



Addis Ababa University

School of Commerce

Marketing Management Program

**EVALUATION OF IMPACT OF MARKETING COMMUNICATIONS ON
CUSTOMERS' HOSPITAL BRAND PREFERENCE IN ADDIS ABABA, ETHIOPIA**

A Thesis Work Submitted to School of Commerce, Addis Ababa University, as a Partial
Fulfillment to the Requirements for master's degree in Marketing Management.

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October, 2022

Addis Ababa, Ethiopia



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DECLARATION

I, Hulemenaw Delelegn, declare that this thesis work entitled ‘Evaluation of Impact of Marketing Communications on Customers’ Hospital Brand Preference in Addis Ababa, Ethiopia’ is my original work. It contains no material that has been accepted for the award of any other university degree or any other institution of higher learning. All sources of materials used for the research paper have been duly acknowledged.

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ENDORSEMENT

This thesis work 'Evaluation of Impact of Marketing Communications on Customers' Hospital Brand Preference in Addis Ababa, Ethiopia' has been submitted to the Department of Marketing Management, School of Commerce, Addis Ababa University, with my guidance and approval as a university advisor.

Advisor: Tewodros Mesfin, Ph.D.

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ACRONYMS

AMA: American Marketing Association

CSPro: Senses and Survey Processing System

GDP: Gross Domestic Product

Ph.D.: Doctor of Philosophy

SPSS: Statistical Package for the Social Sciences

TV: Television

ABSTRACT

Marketing communications is a phenomenon that refers to the methods companies use to disseminate information about their products or services. Consumers often find healthcare decision-making particularly disquieting, and anxiety ridden, both for themselves and their loved ones. Healthcare markets are profoundly different from other types of markets, especially from the consumer perspective. Healthcare services evokes a strong, personally felt involvement with consumers. A quantitative, analytical cross-sectional research conducted by installing a five-point Likert scale survey questionnaire to 384 study participants at seven randomly selected private general hospitals in Addis Ababa, Ethiopia to evaluate marketing communications impacts on customers hospital brand preference. The data were analyzed using descriptive statistics

(frequency, percentage) and inferential statistics like correlation and multiple regressions. Of the four forms of healthcare marketing communication practices (referral/words-of-mouth, digital marketing, traditional advertising, and public relation) evaluated in this study, referral/words-of-mouth, with a mean composite score of 3.84 from the Likert response could influence majority of study participants hospital brand preference while seeking healthcare provider. Likert response mean composite scores of 2.96, 2.88 and 2.85 recorded for public relation, digital marketing, and traditional advertising marketing communication modalities respectively, which indicated that those three marketing communication modalities had relatively weak influence on customers hospital brand preference. Referral marketing/words-of-mouth marketing was a critical marketing communication practice in winning customers hospital brand preference on which private general hospitals recommended to invest on while considering other potential marketing communication modalities in their marketing communication practices.

KEYWORDS: marketing communication, referral/words-of-mouth marketing, hospital brand preference.

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CHAPTER ONE: INTRODUCTION

This chapter demonstrates the background, problem statement, and objectives that the study aims to address. The chapter also depicts the study's organization, scope, limitation, and significance. To address clearly and convey useful information, terms are operationally defined.

1.1 Background of the Study

Most observers consider 1977 the “official” launch date of marketing as a component of healthcare. While formal marketing activities became common early on among retail-oriented healthcare organizations like health insurance, pharmaceuticals, and medical supplies, health services providers had long resisted the incorporation of formal marketing activities into their operations. Of course, hospitals and other healthcare organizations had been engaging in “marketing” under the guise of public relations, physician relationship development, community services, etc. Still, few health professionals equated these with marketing. To many, marketing meant advertising; until the 1970s, advertising on the part of health services providers was considered inappropriate (Thomas, 2003).

The formal recognition in the 1980s of marketing as an appropriate activity for health services providers represented an essential milestone for healthcare. The acceptance of marketing by health professionals opened the door for various new activities for healthcare organizations. This development led to establishing marketing budgets and creating numerous new positions within the organizations, culminating in the vice president for marketing positions in many organizations. This development opened healthcare up to an influx of concepts and methods from other industries and helped to introduce modern business practices into the healthcare arena (Thomas, 2003).

Marketing tactics and know-how are crucial in commercializing products and inventions successfully in the marketplace. Marketing provides a long-term competitive advantage for companies. Today, cost efficiency does not provide a long-term competitive advantage. Traditionally, marketing has been viewed as an operational approach instead as a strategic function in organizations (Mwangi 2015). Marketing is “an organizational function and a set of processes for creating, communicating, delivering, and maintaining value streams to customers

and for managing customer relationships in ways that benefit the organization, its stakeholder, and society in the context of a global environment” (Czinkota and Ronkainen, 2007).

Managing any business organization in today's economic environment is complex and challenging. No business would be successful in terms of survival and profitability without some aspect of marketing (Okwandu, 2002). Communicating successfully with current and prospective

clients is an essential and ongoing task for health and medical establishments. Effective communications inform and enlighten audiences, generating interest and attention, prerequisites for attracting patients and acquiring market share (James K. Elord et al., 2020)

Marketing communications is a phenomenon that refers to the methods companies use to disseminate information about their products or services, usually to convince consumers that they need these products or services. Marketing communication is indispensable because it helps companies reach their target audience. In addition, it helps strengthen the brand's image, create new opportunities for sales or revenue, and increase visibility within a marketplace. When marketing communications are well-planned, they can effectively achieve company goals. These benefits include better sales, increased brand awareness/recognition, customer engagement/loyalty, etc. Marketing Communication is essential in any successful business; it helps companies spread information about their product or service to potential consumers to convince them to purchase (Thomas, 2003).

Marketing communication is a prevalent topic today. No marketing field is changing as fast and drastic as marketing communication; due to the emergence of concepts such as online, mobile, and social media marketing, customer participation is increasing daily. Marketing communication is the method used by enterprises to inform and persuade consumers about the products or services they sell directly or indirectly. It represents the brand and voice of the business. These methods also allow the enterprise to establish a dialog and develop relationships with consumers. It contributes to customer value by strengthening customer loyalty. In addition to increasing sales, it affects brand value. It creates a brand image by keeping the brand in mind and contributes to brand equity (Kotler P & Keller KL, 2016). Building good customer communication requires more than developing a good product or service, producing attractive

pricing or making it available to customers. When designing products or services, businesses should involve consumers in this process, communicate their value suggestions to their customers, and leave communication to chance (Kotler P & Armstrong G, 2018).

The importance of marketing communication has increased in recent years. Increasing products and services are seen as similar to their life cycles at maturity stage. As a result, it is seen that it is very difficult to make a difference in terms of distinguishing the brands related to the specific qualities of products and services. Marketing communication elements contribute to the creation of points that make a difference. In markets with uncertainty and complexity, marketing communication becomes very important for enterprises to gain a competitive advantage (Keller KL, 2001).

Healthcare establishments portray themselves to their patient populations using many communicative mechanisms. Perhaps the first avenues that come to mind are the outward conveyances of the marketing communications mix, including advertising, personal selling, sales promotion, public relations, and direct marketing. But other prominent communicators also exist, including the people employed by healthcare institutions, the places in which services are delivered, and the brands representing given establishments. This wide variety of communicative mechanisms is somewhat of a mixed blessing, affording myriad options but also necessitating extra care and attention in developing associated marketing communications (James K. Elrod & John L. Fortenberry Jr., 2020).

Health communication has become a critical strategic component of pharmaceutical and healthcare marketing. It encompasses the study and use of integrated communication strategies to inform and influence individual and community decisions concerning health. Health communication links the fields of marketing communication and health care and is increasingly recognized as a necessary element of marketing efforts to improve personal and public health (Mukherjee, A., 2015). Healthcare marketing is educating ourselves about the wants and needs of our potential customers and, based on the knowledge we gain, educating our customers and offering them valued services that fulfill their needs when and where they need them (Buckley, 2009).

In this new, fiercely competitive marketplace, creating long-term, sustainable competitive advantages has become imperative to the success of healthcare organizations. Branding is essential in every industry, but when it comes to healthcare, branding is a multifaceted and sensitive activity that needs close attention. In an increasingly saturated market, healthcare branding is essential to any healthcare company looking to increase client acquisition and grow their business. Today's healthcare is driven by patient choice like never before. Every day, more and more direct-to-consumer healthcare brands come online, offering patients a growing array of solutions to their healthcare needs (Keller KL, 2001).

There are four macro or overarching strategies that focus on aspects of marketing to create and deliver value and to develop sustainable competitive advantages. These are customer excellence which focuses on retaining loyal customers and excellent customer service; operational excellence, which will be achieved through efficient operations and excellent supply chain and human resource management; and product excellence which can be expressed by having products with high perceived value and effective branding and positioning and the last one is locational excellence which is articulated by having an excellent physical location and internet presence (Grewal and Levy, 2014). By 1990 hospital administrators had begun to rethink a marketing strategy focused primarily on advertising. Advertising budgets and, in some cases, marketing departments and personnel were cut back. Hospitals began to adopt a much more balanced marketing approach, integrating advertising with public relations (PR) and communications activities and adding direct-sales capabilities (Thomas, 2005).

Integrated marketing is typically used to describe the primary organizational challenge of the marketing concept that every member of the organization, from the CEO to the custodial staff, must be authorized and expected to deliver maximum satisfaction to meet specific needs in the right way, at the right price, in the right location (Eckrich and Schlesinger, 2018). Hospitals spend a significant amount of money each year promoting their brand to get the consumer's attention. But all that money is wasted if the experience doesn't match the hype. That's why marketers must forever be concerned with patient satisfaction (Buckley, 2009).

Marketing communication in health services transforms health services according to the needs and expectations of consumers and encourages them to use these services. Due to competitive

pressures and increasing patient awareness, health institutions are turning to marketing communication to highlight their services. Health care organizations have to use marketing communication to gain a competitive advantage, increase sales revenues, promote the services offered, and influence customers. Marketing communication in health services does not lead the client to unnecessary consumption but rather informs the patient, convinces them about the benefits to be provided, and brings them to a more participatory position in the diagnosis and treatment process. (Aykut Ekiyor & Fatih Altan, 2021).

Branding outside of the healthcare industry is one of the most effective tools organizations have used to create sustainable competitive advantages and differentiate products and services from the competition. Traditionally, healthcare organizations have relied mostly on geographic proximity and the reputation of individual physicians to acquire patients. In today's competitive environment, creating a cohesive organizational narrative is a task that healthcare organizations must embrace to remain relevant and create connections with the communities they serve. In the past decade, the healthcare industry has undergone fundamental structural changes. Increased consumer choice, consolidation and the entrance of large, well-funded disruptors are three significant trends changing the delivery of healthcare services (Buckley, 2009).

Consumer behavior is influenced by several factors in the cultural, social, personal, and psychological realms, which together determine the basic attitudes and views of consumers, and which are also an important element of marketing. According to Kotler and Keller, consumer buying behavior can be defined as the behavior related to how individuals, groups, and organizations acquire and dispose of goods, services, ideas, or experiences to meet their needs and desires. From the viewpoint of marketers, consumer behavior can be understood by analyzing the reasons why consumers buy, the factors influencing consumer buying patterns, the changing determinants within the society, and others (Czeczotko, M.et al., 2022).

