Managing the Brand through Advocacy and Its Influences: A Study in the Hospital as Healthcare Provider

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Abstract: Improving human lives through a better health condition has been considered as the main subject for human development. Human life expectancy is getting higher due to the development of healthcare in science, technology and industry. The fast growing of healthcare sector, especially private hospital industry in Indonesia has been giving the consequence on more options to the customers to obtain the healthcare services. Therefore, the private hospitals are challenged to have some competitive advantages as well as effective marketing strategy. Hospital branding by executing brand advocacy is one of the choice for hospital marketing strategy. The hospital choice based on other patients' preference play its role in the good healthcare service experience for a better health condition.

The study examines the effect of brand attitude, perceived quality, brand reputation, and customer-oriented behavior on brand trust, and then to analyze the effect of brand trust on self-brand connection and brand advocacy, also the effect of self-brand connection on brand advocacy. The study uses a survey method with a sample size of 184 respondents, drawn from the customers of branded, B class, private hospitals in Tangerang, Banten province, Indonesia. Methods of the data analysis in this study are SEM (Structural Equation Model) which used to test the hypothesis.

The result showed the two variables of four which are brand reputation and customer-oriented behavior have a significant and positive effect on brand trust, while the other two variables which are brand attitude and perceived quality has no significant effect on brand trust. The effect of brand reputation is stronger than the effect of customer-oriented behavior on brand trust. Brand attitude has no significant effect on brand trust in this study because the frequency of service experience is still low. Higher frequency of hospital visit seems giving more brand trust to the respondents. No significant effect also happen to perceived quality on brand trust in this study is suspected due to the respondents spend their healthcare expenses by their out-of-pocket-money than other resources like insurance. This condition causes a higher expectation to the service quality provided by the hospital.

Furthermore, brand trust itself and self-brand connection have a significant and positive effect on brand advocacy. The effect of brand trust on self-brand connection unveil as the strongest effect in this model, and followed by the direct effect of brand trust on brand advocacy as the second strongest one. The dominant indicator reveals from brand trust is the trust that customers receive from health professional at the hospital. In addition, the study also revealed brand trust has a significant and positive effect on brand advocacy directly as well as indirectly mediated by self-brand connection even the indirect effect is smaller than its direct effect.

The hospital managers are expected to be able to cultivate brand advocacy through positive word of mouth by building brand trust, mainly, and the customers' self-brand connection to the hospital. Trust to the hospital brand itself is driven by the brand reputation and customer-oriented behavior of the hospital. Positive word of mouth about the healthcare services is spread by the advocates

who are the satisfied previous customers, their family and friends having a good overall perception about the hospital. A good hospital reputation is constructed by a good service standard consistently for both functional service and medical service. Service standard has to focus on the customers' interest so it is aiming for error reduced as well as patient safety. Even the hospital attains more customers, the service level is never under normal variation. Customer-oriented behavior of medical and non-medical staff is implemented by paying attention to every service contact point to the customers. Having detailed management on every service contact point will reduce the risk of customers' disappointment and build brand trust. A hospital manager has to realize that the non-medical services are as much important as the core medical services, also giving the attention almost equally to the patients and their family and friends. Furthermore, self-brand connection is formed by conducting emotional bounding which comes from good service experiences in the past. Many hospitals only focus on the new customers without paying enough attention to the past customers or even loyal customers. Hospital has to be able to manage a customer-based data, and then facilitate a periodic gathering event or even one group community where the loyal customers become the advocates and sharing their past experiences in the hospital. The prospective customers will get a trusted testimonial while the past customers will be updated by full information on the current services. The hospital managers are challenged to create and maintain good memorable service experiences for continuous branding as well as sustainable good performances of healthcare providers and its role for higher life expectancy.

Keywords: brand advocacy, brand trust, hospital branding, Indonesian healthcare sector, SEM (Structural Equation Model).

Introduction

Improving human lives through a better health condition has been considered as the main subject for human development, while the health standard of people and the health development in a country are influenced by its infrastructure. Both quantity and quality of healthcare providers in Indonesia contributed to the health standard of people in Indonesia. Having a comparison to the population in Indonesia, the number of healthcare provider as well as its manpower is relatively unequal. This shows the size of healthcare business opportunity in Indonesia, hence it determines the development program targeted by government.

