The Association Between Healthcare Staff Personal Branding and Patients' Perceived Service Quality: An Evidence-Based Research Of The Healthcare Sector In Pakistan

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Abstract

Personal branding has become an important notion in health care management literature in the current era. The healthcare staff should be recognized as members of the team who provide quality care to patients. The present research examines the impact of personal branding of radiologists on perceived service quality placing particular emphasis on the health care sector in Pakistan. A convenience sampling method was used. The variables of personal branding are communication, behavior, and appearance and the variables of Perceived Service quality are responsiveness and reliability. The results of the study indicate that Communication significantly correlated to responsiveness and reliability. Behavior was significantly correlated to responsiveness while appearance significantly correlated to reliability. The finding of the study affirms the significance of personal branding as one of the crucial components in improving Perceived Service quality by health care units.

Keywords: Personal branding, behavior, appearance, communication, responsiveness, perceived service quality, radiologists

JEL Code: 112

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Introduction

The concept of a personal brand is closely related to, for example, quality of work, communication, acceptance and rejection of rules, how to behave in certain situations, and so on. It is some one's image, what he/she becomes known for. Personal branding is therefore the sum of your experiences and activities that help you define your own personal brand. As in business, a clear stance on important issues and a focus on quality differentiate brands in a flocking market. A clear and stable personal brand usually benefits doctors and organizations.

The concept of personal branding in the field of radiology is crucial for professional accomplishment and the skill to prosper in the new practice exemplar. Reliable brand is a driving force which opens window of opportunity. Certainly, it is therefore in the interest of radiologists to make diligent, intentional decision to impact their brands. By providing the quality service and pleasant experience to patients may help to distinguish from one radiological service provider to another and also be conducive to the continuous success of that individual from both a patient care and financial stance. As it worth saying, branding can preponderate and counter attempts by the competition to replace a method or wear away a practice's market segment (Munden,2015).

While quality is a subtle and indefinite variable (Parasuraman, Zeithaml, & Berry, 1985), the service quality depicts a critical central point of competition. The quality of service has been defined as a frame of mind toward the service proposed by an organization arising from expectations' comparison with achievement (Carrillat, Jaramillo, & Mulki, 2007). As it has been studied as an expectations' comparison with achievement, other studies have focused only on evaluating perception of performance, supposing that participants provide their valuations by spontaneously comparing perceptions of performance with expectations' performance (Ghotbabadi, Feiz, & Baharun, 2015).

Analogously, past researches have also connected branding with customer satisfaction (Sondoh Jr et al,.2007; Thakur & Singh, 2012). It has been argued that consumers develop positive attitudes towards a brand or liking a brand as a result of satisfactory repetitive usage over time (Sondoh Jr et al., 2007). Currently, personal branding has also been in limelight (Ternès, Rostomyan, Gursc, & Gursch, 2014; Horvat, Kovačić, & Trojak, 2015). Arruda, (2002) describes personal branding as to manage one's reputation, abilities and standards set in the

similar manner as a marketing unit would brand a product in contemplation to distinct oneself from his opponents or fellows.

Radiologist's personal branding is to shape his/her competent service not just to build radiologist's positive image. Radiologist's personal branding results in self-fulfillment, self-assertion, organizational commitment and success. Hence, the present study aims to gauge personal branding using three attributes: communication; appearance and behaviour. The purpose of the present study is to evaluate the impact of radiologists' personal branding on perceived service quality of health care units. In a similar vein, this research presupposes that personal branding (radiologist's communication; radiologist's appearance and radiologist's behaviour) has a significant impact on service performance of health care units (reliability and responsiveness).

Perceived Service quality

Kotler and Armstrong (2012) define Service as an action, gain, or fulfillment be on sale that is primarily immaterial and does not result in the possession of anything, and impermanence, intangibility, indivisibility and changeability are its features. Furthermore, they claimed that a service organization can make a distinction by constantly providing premium quality than its opponents deliver, and the service sector has now connected to the customer-relevant quality. During a recent economic conditions which is accentuated by competitive modes, providing quality service, by fulfilling existing clients' needs and also attracting new ones, is the essential to boom a business (Murali, Pugazhendhi, & Muralidharan, 2016). Furthermore, to maintain the service quality it is crucial to understand the clients as in the recent time the firms are facing many challenges like rising competition, limitation of finance and resources.