In an ever-expanding world with full of competing products, brand preference is now more important than ever. While marketers might not want to admit it, many products and services are not that different from their competitors. Healthcare brand preference is complicated since the healthcare business completely differs from a wide range of service sector sub-categories. Healthcare is a need, not a want, and a complicated one at that. Healthcare branding is the

development of a recognizable identity of a healthcare organization that helps to shape perception by current and prospective clients and the wider world (Buckley, 2009).

With consumerism in healthcare on the rise, the need to differentiate between hospital brands has become ever more critical. Healthcare branding is more than just creating logos, taglines, or specific brand messaging. It's about creating a meaningful connection between the hospital's mission, vision, and values and the people who get service, from clients and their families to local and global communities. Creating a brand's identity through marketing strategy and differentiated client interactions is vital to client loyalty, acquisition, and satisfaction (Czeczotko, M. et al., 2022).

Branding constitutes the very beginning of the marketing communications process. Before advertisements and other forms of promotion are prepared, the imagery associated with the institution and its products must, of course, be developed. As such, great care must be taken to ensure that branding is addressed accurately and comprehensively before advancing communications initiatives. Unlike other sectors, the element of trust inherent to the healthcare provider-client relationship can be easily damaged or entirely broken by bad experiences leading to a negative perception of the healthcare brand (Elord, 2018).

Marketing plays an important role in helping healthcare professionals to create, communicate, and provide value to their target market. Modern marketers start from customers rather than from products or services. They are more interested in building a sustainable relationship, than in ensuring a single transaction. Their aim is to create a high level of consumer satisfaction so that they return to the same supplier. Healthcare clients' attitudes, judgements, and preferences about certain brands through a procedure of evaluating the attributes of these brands, develop a set of beliefs about the attributes that correspond to each brand (Kotler P. et al., 2006).

1.2 Statement of the Problem

Health is closely tied to well-being, happiness, and quality of life. While maximizing health outcomes would seem to be a clear imperative for healthcare organizations, the consumer (or patient) perspective often becomes clouded amid increasingly complex and convoluted healthcare systems and procedures. Consumers may be willing to make tradeoffs; for example, they may be more inclined to purchase lower-quality clothes to save on costs, yet they are reluctant to apply the same reasoning to their health decisions (Kay, 2007). Along with several other significant changes in healthcare, competition has also been introduced. Healthcare organizations began to realize that to survive in this new world; they would have to adopt business practices long established in other industries (Thomas, 2005)

Healthcare is different in that quality is obdurately viewed by healthcare consumers as a necessity. Critical or life-sustaining care should never be perceived to have been compromised by healthcare organizations; to do so would put an organization's reputation at risk. Even in less severe health circumstances, consumers tend to be reluctant to accept lower quality treatment to save costs. Accompanied by discomfort, illness creates a sense of immediacy that powerfully affects patient decisions; patients desire the most rapid, immediate, and effective treatments (Kay, 2007).

Consumers targeted by healthcare brands require many of the same things they've come to expect from companies in other areas of their life. Convenience, easy access, and affordability are all considerations, but these alone are not enough. Empathy, quality of care, and building a trusting relationship are essential. Healthcare isn't transactional, so developing trust and delivering care is critical. This makes a hospital's brand strategy a vital tool for attracting and retaining clients. This strategy goes together with delivering on the brand promise in actual client experiences and how the hospital brand appears in the community. Reacting swiftly to problems with hospital brand perception, which can happen to even the most established healthcare brands, is vital for ensuring success that will not be affected by a tarnished reputation. More than that, a brand's strategy can help stimulate new client acquisition and expand market share by encouraging clients to switch to their preferred healthcare provider (Thomas, 2005).

Hospital care is costly, the costliest component of our healthcare delivery system. As with other businesses that seek to innovate and advance the reach of technology, hospitals have an indispensable role in the community economy (Buckley, 2009). Consumers often find healthcare decision-making particularly disquieting, and anxiety ridden, both for themselves and their loved ones. In short, healthcare markets are profoundly different from other types of markets, especially from the consumer perspective. Healthcare services evokes a strong, personally felt involvement with consumers. Critical health decisions are sometimes pressing. Decisions require a level of medical knowledge many simply do not have, making choices particularly distressing (Kay, 2007).

Business practices in healthcare, law and accounting are becoming more competitive and aggressive (Czinkota and Ronkainen, 2007). All hospital marketers justifiably crave the ability to point to specific and tangible ways to show marketing's value. However, it is within the intangible that marketing's value is proven. It isn't the 1%–2% increase in the inpatient market share that validates marketers' work. It isn't even a 10% increase this year over last in positive stories by the media. The true worth of marketing is the shared belief among fellow employees that makes life better for customers (Buckley, 2009). Different healthcare systems' organizational and business structures significantly affect many of their priorities. Evaluating the importance and effects of marketing on the healthcare system is not a well-structured problem since each organizational "player" functions to optimize or protect its position (Kay, 2007).

Nowadays, the criteria for patient satisfaction have changed dramatically. In your patient's mind, you can't excel as a healthcare service provider by solely providing the proper treatment, even though that certainly should be your priority. You'll also need to offer your patients an excellent customer service experience. People in this digital age are already occupied with a lot of information about their life and work, requirements, and solutions, which includes their healthcare needs and wants. This has turned them into customers, rather than just being patients wanting more. A McKinsey study found that patients have the same expectations from healthcare companies as they do from non-healthcare companies; Patients now want excellent customer service, service deliverance on their expectations, to make their life easier with the service they buy and great value (Prasad, 2018).

In an increasingly saturated market, healthcare branding is essential to any healthcare company looking to increase patient acquisition and grow their business. Healthcare is one of the most critical yet personalized consumer services. Marketers in the healthcare industry face unique challenges in achieving their goals. Healthcare consumers are the most challenging consumers to deal with. Because the service or the product has to do with curing their health problems and minimizing their suffering, it's difficult for healthcare service providers to convince their consumers regarding their treatment and meet their expectations (Elord, 2018).

Brands can introduce unique meaning to consumers, and a meaningful experience with a brand can create an emotional connection and relationship between the consumer and the brand. As many service providers have adopted branding strategies, marketers are branding the healthcare service experience. Healthcare is an intimate service experience, and emotions play an integral role in health care decision-making. Reacting swiftly to problems related to brand perception, which can happen to even the most established healthcare brands, is key for ensuring healthcare marketing success that will not be affected by a tarnished reputation. More than that, a brand strategy can help stimulate new patient acquisition and expand market share by encouraging patients to switch to your location, provider, or service (Kemp et al., 2014).

Customers may have a positive mental association with an organization before having experience with severe health issues. Still, this affinity is very soft and can easily be displaced in the rush or panic of an actual health emergency. In the moment of choice among healthcare brands, clients want hospitals to be familiar and have positive associations. Much more than that is nearly impossible because healthcare brands are not household or daily brands. They are special-case brands that only rise to conscious importance when needed. When required, there is a lot of intense emotional interference with the normal decision-making process (Elord, 2018).

Marketing communication is the tools that organizations use to increase brand value and associate their location and character with consumers. Marketing communication is useful in representing the voice of the brand, engaging in a dialog with consumers, explaining or showing how, where, by whom, and when a product or service can be used. It encourages consumers to try the product or service and create brand image by placing the brand of the institution in the minds of consumers. Marketing communication helps to create a stronger consumer-brand

connection by creating brand awareness and brand image. Marketing communication impact on customers hospital brand preference was not well studied and it would provide healthcare marketers to have focus on the type of marketing communication modalities on which their commitment and investment should rely on to maximize their business growth and return on investment. (Aykut E. and Fatih A., 2021)

1.3. The Objectives of the Study

1.3.1. General Objective

This study general objective is to evaluate marketing communication impacts on clients' hospital brand preference in Addis Ababa, Ethiopia.

1.3.2. Specific Objectives

- To assess the influence of referral/words-of-mouth on clients' hospital brand preference at private hospitals in Addis Ababa, Ethiopia.
- To investigate the effect of digital marketing on clients' hospital brand preference at private hospitals in Addis Ababa, Ethiopia.
- To explore the impact of traditional advertising on clients' hospital brand preference at private hospitals in Addis Ababa, Ethiopia.
- To measure the effectiveness of public relations on clients' hospital brand preference at private hospitals in Addis Ababa, Ethiopia.

1.4. Research Questions

The fundamental research question: Does healthcare marketing communication affect client's hospital brand preference in Addis Ababa, Ethiopia? This research question also implies that the study seeks to provide possible recommendations using the findings obtained.

The research question investigates the influence of hospital marketing communication practices impact on clients' hospital brand preferences in Addis Ababa, Ethiopia. This research will answer the following questions:

1. Does marketing communication impact client's hospital brand preference?

2. What is the major marketing communication practice that highly likely influence client's hospital brand preference?
3. What proportion of hospital clients impacted by different marketing communication practices of hospitals?
4. Which type of hospital marketing communication practices greatly impact customers' hospital brand preference?

1.5. Significance of the Study

Evaluation of marketing communication practices impact on customers hospital brand preference will have great benefit to private hospital owners, managers, marketers and private hospital clients through adding values to the existing knowledge in the area of the study. The output of this research may benefit private hospital managers and marketers to design and implement cost effective marketing communication modalities to attract and retain customers for longer period. It also helps them allocate appropriate marketing communication budget based the findings from this study in accordance with informed decision making. Customers (patients) will have better information regarding the overall activities of private hospitals, specifically on private hospitals marketing communication activities and with that they may have informed about what they have or have not. It also mitigates the hassle customers on accessing information about private hospitals and chasing well acclaimed healthcare professionals here and there in pursue of better medical services. Since the area has been neglected for different reasons, the findings of this research may contribute to the existing knowledge by adding values in filling the gap. It may also serve as a spring-board for further study in the field by prospect fellow graduates.

1.6. Scope of the Study

The study investigates marketing communication practices impact that on clients' hospital brand preference in selected private general hospitals in Addis Ababa, Ethiopia. The study tried to explore what specific marketing communication modalities highly likely impacted customers' hospital brand preferences. Among various marketing communication practices, the impact of referral/words-of-mouth, traditional advertising, digital marketing, and public relation on the

client's hospital brand preference was studied, and appropriate recommendations will be provided from the study findings focusing on evaluation of specific marketing communication practices impact on the client's hospital brand preference. Customers who were obtained while getting medical attention in selected private general hospitals were study participants of this study.

1.7. Limitation of the Study

The study focuses on selected private general hospitals in Addis Ababa, Ethiopia considering private general hospitals establishment as a business entity in which marketing activities are expected to be practiced. Thus, it could be a limitation in representing all healthcare providers in different hierarchies of healthcare system in different parts of the country, where marketing activities are not commonly practiced. This study will also be limited to a certain geographic location, Addis Ababa, Ethiopia, where most private general hospitals are saturated and a wide range of investment on buildings and advanced technological instruments have been observed for about a decade.

1.8. Operational Definition of Concepts and Terms

The following are the working definitions of the keywords that are used in this proposal:

Marketing: Is the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large (AMA, 2007)

Service: Is the intangible activities and performance designed by interactive process to satisfy customer/patient needs and expectations and convince them; this process could be done by using tangible products (Kotler, 2011).

Medical service: Is a healthcare service intended to influence a person's health, directly or indirectly, through procedures executed by medically educated personnel. It is difficult to distinguish clearly between diverse activities within medical services (Oravo & Tuominen, 2002).