At the year 2013, hospital as one of provider type in the healthcare infrastructure is spreading in the amount of 2,228 units national-wide in Indonesia [1]. It consists of 1,562 public hospitals and 666 private hospitals. In term of growth, the private hospital has it much higher than the public hospital which in 2013 is as a result of 22.7% growth from 2012, and 72.4% growth in 2011. Hospital is also classified in class category based on the facility and its capability to provide healthcare services; those are Class A, Class B, Class C, and Class D. In 2013, 33% and 23% of the total hospital is Class C and Class D respectively, while 13% is Class B hospital. The market potential for healthcare provider in Indonesia can be seen from the bed ratio on 1,000 people, that is 1.12 in 2013. While Japan, Singapore, and Malaysia are having ratio between bed and population at 1:70, 1:320, and 1:500 respectively, the ratio for Indonesia is quite huge at 1:1,600 [2].

In 2014, Standard Chartered Equity Research estimated Indonesia's health expenditure per capita has increased from USD 107 in 2013 to USD 229 in 2018 and USD 402 in 2023 [3]. This implies the acceleration to the health expenditure CAGR of 17% in 2013-2018 from 13% in 2008-2013. The hospital expenditure has been estimated to take share 63-68% of total health expenditure each year during 2013-2023. There are some factors influencing health sector growth such as the launch of National Health Insurance (JKN, Jaminan Kesehatan Nasional) managed by Badan Penyelenggara Jaminan Sosial (BPJS) with the target coverage of total population in 2019. JKN program will make upper middle class people switch to private hospitals due to fully-occupancy of service capacity in public hospitals. Increasing Ministry of Health budget for healthcare sector in 2014 is showing its boosting on government budget for JKN.

Additionally, the boosting of healthcare demand happens due to rising incomes and an expanding upper middle class as affordability and health awareness increase [3]. Macroeconomic improvement such as an increasing on buying power appears in upper middle class people. Upper middle class people particularly in big cities have been more educated and having higher health awareness including the importance of health prevention. They are willing to spend more for better quality of healthcare service. Hence, they are called as consuming class who are an economic

generator including for healthcare sector. Since 2010, it was estimated 45 million people in Indonesia included in consuming class who is predicted a double increase become 85 million in 2020 [4].

Although the healthcare industry is growing fast in Indonesia, it occurs tight competitive amongths healthcare providers in the country as well as with abroad healthcare providers where people looking for medical check-up and treatment is also increasing [5]. The reason for this phenomenon is not because healthcare services abroad is cheaper than within the country but people look for up-to-date technology and better service provided. This competitiveness should stimulate improvement in service performance. While the competition is ongoing in number of both core and support healthcare facilities as well as quality of service for patient safety and comfortness, at the same time hospital managers is challeged to have effective marketing strategy through its brand.

Many times managers face the fact that the conventional advertisement in healthcare industry is no longger giving an reasonable return of investment. One of the reason is due to decreasing in credibility of some medias where advertisement placed [6]. Patients trust in advocacy and recommendation from close friends and family to choose the brand of healthcare provider which usually through word-of-mouth (WOM). WOM is relevant to healthcare services because the service is very personnal, hence quality is the most important. The important role of brand advocacy in healthcare services is shown in a survey on Indonesia Hospital Customer Behaviour done by SWA in 2014 [5]. The survey discover the fact that friends and family is the main source of information elaborated by customers to choose a hospital with 88.3%. The figure is higher than the one of advertisement, hospital brochure, or other sources used by customer to get information.

Based on the above background this study attempts to assess the effect of brand attitude, perceived quality, brand reputation, and customer-oriented behavior on brand trust, and its influence on brand advocacy through self-brand connection.

Theoretical Background And Methods

Theoretical Background

In 2000, Berry has emphasized that branding also apply for intangible product like service as for tangible product. As a part of service sector, healthcare service has similar as well as differentiation with other kind of service [7]. This was being analyzed by Berry (2008) in his research at Mayo Clinic as an example of successful healthcare organization [8]. Fig. 1 below represents the theoretical framework developed in this study.

