

Hospital brand image analysis and its impact on patients' choice of healthcare services

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ABSTRACT

Background: Patient selectivity in choosing hospitals has significant implications for newly established healthcare facilities. Although previous studies have identified factors influencing hospital selection, limited evidence has examined the key determinants of patient selectivity and trust toward newly established hospitals.

Objectives: This study aimed to determine which dimensions of hospital brand image influence patients' healthcare service preferences.

Methods: This research employed a cross-sectional design involving a sample of 98 patients recruited through consecutive sampling consecutive sampling. Measurements were conducted using a modified brand image questionnaire and a modified patient preference questionnaire. Data were analysed using the chi-square test, and variables significantly associated with healthcare service preference were entered into a multivariate logistic regression model to identify independent predictors.

Results: The univariate results show that the hospital brand image indicator with the highest average was health care provider (3.42) include doctors and nurses. The bivariate analysis revealed two hospital brand image indicators with significance values of $p \leq 0.250$, include the director's reputation ($p = 0.139$) and hospital identity ($p = 0.190$). Logistic regression analysis showed that Patients with a positive perception of the director's reputation were significantly more likely to choose healthcare services ($p = 0.006$). In addition, hospital identity was a significant predictor of healthcare service selection, with patients perceiving moderate ($p = 0.017$) or poor hospital identity ($p = 0.001$) being significantly less likely to choose the hospital than those perceiving a good hospital identity.

Conclusions: A strong director's reputation and a positive hospital identity were identified as significant predictors of patients' healthcare service preferences. These findings suggest that hospital management should strengthen leadership credibility and reinforce a positive hospital identity through transparent governance, consistent service quality, effective communication, and strategic branding initiatives to enhance public trust, improve patients' healthcare service preferences, and increase the competitiveness of newly established hospitals.

KEYWORD: *brand image; new hospital; patient's choice*

Article info : Received 28 January 2026; 1st revision 12 July 2026; 2nd revision 23 July 2026; accepted 13 August 2026; available online 31 August 2026; published 30 September 2026

INTRODUCTION

The current portrait of health services is that patients are increasingly selective in choosing a hospital to receive health care. The complexity of the hospital selection process undertaken by patients poses a significant challenge for hospitals. In the healthcare industry, patients who receive high-quality care at a hospital are more likely to return to that hospital in the future (1). In reality, patients who transfer from one hospital to another are still common. Patients will be loyal to healthcare providers who offer high-quality care and maintain a positive brand image (2). A - thirty to forty percent decrease in non-COVID-19 patient visits, partly due to patients shifting to other facilities perceived as safer or offering better services (3). In other case, patients still have difficulty determining which hospital to go to for services when a family member is in an emergency condition. This is due to a lack of information about the hospital's capacity and specialization (4). These challenges are particularly relevant for newly established hospitals that are still developing public awareness, trust, and a competitive market position. Previous studies have reported that hospital brand image influences patients' decisions to choose healthcare services (2,5,6). However, limited evidence has examined

patients' preferences for selecting healthcare services in newly established hospitals, where public trust and brand recognition are still evolving.

Previous studies have shown that patients consider multiple factors when selecting hospitals, although the relative importance of these factors varies across settings. In Bangladesh, patients with chronic diseases primarily chose hospitals based on treatment quality (30.3%) and proximity (27.6%) (7). whereas in Iran, patients were 2.7 times more likely to choose private hospitals because of shorter waiting times (8). Similarly, studies have reported that a large proportion of hospital visits are made by first-time patients, with 68.9% of visits representing initial encounters and 51% of patients selecting hospitals on their own initiative (9). while another study found that 43% of hospital visits involved new patients (10). Collectively, these findings suggest that healthcare service quality, accessibility, operational efficiency, and patients' first impressions play important roles in hospital selection. However, the relative contribution of hospital brand image, to patients' preferences for selecting healthcare services remains insufficiently explored, especially in newly established hospitals where public trust and brand recognition are

still developing. Patient selectivity in choosing a hospital is influenced by several factors, including affordability, service quality(11), patient satisfaction, accessibility, distance, and treatment costs (12).

