

# Developing Customer Based Brand Equity to Improve Hospital Reputation

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## Abstract

Hospitals and healthcare industry play vital role in society, but it faces marketing and brand image challenges. Brand equity is one of the key factors effecting brand image and customer development. In this article we identify 5 major factors on making successful brand equity. These five factors include reliability, patient satisfaction, commitment, brand loyalty and brand awareness. In order to show the interaction among these factors a hypothetical model is presented and descriptively studied. A case study on Jam hospital has been done, the result shows the hospital would make a successful image for their customers so that other factors are managed properly and an appropriate connection with customer is established.

*Key words: brand equity, brand image, hospital marketing*

## 1- Introduction

Today brand is a strategic requirement for organizations, it helps them to make higher value for customers and sustainable competing opportunity. The vital goal of the most organizations is to build a robust brand in market, a strong brand make a reputation for the company.

The added value gained by "name" in the market via a better profit margin or market share for the product is called brand equity. This added value would be considered as asset and series of proper relations and behaviors (Yasin et al, 2007). Brand equity is one of the most important concepts in business practice as well as in academic research. This is because successful brands can allow marketers to gain competitive advantage. The advantage gained by high equity includes increase in customer requests, ability to improve the brand, establishing communications, higher profit margin, and reducing the organization vulnerability against changes in competitive market.

Role of brand management in service companies is more crucial because strong brands increase customer reliability on intangible products and results in better understanding for them. These reduce monetary assumption or security risk in purchasing services which prevent correct evaluation pre-purchase services. Strong brand equity also increases customer satisfaction, intention for repurchase, and loyalty rate. (Kim et al, 2006)

Healthcare industry is one of the most important industries for its focus on human health but it faces many challenges in Iran. Since hospitals and clinics in Iran have weak actions towards brand management and brand equity awareness and there have been few researches about brand equity in hospital field, this research aims to identify factors affecting brand equity and reviewing that effect on hospital reputation.

Aaker (1996) identified brand loyalty, brand awareness, quality awareness, and brand communications as four major factors of brand equity. In this research we show all parts of Aaker model have direct positive link to brand equity. But there is still more to do for hospitals in customers' reliability. And managers need to make better image in the customer mind so that their brand equity is saved. Increasing brand equity and customer satisfaction in medical institutes can provide marketing activity by raising patients' benefits and independence of medical staff.

In the second part of article there is literature review, the third part is about conceptual model to find effective factor for brand equity and then a case study is done over a hospital in Iran, in the forth the model hypothesis is reviewed and the last and fifth part the is the conclusion .

## **2- Literature Review**

With reviewing previous researches in health system marketing five major factors define the brand equity including trust, patient's satisfaction, commitment, loyalty and awareness. Below are the researches done for each factor:

### **2-1 Factors Impacting Brand Equity**

#### **2-1-1 Trust**

Doney and Cannon (1997) define trust as the accepted credit and benevolence from the object party. The first aspect focuses on actual probability of any participating sides, like the expectation of trusting on the statement or note of the partner. The second aspect is about how much one side really prefers the other side's comfort and benefit to their shared interests. According to different studies, trust falls into four criteria: 1) the known desires of each party in the deal (Moorman et al, 1992), 2) urging sides to believe in each other when something which impacts their relations happens (Anderson & Wiets, 1989), 3) establishing kind of communications that can build a proper state (Dawyer et al, 1987), and 4) believing in each other's words, promises, and actions in doing the business (Schurr & Ozanne 1985).

Understanding the deal between partners leads to trustful business relation. If trust builds up, relation between company and potential customer would have mutual benefit.

In healthcare, trust can build an interactive atmosphere in which the hospital while becomes or remains beneficial would provide better care for patient or customer. On the basis of management capability, trust is the standard given to patients by hospitals and staff. When patient complains about the services hospital or staff must try their best in respond to that complain so that the trust is rebuilt or preserved.

