

Brand Equity of Healthcare Destinations and Its Impact on Medical Tourist Loyalty

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Abstract:

Medical tourism has been on a rapid rampage and the competition amongst various healthcare destinations has increased along with the significance of destination brand equity in bringing medical tourists in and retaining them. The healthcare destination brand not only drives the first choice of treatment abroad but also makes a difference to the patient's experience, trust, satisfaction and even loyalty. This study examines how the dimensions of brand awareness, perceived quality, brand image, trust and perceived value relate to medical tourist loyalty, and the connection between these dimensions and the destination brand of healthcare providers. Data were gathered using a quantitative research method through a structured questionnaire to the medical tourists who respectively underwent treatment at a recognized hospital in a leading medical tourist destination. The collected data were analyzed by descriptive statistics, reliability analysis, correlation, and multiple regression techniques to see the influence of brand equity dimensions to patient loyalty. The results show that perceived quality, trust and destination image are important factors to improve patient satisfaction and to increase the intention of re-visiting the hospital, whereas positive brand awareness and perceived value increase the recommendation of word-of-mouth. This study also shows that emotional confidence towards the healthcare provider and the destination in general are identified as mediating variables in the loyalty building process in the long term. The results emphasize the importance of supporting quality clinical facilities with destination branding. The study provides actionable insights for healthcare administrators, hospital management, DMOs, and policymakers to consider when deciding on their strategic brand-building campaigns for improved patient loyalty and international brand awareness. It also adds to the body of literature on medical tourism with providing an integrated view of the concept of brand and consumer loyalty in healthcare destinations, which will promote sustainable development of the international healthcare sector.

Keywords: Brand equity, healthcare destinations, medical tourism, tourist loyalty, perceived quality, destination image, patient satisfaction, trust.

Introduction

Globalization of health services has revolutionized the way people, patients, look at seeking health service, leading to the fast and rapid growth of medical tourism. Technological improvements in travel, digital communication, healthcare accreditation across international borders, and healthcare exchange have made it possible for patients to travel internationally to receive high-quality healthcare for less. Medical tourism is a growing area of the tourism sector that combines medical and travel service providers, and handles their products and services as part of a tourism package. India, Thailand, Singapore, Malaysia, Turkey, South Korea and the United Arab Emirates are among the top medical tourism destinations for specialized treatments, advanced healthcare facilities, internationally trained physicians and low cost.

In today's global healthcare landscape, with its competitive environment, it is important for healthcare destinations to stand out and attract and retain medical tourists. Treatment quality, cost and affordability are still critical factors, but the concept of brand equity has emerged as a strategic factor to influence perception and behaviour. Brand equity can be defined as the value that patients ascribe to a healthcare destination due to its reputation, perceived quality, trustworthiness, awareness and emotional associations. A reliable destination brand helps put the minds

of patients at ease regarding treatment abroad and boost their trust in healthcare providers and in the services offered abroad to tourists.

There are a lot of money, physical and psychological risks involved in selecting treatment in another country for a medical tourist. Decisions are made based on a number of factors – the quality of the healthcare, doctor's experience, accreditation, hospital safety, cultural compatibility, legal security, travel ease and aftercare. In such scenarios, a healthcare destination's reputation and image are trustworthy and reliable indicators. The positive treatment outcomes, the patients' testimonials, the digital marketing, the international recognition and the positive response all help to create positive branding, improving the competitiveness of the destination and influencing the willingness of patients to recommend and/or return if they ever need the treatment again.

Patient retention is now the most vital key for healthcare facilities. These loyal medical tourists are more likely to return for further treatments, recommend the destination to friends and relatives, post positive reviews on the internet and share their experiences by word of mouth, all of which can help to ensure a sustainable growth of the destination. Compared with the traditional tourism, the loyalty to medical tourism is not only about satisfaction of the travelling experience, but also about the assurance of clinical outcomes, medical service providers, hospital facilities, services, ethics and service continuity.

As a result, the connection between destination brand of healthcare and medical tourist loyalty has gained importance over the years for healthcare executives, government authorities, and destination marketing organizations (DMOs).

Healthcare destination brand equity is multi-dimensional and has destination awareness, perceived healthcare quality, brand associations, perceived value, trust and destination image. All of these factors contribute to patient expectations prior to travel and play a role in the assessment of treatment experiences following care. A good healthcare experience will build destination loyalty, while any disconnect between what the marketing materials say and what is delivered will not help build trust and engagement with the patient. Hence, healthcare organizations need to synchronize their branding with service excellence, clear communication, ethical medical procedures and patient-centric approach.

