2807 in the classification of the number of respondent response scores included in the good category (79.6%). Based on this classification, it can be interpreted that the image of Laras hospital on inpatient services is included in the good category, which shows that in the minds of patients as consumers, an image has been embedded that patients make inpatient services at Laras hospital a choice in seeking treatment.

If we look at the items in more detail from the Laras Hospital image question items on inpatient services, it is known that respondents (patients) at Laras Hospital gave the highest total score on the item "Laras Hospital prioritizes patient needs" (Total score 226). This

illustrates that in the minds of patients at Laras Hospital who receive inpatient services, they assess Laras Hospital during the process of providing inpatient services to patients as being in the very good category in meeting patient needs.

3.4. Thematic Findings (Qualitative Study)

After dividing the text generated from each interview into meaning units, the researchers summarized, abstracted, coded, and labeled the text. The codes were then grouped into themes and subthemes based on their similarities. The first theme was the quality of specialist doctor services perceived by patients, which consisted of three subthemes: 1) doctor's practice time in the polyclinic; 2) specialist doctor's visit time in inpatient care; and 3) general practitioner and specialist doctor's competence and skills. The second theme was patient-perceived value, which consisted of two subthemes: 1) meeting patient expectations and building loyalty and 2) word-of-mouth promotion. The third theme was patient facilities and equipment, which consisted of three subthemes: 1) waiting room facilities, 2) inpatient facilities, and 3) parking facilities.

4. Discussion

This study investigated the perspectives of outpatients and inpatients towards hospital brand image. According to the findings of this study, the hospital brand image perceived by outpatients and inpatients is based on Adequate facilities, quality services, easy access, impressive services, services that are in accordance with marketing information, well-functioning facilities, professional service delivery, reliable quality doctors, prioritizing patient needs, good doctor services, good nursing services, good buildings and adequacy of specialist doctors according to needs. The perceived value of the hospital brand image is indicated by how well the services are aligned with patient expectations and positive recommendations from their peers. This, in turn, increases patient loyalty. When discussing the results related to patient satisfaction, patient emotions, complaints and trust emerged as the main factors that influenced their overall experience and satisfaction. (Noviyani & Viwattanakulvanid, 2024). Family socioeconomic status, quality of health services affect patient satisfaction. Patient satisfaction has a mediating effect on the quality of health services on patient preferences and does not have an effect on mediating location and socioeconomic status on patient preferences (Rina Sabri, 2022).

From the perspective of patient age, elderly patients with chronic diseases traditionally prefer physical medical experiences and are more sensitive to people and objects in biological and medical care than young people. A study used post-service satisfaction and trust as mediating variables and explained the effector path of hospital service quality with quite positive and significant results. Hospital service quality is intangible, manifested through tangible hospital personnel (doctors, nursing staff, service staff), as well as space and equipment, and patient perception, which in turn leads to patient trust in hospital care and ultimately to loyal attitudes and good hospital image (Kijima et al., 2021; Shie et al., 2022).

The existence of a brand will show the image, name and quality of the product, how the company runs the business, and how the company convinces its consumers. With the existence of a brand, it will be easier for people to recognize a product. A brand is a differentiation of products or services designed to satisfy consumer needs such as names, logos or other symbols that are used as tools to identify the seller or maker (Putri et al., 2019). The ability of consumers and customers to recognize or remember a product brand varies depending on the level of communication of a brand by the company and the consumer's perception of the brand offered by the company (Sitorus et al., 2020). The brand image in the consumer's memory will increase with the increasing consumer experience in consuming

products or services produced by the company. Companies engaged in the service sector try to show their image because a good image provides added value to the company and also makes consumers feel at home if the condition of the company's place really provides a comfortable atmosphere. Brand image can be obtained by offering goods and services with the best quality of service (Syarifudin, 2019).

Hospital image is reflected in the quality of doctor and nurse services from the patient's perspective. Doctors who are not affiliated with a medical office have high organizational commitment and are more likely to agree with the management philosophy set by hospital executives. The results of a study in China showed that the medical office system makes it difficult for doctors to have high loyalty, involvement, and workplace commitment to the hospitals where they are assigned (Hashimoto et al., 2024). This study also found that the medical personnel system in Indonesia that allows doctors to have a Practice License in three different places causes difficulties in managing practice schedules. As a result, many doctors' practice hours do not match the information stated in the hospital announcement. This triggers dissatisfaction with the service which ultimately affects the image of the hospital.