Services marketing: Is an organizational function and a set of processes for identifying or creating, communicating, and delivering value to customers and for managing customer relationship in a way that benefit the organization and stake-holders. Services are usually intangible economic activities offered by one party to another. Often time-based, services performed bring about desired results to recipients, objects, or other assets for which purchasers have responsibility. In exchange for money, time, and effort, service customers expect value from access to goods, labor, professional skills, facilities, networks, and systems; but they do not normally take ownership of any of the physical elements involved (Lovelock and Wirtz, 2011).

Marketing communication: Is coordinated promotional messages and related media used to communicate with a market. Marketing communications messages are delivered through one or more channels such as digital media, print, radio, television, direct mail, and personal selling. (AMA, 2014).

Brand Preference: Reflects a desire to use a particular company's products or services, even when there are equally priced and equally available alternatives. (Keller, 2015)

1.9. Organization of the Study

This study is organized into five chapters. The first one is the introductory chapter covering the background of the study, statement of the problem, research questions, the research objective, the study's significance, the scope of the study, limitation of the research, and definition of terms.

The second chapter, the literature review, is sub-categorized into four parts, theoretical, empirical literature review, conceptual framework, and identified literature gaps. The third chapter explains the research methodology and the study's methods.

The fourth chapter encompasses the result and discussion, which focuses on research results presented in different views using figures, tables, and charts that can help to discuss the finding against the literature reviews.

The fifth, the last chapter covers a summary of findings, conclusion, and recommendations.

CHAPTER TWO: RELATED LITERATURE REVIEW

This chapter critically reviews relevant literature about the influences of marketing communication on customers' hospital brand preferences. This section has four sub-chapters: Theoretical and Empirical reviews, Conceptual Framework, and Identified Literature Gaps.

2.1. Theoretical Review

Marketing communication is the most essential part of any company's marketing strategies; it includes the messaging as well as the media which is arrayed in order to communicate with the market. Marketing communication functions by using a combination of tools as well as different channels of marketing. There are several different marketing communication modalities available which helps companies to persuade the soul and heart of their perspective customers. Marketing communication is essential because of a lot of functions that it performs for a particular company. Marketing communication is important as it builds brand equity, increases the market share etc.

There are several theories and models regarding marketing communication mix that explain in numerous ways through which marketing communication strategies are used to communicate information to potential and current customers in the market. Three different marketing theories that explores marketing communication activities such as Theory of Reasoned-Action, Theory of Dagmar, and Theory of Persuasion and three other theoretical models namely AIDA, Hierarchy of Effects and Diffusion of Innovation presented herewith.

Theory of Reasoned Action

In 1994 Godin argued that the principal goals of the theory of reasoned action is to comprehend and as a result predict social behaviors. Balanced control and specified situation expected to clearly describe the behavior of individuals. A hypothesis is made that the key point behind the immediate and exclusive determinant of the behavior is the purpose of performing or not performing that behavior. As a result, this theory considers social behavior at the level of individual decision making. According to this theory, the possible determinants of the intention

to adopt a given behavior are the individual's personal attitude towards social factors in performing the behavior.

Theory of Dagmar

DAGMAR is an advertising tool used in setting clear advertising goals and objectives and achieving the set goals. Russel Colley devised the DAGMAR approach, he included this initiative in the report he submitted to the Association of National Advertisers in 1961. DAGMAR is an acronym that means Defining Advertising Goals for Measured Advertising Results. The aim of this approach is to create an effective way of advertising and measuring the impacts or success of advertising. Dagmar goes through four steps to communicate a specific message such as awareness making the consumer aware that the product is available; comprehension notifying the consumer about the purpose of the product or why it is used; convincing customers to purchase it; and action making the consumer purchase it.

The Dagmar theory has created an immense impact on how to set objectives in advertising, planning process. And these models have been used as a benchmark by many planners. And yet, like any other theory of marketing, Dagmar has faced several challenges. Among the critical criticisms is its dependence on the hierarchy- of- effects theory as AIDA. Customers don't always go through the stages in a uniform manner. So, the conclusion that was given in the case of Dagmar theory was put in the quotation as follows: "All commercial communications that drag down the sales have to take an understanding of the prospect (potential customer) in four levels: First and foremost, the prospect has to be aware that a brand or a business firm exists. Second, he/she should have a full understanding of the product and what advantage he/she gets from it. Third, he/she should reach the mental suspicion or conviction to buy it and fourth, he/she has to act (Macky, 2005).

Theory of Persuasion

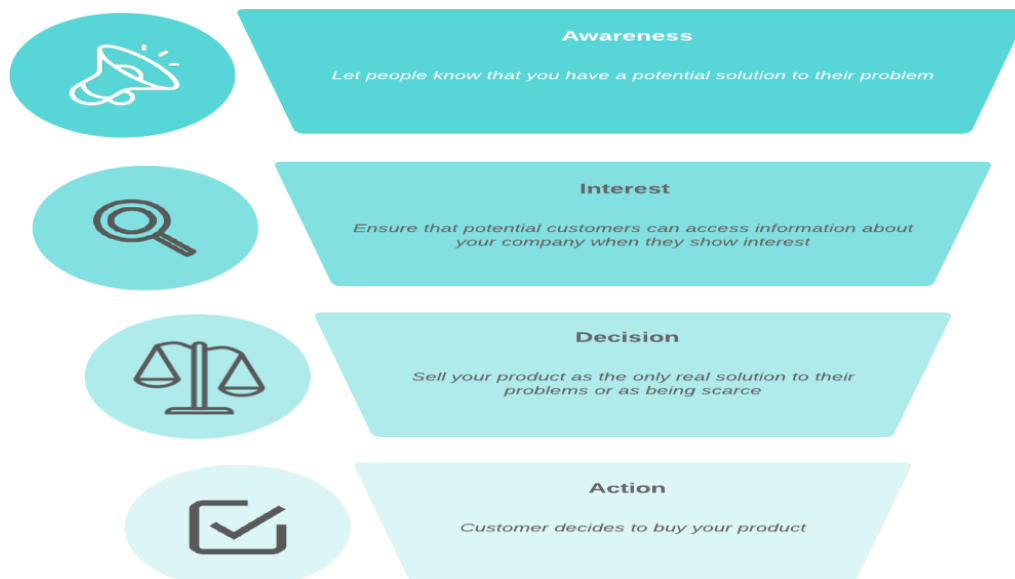
According to Lister, 2019 persuasive communications are advertisements designed to elicit a desired action, usually purchasing a product. Persuasive communication for an advertisement are similar, the aim is to convince potential customers to buy the featured product and/or patronized the services rendered by the organization. The act of persuasion in advertising and the business world have become one of the most crucial elements in marketing communication. Persuasive

communication may be defined as the kind of communication which is intended to change, affect, shape and reinforce certain responses from others. Either negatively or positively, realizing the effect of advertising on its audience is the essential part of persuasion theory.

The AIDA Model

AIDA is a communication model used by businesses to expedite their sales of products or services.

The model was applied in a way to address how advertising a potential audience may pass through the different steps bearing in mind that attention takes the priority. It was formulated by Elias (1925) who was an advertising and sales innovator and who also believed that advertising would be effective if it incorporated the four best features. It presents thorough clarification of the whole process of how advertising creates an impact on consumer behavior and the purchasing decision. It is an abbreviation for factor of Attention, Interest, Desire and Action, all of which are significant for the relation between consumer behavior and advertising. AIDA model is initiatory constituting beginning initiatory proceeding and simplest (Aaker, 2000). It describes how personal selling is done and it also shows the step-by-step process leading a potential customer to make the purchase. According to Kotler (2007) the first ingredient, attention, outlines the stage at which the brand is able to grip the attention of the consumer via the advertisement he\she has come across. The attention might be positive or negative or sometimes, with the worst case, no attention is spotted. From the advertiser’s perspective, only the first case is a preferable one because it is where the consumer gives a full attention to the advertisement and ultimately the brand.



Organizations arousing attention, interest, desire, and attraction of products in the market through

proper channels of communication to reach the bulky market accordingly stimulate demands of current and new products in the market. And so, the espousal of the theory by business organizations encourages tremendous growth of the companies with regards to client base and revenue. They all share three stages in common despite the fact that the number or names of sub-stages might vary. And these stages are: Cognitive stage (what the receiver knows or apprehends; Affective stage (receiver's feelings or affective level) and Behavioral stage (consumer's behavior) (Aaker, 2000).

This AIDA model can be used in the conceptual model i.e. for advertising, sales promotion and personal strategies to achieve their goals, they have to incorporate the four qualities of the model. The first quality is captivating the attention of the audience. Second, infuse interest to get information about the product. Third, the information which is obtained has to arouse a desire to possess the product and fourth, proper actions of purchasing a product should occur as a reaction from the audience. Attention, interest and desire in a product can be initiated through public relations strategies and direct marketing.

Hierarchy of Effects Model

Lavidge and Gary created this model in 1961 depicting hierarchy represents the progression of learning and decision-making consumer experiences because of advertising. There are six different stages in the theory of hierarchy effects includes model which are awareness, knowledge, liking, preference, conviction, and purchase. According to the hierarchy of effects model, the advertisers are told to bring out their advertisement in such a way that their advertisement follows the six stages that it states. According to this marketing communication model, there are six stages in the process between viewing a product advertisement and product purchasing. The main responsibility of the advertiser is to provoke the customer to pass through the six stages and purchase the product that embraces: Awareness, knowledge, liking, preference, conviction, and purchase. Customers are exposed to several advertisements each day but will merely remember a handful of products.

Consumer Behaviour	Hierarchy of Effect Model	Marketing Objectives
Cognitive (To think, to understand and remember)	1- Awareness	Make the customer aware
	2- Knowledge	Make information about the product easy to find
Affective (To feel, to experience)	3- Liking	Ensure that the customer likes your product, if not, understand why and fix the problem.
	4- Preference	Make consumers focus on the product.
Conative (Behave/ Action)	5- Conviction	Create the desire to purchase.
	6- Purchase / Prescribe	Make the customer purchase.

As per the view of this model, customers don't switch from the point of no interest to the point of being convinced to buy at once. It indicates the process or steps that that an advertiser thinks customers would pass through the real purchase process. The Response hierarchy theory supposes that the customer goes through three stages: cognitive, affective, and behavioral. First, the learn-feel do sequence is suitable when an audience has high involvement-high differentiation product category. Second, do-feel-learn theory pattern is valid when an audience has low involvement but there is no differentiation product category. Third, learn feel-do progression is proper when an audience has low involvement but little differentiation. So, by determining the correct sequence, the marketer is able to accomplish an excellent task of planning marketing communications. This model again has the assumption that advertising takes place through time and may not result in immediate response and purchase. But instead, it is a succession of effects which has to take place with each step completed towards the next step.

Diffusion of Innovations Theory

Rogers devised this diffusion of innovation theory in 2015 to illustrate how marketing communication mechanisms and interpersonal relationship render information and affect the opinion and decision of the target audience. According to him, this model has four stages: invention, diffusion or communication through the social system time and consequence. It describes how different classes of customers adopt new products at various time intervals with innovators (2.5%) being the first, early adopters (13.5%) early majority (34%) late majority (34%) and laggards at (16%) respectively. This theory adds that the rate of adoption always relies on the product's complexity, comparative advantage, try-ability, compatibility, and observability. This theory suggests that firms should endeavor to convey marketing messages through a variety of communication tools in order to rise the rate of adoption of a new product.