#### **2-1-2 Patient's Satisfaction**

For a customer satisfaction comes from a good experience. Based on (Westbrook 1981) theory satisfaction is the state of feeling a good experiencing or devotion, it is the emotional reaction which not only is derived from the whole market but also is from products, services, and retailers during the purchase or doing such action. Francken and Van raaije (1981) mention that satisfaction is defined by the difference between real and ideal situation and also by finding internal and external barriers which prevents one reaching the desired situation. In addition if the people could not reach to their expectations, they we be dissatisfied.

Nam et al (2011) showed that increasing customer satisfaction directly results in brand loyalty and increasing brand equity. Tores and Teribo (2011) reviewed the connection between customer satisfaction and value of shareholders and showed the positive effect of customer satisfaction on brand equity except when managers are too much customer oriented, because in that case the value of shareholders decreases and there would be a negative impact on brand equity.

### 2-1-3 Relation Commitment

Commitment is a key element that goes along with successful marketing communications (Morgan & Hunt 1994 a & b). According to Berry and Parasuraman (1991) theories, relation is built upon mutual commitment. Like Rusbult (1983) statement commitment level is the most powerful determining element of the voluntary decision for keeping the relation. Then it says, reviewing the probability of losing a relation can be considered as tools to study the indicators of relation commitment.

Studies in medical issues about the doctor-patient relation (including doctor-patient roles, types of doctor-patient relation, and patient satisfaction) is not generally focused on rising the knowledge based on what persuades patients to keep their relations with doctors (Barksdale et al, 1997). In order to gain patient's trust and satisfaction, doctors should build a relation that responds to patient's expectations in terms of supporting and actively engaging them in decision making (Barksdale et al 1997). It is clear that commitment to patient must empower the doctor-patient relation (Ouschan et al 2006)

### 2-1-4 Brand Loyalty

Aaker (1996) discusses that brand equity is a multidimensional structure consisted of brand loyalty, brand awareness, and other specific brand assets. Brand equity is made by empowering those dimensions. Oliver (1999) defines brand loyalty as "a deeply held commitment to rebuy or patronize a preferred product/service consistently in the future, thereby causing repetitive same-brand or same brand-set purchasing, despite situational influences and marketing efforts having the potential to cause switching behavior." Chaudhuri (1997) defines brand loyalty as customer preference in buying specific brand, or regularly buying a specific brand name in a product class. Customer continues to buy the same brand and resists the change into other brands.

Jacoby et al (1974) stated that brand loyalty is different from brand tendency or accustom, although the later could show the brand loyalty. Brand tendency is the customer behavior or feeling towards a brand. Jacoby et al (1977) found that brand loyalty can have different structure to brand tendency, but multiple loyalty or loyalty to more than one brand is a more general type of tendency. High level of brand loyalty shows the tendency of buying only a specific brand in a production category, not the intention of buying with multiple loyalty. Aaker (1991) believes assessing brand value is possible through premier brand price, brand loyalty, perceived quality, and brand awareness.

### 2-1-5 Brand Awareness

Brand awareness consists of customer recognition, recall, mind awareness, knowledge dominance, remembering brand performance and also brand attitude. According to Keller (1993) when people gather information about a brand, the determining factor is the power of how brand associates with their minds. Brand awareness affects Customer decision by impressing that association power. Keller states that positive brand image and brand awareness have great influence on marketing activities of a certain production brand. Pitta and Katsanis (1995) also refer to several aspects of brand awareness along with association, that show people can gather more information about a product by recalling their brands without remembering that product perfectly. Moreover, brand associations includes attitudes, profits, and proportions that can stick into customer's mind after the brand awareness is formed in their heads (Keller 1993, Pitta & Katsanis 1995).

Huang and Sarigöllü (2012) in their study showed the positive connection between brand awareness and brand equity.