Hospitals must also be wise in building cooperative relationships with doctors. When doctors feel that there is a difference between reality and what the hospital promises, from the doctor's perspective, this difference reflects an imbalance in the social exchange relationship between them and the organization. Doctors have motivations to eliminate or reduce this imbalance, including constructive and destructive behaviors. Therefore, it is important to focus on the violation of the doctor's psychological contract when the doctor's behavior changes. In the psychological contract made between the hospital and the doctor, the hospital's responsibilities include providing promotions, providing reasonable remuneration, providing education and training opportunities, and providing career development opportunities (Hu et al., 2023).

The health care worker experience that had the greatest positive impact on health care worker loyalty attitudes was health care worker workload time-life balance, followed by quality and development initiatives, and managerial performance. Health care worker loyalty attitudes were also indirectly positively influenced by health care worker engagement and financial incentives. The factors that directly influenced health care workers' perceived respect for their immediate managers were health care worker engagement, managerial performance, and health care worker loyalty attitudes. Managerial performance also had an indirect positive impact because quality and development initiatives served as a mediator. The factors that had the greatest direct impact on patients' perceived respect for health care workers were quality and development initiatives, followed by health care worker workload time-life balance, loyalty attitudes, and managerial performance. Managerial performance and financial incentives also had indirect impacts on patient respect. The technology perspective did not have a direct impact on improving health care worker attitudes in general, but it did play a role in predicting quality and development initiatives (Amer et al., 2023).

The rapidly changing work of nurses is influenced by various factors, it can be assumed that they may be under stress, which can significantly affect their work life. This in turn can affect organizational loyalty and job performance, which affects the overall health service. Therefore, it is important that measures need to be developed to address the problems in the quality of work life of nurses, thereby improving job performance and loyalty (Al-Dossary, 2022). Patient-perceived quality of nursing care declined significantly as (1) nurse staffing levels declined (with decreasing marginal effects) and (2) the proportion of nursing assistants on hospital units increased. The relationship between nurse staffing levels and quality of

nursing care was more pronounced among patients who were clinically less complex, treated in smaller hospitals, or treated in medical units. In addition to nurse staffing levels, the mix of nursing skills is critical to providing the best quality of nursing care from the patient's perspective and both should be considered when designing policies such as minimum staffing regulations to improve the quality of nursing care in hospitals (Winter et al., 2021).

In recent years, with the changing environment and increasing patient awareness, not only the treatment process, doctors' knowledge, and special equipment are important for hospital brand equity, but also the approach to patients, the creation of relationships with them, empathy as a component of service quality, etc. These factors become even more important if we analyze not only the treatment process in the hospital itself, but also various aspects of public health, including prevention, improving quality of life, health policy, and health care law and governance (Górska-Warsewicz, 2022). Empirical findings from other studies also show that brand-based equity is influenced by brand knowledge and organizational loyalty. Both organizational loyalty and brand image have almost the same impact on brand equity (Liu, 2022).

Another study provides evidence of the importance of patient experiences with nursing care in enhancing patient loyalty. This study suggests that nursing should be more involved in hospital brand building. This new knowledge can contribute to a new understanding of patient loyalty and enrich existing theory, and may enable hospital managers to develop interventions that can create and sustain patient loyalty, resulting in more effective and efficient health care management. Implications for Hospital Management Understanding the fundamental relationship between patient-perceived quality of nursing care and patient loyalty will enable nursing managers to develop strategies to create patient loyalty, resulting in more effective and efficient health care management. Further efforts should be made by hospital administrators and nursing managers to address the tendency to simplify care delivery with standardized processes and determine how positive patient experiences with nursing care can be developed and embedded in daily practice through organizational change, culture building, and staff education (Chen et al., 2022).