In addition, patients' demographic and economic characteristics may also influence hospital selection decisions (2). These factors are closely related to hospital brand image because patients often use their perceptions of a hospital's reputation, service quality, and organizational identity as cues to evaluate the quality and credibility of healthcare services before receiving treatment. According to branding theory, brand image represents consumers' overall perceptions and associations with a service provider, which reduce uncertainty and strengthen trust during the decision-making process. In the healthcare context, a positive hospital brand image enhances patients' trust, shapes their expectations, and influences their choice of healthcare services (5,13).

Therefore, hospital management plays a crucial role in strengthening hospital brand image through high-quality services, effective communication, and a strong organizational identity, particularly in newly established hospitals where public trust and brand recognition are still evolving. In recent years, hospitals have focused on enhancing their brand image through social media and marketing strategies. This hospital brand image should be adopted by hospitals seeking to develop, particularly those in the

early stages of development. A positive hospital brand image will increase public trust (14), foster a good reputation, and be superior to hospitals that lack a brand image (15). Hospital brand image influences patient perceptions of service quality, not only differentiating one hospital from its competitors but also increasing patient loyalty and satisfaction (16), making individuals more likely to choose that hospital for treatment (2). The selective attitude of patients in choosing a hospital as a place to receive health services must be addressed as a challenge for hospitals, especially for new hospitals.

Previous studies have reported that hospital brand image positively influences patient satisfaction, loyalty, and hospital choice through factors such as service quality, trust, hospital reputation, and physician competence (16,20). In addition, reseacher found that hospital brand image was associated with patients' expectations of healthcare services (21). Limited evidence has examined how the individual dimensions of hospital brand image influence patients' preferences for selecting healthcare services in newly established hospitals, where public trust and brand recognition are still evolving. The novelty of the present study lies in evaluating the contribution of five dimensions of hospital brand image—reputation of directors, service offering, contact personnel, corporate identity, and physical environment—to patients' preferences for

selecting healthcare services in a private hospital that has been operating for approximately five years.

As a relatively new hospital, its brand image has not yet been fully established, making it an appropriate setting to investigate which dimensions of hospital brand image are most influential in shaping patients' healthcare service preferences. Based on previous studies demonstrating that hospital brand image influences patients' healthcare decisions, we hypothesized that a positive hospital brand image would be positively associated with patients' preference for selecting healthcare services. Therefore, this study aimed to determine the association between hospital brand image dimensions and patients' preference for choosing healthcare services in a newly established private hospital in Lamongan Regency.

MATERIALS AND METHODS

The methods are presented systematically to explain the study design, research period and setting, participants, variables, instruments, procedures for data collection, approaches to analysis, and ethical approval. This study used analytical cross-sectional study. The study was conducted at a private hospital in Lamongan Regency that has been operating for approximately five years. This hospital was purposively selected because it represents a relatively newly established healthcare facility that is still developing its

brand image and expanding its patient base. The study commenced with a separate preliminary pilot test conducted on February 6, 2025, to evaluate the validity and reliability of the translated questionnaires before the main data collection. The pilot test involved 15 respondents who met the study inclusion criteria but were not included in the final study sample. Following satisfactory validity and reliability results, the main data collection was conducted from February 17 to March 8, 2025. Throughout the study, two trained research assistants supported the researcher in participant recruitment, explaining the study objectives, obtaining informed consent, distributing and collecting the questionnaires, and assisting participants who required clarification while completing the questionnaires. The principal researcher was responsible for supervising the data collection process, checking the completeness of the questionnaires, performing data entry, and conducting data cleaning and statistical analyses to ensure data quality. After processing the data, dissemination was carried out with the hospital's training and education department on April 22, 2025.

The study population consisted of patients or their accompanying family members who received healthcare services at the hospital. Patients were the primary respondents and were invited to complete the questionnaire whenever they were able to do so. However, for pediatric patients

(<17 years of age) and patients who were unconscious or otherwise unable to complete the questionnaire, such as those undergoing surgery, an accompanying family member was asked to complete the questionnaire as a proxy respondent. Proxy respondents were included because they were directly involved in healthcare-related decision-making and were familiar with the patient's hospital experience. Responses from patients and proxy respondents were analysed together in the final analysis. Therefore, consecutive sampling was chosen as the sampling technique conducted over three weeks. Patients or their families, recruited as samples, were those aged 17 years or older who agreed to participate and completed the questionnaire. Participants who met the exclusion criteria included patients or family members of patients in the emergency department with red triage status, as well as those who did not complete the questionnaire thoroughly.

Data collection was conducted only in the outpatient department, operating room, and adult inpatient wards (including pediatric, adult, and maternal-infant units). There were no participants from the emergency department because the patients encountered during the study had a red triage status. The study was conducted in a newly established hospital with a relatively limited patient volume; therefore, the sample size was determined by the number of eligible participants available

during the study period. A total of 101 participants were recruited, and after excluding three incomplete questionnaires, 98 participants were included in the final analysis.

The study included one primary exposure variable and one outcome variable. The primary exposure was hospital brand image, which was measured using five dimensions: reputation of directors, service offering, contact personnel, corporate identity, and physical environment. The outcome variable was patients' preference for selecting hospital services, which was assessed using nine dimensions: trust in hospitals and doctors, infrastructure, previous medical experience, accreditation, education and research, internet-based information search, ease of accessibility, health insurance, and advice from neighbors, family, and friends. No demographic or clinical characteristics were included as potential confounding variables in the regression model.

The hospital brand image variable was measured using a modification of the corporate image instrument (22). The variable of preference for selecting health services was measured using a modification of the patient preference for a particular hospital questionnaire (23). The original instruments were translated into Indonesian by the researcher before use. No formal cross-cultural adaptation procedures, such as harmonization, backward translation, or expert panel review, were conducted prior

to implementation. Instead, the translated questionnaires were directly subjected to validity and reliability testing using a pilot sample of 15 respondents. The validity test for the hospital brand image instrument, which consisted of 24 statement items, identified five invalid items, resulting in 19 valid items ($r_{\text{table}} > 0.532$). The reliability test yielded a Cronbach's alpha value of 0.955, indicating excellent internal consistency. For the hospital preference instrument, all 18 statement items were found to be valid ($r_{\text{table}} > 0.532$), and the reliability test showed the questionnaire was reliable, with a Cronbach's alpha value of 0.860.

The indicators of the hospital brand image instrument comprise the following: reputation of directors (3 items), service offering (3 items), contact personnel (6 items), corporate identity (4 items), and physical environment (3 items). Each statement item is filled using a Likert scale of strongly agree (code 4), agree (code 3), disagree (code 2), and strongly disagree (code 1). Hospital brand image is categorized into good (total score > 71.3), moderate (total score $56.2-71.3$), and poor (total score < 56.2). The assessment categories were derived using the mean and standard deviation (Mean $\pm$ SD) formula, which was calculated by the researchers after the completion of the study. The preference for a particular hospital instrument consists of indicators of trust in hospitals and doctors (2 items),

infrastructure (5 items), previous medical experience (3 items), accreditation (1 item), education and research (2 items), information search via the internet and easy accessibility (2 items), health insurance (1 item), and advice from neighbors, family, friends (2 items). Statement items are measured using a Likert scale, strongly agree (code 4), agree (code 3), disagree (code 2), and strongly disagree (code 1). Patients are considered to have chosen a hospital for treatment if the total score is greater than 57; otherwise, they are considered to have chosen another hospital.

Data collection was carried out by the research team with the assistance of two research assistants who had received training on research procedures, including how to complete the research questionnaire and how to approach respondents. Before completing the questionnaire, respondents were informed about the study's purpose, its benefits, potential impact, and the estimated time required to complete it, which was approximately 15 minutes. Only respondents who agreed to the informed consent were included in the study. Questionnaires that were not completed in full were excluded from the sample.

The researchers employed a three-stage statistical analysis. First, univariate analysis was conducted to describe the distribution of respondents' characteristics and study variables using descriptive statistics, including frequencies,

percentages, means, standard deviations, and minimum and maximum values, as appropriate. Second, bivariate analysis using the chi-square test was performed to examine the association between each independent variable and patients' healthcare service preferences. Variables with a p -value < 0.25 in the bivariate analysis were included in the multivariable logistic regression model(24).

A backward elimination procedure was applied, in which all candidate variables were initially entered into the model, and variables with p -values > 0.10 were sequentially removed, beginning with the least significant variable, until the final model contained only statistically significant predictors ($p < 0.05$). Variables with $p > 0.10$ were sequentially removed until the final model contained only statistically significant predictors ($p < 0.05$). Prior to analysis, all questionnaires were checked for completeness. As no missing data were observed, complete-case analysis was performed, and all participants were included in the statistical analyses. This research underwent an ethical feasibility

test at the Health Research Ethics Commission of Universitas Muhammadiyah Lamongan and was declared Ethically Feasible with No. 057/EC/KEPK-S2/02/2025 on February 4, 2025.

RESULTS AND DISCUSSION

The results begin with a description of the findings in the study. The results of the research data analysis are presented based on the research problem. This section also explains whether the hypothesis put forward in the introduction can be proven or not.

Respondent Characteristics

Respondent characteristics revealed that 62 respondents (63.3%) were female and 36 respondents (29.6%) fell within the 26-34 age range. Respondents who completed the questionnaire had a final education level of high school, specifically 35 people (35.7%). Patients and families of patients who were willing to participate as respondents were those who received services at the outpatient clinic, comprising 54 individuals (55.1%), with 40 individuals working as housewives (40.8%) (**Table 1**).

Table 1. Demographic data of respondents

Characteristic	Frequency	Percentage (%)
Gender		
Male	36	36.7
Female	62	63.3
Age		
17-25 years old	9	9.2
26-34 years old	36	36.7
35-43 years old	20	20.4
44-52 years old	23	23.5
53-61 years old	9	9.2
62-68 years old	1	1.0
Level of Education		
Elementary School	7	7.1
Junior High School	11	11.2
Senior High School	35	35.7
Diploma	11	11.2
Bachelor	33	33.7
Master	1	1
Job		
Student	5	5.1
Laborer	2	2.0
Self-employed	32	32.7
Civil Servants	9	9.2
Private employees	10	10.2
Others	40	40.8
Type of service		
Outpatient	54	55.1
Inpatient	31	31.6
Operating Room	13	13.3

Univariate analysis

The hospital brand image variable comprises five indicators: the reputation of the director, health service provider, employees, hospital identity, and physical environment.

The indicator with the highest average is the health service provider (3.42 ± 0.52). The lowest average value is on the physical

environment indicator (3.27 ± 0.51). The variable for the decision to choose health services has eight indicators. The indicator with the highest average value is on the variable of trust in hospitals and doctors (3.34 ± 0.50). At the same time, the lowest average value is observed for the indicator of advice from neighbors, family, and friends (3 ± 0.71) (**Table 2**).

Table 2. Descriptive statistics of hospital brand image and patient preference

Variable	Indicator	Number of Items	Mean±SD	Min	Max
Hospital Brand Image	Director's reputation	3	3.31±0.46	3	4
	Health care providers	3	3.42±0.52	1	4
	Employees	6	3.41±0.52	1	4
	Hospital identity	4	3.31±0.54	1	4
	Physical environment	3	3.27±0.51	1	4
	Trust in hospitals and doctors	2	3.34±0.50	2	4
	Infrastructure	5	3.30±0.51	2	4
Patients' preference for selecting health services	Previous medical experience	3	3.26±0.50	2	4
	Accreditation	1	3.26±0.48	2	4
	Education and research	2	3.10±0.60	2	4
	Searching for information via the internet and easy accessibility	2	3.07±0.71	1	4
	Health insurance	1	3.25±0.61	2	4
	Suggestions from neighbors, family, friends	2	3±0.71	1	4

Five indicators show hospital brand image. The indicator with the highest average is the health service provider indicator. This indicates that the hospital provides good service, utilizes a computer system, and has a straightforward administration process. Hospital image is shaped by patients' perceptions of service quality, the hospital's reputation, the professionalism of healthcare professionals, the adequacy of facilities, and the hospital's ability to deliver a positive healthcare experience (19). Patient perception of service is a crucial factor in building a hospital's reputation (25,26). Quality of service in hospitals encompasses infrastructure, waiting times, clinical procedures, and employee ethics (27). Professionalism, attitude, and a friendly staff can increase patient satisfaction

(28,30). Good service will lead to patient satisfaction, thereby fostering a positive perception of the hospital (27,31). The image of a hospital is built from several interrelated aspects and takes a long time. Hospitals need to improve service quality, strengthen the competence of healthcare professionals, leverage technology, and enhance patient experience to build a strong hospital brand image.

The dominant factor for patients' preference for selecting health services is trust in hospitals and doctors. Patients will prefer to seek treatment at hospitals and doctors they trust (32). In healthcare settings, patients are more likely to choose hospitals and physicians whom they perceive as competent, trustworthy, and genuinely concerned about their well-being (33). Effective patient interaction with

hospital staff, including nurses and doctors, is crucial. Good interaction will foster trust with patients (32,34). Patients who are involved in decision-making during treatment can influence their communication with the doctor and increase patient trust (35). Patients who already trust their doctor tend not to switch to another healthcare service, or seek a second opinion from another doctor (36). Facts show that patients will look for hospitals where doctors they trust work. Trust in doctors has more influence on hospital

selection. Each doctor will bring their own patients to get services at the hospital. Hospitals with doctors who have high professionalism will get more patients.

Bivariate analysis

Bivariate tests using the chi-square test on five indicators revealed two indicators with a significance value of $p \leq 0.250$: the director's reputation ($p = 0.139$) and hospital identity ($p = 0.190$). Therefore, these two sub-indicators will be included in the logistic regression test (**Table 3**).

Table 3. Bivariate analysis of hospital brand image and patient preference

Hospital Brand Image	Patient Preference		Σ	COR (95%)	p
	Yes	No			
Director's reputation					
Good	22	2	24	36.882 (7,863-172.997)	0.0139
Moderate	17	57	74		
Poor	0	0	0		
Service providers					
Good	23	4	27		0.999
Moderate	15	53	68		
Poor	1	2	27		
Employee					
Good	23	3	26		0.999
Moderate	15	56	71		
Poor	1	0	1		
Hospital identity					
Good	25	2	27		0.190
Moderate	12	49	61		
Poor	2	8	10		
Physical environment					
Good	21	1	22		0.999
Moderate	17	54	71		
Poor	1	4	5		

Multivariate analysis

The results of the logistic regression test indicate that the indicators of director reputation and hospital identity form a good-fitting model, namely patient's choice = $3.545 - 2.194 \times \text{director's reputation} - 2.738 \times \text{hospital identity (moderate)} - 2.969 \times \text{Hospital Identity (Poor)}$. The AOR values presented in **Table 4** indicate that patients with a positive perception of the director's reputation had 0.112 times the odds of choosing healthcare services compared with the reference group ($p = 0.006$). Likewise, patients with a moderate hospital

identity had 0.065 times the odds of choosing healthcare services compared with those with a good hospital identity ($p = 0.017$), while patients with a poor hospital identity had 0.051 times the odds of choosing healthcare services compared with those with a good hospital identity ($p = 0.001$).

Variations in patient decisions regarding the choice of health services can be attributed to the director's reputation and hospital identity, accounting for 52%. The accuracy of predicting patient decisions in choosing health services is 83.7%.

Table 4. Regression logistic analysis of the predictors of patients' preferences

Indicator	B (SE)	AOR	95% CI or AOR	Significance
Director's reputation	-2.194 (0.915)	0.112	0.019-0.607	0.017
Hospital identity (Poor)				0.003
Hospital identity (Moderate)	-2.738 (1.142)	0.065	0.007-0.607	0.017
Hospital identity (Good)	-2.969 (0.864)	0.051	0.009-0.279	0.001

The reputation of the director is a dominant factor in choosing a health service. The reputation of the director (medical director) can improve the reputation of the hospital (37), trust in hospitals, which can have an impact on patient loyalty. A director with a good reputation will enhance the hospital's rating, attracting many patients, fostering patient trust (37), and ensuring high-quality service (33). Patients often rely on online reviews and ratings to assess the reputation of doctors before making their choice (38). The overall reputation of the hospital also plays a crucial role. It has been found that hospital reputation has a stronger effect on patient

loyalty compared to the reputation of individual doctors (37). Healthcare managers should focus on building and managing both the hospital's and doctors' reputations to enhance patient loyalty and attract new patients. This involves ensuring high-quality service, maintaining a positive online presence, and continuously improving patient experiences (37,39). The involvement of doctors in hospital director roles has a positive impact on hospital performance and patient selection. The director of the hospital where the research was conducted, a hospital that had been operating for less than five years, was a surgical specialist a doctor well-known to

the public. A director who has a good reputation will build public trust. The more the public trusts health service institutions, the more people will utilize these services.

CONCLUSION AND RECOMMENDATION

The findings indicate that the reputation of directors and hospital identity are the dominant dimensions of hospital brand image associated with patients' preferences for selecting healthcare services. Therefore, newly established hospitals should strengthen organizational credibility, hospital identity, service quality, and effective communication to enhance patients' trust and attract new patients. This study has several limitations.

Data were collected only from the outpatient department, inpatient wards, and operating room because no eligible respondents were available in the emergency department. In addition, the use of consecutive sampling in a single newly established private hospital may have introduced selection bias and limited the generalizability of the findings. Future studies should include multiple hospitals, larger sample sizes, and potential confounding variables to provide more comprehensive evidence.

ACKNOWLEDGMENT

We are grateful to Ministry of Higher Education, Science, and Technology for providing publication funding through 2025 Assistance Program for Publications in

Reputable Journals. We also extend our sincere thanks to the research assistants and all respondents who contributed to the completion of this research project.

REFERENCES

1. Tanner J, Kristaung R. Pengaruh Value Co-Creation dan Hospital Brand Image terhadap Patient Loyalty serta Revisit Intention di Rumah Sakit Gigi dan Mulut Jakarta. *Co-Value Jurnal Ekonomi Koperasi dan kewirausahaan*. 2024;8.15(3). <https://doi.org/10.59188/covalue.v15i3.4633>
2. Maulana A, Ayuningtyas D. The Influence of Hospital Brand Image on Patient'S Decision To Choose Hospital: Literature Review. *Jurnal Administrasi Rumah Sakit Indones*. 2023;9(3).<https://doi.org/10.7454/arsi.v9i3.7284>
3. Suryawati C. Analisis Situasi Dan Kondisi Fasilitas Kesehatan Mitra Bpjs Kesehatan Setelah Enam Tahuimplementasi Jaminan Kesehatan Nasional. *Jurnal Manajemen Kesehatan Indonesia*. 2024; 12(3): 283–98.<https://doi.org/10.14710/jmki.12.3.2024.283-298>
4. Sreelatha P, Anush S, Tamilselvan A, Vijay M. User-centric application with a Global Positioning System for regular and emergency medical care. In: 2023 3rd International Conference on Advances in Electrical, Computing,

- Communication and Sustainable Technologies, ICAECT 2023 [Internet]. 2023.10.1109/ICAECT57570.2023.10118135
5. Junaedi VP, Kurniawan A, Ramadhani DY, Istiana D. The Influence of Brand Image on Healthcare Facility Selection Decisions at Adi Husada Kapasari Hospital. *Jurnal Kesehatan dan Kedokteran*. 2025;4(3):28–38. <https://doi.org/10.56127/jukeke.v4i3.2277>
 6. Indriani D. Pengaruh Word of Mouth dan Brand Image terhadap Keputusan Memilih Layanan Rumah Sakit Pendidikan Universitas Hasanuddin. : *Wardah* 24(2):75–91. <https://doi.org/10.19109/wardah.v24i2.21184>
 7. Mahumud RA, Sultana M, Kundu S, Rahman MA, Mistry SK, Kamara JK, et al. The burden of chronic diseases and patients' preference for healthcare services among adult patients suffering from chronic diseases in Bangladesh. *Heal Expect* [Internet]. 2022;25(6):3259–73. <https://doi.org/10.1111/hex.13634>
 8. Ansari F, Rafiei S, Kakemam E, Amerzadeh M, Ahadinezhad B. Eliciting preference for private health services among patients in Iran: evidence from a discrete choice experiment. *International Journal of Human Rights in Healthcare*. 2023; 16(4):316–26. <https://doi.org/10.1108/IJHRH-06-2021-0137>
 9. Zhao X, Xiao J, Chen H, Lin K, Li X, Zeng Z, et al. Patient preferences and attitudes towards first choice medical services in Shenzhen , China : a cross-sectional study. 2022;1–13. <https://doi.org/10.1136/bmjopen-2021-057280>
 10. Chairunnisa SF, Darmawansyah D, Palutturi S. Pengaruh Brand Image Terhadap Keputusan Menggunakan Pelayanan Rawat Jalan Rsud Haji Makassar. *Hasanuddin Journal of Public Health*. 2022;3(2):179–90. <https://doi.org/10.30597/hjph.v3i2.21914>
 11. Wackers E, Stadhouders N, Heil A, Westert G, van Dulmen S, Jeurissen P. Hospitals Bending the Cost Curve With Increased Quality: A Scoping Review Into Integrated Hospital Strategies. *International Journal of Health Policy and Management*. 2022; 11(11): 2381–91. <https://doi.org/10.34172/ijhpm.2021.168>
 12. Kementrian Kesehatan. Profil Kesehatan Indonesia 2023. Jakarta; 2024. 100 p.
 13. Fook TN, Peng LM, Mun YW. Hospital brand image and trust leading towards patient satisfaction: medical tourists' behavioural intention in Malaysia. *Healthc Low-Resource Settings*. 2024; 12(1). <https://doi.org/10.4081/hls.2024.12276>
 14. Supangat DW, Noor NB, Thamrin Y. The Effect of Brand Image and Patient

- Satisfaction on Patient Loyalty in Outstanding Installations Dr. Tadjuddin Chalid Makassar. *Journal of Asian Multicultural Research for Medical and Health Science Study*. 2022;3(3):1–9. <https://doi.org/10.47616/jamrmhss.v3i3.300>
15. Jiayin Y. Th The Effect of Service Quality, Facilities and Image / Brand image on The Satisfaction of Inpatients of Royal Prima Hospital Medan. *International Journal of Progressive Sciences and Technologies (IJPSAT)*. 2022. Vol. 34 No. 1 August pp. 307-313. <https://ijpsat.org/index.php/ijpsat/article/view/4529/2800>
 16. Raka Sukawati TG. Hospital Brand Image, Service Quality, and Patient Satisfaction in Pandemic Situation. *JMMR (Jurnal Medicoeticolegal dan Manaj Rumah Sakit)*. 2021; 10(2): 119–27. <https://doi.org/10.18196/jmmr.v10i2.12230>
 17. Gunawan Y, Young F, Chio L, Baes S, Co RY, Manaligod H, et al. Hospital Image Formation: Assesing The Effect Of Website And Service Quality As Mediated By Patient Satisfaction. *JTH: Journal of Technology and Health*. 2026;3(3):159–80. <https://doi.org/10.61677/jth.v3i3.752>
 18. Hosgor H, Sevim E. Relationship between patient satisfaction and hospital brand image: a meta-analytic study. *Jurnal Internasional Manajemen Kesehatan dan Pariwisata*. 2022;7(2). <https://doi.org/10.31201/ijhmt.1122825>
 19. Yanuarista GS, Arso SP, Winarni S. Review Articles Open Access Correlation between Hospital Image and Patient Satisfaction toward Loyalty in Hospital : A Scoping Review. *Media Publikasi Promosi Kesehatan Indonesia*. 2025; 371–87. <https://doi.org/10.56338/mppki.v8i5.7171>
 20. Stevany, Mulyani EY, Nofiarni. The Role of Brand Image in Bridging Service Quality to Patient Expectations. 2024; 51(11):617–26. <https://doi.org/10.55175/cdk.v51i11.1243>
 21. LeBlanc G, Nguyen N. Cues used by customers evaluating corporate image in service firms: An empirical study in financial institutions. *International Journal of Service Industry Management*. 1996; 7(2):44–56. <https://doi.org/10.1108/EB046527>
 22. Bojanapu S, Mathur M, Jacob J, Sharma A, Nundy S. Patient preference for a particular hospital: A prospective questionnaire-based investigation from India. *Current Medicine Research and Practice*. 2020;10(6):260. https://doi.org/10.4103/cmnp.cmnp_55_20
 23. Zhang Z. Model building strategy for logistic regression : purposeful selection. *Annals of Translational Medicine*. 2016; 4(6):4–10. <https://doi.org/10.21037/atm.2016.02.15>
 24. Berhane YY, Tarekegn W, Tewahido D,

- Abdelmenan S, Fasil N, Berhane HY, et al. Healthcare Facility Preference among Households in Addis Health and Demographic Surveillance Site (ADDIS-HDSS), Addis Ababa, Ethiopia. *Ethiopian Journal of Health Sciences*. 2024; 34(2):97–104. <https://doi.org/10.4314/ejhs.v34i2.5s>
25. Chauhan V, Sharma A, Sagar M. Exploring patient choice in India: A study on hospital selection. *International Journal of Healthcare Management* [Internet]. 2021; 14(2): 610–20. <https://doi.org/10.1080/20479700.2019.1679520>
 26. Dewi AR, Suryawati C, Arso SP. The Effect of Service Quality and Hospital Image on Patient Satisfaction in Indonesia: Literature Review. *Media Publikasi Promosi Kesehatan Indonesia* [Internet]. 2023; 6(10): 1940–9.
 27. Andi Erni Amelia IR, Nurnajamuddin M, Semmaila B, Hasan S. The Influence Of Marketing Mix, Service Quality, And Image On Trust And Satisfaction Of Inpatients In Makassar City Hospitals. *Revista de Gestão Social e Ambiental* [Internet]. 2024;18(8).
 28. Akande RO, Olarewaju SO, Adeomi AA, Akande JO, Oke FE, Ige RO, et al. Factors Influencing the Choice of Healthcare Providers among National Health Insurance Scheme Enrollees in Public and Private Health Facilities in South Western Nigeria: A Mixed Method Study. *Babcock University Medical Journal* [Internet]. 2024; 7(2):119–31. <https://doi.org/10.38029/babcockuniv.med.j..v7i2.381>
 29. Singh S, Lakshmi V, Somu G, Kamath R. Determinants of Hospital Choice among Patients and Perceptions of the Same among Hospital Employees in a Tertiary Care Corporate Hospital in Mumbai, India. *The Open Public Health Journal* [Internet]. 2022;15(1). <http://dx.doi.org/10.2174/18749445-v15-e221205-2022-126>
 30. Hai PT, Cuong NT, Nguyen VC, Thuong MT. Sustainable business development of private hospitals in Vietnam: Determinants of patient satisfaction, patient loyalty and revisit intention. *Problems and Perspectives in Management* [Internet]. 2021; 19(4): 63–76. [http://dx.doi.org/10.21511/ppm.19\(4\).2021.06](http://dx.doi.org/10.21511/ppm.19(4).2021.06)
 31. Sinuraya BS, Ramadhani Nasution SL, Nasution SW, Girsang E. The Influence of Facility Infrastructure and Personal Contact on Inpatient's Trust. In: *IOP Conference Series. Earth and Environmental Science* [Internet]. 2022.
 32. Gong Y, Wang H, Xia Q, Zheng L, Shi Y. Technology in Society Factors that determine a Patient ' s willingness to physician selection in online healthcare communities : A trust theory perspective. *Technol Soc* [Internet]. 2021;64(January):101510. <https://doi.org/10.1016/j.techsoc.2021.101510>

- g/10.1016/j.techsoc.2020.101510
33. Bahari Z, Vosoghi N, Ramazanzadeh N, Moshfeghi S, Aghamohammadi M. Patient trust in nurses: exploring the relationship with care quality and communication skills in emergency departments. *BMC Nursing* [Internet]. 2024;23(1).<https://doi.org/10.1186/s12912-024-02241-z>
 34. Wang H, Jia J, Fan Y, Chen H, Lou Y, Wang X, et al. Impact of inpatient self-efficacy and trust in physicians on inpatient satisfaction with medical services: the mediating role of patient participation in medical decision-making. *Frontiers in Psychology* [Internet]. 2024;15. <https://doi.org/10.3389/fpsyg.2024.1364319>
 35. Lerch SP, Hänggi R, Bussmann Y, Lörwald A. A model of contributors to a trusting patient-physician relationship: a critical review using a systematic search strategy. *BMC Primary Care* [Internet]. 2024;25(1). <https://doi.org/10.1186/s12875-024-02435-z>
 36. Akbolat M, Amarat M, Ünal Ö, Sütlü ES. The mediating role of hospital reputation in the effect of doctor reputation on patients loyalty. *International Journal of Healthcare Management* [Internet]. 2023; 16(1): 12–8.<https://doi.org/10.1080/20479700.2022.2062853>
 37. Yan J, Liang C, Gu D, Zhu K, Zhou P. Understanding patients' doctor choice behavior: Elaboration likelihood perspective. *Information Development* [Internet]. 2024. <https://doi.org/10.1177/02666669241259126>
 38. Baş T, Akbolat M, Ünal Ö. How does the perception of corporate reputation of patients shape? . *International Journal of Healthcare Management* [Internet]. 2021; 14(2):375–82. <https://doi.org/10.1080/20479700.2019.1647946>