Many attempts have been made to gauge perceived service quality in different domains. During recent decades there have been several instruements of service quality measurement made for instance; SERVQUAL (Parasuraman et al., 1985); EP instrument (Teas, 1993); and [E-S-QUAL] (Parasuraman, Zeithaml, & Malhotra, 2005). For the present study the SERVPERF model by Cronin and Taylor (1992, 1994) was adopted which supposes that participants give their know-how by comparing spontaneously perceptions of performance with expectations of performance. This SERVPERF instrument been documented to be a better option to measure

service quality of health care organization and more important as being convenient to use and getting accurate result in contrast to the SERVQUAL.

Personal Branding

According to López, G. B. (2017) Personal branding is an imperative obligation, the embodiment of leadership. It is an expert public profile and impression one may build the value to you are able to convey constantly. Simply put, it can be regarded as one's expert active inclusion. Personal branding is the creative process of product identity adopting unique style or signs (Burnett, Moriarty, & Wells, 1998). Branding builds emotional ties with clients which raises the prospect of brand choice and boost client loyalty.

At personal level, personal branding is improving one's appearance and aspect; generating a clear objective of an individual career or employment; boosting one's competitive capacity; assisting one to grow into fields of activity; and also to increase one's self-awareness and self-confidence. While at organizational level, firms usually hesitant to promote personal branding among the workforce because of the fright of such worker becoming more fascinating to opponents (Arruda,2002; 2014). Despite that, staff are essential to establish relationships with all firm interest group together with sustaining organizational ethics and objectives. These employees play great role in building a corporate brand image. Eventually, the employee interest in clients with his response and competence, the organization attain high reputation.

Employees are the blood of an organization and are crucial in building client relationship and to engage them and also to collect their data and also to enhance client contentment and loyalty and commitment to the brand (Yang, Wan, & Wu, 2015). The procedure of building strong customer relationship lies with the staff who are liable for brand positioning (Harris, 2007). Hence, it is the duty of the organization to make it sure that employees' brands are identical with that of the company and this practice has generally been spoken as personal branding.

Personal branding in the context of health care service like radiology is crucial for the success of profession and the competence to grow in the recent practice of value-based care model. Effective brand create impulse, which serves to open ever further windows of possibility. Certainly, it is for the benefit of all radiologists to make careful, intentional decision to impact their brands in the consideration of their patients. Radiologist must make efforts to build a useful and satisfying experience for patients and health service providers similarly as patients seek

their services and proficiency. These activities can differentiate one radiologist from another and also to promote the constant success of that individual, from both a medical assistance and financial perspective. (Munden,2015).

Variables of Personal Branding

The variables of personal branding are radiologist's communication, behaviour and appearance

Radiologist's Communication:

Communication is the core element of professional life. Effective communication has strong impact on one's personal brand success and it also help in establishing a strong tie between the providers of service and client. Many personal branding weblogs highlighted various elements that can assist to create a personal brand such as use of effective communication skills at work place. Furthermore, the style of communication of service provider is closely associated to client satisfaction as the cooperative and non-commanding approach of communication result in high satisfaction of clients while the commanding and authoritative communication style lead to reduction in clients' satisfaction (Duron, 2013). Hence, it is safe to say that the effective communication approach of radiologist such as intent listening, use of professional tone, clear and slow speaking, self –confidence can influence the perception of patients regarding service quality.

Radiologist's Appearance

Appearance is a key driver for the success of any brand. It reflects staff's best fit within the culture of organization and in addition to this the staff with good quality work influences the client perception regarding the service quality as the first impression is developed by the staff proper dressing and his professional conduct. Moreover, the appropriate neat and clean dressing boost the self-confidence of an employee too (Morgan, 2011). One of the research study also affirms this assertion as the study researchers found that attendants of patients admitted to ICU units of health care strongly in favor of doctors wearing white coat as they in conventional attire were considered as the most informed, sincere and competent (Au, Khandwala and Stelfox's , 2013). Hence, it is safe to say that neat and clean and professional out look of radiologist can influence the perception of patients regarding service quality.