2.2. Empirical Review

Healthcare is different from other industries in many ways that have implications for marketing. In other industries, there is an assumption that buyers are driven primarily, if not exclusively, by economic motives. This assumption often does not hold in healthcare (RK Thomas, 2008). There are many sides to healthcare. The technical side is usually very tangible, and the nontechnical side is less tangible. On the other side, the perception of waiting time in a doctor's office, the housekeeper's smile and helpful attitude, the consumer's perception of cleanliness, the asthenosphere of an office or building, and the perception of depth of understating by the service provider. Etc., might be considered as examples that have a heavy intangible component (Cooper, 1994)

Many service industries, such as health services, are facing increasing competition. Strong brands are established not only in the market but also in the customer's mind. Services can be classified into two categories. Firstly, some services are small or unlinked to goods; and secondly, services that are connected with the products (Keller, 2003). The unique characteristics of services that determine what constitutes components of the service product are generally a difficult task. The critical aspect of the service product strategy in health service organizations is to meet the problems created by these characteristics. Therefore, when these organizations move through these levels, they try to differentiate themselves (Lovelock, 2001).

The four Ps have long provided the framework for marketing strategy in other industries and are increasingly being considered by healthcare organizations. However, as will be seen, these aspects of the marketing mix do not necessarily have the same meaning for health professionals as they do for marketers in other contexts (RK Thomas, 2008). The patient envisions medical care in terms of the people who deliver it. Thus, the fifth P of marketing is the organization's people. Health service organizations usually offer a wide range of health service products to several customer and patient groups to satisfy the customer and patient needs and want (Kotler, 2011).

Several researchers have previously argued that the traditional 4Ps of the marketing mix model are inadequate for marketing goods or services (Ahmed et al., 2013). Services differ from products because of their characteristics; intangibility, inseparability, heterogeneity, and perishability. The unique characteristics of services create unique marketing problems and challenges, which need special marketing strategies to deal with them. Consequently, the marketing strategy in the services should include the 7Ps (Product, Price, Place, Promotion, People, Process, and Physical Evidence) of the service's marketing mix and framework, which may have a crucial effect on hospital performance (Lovelock, 2001).

Healthcare communications directed toward the disadvantaged have the potential to elevate the health status of these underprivileged and highly challenged individuals. By conveying advice encouraging healthy lifestyles to communicate the location and availability of various medical resources, healthier lives and communities can be realized. Success on this front first requires establishing an effective communications link, something that is made more difficult as communications options available to the disadvantaged are more limited than those available to advantaged populations (Elrod, J.K., Fortenberry, J.L., 2017)

Health care organizations, whose products are primarily services, must consider three distribution decisions: physical access, time access, and informational and promotional access. Health service organizations need to develop successful sales force teams equipped with the basic skills, knowledge, and motivation related to the delivery of health services (Jones, 2003). Promotion and communication strategy is one of the critical components of the services marketing mix strategy by which hospitals can communicate their health services to customers

(Lovelock, 2001). The hospital's managers must first examine the customers' needs in the environment it serves and choose the communication tools that suit the environment based on profit and growth potential given hospital resources and objectives. Promotion can allow organizations to differentiate themselves at corporate and brand levels (Ahmed et al, 2013).

The health service is one field where health staffs are of particular importance. It is widely argued that the overall quality of the delivered service for organizations such as health services is influenced, among other things, by the nature of the relationship between the customer and health providers (Ahmed et al., 2013). The product is the person in health care more than in other services. When patient thinks of medical care, they think of the physician. The patient envisions medical care in terms of the people who deliver it. Thus, the fifth P of marketing is the organization's people (Booms and Bitner, 1981).

Hospitals hold patient care as their top priority. Access to the best equipment and experienced health care professionals are contributors to a hospital's ability to provide effective care, but other factors are at play, too. Before hospitals embark into providing healthcare services, people who need care must recognize these hospitals services as an option. Implementing an effective hospital marketing strategy is essential to drawing patients to these healthcare delivery facilities. Creating a dependable brand message is critical for hospitals and other health care organizations because it solidifies the company's place in patients' minds. Patients seeking health care services gravitate toward the most memorable providers.

Branding is the strategic building of relationships between consumers, products, services, and organizations. In the commercial sector, brands create identities with which consumers associate. Brands are marketing tools that make mental representations in the minds of consumers about products, services, and organizations. Brands create a schema that helps consumers decide whether to initiate or continue the use of a product or service. Health branding determines behavioral choice by building consumer relationships and identifying health behaviors and their benefits. Health branding can be measured by the associations individuals form with health behaviors. Brands and branding effectiveness have been measured in terms of consumers' associations for products and services (Evans, W Douglas, et al. 2015).

2.3. CONCEPTUAL FRAMEWORK

Marketing plays an important role in helping healthcare professionals to create, communicate, and provide value to their target market. Modern marketers start from customers rather than from products or services. They are more interested in building a sustainable relationship than in ensuring a single transaction. They aim to create a high level of consumer satisfaction so that they return to the same supplier. Marketers have used many traditional methods, including marketing research, product design, distribution, pricing, advertising, promotional sales, and sales management. These methods need to be joined by new ones related to new technology and new concepts to attract customers through messages and offers.

In the field of healthcare, the main role of marketing is to determine the needs and wishes of patients and meet their marketing vision through design, pricing, communication, and providing appropriate products and services. In this regard, the most distinctive organizational marketing capability is its ability to create, maintain, improve, and protect its brand equity. In addition, in recent years, due to increased awareness and patients' participation in decision-making, marketing has become an essential element in the management of healthcare organizations and creating a favorable brand image is very important in these organizations. Therefore, hospitals should strive to increase their market share and ensure profitability by creating a personal identity for their brand image. (Khosravizadeh et al., 2017).

In many respects, marketing a healthcare practice is not substantially different from marketing a small business in other industries. Basic business marketing principles that apply in other industries, including market and competitive research, strategic planning, budgeting, positioning, branding, marketing strategies, tactics, media options, public relations opportunities, implementation processes, and tracking processes, also apply in healthcare private practice segment. However, there are several ways, some subtle and some obvious, that marketing a healthcare practice is approached differently than marketing for other businesses and industries.

Understanding the branding aspects of health care and its application and development strategies is undoubtedly necessary for hospitals to achieve optimal marketing. The concept of brand building in healthcare services is an emerging phenomenon, and most healthcare organizations have limited experience in building brand strategies and developing their services. In this regard,

hospitals must identify comprehensively the dimensions, processes, and results of optimal branding in healthcare services and use them for planning, implementation, and management (Khosravizadeh et al., 2017).

Branding in healthcare is a new phenomenon, and most healthcare organizations have limited experience developing branding strategies. However, they are increasingly becoming aware of its competitive advantages. Limited economic resources in health care are the main reasons to pay attention to the appropriate use of available resources with optimal efficiency in all areas of healthcare management. In this regard, branding can greatly help hospitals. As a result, understanding the branding aspects of healthcare and its application and development strategies for hospitals is undoubtedly necessary. The purpose of the present paper was to systematically review the studies in the field of healthcare branding, the results of which can be useful in the development of medical center branding and achievement of the desired marketing goals by creating a comprehensive understanding (Khosravizadeh et al., 2017).

Competition among hospitals has become increasingly intense. The challenges hospital managers have to face are also greater. As a result, there's increased emphasis on both traditional and relationship marketing in hospitals. Hospital managers have increasingly spent more time thinking about how to build a good image, increase their competitive strengths, and attract consumers to their pool of hospital consumers. In recent years, due to the increase in the number of hospitals, doctors, and medical supplies, and ensuing vigorous competition in the medical environment; the rise in consciousness of the consumer concept; the increasingly complicated doctor-patient relationship; and increasingly serious legal problems hospitals are facing; hospitals have turned to marketing, promotion, and advertisement to ensure their survival. Currently, most hospitals still mainly use their Public Relations department to communicate with consumers and conduct marketing activities (Chuan-Biau Chen & Pi-Lien Kao, 2011).

Hospital marketing is a service activity that drives hospitals' medical services to the patient. Hospital marketing is beneficial to both hospitals and the public. For hospitals, it brings business and promotes a good image. For the public, it promotes health and well-being through free health information and reduces the waste of medical resources through education. Yet, many hospitals neglect marketing activities. There are many kinds of hospital marketing promotions, for

example, free medical consultation, referral by friends and relatives, free clinic treatments, mass mailings of clinic schedules to potential customers, TV & newspaper exposure, and education in public health and hygiene. This marketing promotion works best in bringing customers, building a good image, and improving word-of-mouth. It depends on the type of consumer-targeted and is a subject of great concern for hospital managers who want to improve their hospital's competitiveness and profitability. However, few scholarly studies are existed dealing with consumer preferences on marketing practices and which practices work best (Chuan-Biau Chen & Pi-Lien Kao, 2011).

Marketing promotion and relation marketing are very important methods for hospitals to improve their competitive ability. It not only can build up the hospital's image, increase the realization and understanding of consumers about the medical service, improve the customer satisfaction and loyalty, but also can create new customers and get more profits (Chuan-Biau Chen & Pi-Lien Kao, 2011). Healthcare services are a highly competitive business due to the increase in the number of private hospitals and service diversity. Brand management is crucial for hospitals to maintain their credibility, reduce the patient's perceived risk, and maintains their competitiveness. A successful brand strategy must build, protect, and promote brand equities to gain the patient's trust and to create positive emotions in the hospital. Brand strategy should consider competitors' current and future brands (Özkoç, Ö. & Cengiz, E., 2020).

Healthcare establishments portray themselves to their patient populations using many communicative mechanisms. Perhaps the first avenues that come to mind are the outward conveyances of the marketing communications mix, including advertising, personal selling, sales promotion, public relations, and direct marketing. But other prominent communicators also exist, including the people employed by healthcare institutions, the places in which services are delivered, and the brands that represent given establishments. This wide variety of communicative mechanisms is somewhat of a mixed blessing, affording myriad options but also necessitating extra care and attention in developing associated marketing communications (Elrod, J.K., Fortenberry, J.L., 2020).

Brand management practices aim to build brand equity. Hospitals that have substantial brand equity assure the patients by decreasing medical and fiscal risks that they perceive. The most

important resources of brand equity are brand management practices, which include service marketing mix elements, product, price, distribution, promotion, physical evidence, people, and process (Özkoç, Ö. & Cengiz, E., 2020). When consumers are convinced or successfully persuaded by marketing communications, their perceptions of brands will be favorable. Perception is a process used by individuals to select, organize, and interpret information. Hence, perception determines marketing reality (Adetunji, R. R. et al., 2018). Health branding determines behavioral choice by building consumer relationships and identifying health behaviors and their benefits. Health branding can be measured by the associations individuals form with health behaviors (W Douglas Evans et al., 2014).

For this study, the following hypotheses have been identified to investigate marketing communication's influence on customers' brand preference: -

H1: There is a direct and significant influence of referral/words-of-mouth on customers' hospital brand preference.

H2: There is a direct and significant influence of digital marketing on customers' hospital brand preference.

H3: There is a direct and significant influence of traditional advertising on customers' hospital brand preference.

H4: There is a direct and significant influence of public relations on customers' hospital brand preference.