Past discussions of service quality have often referred to the impact of perceived tangibles, reliability, responsiveness, assurance, and empathy of service providers on subsequent constructs, such as trust and loyalty, and few have explored the actual people, events, and variables encountered by service recipients, such as medical staff, service personnel, and space and equipment. Therefore, a tertiary grade A hospital will strive to achieve customer orientation (Kijima et al., 2021; Shie et al., 2022). Data from China's state-owned third-tier hospitals shows that loyalty is mainly generated by patients to show affiliation and commitment, indicate their preferred treatment options, and rekindle lost relationships (Jin, 2024). Patient satisfaction has a significant positive direct effect on patient loyalty. Research findings in Syria revealed that in order to increase patient loyalty in Syrian hospitals, patients need to feel satisfied. In the Syrian healthcare situation, financial impact has the highest impact on patient satisfaction and treatment adherence (AlOmari & Hamid, 2022). This is in accordance with the situation found in this study, that all Laras Hospital patients are patients who are social security agencies managed by the Indonesian government and whose treatment is free of charge, so that the overall patient perspective is measured based on the service and treatment standards that have been set according to the service class.

Patients view and evaluate hospitals positively when their unique health care needs have been adequately met by the hospital (Yu et al., 2020). Attitude towards brand increases brand loyalty. Managers and marketers should focus more on consumer brand attitude to

increase brand loyalty. Education and aesthetics positively influence brand attitude which in turn has a significant positive impact on brand loyalty (Hwang et al., 2022). Good service is limited by service productivity and depends on organizational culture, brand building and staff support to receive maximum positive feedback and scores from customers (Xing et al., 2022). Customers will tend to use brands that are considered good by the public, have good quality, are reliable, and so on. Brands that have good associations from the public's point of view will usually be easily accepted (Ernawaty et al., 2020). The quality of service and performance of public hospitals must also pay attention to the logistical dimension when treating patients in hospitals (Ben Abdelaziz et al., 2018).

The research findings provide a picture of a hospital image in the patient's mind depicted through the hospital building, doctor's services, and other service facilities. However, our findings have several limitations, including the data was taken using purposive sampling and cross-sectional so that we cannot guarantee the number of samples used is representative in terms of number. However, this technique allows researchers to make logical and analytical generalizations based on samples that are carefully selected according to the inclusion criteria desired by the researcher.

5. Conclusion

This study shows that the quality of service perceived by patients, especially the services of doctors and nurses in outpatient and inpatient services, is an important factor in evaluating the quality of hospitals that describe the brand image of hospitals from a patient-centered perspective of the social security agency. This study found that factors such as service facilities, access, and the quality of doctors and nurses affect patients' views of the brand image of hospitals. In addition, patients trust more in recommendations they receive from word of mouth in deciding to use a hospital. This study underlines the importance of the role, competence, quality and performance of doctors and nurses that contribute directly to patients in forming a good perception of the hospital image from a patient's perspective. Improved scheduling systems for outpatient services and enhanced nursing staffing to meet patient expectations.

References

Al-Dossary, R. N. (2022). The Relationship Between Nurses' Quality of Work-Life on Organizational Loyalty and Job Performance in Saudi Arabian Hospitals: A Cross-Sectional Study. *Frontiers in Public Health*, *10*(July), 1–9. [Crossref], [Publisher]

AlOmari, F., & Hamid, A. B. A. (2022). Strategies to improve patient loyalty and medication adherence in Syrian healthcare setting: The mediating role of patient satisfaction. *PLoS ONE*, *17*(11 November), 1–27. [Crossref], [Publisher]

Amer, F., Kurnianto, A. A., Alkaiyat, A., Endrei, D., & Boncz, I. (2023). Engaging physicians and nurses in balanced scorecard evaluation—An implication at Palestinian hospitals and recommendations for policy makers. *Frontiers in Public Health*, *11*. [Crossref], [Publisher]

Ben Abdelaziz, A., Zemni, I., Melki, S., Lahmar, R., Khelil, M., Nouira, S., Yahia, F., Ben Abdelaziz, A., Chebil, D., Triki, M. A., Azzaza, M., Abdelaziz, A. Ben, & Medicale, L. T. (2018). La satisfaction des patients hospitalisés aux services chirurgicaux d'un hôpital général. Etude de cas du CHU Sahloul de Sousse (Tunisie) The satisfaction of patients hospitalized in the surgical departments of a general hospital. Case study of Sahloul ho. *La Tunisie Medicale*, *2020*(10), 664–673. [Publisher]

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology; In qualittaive research

in psychology. *Uwe Bristol*, *3*(2), 77–101. [Crossref], [Publisher]