Radiologist's Behaviour

Staff behaviour refers to how one behaves in professional environment, business meeting and also at daily work place activities. It also shows good manners, kindness and proper etiquette for the circumstances (Heald, 2014). Staff behaviour is considered as a crucial factor of brand personality image and it influences on the client's perception. Staff behaviour is considered as the essential element of a strong personal brand as the attributes of personal branding also includes accepting responsibility; being courteous; positive attitude; pay respect to others (Careers Centre University of Wolverhampton, 2013). Research study also reveals that the behaviour of staff has significant impact on the satisfaction of clients (Nam, Ekinci, and Whyatt ,2011). Hence, it is safe to say that radiologist behaviour can influence the perception of patients regarding service quality.

Methodology

In order to attain the aims of the study, a survey was devised and conducted in the health care units at Karachi, Pakistan. A structured questionnaire was used to collect the data from different seven hospitals. The target population was the patients of the heath care units who were conveniently sampled at the hospitals buildings. Firstly, a request letter was sent to the Human Resource of the hospitals to invite them to take part in the research. After permission was granted by hospital HR, the questionnaire was distributed by the researchers to hospital patients just after receiving the service from different radiology department health care units. The questionnaire was distributed to 65 participants. Sum of 50 questionnaires were collected from the participants, response rate was 70%, while the rest 30 % were incomplete.

Research Instrument:

The research tool was composed of three sections.

Section A consisted of demographic factors: Gender, Experience, Educational level

Section B consisted of variables of Personal Branding.

(i)   Radiologist's communication was measured by four items - use unambiguous language; being informative; listening to patients; giving assurance to patients (Duron, 2013; Schawbel, 2009).

(ii)   Radiologist's appearance was measured by four items – Proper dressing, skillfulness, workplace cleanliness; and kindness (Au et al., 2013; Lill & Wilkinson, 2005; McMillan, 2014).

(iii)   Radiologist's behaviour was measured by three items. treating patients with respect and politeness; valuing patients; praiseworthy behaviour (Canning, 2013; Careers Centre University of Wolverhampton, 2013)

Section C was measured by seven items adopted from the Service Performance model (Fang Meng et al., 2008; Rodrigues, Barkur, Varambally, & Motlagh, 2011; Zhao & Di Benedetto, 2013).

Participants were asked to evaluate the performance of the health managers who served them on 11 personal branding features using Likert-type scales 1-5 (1= strongly agree to 5 = strongly disagree). Participants were also asked to assess the performance of the health care units on seven Service Performance items using Likert-type scales 1-5 (1= strongly agree to 5 = strongly disagree).

Sample attributes:

Table 1: Demographic factors of patients_____

Population characteristics	Frequency	%
Gender		
Male	32	64.0
Female	18	36.0
Total	**50**	**100.0**
Experience		
> 1 year	6	12.0
1-6 years	15	30.0
7-10 years	25	50.0
> 10	4	8.0
Total	**50**	**100.0**
Education level		
Middle school	5	10
High school	8	16
Undergraduate	20	40
Graduate	15	30
Others	2	4
Total	**50**	**100.0**

Table 1 illustrates a summary of demographic factors and shows that 64% of the participants were male while 36% were female. Majority of them (92.0%) had working experience not more than ten years, with 70.0% of the participants having accomplished minimum an undergraduate degree.

