

The Influence of Service Quality, Brand Trust, and Customer Satisfaction Affecting Brand Advocacy of Government Hospitals in Bangkok

Phorndara Sride^{1*} and Weerapong Ponglek²

^{1*,2}Strategic Communications, School of Communication Arts, Bangkok University, Thailand

(Received: February 7, 2025; Revised: May 20, 2025; Accepted: May 22, 2025)

Abstracts

This research aims to investigate service quality, brand trust, and customer satisfaction towards service of government hospitals in Bangkok, along with the predictive ability of these factors on brand advocacy for these hospitals. Data were collected from 320 respondents. The findings reveal that service quality and customer satisfaction significantly influence brand advocacy, whereas brand trust does not demonstrate a statistically significant effect in this context. These results underscore the crucial role of actual service experience in fostering brand advocacy, particularly in systems where users have limited alternatives. The study also provides practical implications for hospital administrators to develop targeted communication strategies, improve responsiveness, and strengthen patient satisfaction through continuous and equitable services. It also recommends leveraging digital health innovations and enhancing operational transparency to promote long-term patient loyalty and public trust, especially in the context of public sector healthcare constraints.

Keywords: 1) Customer Satisfaction 2) Service Quality 3) Brand Trust 4) Brand Advocacy

^{1*} Graduate Student, Department of Communication Arts; E-mail: PS.Phorndara@gmail.com (Corresponding Author)

² Assistant Professor, Department of Communication Arts; E-mail: weerapong.p@bu.ac.th



Introduction

The public health system of Thailand has gained the international recognition for its high-quality services and adherence to high standards. Several government hospitals have been ranked among the world's best hospitals. For example, Johns Hopkins Center for Health Security: JHU assessed the Health Security Index and ranked Thailand 5th place globally of the year 2021. (Bell and Nuzzo, 2021, p. 22) and one of America's weekly newsmagazines, Newsweek also reported that five government hospitals under the Ministry of Public Health were ranked among the world's best hospitals in 2022. (Cooper, 2022). This recognition enhances the reliance and customer satisfaction while bolstering the reputation and brand advocacy of government hospitals at both regional and global levels. Meanwhile, Bangkok as the economic hub with a dense population has been faced with the increasing demand for medical services at government hospitals. To meet this growing need, the 47 government hospitals in this area must manage their resources and services efficiently. With high-quality service, this builds trust and satisfaction among service users which are crucial factors leading to brand advocacy. Besides, their positive experiences are more likely to recommend these hospitals to others.

From a review of relevant literature and related studies, it indicates that service quality, trust, and satisfaction of customers are critical factors influencing brand advocacy in hospitals. High quality of service plays a significant role in creating brand advocacy. This is supported by a work of Hendrasto, et

al. (2024, pp. 86-102) found that high-quality services significantly enhance brand advocacy, as service users with positive experiences are more likely to recommend and revisit for services. Additionally, Bhati and Verma (2020, pp. 123-145) demonstrated that there is a positive relationship between brand trust and brand advocacy. The service users with brand trust are more inclined to revisit and recommend it to others. Fatma and Khan (2023, pp. 1-10) similarly highlighted the significant impact of brand trust towards brand advocacy. In terms of customer satisfaction, the studies of Bhati and Verma (2020, pp. 123-145) together with Phulongpia and Jaroenwanit (2020, p. 344) claimed that there is a positive correlation between customer satisfaction and brand advocacy. Service users with high satisfaction tend to share positive experiences and actively support the brand.

However, most existing related studies focus on the private sector or academic institutions, with limited research addressing these issues in the context of government hospitals in Bangkok. These hospitals have distinct characteristics, such as restricted access to services and management under governmental constraints. This study is therefore significant in bridging this academic gap by examining the impact of service quality, brand trust, and customer satisfaction on brand advocacy in government hospitals in Bangkok. The findings will contribute to a deeper understanding of the interrelationships among these variables and provide essential insights for developing strategies and policies to enhance healthcare management systems, catering to the growing

demands of both domestic and international communities.

Literature Review

Service Quality

Recent studies have demonstrated the pivotal role of service quality in enhancing brand advocacy across multiple contexts. The study of Phiarat, et al. (2023, pp. 36-55) on streaming video platforms revealed that service quality directly influences engagement and willingness to advocate for a brand, particularly among Generation Z. This finding underscores the impact of high-quality service in encouraging the participation and support of consumers. Similarly, the work of Sommakettarin and Khamwon (2020, pp. 34-41) on the beauty service industry found that service and customer experience quality exert both direct and indirect effects on brand advocacy, reinforcing the reliance of consumer in a brand support. Furthermore, Hendrasto, et al. (2024, pp. 86-102) expanded the scope of academia by analyzing the role of service quality in the Tazkia Islamic institute (IAI Tazkia). Their findings suggest that students who receive high-quality service experiences, particularly in administrative aspects, seem to significantly influence their transformation into consistent brand advocates for the institution.

Brand Trust

The study of Surutwaranan and Jaroenwanit (2022, pp. 111-137) on food and dining business on social media together with the study of Sami, Manzoor and Irfan (2022, pp. 45-58) on supermarkets, confirmed that brand trust has a statistically significant positive

effect on brand advocacy. Additionally, Bhati and Verma (2020, pp. 153-172) identified relational factors through meta-analysis, including brand trust, as one of the key antecedents of brand advocacy. Moreover, Fatma and Khan (2023, pp. 1-10) examined on corporate social responsibility (CSR) further emphasized the role of brand trust in enhancing brand advocacy behaviors, demonstrating both direct and indirect relationships between CSR initiatives and consumer brand advocacy.

Customer Satisfaction

Recent studies have underscored the critical impact of customer satisfaction on fostering brand advocacy across various sectors. Phulongpia and Jaroenwanit (2020, 337-348), in their case study on MICE-standard hotels in Bangkok, found that higher customer satisfaction levels positively influenced brand advocacy, leading satisfied customers to share positive experiences and recommendations. Furthermore, the meta-analysis by Bhati and Verma (2020, pp. 153-172) synthesized evidence from empirical research demonstrating that customer satisfaction is a primary antecedent of customer brand advocacy. Their findings suggest that the relationships between factors and brand advocacy vary depending on specific contexts and research settings, highlighting the importance of considering in moderating variables.