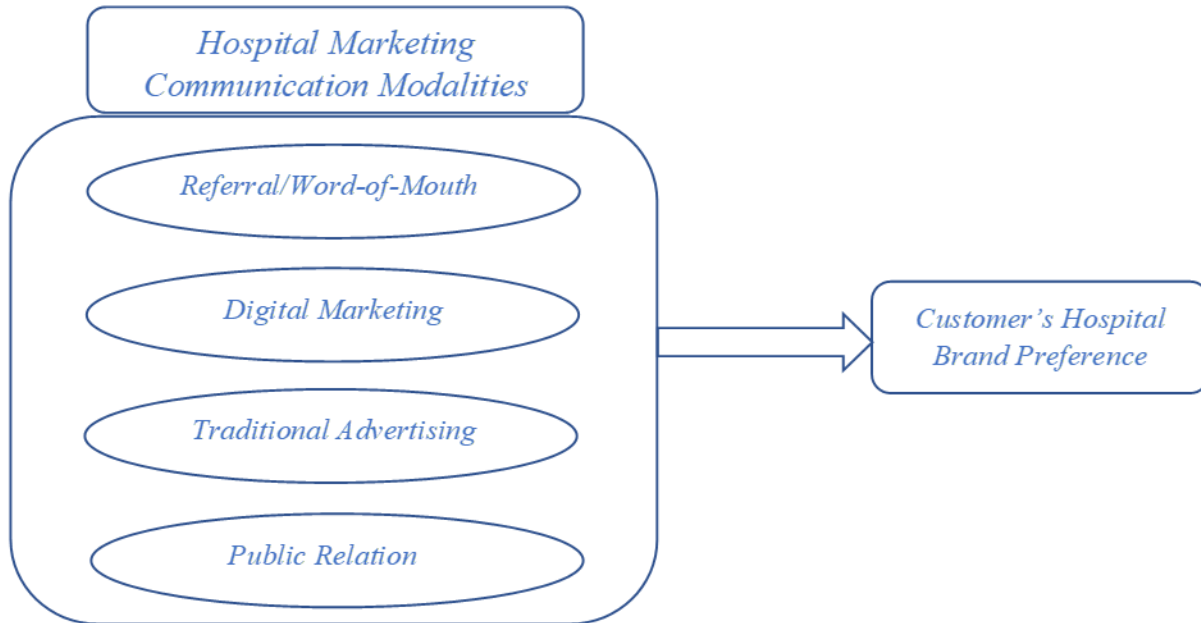


Figure 1: Conceptual Framework of the Research

Source: Adopted from Adetunji, R. R. et al., 2018

2.4. Identified Literature Gaps

There are few published scholarly articles on the health sector marketing communication in general and specified on effect of hospital marketing communication on customers' brand preference in Ethiopia. What marketing communication practices and their effects on customers' brand preference look like in the healthcare sector of Ethiopia has not been studied very well. Little has been done in evaluating the influence of marketing communication modalities on customer's hospital brand preference in private general hospitals in Ethiopia.

Published studies investigated marketing communication strategies' influence on patients' health care facility choice in Africa and other parts of the globe, were used as a reference for this specific study. Among these studies referred, very few studies conducted in Nigeria, Brazil, India, and Kenya have relevance for the title I have studied and depicted the findings listed below:

A study conducted by Okwandu, 2002 in Nigeria titled 'Marketing Strategies of Hospital Service Organizations in Nigeria: A Study of Selected Privately Owned Hospitals in Port Harcourt'

identified that, among other things, many hospital organizations apply marketing strategies, and hospitals that adopt effective marketing strategies perform better than those that do not.

A study conducted in Sao Paulo, Brazil by Leiderman et al., 2010 titled 'Hospital Marketing: Characteristics of Marketing Actions in Private Hospitals in The City of Sao Paulo-Brazil,' an exploratory cross-sectional study carried out by a survey made with hospital administrators, assessed the organizational structure of the marketing area, the target public of marketing actions and the media used. The study findings depicted the presence of a statistically significant correlation between the higher investment in marketing and the best infrastructure and the application of the concept of marketing in a restricted way at the study participant hospitals.

On the other hand, a study conducted in India by Dharmesh, 2013 titled 'Service marketing mix of Hospitals: A Critical Review' concluded that it is abundantly clear that the Service marketing mix is of great importance in today's hospital Industry and is the best tool to be innovative in the industry. Hospital administrators are becoming increasingly marketing oriented with the growing importance of service marketing mix.

A study by Aykut Ekiyor and Fatih Altan titled 'Marketing Communication and Promotion in Health Services' in 2015 depicted that Marketing communication is done to inform consumers about whom, when, where, how, and why the product or service will be used. Through marketing communication, consumers can learn by whom the product or service is being produced and what the manufacturer or brand means. If good communication is established with society, the health institution will inevitably increase its market awareness and superiority over its competitors.

A study done by Elyria Kemp et al., titled 'Healthcare branding: developing emotionally based consumer brand relationship', 2014 concluded that trust, referent influence, and corporate social responsibility are vital variables in establishing affective commitment in consumer brand relationships in a health care context. Once the affective commitment is achieved, consumers may identify with the health care provider's brand and form a self-brand connection. When such a phenomenon takes place, consumers can serve as advocates for the brand by actively promoting it via word-of-mouth.

CHAPTER THREE: METHODOLOGY

3.1. Description of the Study Area

The study was conducted at randomly selected privately owned general hospitals in Addis Ababa, Ethiopia. Seven (7) private general hospitals were randomly selected for this study out of twenty-five (25) private general hospitals having Ethiopian Food and Medicine Authority (EFDA) licenses and functioning during the sample collection period in the business in Addis Ababa, Ethiopia.

3.2. Research Approach

A quantitative research approach was applied by implementing structured quantitative questionnaire for data gathering prepared in English and Amharic languages administered to hospital clients to evaluate the influence of marketing communication practices on customers' hospital brand preference at selected private general hospitals in Addis Ababa, Ethiopia. Data collection conducted using both self-administered qualitative questionnaires for study subjects who could attempt by themselves, and a researcher administered questionnaires for study subjects who couldn't attempt the questionnaire by themselves.

3.3. Research Design

The study design was an analytical cross-sectional research design with which evaluation of the impact of marketing communication practices on customers' hospital brand preference at selected private general hospitals in Addis Ababa, Ethiopia could be investigated.

A structured qualitative questionnaire was introduced for data collection to customers who have obtained in selected hospitals during data collection period. Respondents were private general hospital clients who were seeking medical attention during days of data collection at outpatient and inpatient departments of randomly selected private hospitals in Addis Ababa, Ethiopia.

3.4. Population and Sample

Population: The study population was all private general hospitals in Addis Ababa, Ethiopia, which have got a license from the Ethiopian Food and Drug Authority (EFDA).

Sample: Clients at randomly selected private general hospitals in Addis Ababa, Ethiopia.

A random sampling technique was applied for the selection of private general hospitals in Addis Ababa, Ethiopia, where sample collection was conducted. Seven private general hospitals selected a research questionnaire introduced to equal number of clients, 55 from each seven private general hospitals who were seeking healthcare services at these selected private hospitals during the sample collection period to reach a total number of sample size, 384.

The number of individuals included in this research study were 384 to represent a population, a sample size of about 384 gave us a sufficient sample size to draw assumptions of nearly any population size at the 95% confidence level having a z-score of 1.96, a standard deviation of 0.5 with a $\pm 5\%$ (0.05) margin of error.

$$\text{Sample Size} = \frac{(\text{Z-score})^2 * \text{Std Dev} * (1-\text{Std Dev})}{(\text{Margin of error})^2}$$

3.5. Data Sources and Types

Qualitative data were collected using a structured questionnaire. The study information only relied on primary data collected from hospital clients during data collection days. Qualitative research questions were utilized through structured questionnaires to evaluate what marketing communication modalities influenced client's choice of hospital brand.

3.6. Data Collection Instrument

A qualitative data collected from clients of selected private general hospitals in Addis Ababa using an open research questionnaire prepared for this study to gather attitudinal information about influence of hospital's marketing communication practices impact on customers hospital brand preference.

3.7. Data Collection Procedures

The data collection procedure was conducted by introducing an open questionnaire to clients who are attending as an out-patient and in-patient at randomly selected private general hospitals in Addis Ababa, Ethiopia. A quantitative research questionnaire self-administered by study subjects who could fill by themselves, otherwise the researcher collected all quantitative data from all the remaining study subjects who couldn't fill by themselves.

3.7.1. Quantitative Data

The structured quantitative questionnaire was introduced and filled by either the study participant/hospital clients or the researcher at selected private general hospitals during the data collection days.

3.7. Ethical Consideration

The university ethical board evaluated the study proposal and cleared out ethical issues. Addis Ababa University, School of Commerce, issued support letter to selected private general hospitals in Addis Ababa, Ethiopia, for data collection. The high degree of confidentiality was exercised during data collection, and no personal identity of any study subject was indicated during data collection and in the result.

3.8. Data Analysis

This study's quantitative data were cleaned and coded according to the variables. The data cleaning was done to eliminate errors. Data entered on CPro 7.7.2 data entry software and entered data were migrated to SPSS. After that, the data was classified, tabulated, and summarized in the SPSS V 26 statistical software.

The report writing was done in Microsoft Word format. The quantitative data were analyzed through descriptive statistics, that is, by measures of central tendency and measures of spread. The analyzed data was presented as frequency tables, charts, and bar graphs.

3.9. Validity and Reliability

A structured questionnaire was used to evaluate the influence of marketing communication on hospital brand preference. The validity of data collection questionnaire was tested through administering to some selected clients of private general hospitals before the actual data collection to test the questions measure what they are intended to measure and whether questions are clear to respondents to provide appropriate answer.

A reliability test was performed to see whether the study would give similar results if the same study was repeated. In measuring the reliability of the study and data consistency of the Likert scaled questionnaire, Cronbach's Alpha was calculated using SPSS. Nunnally (1978) offered a rule of thumb of 0.7 to be an acceptable reliability coefficient, and since the overall reliability score, Cronbach's Alpha of all variables of this study, 0.782 is above the standard threshold level, the questionnaire was accepted as reliable.

	N	Cronbach's Alpha
Referral/Word-of-mouth	4	0.641
Digital Marketing	4	0.804
Traditional Advertising	4	0.869
Public Relations	3	0.812
Overall Marketing Communications	19	0.782

Reliability Test

Source: Own Survey, 2022

CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATIONS

This chapter presents the results of the study. Detailed questionnaire analysis of the results derived from primary data obtained from private hospital clients who responded to the administered questionnaire to evaluate their hospital brand preference which is influenced by hospitals' marketing communications practices.

4.1. Response Rate

The study's target population was all privately owned general hospital customers in Addis Ababa, Ethiopia. Primary data was collected using a structured questionnaire administered to the respondents at randomly selected private and public hospitals. The questionnaire consists of 25 close-ended questions, composed of 6 questions to assess hospital clients' demographic characteristics and reason for hospital visits and 19 additional questions designed on a Likert scale to evaluate the influence of four different marketing communications activities like a referral, digital marketing, advertising and public relation on brand preference of hospital clients. Among the 384 questionnaires distributed to hospital clients in a private setting in Addis Ababa, all were properly completed & returned, and the response rate was 100%. All 384 completed responses were used in the data analysis.