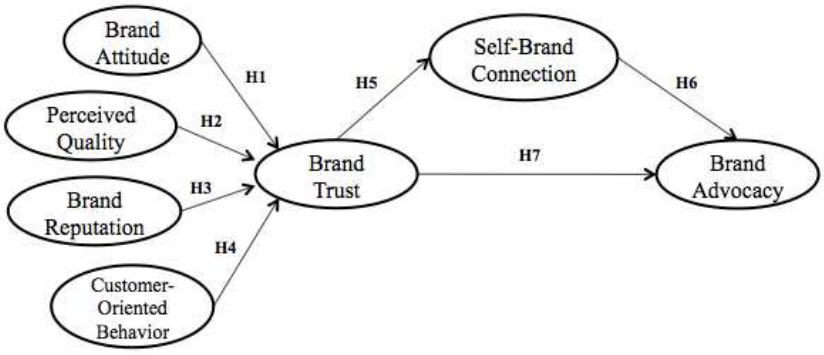

Figure 1. Research model

In term of the importance of brand and its customer's perception, there are two researchers who extensively conceptualized on brand, especially focusing on brand equity for tangible product; they are Keller (1993) and Aaker (1996) where brand attitude and perceived quality are included as its dimensions [9, 10]. Followed by Low dan Lamb (2000) who also explored on both dimensions for his brand association concept. Brand attitude is an overall evaluation of a brand conducted by customer based on brand stimulus to give a tendency to like or dislike a brand [11]. Trusting the brand is built by having a positive attitude to the brand or like the brand [12, 13]. In healthcare service, Kemp et. al. (2014) investigated that customers who like the service of healthcare provider and its brand will positively influence the dependence and trust to the brand [14]. Thus, the following is predicted:

H1. Brand attitude has an influence on brand trust

As for perceived quality, it has been proposed by Zeithaml (1988) and Aaker (1991), that is subjective judgment of overall quality and its superiority compared to its competitor [15, 16]. Resources invested for increasing perception on the quality is benefit for boosting trust on the brand [17]. So it also happens in the hospital branding [14]. Indeed, perceived quality has no direct effect on brand loyalty but it was mediated by brand trust [18]. Therefore, the following is hypothesized:

H2. Perceived quality has an influence on brand trust

In 1999, Lau and Lee constructed brand reputation as customers' attitude to a brand when it comes as a good brand so the brand can be trusted as well [19]. Customers tend to trust the brand that has reputation of competent, honest, and pay attention to the customers' interest [20]. Hence, this study is proposed the link of both variables for consumers and healthcare brands:

H3. Brand reputation has an influence on brand trust

Brady and Cronin (2001) who stated behavior of employee or service person becomes the most important factor in the customer-oriented organization due to the intangible characteristic of service as well as simultaneous between production and consumption of service [21]. Kim et. al. (2004) mentioned that customer-oriented behavior is the beliefs to put the customer's interest first to create their satisfaction before other stakeholders for long-term profitable organization [22]. Brand association based on employee performance is the main factor to determine customers' trust on the brand [23]. In healthcare service, the provider has to develop customer-oriented behavior among their employees both medical professionals and non-medical staff [14]. So it proceed to propose the following:

H4. Customer-oriented behavior has an influence on brand trust

Morgan and Hunt (1994) is well-known conceptualizing on a trust between parties in partnership [24]. Therefore, Chaudhuri dan Holbrook (2001) defined brand trust as a customer's willingness to rely on the ability of the brand to function as stated so it reduces vulnerable situations and risk [25]. Since 1996, Escallas has conceptualized self-brand connection as a result of a process when customers utilize brands to create self-concept or self-image and to present these images to others or to themselves so their identity goals are achieved [26]. One study by Becerra and Badrinarayanan (2013) said that brand identification is shown when customers have ownership in their trusted brand [27]. In healthcare service, it was required an emotional bounding between healthcare provider brand and its customer so it was in accordance with customers' self-concept or self-image [14]. Accordingly, the following is proposed:

H5. Brand trust has an influence on self-brand connection

Customers sometimes have no capability to assess the technical quality of a service performance. Amongst many kinds of products and services, there is a differentiation in difficulty grade to evaluate its quality. Service usually has either high experience quality that is characteristic being evaluated by customers after puschase, e.g. restaurant and barber service, or high credence quality that is characteristic hardly evaluated by customers even after consumption, e.g. law firm and medical service [28]. Kotler dan Keller (2012) mentioned that those characteristics determine some services rely more on word-of-mouth than advertisement. By focusing on brand value as a factor influenced identification between customer and the brand, customers are willing to give a positive word-of-mouth [29]. In healthcare service, only strong self-brand connection due to good service experience make customers willing to be an advocate for the related brand [14]. Hence this study propose the following:

H6. Self-brand connection has influence on brand advocacy

Effectively, competence and qualified service to the patient build trust to the healthcare provider brand, so in return the provider is more easily acquire some advocates to promote the brand [14]. Accordingly, we offer the following hypothesis:

H7. Brand trust has an influence on brand advocacy

Some previous researchers have discussed the variables mentioned above that affect brand trust, such as Kemp, et. al. (2012), Haefner et.al. (2011) who discussed the link between brand attitude and brand trust; Aurier and de Lanauze (2012), Chen and Chang (2013) who investigated the relation between perceived quality and brand trust; Jillapalli and Jillapalli (2014), Afzal et. al. (2010), Keh and Xie (2009) who examined the connection between brand

reputation and brand trust; Phan dan Ghantous (2013) who analyzed the effect of customer-oriented behavior to brand trust [12, 13, 17, 18, 20, 23, 30, 31].

As it is said that advocacy is a willingness to spread positive word-of-mouth about a product, service or organization, there some previous studies have investigated the link between brand advocacy, brand trust and self-brand connection such as Becerra and Badrinarayanan (2013) and Kemp et. al. (2014) [14, 27]. To be highlighted that the study which has been done by Kemp et. al. (2014) already included many variables but it was conducted in the context of hospital as a healthcare provider [14]. This is important to consider there are only few investigations performed in hospital branding. The connection between brand trust and self-brand connection is also studied by Kemp et. al. (2012) and Punjaisri (2013); the effect of self-brand connection and brand advocacy is also examined by Kwon dan Matilla (2015), Tuškej et. al. (2013), Badrinarayanan dan Laverie (2011), Stokburger-Sauera et. al. (2012), and Wallace et. al. (2012); finally the effect of brand trust to brand advocacy is also found in a study by Sicthmann (2007) [12, 29, 32, 33, 34, 35, 36, 37].

Method

In order to test the proposed hypotheses and the model represented in Figure 1, a survey for primary data was conducted. All constructs were measured using existing indicators adapted for this study. A total of 28 indicators are listed below using five-point Likert scale:

Brad attitude (Lichtenstein and Bearden, 1989 in Kemp et. al., 2014) [14]
My overall attitude towards the hospital I currently attend is:

- Good/ bad (BAT1)
- Pleasant/ unpleasant (BAT2)
- Favorable/ unfavorable (BAT3)
- Positive/ negative (BAT4)

Perceived quality (Keller and Aaker, 1992 in Kemp et. al., 2014) [14]
The quality of care you receive at your hospital:

- Superior/ inferior (PQ1)
- Quality/ low quality (PQ2)
- Countable/ uncountable (PQ3)

Brand reputation (Lau dan Lee, 1999 in Afzal et. al., 2010) [31]

- The hospital has a reputation for being good (BR1)
- The hospital has a reputation for being reliable (BR2)
- The hospital is reputed to perform well (BR3)

Customer-oriented behavior (Kim et al., 2004 in Kemp et. al., 2014) [14]

- The staff at my hospital is always willing to help patients and/or their guardians (COB1)
- The staff at my hospital is willing to cheer up patient when they are down (COB2)
- The staff at my hospital is always willing to resolve patients' complaint (COB3)
- The staff at my hospital is willing to consider the things nor requested by patients and/or their guardians (COB4)

Brand trust (Chaudhuri dan Holbrook, 2001 in Kemp et. al., 2014) [14]

- I trust the care that I receive from healthcare professional at this hospital (BT1)
- I rely on the care I receive from this hospital (BT2)
- I feel save in my hospital (BT3)

Self-brand connection (Escalas dan Bettman, 2003 in Kemp et. al., 2014) [14]

- My hospital reflects who I am (SBC1)
- I can identify with my hospital (SBC2)
- I feel a strong connection with my hospital (SBC3)
- I use my hospital to communicate who I am to other people (SBC4)
- I think my hospital help me become my condition now (SBC5)
- When people respect the hospital, it reflects who I consider my self (SBC6)
- My hospital suits me well (SBC7)

Brand advocacy (Escalas dan Bettman, 2003 in Kemp et. al., 2014) [14]

- I try to get my family and friend to patronize my hospital (BA1)

- I seldom miss an opportunity to tell others good things about my hospital (BA2)
- I would defend my hospital to others if heard someone speaking poorly about my hospital (BA3)
- I would bring friends/family to my hospital if they needed care because I think they would like it (BA4)

A purposive sample was obtained consisting of customers of branded, Class B, private general hospitals in Tangerang. Here, customers can be patients or their family who do purchase decision and transaction as well as make an evaluation on the service experience. There are two criteria of the sample which are (1) at least the second visit when the survey was taken; (2) self or family of inpatient. Each sample is being asked his willingness to participate voluntary to fill in the questionnaire after finishing their hospitalization payment at the cashier and the respondents were promised anonymity. This study is cross-sectional study as data taken in a short period of time.

A total of 184 completed surveys were obtained; 60 percent of respondents were male and 40 percent were female. 92 percent of respondents live in Tangerang, Banten province, Indonesia; 86 percent were in the reproductive age between 20-49 years old. A total of 55 percent were private corporate employee; 46 percent were university graduates. 77 percent of respondents were family of the patient, 20 percent were patient himself, and the rest were friend of the patient. A total of 42% were the second visit and the rest were more than twice visiting the same hospital, while 76% of respondents have visited the hospital within the last 2 years. 30 % of funding source for healthcare expenditure comes from out-of-pocket money, followed by corporate assurance and private insurance.

Results and Discussion

According to Ghozali (2009), Confirmatory factor analysis (CFA) by KMO Bartlett's and Anti-Image Matrices Correlation was used to purify and validate the scales used [39]. The validity of this study is constructed by the scale of KMO Bartlett's and Anti-Image Matrices Correlation > 0,5 (KMO Bartlett's ranging from 0.682 to 0.904; Anti-Image ranging from 0.632 to 0.936). While according to Sekaran (2013), the scale reliabilities of the study > 0.6 (Cronbach's Alpha ranging from 0.816 to 0.923) suggest adequate scale reliability [40]. All measures are presented in Table 1.

The structural model and hypotheses were evaluated after attaining a validated measurement model. The model exhibited adequate fit GFI (0.809), RMR (0.023), NFI (0.850), CFI (0.927), PRATIO (0.892), PCFI (0.826), and RMSEA (0.066). The data were subjected to structural equation analysis in *Structural Equation Model* (SEM) by Analysis of Moment Structure (AMOS) version 8.0 software programs.

Table 1. Variable validity and scale reliability

Variable	Validity		Reliability	Conclusion
	KMO	Anti Image	Cronbach Alpha	
BAT1	0,823	0,868	0,908	Valid & Reliable
BAT2		0,868		
BAT3		0,785		
BAT4		0,820		
PQ1	0,719	0,752	0,821	Valid & Reliable
PQ2		0,698		
PQ3		0,711		
BR1	0,699	0,750	0,840	Valid & Reliable
BR2		0,720		
BR3		0,648		
COB1	0,809	0,842	0,853	Valid & Reliable
COB2		0,781		
COB3		0,777		
COB4		0,860		
BT1	0,682	0,632	0,816	Valid & Reliable
BT2		0,688		
BT3		0,754		
SBC1	0,904	0,866	0,923	Valid & Reliable
SBC2		0,864		
SBC3		0,936		
SBC4		0,933		
SBC5		0,925		
SBC6		0,898		
SBC7		0,924		

BA1 BA2 BA3 BA4	0,812	0,779 0,845 0,860 0,781	0,867	Valid & Reliable

Results

The results of the hypotheses testing are presented in Table 2. H1, H2, H3 and H4 predicted that brand attitude, perceived quality, brand reputation and customer-oriented behavior would be related to brand trust. Both brand reputation and customer-oriented behavior was found to exert significant and positive relationships with brand trust ($p < 0,05$), thereby supporting H3 and H4 respectively. The effect of brand reputation is stronger than the effect of customer-oriented behavior on brand trust. In contrast, the effect of brand attitude and perceived quality on brand trust, as proposed in H1 and H2 respectively, was not supported.

H5 predicted relationships between brand trust and self-brand connection. As expected, brand trust demonstrates positive relationship with self-brand connection ($p < 0,05$). That is, H5 was supported. H6 predicted relationships between self-brand connection and brand advocacy. Hypotheses were supported as self-brand connection demonstrated a significant positive relationship with brand advocacy ($p < 0,05$). Finally, H7 proposed a direct relationship between brand trust and brand advocacy. The hypothesized direct relationship between brand trust and brand advocacy was found to be significant ($p < 0,05$), thereby supporting H7.

Furthermore, the effect of brand trust on self-brand connection unveil as the strongest effect in this model, and followed by the effect of brand trust on brand advocacy as the second strongest one. The dominant indicator reveals from brand trust is the trust that customers receive from health professional at the hospital. In addition, the study also revealed brand trust has a significant and positive effect on brand advocacy directly as well as indirectly mediated by self-brand connection even it is smaller than its direct effect.

Table 2. Results of structural equations modeling (SEM) analysis

		Coefficient	Prob.	Conclusion
H1	Brand Attitude ➔Brand Trust	0.144	0.111	Not supported
H2	Perceived Quality ➔Brand Trust	0.107	0.421	Not supported
H3	Brand Reputation ➔Brand Trust	0.404	0.002	Supported
H4	Customer-oriented Behavior ➔Brand Trust	0.334	0.000	Supported
H5	Brand Trust ➔Self-Brand Connection	0.754	0.000	Supported
H6	Self-Brand Connection ➔Brand Advocacy	0.242	0.013	Supported
H7	Brand Trust ➔Brand Advocacy	0.624	0.000	Supported

Discussion and Analysis

There are two variables of four independent variables tested that have no significant effect on brand trust in this study; they are brand attitude and perceived quality. In the previous study, it was demonstrated that brand attitude and perceived quality will lead to an increase in brand trust. However, brand attitude has no significant effect on brand trust in this study because the frequency of service experience is still low. Many respondents in this study visited the current hospital for the second time. Higher frequency of hospital visit seems giving more brand trust to the respondents. No significant effect also happen to perceived quality on brand trust in this study is suspected due to the respondents spend their healthcare expenses by their out-of-pocket-money than other resources like insurance. This condition causes a higher expectation to the service quality provided by the hospital. The more people spend their own money, the higher their expectation for having the service.

Brand reputation has a positive and significant impact on brand trust. This means that rising hospital brand reputation impact on increasing hospital brand trust. Building the hospital reputation through its service performance would develop customers' trust on the related hospital brand. In term of customer-oriented behavior, it also has a positive and significant impact on brand trust. This means that the higher orientation of its employee to cope customers' complaint and increasing customer satisfaction, the higher trust from customer to the hospital brand. The effect of brand reputation on brand trust is higher than the effect of customer-oriented behavior on brand trust.

Furthermore, brand trust is positively and significantly effect self-brand connection. The dominant indicator reveals from brand trust is the trust that customers receive from health professional at the hospital. This means that the more

trust to the hospital due to the quality of its medical team, the more customers feel connected to the hospital and even reflect and identify themselves to the brand, so they suit to the particular hospital. Finally, other variable that influence brand advocacy positively and significantly is self-brand connection. This means that the strong connection of customers to their hospital by reflecting themselves to its brand influence their capability to become the advocate. Besides giving a positive word-of-mouth, an advocate also recommend their hospital brand to others especially family and friends to petronize the same hospital. Other than influincing self-brand connection, brand trust also positively and significantly has a direct influence on brand advocacy. This means that the more trust to the hospital due to the quality of its medical team, the more customer is capable to become its advocate.

The effect of brand trust on self-brand connection unveil as the strongest effect in this model, and followed by the direct effect of brand trust on brand advocacy as the second strongest one. In addition, the study also revealed that brand trust has a significant and positive effect on brand advocacy directly as well as indirectly mediated by self-brand connection even the indirect effect is smaller than its direct effect.

Conclusion and Suggestion

Conclusion

From the above findings it can be concluded that the hospital managers are expected to be able to cultivate brand advocacy through positive word of mouth by building brand trust, mainly, and the customers' self-brand connection to the hospital. Trust to the hospital brand itself is driven by the brand reputation and customer-oriented behavior of the hospital. Positive word of mouth about the healthcare services is spread by the advocates who are the satisfied previous customers, their family and friends having a good overall perception about the hospital. A good hospital reputation is constructed by a good service standard consistently for both functional service and medical service. Service standard has to focus on the customers' interest so it is aiming for error reduced as well as patient safety. Even the hospital attains more customers, the service level is never under normal variation. Customer-oriented behavior of medical and non-medical staff is implemented by paying attention to every service contact point to the customers. Having detailed management on every service contact point will reduce the risk of customers' disappointment and build brand trust. A hospital manager has to realize that the non-medical services are as much important as the core medical services, also giving the attention almost equally to the patients and their family and friends. Furthermore, self-brand connection is formed by conducting emotional bounding which comes from good service experiences in the past. Many hospitals only focus on the new customers without paying enough attention to the past customers or even loyal customers. Hospital has to be able to manage a customer-based data, and then facilitate a periodic gathering event or even one group community where the loyal customers become the advocates and sharing their past experiences in the hospital. The prospective customers will get a trusted testimonial while the past customers will be updated by full information on the current services. The hospital managers are challenged to create and maintain good memorable service experiences for continuous branding as well as sustainable good performances of healthcare providers and its role for higher life expectancy.

Suggestion

From these results, the next researchers need to include additional variables such as perceived value which consists of monetery value and non monetery value, promotion, and customer satisfaction if they play role in determining the level of their advocacy to the hospital brand. It also can be examined by having moderating variables such as source of healthcare expenditure, different type of hospital (comparison between public and private hospital), different class of hospital (Class A and Class B hospital). The next research on brand advocacy can be conducted in other cities or in other related healthcare industry such as mom and child clinics, medical check-up laboratory, pharmacies as well as other similar industry as healthcare service i.e. beauty shop, baby care shop, car rental.

References

[1] Kementerian Kesehatan Republik Indonesia (2014). *Profil Kesehatan Indonesia Tahun 2013*. Jakarta: Author.
[2] World Health Organization (2013). *World Health Statistics 2013*, Switzerland: Author.
[3] Witirto, A. and Hui, S. (2014). *Indonesia Healthcare: Power of Healing.* Retrieved from Standard Chartered Equity Research, website: http://research.standardchartered.com
[4] Oberman, R., Dobbs, R., Budiman, A., Thompson, F., and Rossé M. (2012). *The archipelago economy: Unleashing Indonesia's potential.* Retrieved from McKinsey Global Institute, website: http://www.mckinsey.com/~/media/McKinsey/dotcom/Insights%20and%20pubs/MGI/Research/Productivity%20Competitiveness%20and%20Growth/The%20archipelago%20economy/MGI_Unleashing_Indonesia_potential_Executive_Summary.ashx