Brand Advocacy

Brand advocacy refers to customer behaviors that reflect strong emotional engagement and loyalty toward a brand, expressed through recommending, defending, or promoting the brand to others (Wilder, 2015,



pp. 8-14; Sashi, Brynildsen, and Bilgihan, 2019, pp. 1250–1251). It is considered a deeper form of positive word-of-mouth, driven by satisfaction, trust, and personal connection with the brand (Fullerton, 2003, pp. 340-342; Kotler, Kartajaya, Setiawan, 2017, pp. 66-90). Melanco, Noble and Noble. (2011, pp. 341–362) developed four widely used items to measure brand advocacy, including intentions to recommend, speak positively, and defend the brand from criticism. These behaviors are particularly important in public service contexts, where personal experiences significantly shape public perception. In this study, brand advocacy is defined as the extent to which service users support and recommend government hospitals based on their actual service experiences, and the measurement was adapted from previous study to suit the healthcare context in Bangkok.

Future Trends in Healthcare Services

Future trends in healthcare services are expected to directly influence brand advocacy for government hospitals, particularly in the face of demographic shifts such as population aging, the rise of non-communicable diseases (NCDs) as well as emerging infectious diseases, and the impacts of climate change and economic fluctuations. (Strategy and Planning Division, Office of Permanent Secretary, Ministry of Public Health, 2023, pp. 19-26) A key trend involves the adoption of digital technologies to enhance service efficiency, including Telemedicine systems, mobile applications, remote patient monitoring (RPM), artificial intelligence (AI), big data, and blockchain. These technologies facilitate faster and more accurate health

data analysis and resource management. Moreover, the rise of Personalized Medicine supports more tailored treatments, effectively addressing individual patient needs. This approach is likely to improve patient experiences and foster brand advocacy sustainably in long-term.

Objective

1. To discover the service quality of government hospitals in Bangkok.
2. To investigate the brand trust of government hospitals in Bangkok.
3. To assess the customer satisfaction to services provided by government hospitals in Bangkok.
4. To explore the brand advocacy for government hospitals in Bangkok.
5. To evaluate the ability of service quality, brand trust, and customer satisfaction towards service in predictable determining brand advocacy for government hospitals in Bangkok.

Research Hypothesis

Service quality, brand trust, and customer satisfaction towards service are able to predictably determine brand advocacy for government hospitals in Bangkok.

Conceptual Framework

This research is synthesized based on a review of relevant literature and related studies on the following conceptual frameworks:

1. The concept of service quality proposed by Parasuraman, Zeithaml and Berry (1988, pp. 12-40) identifies five key dimensions of service quality including tangibility, reliability,

responsiveness, assurance, and empathy.

2. Brand trust, as conceptualized by Delgado-Ballester, Munuera-Aleman and Yagüe-Guillén (2003, pp. 35-54) consists of two dimensions: fiability and Intentionality dimension.

3. Customer satisfaction towards services, based on the concept proposed by Millet (1954, pp. 397-400), comprises five main

components: equitable service, timely service, ample service, continuous service, and progressive service.

4. Brand advocacy, as conceptualized by Melanco, Noble and Noble. (2011, pp. 341–362), was developed through questions under the theme of advocacy. These are leading to the creation of four elements used to measure brand advocacy as shown in Figure 1.

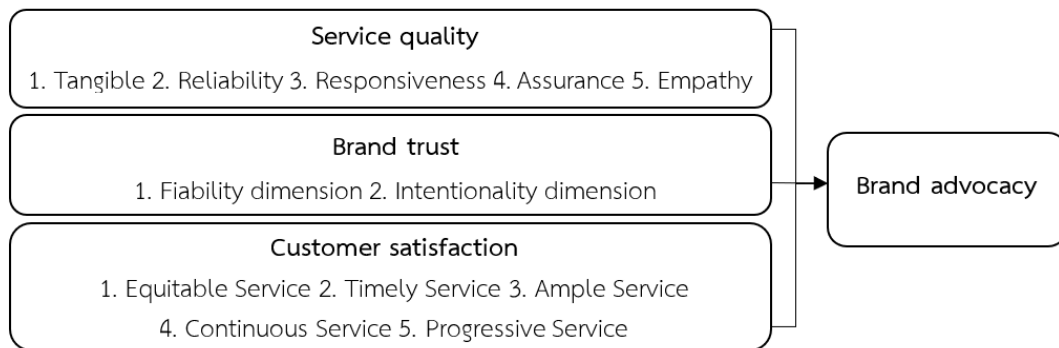


Figure 1 Research Conceptual Framework

Methods

1. The population for this study consists of residents in Bangkok, which is 5,471,588 as of December 31, 2023. (Bureau of Registration Administration, Department of Provincial Administration, Ministry of Interior, 2023, p. 1).

2. The researcher utilized G*Power program version 3.1.9.4 from Cohen (1977, p. 460) to compute the appropriate sample size of the study by using multiple linear regression analysis and determining the effect size (f^2) at 0.15, a permissible error (α : alpha error probability) at 0.05 and a statistical power (Power: $1-\beta$ error probability) at 0.95. With three independent variables, the calculation indicated that the suitable and minimum sample size was 119 respondents. However, the researcher collected data from a sample of 320 respondents to enhance accuracy and reduce errors.

3. This study employed quantitative research is designed by using probability sampling to ensure the findings, which could be generalized to the overall population. Stratified random sampling was applied in sample selection. The 50 districts of Bangkok are grouped into three strata consisting of downtown area, midtown area, and uptown area based on the subdivision of governing areas as defined by Administrative Strategy Division, Strategy and Evaluation Department (2022, p. 62). The sample size for each stratum was calculated proportionally based on the population distribution as follows:

Downtown area: a sample size of 91 calculated from a population of 1,565,722.

Midtown area: a sample size of 135 calculated from a population of 2,302,890.



Uptown area: a sample size of 94 calculated from a population of 1,602,9764.