4.2. Demographic Characteristics of the Respondents

Out of those 384 questionnaires that were completed correctly and returned, 226 of the respondents were Female clients representing 58.9 % of the total sample. The remaining 158 (41.1 %) respondents were male clients in the hospitals studied. As shown in the tables below, most of the respondents were categorized under the age group between 21-30, representing 138 (36 %) of the respondents, followed by the age group of respondents between 31-40 years, representing 94 (24.5%). Whereas the remaining respondents were categorized in the age group between 41-50 years, 51-60 years, above 60 years, and under 21 years, representing 58 (15.1 %), 38 (9.9 %), 34 (8.8 %), and 22 (5.7 %) respectively. Regarding the marital status of respondents, the wider majority were Married, representing 273 (71.1 %), followed by respondents who were Single constituting 95 (24.7 %), and the remaining 16 (4.2 %) were Widowed, Divorced, and Separated together. When we look at the educational background of the respondents, the

majority of the respondents have a Bachelor’s Degree representing 143 (37.2 %), followed by respondents with a Master’s Degree, representing 79 (20.6 %). The remaining respondents were who completed high school, Diploma holders, who didn’t finish high school, and Ph.D. holders representing 63 (16.4 %), 59 (15.4 %), 24 (6.2 %), and 16 (4.2 %), respectively. When we are observing respondents’ health problems category, they were presented at the hospitals, for Internal Medicine constitutes the highest of all, 226 (58.9 %) followed by Surgical reasons, for Obstetrics and Gynecological reasons, and other health reasons representing 55 (14.3 %), 52 (13.5 %) and 51 (13.3%) respectively. Regarding respondents’ hospital admission status, the vast majority were Out-Patient, representing 338 (88 %) and the remaining 46 (12 %) representing clients who were attending their medical care as In-Patient.

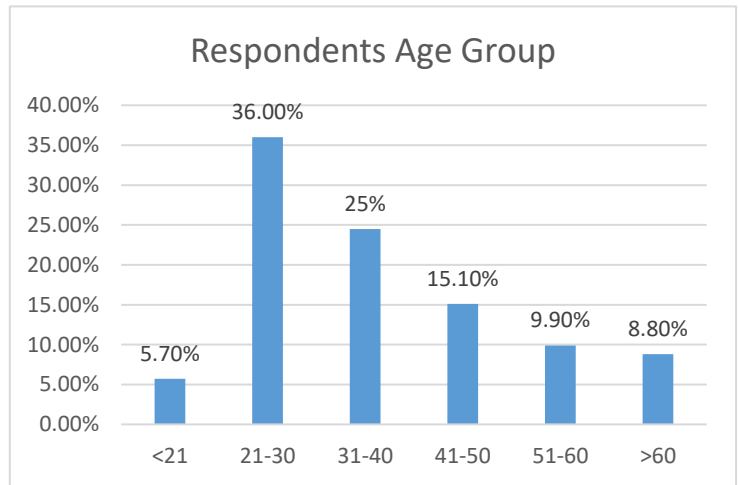
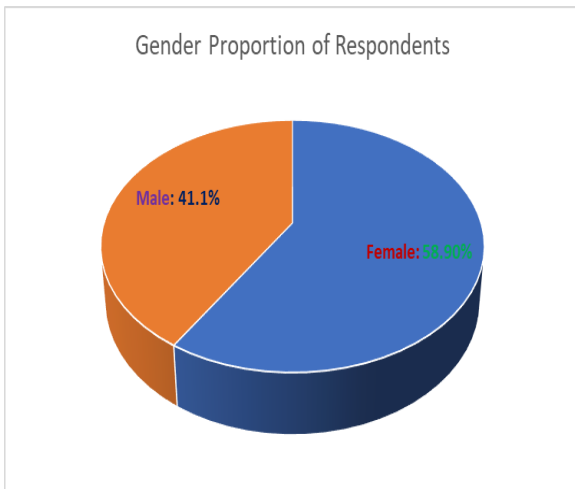


Table 1: Demographic Characteristics of the Respondents

Parameters		Frequency	Percent	Total percent
Gender	Female	226	58.9 %	100%
	Male	158	41.1 %	
Age	<21	22	5.7 %	100%
	21-30	138	36 %	
	31-40	94	24.5%	
	41-50	58	15.1 %	
	51-60	38	9.9 %	

	>60	34	8.8 %	
Marital Status	Married	273	71.1 %	100%
	Widowed	8	2.1 %	
	Separated	4	1 %	
	Divorced	4	1 %	
	Single	95	24.7 %	
Educational Background	Highschool Dropouts	24	6.2 %	100%
	Highschool Completed	63	16.4 %	
	Diploma Holders	59	15.4 %	
	Bachelor's Degree Holder	143	37.2 %	
	Master's Degree Holder	79	20.6 %	
	Ph.D. Holders	16	4.2 %	
Reason of Hospital Visit	Internal Medicine	226	58.9 %	100%
	Surgical	55	14.3 %	
	Gynecological and Obstetrics	52	13.5 %	
	Other Services	51	13.3%	
Hospital Admission Status	Out-Patient	338	88 %	100%
	In-Patient	46	12 %	

Source: Own Survey, 2022

4.3. Responses on Impact of Referral on Hospital Brand Preference

In this part of the questionnaire, the respondents were asked a series of four questions that can assess the impact of referral on an individual's hospital brand preference. Respondents were asked to indicate their choice of answer on a five-point Likert scale in which one represented 'strongly disagree' and five represented 'strongly agree.' A mean score of [0-1.5] indicates that the respondents strongly disagreed, a mean result between [1.50 - 2.50] means they disagreed, [2.50 - 3.50] means the respondents were uncertain, [3.50-4.50] means they agreed. A mean result above 4.50 indicates that respondents agreed strongly.

Table 2: Responses on Impact of Referral/Word-of-mouth on Hospital Brand Preference

Item No.	Declaration of impact of referral on individual's hospital brand preference	Mean	Standard Deviation
1	Referral/word-of-mouth affect client's hospital brand preference.	3.85	0.87
2	Referral/word-of-mouth regularly affects client's hospital brand preference.	3.61	0.95
3	Clients' reliance on their sources of referral/word-of-mouth for hospital brand preference.	3.93	0.88
4	Clients satisfied with services obtained from the referred hospital brand.	3.95	0.87
Average		3.84	

Source: Own Survey, 2022

The average mean value of the four factors indicating the influence of referral/word-of-mouth on healthcare client's hospital preference was rated as 3.84 and individual mean of the factors ranges between 3.61 and 3.95. Individual factors mean values are closer to each other indicates those factors have similarly higher level of significance. The above table indicates that the mean result, 3.95 for the question asked to confirm client's level of satisfaction with services obtained from the referral hospital brand, was responded with the score of the highest of all the four questions. This confirmed that the client's satisfaction was high with the services obtained at the hospital they attended through referral.

The respondents' mean response represents the client's level of reliance on their sources of referral/word-of-mouth for hospital brand preference; 3.93 shows that the majority of the respondents agree on their dependability and influence of their referring individuals for their hospital brand preference. This shows that most of the respondents decide on their hospital choice depending on the information and testimonies they have from their family members, friends, colleagues, and above all, health professionals they can rely on.

Regarding the general question under this category, asked whether referral affects the client's hospital brand preference. The mean value, 3.85 reveals that most of the respondents agree on referral's influence on their hospital brand preference. With this high mean value for this generic question of the impact of any kind of referral on a client's hospital brand preference, it certainly is concrete evidence to affirm that referral is one of the major influencing factors of healthcare clients while deciding on their hospital brand preference.

The response obtained for the inquiry whether referral regularly affects client's hospital brand preference, 3.61 indicates that wider majority of the respondents were in agreement with the statement and referral were their regular source of information that influenced their hospital brand preferences regularly. This mean value for this specific question shows that the presence of repeated practices of referral an influence on client's hospital brand choice. As a result, a referral can be a massive source of clients' influence on their hospital brand preference.

4.4. Responses on Impact of Digital Marketing on Hospital Brand Preference

In this part of the research questionnaire, the respondents have questioned a sequence of four questions that can assess the impact of digital marketing on an individual's hospital brand preference. Respondents were requested to designate their choice of answer on a scaled score having a five-point Likert scale in which 1 represented 'strongly disagree' and 5 represented 'strongly agree'. A mean score of [0-1.5] indicates that the respondents strongly disagreed, mean result between [1.50 - 2.50] means the research participants disagreed, [2.50 - 3.50] means the respondents were uncertain, [3.50-4.50] shows they agreed and a mean result above 4.50 indicates that respondents agreed strongly.

Table 3: Responses on Impact of Digital Marketing on Hospital Brand Preference

Item No.	Declaration of impact of digital marketing on individual's hospital brand preference	Mean	Standard Deviation
1	Digital marketing influences client's hospital brand preference.	2.78	1.18
2	Digital marketing regularly affects clients' hospital brand preferences.	2.72	1.15
3	Digital marketing is suitable platform for client's hospital brand preference.	2.72	1.15
4	Clients satisfied with services rendered from the hospital obtained through digital marketing.	3.32	1.26
Average		2.88	

Source: Own Survey, 2022

The average mean value of the four factors constructed to see the influence of digital marketing on client's hospital preference was rated as 2.88, which is below the lower cut-off that indicates positive influence, 3.5, and the individual mean of the four factors in this category of questions ranges between 2.72 and 3.32, that demonstrates respondents' hospital brand preference was negatively influenced by the four questions categorized under digital marketing. The above table indicated that the mean result, 3.32 for the question asked to confirm client's level of satisfaction from services rendered from hospitals visited by clients through digital marketing, resulted in a lower level of satisfaction.

The average mean of inquiries replied under this category, 2.88 is by far lower than the lower cut-off, 3.50 from which the level of agreement started to go up. This indicated that respondents were negatively influenced by digital marketing to decide on their hospital brand preference. The responses obtained from research participants for the remaining three questions under this category to evaluate client's level of influence by digital marketing and the suitability of digital marketing

platforms to decide on their hospital brand preference resulted below the mean value of 2.78, which is far below from mean value indicating respondents' higher level of agreement, 3.5 and

above. This indicates that digital marketing had minimal influence on the hospital brand preference of clients.

4.5. Responses on Impact of Traditional Advertising on Hospital Brand Preference

In this part of the research questionnaire, the research participants were asked a sequence of four questions that can assess the impact of traditional advertising on clients' hospital brand preferences. Respondents were requested to designate their choice of answer on a scaled score having a five-point Likert scale in which 1 represented 'strongly disagree' and 5 represented 'strongly agree.' A mean score of [0-1.5] indicates that the respondents strongly disagreed, mean result between [1.50 - 2.50] means the research participants disagreed, [2.50 - 3.50] means the respondents were uncertain, [3.50-4.50] shows they agreed; a mean result above 4.50 indicates that respondents agreed strongly.

Table 4: Responses on Impact of Traditional Advertising on Hospital Brand Preference

Item No.	Declaration of impact of traditional advertising on individual's hospital brand preference	Mean	Standard Deviation
1	Traditional advertising influences client's hospital brand preference.	2.91	1.19
2	Traditional advertising regularly influences client's hospital brand preference.	2.81	1.12
3	Traditional advertising of any kind influences client's hospital brand preference.	2.80	1.12
4	Clients satisfied with services rendered from the hospital obtained through traditional advertising.	2.86	1.17
Average		2.85	

Source: Own Survey, 2022

The average mean value of the four inquiries constructed to see the impact of traditional advertising on client's hospital preference was 2.85, which is below the lower cut-off score indicating the positive influence of the listed factors, 3.5, and the individual mean of the four

factors in this category of questions ranges between 2.81 and 2.91, that proves respondents' hospital brand preference was negatively influenced by the four questions categorized under traditional advertising. The above table indicated that the mean result, 2.86 for the question asked to confirm client's level of satisfaction from services rendered from hospitals visited by clients through traditional advertising, indicates presence of a lower level of satisfaction.