Results of the Study

The present research examined the impact of personal branding of radiologists (communication, behavior, and appearance) on perceived service quality (responsiveness and reliability). The findings of the results have been discussed below:

Personal Branding

Personal branding was measured through Exploratory factor analysis performing on the 11-item scale. Principal component analysis (PCA) with a Varimax rotation was used for Factor analysis and in the analysis only those variables with factor loading of 0.5 and above were employed and factors with Eigen values > 1.00 were used (Nunnally, Bernstein, & Berge, 1967; Nunnally, 1978). On the basis of above-mentioned measures, three factors with a cumulative variance of 72.498 were produced. The Bartlet's Test of Sphericity demonstrated a chi-square of 1695.277 (p < .000), and the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) was .846. The Cronbach's alpha was also carried out on each of the factors and it is above the recommended value 0.8. The general rule of thumb is that a Cronbach`s alpha of 0.7 and above is good, 0. 8 and above is better, and 0.90 and above is best (Pallant, 2010). Table 2 expresses all the three factors, (Communication, Appearance, and Behaviour).

Table 2: Results of PCA with varimax for 11-item scale of personal branding

	Mean	SD	Eigen value	Cumulative % variance	Factor Loading	Cronbach α
Radiologist's communication			1.131	78.079		.845
He/she uses unambiguous language	1.74	.966			.561	
He/she is informative	1.91	.988			.815	
He/she listens to the clients	1.75	.764			.506	
He/she is self-confident	1.79	.974			.536	
Radiologist's appearance			1.805	72.498	.805	.903
He/she is appropriately dressed at healthcare unit	1.43	.631			.765	
He/she looks skillful & competent	1.75	.575			.812	
Work place is clean & tidy	1.69	.821			.679	
He/she looks kindly	1.69	.735			.559	
Radiologist's behaviour			15.298	61.409	.585	.945
He/she treats patients with respect and politeness	1.68	.849			.667	
He/she gives value to patients by responding their questions	1.75	.869			.663	
He/she has praiseworthy behaviour	1.82	.954			.732	

Radiologist's Communication: Table 2 shows that communications measuring four items were moderate in rank. Staff uses unambiguous language (M = 1.74, SD = .966), Staff is informative (M = 1.91, SD = .988), Staff listens to the clients (M = 1.75, SD = .764), and Staff is self-confident (M = 1.79, SD = .974).

Radiologist's Appearance: Table 2 shows that Staff Appearance measuring four items were high in rank. Staff is appropriately dressed at healthcare unit (M = 1.43, SD = .631), Staff looks skillful & competent (M = 1.75, SD = .575), Work place of staff is clean & tidy (M = 1.69, SD = .821), working in a tidy place (M = 1.65, SD = .726) and Staff looks kindly (M = 1.69, SD = .735).

Radiologist's Behaviour: Table 2 shows that three items measured behaviour. The results indicate that there is more focus on Staff treatment of patients with respect and politeness (M = 1.68, SD = .849); Staff giving value to patients by responding their questions (M = 1.75, SD = .869), and less focus on Staff praiseworthy behaviour (M = 1.82, SD = .954).

Perceived Service quality

Perceived Service quality was measured through exploratory factor analysis performing on the 11-item scale (Choe, Lee, & Kim, 2014). Principal component analysis (PCA) with a Varimax rotation was used for Factor analysis and in the analysis only those variables with factor loading of 0.5 and above were employed and factors with Eigen values > 1.00 were used (Nunnally, Bernstein, & Berge, 1967; Nunnally, 1978). Using these criteria produced two factors with a cumulative variance of 68.553. The Bartlet's Test of Sphericity showed a chi-square of 1165.398 (p < .000), and the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) was .851, above the recommended .6. The Cronbach's alpha was also performed on each of the factors. Table 3 indicates that the Cronbach's alpha is above the recommended .7 for all factors, (Pallant, 2010), ranging between .816 and .959.

The variables of Perceived Service quality

  i)   Responsiveness was made up of four items whose means ranged between 1.8 and 2.03.
  ii)   Reliability was made up three items with mean ranging between 1.9 and 2.08.