The researcher developed an online questionnaire for data collection, referencing relevant literature, theories, and previous studies to construct operational definitions that comprehensively address objectives of the research. The questionnaire is divided into 6 sections as follows:

Section 1: There are 2 questions, which are designed to screen the respondents for eligibility.

Section 2: General demographic information of respondents—gender, age, education, occupation, and salary—are collected from 5 closed-ended questions.

Section 3: Service quality included 5 key pillars—tangibility, reliability, responsiveness, assurance, and empathy—are determined by gathering feedback from respondents through 4-point Likert scale.

Section 4: Brand trust included 2 dimensions—fiability and intentionality—are determined by gathering feedback from respondents through 4-point Likert scale.

Section 5: customer satisfaction included 5 key components of—Equitable Service, Timely Service, Ample Service, Continuous Service, and Progressive Service—are determined by gathering feedback from respondents through 4-point Likert scale.

Section 6: Brand advocacy of government hospital is determined by gathering feedback from respondents through 4-point Likert scale.

5. Data collection by using an online questionnaire distributed via Google Forms, with a total of 320 respondents was conducted

for a two-month period from May 1, 2024, to June 30, 2024. The target population consisted of individuals residing in Bangkok who had previously utilized services at government hospitals in the aforementioned area. The questionnaire aimed to gather information on service quality, brand trust, and customer satisfaction, which influence brand advocacy for government hospitals in Bangkok and included screening test designed to ensure respondent eligibility as follows:

1) Have you ever received a service at a government hospital in Bangkok? (Respondents who provide 'No' will come to an end for answering the questionnaire.)

2) In which area of Bangkok do you utilize a service of government hospital? (The areas are categorized into downtown, midtown, and uptown areas, with specific districts outlined for each area.)

6. To ensure the reliability and alignment of the questionnaire with objectives of the study, the researcher conducted an evaluation of the research instrument. The quality of the questionnaire was assessed through validity and reliability testing as follows:

The researcher assessed the validity of the questionnaire by analyzing feedback from three experts to evaluate the alignment between the questionnaire items and the research objectives by using the Index of Item-Objective Congruence (IOC). In case, each item of questionnaire with an IOC value is at 0.50 or higher. This was considered valid and appropriate for the study. (Rovinelli and Hambleton, 1977, pp. 49-60) Moreover, the researcher evaluated the reliability of the developed questionnaire by testing this with a sample of 40 respondents

with similar characteristics to the primary target population. For the testing of reliability, this was assessed by using the alpha coefficient (α), based on formula of Cronbach (1970, pp. 160-161). Each item with an alpha value of 0.7 or higher was deemed sufficiently reliable for the study.

7. A statistical package program was utilized to process and analyze the collected data from responded questionnaires which were converted into codes as well as recorded to the software and analyzed by statistical methods as the following:

Descriptive statistics were used to analyze background information for describing the characteristics of the sample and the variables of the study and calculate frequencies, percentages, means, and standard deviations to provide insights into demographic information (e.g. age, gender, education level, occupation, and income) as well as service quality, brand trust, customer satisfaction, and brand advocacy.

Inferential statistics and stepwise multiple regression analysis were used to test the

research hypotheses with included 3 independent variables—service quality, brand trust, and customer satisfaction—and a dependent variable, which was brand advocacy for government hospitals.

Results

The findings of the study employed a quantitative research approach in the form of predictive research are presented in 6 sections as follows:

1. General information of the respondent is including the sample ($n=320$) collected for this study was 55.31% female ($n=177$), between the ages of 21 and 30 ($n=122$, 38.13%). In addition, approximately 42.19 % ($n=135$) reported that most were received services from government hospitals in midtown area of Bangkok. The majority of respondents had bachelor's degree ($n=252$, 78.75%). In terms of the occupation, company workers or private sector employees accounted for 41.56% of the total ($n=133$). With regard to monthly income, the highest percentage earned $\text{฿}15,000 - 30,000$ ($n = 175$, 54.69%). The details are as shown in Figure 2.

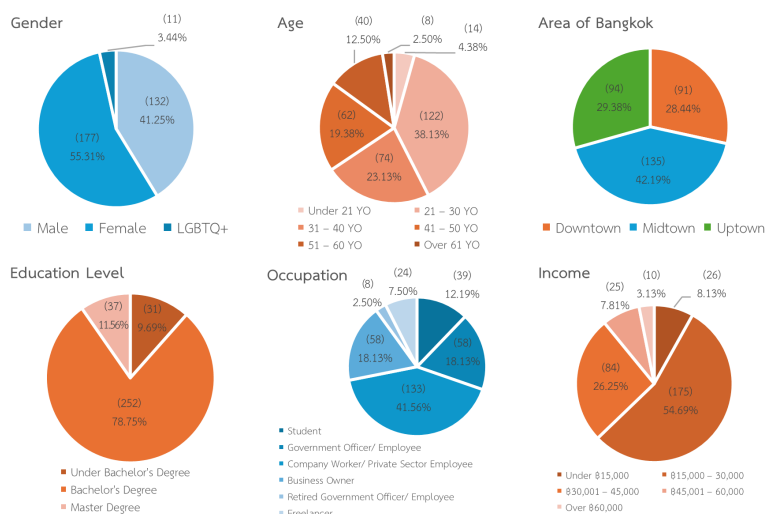


Figure 2 Demographic Information



2. The majority of respondents rated the service quality of government hospitals in Bangkok as level of 'good' with an overall mean score of 3.25 and a standard deviation of 0.395. Among the consideration of each dimension, the highest mean score of 3.47 was for the availability of physician specialists and a standard deviation of 0.666, rated at the highest level. In contrast, the lowest mean score was for the appropriate service time that prevents the irascibility with a mean of 2.94 and a standard deviation of 0.811 which still rated at a high level.

3. The majority of respondents had the highest level of brand trust in government hospitals in Bangkok, with an overall mean score of 3.33 and a standard deviation of 0.421. The highest-scoring item was confidence in the hospital's reputation in term of medical care and treatment, with a mean score of 3.38 and a standard deviation of 0.656. The lowest-scoring item was the lack of disappointment with habitual hospital services, with a mean score of 3.28 and a standard deviation of 0.654, both rated at the highest level.