## 2-2 Brand Equity

Keller (1993) defines trademark equity from customer-based perspective. Science of trademark on customers' response to marketing program does not have positive business value unless if the customer sees trademark on the product comparing to the time not seeing it, will buy the product more eagerly, this value would be negative if the customer sees the trademark and buys the product with much less interest.

Aaker (1991), defines brand equity as assets or debts of brand, name or symbol, which add value to company or customer provided by a product or service. In other words brand equity is an equity that an organization provides by its marked product or service. So brand equity is more customer-based rather than having financial value. Aaker (1991) lists these benefits as follow: helping to process and retrieving information, distinctive brand, making positive feelings and attitudes, making a reason for buying product, and supporting improvement and promotion.

Mortanges and Riel (2003) showed that increasing brand equity can increase organization asset as well as the stockholder shares. Bendixen et al (2004) evaluated brand equity in a business to business market and showed that it can influence on the beneficial price. Zaichkowsky et al (2010) also studied the difference of brand equity in that market with Consumer market and provided a method for evaluating brand equity in industrial market.

Beristain and Zorrilla (2011) studied about the link between brand equity and brand image. Kim et al (2008) investigated the brand equity on a hospital in South Korea according to Aaker model. Wong and Wickham (2015) review the brand equity management for entering to China hospital industry. They presented 6 sources for their model which are: financial investment, internal relations, internal operations and systems, international brand reputation, human resources, internal management of shareholder relations.

## 3- Research Framework

### 3-1 Research Model

Fig. 1 shows the research model based what has been reviewed. In this model factors effecting brand equity, their connections to each other and also their influence on hospital image is demonstrated.

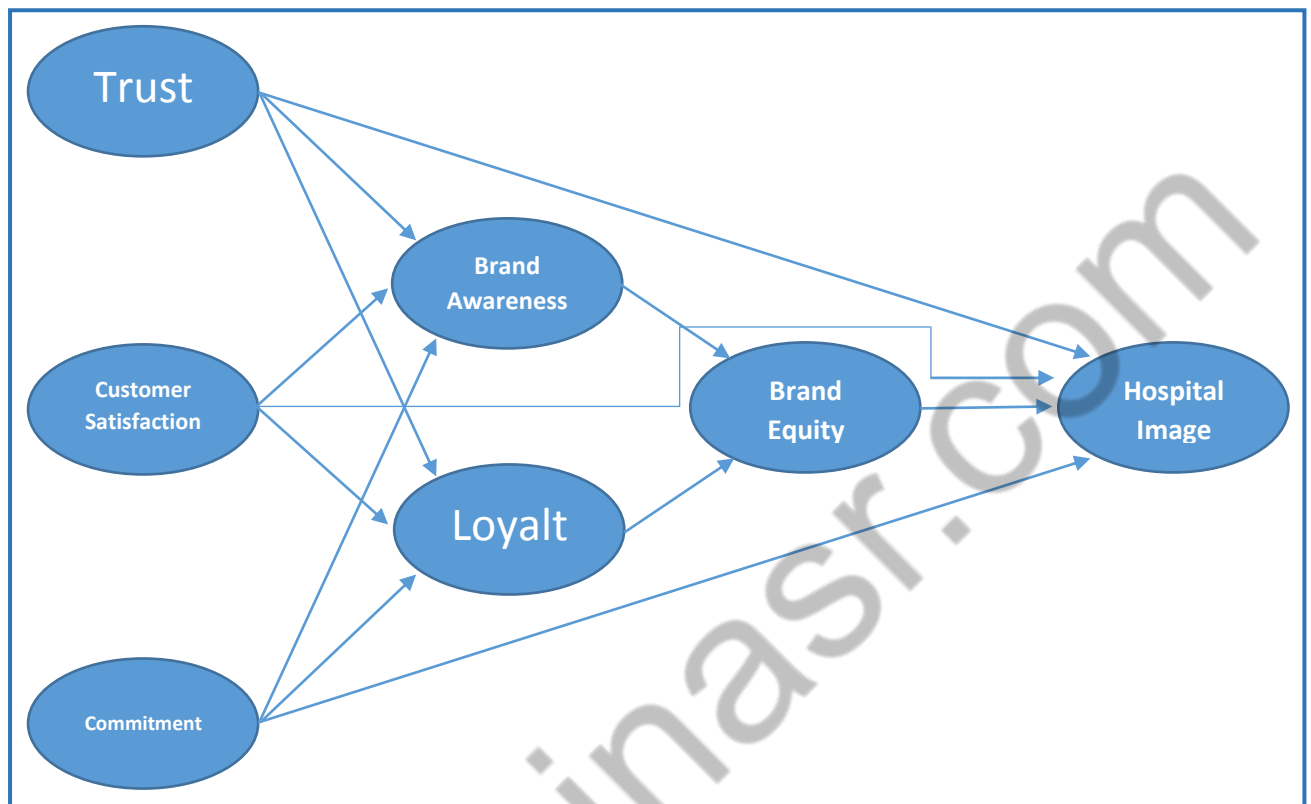


Figure 1. Research Concept Model

### 3-2 Hypotheses:

Based on provided model, the hypotheses under examination are:

1. There is a meaningful connection between trust and loyalty.
2. There is a meaningful connection between trust and awareness.
3. There is a meaningful connection between patient satisfaction and loyalty.
4. There is a meaningful connection between patient satisfaction and awareness.
5. There is a meaningful connection between commitment and loyalty.
6. There is a meaningful connection between commitment and brand awareness.
7. There is a meaningful connection between brand loyalty and brand equity.
8. There is a meaningful connection between brand awareness and brand equity.
9. There is a meaningful connection between brand equity and hospital image.
10. There is a meaningful connection between trust and hospital image.
11. There is a meaningful connection between patient satisfaction and hospital image.
12. There is a meaningful connection between commitment and hospital image.

### 3-3 Measurement

The measurement in this article is done by random sampling which is a method for choosing part of the population in a way that all samples have the same chance to be chosen.

Statistical population in this study are all the patients of Jam hospital, the sample volume consists 384 people using Morgan table. And simple random sample method is used. The data was gathered via 5 point Likert scale and by direct reference to patients using self-interview. Questionnaires are used for data collection. Table 1 shows characteristic of people answering to this questionnaires.

Table 1. Frequency distribution of people participating

Variable	Quantity	Frequency	Percent Frequency
Gender	Male	172	%45
	Female	212	%55
Total		384	%100
Age	30 and under	83	%22
	30-40	116	%30
	Over 40	185	%48
Total		384	%100
Educational Background	High school diploma and lower	99	%26
	Associated degree	89	%23
	Bachelor's degree	114	%30
	Master's degree and higher	82	%21
Total		384	%100
History of using hospital services	Under 1 year	69	%18
	1-2 years	171	%45
	Over 2 years	144	%37
Total		384	%100

### 3-4-Validity

Validity means the measurement tool should measure the desired characteristics. Validity is important because inefficient and incorrect measurements can damage any academic researches. To assess the validity of a questionnaire the content validity and criterion-related validity methods are used. Content validity is the key factor in determining the validity of a measure. Content validity of a measurement tool depends on questions it includes. According to previous studies these questionnaires are designed as goal based and theoretical study. For determining the validity of this research's questionnaire it has been handed to some experts and masters in this field and asked them about the questions and hypotheses evaluation in order to prove the validity of questionnaire.

### 3-5-Reliability

The "Reliability ratio" index is used for measuring reliability and the number is usually ranges from 0 to 1. Number 0 indicates unreliability and score 1 is complete reliability.

The most common reliability assessment method is Cronbach's alpha scale (used for questionnaire or multi measuring parts).

This method is also used for measuring reliability of our questionnaire. To do that first 40 questionnaires was distributed among the population as default and then SPSS.20 software was used to calculate Cronbach's alpha ratio, this method is used to evaluate the internal harmony of measurement tools measuring different specifications.

To calculate Cronbach's alpha ratio first we should calculate ever question's variance numbers and the total variance number. If Cronbach's alpha is more than 0.7 we can say questions are fairly reliable and equally harmonious. Reliability test based on Cronbach's alpha was done for the questionnaire and the total reliability was 0.83, 0.75 for brand loyalty reliability, 0.81 for brand trust reliability, 0.72 for satisfaction reliability, 0.80 for brand commitment reliability, 0.71 for brand awareness reliability, 0.81 for brand value reliability, and 0.77 for brand image reliability.

The results of all the ratios are over 0.7 so we can say the questionnaire meets the desired reliability.

#### 4 – Analysing Results

These research data is unprocessed and mere statistical information which should be analysed and interpreted based on research objectives and hypotheses to turn them into study findings. In this stage after the coded data is analysed and processed via AMOS.18 and SPSS.20 software, it is interpreted and the results are provided.

The data interpretation indicators are divided into three groups of central tendency, index of dispersion and type of distribution indicators. In this part we review the distribution quality of research variables based on important central tendency (mean & median), index of dispersion (variance & standard deviation), and index of distribution (skewness & kurtosis).

Table 2 – Central Tendency, Dispersion, and Distribution indexes of variables

Variables	Central Tendency		Index of Dispersion		Type of Distribution		Sample Num.
	Mean	Median	Standard Deviation	Variance	Skewness	Kurtosis	
Brand Loyalty	3.03	3.00	0.89	0.79	- 0.06	- 0.73	384
Trust	3.18	3.17	0.91	0.83	0.11	- 1.03	384
Customer Satisfaction	3.14	3.25	0.85	0.73	0.04	- 0.24	384
Commitment	3.03	3.00	0.80	0.64	0.22	- 0.60	384
Brand Awareness	3.11	3.20	0.84	0.71	0.23	- 0.70	384
Brand Value	3.09	3.00	0.81	0.66	0.23	- 0.58	384
Brand Image	3.21	3.28	0.72	0.51	0.04	- 0.37	384

According to table 2, brand image has the highest (3.21) and loyalty and commitment have the lowest (3.03) mean. Also the trust variable dispersion data is the highest based on its

standard deviation (0.91). With respect to skewness ratio of brand loyalty, it is left-skewed (negative skew ratio) with all the other variables being right-skewed (positive skew ratio). Because skew absolute value of all the variables are lower than 0.5, so considering normal distribution it has minor asymmetry. Kurtosis ratio of all variables is negative which means the distribution is shorter than normal distribution (showing more dispersal) and because kurtosis ratio absolute value of customer satisfaction and image brand is less than 0.5 there is a minor difference comparing to normal distribution, while kurtosis distribution of other variables have huge difference with normal distribution (the kurtosis ratio absolute value is more than 0.5).

For identifying normality of data Kolmogorov–Smirnov test and for sample sufficiency Bartlett test was used.

This test identifies the data normality based on following hypotheses.

$H_0$ : Data is normally distributed.

$H_1$ : Data is not normally distributed.

Considering the Kolmogorov–Smirnov test table the verdict would be as if there is a significant level for all variables larger than test level (0.05) then the data distribution is normal.

According to our results all variables have normal distribution, because the significant level is higher than 0.05. So  $H_0$  is approved and for reviewing relations we can use parametric tests as well as confirmatory factor analysis (CFA) and structural equations.

Content validity of the questionnaires' structure is examined using CFA. Focusing on model fitting is also important while using CFA. The common fit indices in measuring models for the research latent variables are provided under each shape. Among fit indices if chi squared degree of freedom is lower than 2 the model will have a proper fitting. RMSEA index lower than 0.05 is suitable. Other indices would be more suitable if they are closer to 1 (Qasemi, 1389).

When the test is done structural model was provide for every confirmatory model of research variables in order to analyze the relations or the hypotheses. The hypothesis test results in each variable is demonstrated in figure 2.

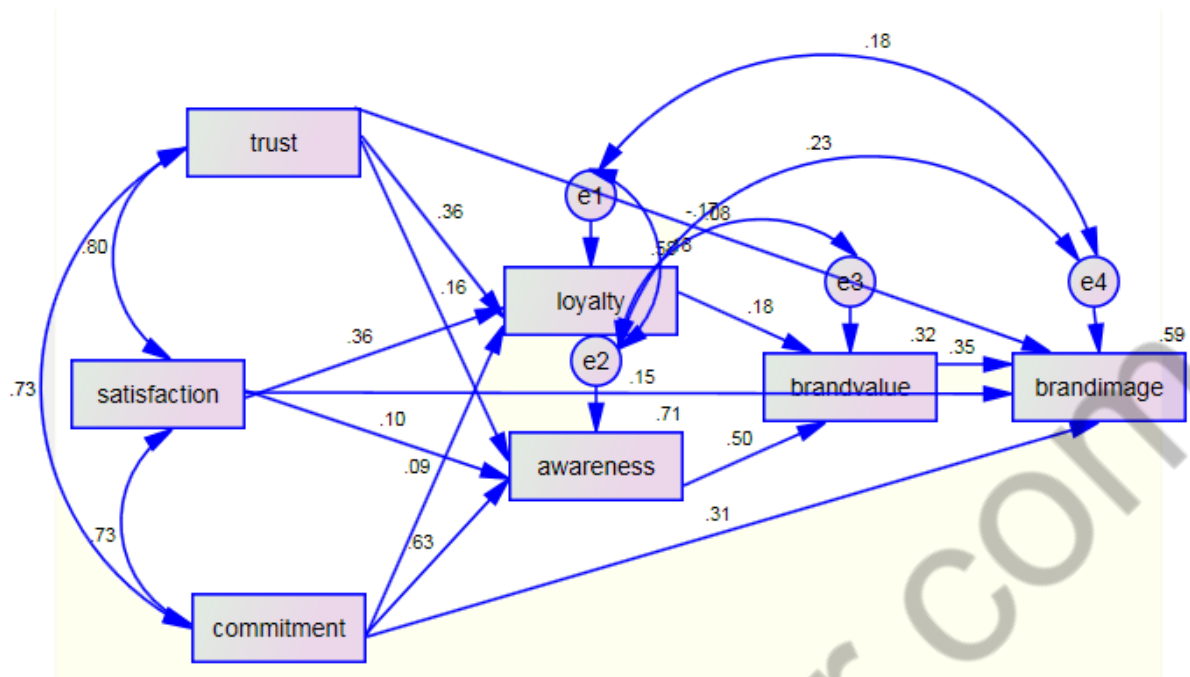


Fig. 2 – Hypothesis Test Results

Based on Amos software output and significance level for the research hypotheses in table 4 level of significance for the effect of commitment on loyalty hypothesis is 0.09 and trust on brand image is 0.19 which rejects the research hypothesis, for other hypotheses the significance level is lower than 0.05 which approves the hypotheses. We will discuss about hypotheses and the amount of effectiveness.

Table 3 - Critical Ratio and Significant Level of each Variable

Coefficient of Determination	Standard Coefficient	Significance Level	Critical Ratio (t test)	Standard Error	Non Standard Estimate		
0.026	.162	***	3.311	.045	.148	Trust	> Awareness
0.132	.364	***	6.089	.058	.350	Trust	> Loyalty
0.133	.365	***	6.106	.061	.373	Satisfaction	> Loyalty
0.011	.104	.034	2.124	.047	.101	Satisfaction	> Awareness
0.008	.089	.094	1.673	.058	.097	Commitment	> Loyalty
0.401	.633	***	14.505	.045	.655	Commitment	> Awareness
0.031	.177	.008	2.658	.062	.164	Loyalty	> Brand Value
0.247	.497	***	6.336	.076	.484	Awareness	> Brand Value
0.006	.077	.194	1.298	.047	.061	Trust	> Brand Image
0.022	.147	.013	2.494	.050	.124	Satisfaction	> Brand Image
0.096	.310	***	5.705	.048	.276	Commitment	> Brand Image
0.122	.350	***	8.174	.038	.310	Brand Value	> Brand

Considering the software output about connection between trust and brand loyalty the significant level is 0.000 which is lower than 0.05, so we can say trust and brand loyalty lack of connection hypothesis is rejected and the hypothesis of research about connection between trust and brand loyalty is approved.

The second hypothesis about connection between trust and brand awareness is also confirmed. In the third hypothesis of patient satisfaction connection with brand loyalty the significance level was 0.000 and lower than 0.05, so we can presume the zero hypothesis about no connection between patient satisfaction and brand loyalty is rejected and the research hypothesis about connection patient satisfaction and brand loyalty is accepted. The ratio of this effect is 36 percent. Because this ratio is positive the connection would be direct meaning more patient satisfaction leads to more brand loyalty. Coefficient of determination value shows 13 percent of brand loyalty depends on patients' satisfaction. Hypothesis four on connection between patient satisfaction and brand awareness is confirmed.

In hypothesis 5 about the connection between commitment and brand loyalty, the significance level is 0.09 and higher than 0.05 so zero hypothesis about no connection between commitment and brand loyalty is accepted and the research hypothesis on connection between commitment and brand loyalty will be rejected. Hypothesis 6 about meaningful connection between commitment and brand awareness is approved. This effect's ratio is 63 percent and presumed a strong effect. Because of its positive ratio the connection would be direct meaning an increase in commitment will result in brand awareness increase.

According to table 4 the research hypotheses 7, 8, 9 are accepted but hypothesis 10 on connection between trust and hospital image has 0.19 value on significance level which is more than 0.05 so zero hypothesis about no connection between trust and hospital image is confirmed and research hypothesis about connection between trust and hospital image is rejected. Hypotheses 11 and 12 in this article are also acceptable.

## **5- Conclusion**

In this paper we have studied the brand equity in hospital marketing. First we proposed a model to identify factors affecting the brand equity. In section 3 we developed our hypothesis and defined a test on jam hospital and in next section we analyzed the results.

The research hypothesis test results provided following information. 10 out of 12 considered hypotheses were confirmed. First it became clear that trust, customer satisfaction, and relation commitment all have positive effect on brand loyalty and brand awareness, except commitment, in other words commitment had not a significant impact on brand loyalty, which again means only hypotheses 5 and 10 are not confirmed.

The results demonstrate that hospital managers and staff should properly take care of patients allowing them to build up a trust toward the hospital, feel satisfied with that, and make high level of relation commitment with it.

Brand equity states that in order for hospitals to build a good image managers have to pay more attention on managing their brand equity. Customer satisfaction and commitment to relation also have great influence on hospital image. Both marketing activities and staff

interconnections, affects the way a customer connection with a brand so managers must make proper image of staff propaganda and behavior.

Therefore hospitals must try to focus their marketing on higher level of trust in providing services for the customer. They should invest in resources which provides and maintains high level of trust for their medical services. Improving customer satisfaction really influences on brand equity, brand awareness and hospital image. Customers with high level of commitment to relation will increase brand equity and hospital image, so hospitals should build strong communications with patients to form, increase and keep their commitment. They have to keep in mind the importance of brand awareness for making positive brand equity and therefore promoting hospital's image. Hospitals also have to focus beyond marketing procedures, on customer satisfaction in order to develop brand equity and trust among the customers based on supporting customer loyalty programs.

Finally, future studies can be using other approaches to further understand relationships among constructs studied in this research.

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