The average mean of questions responded to under this category, 2.85 is by far lower than the lower cut-off, 3.50 from which the level of agreement started to go up. This indicated that respondents were negatively influenced by traditional advertising to decide on their hospital brand preference. The replies obtained from research participants for the other three questions under this category to evaluate client's level of influence by traditional advertising, the regular influence of advertising, and the influence of traditional advertising of to decide on their hospital brand preference resulted below the mean value of 2.91, which is far below from mean value indicating respondents' higher level of agreement, 3.5 and above. This determines that traditional advertising had minimal influence on the hospital brand preference of clients.

4.6. Responses on Impact of Public Relation on Hospital Brand Preference

In this part of the survey questionnaire, the research participants were asked a sequence of three questions that can assess the impact of public relations on clients' hospital brand preference. Respondents were requested to designate their choice of answer on a scaled score having a five-point Likert scale in which 1 represented 'strongly disagree' and 5 represented 'strongly agree'. A mean score of [0-1.5] indicates that the respondents strongly disagreed, mean result between [1.50 - 2.50] means the research participants disagreed, [2.50 - 3.50] means the respondents were uncertain, [3.50-4.50] shows they agreed and a mean result above 4.50 indicates that respondents agreed strongly.

Table 5: Responses on Impact of Public Relation on Hospital Brand Preference

Item No.	Declaration of impact of Public Relation on individual's hospital brand preference	Mean	Standard Deviation
1	Public relation affects client's hospital brand preference.	3.18	1.08
2	Public Relation regularly influences client's hospital brand preference.	2.89	1.10
3	Public Relation of any kind influences client's hospital brand preference.	2.82	1.05
Average		2.96	

Source: Own Survey, 2022

The average mean value of the three enquiries constructed to see impact of public relation on client's hospital preference was 2.96, which is below the lower cut off score indicating positive influence of the listed factors, 3.5, and individual mean of the three factors in this category of questions ranges between 2.82 and 3.18, that attests respondents' hospital brand preference was negatively influenced by the three questions categorized under public relation. The above table depicted that the mean score, 3.18 for the question asked to confirm the client's hospital brand preference decision after the influence of public relation activities of hospitals was low when we compared with the cut-off, 3.5.

The average mean of questions responded to under this category, 2.96 is by far lower than the lower cut-off, 3.50 from which the level of agreement started to go up. This indicated that respondents were negatively influenced by public relations works of hospitals to decide on their hospital brand preference. The replies obtained from research participants for the other two questions under this category to evaluate the client's level of influence by public relations and regular influence of advertising on the client's hospital brand preference recorded below the mean value of 3.18, which is below from mean value indicating respondents' higher level of agreement, 3.5 and above. This demonstrated that public relations had minimal influence on the hospital brand preference of clients.

4.3. Responses on clients' concern on their Hospital Brand Preference

In this part of the questionnaire, the respondents have questioned a series of four questions that can assess their concern on their hospital brand. Respondents were requested to indicate their choice of answer on a five-point Likert scale in which 1 represented 'strongly disagree' and 5 represented 'strongly agree'. A mean score of [0-1.5] indicates that the respondents strongly disagreed, mean result between [1.50 - 2.50] means they disagreed, [2.50 - 3.50] means the respondents were uncertain, [3.50-4.50] means they agreed and a mean result above 4.50 indicates that respondents agreed strongly.

Table 6: Responses on clients concern on their Hospital Brand Preference

Item No.	Declaration of client's concern on their hospital brand preference	Mean	Standard Deviation
1	Hospital brand preference is a critical thing that needs client's decision.	4.14	0.96
2	Client's healthcare needs are influenced by their healthcare brand preference.	3.71	1.10
3	Clients consider different determinants for their hospital brand preference.	4.14	0.85
4	Clients regularly decide on their hospital brand preference.	4.17	0.93
Average		4.04	

Source: Own Survey, 2022

The average mean value of the four factors indicating concern of clients on their hospital brand preference was rated as 4.04 and individual mean of the factors ranges between 3.71 and 4.14. Individual factors mean values are closer to each other indicates those factors have similarly higher level of significance. The above table indicates that the mean result, 4.17 for the question asked to confirm whether clients regularly engaged on the decision of their hospital brand preference, and it was responded with the score of the highest of all the four questions. This confirmed that client's involvement and diligence in the decision of the hospital brand where they seek medical attention was very high and dependable.

Respondents thought that hospital brand preference was one of the critical things in their life that needed their close attention. The mean score 4.14 represent clients' concern to take their hospital brand preference as the main value of their life. The mean score of 3.71 demonstrated that their healthcare needs were satisfied by deciding on their hospital brand preferences. With all these high scores obtained from study participants regarding their concern about their hospital brand preference, it was indicated that respondents were very much concerned on their decision when they were selecting their hospital brand preferences.

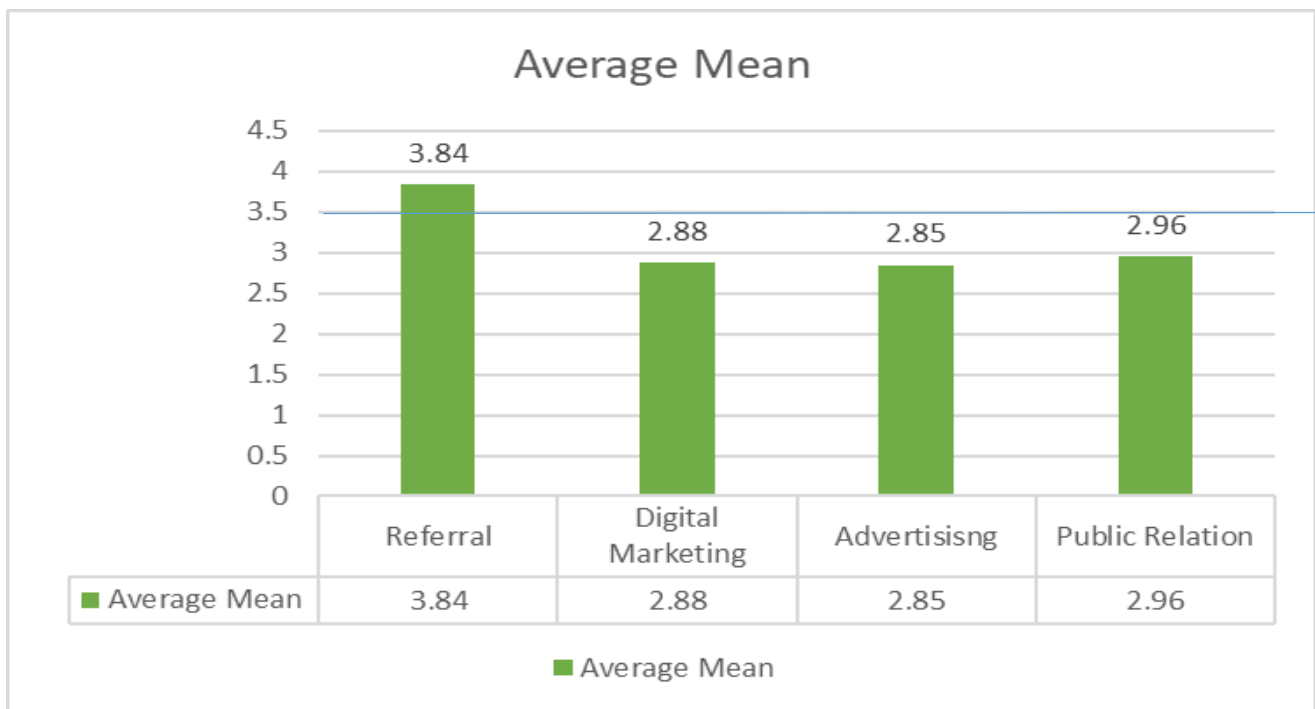


Figure 2: Response: Average mean values for marketing communication modalities

Source: Own Survey, 2022

4.4. Inferential Statistics

Inferential statistics help to draw conclusions about an entire population by looking at only a sample of the population. There are many types of inferential statistics, and each is appropriate for a specific research design and sample characteristics. It encompasses correlation analysis among variables, assumption of data test for their suitability or fitness to the intended regression analysis models. Inferential statistics of multi-regression analysis in terms of model summary,

ANOVA test and determination of beta coefficients are conducted to address the objectives of this study.

4.4.1. Multiple Linear Regression Analysis

Regression model was applied to test how far the marketing communication modalities had impact on customers hospital brand preference. Coefficient of determination (R^2) is the measure of proportion of the variance of dependent variable about its mean that is explained by the independent or predictor variables. Higher value of R^2 represents greater explanatory power of the regression equation. Multiple regression analysis in this study was used to model the value of hospital brand preference based on its linear relationship to two or more predictors (Referral/word-of-mouth, Traditional Advertising, Digital Marketing and Public Relation). This means, the overall hospital brand preference is an aggregation of the marketing communication modalities. To indicate the impact that each predictor had on the construct variable, the unstandardized coefficients are checked.

Greenlaw (2009) provided good advice for interpreting R^2 , R^2 for cross-section data is generally half of R^2 for time-series data, 0.8. A regression finding for a cross-section regression finding is considered “good” if it has an R^2 of only half that of a time series data, 0.4 or above.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.791 ^a	.625	.605	0.209

^a. Predictors: (Constant), Referral/Word-of-mouth, Digital Marketing, Traditional Advertising, Public Relation

As indicated in the model summary of the analysis above, the value of R (.791) indicated relations of the four independent variables with the dependent one affecting approximately 62.5 % (R^2) of the variance of hospital brand preference. However, the remaining percent (37.5%) was explained by other variables not included in this study.

ANOVA test used to determine the influence that independent variables have on the dependent variable in a regression study. ANOVA test value significant is 0.000, which is below 0.05, depicting no statistical difference between the means of independent variables. Therefore, it can be inferred that with 62.5% of variance (R^2), marketing communication practices are statistically significant, and the model appropriately measured the dependent variables, hospital brand preference. In short, the regression model predicts overall hospital brand preference and has been significantly explained by the four independent variables of marketing communication modalities.

ANOVA^a Analysis

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	23.485	4	5.121	28.491	.000 ^b
	Residual	74.766	279	.530		
	Total	98.251	283			

a. Dependent Variable: Hospital Brand Preference

b. Predictors: (Constant), Referral/Word-of-mouth, Digital Marketing, Traditional Advertising, Public Relation

The last output in the analysis of the multiple regression models represents the output for the beta coefficients of each marketing communication modalities. A standardized beta coefficient compares the strength of the effect of each individual independent variable to the dependent variable. The higher the absolute value of the beta coefficient, the stronger the effect.

The regression analysis revealed that, the absolute value of beta coefficients of all four marketing communication modalities has significant effect on overall hospital brand preference. Referral/word-of-mouth (.229) has relatively the highest effect followed by Public Relation (.142), Traditional Advertising (.122) and Digital Marketing (.106). This predicted change in the hospital brand preference for every unit change in that specific predictor variable. The results implies that all the four marketing communication modalities had statistically significant

influences on overall customer loyalty at 95% confidence level ($p < 0.05$), indicating that, for private general hospitals, these marketing communication modalities are important in widening of their market share and increasing of the return on investment.

Estimated Regression Coefficients

Model	Beta	t	Sig	Hypothesis
1 (Constant)		1.228	.000	
Referral/Word-of-mouth	.229	4.358	.000	H1-Supported
Digital Marketing	.106	2.516	.012	H1-Supported
Traditional Advertising	.122	2.913	.004	H1-Supported
Public Relation	.142	3.095	.002	H1-Supported

4.5. Discussion

This part explains the findings of the results in line with the objectives of the study. This study was intended to assess the impact of selected marketing communication modalities on customers hospital brand preference. The discussion focuses on the major findings of impact of referral/word-of-mouth, digital marketing, traditional advertising, and public relation on customers hospital brand preference at seven selected private general hospitals in Addis Ababa.