Table 3: Results of PCA with varimax for 07-item scale of service performance

	Mean	SD	Eigen value	Cumulative % variance	Factor Loading	Cronbach α
Responsiveness			10.625	59.912		.959
The health care unit has the radiologists who give the patient individual attention	1.99	.989			.684	
Radiologists of the healthcare unit have the knowledge to respond to the patient questions	2.03	1.059			.784	
Radiologists of the healthcare unit are always ready to help the patient	1.82	.983			.776	
The healthcare unit has working hours convenient for all its patients	1.91	1.077			.808	
Reliability			1.690	68.553		.816
Radiologists give the patient prompt service	2.08	1.078			.767	
The healthcare unit gives give the patient individual attention	1.99	1.014			.630	
Radiologists understand patients' specific needs	2.05	.990			.529	

The present study adopted a two-step procedure: PCA with a Varimax rotation leading to standard multiple regression analysis. Two standard multiple regression analyses were run separately using three personal branding factor scores as independent variables i.e communication, appearance, and behaviour and two perceived Service quality factors scores as dependent variables i.e responsiveness and reliability.

The results show in Table 4 that there is impact of personal branding on perceived service quality The table shows the unstandardized coefficients, standardized coefficients,standard error , the t-test with its significant level, the AdjustedR2, and the F-test. Due to small sample size instead of R2 the Adjusted R2 was reported (Pallant, 2010).

The standard multiple regression results show reliability was significantly predicted appearance; behaviour significantly affected by responsiveness and communication significantly affected by responsiveness and reliability.

Table 4: Results for Personal Branding influence on Service Performance, Standard Multiple Regression

	Communication				Appearance				Behaviour			
	B	SE B	β	t	B	SE B	β	t	B	SE B	β	t
Independent Variable												
Constant	-.015	.103		-.149	-.004	.139		-.018	-.027	.108		-.237
Responsiveness	-.356	123	-.293	-2.819**	.142	.159	.123	.896	.431	.129	.415	3.319**
Reliability	.479	.109	.455	4.329***	.295	.145	.275	2.017*	.085	.118	-.085	-.751
Adjusted R2	**.437**				.068				.217			
df	2				2				2			
F	14.552***				2.279				5.841**			

Notes: B = Unstandardised coefficients; β = Standardised coefficients; SE B = Standard Error; df = Degree of freedom; *p<0.05, **p<0.01 and ***p<0.00

Discussion

The aim of the present study is to evaluate the impact of radiologists' personal branding on perceived health care organizations' perceived service performance. The study results revealed that communication skill of radiologists has a great impact on the perceived service quality in terms of responsiveness and reliability. This result is consistent with Duron, (2013) who found that communication skill is strongly correlated with the personal brand's success. The recent study also revealed that appearance of radiologists has a positive impact on reliability but not on responsiveness. This result is consistent with Au, et al., (2013) who found that patient attendants strongly in favor of doctors wearing white coat as they in conventional attire were considered as the most informed, sincere and competent. Moreover, the study found that

behaviour of radiologists positively impact on responsiveness but not on reliability which illustrates that health care units' perceived readiness to help patients and provide prompt health care service.

The present research study has a number of limitations. The first limitation is the small sample size. Data was from collected from 50 participants instead of large samples commonly found in quantitative research. This may exhibit negative impact as low sample size can affect the reliability of the findings of research. Secondly, the current study is limited to the health care units. For the generalizability of the results comprehensive studies are required. Thirdly, the present personal branding scale has not been polished. Additional researches are required to validate the present scale.

The present study has several implications. This paper has confirmed that radiologists' communication has an effect on perceived service quality of health care units. The implication of this finding is that health care units should conduct training sessions to the hospitals' radiologists to develop more effective communication skills. The results of the present study suggest that personal branding may be used to improve service performance of a health care unit. Personal branding has been proved to work as a motivator to the staff enabling them to carry out their responsibilities with more attentiveness, enthusiasm and commitment and it is also the source to build trust which can strengthen the link between the patients and the health care unit. Furthermore, it is clear from this study that administration in hospitals should reckon personal branding as an important element in improving service quality health care. Personal branding of radiologists must be observing and improved continuously. The results imply that programs intending improving personal branding of staff must be conducted and staff must be briefed of how their communication, behaviour, and appearance impact the perceived service quality of hospitals. Moreover, the recent paper also has implications regarding analysis of the concept of personal branding. Further research work is required as a means to apprehend the constructs for personal branding. The present research study has built a construct to gauge personal branding and it provides prospects of further scale development.

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