4. The respondents reported a high level of satisfaction with government hospital

services in Bangkok, with an overall mean score of 3.23 and a standard deviation of 0.388. The highest-scoring items were fairness and appropriateness of medical expenses and adherence to scheduled appointments, both with a mean score of 3.33 and standard deviations of 0.646 and 0.645, respectively. However, the lowest-scoring item pertained to the timing of service process, such as insurance approval and medication dispensing, with a mean score of 3.15 and a standard deviation of 0.723 which still rated at a high level.

5. The respondents expressed a high level of brand advocacy for government hospitals, with an overall mean score of 3.20 and a standard deviation of 0.501. The highest-scoring item was recommending the hospital to acquaintances or family members in need of medical care, with a mean score of 3.27 at high level and a standard deviation of 0.666. The lowest-scoring item was sharing positive experiences at hospitals on social media platforms, such as Facebook or LINE, with a mean score of 3.08 and a standard deviation of 0.757, both rated at a high level (Table 1).

Table 1 Mean and Standard Deviation of Variable

Variable	Mean	Standard Deviation
Service quality	3.25 (Moderate High)	0.395
Brand trust	3.33 (High)	0.421
Customer satisfaction	3.23 (Moderate High)	0.388
Brand advocacy	3.20 (Moderate High)	0.501

6. The hypothesis testing was conducted using inferential statistics through multiple linear regression analysis. The results revealed that service quality and customer satisfaction collectively predicted brand advocacy for government hospitals in Bangkok with a correlation coefficient of 0.760, which could describe the variability in brand advocacy accounted for 57.7%. The analysis further indicated that

customer satisfaction had the highest regression coefficient at 0.724, making it the most significant variable of brand advocacy prediction. This was followed by service quality with a regression coefficient of 0.298. The finding demonstrates that both variables significantly influence the prediction of brand advocacy. (Table 2)

Table 2 Multiple Linear Regression Analysis for Predicting Brand advocacy

Variable	R	R Square	Adjusted R Square	Regression Coefficient		t
				B	Beta	
Customer satisfaction	0.746	0.556	0.554	0.724	0.560	9.457
Service quality	0.760	0.577	0.574	0.298	0.235	3.968
Constant				- 0.116		- 0.720

Additionally, It is also found that brand trust in both fiability and Intentionality dimensions by Delgado-Ballester, Munuera-Aleman and Yagüe-Guillén (2003, pp. 35-54) does not exert a statistically significant influence on brand advocacy in the context of government hospitals in Bangkok, particularly when compared to other factors such as service quality and customer satisfaction, which are prominently reflected in the predictive equation. This is also shown that factors related to service accessibility and quality play a more crucial role in the public healthcare system, where patients have limited options for service selection. Thus, brand trust is not included in the predictive equation of this study. The predictive equation of brand advocacy can be written as following:

$$Y \text{ (Brand Advocacy)} = -0.116 + 0.724 \text{ (Customer Satisfaction)} + 0.298 \text{ (Service Quality)}$$

The above regression equation was developed using stepwise multiple regression analysis, which identifies and includes only those predictor variables that are statistically significant at the 0.05 level. Among three independent variables, satisfaction and service quality solely met this criterion and were retained in the final model. The unstandardized regression coefficients (B) were used to construct the equation, indicating the expected change in brand advocacy for each unit change in the predictors. Besides, the coefficient for customer satisfaction (B = 0.724) suggests a stronger predictive effect on brand advocacy than service quality (B = 0.298), while brand trust was excluded from the model due to its lack of statistical significance.

Additionally, two predictive variables also collectively accounting for 57.7% from the abovementioned equation. Therefore, the researcher examined the individual components

of the aforementioned variables to further test their predictive power for brand advocacy of government hospitals in Bangkok and to identify which components significantly influenced these variables. The findings are as following: Customer satisfaction toward government hospital services in Bangkok considered in the format of a multiple linear regression equation revealed a correlation with brand advocacy, with a correlation coefficient of 0.755 and could describe the variability in brand advocacy accounted for 57.0%. The components of customer satisfaction including ample, continuous, and progressive service significantly influenced brand advocacy. These jointly predicted the brand advocacy of government hospital in Bangkok. The predictive equation of brand advocacy can be written as following:

$$Y (\text{Brand Advocacy}) = 0.271 + 0.394 (\text{satisfaction with continuous service}) + 0.272$$

$$(\text{satisfaction with progressive service}) + 0.242 (\text{satisfaction with ample service})$$

Service quality considered in the format of a multiple linear regression equation revealed a correlation with brand advocacy of government hospital in Bangkok, with a correlation coefficient of 0.688 and could describe the variability in brand advocacy accounted for 47.4%. The pillars of service quality including reliability, responsiveness, assurance, and empathy can jointly predicted brand advocacy of government hospital in Bangkok. The predictive equation of brand advocacy can be written as follow:

$$Y (\text{Brand Advocacy}) = 0.433 + 0.279 (\text{Assurance}) + 0.266 (\text{Responsiveness}) + 0.162 (\text{Empathy}) + 0.151 (\text{Reliability})$$

The result of the analysis depicted into a conceptual framework as shown in Figure 3.

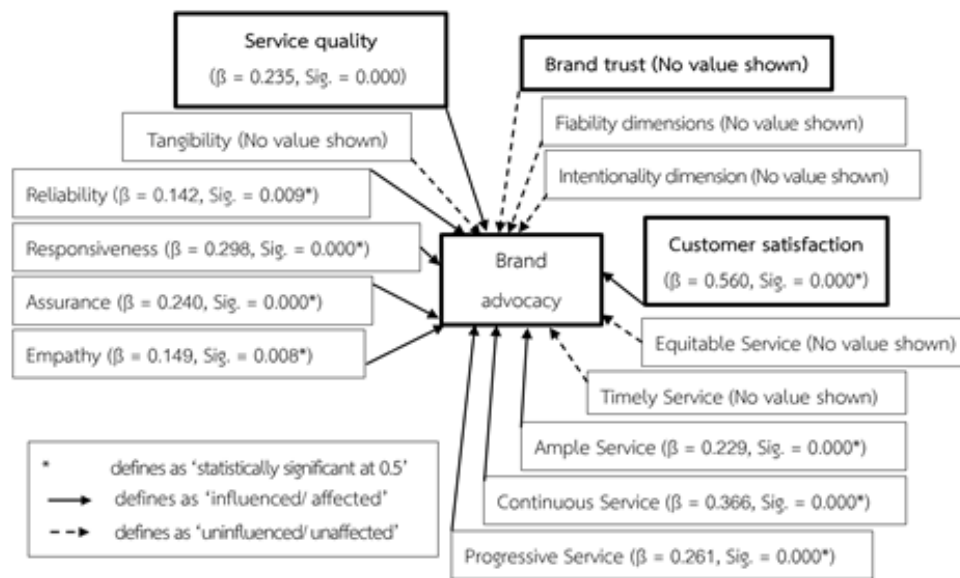


Figure 3 The Influence of service quality, brand trust, and customer satisfaction affecting brand advocacy of government hospitals in Bangkok

Discussion

From examining in the Influence of service quality, brand trust, and customer satisfaction affecting brand advocacy of government hospitals in Bangkok, the researcher discusses the findings of the study in accordance with the objectives as follows:

1. To discover the service quality of government hospitals in Bangkok

This study found that the majority of service users rated the quality of services provided by government hospitals in Bangkok at a good level, particularly in terms of reliability, which received the highest score. This finding aligns with the study by Lekdee and Prommasit (2019, pp. 218-229), which stated that medical specialists with diagnostic accuracy to and efforts to build reliability in treatment play a crucial role in consideration of service users to select the services of government hospital. However, the responsiveness to them received the lowest score, particularly regarding lengthy service times. This is consistent with the research of Inta (2021, pp. 1-25), which identified service delays is caused by unclear communication in the queue management system, and the study of Darin (2024, pp. 1-9), which found that unclear communication leads patients to not follow the queue, resulting in delays and waiting period of time. Thus, the improvement of communication in process of queue calling is a key, which hospitals should pay attention.

2. To investigate the brand trust of government hospitals in Bangkok.

The study revealed that service users placed the highest level of brand trust for government hospitals in Bangkok, which reflected

through the trust of them toward government hospitals, particularly in terms of intentionality with the highest trust ratings. This may stem from the reliance of them that government hospitals would not exploit them in treatment. The government hospitals adhere to high professional and ethical standards in their services together with focusing on retaining medical service quality for the utmost benefits of patients. Moreover, there are also stringent audits and management systems along with financial support from the government in places, which enables the hospitals to fulfill their role as a healthcare providers serving the public interest. In contrast, the dimension of competence received a lower trust score, which may be attributed to some of them having experienced the dissatisfaction with treatment. According to Philalai (2020, pp. 7-8), the increasing demand for healthcare services and rising expectations for quality have led to limited time for attending each case of them. Additionally, the growing financial burden compared to restricted budgets has raised concerns among them and their families regarding the level of care and quality of treatment as well as suspicions that hospitals may downgrade standard of care and treatment to control costs. Meanwhile, Makaluck (2018, pp. 19-27) stated that perception of limitations in personnel management, budget, and medical resources has contributed to a gap between expectations and reality. If hospitals fail to clearly communicate these constraints, they may feel uncertain in their ability to provide the highest quality of care. Although the dimension of competence



receives less trust ratings compared to the dimension of intentionality, it still remains at a high level. This reflects the efforts of government hospitals to maintain service quality and standards in alignment with the expectations of them.

3. To assess the customer satisfaction towards services provided by government hospitals in Bangkok.

The research findings indicate that service users expressed a high level of satisfaction with the services provided by government hospitals in Bangkok, particularly in terms of equity and fairness in services. This aligns with their perception of the reasonable medical expenses in relation to their expectations and the accountability of the services. According to the study by Sudjai and Jiratchot (2018, pp. 36–51), customer satisfaction in government hospitals largely stems from the perceived fairness of treatment costs. Although the costs are standardized, patients place importance on comparisons with others, making this fairness a critical factor influencing service selection and overall satisfaction. Furthermore, government hospitals implement clear and standardized pricing policies, which reduce ambiguity in cost perception and ensure that medical expenses remain reasonable and accessible for low-income individuals or those without private health insurance. However, the aspect of advanced services received the lowest satisfaction ratings, particularly the development and improvement of hospital services to meet the needs of them. The primary reasons for this including insufficient budget allocations, medical personnel shortages, complex man-

agement systems, and stringent government regulations and policies, which collectively hinder the full implementation of such service development and improvement initiatives.

4. To explore the brand advocacy for government hospitals in Bangkok.

The findings indicate that service users exhibit a high overall level of brand advocacy, particularly in terms of recommending the services to close acquaintances. This aligns with the study by Jearjamroon (2023, pp. 69-79) indicated that satisfaction with services leads to word-of-mouth recommendations, especially among family and friends, who are more likely to trust such recommendations compared to the general public. The reliance in the quality of treatment and positive outcomes are key factors driving brand advocacy through word-of-mouth referrals, which significantly influence decisions of others to seek the services. However, the findings indicate that brand advocacy through social media platforms, such as Facebook and LINE, remains at a low level. This may be attributed to insufficient trust in online interactions. Additionally, some may feel uncomfortable sharing their treatment experiences due to privacy concerns, while others may perceive no necessity in sharing such information. These results align with the study of Chiosa and Anastasiei (2018, pp. 131-140), which highlights that the level of trust is a critical factor influencing online word-of-mouth. Furthermore, the frequency of brand advocacy may be influenced by their digital literacy and ease of platform usage among certain groups.

5. To evaluate the ability of service

quality, brand trust, and customer satisfaction towards service in predictable determining brand advocacy for government hospitals in Bangkok.

The study confirms that customer satisfaction and service quality are critical in predicting brand advocacy, particularly in the public healthcare context. These findings reinforce the idea that service users in government hospitals rely more on actual service experiences than abstract perceptions such as brand trust. The prominent role of customer satisfaction reflects users' sensitivity to service continuity, fairness, and efficiency. In particular, ongoing and progressive services foster a sense of care and responsiveness, which enhances trust and motivates users to advocate for the hospital. Likewise, dimensions of service quality—such as assurance and responsiveness—appear to align closely with what users value most in government-provided care.

These insights help explain why brand trust may not show a significant statistical influence in this setting. Public hospitals operate under different dynamics than private ones, where branding and emotional trust may play larger roles in user behavior. It also reveals that customer satisfaction comprises three key dimensions: continuous service, progressive service, and ample service that influence brand advocacy. In particular, users whose experiences exceed expectations are more likely to share positive experiences and directly advocate for the hospital branding aligning with those of Bhati and Verma (2020, pp. 153–172) and Phulongpia and Jaroenwanit (2020, pp. 337–348). Furthermore, the satisfac-

tion with continuous service through communication systems that helps users to receive information related to treatment influences brand advocacy the most. This is because the availability of effective communication system via social media, applications or digital platforms provides a hand to users in reducing anxiety and uncertainty and gaining reliance in decision-making of receiving service.

For service quality, four key dimensions of including assurance, responsiveness, empathy, and reliability influence brand advocacy for government hospitals in Bangkok, which aligns with the studies by Siriathanawiroth, Klinpong and Chienwattanasook. (2023, pp. 159–178) and Hendrasto, et al. (2024, pp. 86–102). Both identified that service quality is a key factor directly influencing brand advocacy because the ones who receive high-quality treatment from skilled medical specialists and have reliance in treatment methods are more likely to advocate the brand in the long term. Additionally, the adoption of advanced technologies and investments in research further to uplift standards of treatment is a factor enhancing brand trust. However, reliability of hospitals exerts the least influence on brand advocacy. This may stem from a lack of reliance in overview of hospitals from disorganized management system, complicated appointment systems or complexity in accessing services. These issues lead some users to perceive the hospital as incapable of providing professional services.

For brand trust, It is also found that both fiability and Intentionality dimensions of brand trust by Delgado-Ballester, Munuera-



Aleman and Yagüe-Guillén (2003, pp. 35-54) do not exert a statistically significant influence on brand advocacy in the context of government hospitals in Bangkok. This reflects that service users may prioritize their actual service experience including service quality and satisfaction over brand trust directly within the public healthcare system. Moreover, the concept of brand trust in the context of public healthcare services may need to be considered alongside other factors, such as government policies, access to services, and standards of treatment, which may have a greater influence on brand advocacy. For example, the hospitals with easy-to-access services and the support from governmental policies seem to enhance brand advocacy than the hospitals with limited resources. The finding is controversially toward the study of Surutwaranan and Jaroenwanit (2022, pp. 111-137), Bhati and Verma (2020, pp. 123-145), and Sami, Manzoor and Irfan (2022, pp. 45-58) which stated that brand trust is a factor affected on brand advocacy in various contexts.

In conclusion, this finding emphasizes the need to reconsider the role of brand trust in public healthcare contexts. The study confirms that service quality and customer satisfaction significantly influence brand advocacy in government hospitals, while brand trust shows no statistical effect. This challenges the assumed universal influence of brand trust, indicating that it may behave differently under public-sector constraints. Therefore, this study proposes a conceptual extension by integrating external factors such as government policy, access to care, and operational limitations

into the brand advocacy framework. From a practical perspective, hospital administrators should focus on enhancing continuous service, responsiveness, and clear communication—elements that directly support satisfaction and advocacy. Additionally, hospitals may leverage digital tools to reduce uncertainty and improve service access. Future research could explore branding dynamics across public and private hospitals, or compare urban and rural settings, to validate and generalize this extended model. Although several studies in private and international contexts have confirmed that brand trust significantly influences brand advocacy (e.g., Bhati and Verma, 2020, pp. 153-172; Fatma and Khan, 2023, p. 1-10), this study found no statistically significant effect of brand trust on brand advocacy in government hospitals in Bangkok. This discrepancy may be explained by the nature of public healthcare systems, where services are delivered under universal coverage and standardized protocols. In such systems, patients tend to perceive service delivery as equitable regardless of institutional brand, and their decisions are often guided more by access rights than by emotional connection to a particular brand. As a result, actual service experiences and satisfaction tend to outweigh abstract perceptions of brand trust in influencing advocacy behavior.

Research limitations and the impact of external environmental factors

This study is subject to limitations, particularly in data collection, which focused exclusively on government hospitals in Bangkok. As a result, the findings may not fully represent the broader context of government

hospitals across other regions. Additionally, the use of quantitative methods including surveys and multiple regression analysis may not comprehensively capture the influence of external environmental factors, such as economic conditions, government policies, and service culture. The result indicates that service quality and customer satisfaction are the primary factors directly influencing brand advocacy for government hospitals in Bangkok, while brand trust does not demonstrate a significant effect in this context. This may stem from the unique characteristics of the public healthcare system, where service users often have limited alternatives and therefore prioritize their actual service experience over brand perception. Furthermore, future healthcare service trends, particularly the integration of technology and innovation, are expected to play a crucial role in fostering long-term brand advocacy. These insights serve as essential guidance for developing strategies and policies in management within the public healthcare system. To overcome these limitations, future studies should consider adopting a mixed-method approach, integrating both quantitative and qualitative data. Qualitative methods such as in-depth interviews or focus groups may provide richer insights into patients' perceptions and behavioral intentions, especially in understanding the emotional and contextual dimensions of brand trust in public hospitals.

Suggestions

1. The study found that government hospitals in Bangkok have a key strength in reliability, particularly the medical specialists, who are highly skilled in accurate and trust-

worthy diagnosis. Most of them in government hospitals are also lecturers from leading universities, such as Chulalongkorn University—King Chulalongkorn Memorial Hospital and Medical Faculty, Mahidol University—Faculty of Medicine Ramathibodi Hospital, and Navamindradhiraj University—Faculty of Medicine Vajira Hospital. Therefore, if hospitals aim to communicate information or initiatives to service users, leveraging their reliability as senders can enhance trust and improve the effectiveness of communication. On the other hand, it found that responsiveness scored the lowest, primarily due to long waiting times for receiving services. To address this issue, it is necessary to improve communication strategies to enhance notion of service users by aligning their expectations with actual service conditions through in-hospital media, such as the production of video presentation explaining the information and reasons behind long waiting times arising from providing high-quality service and care thorough their examinations and detailed medical assessments to minimize errors. Besides, governmental hospitals should highlight the improvement of service system through digital technology for rapidness and transparency. For instance, the development of online appointment systems and queue management through mobile applications can help reduce waiting times and enhance efficiency of service management. Despite the low scores on waiting times, they maintain a highly positive overall perception of government hospitals.

2. The study on the brand trust in government hospitals in Bangkok reveals that



users exhibit a high level of trust in these hospitals, particularly in the dimension of Intentionality. This reflects the reliance of users that government hospitals will not exploit them in treatment. To reinforce this strength, hospitals should adopt slogans that emphasize fairness and equitable, high-quality care. Additionally, clear and transparent communication of treatment-related information regarding treatment procedures, associated costs, available benefits, and channels for further inquiries can help alleviate their concerns and enhance trust in the integrity of hospitals. On the contrary, reliability is found to be relatively lower due to dissatisfaction with outcomes of treatment. To address this issue, hospitals should clearly communicate about resource limitations, such as shortages of medical equipment, to help them understand the prevailing constraints. Providing in-depth information about resource allocation priorities may also help align their expectations with reality. Furthermore, highlighting the expertise and experience of medical teams and staff in providing quality care, even with some less advanced equipment, can also strengthen trust. To better understand weaknesses and improve targeted communication and services, hospitals should conduct surveys or focus group discussions to gather their feedback and expectations regarding treatment and services.

3. The study on customer satisfaction with government hospitals in Bangkok reveals that these hospitals receive a high level of satisfaction in overview, particularly equitable service received the highest, according to the fair and reasonable pricing of medical treatments.

For strategic communication, hospitals should emphasize this strength by disseminating clear, transparent, and up-to-date information about service fees via online platform, such as hospital websites, social media, and mobile applications. Conversely, progressive service received the lowest satisfaction rating, likely due to various constraints faced by hospitals, such as budget limitations and workforce shortages. These challenges hinder the ability to develop and improve services in alignment with needs of service users. To address this issue, hospitals should communicate these limitations straightforwardly by issuing official documents or articles explaining the circumstances and reasons for delays in development and improvement of services. Clear information about current services and upcoming changes should be shared through various channels, including hospital websites, brochures, and internal public relations. Additionally, governmental hospitals should highlight the improvement of service system through digital technology for rapidness and transparency, such as, the development of online appointment systems and queue management through mobile applications, the enhancement of medical staff training related to capacity building in the usage of new technologies, and the use of digital media to communicate information of treatment to service users. Moreover, hospitals should establish mechanisms for their feedback and engagement, allowing them to voice their opinions and provide suggestions on hospital services, such as satisfaction surveys and focus group discussions. These insights should be used to refine and enhance services, and

the outcomes of improvements should be communicated to them for fostering greater notion and satisfaction.

4. The study on brand advocacy for government hospitals in Bangkok is at a high level in overview, particularly in recommending these hospitals to acquaintances or close contacts for medical treatment. This is a key strength that should be emphasized. Hospitals should create and share the engaging content showcasing positive experiences, such as successful treatment stories, testimonials of satisfied patients, and clear information about outstanding services together with persuasive pictures, videos, and graphic for creating the interesting and memorable contents. Additionally, hospitals should organize health-related events and activities, providing opportunities for them to participate and share their experiences. Meanwhile, sharing positive hospital experiences on social media platforms rated the lowest, as an area for improvement. Hospitals should adopt online and offline communication strategies to promote medical services. This can include distributing informational leaflets, posting on social media platforms, and sending emails to continuously suggest services and gain the perception of target group. Furthermore, hospitals should actively monitor and respond to user comments on social media platforms in a timely and friendly manner, addressing both positive and negative feedback to demonstrates effective carefulness and responsiveness.

5. The findings also reveal that customer satisfaction and service quality can predict 57.7% of brand advocacy for these hospitals,

reflecting the direct influence of these two factors on brand advocacy. Especially, customer satisfaction emerged as the most influential factor. Continuous service plays a crucial role in fostering brand advocacy, as it has the highest beta value. Therefore, hospitals should strengthen their existing communication channels, including hospital websites, social media platforms, and mobile applications, to disseminate useful and up-to-date information, such as schedules of appointment, policy changes, and the status of available services. Regarding service quality significantly influenced brand advocacy, particularly reliance in treatment methods, hospitals should leverage case studies and success stories that demonstrate their effectiveness and medical expertise together with testimonials of patients who received the excellent treatment to further enhance reliance and reinforce a positive brand image. Moreover, developing content about treatment processes, patient care, and evidence-based medical approaches will help them better understand the treatment methods and ultimately increasing their reliance in the services of hospital.

Suggestions regarding government policies in enhancing service quality

To improve healthcare service quality, government policy should integrate technology and innovation into hospital management. This includes adequate budget support, smart infrastructure, and adoption of systems such as IoT, AI, Big Data, and Blockchain to enhance efficiency, reduce waiting times, and ensure secure health data exchange. Public-Private Partnerships (PPP) should be promoted to



support joint investment in medical innovation. In human resources, policies should emphasize workforce development through continuous training, especially in digital and diagnostic technologies. Additionally, preventive healthcare should be strengthened through early screening and public health promotion.

Encouraging personalized medicine will help tailor treatments to individual needs. These strategies support the development of a resilient, inclusive public healthcare system and foster long-term brand advocacy for government hospitals.

Bibliography

- Administrative Strategy Division, Strategy and Evaluation Department. (2022). **Statistical profile of BMA 2021**. Retrieved November 11, 2024, from https://webportal.bangkok.go.th/public/user_files_editor/130/BMA%20STATISTIC/2564/Statistical%20Profile%20of%20BMA%202021.pdf
- Bell, J. A. and Nuzzo, J. B. (2021). **Global health security index: Advancing collective action and accountability amid global crisis, 2021**. Retrieved March 8, 2025, https://ghsindex.org/wp-content/uploads/2021/12/2021_GHSIndexFullReport_Final.pdf
- Bhati, R. and Verma, H. V. (2020). Antecedents of customer brand advocacy: A meta-analysis of the empirical evidence. **Journal of Research in Interactive Marketing**, 14(2), 153–172.
- Bureau of Registration Administration, Department of Provincial Administration, Ministry of Interior. (2023). **Announcement of central register office regarding the total population of the Kingdom of Thailand based on the civil registration records as of December 31, 2023**. Retrieved November 11, 2024, from https://stat.bora.dopa.go.th/stat/pk/pk_66.pdf
- Chiosa, A. R. and Anastasiei, B. (2018). What takes consumers to develop brand advocacy on Facebook. **Network Intelligence Studies**, 6(12), 131-140.
- Cohen, J. (1977). **Statistical power analysis for the behavioral sciences** (Revised ed.). New York: Academic Press.
- Cooper, N. (2022). **World's best hospitals 2022**. Retrieved March 8, 2025, from <https://www.newsweek.com/worlds-best-hospitals-2022/thailand>
- Cronbach, L. J. (1970). *Essentials of psychological testing* (3rd ed.). New York: Harper and Row.
- Darin, P. (2024). Developing a model to reduce waiting times outpatient services at Um-phang hospital, Tak province. **Journal of Public Health Tak Provincial Health Office**, 4(1), 1-9.
- Delgado-Ballester, E., Munuera-Alemán, J. L. and Yagüe-Guillén, M. J. (2003). Development and validation of a brand trust scale. **International Journal of Market Research**, 45(1), 35-54.
- Fatma, M. and Khan, I. (2023). Corporate social responsibility and brand advocacy among consumers: The mediating role of brand trust. **Sustainability**, 15(3), 2777.
- Fullerton, G. (2003). When does commitment lead to loyalty?. **Journal of Services Research**, 5(4), 333–344.

- Hendrasto, N., Purba, A., Haidar, A., Herindar, E. and Chairiyati, F. (2024). Determinants of brand advocacy in academia: Analyzing the role of service quality and lecturer competence. **Al-Tanzim: Jurnal Manajemen Pendidikan Islam**, 8(1), 86-102.
- Inta, K. (2021). **Service quality of in-patient department of a private hospital in Chiang Rai**. Master independent study, M.B.A., Mae Fah Luang University, Chiang Rai.
- Jearjamroon, P. (2023). **Factors affecting satisfaction of generation Y consumers, word of mouth, and re-purchase intention toward mobile application food delivery service: A case study of the Lineman**. Master thesis, M.B.A., Silpakorn University, Bangkok.
- Kotler, P., Kartajaya, H. and Setiawan, I. (2017). **Marketing 4.0—Moving from traditional to digital**. New Jersey: John Wiley and Sons.
- Lekdee, T. and Prommasit, S. (2019). Comparison of the quality of private hospitals and premium clinics in government hospitals in the Bangkok metropolitan area. In **Proceedings of 4+BAs National Conference 2019: New age in sustainable business** (pp. 218-229). Bangkok: Srinakharinwirot University.
- Makaluck, B. (2018). Expectation and perception of patients regarding to service quality, inpatient department, Napalai hospital. **Hua Hin Sook Jai Klai Kangwon Journal**, 3(2), 19–27.
- Melanco, J. P., Noble, S. M. and Noble, C. H. (2011). Managing rewards to enhance relational worth. **Journal of the Academy of Marketing Science**, 39(3), 341–362.
- Millet, J. D. (1954). **Management in the public service: The quest for effective performance**. New York: McGraw-Hill.
- Parasuraman, A., Zeithaml, V. A. and Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. **Journal of Retailing**, 64(1), 12-40.
- Phiarat, J., Punpanich, C., Poonpobsakul, Y., Sailord, N. and Dansiri, W. (2023). Influence of service quality on affective commitment and advocacy intention to support streaming video platforms. **NIDA Business Journal**, 32, 36-55.
- Philalai, T. (2020). **HA update 2020**. Nonthaburi: The Healthcare Accreditation Institute (Public Organization).
- Phulongpia, C. and Jaroenwanit, P. (2020). Roles of customer satisfaction towards brand advocacy: A case study of MICE standard hotels in Bangkok. **International Journal of Innovation, Creativity and Change**, 14(7), 337-348.
- Rovinelli, R. J. and Hambleton, R. K. (1977). On the use of content specialists in the assessment of criterion-referenced test item validity. **Tijdschrift voor onderwijsresearch**, 2(2), 49-60.
- Sami, A., Manzoor, U. and Irfan, A. (2022). Impact of brand image, brand trust and brand loyalty on brand advocacy—An empirical study in context to in-store brands. **Journal of Management and Administrative Sciences**, 2(2), 45-58.



- Sashi, C. M., Brynildsen, G. and Bilgihan, A. (2019). Social media, customer engagement, and advocacy: An empirical investigation using Twitter data for quick service restaurants. **International Journal of Contemporary Hospitality Management**, 31(3), 1247–1272.
- Siriwathanawiroth, N., Klinpong, S. and Chienwattanasook, K. (2022). Create brand advocacy in the next normal using Marketing 5.0 for Thai private hospitals. **Burapha Journal of Business Management, Burapha University**, 11(2), 159–178.
- Sommakettarin, A. and Khamwon, A. (2020). Service quality, customer experience quality, customer satisfaction and brand advocacy. **International Journal of Business and Economy**, 2(3), 34-41.
- Strategy and Planning Division, Office of Permanent Secretary, Ministry of Public Health. (2023). **Thailand health care system foresight**. Retrieved November 11, 2024, from <https://spd.moph.go.th/wp-content/uploads/2023/08/Thaihealthcareforesight.pdf>.
- Sudjai, A. and Jiratchot, C. (2018). Factors affecting patient satisfaction in public hospitals in Bangkok. **Journal of Supply Chain Management: Research and Practice**, 12(1), 36–51.
- Surutwaranan, N. and Jaroenwanit, P. (2022). A model of brand advocacy for food & dining business on social media in Thailand. **KKBS Journal of Business Administration and Accountancy**, 6(1), 111-137.
- Wilder, K. (2015). **Brand advocacy: Conceptualization and measurement**. Doctoral dissertation, Ph.D., Mississippi State University, Mississippi.