The first specific objective was to assess the influence of referral/word-of-mouth on clients' hospital brand preference. The regression coefficient results indicate that referral/word-of-mouth has positive and significant effect on customers' hospital brand preference ($\beta = .229$). The finding is also supported by (Yuan & Peluso, 2021) as they argued that referral/word-of-mouth marketing communication modality increased the purchase intention of consumers. Referral/word-of-mouth marketing communication modality engage in more emotional processing, thereby generating higher purchase intentions. Similarly, (Hossain M. et al., 2017) also supported the findings by claiming that word of mouth built by trust and loyalty and has impact on consumer buying behavior.

Referring the second specific objective, investigating the effect of digital marketing on clients' hospital brand preference. The regression coefficient result, ($\beta=.106$) indicate that digital marketing has positive and significant effect, but the lowest of all other three, referral/word-of-mouth, traditional advertising, and public relation on customers' hospital brand preference. Relative other three marketing communication modalities, digital marketing effect is lower according to Ajina A., (2019). Even though advent of digital media as a marketing platform has opened new avenues for marketers to target the desired audience and to create a general interest about a particular product, service, or brand (Ryan, 2016). It didn't yet bear fruit to overcome the influence of referral/word-of-mouth marketing modalities in Ethiopian hospital marketing practices (Bersahbet, 2018).

Regarding the third objective, exploring the impact of traditional advertising on clients' hospital brand preference. The regression coefficient results indicate that traditional advertising has positive and significant effect on customers' hospital brand preference ($\beta=.122$), which is lower than that of referral/word-of-mouth and public relation but had higher impact than digital marketing. The finding supported by (Sama R., 2019) revealing advertisement on various traditional media platforms had statistically evident influence on customers purchasing behavior and brand preference. (Bruktawit, 2017) also revealed that there are positive and significant relationships between tradition media advertising and brand preference.

Finally, the fourth objective was to measure effectiveness of public relation on clients' hospital brand preference. The regression coefficient results indicate that traditional advertising has positive and significant effect on customers' hospital brand preference ($\beta=.142$), which is lower than that of referral/word-of-mouth but had higher impact than digital marketing and traditional advertising positioned it as the second influential marketing communication modality next to referral/word-of-mouth on clients' hospital brand preference. The finding reconciles with the study conducted by (Lenka & Petra, 2014) revealed that public relation is an important element in supporting the power and value of an organization's brands to all stakeholders. On the other hand a finding by (Hsieh & Li, 2008) and (Hiwot, 2021) depicted that the impact of public relations per (PR) on customer loyalty is stronger and more significant when the brand image is favorable.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

In this chapter summary of the major findings of the study, conclusions derived from data analysis, and recommendations that are suggested by the researcher based on the findings obtained from this specific study will be covered.

5.1. Summary of Findings

This study attempted to evaluate marketing communication impact on customers hospital brand preference, considering four major marketing communication modalities: referral/word-of-mouth, digital marketing, traditional advertising, and public relation. Based on the data presented in the previous chapter, the following findings are summarized. According to the respondents' responses provided for different questions using a research questionnaire administered, all four marketing communication modalities had impact on customers hospital brand preference in a descending order of referral/word-of-mouth, public relation, traditional advertising, and digital marketing. Referral/word-of-mouth had superior of all the other three marketing communication modalities which impacted clients' hospital brand preference, the second influencing marketing communication modality was public relation, traditional marketing ranked at the third influencer and digital marketing placed as a least influencer of all the four.

5.2. Discussion

This study showed that most of the study participants had a significant influence of referral on their hospital brand preference. Most of the study participants did necessarily make a deliberate choice based on comparative information they have provided from their referring individuals, be it a relative, friend, family member, colleague, or healthcare professional. They played a more active role in choosing a healthcare provider at the point of referral. Still, they were convinced by the testimonies from the referring individuals about the specific hospital where they were seeking their medical attention.

In the case of these study participants, referring individuals seemed to have supported them in becoming actively involved in their preference of a hospital brand. This indicates that referral of

any kind played a significant role in the hospital brand preference of study participants. The result of this study disclosed that clients' hospital brand preference seemed to have had enormous influence through the increased amount of input and information patients provided from their ultimate referring individuals. The amount of dependability of clients on the information they have provided from their referring individuals also had a decisive role on their preference to present at the favored hospital seeking medical attention through deliberate choices between healthcare providers.

Comparison with existing literature

This study result indicated that clients' hospital preference for their medical attention got influenced by the role that clients play in the referral decision making process, and referral from different sources has a lion's share amongst other factors. According to existing research findings described below, there were substantiating findings in line with this study findings demonstrated that patients/clients are often influenced to visit the healthcare provider/hospital when recommended by their referents.

A study conducted in Germany by Jens Leister & Jürgen Stausberg, 2007, titled 'Why do patients select a hospital? A conjoint analysis in two German hospitals found that referrals by general practitioners and recommendations by relatives and acquaintances influence patients' hospital brand preference which has got similar and supporting study findings to this particular study, even though these two studies were conducted in two completely different parts of the globe.

Another study conducted by Kemp, E., et al., 2014 in America titled 'Healthcare branding: developing emotionally based consumer brand relationships' has got findings consistent with this study findings indicated that referent influence is one of the variables in establishing affective commitment in consumer brand relationships in a health care context. Once the affective commitment is achieved, consumers may come to identify with the health care provider's brand, and a self-brand connection is formed. When such a phenomenon takes place, consumers can serve as advocates for the brand by actively promoting it via word-of-mouth.

A substantiating result in accordance with the current investigation has also been reported by Karbalaie Maryam et al., 2013 in a study titled ‘Investigating of Brand Equity on Hospital Image’ found that trust, customer satisfaction, and relationship commitment all had a positive influence on hospital brand loyalty and brand awareness. Individuals with high Brand loyalty and brand awareness could also propagate their lived experience and can influence others on their hospital brand preference.

5.3. Conclusions

Referral played a key role in choosing a hospital brand as a healthcare provider for the majority of research participants in this study. Often, referents of different sources chose a healthcare provider on behalf of the patient, and the impact of referral was immense on healthcare clients’ preference of hospital for their medical attention. This study demonstrated that healthcare provision obtained through referral ultimately leads to more personalized care of higher quality and efficiency. Referents of various sorts could help clients more often to choose the healthcare provider that fits their needs and preferences. Referents could investigate clients’ health problems for which they seek a referral and to have a more active role in the choice of a healthcare provider. Referents regularly and frequently influenced the preference of hospital clients who were research participants in this study while deciding on a hospital for their healthcare needs.

Hospital clients might have comparative information from different sources of referents. Still, most of the study participants in this specific study rely on the information they have provided from their referents. As a result, their healthcare provider decision was hugely influenced by these referents who were keen on them. The majority of research participants in this study were very dependable on their fellow referents, and the level of dependability they developed influenced their hospital brand preference. From the four selected forms of healthcare marketing practices that influence on client’s hospital brand preference we have evaluated in this study, referral marketing stands out as vastly superior by a majority of respondents. According to a majority of this research respondents, they have been provided with a satisfying healthcare service from hospitals they have visited through referral marketing.

5.4. Recommendations

From this study's findings, we have categorized the influence of referral/word-of-mouth marketing on customers hospital brand preference was immense. The findings of this study indicated the importance of referral/word-of-mouth marketing against other three marketing communication modalities and its special place in the decision of hospital clients when they are choosing their hospital brand. The superiority of the impact of referral/word-of-mouth marketing over digital marketing, traditional advertising, and public relations marketing on clients' hospital brand preferences indicates that healthcare providers to capitalize and invest in marketing strategy that influences the vast majority of their clients. This suggests that hospital managers and staff should take care of patients well enough to allow them to gain trust in the hospital, feel satisfied with it and create a high level of relationship commitment while not ignoring the potential of public relation, traditional advertising and digital marketing communication modalities in gaining the market share.

It is also recommended to develop a strong referral network which is critical to ensure the success of hospital brand. In order to grow a hospital's medical practices revenue, it is important to attract new patients consistently and for that, referral/word-of-mouth marketing is one of the marketing avenues that hospital marketers should devote to. Establishing a reliable referral network is an excellent way to bring in the healthcare business, and as a return, referral/word-of-mouth marketing can trigger the growth of the hospital business. Industry experts believe that referred patients are more loyal and profitable than regular patients. It is recommended that including a referral program in a business's marketing strategy toolbox is essential for every medical practice provider to attract new patients, increase hospital brand recognition, and uplift return on investment. The quality of the healthcare provider referral network can impact income, patient experience, and information security business career. That is why it is critical to building a strong referral network from the very beginning.

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ANNEXES

ANNEX I: LETTER OF INTRODUCTION

Hulemenaw Deleegn

Addis Ababa University, School of Commerce

Cell Phone #: +251911654096

Dear Sir/Madam:

I am a postgraduate student at Addis Ababa University, School of Commerce a Master of Art in Marketing degree. I am writing a research project as a requirement for partial fulfillment for the award of a degree. The aim of my research is to investigate **Evaluation of Impact of Marketing Communications on Customers' Hospital Brand Preference in Addis Ababa, Ethiopia**

Enclosed is a copy of my research questionnaire, which I kindly request your time to fill in. The information that you provide in this questionnaire is for academic purposes only and will be treated with utmost confidentiality.

Thank you in advance for your time and cooperation!

Sincerely,

Hulemenaw Deleegn

ANNEX II: RESEARCH QUESTIONNAIRE

Research Questionnaire

INSTRUCTIONS: Write or tick where applicable.

1. Client Code:
2. Gender: Male Female
3. Age: _____ Yrs
4. Marital status
 Married Widowed Separated Divorced Single
5. Level of education
 High School Diploma Bachelor's degree Master's degree Ph.D.
6. For what specific service you came to this health facility?
 Internal Medicine Surgery Gyn/Obs Others _____
7. Is the client Inpatient/Outpatient?
 Inpatient Outpatient
8. Referral/word-of-mouth affect your hospital brand preference:
 Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree
9. Referral/word-of-mouth regularly affects your hospital brand preference:
 Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

10. Rely on your sources of referral/word-of-mouth for hospital brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

11. Satisfied with services obtained from the referral/word-of-mouth hospital brand:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

12. Digital marketing influences your hospital brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

13. Digital marketing regularly affects your hospital brand preference:

- Always
- Often
- Sometimes
- Rarely
- Never

14. Digital marketing is suitable platform for your hospital brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

15. Satisfied with services rendered from the hospital brand communicated through digital marketing:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

16. Traditional advertising influences your hospital brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

17. Traditional advertising regularly influences your hospital brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

18. Traditional advertising of any kind influences your hospital brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

19. Satisfied with services rendered from the hospital brand communicated through Traditional advertising:

- Strongly agree
- Agree
- Neutral
- Disagree
-

Strongly disagree

20. Public relation affects your hospital brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

21. Public relation regularly influences your hospital brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

22. Public relations of any kind influence your hospital brand preference?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

23. Hospital brand preference is a critical thing that needs your decision:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

24. Your healthcare needs are influenced by your healthcare brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

25. You consider different determinants for your hospital brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

26. You regularly decide on your hospital brand preference:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree