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Beyond the Clinical: Branding as a Posthuman Interface in Patient Decision-Making

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Abstract

This study adopts a posthuman perspective to review patients' decision making in the context of public hospitals drawing on the interplay of branding and differentiation and positioning. Using a quantitative approach with SEM-PLS on a sample of 99 patients at RSUD Karsa Husada Batu, Indonesia, the differentiation was found to have a direct effect on patient decisions, while positioning had an effect when moderated by branding. Branding is a techno-cultural signal produced by data, algorithms, and network patients, not just an identity, that has implications on our present findings. The investigation considered the digital, and some of the realization activities, to have symbolic mediation diminished, between the physical experience and the reality. These findings encourage a change from a linear marketing orientation, to an interaction-based ecosystem, in which patients are posthuman decision actors in a complex and digitalised environment.

Keywords: Branding, Differentiation, Positioning, Patient Decision-Making, Healthcare Marketing.

Introduction

With the increasing number of healthcare providers in the world, it is becoming increasingly difficult for patients to make the best decision in choosing a hospital to treat them. Increased competition then puts hospitals under pressure to adopt branding, differentiation, and positioning strategies for attracting and retaining patients. Branding not only develops trust and loyalty but also plays an important role in shaping service quality perceptions among patients and decisions made by them (Seyferth et al., 2022; Maulana & Ayuningtyas, 2023). However, service gaps are still reflected in the public satisfaction index of Karsa Husada Batu Hospital, which features an Indonesian sub-average level of infrastructure quality and easiness of procedures.

Brand power has rarely become an invoked variable for moderation in the patient decision-making process in previous studies. Branding literacy in the healthcare sector usually comes from the context of developed countries, making it even less relevant to emerging markets (Litwin, 2010). This is where the branding plays the role of a posthuman interface: the non-human signal (Spence, 1978) rather than in-the-flesh mediated by digital platforms and social media, affecting much how patients perceive, feel about, and prefer things. In this interlinked digital ecosystem, hospital brand image serves to co-relate human and technological interactions

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By dovetailing two theories, Signalling Theory and Consumer Decision-Making Theory, the present study tries to assess the role of brands in differentiation and positioning strategies. Accordingly, branding is seen not just as a marketing tool; rather, it is considered to be a posthuman interface where the interaction between digital perception, human emotions, and health decisions is mediated in a complex information landscape. The outcomes of this study are expected to make theoretical and practical contributions in the area of the reconstituting of branding strategies in the health sector, especially in developing countries; it would also open avenues for a new discourse in posthumanism studies in relation to brand agency in the human decision-making processes.

Literature Review

Signalling Theory and Consumer Decision-Making Theory

Signalling Theory, given by Spence (1973), indicates how agents transmit relevant signals to resolve the uncertainty in decisions to inform them. For example, in healthcare, branding can be a signal to potential patients that indicates the quality and reliability of a hospital and its service excellence. The stronger the signals sent from a well-established hospital brand, the stronger signals it gives regarding medical expertise, standards of patient care, and reliability of services that influence patient trust and preference. This theory applies especially in a very competitive scenario wherein patients tend to judge brand perception more than one another for service providers. A good number of hospitals use these branding strategies to build their reputation and show patients that the biggest risk is minimized when life-saving care is sought (Seyferth et al., 2022).

Consumer decision-making theory Bettman (1979), aims to unpack how consumers process information in making decisions that involve cognitive, emotional, and social variable factors. In patient decisions about health care, there are many influences, such as branding of hospitals, the differentiation of services, and their positioning. The stronger the brand as a hospital, the better access to information by which patients can evaluate their options. One implication of this theory is that patients appear to process such attributes as perceived service quality, reputation of the brand, and even cost before making healthcare decisions (Kemp et al., 2014). With this model, hospitals can use brand equity to manipulate patient preferences and possibly achieve a competitive advantage.

Positioning and Decision-Making

Positioning is a strategic endeavour of hospitals to carve a distinct image in the mind of patients. A well-positioned hospital portrays its distinguishing attributes based on low-cost services, premium health care, or special medical knowledge, influencing patient selection. Studies indicate that effective positioning not only increases perceived service value and patient trust, but also leads to actual patient satisfaction and loyalty (Kotler et al., 2018). Hence, the nexus between positioning and patient decision-making is pertinent to hospitals as those capable of positioning themselves well in a competitive healthcare market will harvest more patients (Nikbin et al., 2019).

The existing studies touched upon branding and differentiation in healthcare; however, little work has been done to investigate the direct potential impacts of hospital positioning on patient decision-making. Most usage studies have highlighted price, quality of service, and medical

expertise as the major determinants of choices implicated; neglecting to recognize the valid positioning strategies that help shape patient preference. As hospitals clearly articulate their positioning strategy, their preference with the patients will grow, leading to an increase in hospital visits and patient retention (Cham et al., 2020).

This study bridges that gap by finding how hospital positioning directly influences patient decision-making and whether this relationship is moderated by branding. Derived from the literature, this study hypothesizes that:

H1: Positioning has a significant positive effect on patient decision-making.

Differentiation and Decision-Making

Differentiation comprises a set of unique factors and distinctive value propositions that allow a particular healthcare provider to stand out from its competitors. Hospitals with specialized treatment, advanced medical technologies, personalized patient care, and superior experience of service have been noted to compete favourably for patients Nikbin et al. (2019). Some of the differentiation strategies viewed by patients as affecting their perception on behalf of a healthcare institution include high quality of infrastructure, skills of the medical personnel, and patient-centred care models (Cham et al., 2020).

Research findings support the notion that differentiation is crucial in affecting patient decision-making processes through risk minimization and enhancing trust (Maulana & Ayuningtyas, 2023). When candidates for patient choice manifest clear differentiation advantages such as less invasive procedures, greater digital health services, or medically accredited international practice, a higher probability of selection occurs (Park & Kim, 2022). This competitive advantage brought about by effective differentiation results in improved patient retention and the inflow of patients to the hospital (Kotler et al., 2018).

H2: Differentiation has a significant positive effect on patient decision-making.

Brand and Decision-Making

Branding is important for influencing patient decision making in relation to trust, credibility, and service quality (Cham et al., 2020). Strong branding serves as a signal of reliability and helps reduce the uncertainties patients face while selecting their healthcare provider. Well-branded hospitals are believed to provide better services, which make more patients feel like preferring and becoming loyal to them (Maulana & Ayuningtyas, 2023). Such branding elements as hospital reputation, patient testimony, and digital presence would significantly alter patients' choices, especially in fiercely competitive healthcare markets (Park & Kim, 2022).

The research revealed that a patient is more attracted to those hospitals bearing strong brand equity since service quality would then be taken to be consistent, along with a higher level of trust in medical professionals (Nikbin et al., 2019). Moreover, branding also provides patients with expectations concerning the quality of care, customer service, and the overall experience in hospitals which subsequently has an effect on levels of patient satisfaction (Kotler et al., 2018). Hospital branding is also believed to have an impact on overseas patients in the flow of international patients, as medical tourists are likely to consider well-branded institutions as opposed to less-known competitors.

H3: Brand has a significant positive effect on patient decision-making.

Brand as Moderator

Positioning and differentiation are important in asserting their influence over patient decision-making in healthcare. Positioning refers to establishing an identity of a hospital in the mind of a prospective patient distinctly different from that of its competitors. Differentiation is generally concerned with the pertinent attributes that distinguish a healthcare provider from the competition (Kotler et al., 2018). A hospital that either positions itself as an elite provider of healthcare, a specialized treatment centre, or one that is affordable and within reach can act as a significant driver of patient choices (Nikbin et al., 2019). On the contrary, differentiation promotes patient decision-making based on excellent medical expertise, advanced technologies, and patient-centred care (Cham et al., 2020).

Branding, then, strengthens the link between positioning, differentiation, and patient decision-making. A strong hospital brand enhances credibility, reduces perceived risks, and reinforces the value propositions communicated through positioning and differentiation (Maulana & Ayuningtyas, 2023). When the brand reputation of any hospital is good, the patients trust the services of that hospital to be reliable in care (Park & Kim, 2022). A strong brand can amplify positioning effects because patients tend to be influenced by hospital marketing messages and claims about service excellence (Cham et al., 2020). Likewise, branding will moderate differentiation such that it re-enforces the distinctiveness and perceived quality of specialized medical services (Ackovska et al., 2020; Kaminski, 2020).

Although the critical importance of branding, positioning, and differentiation in healthcare marketing has been acknowledged, very few studies have examined how branding moderates their effects on patient decision-making (Litwin, 2010). Existing studies focus on branding as a direct predictor of patient choice rather than its interactive role in reinforcing strategies for positioning and differentiation (Nikbin et al., 2019; Park & Kim, 2022). Moreover, the studies of these relationships have mostly taken place in developed markets with a lack of focus on emerging systems of healthcare branding importance. This study hopes to address these gaps with an investigation of how brand strength moderates the positioning and differentiation's impact on patient decision-making.

It has been hypothesized by the literature-based study;

H4: Brand moderates the influence between positioning and patient decision-making while enhances the effect of positioning on patient decisions.

H5: Brand moderates the influence between differentiation and patient decision-making in such a manner that a stronger brand amplifies the differential effect on patient preferences transfer.

According to these hypotheses, we show an analytical model in Figure 1.

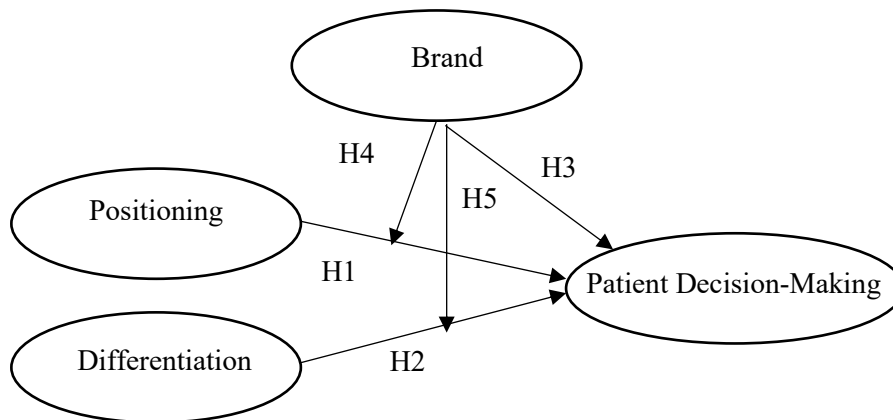


Figure 1. Conceptual Framework

A hypothetical model of the relationship between positioning, differentiation, brand and patient decision-making.

Methodology

This study employed quantitative methodology in the conduct of a survey to establish some relationships of positioning and differentiation in patient decisions in choosing a hospital while using the hospital branding variable as a determining factor. Data were collected using a structured questionnaire administered by the patients of Karsa Husada Batu Regional General Hospital (RSUD), Indonesia.

Research Design

This design of the research is descriptive and causal in establishing an analysis of variables' relationships and to assert the role of hospital branding as a moderator. The analysis technique employed is Structural Equation Modelling - Partial Least Squares (SEM-PLS), a tool for evaluating the relationships between the constructs of the research model.

Population and Sample

The population of this study included patients who have received services at the Karsa Husada Batu Regional General Hospital. The determination of the sample size was carried out by the Lemeshow formula, which yielded a minimum of 96 respondents. To enhance the accuracy of the research results, the number of samples was increased to 99 respondents. For this study, purposive sampling was therefore applied whereby the following criteria were set:

- Patients who have received hospital services in the last six months.
- Persons over 18 years of age to guarantee comprehension of the questionnaire.
- They agreed to act as a respondent to the study.

Instruments and Measurements

The research instrument is a closed questionnaire with a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree). The research variables consist of:

- Independent Variables:

- Positioning (Kotler & Keller, 2016; Aaker, 2014): clarity of hospital positioning, suitability of positioning to patient needs, differentiation of services compared to other hospitals.
- Differentiation (Porter, 1985; Keller, 2008): innovation in health service delivery, better facilities relative to competitors, trustworthiness of services in the patient's view.

- Moderation Variables:

- Branding of the Hospital (Berry, 2000; De Chernatony & Dall'Olmo Riley, 1998): hospital reputation from the patients' perspective, trust from the patients' perspective, patient loyalty to the respective hospital.

- Dependent Variables:

- Patient Decision making (Zeithaml et al., 1996; Lovelock & Wright, 2016): factors influencing the selection of a hospital, branding influence on the decision of the patients, patients' level of satisfaction after service delivery.

Data Analysis

The analysis of the data collected was done with the use of Structural Equation Modelling-Partial Least Squares (SEM-PLS) with Smart PLS software. The analysis technique consists of two main stages.

- Outer Model Evaluation (Validity & Reliability Measurement):

- Reliability of the Measurement: This was checked using Composite Reliability (CR) >0.7 and Cronbach's Alpha >0.7 for the internal consistency of the constructs tested.
- Convergent Validity: The Average Variance Extracted (AVE) >0.5 was used as an index of how well that indicator represents its respective variable.
- Discriminant Validity: This was established using HTMT (Heterotrait-Monotrait Ratio) <0.9 , thereby ensuring that there are differences between the constructs being tested.

- Inner Model Evaluation (Hypothesis Test and Goodness-of-Fit)

- R-Square (R^2): R-Squared measures the proportion of variance explained by the model.
- Significance Testing of Path Coefficient: Uses t-statistics and p-value to assess the strength of the association between the observed variables.

Results

Measurement Metric (Outer Model)

In PLS-SEM analysis, the evaluation of the measurement model (outer model) is performed to ensure that the latent constructs employed have sufficient validity and reliability. The developed model must meet two essential requirements: it needs to be valid and dependable to produce precise results. The following elements are the key ones in assessing the measurement model.

Establishing Reliability and Validity of Constructs

Outer loading: The outer loading reflects the strength of the relationship between the indicator and the underlying construct. The load must exceed 0.7. However, a loading of 0.4-0.7 can be maintained if the construct's AVE exceeds 0.5 (Hair Jr et al., 2017). A value greater than 0.5 AVE signifies that more than 50% of the variance in the indicator is explained by the construct.

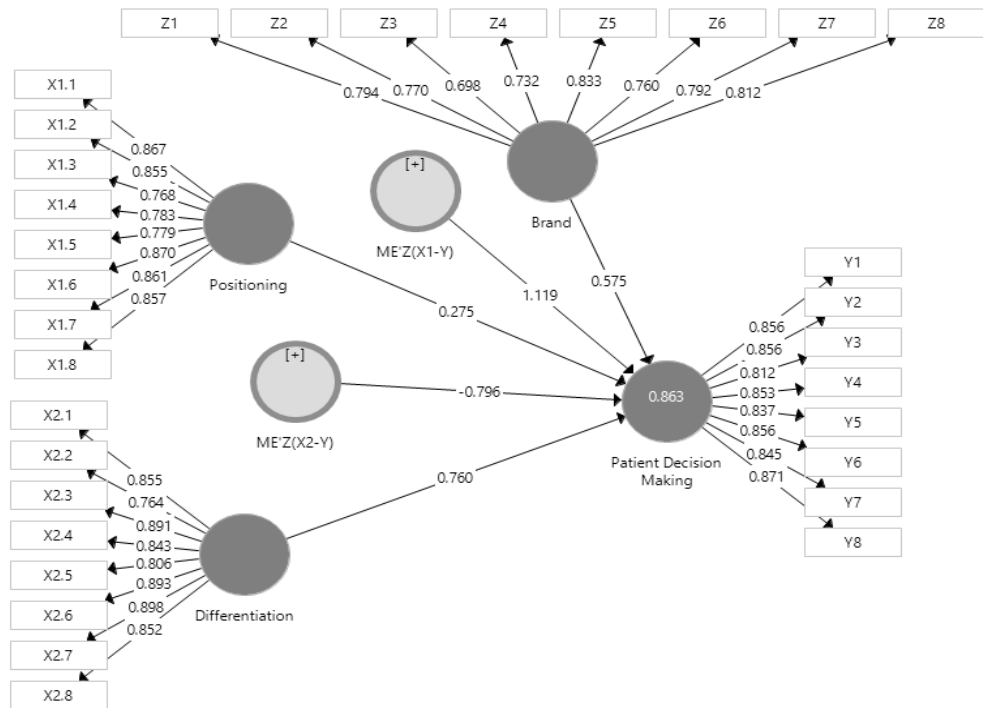


Figure 2. PLS Diagram (Outer loading value)

As illustrated in Figure 2 above, every item or indicator displays an outer loading value greater than 0.6. The established benchmark for external loading values, which surpasses 0.6 for a cohort of 85 respondents and exceeds 0.55 for a sample of 100 respondents, as outlined by Hair et al. in Santos (2017), remains relevant as long as the validity and reliability of the construct are satisfied. Therefore, it can be claimed that all indicators show authentic indicator validity.

Variables	Cronbach's Alpha	rho_A	Composite Reliability	AVE
Brand	0.904	0.909	0.923	0.600
Differentiation	0.945	0.948	0.955	0.725
ME'Z(X1-Y)	1.000	1.000	1.000	1.000
ME'Z(X2-Y)	1.000	1.000	1.000	1.000
Patient Decision Making	0.944	0.945	0.954	0.720
Positioning	0.936	0.938	0.947	0.690

Table 1. Construct Reliability and Validity

Memon et al. (2017) highlight the significance of trust in a metric's ability to effectively evaluate its key elements. The evaluation techniques employed consist of Composite Reliability and Cronbach's Alpha as shown in table 1. As stated by Sarstedt et al. (2019), a composite reliability scores greater than 0.7 is deemed acceptable, and Ghozali & Latan (2015) confirm that a predicted Cronbach's alpha value higher than 0.7 is likewise considered acceptable. The data shown in the table reveals that each construct attains a Cronbach's alpha score greater than 0.7, thereby validating the reliability of every construct. For example, the brand variable has a Cronbach's alpha of 0.904, exceeding the acceptable limit of 0.7, which shows the reliability of the brand variable. This consistency is likewise noted across all other variables, with each surpassing the 0.7 threshold.

Convergent validity is mainly assessed by the sufficiency of correlation among factor measurements (Ghozali & Latan, 2015). The assessment of convergent validity for the configuration associated with the reflex index is performed using the Average Variance Extracted (AVE) metric, which must reach a minimum of 0.5. An AVE score of 0.5 or greater indicates that the construct can account for 50% or more of the variability in the subject being assessed (Sarstedt et al., 2019). The provided table indicates that each latent variable has an AVE value exceeding 0.5. For instance, the AVE of the latent variable of brand is measured at 0.600, exceeding the 0.5 benchmark, thus validating the convergent validity of the brand concept. This validity is relevant to all other variables that similarly exhibit AVE values exceeding 0.5.

Discriminant Validity

Discriminant validity seeks to evaluate if the reflex index accurately reflects a proper level of structure. This assessment is primarily grounded in the conviction that the index must exhibit a robust link to the pertinent framework (Ghozali & Latan, 2015). In the framework of Smart PLS, the heterotrait-monotrait ratio (HTMT) is considered to be more responsive than the cross-loading value and the Fornell-Larcker criteria in evaluating discriminant validity. This approach relies on a multitrait-multimethod matrix for assessment. To confirm discriminant validity, the HTMT value must be significantly lower than 0.9 (Henseler et al., 2015).

Variables	Brand	Differ entiati on	ME'Z (X1-Y)	ME'Z (X2- Y)	Patient Decision Making	Positi oning
Brand	0.611					
Differentiation	0.745	0.767				
ME'Z(X1-Y)	0.752	0.725	0.890			
ME'Z(X2-Y)	0.749	0.691	0.482	0.525		
Patient Decision Making	0.570	0.530	0.658	0.745	0.741	
Positioning						

Table 2. Heterotrait-Monotrait

As shown in table 2, the HTMT table provided above shows that all elements demonstrate discriminant validity, as indicated by HTMT values falling below 0.9.

Structural Model (Inner Model)

Evaluating R-Square (R^2)

Evaluating R-Square (R^2) The analysis of the inner model starts with assessing R^2 , which reflects the extent to which the model's independent variables account for the variation seen in the dependent variables. This R^2 reflects the model's capacity to account for the data. An increasing R^2 value suggests a greater ability of the model to explain variations in the dependent variable. Guidelines for understanding the R^2 value: An R^2 value exceeding 0.75 shows that the model has strong strength; an R^2 value ranging from 0.50 to 0.75 indicates moderate strength, while an R^2 value below 0.25 signifies weak model strength (Chin, 1998).

Variable	R Square	R Square Adjusted
Patient Decision Making	0.863	0.855

Table 3. R-Square

According to the analysis results depicted in the table 3, the R Square (R^2) value of 0.863, indicating that the adopted model very strongly accounts for the variability in patient decisions concerning health service choice. This figure specifically means that 86.3% of the variability in patient decisions can be accounted for by positioning, differentiation, and brand variables as moderating variables. The understanding is that the positioning and differentiation strategies backed by brand strength greatly affect patients' decision-making in choosing a hospital.

Meanwhile, an Adjusted R Square of 0.855 suggests that an adjustment to the R Square has been made to account for likely bias resulting from the number of predictors considered in the model. This value affirms that even after adjustment, the model retains a very high predictive power, with 85.5% of the variability in patient decisions still being explainable by the model used.

The conclusion thus gives a strong indication, with the R^2 value nearing 1, that the model can be said to be very credible in explaining the phenomena being studied. Hence, it can therefore be said that the interaction of positioning and differentiation, supported by brand strength, plays a very important role in influencing patient decisions in the selection of health services at Karsa Husada Batu Regional Hospital, Indonesia.

Significance Test

Relevance and Importance of Variable Interrelationships Significance tests were conducted to evaluate the relationships among the variables in the model using the Bootstrapping method. This analysis generates t-statistics and p-values that assess whether the relationship among the model's variables holds statistical significance. The criteria for assessing significance are if the t-statistic goes beyond 1.96 or the p-value is below 0.05; in those instances, the connection between variables is deemed significant (Hair Jr et al., 2017).

Relationship	Original Sample (O)	T Statistics (O/STDEV)	P Values
H1: Positioning → Patient Decision Making	0.275	1.058	0.291
H2: Differentiation → Patient Decision Making	0.760	3.489	0.001
H3: Brand → Patient Decision Making	0.575	3.951	0.000

H4: ME'Z(X1-Y) → Patient Decision Making	1.119	2.101	0.036
H5: ME'Z(X2-Y) → Patient Decision Making	-0.796	1.592	0.112

Table 4. Path Coefficient

The following explanation can be drawn based on the Path Coefficient table 4 of the relationship between variables in this research model:

H1: Positioning → Patient Decision Making ($\beta=0.275$, $p=0.291$). Not significant ($p>0.05$), meaning that Positioning does not have a strong enough effect on patients' decisions.

H2: Differentiation → Patient Decision Making ($\beta=0.760$, $p=0.001$). Significant ($p<0.05$) at 3.489 (>1.96), meaning that Differentiation positively affects patient decisions. The more differentiated the hospital service, the more likely it is that a Patient chooses that specific hospital.

H3: Brand → Patient Decision Making ($\beta=0.575$, $p=0.000$). Significant ($p<0.01$, $t=3.951$), hence Brand strongly affects patient decisions. A significant part of the decision-making process for patients has variable inputs from the trust and reputation hospitals acquire in their branding.

H4: ME'Z(X1-Y) (Brand Moderation on Positioning) → Patient Decision Making ($\beta=1.119$, $p=0.036$). Significant ($p<0.05$) with t-statistics equal to 2.101, indicating that the Brand strengthens the relationship between Positioning and patient decisions. In other words, positioning hospitals to attract patients works better when backed by a strong Brand.

H5: ME'Z(X2-Y) (Brand Moderation on Differentiation) → Patient Decision Making ($\beta=-0.796$, $p=0.112$). Not significant ($p>0.05$), and $t<1.96$ ($t=1.592$), indicating the Brand does not strengthen the relationship between Differentiation and patient decision. This indicates that service differentiation may be strong enough to stand on its own without the need for branding.

Discussion

This study can be seen as a more elaborate repossession of patient decision-making, in the sense that branding, positioning, and differentiation are viewed not inherently as marketing techniques but as quasi-posthuman interfaces: systems of meaning and perception that orchestrate patients' encounters with healthcare environments. In such a context of posthumanism, patients are not just rational actors but are located in complex informational ecologies manipulatively constructed through signs, algorithms, and institutional reputations. It creates an evidence base for establishing branding as a mediating signal between material and symbolic, clinical and cultural, organic and digital-thereby creating a necessary interface utilized in patient decision-making.

Positioning and the Posthuman Patient

Hospital positioning did not present any significant effect on patient decision-making according to the first hypothesis (H1) with a beta value of 0.275 and p-value of 0.291. Traditional healthcare marketing literature presents an opposing view to this finding because it suggests positioning strategies produce direct impacts on patient behaviour (Kotler & Keller, 2016). When viewed through Consumer Decision-Making Theory, we discover that the posthuman patient does not respond directly to traditional brand messaging. The process of decision-making involves patients receiving continuous feedback through social media reviews and peer discussions along with digital traces which extend beyond institutional control. The absence of direct link between positioning and outcomes represents how posthuman patients base their

choices on networked signals instead of single institutional facets.

Differentiation as Symbolic Interface

The hypothesis (H2) of differentiation influencing patient choice was supported ($\beta = 0.760$, $p < .001$). This also lends credence to the idea that consumers care more about experiential uniqueness differentiated tech, digital service platforms & responsive care than they do about any number of aspirational brand messages. In this posthuman environment where material innovations represent affective and cognitive cues to judgment in the patient's mind differentiation is transformed and emerges primarily as symbolic interface. Based on Signalling Theory (Spence, 1978), differentiation is a high-quality signal of institutional competence lowering provider market access height asymmetry between provider and patient in new and heterogeneous healthcare markets which naturally have differences in service quality.

Brand as Posthuman Signal of Trust

The findings related to H3 demonstrate the importance of branding ($\beta = 0.575$, $p = 0.000$) concerning patient decision-making. In the posthuman turn, brand can no longer be perceived as a passive logo or a promise, it is a semiotic ecosystem relative to reliability, data histories, algorithmic visibility, all of an individual's prior user experiences etc. Branding becomes a techno social signal (Spence, 1978) and patients (not simply as singular individuals but as data-connected subjects) make decisions based upon all of the surrounding mediated knowledge and collective understandings. These findings support (Lane Keller, 2013) notion of brand equity, but extend it into a new territory where brand becomes a relational and ambient construct where one may trust in complexity within healthcare contexts.

Brand as a Moderating Interface Between Positioning and Choice

The fourth hypothesis (H4) indicated that branding enhances the relationship between positioning and a decision ($\beta = 1.119$, $p = 0.036$). From a post humanist point of view, this means that positioning strategies only have semantic effectuality and emotional integrity when viewed through the context of a familiar and reputable brand. The brand can serve as a cognitive anchor and allows patients to interpret hospital messaging within an established and recognizable design. The post humanist position supplements the existing concept of brand equity (Aaker, 1989) with the post humanist perspectives, and the joining of effect, data, and collective memory enables meaning-making.

Brand and Differentiation: Limits of Signalling in the Posthuman Condition

Surprisingly, brand was not found to be a significant moderator of the relationship between differentiation and decision-making ($\beta = -0.796$, $p = 0.112$). The results may indicate a deeper posthuman insight: in circumstances where the distinction in services can be experienced physically or verified digitally (e.g., patient ratings, webpages, live diagnostic or sourced patient-generated), the need for symbolic mediation in product selection diminishes. Consumer Decision-Making Theory points to the fact that people tend to rely on their experience as opposed to symbol trust. Patients are more likely to respond to demonstrated differentiation that is visible, testable, and generated by others, rather than distance-based assertions from institutions. It appears therefore that the techno-material layer of hospital-based services may carry more weight than semiotic branding in systematically influencing patient decisions.

Novelty and Posthuman Contribution

This study reconceives healthcare branding as a posthuman interface. Here, technological signals, affective perceptions, and institutional logics converge. This study differs from prior work that treats branding as a source of generating influence or selection, by conceptualizing brand as a relational moderator emerging from a posthuman subjectivity perspective. Considering Signalling Theory and Consumer Decision-Making Theory, this study holistically constructs hospital selection as a cybernetic and symbolic act rather than as a rational-economic act.

The theoretical contribution demonstrates that branding represents much more than a signal of trust; it structures the field of health choice, in particular, in the digitally mediated world, as patients as posthuman subjects co-produce meaning and value, alongside machines, algorithms, and interfaces. The study proposes new branding strategies for health services, suggesting a nonlinear, affective, and technologically augmented way of proceeding a concept that is markedly unrepresented in "traditional" healthcare marketing.

Conclusion and Recommendation

Conclusion

This research has reconceptualised patient decision-making as a posthuman process, that is one situated within the gradual interplay of technological interfaces, symbolic distinction and mediated trust. The development of a posthuman approach by integrating Signalling Theory and Consumer Decision-Making Theory challenges the linear pathway of decision-making historically adopted by healthcare marketers.

Key contributions reveal that although positioning has no effect by itself, it has interpretive power that is moderated by branding. Thus, a familiar brand functions as an interpretive anchor within a complex informational ecology. Differentiation is a significant contributor to decision-making by acting as both a materially and symbolically mediated interface and branding functions as semiotic reliability as a form of posthuman 'trust'. Branding does not increase differentiation impact, indicating that embodied or digitally verifiable experiences may trump symbolic mediation in constructing trust.

What is novel in the research is the framing of branding less as static identity and more as a dynamic techno-cultural signal co-produced from data, algorithms and online environments; in doing so, the patient is repositioned from rational decision-maker to a networked, cyborg-like decision-maker in the healthcare economy.

Recommendation

This study makes a number of recommendations that emphasize the need for a significant change in the marketing strategies for healthcare, moving us from an outdated approach, to a new emergent, contextualized posthuman approach. The authors recommend that hospitals and healthcare organizations strive to create branding ecosystems that are not only informative, but relational and interactive, using digital technology to enable continuous trust-building and experience with patients. Any type of service differentiation must be realized, able to be tested, and able to be felt concretely by patients, either through new medical technologies or digital platforms that are informed by the attitudes and behaviours of the patients, or transparent forms of service information. Branding should also be considered not as a mere statistical symbol, but as a dynamic signal that is created through an interplay of data, algorithms, and collective

experiences that continue to unfold. Thus, any marketing strategy in the healthcare space must consider patients as posthuman, forming decisions equally based on complex networks of information, and not simply one-way messages from an institution.

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