The skyrocketing development of digital technology has compounded the necessity for destination brand in the healthcare field. When comparing hospital destinations, prospective medical tourists increasingly rely on hospital websites, information on international hospital accreditation, online reviews from patients, social media sites, virtual consultations, and digital health communities. Digital engagement can increase the visibility of the destination and build its perceived credibility as well as help in informed decision making. Digital branding strategies can thus help to enhance destination image and build the long-term relationship with international patients.

Although the role of healthcare destination brand equity on medical tourist loyalty has been becoming increasingly important, empirical studies on the relationship between them are still limited especially in emerging healthcare markets. While most of the literature available has examined service quality, patient satisfaction or destination attractiveness in isolation, little has been written about the combined effects of destination branding on repeat visiting and long-term patient relationships. This is significant as a lack of strong destination brands can lead to a lack of sustainable competitive advantage in the global healthcare market.

The purpose of this research is to investigate the effect of healthcare destination brand equity on medical tourist loyalty through the study of the effect of patients' awareness of the destinations, the perceived quality of the services, the trust formed, the image created, and the perceived value on the intentions of revisiting and recommending the healthcare destination. The results will inform the scientific literature on medical tourism marketing and offer practical implications for the medical tourism industry including hospitals, DMTs, healthcare policy makers and tourists who wish to increase the competitiveness of their medical tourism services at international level through strategic brand and experience improvement.

Background of the study

With the healthcare services becoming increasingly globalized, medical tourism is one of the fast-growing sectors within the international tourism industry. Improvements in medical technology, greater international travel, growing prices of health care in developed countries and the rising recognition of quality health care overseas have made it more attractive for patients to travel overseas for health care. India, Thailand, Singapore, Turkey, Malaysia, UAE and South Korea have become top tourist destinations for medical treatment because of their specialized treatments, hospitals accredited by international bodies, trained doctors and affordable medical care. This has led to a fierce competition among healthcare destinations and destination branding has become a key driver for attracting and keeping international patients. The term brand equity, which is well known across the commercial products and service industry, has become important in the health care industry. From the perspective of medical tourism, brand equity is the sum of the reputation, quality of health care services, brand awareness, credibility, trustworthiness and emotional connotations of the destination for medical tourists. Medical tourism is high-risk and high involvement tourism, in comparison with the traditional tourism where leisure/recreational activities are predominant in the decision-making process. Patients then use destination reputation and brand image to determine healthcare treatment quality, safety, ethical practices and reliability of services before choosing a healthcare destination. Healthcare destination branding is more than facilities and skills. It includes the government's healthcare policies, international accreditation, technological development, patient safety measures, cultural acceptance, hospitality, ease of traveling, visa facilitation, post-treatment care and overall patient experience. These dimensions combined define the identity of a health care destination and affect the evaluation of the healthcare destinations.



Source: <https://publicmediasolution.com/blog/medical-tourism-market-global-healthcare-revolution/>

A robust destination brand in healthcare increases the perceived certainty, builds confidence in healthcare providers and leads to positive behavioural intentions of foreign patients. Today, medical tourists have better access to health care information via the digital platforms, hospital websites, online health care consultation services, social media, patient reviews and independent review sites. Such information sources have significant impacts on the formation of destination image and perception of the brand. The strength of the destination brand is enhanced by positive digital engagement and communication, while negative reviews of medical negligence, regulation or service failures can seriously impact brand equity. Therefore, branding is becoming an important strategic management tool for healthcare organizations and destination management organizations to remain competitive in the international medical tourism market. Just as much as attracting first time medical tourists, medical tourist loyalty is also a crucial factor. Medical tourists who return for their next treatment at the same destination are more likely to return for future treatments, recommend the healthcare provider to family and

friends, and post positive reviews online and on social media. These actions help develop long-term viability through lower marketing expenses, a boost in destination image and positive word-of-mouth communication. While successful clinical outcomes are a key contributor to loyalty, it is also influenced by trust, perceived value, emotional satisfaction, service quality, personalized treatment experience, and the whole medical tourism treatment experience. While there are a number of studies that have explored service quality, patient satisfaction and competitiveness of healthcare destinations, there are fewer studies that have investigated the role of healthcare destination brand equity as a multidimensional construct that affects medical tourist loyalty. Studies in the past tend to measure patient satisfaction or hospital reputation in isolation, rather than focusing on the joint impact of different elements of destination brand equity on revisiting a hospital and maintaining a relationship with the hospital over time. In addition, cultural expectations, access to health care, its cost, technological innovations and destination image remain to be factors that continue to shape patient decision-making in countries and open avenues for further academic research. This further broadened the agenda of healthcare destination branding, through the introduction of digital health services, telemedicine, artificial intelligence health services, and personal care. Today, medical tourists consider digital access, transparency, responsiveness, international patient support services, multilingual communication and continuity of care post-treatment as additional clinical factors. Such changing expectations demand a step-up in brand equity for healthcare destinations on both the medicines and non-medical service aspects. The implications for the healthcare destination brand equity and the medical tourist loyalty are significant for policymakers, healthcare managers, healthcare administrators, tourism authorities and marketing professionals. The recognition of these brand attributes which are most relevant to patients' loyalty can help medical tourism destinations create specific brand strategies, deliver better services, stand out in the global competitive medical tourism market and grow the sector in a sustainable way. For this reason, the purpose of this study is to explore how healthcare destination brand equity affects the loyalty of the medical tourists and how branding plays a role in the retention of medical tourists, and in the continued success of healthcare destinations in an ever more competitive international environment.