[5] Bisnis Kesehatan di Indonesia (2014, 8-21 Mei). *SWA*, XXX (10), 38-47
[6] Fredicks, D. (2011). The decline of traditional healthcare marketing: why word-of-mouth is more relevant than ever. *Marketing Health Services*, Summer, 3-5.
[7] Berry, L.L. (2000). Cultivating service brand equity. *Journal of the Academy of Marketing Sciences*, 28 (1), 128-137.
[8] Berry, L.L. and Seltman, K. (2008). *Management Lessons from Mayo Clinic: Inside One of The World's Most Admired Service Organizations*, McGraw- Hill Professional, New York, NY.
[9] Aaker, D.A. (1996), *Building Strong Brands*, Free Press, New York, NY.
[10] Keller, K.L. (1993). Conceptualizing, measuring, and managing customer-based brand equity'. *Journal of Marke*ting, 57, January, 1-22.
[11] Low, G.S. and Lamb, C.W. (2000). The measurement and dimensionality of brand associations. *Journal of Product & Brand Management*, 9 (6), 350-68.
[12] Kemp, E., Childers, C. Y., dan Williams, K. H. (2012). A tale of a musical city: Fostering self-brand connection among residents of Austin, Texas. *Place Branding and Public Diplomacy***,** 8 (2), 147–157.
[13] Haefner, J.E., Deli-Gray, Z., and Al Rosenbloom (2011). The Importance of Brand Liking and Brand Trust in Consumer Decision Making: Insights from Bulgarian and Hungarian Consumers During the Global Economic Crisis. *Managing Global Transitions*, 9 (3), 249–273.
[14] Kemp, E., Jillapalli, R., and Becerra, E. (2014). Healthcare branding: developing emotionally based consumer brand relationships. *Journal of Services Marketing*, Vol. 28 No. 2, pp. 126–137.
[15] Zeithaml, V.A. (1988). Consumer perceptions of price quality and value: a means end model and synthesis of evidence. *Journal of Marketing*, 52 (3), 2-22.
[16] Aaker, D.A. (1991), *Managing Brand Equity*, Free Press, San Francisco, CA.
[17] Chen, Y-S. and Chang, C-H. (2013). Towards green trust: The influences of green perceived quality, green perceived risk, and green satisfaction. *Management Decision*, 51 (1), 63-82.
[18] Aurier, P. and de Lanauze, G.S. (2012). Impacts of perceived brand relationship orientation on attitudinal loyalty: An application to strong brands in the packaged goods sector. *European Journal of Marketing*, 46 (11/12), 1602-1627.
[19] Lau, G. T. and Lee, S. H. (1999). Consumers' trust in a brand and the link to brand loyalty. *Journal of Market Focused Management*, 4, 341- 370.
[20] Keh, H.T. and Xie, Y. (2009). Corporate reputation and customer behavioral intentions: The roles of trust, identification and commitment. Industrial Marketing Management, 38 (7), 732 – 742.
[21] Brady, M. and Cronin Jr, J. (2001). Customer orientation: effects on customer service perceptions and outcome behaviors. *Journal of Service Research*, 3, 241-251.
[22] Kim, J.Y., Moon, J., Han, D. and Tikoo, S. (2004). Perceptions of justice and employee willingness to engage in customer-oriented behavior. *Journal of Service Marketing*, 18 (4), 267-275.
[23] Phan, K.N. and Ghantous, N. (2013). Managing brand associations to drive customers' trust and loyalty in Vietnamese banking. *International Journal of Bank Marketing*, 31 (6), 456-480.
[24] Morgan, R.M. and Hunt, S.D. (1994). The commitment-trust theory of relationship management. *Journal of Marketing*, 58 (3), 20-38.
[25] Chaudhuri, A. and Holbrook, M. (2001). The chain of effects from brand trust and brand affect to brand performance: the role of brand loyalty. *Journal of Marketing*, 65 (2), 81-93.
[26] Escalas, J.E. and Bettman, J. (2003). You are what they eat: the influence of reference groups on consumers' connections to brands. *Journal of Consumer Psychology*, 13 (3), 339-348.
[27] Becerra, E. P. and Badrinarayanan, V. (2013). The influence of brand trust and brand identification on brand evangelism. *Journal of Product & Brand Management*, 22 (5/6), 371–383.
[28] Kotler, P. dan Keller, K.L. (2012). *Marketing Management*, 14th edition, Pearson Education, Prentice Hall, NJ.
[29] Tuškej, U., Golob, U., and Podnar, K. (2013). The role of consumer–brand identification in building brand relationships. *Journal of Business Research*, 66, 53 - 59.
[30] Jillapalli, R.K. and Jillapalli, R. (2014). Do professors have customer-based brand equity? *Journal of Marketing for Higher Education*, 24 (1), 22- 40.
[31] Afzal, H., Khan, M. A., Rehman, K., Ali, I., and Wajahat, S. (2010). Consumer's Trust in the Brand: Can it Be Built through Brand Reputation, Brand Competence and Brand Predictability. *International Business Research*, 3 (1), 43-51.
[32] Punjaisri, K., Evanschitzky, H., and Rudd, J. (2013). Aligning employee service recovery performance with brand values: The role of brand-specific leadership. *Journal of Marketing Management*, 29 (9-10), 981-1006.

[33] Kwon, E., and Matilla, A.S. (2015). The Effect of Self–Brand Connection and Self-Construal on Brand Lovers' Word of Mouth (WOM). Cornell Hospitality Quarterly, 1-9.
[34] Badrinarayanan, V., and Laverie, D.A. (2011). Brand Advocacy and Sales Effort by Retail Salespeople: Antecedents and Influence of Identification with Manufacturers' Brands. *Journal of Personal Selling & Sales Management*, 31 (2), 123-140.
[35] Stokburger-Sauera, N., Ratneshwarb, S., and Sen, S. (2012). Drivers of consumer- brand identification. *International Journal of Research in Marketing*, 29 (4), 406 – 418.
[36] Wallace, E., Buil, I., and de Chernatony, L. (2012). Facebook 'friendship' and brand advocacy. *Journal of Brand Management*, 20 (2), 128– 146.
[37] Sichtmann, C. (2007). An analysis of antecedents and consequences of trust in a corporate brand. *European Journal of Marketing*, 41 (9/10), 999- 1015.
[38] Ghozali, I. 2009. *Aplikasi Analisis Multivariate dengan Program SPSS*. Cetakan IV. Badan Penerbit Universitas Diponegoro. Semarang.
[39] Sekaran, U., and Bougie, R. (2013). *Research Methods for Business: A Skill Building Approach*, Sixth Edition, Wiley-England.

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