Chen, X., Zhao, W., Yuan, J., Qin, W., Zhang, Y., & Zhang, Y. (2022). The Relationships Between Patient Experience with Nursing Care, Patient Satisfaction and Patient Loyalty: A Structural Equation Modeling. *Patient Preference and Adherence*, *16*(October), 3173–3183. [Crossref], [Publisher]

Creswell, J. W., & Creswell, J. D. (2018). A Mixed-Method Approach. In *Writing Center Talk over Time*. SAGE Publications Asia-Pacific Pte.Ltd. [Crossref], [Publisher]

Ernawaty, E., Kendra Wardhani, K., Supriyanto, S., Putri, N. K., & Husniyawati, Y. R. (2020). Brand equity analysis to increase health care utilization. *Journal of Public Health Research*, *9*(2), 133–136. [Crossref], [Publisher]

Górska-Warsewicz, H. (2022). Consumer or Patient Determinants of Hospital Brand Equity — A Systematic Literature Review. *International Journal of Environmental Research and Public Health*, *19*(15). [Crossref], [Publisher]

Hashimoto, S., Motozawa, Y., & Mano, T. (2024). Effect of the Japanese medical office system on job satisfaction, loyalty, engagement, and organizational commitment of medical practitioners: a survey of cardiologists in the acute care setting. *BMC Health Services Research*, *24*(1), 1–8. [Crossref], [Publisher]

Hastono, S. P. (2006). *Analisa Data Bidang Kesehatan*. FKM, UI. [Publisher]

Hu, L., Chen, C., Zhu, J., Zhang, Y., Chen, Y., & Jia, Y. (2023). Relationship Between Psychological Contract Violation and Physicians' Destructive and Constructive Behaviors in Tertiary Public Hospitals: An Empirical Evidence in Beijing. *Journal of Multidisciplinary Healthcare*, *16*(February), 997–1010. [Crossref], [Publisher]

Hwang, J., Abbas, J., Joo, K., Choo, S. W., & Hyun, S. S. (2022). The Effects of Types of Service Providers on Experience Economy, Brand Attitude, and Brand Loyalty in the Restaurant Industry. *International Journal of Environmental Research and Public Health*, *19*(6). [Crossref], [Publisher]

Jebbouri, A., Zhang, H., Wang, L., & Bouchiba, N. (2021). Exploring the Relationship of Image Formation on Tourist Satisfaction and Loyalty: Evidence From China. *Frontiers in Psychology*, *12*(November), 1–13. [Crossref], [Publisher]

Jin, Y. (2024). Sequential organization and interactional functions of patient loyalty in routine chronic encounters. *Social Science and Medicine*, *353*(May), 117047. [Crossref], [Publisher]

Kijima, T., Matsushita, A., Akai, K., Hamano, T., Takahashi, S., Fujiwara, K., Fujiwara, Y., Sato, M., Nabika, T., Sundquist, K., Sundquist, J., Ishibashi, Y., & Kumakura, S. (2021). Patient satisfaction and loyalty in Japanese primary care: a cross-sectional study. *BMC Health Services Research*, *21*(1), 1–12. [Crossref], [Publisher]

Liu, X. (2022). Brand Knowledge and Organizational Loyalty as Antecedents of Employee-Based Brand Equity: Mediating Role of Organizational Culture. *Frontiers in Psychology*, *13*(June), 1–13. [Crossref], [Publisher]

Noviyani, A., & Viwattanakulvanid, P. (2024). Exploring patients' perspectives on healthcare service quality in outpatient settings at a public hospital in Palembang, Indonesia: A qualitative study. *Belitung Nursing Journal*, *10*(6), 703–711. [Crossref], [Publisher]

Putri, D. E., Sudirman, A., Suganda, A. D., Kartika, R. D., Martini, E., Susilawati, H., Bambang, Trenggana, A. F. M., Zulfikar, R., Handayani, T., Kusuma, G. P. E., Triwardhani, D., Rini, N. K., Pertiwi, W. N. B., Rini, N. K., Pertiwi, W. N. B., & Roslan, A. H. (2019). Brand Marketing. In *Sustainability (Switzerland)* (Vol. 11, Issue 1). [Publisher]

