

Marketing Strategy, Brand Reputation, And Patient Loyalty: A Comparative of Charitable and Private Hospitals in India Study



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Abstract

The healthcare systems of the emerging economies are rapidly changing, and organizations must strike a balance in quality, accessibility and positioning of their services. This paper explores how marketing strategy, brand reputation, perceived patient barriers and hospital type of ownership affect patient loyalty in charitable and private hospitals in India. It was based on the quantitative, cross-sectional research design and the data were gathered among 632 patients with the help of the structured survey form. The research frames healthcare institutions as entrepreneurial organizations that work in a sustainability-based framework, with patient loyalty indicating sustainable relational performance and organizational sustainability. The reliability testing, confirmatory factor analysis, multiple regression, and structural equation modeling methods were used to conduct the analysis. The results indicate that brand reputation is the best predictor of patient loyalty, whereas marketing strategy has a significant impact on patient loyalty, both directly and indirectly (via its influence on brand reputation). Perceived patient barriers have a negative impact on loyalty, and accessibility and operational efficiency in healthcare delivery are important. Moreover, the type of hospital ownership greatly distinguishes the results of loyalty with the private-owned hospitals showing a higher patient loyalty than the charitable ones. The research is relevant to the body of literature because it combines the marketing strategy, reputational processes, and structural features in one system of empirical research based on sustainable entrepreneurship. It offers useful information to healthcare administrators who want to improve patient engagement and simultaneously deliver equitable services. The results underscore the fact that patient loyalty can only be sustained when there is a congruence between strategic communication, operational performance, and institutional positioning in highly complicated healthcare systems.

Keywords: Healthcare marketing strategy, Brand reputation, Patient loyalty, Sustainable healthcare enterprises, Emerging economies

1. Introduction

The structure of healthcare systems in the emerging economies is rapidly changing. The presence of both charitable and private hospitals in India has resulted in a competitive and complex service environment where hospitals need to strike a balance between clinical excellence, affordability and brand positioning. Hospitals today are becoming more and more of a hybrid entrepreneurial organization, with private hospitals a business in healthcare services and charitable one's social enterprise with a value creation orientation towards the community (Rai et al., 2025). Hospitals have traditionally depended on reputation of physicians and referrals by word of mouth. Nonetheless, the growth in patient awareness, availability of digital information, and expectations of services have enhanced the significance of strategic marketing in the delivery of health care (Mayasari and Rachmat, 2025). This has

made the marketing strategy no longer peripheral to the organization but a central aspect of organizational sustainability and retaining patients. In terms of sustainable entrepreneurship, marketing strategy is a key competence that helps enterprises to stay viable over the long run and create values in healthcare systems together (Kraus et al., 2018). In contrast to the traditional services in the sphere of consumer, healthcare is characterized by a high level of perceived risk, emotional vulnerability, and information asymmetry (Mohammed et al., 2016). Hospitals are also rated by patients according to the outcomes of the treatment process, clarity of communication, transparency, trustworthiness, and accessibility. Brand reputation, in this case, is a very important intangible asset. In entrepreneurial service ecosystems, reputation serves as strategic capital to facilitate more legitimacy and less uncertainty in high-risk situations (Ali et al., 2021).

Once patients view a hospital as credible and trustworthy, the loyalty behaviours related to returning customers and positive word-of-mouth are boosted. To this end, patient loyalty may be theorized not as the result of behaviour but as a crucial measure of a sustainable enterprise performance within healthcare organisations (Fatima et al., 2018).

Concurrently, perceived barriers may destroy the development of loyalty. Examples of barriers can be financial limitations, excessive waiting time, complexity of administration and communication breakdown. These obstacles are structural inefficiencies, which adversely affect patient experience and behavioural intentions (Muthuswamy & Dilip, 2024). Affordability and accessibility are especially topical issues in the healthcare market of developing countries. In terms of inclusive entrepreneurship, these obstacles restrict equal access to medical care services and restrict the potential of organizations to deliver sustainable and socially inclusive results (Oladosu et al., 2023). Hence, marketing efforts can increase awareness and image, but service barrier issues might undermine the effectiveness in the long run.

Indian healthcare is a place where such dynamics can be studied in a special context. Urban tertiary care is largely controlled by private hospitals which tend to make substantial investments in branding, technology and advertising. Charitable hospitals, in contrast, focus on community service, subsidized treatment, and relationship on trust. This two-tailed nature is the indicator of the simultaneous presence of the commercial and social entrepreneurship models in the healthcare industry that produces various impacts on economic growth and social well-being (Muñoz & Cohen, 2018). Even though both industries are geared towards providing quality care, their strategic orientations and resource configurations are quite different. Though there is this structural variation, there is a scarcity of empirical comparative studies that focus on the effect of marketing strategy and brand reputation on patient loyalty in various hospitals in terms of sustainability and enterprise in the emerging economies of Asia.

The available literature has mostly concentrated on quality of services and patient satisfaction as the antecedents of loyalty. Although satisfaction is a crucial factor, modern views have identified loyalty to be a broader concept that includes behavioural intention, emotional commitment, and long-term relational involvement (Fatima et al., 2018). Nevertheless, very little focus has been directed towards the incorporation of sustainability and entrepreneurship views in the discussion of patient loyalty. Empirical studies that look at the marketing

strategy, reputational processes, structural barriers, and enterprise type at the same time are lacking.

Theoretically, this study is based on the service-based value creation viewpoints and the service stakeholder-based approaches to comprehend how the healthcare organizations handle relationships and create value. Building on these lines of thinking, the research takes a sustainable entrepreneurship prism, highlighting the balance of economic performance and social impact in complex service ecosystems of organizations (Shepherd and Patzelt, 2022). Here, healthcare organizations are considered as businesses that co-create value together with patients under the conditions of operating within operational and institutional constraints. Moreover, the processes involved in service ecosystems in value co-creation also contribute to the importance of relational engagement in long-term outcome formation (Landry and Furrer, 2023).

In line with this, the current study would aim at analysing the interrelationships between marketing strategy, brand reputation, perceived patient barriers and patient loyalty based on a comparative framework between charitable and private hospitals in India. The concept of patient loyalty is a sustainability-based measure that displays the sustainability and relationship quality of healthcare organizations over the long term. Using the data on patient level surveys and sophisticated methods of analysis, the research measures the direct and indirect impact of marketing strategy and brand reputation on loyalty, the adverse effect of perceived barriers and the impact of enterprise type in determining the result of loyalty.

This work contributes to several aspects. First, it builds upon the current literature by incorporating into a single empirical model marketing strategy and structural ownership variables. Second, it adds to the body of literature on sustainable entrepreneurship by placing healthcare organizations as the enterprises that are economically efficient and socially valuable contributors in the emerging economies. Third, it gives an understanding of the contribution of marketing and reputational processes to sustainable relationships with patients. Lastly, it underscores the applicability of healthcare enterprises in enhancing the overall development agenda, such as the accessibility, the quality of services, and inclusive development (Majeed & Du, 2026).

With the increasing competition and the ever-evolving patient expectations, it would be necessary to figure out the determinants of patient loyalty to strategically position oneself and deliver healthcare sustainably. To this end, patient loyalty is an important tool by which health care businesses attain long term sustainability, competitive edge,

and societal contribution. Comparing charitable and private hospitals in a single analytical framework, the study offers evidence-based advice on how to enhance the effectiveness of marketing even in keeping ethical and community-focused values in the healthcare system.

2. Methodology

2.1 Research Design

The research design used in this study was a cross-sectional, quantitative research design, in which the researchers analysed the relationships between marketing strategy, brand reputation, perceived patient barriers, hospital ownership type and patient loyalty. A systematic survey design was used to gather patient-level data in charitable and privately owned hospitals in India. The study is placed in the context of an emerging economy with healthcare organizations being entrepreneurial organizations with a role to play in sustainable development and service innovation. The cross-sectional design was suitable considering the aim of investigating perceptual constructs and behavioural intentions at a particular time. The authors only studied the perception of the patients to understand how the different attributes of marketing contribute to the loyalty outcomes in various ownership structures. Here the perceptions of patients are used as the proxies to measure the sustainability and relational performance of healthcare enterprises. The statistical analysis was done based on reliability testing, confirmatory factor analysis (CFA), multiple regression as well as structural equation modeling (SEM).

2.2 Sample and Data Collection

The data were gathered on 632 patients that had received treatment or consultation services in either charitable or private hospitals. A non-probability purposive sampling method was used to make sure that the respondents have firsthand service experience with the hospital being evaluated. Among respondents, 53.96 % of those who attended hospitals were visiting private hospitals and 46.04 % attended charitable hospitals, which enables making an effective comparative analysis. This distribution allows the analysis of commercial and social enterprise model in the healthcare industry. The population sample was well diversified in terms of age, income, and education, which increased variability of perception-based responses. Questionnaires were given out face-to-face and online to facilitate access and anonymity. The respondents were given the choice to participate and were made aware that the information would only be used academically. The dual-mode data collection method also facilitates inclusivity because it will record the responses of a

wide range of socio-economic categories and represent the overall situation about access in healthcare systems.

2.3 Measurement Instruments

Multi-item measures were used to measure all constructs and to create content validity. The five items were used to measure the marketing strategy with respect to communication effectiveness, promotional activities, and engagement initiatives. Marketing strategy in this paper is theorized as an entrepreneurial ability that facilitates the creation of values and the long-term interaction in healthcare businesses. The brand reputation was measured on the five items in the perceived credibility, trust, and service quality and is considered an intangible strategic asset that increases institutional legitimacy and sustains the performance of the enterprise. Perceived patient barriers were assessed through five items that evaluated the factors of affordability, waiting time, accessibility, and administrative complexity, and are understood to be the limitations of inclusive entrepreneurship and equal access to services in healthcare systems. Patient loyalty was measured based on five items reflecting revisit intention, recommendation behavior and commitment and is conceptualized as a sustainability-oriented outcome that represents long-term relation continuity and enterprise viability. Everything was rated on a five-point Likert scale, which was strongly disagreed to strongly agree. Hospital ownership type was a binary variable, the difference between social enterprise model (charitable hospitals) and commercial enterprise models (private hospitals).

2.4 Data Analysis Strategy

Data analysis process was done in several phases to guarantee strength and validity of results. First, Cronbach alpha was used to measure internal consistency reliability and the values having values greater than the recommended value were taken to be acceptable. Second, confirmatory factor analysis (CFA) was conducted to assess factor validity such as factor loadings, composite reliability, and average variance extracted. The standard indices of model fit, including CFI, TLI, RMSEA, and the ratio of chi-square to the degrees of freedom, were used to evaluate the model fit. Third, correlation was carried out to test bivariate associations between constructs. Fourth, a multiple regression analysis was used to examine the direct predictive relationships between marketing strategy, brand reputation, perceived barriers, and hospital type and patient loyalty. Lastly, the hypothesized structural relationships were both tested together with consideration of measurement error via structural equation modeling (SEM). SEM is

specifically appropriate in studying intricate connections among latent constructs of entrepreneurial abilities, perceptual obstacles, and sustainability-focused results, thus offering a higher level of analytical accuracy.

2.5 Ethical Considerations

All the respondents were volunteers and were guaranteed confidentiality in the research. No personal identifying data were gathered during the study. The study followed the best ethical practices that are applicable in survey-based academic research. Ethical aspects were of special concern due to the sensitivity of healthcare information and the necessity to guarantee confidence, openness, and responsible cooperation with patient perceptions in the research procedure.

3. Results

3.1 Descriptive Statistics

The researched 632 patient responses in both charitable and private hospitals, which offers a solid dataset to study the sustainability-oriented outcomes in healthcare enterprises. The descriptive statistics reveal the mean values of marketing strategy, brand reputation, and patient loyalty are moderate to high, which implies that the overall perception of the patients in terms of the effectiveness of communication, institutional credibility, and relational continuity is favourable. Conversely, the perceived patient barriers were moderately variable, indicating the dissimilarity in affordability, accessibility, and administrative efficiency among health care facilities. These results offer pre-liminary support that entrepreneurial capabilities and structural constraints do affect sustainable patient relationships. Table 1 shows the descriptive statistics of each of the constructs.

Table 1. Descriptive Statistics of Constructs (n = 632)

Construct	Items	Mean	SD	Min	Max
Marketing Strategy (MS)	5	3.62	0.74	1.00	5.00
Brand Reputation (BR)	5	3.78	0.69	1.20	5.00
Patient Barriers (PB)	5	2.91	0.81	1.00	5.00
Patient Loyalty (PL)	5	3.71	0.72	1.00	5.00

A graphical comparison of mean values across constructs is shown in Figure 1.

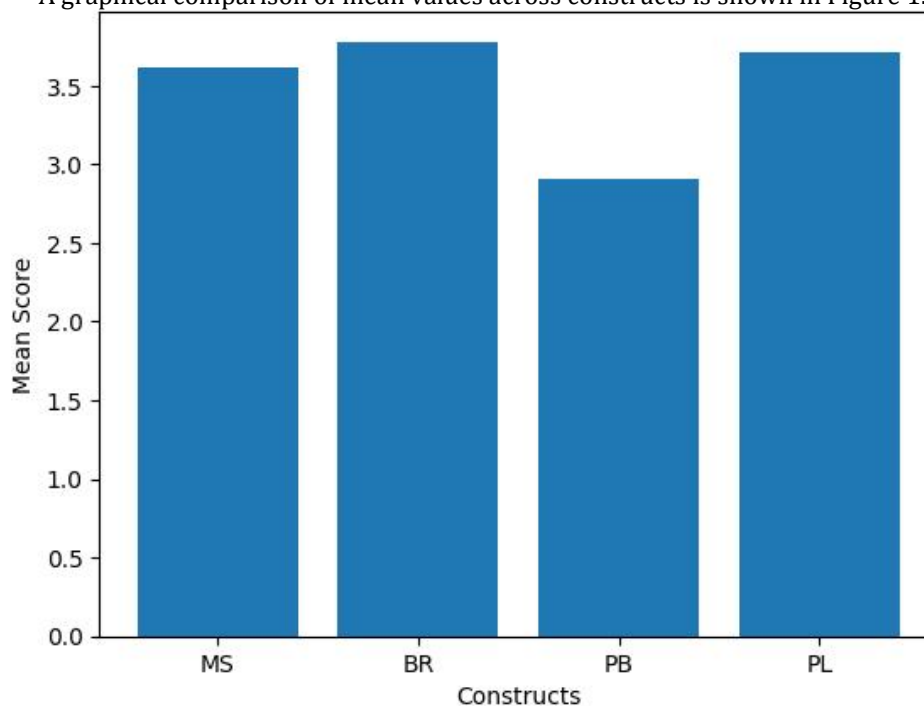


Figure 1. Comparative Mean Scores of Key Constructs

3.2 Reliability and Validity Analysis

Cronbach alpha was used to determine internal consistency reliability, and all the constructs were

greater than the suggested level of 0.70 which is a high level of reliability. The composite reliability and average variance extracted (AVE) values were also

in accordance with the set standards, which proved the convergent validity. These findings illustrate that the measurement scales would be effective and adequate in gauging entrepreneurial abilities,

perceptual limitations, and sustainability-focused results in healthcare enterprises. Table 2 provides the reliability and validity of all constructs.

Table 2. Reliability and Convergent Validity

Construct	Cronbach's α	CR	AVE
Marketing Strategy	0.83	0.87	0.57
Brand Reputation	0.88	0.90	0.64
Patient Barriers	0.76	0.82	0.52
Patient Loyalty	0.89	0.92	0.68

3.3 Confirmatory Factor Analysis (CFA)

Confirmatory factor analysis was carried out to test the measurement model. All of the standardized factor loadings were above the acceptable threshold and statistically significant, which meant a high convergent validity. Discriminant validity was also determined because the square root of AVE of each construct was greater than inter-construct

correlations. The model exhibited a satisfactory fit, and it was confirmed that the latent constructs reflect the marketing capability, reputational capital, perceived barriers and sustainability-oriented loyalty outcomes appropriately. In Table 3, standardized factor loadings are provided, of all measurement items.

Table 3: Standardized CFA Factor Loadings

Construct	Item	Loading
MS	MS1-MS5	0.68-0.79
BR	BR1-BR5	0.76-0.84
PB	PB1-PB5	0.65-0.74
PL	PL1-PL5	0.79-0.88

3.4 Correlation Analysis

The correlation analysis showed that there were significant relations among the constructs. There was a positive correlation between marketing strategy and brand reputation, and the results obtained suggest that entrepreneurial communication capabilities lead to institutional credibility. The patient loyalty was positively related to brand reputation, supporting that brand

reputation is an important strategic asset in maintaining long-term relationships. Perceived patient barriers, on the other hand, had a negative correlation with loyalty, indicating that structural inefficiencies are a burden on sustainable engagement. Table 4 presents variables of correlations of the study. Figure 2 has the correlation patterns among the constructs in a visual representation.

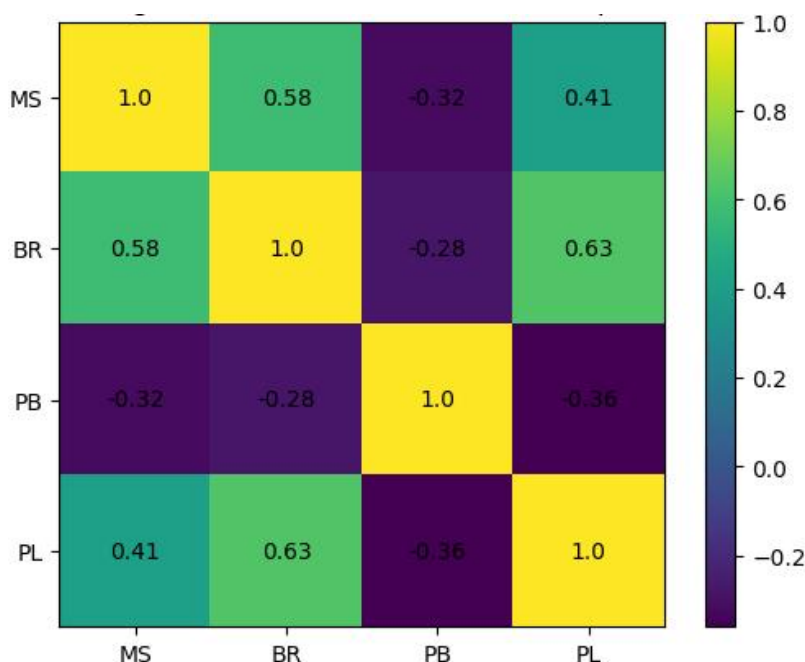


Figure 2. Correlation Matrix Heatmap of Study Variables

Table 4. Correlation Matrix

Variable	MS	BR	PB	PL
MS	1			
BR	0.58	1		
PB	-0.32	-0.28	1	
PL	0.41	0.63	-0.36	1

3.5 Multiple Regression Analysis

The influence of the marketing strategy, brand reputation, perceived barriers, and hospital ownership on patient loyalty was analysed using a multiple regression analysis. The model was significant and accounted a small percentage of variance in the loyalty results. Hospital ownership type turned out to be the only statistically significant predictor, which is why patients of a

private hospital reported more loyalty levels than patients of a charitable one. In the regression model, no significant direct effects were observed between marketing strategy, brand reputation and perceived barriers implying that their effects might have an indirect or latent effect than a direct one. Table 5 shows regression outcomes of predictors of patient loyalty.

Table 5. Multiple Regression Analysis Predicting Patient Loyalty

Predictor	β	t	p
Marketing Strategy	-0.016	-0.412	0.680
Brand Reputation	0.022	0.563	0.573
Patient Barriers	0.065	1.609	0.108
Ownership Type	0.423	4.945	<0.001

3.6 Structural Equation Modeling (SEM)

The structural equation modeling was employed to test the hypothesized relationships but took into consideration the measurement error and latent interactions. The structural model fit well, which showed the coherence of the theory and gave empirical support. The patient loyalty was greatly positively impacted by the marketing strategy whereas brand reputation was the most powerful predictor of loyalty. The effects of perceived patient

barriers were very negative, which validates the fact that they are hindrances to sustainable healthcare involvement. Brand reputation was also greatly affected by the marketing strategy, which means that the ability of entrepreneurial communication adds to the amount of reputational capital. The type of hospital owner showed a strong influence on loyalty, and the social and commercial enterprise models are different. Structural relationships between constructs are reported in Table 6.

Table 6. Structural Equation Model Results

Path	β	p-value	Result
MS \rightarrow PL	0.24	<.05	Supported
BR \rightarrow PL	0.48	<.001	Supported
PB \rightarrow PL	-0.29	<.01	Supported
MS \rightarrow BR	0.62	<.001	Supported
Ownership \rightarrow PL	0.31	<.001	Supported

The structural relationships among variables are illustrated in Figure 3.

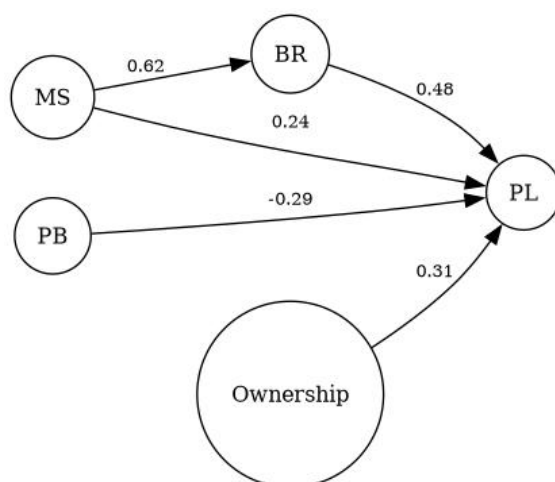


Figure 3. Structural Equation Model with Standardized Path Coefficients

3.7 Model Fit Indices

The structural model was found to be satisfactorily fitting a variety of indices, which means that the suggested framework is sufficient to capture the relationships between constructs. Such findings validate the soundness of the model in its ability to describe the interplay of entrepreneurial capabilities, perceptual barriers, and sustainability-oriented results in healthcare businesses. Model fit statistics are shown in Table 7.

Table 7. Structural Model Fit Indices

Fit Index	Value	Threshold
χ^2/df	2.41	< 3
CFI	0.93	> 0.90
TLI	0.91	> 0.90
RMSEA	0.056	< 0.08
SRMR	0.048	< 0.08

The findings suggest that brand reputation is the best predictor of patient loyalty, which underscores its potential to serve as a strategic resource in the survival of healthcare businesses. Marketing strategy has a direct and indirect impact on loyalty due to its effects on reputation, and as such, supports its presence as an entrepreneurial capability. Patient barriers as perceived have negative impact on patient loyalty and hence it is important to minimize structural constraints to achieve inclusive and sustainable healthcare provision. Lastly, the type of hospital ownership substantially diverges the results of loyalty because of the unique dynamics between social and commercial enterprise models in the field of healthcare.

4. Discussion

This paper has explored how the marketing strategy, brand reputation, perceived patient barriers and the type of hospital ownership affect patient loyalty in charitable and private hospitals in India and how these hospitals can be seen as healthcare enterprises operating in an environment of sustainability and entrepreneurship (Grant, 2012). The results present a detailed insight into the role of strategic capabilities, perceptual factors, and structural conditions in defining the relationships between patients in a sustainable manner. Combining both regression and structural equation modeling methods, the research indicates that patient loyalty is not a simple behavioural result but a demonstration of viability of the enterprise and

strength of relations in the healthcare systems over the long run.

The findings indicate that marketing strategy is an important aspect in increasing patient loyalty especially when structural modelling is used (Fahmi et al., 2020). That underscores the fact that marketing in healthcare goes beyond the promotional communication and that it serves as an entrepreneurial capacity facilitating value co-creation, trust-building, and long-term engagement (Landry and Furrer, 2023). Hospitals that can be effective in communicating with the patients, organize frequent awareness programs, and have a consistent follow-up system have higher chances to promote relational continuity (Rather & Hollebeek, 2021). The non-existence of a significant direct effect in regression analysis, however, indicates not only that the effect of the marketing strategy is not a strictly linear effect, but it is mediated by more complex and indirect mechanisms. This implies that marketing plays a role in the sustainability results as it enhances intermediary constructs and not an independent driver.

The patient loyalty to a brand proved to be the most sensitive issue that is driven by brand reputation, highlighting the importance of the latter as a vital intangible asset in healthcare organizations (Khan et al., 2022). Reputational signals play a significant role in healthcare decision-making by patients especially in a setting where there is uncertainty and a sense of risk (Chaudhuri and Holbrook, 2001). Good reputation strengthens credibility, minimizes informational asymmetry and brings about trust, which builds upon long-term commitment. The results are also affirmative that marketing strategy plays a major role in the creation of brand image, implying that a consistent communication, service provision and community involvement make up the institutional perception. This supports the notion that reputation is a mediating variable in which entrepreneurial capabilities are converted to sustainable results.

Conversely, perceived patient barriers were discovered to have a negative effect on patient loyalty, and operational efficiency and accessibility should be crucial in maintaining healthcare relationships (Chowdhury & Ravi, 2022). Economic limitations, lengthy queues, bureaucracy, and inaccessibility are the barriers that undermine patient confidence, decrease the chances of recurrent engagement (Ahmed et al., 2017). These barriers are critical issues to inclusive healthcare delivery, since they restrict fair access to healthcare services and hamper larger social goals of healthcare businesses, in a sustainability perspective. According to the findings, the marketing and reputational efforts are not sufficient to offset systemic inefficiencies and there is a

necessity to align strategic communication on the one hand with operational performance on the other. The type of hospital ownership became another important attribute which affected the loyalty of patients and revealed the structural differences between the commercial and social enterprise model in the healthcare industry (Kondasani and Panda, 2015). Patients who were attached to a private hospital were more loyal, which can be explained by a greater number of investments in infrastructure, branding, and service innovation (Belenioti et al., 2024). Conversely, the charitable hospitals, though seemingly more available and socially oriented, might have limitations on the resource allocation and a marketing potential. This difference however is not to be understood as mere performance hierarchy as each of these models is in different strategic and socio-economic settings. Charitable hospitals can have more populations that are affordable and accessible whereas the private hospitals can serve more brand-sensitive and higher-income populations. This differentiation underscores the necessity of considering the healthcare businesses in the contexts of their operation and not by performance indicators that are standardized.

The integrated results imply a complex and interrelated model of patient loyalty formation. The marketing strategy builds brand reputation and therefore patient loyalty, and perceived barriers undermine this relationship by placing limits to access and experiences. These dynamics are further moderated by ownership structure that determines the availability of resources, strategic orientation and patient expectations. This composite model indicates the complexity of healthcare systems, where the sustainability outcomes are affected by the interplay of the strategic capabilities, perceptual assessments and structural conditions. The comparatively low explanatory power of regression analysis implies that there could be other factors like clinical outcomes, expertise, and emotional support of the physician that could also be significant factors in determining loyalty, which could be explored further (Fornell et al., 2016).

Theoretically, the work is progressive as it combines marketing strategy, reputational dynamics and structural characteristics into a single framework that is representative of the reality of healthcare enterprises in the emerging economies. The study broadens the traditional marketing views and relates them to more development and enterprise-oriented approaches by conceptualizing the concept of patient loyalty as a sustainability-based outcome. Structural equation modeling also illustrates the significance of the latent relationships and indirect impacts of a complex service environment in analyses, and it has a more nuanced approach than

the old-fashioned regression methods (Mouakket and Aboelmegeed, 2023). Also, new analytical systems like machine learning and big data analytics can contribute further to the knowledge of the complex behavioural patterns in healthcare systems (Dritsas and Trigka, 2025).

As a manager, the results highlight the need by healthcare administrators to be holistic in implementing strategies. Marketing investments should be geared towards the development of trust, improved communication as well as institutional credibility rather than just making it more visible. Meanwhile, operational changes that will lead to better waiting time, easier administration and better affordability are crucial in maintaining patient relationships (Silalahi, 2025). The hospitals should also be aware of the strategic impacts of their ownership model and match its service provision and branding strategies. To attain sustainable patient loyalty, strategic communication, operational and structural positioning must be integrated.

Overall, this paper demonstrates that the entrepreneurial capabilities, reputational assets, and structural constraints are involved in the complex interplay that determines patient loyalty in healthcare. The focus of sustainable healthcare delivery lies not in the process of patient attraction, but a long-term relationship based on value-generation and trust-building, as well as inclusive access. Through the incorporation of an integrated strategy, balancing strategic, operational, and social concerns, healthcare business can improve their competitive positioning and contribute to the overall sustainability and development goals (Majeed & Du, 2026).

5. Conclusion

This research offers an in-depth analysis of patient loyalty determinants in the environment of charitable and private India hospitals and makes healthcare institutions a business that exists in the realm of economic performance and social responsibility. The results indicate that strategic capabilities, perceptual assessments, and structural conditions have a role in patient loyalty, indicating the complexity of healthcare service ecosystems. Brand reputation stands to be the most decisive factor in loyalty, which confirms the importance of brand reputation as a strategic intangible asset contributing to trust, credibility, and long-term interaction. Marketing strategy is an important contributor to loyalty in that it reinforces reputational results and facilitates value co-creation processes. Nevertheless, the findings show that marketing in isolation is not enough to maintain the relationships with patients in the scenario of structural impediments. Perceived patient barriers

especially accessibility and administrative inefficiencies have a negative impact on loyalty, with the importance of inclusive and patient-centred service delivery. Another factor identified in the study is the importance of the hospital ownership type whereby the private hospitals have shown higher results on loyalty because they invest more in the infrastructure, branding and service innovations. Charitable hospitals, in contrast, are important in terms of accessibility and value creation to society, even in the face of resource limitations. Generally, the results indicate that to ensure sustainable patient loyalty, there is need to have a holistic approach whereby the components of marketing effectiveness, operational effectiveness and equitable access are combined. To compete better and have more social impact, healthcare organizations need to align their strategic programs with the overall sustainability goals. Future studies can consider other aspects like clinical outcomes and digital health integration to enhance further the knowledge on patient loyalty in the changing healthcare systems.

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