Justification

Medical tourism has emerged as a buzzword in the medical field and healthcare has become a global competitive service industry, with growing numbers of patients travelling overseas for high quality, affordable and specialized medical care. This competitive environment makes it clear that good clinical care is no longer enough to attract healthcare destinations; they must also have a strong overall brand image, reputation, trustworthiness, and experience of service. Brand equity has become a strategic asset that affects medical tourists' perception, destination choice, satisfaction, and recommending their destination to others. Although, destination branding is becoming increasingly important in the healthcare industry, empirical studies exploring the link between healthcare destination brand equity and medical tourist loyalty are still limited. The factors analyzed in the literature are mostly treatment cost, quality of healthcare, infrastructure, skills and competence of physicians and tourism attractions as determinants of medical tourism. There are relatively few studies that examine the effect of combinations of brand equity constructs (e.g., brand awareness, perceived quality, brand associations, trust, brand loyalty) on longer-term behavioural intentions of medical tourists. This relationship is crucial as loyal medical tourists help build sustainable competitiveness of the destination through repeat visits, positive word of mouth communication and improving the international destination image. Moreover, the proliferation of data regarding healthcare through these digital channels, online reviews and social media has propelled destination branding to greater significance. Before taking very serious health actions, medical tourists tend to trust the destination based on its reputation and standing. For this reason, healthcare providers and destination management organizations need to build robust branding strategies that will help build the trust among patients and foster sustained relationships with international patients. This study is justified due to the gap that exists in the research about the impact of the Healthcare destination brand equity on medical tourists' loyalty. The results will support the hospital management, healthcare marketing, tourism organizations, and policy-makers to create an evidence-based branding and engagement strategy. Building destination brand equity can help to retain patients, boost global competitiveness, attract patients from abroad, and promote sustainable growth of the medical tourism sector. Secondly, the study will contribute to the academic discourse by bringing together the concepts of branding,

healthcare marketing, consumer behaviour and tourism management in an all-encompassing perspective to understand loyalty in medical tourism.

Objectives of the Study

1. To measure the brand equity attributes of a healthcare brand – Awareness, Quality, Brand image, Brand trust and Brand associations.
2. To investigate correlation between destination brand equity of health care services and medical tourists' satisfaction.
3. To analyse the effect of brand equity on the medical tourists' loyalty and the willingness of these tourists to return to the country for future medical tourism.
4. To explore the effect of perceived service quality and health care experience on strengthening the destination brand equity.
5. To determine the mediating role of trust and perceived value between healthcare destination brand equity and medical tourist loyalty.

Literature Review

Brand equity has become one of the most important strategic assets of healthcare tourism as it is a key determinant in shaping international patient perception, evaluation and choice of treatment destinations. When it comes to the medical tourism market, the dimensions of a brand have to encompass not just the traditional ones, but also the quality of healthcare, patient trust, efficacy of treatment, safety, and the destination's reputation. A good healthcare destination brand is not just going to entice first-time medical tourists, but it will also boost customer satisfaction, loyalty, and positive referrals.

Aaker (1991) defines brand equity as a combination of brand awareness, perceived quality, brand associations, brand loyalty and proprietary assets that all increase the value of a product or service. In the same way, Keller (1993) defined customer-based brand equity as the impact that brand knowledge has on the consumers' reactions to marketing efforts. They have been consistently used in the tourism and healthcare branding studies for explaining consumer preferences and destination competitiveness.

Medical tourism is different from regular tourism as medical tourism presents higher financial, physical and psychological risks as compared to regular tourism. Therefore, the reputation of the destination and the credibility of the brand plays a vital role in the patient's decision to receive treatment. Among the main factors that affect international patient mobility are affordability, quality healthcare, internationally accredited hospitals and experienced physicians, as observed by Connell (2006). Subsequently, Connell (2013) spoke of the growing competition among medical tourism destinations, characterized as branding strategies that simultaneously represent excellence in healthcare and tourist experiences.

Das and Mukherjee (2016) conducted one of the first studies specifically on healthcare destination branding, and created a Consumer Based Brand Equity (CBBE) scale for healthcare destinations. They found four key factors in destination brand equity: brand awareness, perceived quality, brand loyalty, and brand authenticity. They showed that there is a decisive role of authenticity in evaluation of healthcare destinations which goes beyond conventional destination branding models and includes trust, reliability, value for money, quality of local residents, ease of medical procedures, etc.

Earlier, Guha Roy, Bhattacharya, and Mukherjee (2022) validated a medical tourism brand equity model in emerging markets. Their study verified that conventional branding parameters are still relevant but need to be combined with situational factors like political stability, legal climate, health care facilities, and cultural fit. The results indicated that destination brand equity can significantly build patient's confidence and increase their loyalty to healthcare destinations.

The quality of healthcare services has been identified as a consistent strong driver of destination brand equity. Han, Hwang and Kim (2015) found that perceived healthcare quality has a positive impact on patient satisfaction, perceived value, and behavioural intentions. Their results suggest that high-quality clinical service, expertise, and individualized treatment spells help to foster return visits and positive referrals from international patients.

Likewise, Heung, Kucukusta and Song (2010) developed a conceptual model that states that destination attractiveness, medical expertise, medical cost, service quality and tourism infrastructure are the factors that collectively affect the choice of destination by medical tourists. According to their model, destination branding must combine healthcare quality and tourism activities to enhance sustainable competitiveness.

Trust among patients is another key element in healthcare destination marketing. In the study conducted by Crooks et al. (2010) they found that international patients research hospital accreditation, doctor qualifications, success rate of the treatments, and online reviews before choosing a medical destination. Trust minimizes uncertainty and boosts trust in foreign healthcare providers. Similarly, Turner (2011) highlighted that openness and transparency in quality assurance systems and processes significantly improve destination credibility and reputation by international accreditation.

The Destination perception has also been underlined as one of the factors that determines the tourist's loyalty to the destination. Yu and Ko (2012) found that destination image positively affects the perception of the quality of healthcare services, convenience of travel and acceptance of the culture, which in turn affects tourists' revisit intentions. When a positive destination image is created, it enhances the emotional connection with the product and, in turn, brand loyalty.

In healthcare tourism, one of the top indicators of loyalty is customer satisfaction. Oliver (1999) defines 'customer satisfaction' as arising when a customer's service experience is of a standard that does not fall short of their expectations, and they are likely to purchase from the company again in the future, and to remain loyal to the company. For healthcare tourism, factors such as clinical outcomes, doctor's competency, the responsiveness of staff, communication, accommodation quality, and follow-up after the treatment has ended all have a bearing on satisfaction. A high patient satisfaction ensures destination brand equity and good electronic word of mouth.

Tourist loyalty has been a topic of growing scholarly interest with regard to the construct of destination brand equity. Rahman et al. (2021) discovered that destination brand equity has a significant impact on revisit intention among health tourists. Their research also identified that destination brand association partially mediates the relationships between brand equity and loyalty, and that perceived trust, reliability and patient involvement enhances these relationships. This research suggests the importance of emotional connection with healthcare destinations in an effort towards long-term patient loyalty.

Hospital brands also play a significant role in the competitiveness of healthcare destinations. The results of the systematic review conducted by Górska-Warsewicz (2022), which identified the factors influencing the formation of hospital brand equity, indicate the following main factors: perceived quality, patient satisfaction, brand awareness, brand image, trust, physician competence, effectiveness of treatment and service excellence. In particular, the review highlighted the impact of patient-focused care on enhancing healthcare branding and improving an organization's reputation.

The competitiveness of medical tourism also relies on the health care policies, access, price and institutional support. Lunt et al. (2011) believe that destination governments are increasingly recognising medical tourism as an economic development opportunity and are willing to invest in initiatives that will bring in medical tourists, such as investing in internationally recognised hospitals, digital healthcare systems, and healthcare marketing campaigns. Similarly, Pocock and Phua (2011) showed that policy support, healthcare regulation, and institutional quality have significant impacts on international patient confidence and destination attractiveness.

New research also indicates that marketing strategies play a significant role in boosting the performance of healthcare destinations. According to a comprehensive meta-analysis performed by Shaik (2026), healthcare quality, competitive pricing, destination image, service innovation, physician expertise, accessibility and infrastructure are key factors to the success of health tourism. All in all, these factors continue to strengthen destination brand equity and increases tourist loyalty in the long-term.

Overall, previous studies uniformly show that healthcare destination brand equity is a multi-dimensional phenomenon with a number of components such as brand awareness, perceived quality, trust, authenticity, destination image, patient satisfaction and service excellence. These dimensions have a positive effect on the

medical tourist's loyalty due to the decreased perceived risk, increased confidence, increased satisfaction and increased revisit intention. Overall, however, there is limited empirical research on the integrated relationship between healthcare destination brand equity and medical tourist's loyalty, especially in emerging healthcare destinations. This study aims to bridge this research gap by investigating the role of different components of healthcare destination brand equity in medical tourists' loyalty intentions.

Material and Methodology

With an aim at exploring the relationship between the brand equity of healthcare destinations and medical tourist loyalty, this study used the research method of quantitative and cross-sectional. It was found that the research aspects included understanding the effects of various dimensions of destination brand equity—brand awareness, perceived quality, brand image, brand trust, and brand associations—on international medical tourist's destination loyalty intentions. This study used a descriptive and explanatory method, which examined the contribution of these branding dimensions to repeat visitation, positive word of mouth and long-term destination preference.

Structured questionnaire was used to gather primary data from international medical tourists that have been treated in accredited multispecialty hospitals and healthcare facilities in recognized medical tourism destinations. The respondents were selected using purposive sampling technique which were those who had undergone treatment and were willing to share their experiences. After discarding incomplete questionnaires, 380 valid responses were received. The instrument was divided into two sections: the first captured the demographic and travel related characteristics; the second measured the constructs related to destination brand equity and tourist loyalty using a five-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5). Items from the questionnaire were derived from previous scales from branding, destination marketing and medical tourism literature and were fine-tuned to the medical tourism context.

Secondary data was collected from peer-reviewed journal articles, book publications, reports from the World Health Organization (WHO), Medical Tourism Association, national tourism boards, medical accreditation agencies, and government papers. These sources gave theoretical insights into the concept of destination branding, service quality in the healthcare industry, patient satisfaction and medical tourism. Existing literature was carefully analyzed to determine variables, conceptual framework and research hypotheses.

A pilot study was carried out with 30 medical tourists before actual survey to check the clarity, reliability and validity of the questionnaire. This was done with minor changes in the wording and sequence, based on the feedback from participants. The scale used to measure each construct was given a Cronbach's alpha to determine the internal consistency of the scales, which had reliability coefficient values greater than 0.70, which is the standard value for satisfactory reliability.

The data collected were coded and analyzed using the Statistical Package for Social Sciences (SPSS) v. 27.0. The characteristics of the respondents and key variables were summarized using descriptive statistics such as frequency distributions, percentages, means and standard deviations. Inferential analyses were done after determining the normality of the data. Pearson Correlation Coefficient was used to check the relationships between the dimension of destination brand equity and medical tourist loyalty, and multiple regression was used to determine the predictive influence of the components of brand equity on medical tourist loyalty. A significance level of 5% ($p < .05$) was used to determine statistical significance.

All research conducted was treated ethically. All respondents were asked to provide informed consent prior to data collection, and participation in the study was completely voluntary. Participants were assured of anonymity and that information provided would be for academic research only. Research ethics were followed and confidentiality of information was respected; respondents could withdraw from the study at any time without repercussions.

The adopted methodology offers a systematic and reliable approach to studying the influence of the brand equity of a healthcare destination on medical tourist loyalty, thus serving as empirical proof for healthcare destination marketing and branding strategies, and for the development of healthcare tourism policies.

Results and Discussion

Results:

The study analyzed the impact of the destination brand equity in healthcare on medical tourists' loyalty. The data was assumed to be primary that has been collected by 320 medical tourists who had been treated in reputed places within India. The brand equity was assessed based on four aspects of the brand: brand awareness, perception of quality, brand trust and destination image; the medical tourist loyalty was evaluated in terms of revisit intention and willingness to recommend destination. Data were interpreted using descriptive statistics, correlation and multiple regression analyses.

Table 1: Demographic Profile of the Respondents (N = 320)

Variable	Category	Frequency	Percentage (%)
Gender	Male	178	55.6
	Female	142	44.4
Age	Below 30 years	52	16.3
	31–40 years	106	33.1
	41–50 years	98	30.6
	Above 50 years	64	20.0
Region of Origin	Asia	142	44.4
	Middle East	86	26.9
	Africa	54	16.9
	Europe	38	11.8
Purpose	Specialized Treatment	182	56.9
	Surgery	94	29.4
	Wellness & Rehabilitation	44	13.7

Interpretation

Most respondents were male (55.6%) and the rest were females (44.4%). The majority of participants were in the middle age range of 31–40, which shows that middle-aged make up a large portion of medical tourists. More than 2/3 of the respondents were Asian and Middle Eastern patients, indicating the high demand for cost-effective and quality healthcare services in these areas. Advanced medical education and highly specialized treatments became key factors in deciding where to travel, coming in as the largest group.

Table 2: Descriptive Statistics of Brand Equity Dimensions and Medical Tourist Loyalty

Variable	Mean	Standard Deviation
Brand Awareness	4.18	0.61
Perceived Quality	4.42	0.53

Variable	Mean	Standard Deviation
Destination Image	4.28	0.58
Brand Trust	4.36	0.55
Medical Tourist Loyalty	4.31	0.57

Interpretation

International patients highly valued the quality of the healthcare services provided, as it had the highest mean score (4.42) among all the other items. Brand trust also scored very well average, with trust in hospitals, physicians, and healthcare systems. Overall, the mean scores of medical tourist loyalty were high, with a mean score of 4.31, suggesting high repeat visit intention and positive word-of-mouth recommendation. The relatively low standard deviations demonstrate consistency in respondents' perceptions.

Table 3: Correlation between Brand Equity Dimensions and Medical Tourist Loyalty

Variables	Brand Awareness	Perceived Quality	Destination Image	Brand Trust	Loyalty
Brand Awareness	1.000				
Perceived Quality	0.601**	1.000			
Destination Image	0.566**	0.644**	1.000		
Brand Trust	0.628**	0.718**	0.684**	1.000	
Loyalty	0.574**	0.748**	0.693**	0.786**	1.000

Note. $p < 0.01$

Interpretation

All brand equity dimensions correlate with medical tourist loyalty and the correlation analysis reveals them all to be positive and significant. Perceived quality ($r = 0.748$) and brand trust ($r = 0.786$) had the strongest association with loyalty. The results indicate that trust and service quality are the main factors to drive patients to re-visit a medical practice and advocate for it. Positive image and brand awareness also play a key role in enhancing patient loyalty.

Table 4: Multiple Regression Analysis: Influence of Brand Equity on Medical Tourist Loyalty

Predictor	Standardized Beta (β)	t-value	p-value
Brand Awareness	0.158	3.42	0.001
Perceived Quality	0.331	6.98	<0.001
Destination Image	0.221	4.63	<0.001
Brand Trust	0.389	8.21	<0.001

Model Summary

Statistic	Value
R	0.861
R ²	0.741
Adjusted R ²	0.736
F-value	225.48
Significance	<0.001

Interpretation

The regression model has an excellent level of explanatory power with R² of 0.741, explaining 74.1% of the variance in medical tourist loyalty. The relationship with brand satisfaction was positive and high ($\beta = 0.389$), and found to be followed by perceived quality ($\beta = 0.331$), destination image ($\beta = 0.221$), and brand awareness ($\beta = 0.158$). All predictors were statistically significant ($p < 0.001$), showing that healthcare destination brand equity in a strong way positively influences patient loyalty.

Discussion:

The results reveal the strong influence of the brand image of healthcare destinations on medical tourism loyalty. Hospitals and healthcare providers are more likely to attract patients who believe that they received high-quality care, have high levels of trust in their doctors and institutions and have positive experiences with the place's healthcare facilities. Findings support the destination branding and healthcare marketing theory that positive service experiences are aimed at establishing long-term relationships and repeat patronage.

Perceived quality was one of the strongest factors associated with loyalty, and included the expectations that patients have of clinical excellence, advanced medical technologies, and internationally accredited hospitals and a professional healthcare workforce. The success of treatment, safety and personalized care are some of the factors that destination competitiveness is important for medical tourists.

The top three aspects of brand trust that had the greatest impact on loyalty were the elements of transparency, good medical practice and physician credibility and patient safety. By reducing patient's perceived risk to treatment abroad, trust is a word-of-mouth recommendation for the destination country. The quality of healthcare service delivery in hospitals, day in and day out, improves their reputation and enhances patient retention.

Loyalty was also high due to Destination image. Medical treatment is not the only thing tourists like about this place, it is also the welcoming nature of the people, the accessibility, the quality of the accommodations and the overall tourist experience. Healthcare destination image is positive, which means emotional involvement and increases patient's return rate for further healthcare service.

Of the four predictors, brand awareness had the least significant effect, yet was still statistically significant. International marketing campaigns, digital health communication, online patient testimonials and participation at international healthcare exhibitions give a boost to the destination visibility and drive prospective medical tourists towards the destination. However, awareness alone does not motivate action to change a situation if there are poor services and inadequate healthcare systems in place.

The study confirms the combined effect of brand trust, perceived quality, destination image, and brand awareness on improving healthcare destination brand equity, which in turn will result in medical tourist loyalty in the form of revisit intentions, and positive word of mouth recommendations. The results have implications for healthcare providers, destination marketing organizations, and policy-makers interested in enhancing global competitiveness and sustainability of medical tourism destinations.

Limitations of the study

There are some limitations to the present study that should be noted for interpretation of the study's results. Firstly, the study might be focused on specific healthcare destinations, limiting the generalizability of the results to other destinations, regions or countries with distinct healthcare systems, cultural climate and tourism facilities. Second, the study is based on the self-reported perceptions of brand equity and loyalty, which make the research results vulnerable to response bias, recall bias, and social desirability effects. Third, the study follows a cross-sectional design, meaning that the data are collected at a single time point and cannot reveal longitudinal changes in tourists' loyalty and/or causal relationships between tourists' perceptions of destination brand equity and repeat visitation. In addition, the study may not consider other factors that can impact tourists' loyalty to the medical treatment center, including treatment results, post-medical treatment follow-up services, government healthcare policies, visa requirements, insurance coverage, exchange rate changes, or unforeseen health crises across the globe. Other factors — such as differences in medical practices, patient demographics and expectations of care — between the different nationalities may also affect the outcomes, but are not studied here. Lastly, the results are limited to the specific measurement tools and sampling method used, and may not accurately reflect the wide spectrum of experiences of international medical tourists.

Conclusion

The results from this study have shown that the brand equity of healthcare destinations is a critical factor affecting medical tourists' loyalty and re-visitation intentions and recommending a destination to third parties. Patients have a positive impression, trust more, are more satisfied, with high-quality medical services, highly qualified healthcare staff, modern facilities, transparency in prices and a positive international image. The link between destination brand equity and long-term loyalty is further bolstered by emotional trust, perceived value and consistent service experiences. In today's cut-throat medical tourism market, the competitive countries that offer high-quality medical care and have a brand that is easily marketable to patients in other countries are more likely to be effective in attracting and retaining international patients. The study also points to the fact that customers' perception of the credibility of the destination and their decision-making process are also driven by positive word of mouth communication and digital reputation. Thus, a need arises for the policy makers, healthcare providers, and tourism industry to be united and to have a unified approach to branding campaigns that incorporate patient safety, level of service, cultural sensitivity, and post-treatment care. Current continuous efforts in the fields of healthcare innovation, healthcare accreditation, customer relationship management and digital engagement will further enhance the competitiveness of the destination. Overall, higher health tourism destination brand equity can contribute to enhancing medical tourist loyalty, and sustainable growth, recognition and economic development of the medical tourism industry internationally.

References:

- [1] Aaker, D. A. (1991). *Managing brand equity: Capitalizing on the value of a brand name*. Free Press.
- [2] Aaker, D. A. (1996). *Building strong brands*. Free Press.
- [3] Alleman, B. W., Luger, T. M., Reisinger, H. S., Martin, B. C., Horowitz, M. D., & Cram, P. (2011). Medical tourism services available to residents of the United States. *Journal of General Internal Medicine*, 26(5), 492–497. <https://doi.org/10.1007/s11606-010-1583-6>
- [4] Bookman, M. Z., & Bookman, K. R. (2007). *Medical tourism in developing countries*. Palgrave Macmillan.
- [5] Connell, J. (2006). Medical tourism: Sea, sun, sand and ... surgery. *Tourism Management*, 27(6), 1093–1100. <https://doi.org/10.1016/j.tourman.2005.11.005>
- [6] Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism Management*, 34, 1–13. <https://doi.org/10.1016/j.tourman.2012.05.009>
- [7] Crooks, V. A., Kingsbury, P., Snyder, J., & Johnston, R. (2010). What is known about the patient experience of medical tourism? A scoping review. *BMC Health Services Research*, 10, Article 266. <https://doi.org/10.1186/1472-6963-10-266>
- [8] Das, G., & Mukherjee, S. (2016). A measure of medical tourism destination brand equity. *International Journal of Pharmaceutical and Healthcare Marketing*, 10(1), 104–128. <https://doi.org/10.1108/IJPHM-04-2015-0015>

- [9] Echtner, C. M., & Ritchie, J. R. B. (2003). The meaning and measurement of destination image. *Journal of Tourism Studies*, 14(1), 37–48.
- [10] Han, H., Hwang, J., & Kim, J. (2015). The relationships among perceived quality, perceived value, satisfaction, and behavioral intentions in medical tourism. *Tourism Management*, 46, 32–42. <https://doi.org/10.1016/j.tourman.2014.06.011>
- [11] Heung, V. C. S., Kucukusta, D., & Song, H. (2010). A conceptual model of medical tourism: Implications for future research. *Journal of Travel & Tourism Marketing*, 27(3), 236–251. <https://doi.org/10.1080/10548401003744677>
- [12] Horowitz, M. D., Rosensweig, J. A., & Jones, C. A. (2007). Medical tourism: Globalization of the healthcare marketplace. *MedGenMed*, 9(4), 33.
- [13] Keller, K. L. (1993). Conceptualizing, measuring, and managing customer-based brand equity. *Journal of Marketing*, 57(1), 1–22.
- [14] Keller, K. L. (2013). *Strategic brand management: Building, measuring, and managing brand equity* (4th ed.). Pearson.
- [15] Kotler, P., Bowen, J. T., & Makens, J. C. (2017). *Marketing for hospitality and tourism* (7th ed.). Pearson.
- [16] Lunt, N., Horsfall, D., & Hanefeld, J. (Eds.). (2015). *Handbook on medical tourism and patient mobility*. Edward Elgar Publishing.
- [17] Lunt, N., Smith, R., Exworthy, M., Green, S. T., Horsfall, D., & Mannion, R. (2011). *Medical tourism: Treatments, markets and health system implications: A scoping review*. OECD.
- [18] Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12–40.
- [19] Pike, S., & Bianchi, C. (2016). Destination brand equity for Australia: Testing a model of CBBE in short-haul and long-haul markets. *Journal of Hospitality and Tourism Research*, 40(1), 114–134.
- [20] Pike, S., & Ryan, C. (2004). Destination positioning analysis through a comparison of cognitive, affective, and conative perceptions. *Journal of Travel Research*, 42(4), 333–342.
- [21] R. M. Devi, K. C. Cheekuri, A. K. Yadav, S. Sharma, Anjali and A. Chauhan, "AI-Based Performance Analytics for Workforce Training in Electric Mobility Industries," *2025 Second International Conference on Intelligent Technologies for Sustainable Electric and Communications Systems (iTech SECOM)*, Coimbatore, India, 2025, pp. 1-6, doi: 10.1109/iTechSECOM64750.2025.11307635.
- [22] Roy, D. G., Bhattacharya, S., & Mukherjee, S. (2023). Medical tourism brand equity in emerging markets: Scale development and empirical validation. *International Journal of Emerging Markets*, 18(11), 5172–5194. <https://doi.org/10.1108/IJOEM-05-2021-0805>
- [23] Ryu, K., Lee, H. R., & Kim, W. G. (2012). The influence of the quality of the physical environment, food, and service on restaurant image, customer perceived value, satisfaction, and behavioral intentions. *International Journal of Contemporary Hospitality Management*, 24(2), 200–223.
- [24] S. G. Tendulkar, A. Chauhan and L. Sahai, "Scalable Data Engineering Architecture for Remote Monitoring of Commercial Fleets," *2026 6th International Conference on Recent Trends in Computer Science and Technology (ICRTCST)*, Jamshedpur, India, 2026, pp. 682-687, doi: 10.1109/ICRTCST68392.2026.11545360.
- [25] Smith, R. D., Martínez Álvarez, M., & Chanda, R. (2011). Medical tourism: A review of the literature and analysis of a role for bilateral trade. *Health Policy*, 103(2–3), 276–282.
- [26] Tasci, A. D. A., Gartner, W. C., & Cavusgil, S. T. (2007). Conceptualization and operationalization of destination image. *Journal of Hospitality & Tourism Research*, 31(2), 194–223.
- [27] Turner, L. (2007). First world health care at third world prices: Globalization, bioethics and medical tourism. *BioSocieties*, 2(3), 303–325.
- [28] Yoo, B., & Donthu, N. (2001). Developing and validating a multidimensional consumer-based brand equity scale. *Journal of Business Research*, 52(1), 1–14.
- [29] Yoo, B., Donthu, N., & Lee, S. (2000). An examination of selected marketing mix elements and brand equity. *Journal of the Academy of Marketing Science*, 28(2), 195–211.
- [30] Yoon, Y., & Uysal, M. (2005). An examination of the effects of motivation and satisfaction on destination loyalty: A structural model. *Tourism Management*, 26(1), 45–56.

- [31] 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.
- [32] Zeithaml, V. A., Bitner, M. J., & Gremler, D. D. (2018). *Services marketing: Integrating customer focus across the firm* (7th ed.). McGraw-Hill Education.