Rachmania, D., & Widayati, D. (2019). Analisis Faktor-Faktor yang Berhubungan dengan Brand Image Rumah Sakit. *Jurnal Keperawatan Muhammadiyah*, 117–124. [Crossref],

[Publisher]

Rahayu, A. D., Sandra, C., & Utami, S. (2021). Hubungan Citra Pelayanan dengan Pemanfaatan Layanan Rawat Inap di Rumah Sakit Jember Klinik Tahun 2018. *Journal Pustaka Kesehatan*, *9*(2), 103–110. [Publisher]

Rina Sabri, F. O. dan H. H. (2022). Analisis Preferensi Pasien Dalam Memilih Jasa Pelayanan Kesehatan Rumah Sakit Islam Ibnu Sina Pekanbaru. *Universitas Muhammadiyah Semarang*, *Ncssr*, 251–256. [Publisher]

Shie, A. J., Huang, Y. F., Li, G. Y., Lyu, W. Y., Yang, M., Dai, Y. Y., Su, Z. H., & Wu, Y. J. (2022). Exploring the Relationship Between Hospital Service Quality, Patient Trust, and Loyalty From a Service Encounter Perspective in Elderly With Chronic Diseases. *Frontiers in Public Health*, *10*(May). [Crossref], [Publisher]

Sitorus, S. A., & Al., E. (2020). Brand Marketing: the Art of Branding. In *Cv. Media Sains Indonesia* (Issue January). [Publisher]

Sitorus, S. A., Romli, N. A., Tingga, C. P., Sukanteri, N. P., Putri, S. E., Gheta, A. P. K., Wardhana, A., Nugraha, K. S. W., Hendrayani, E., Susanto, P. C., Primasanti, Y., & Ulfah, M. (2020). Brand Image Dan Brand Awareness. In *Brand Marketing: the Art of Branding* (Issue January). CV Media Sains Indonesia.

Sun, Z., Wang, S., Zhao, H., Zhou, X., Zhang, L., & Shi, J. (2021). Does descending health resources reform impact patient low-level hospital selection behavior? Evidence from Zhejiang, China. *Archives of Public Health*, *79*(1), 1–14. [Crossref], [Publisher]

Syarifudin. (2019). Citra Merek dan Dampaknya Pada Loyalitas Pelanggan. In *Unimal Press* (Vol. 11, Issue 1). Unimal Press. [Publisher]

Thutur Pangestu, S., & Poerbo. (2021). The Analysis Influence of Brand Image, Brand Awareness and Brand Trust On Decisions Using Delivery Services PT ID Express Central Java. *Jurnal Admisi Dan Bisnis*, *22*, 1. [Crossref], [Publisher]

Utami, D. T., Ahmad, H., Hilmy, M. R., & Rumah, A. (2020). Faktor Penentu Loyalitas Pasien di Rumah Sakit. *Journal of Hospital Management ISSN*, *3*(2), 2615–8337. [Crossref], [Publisher]

Wardhana, A. (2024). Brand image. In *CV Eureka Media Aksara* (Vol. 165, Issue 2229). CV Eureka Media Aksara.

Wicaksono, A. F., Tresnati, R., & Kesumah, N. (2024). Pengaruh Kualitas Pelayanan dan Citra Rumah Sakit terhadap Loyalitas Pasien Rawat Jalan di Rumah Sakit Mata Cicendo Bandung. *Jurnal Integrasi Kesehatan & Sains*, *6*(2), 99–106. [Crossref], [Publisher]

Winter, V., Dietermann, K., Schneider, U., & Schreyögg, J. (2021). Nurse staffing and patient-perceived quality of nursing care: A cross-sectional analysis of survey and administrative data in German hospitals. *BMJ Open*, *11*(11), 1–10. [Crossref], [Publisher]

Xing, B., Li, S., & Xie, D. (2022). The effect of fine service on customer loyalty in rural homestays: The mediating role of customer emotion. *Frontiers in Psychology*, *13*. [Crossref], [Publisher]

Yu, Y., Chen, Z., Zhao, Y., Wang, Y., Zhang, R., & Zhou, X. (2020). Medical service quality, psychological contract, and patient loyalty: An empirical study among patients in China. *Medicine (United States)*, *99*(48), E21079. [Crossref], [Publisher]