Master thesis

Name: Anna Heurkens

Date: 17-06-2019

Supervisor: Prof. Dr. J. M. M. Bloemer

Second examiner: Dr. H.W.M Joosten

Preface:

In September 2018 I started the master marketing at the Radboud University in Nijmegen. In November 2017, I saw the opportunity to write my thesis for VieCuri Medical Centre (VieCuri), a Dutch hospital located in the North of Limburg. I got the chance to write my thesis in combination with an internship at VieCuri, by which I have learned a lot. I have learned a lot about writing a scientific research, about conducting a market research and about my own strengths and weaknesses. Although I have faced some struggles combining a scientific research with a practical advice for VieCuri, eventually I managed to get the two aligned, which is one of the biggest achievements during my master.

I would like to start my acknowledgments by appreciating my supervisors at VieCuri. To start, thank you Ward Verkuylen, for providing me with a lot of information about VieCuri, creating the context of my research and for making time to provide me feedback. This helped me to get the most out of my research. Second, I would like to thank Nicole Kessels-Theeuwen, my direct supervisor of VieCuri, who has always been there for me. Nicole, thank you for your feedback, your heads-up and support during the last five months. Finally, I would like to thank Carmen Klein, another intern at VieCuri. We learned a lot throughout the process and I am glad that we did this together.

Further, I would like to thank everybody who participated in this research and some people in particular. Starting with my supervisor at the Radboud University, Prof. Dr. José Bloemer. She helped me to combine a scientific research on the one side, with a, more practical research on the other side. Thank you for your patience, your critical notes and your great experience in writing a scientific article. Further, I would like to thank my second supervisor Dr. Herm Joosten, who provided me with critical questions and feedback during the feedback on the thesis proposal.

Finally, my gratitude goes to my friends, family and boyfriend. Without them, this master year would be a lot harder and a lot less fun. Thank you for being there.

Anna Heurkens,
16, June 2019

Abstract

This research investigates the success factors for brand extension acceptance in the healthcare sector. The aim of this study was to integrate success factors from existing literature and test those in the healthcare sector. The success factors were: *perceived fit, perceived similarity, brand trust, brand familiarity, the quality of the parent brand, the parent brand attitude, brand loyalty, brand image, expertise and awareness.* Using a partially least squares (PLS) analysis, the conceptual model has been tested with data from a survey of 149 respondents. The empirical results show that brand loyalty, brand awareness, brand image, expertise and brand attitude have direct effects on brand extension acceptance. Furthermore, brand image and brand trust showed indirect effects through brand loyalty. This research results in both theoretical and practical implications for brand extension acceptance in the healthcare sector.

Table of contents

Introduction

Suppose that you live in the north of Limburg and that you have always had protruding ears and now you want to do something about it. Then you find out that this procedure is not covered by your health insurance, because it is not a medically necessary one. Or imagine that you have had pain in your lower spinal vertebra for a few months and then find out that this type of pain is not on the list of chronical diseases which are insured by your basic insurance and that you have to pay the procedure yourself. Hence, you are comparing different places where you can do something about these complaints. One of the providers for this type of care, the uninsured care, is the hospital VieCuri. Up until now, the hospital does not position and distinguish itself actively for the uninsured care. In order to find out whether consumers in the north of Limburg are likely to accept that VieCuri offers uninsured care, different possible success factors for the acceptance were taken into account. After analyzing the information obtained, it reaches the conclusion that the significant success factors determining the brand extension acceptance in the healthcare sector are: "brand loyalty, brand image, brand awareness, parent brand attitude, expertise and brand trust".

VieCuri

VieCuri Medical Center (VieCuri) is a top clinical Dutch hospital located in the north of Limburg, in the city Venlo. There is also a location in Venray and there are polyclinics in Panningen, Reuver and Horst ("Over VieCuri", n.d.). The hospital offers various types of specializations and for two of the specialized treatments they got a top clinical recognition. Those specializations are the metabolic bone disorders and the treatment of elderly with colon cancer ("Twee VieCuri zorgproducten krijgen topklinische erkenning", 2018). The hospital also offers specialized care such as neurosurgery and dotting, next to the standard care such as oncology, cardiology and orthopedics. This type of care is all covered by the insured care, which means that (a part of) the expenses are paid by the basic health insurance. Besides, the hospital offers care that is not insured by the health insurance. As mentioned on the website of VieCuri (VieCuri, n.d.), some of the treatment processes are not insured by the health insurance, which could differ per health insurer and whether a client is additionally insured. What the hospital offers in terms of uninsured care are corrections of the ears and nose, sterilization, removal of simple wisdom teeth and sports medical examinations. This is only a small part of the uninsured care that the hospital offers, the entire offer can be found in Appendix 1.

Problem definition

VieCuri already offers uninsured care, however, up until now, there is no active positioning for the uninsured care in the healthcare sector. Driven by the question whether it is strategically to extend to uninsured care, the hospital needs to know whether consumers would accept this extension of services to uninsured care and go to VieCuri when they are in need of uninsured care. It is important to know when consumers would accept this extension, to prevent VieCuri from making an investment in actively positioning the uninsured care, that ultimately does not result in the intended success. In the current literature, different authors describe success factors (e.g. perceived fit, brand loyalty) for extending an existing brand with a new product/service (e.g., Völckner & Sattler, 2006; Aaker & Keller, 1990; Anwar, Gulzar, Sohail & Akram, 2011). However, the brand extension literature is still rather limited for the healthcare sector.

It is important to know what the success factors are for a brand when extending to a new product/service, because when the extended product/service fails, this could have a harmful effect on the parent-brand as well (Pitta & Katsanis, 1995). This could happen when unfavorable associations are being formed (Sullivan, 1992), as a consequence the brand image could be harmed (Pitta & Katsanis, 1995).

Research question

Combining the problem definition and the practical/theoretical contribution, the following research question has been defined:

What are the success factors for brand extension acceptance in the healthcare sector?

Contribution

Practical contribution

This research is valuable for the hospital VieCuri in order to find out what the opportunity is of extending the brand with uninsured care and actively position themselves for uninsured care. The answer to the research question will result in a list of success factors for a successful brand extension in the healthcare sector. After the research question has been answered, an advisory report will be composed. This will help VieCuri to make the choice whether it is strategic to invest in a better positioning of the uninsured care. This research will create knowledge for the hospital VieCuri, since it results in a list of success factors when extending the brand to the new service.

This research is not only valuable for the hospital VieCuri, it might be valuable for other hospitals as well. In the news article 'Sluiting Bronovo past in trend: minder ziekenhuizen, meer buitenpoli's' it was mentioned that there is a decrease of independent general hospitals (Van den Brink, 2019). The number of the independent general hospitals has decreased with almost 40%, whereas the so called "outside clinics, independent treatment centers and private clinics" have risen sharply during the last years. Hospitals need to find new ways to survive, for example by offering uninsured care. It is important to know what the success factors are before extending to a new service.

Finally, it is important to know what consumers value most before the actual brand extension is being communicated. When it is clear what those success factors are in the health-care sector, those could be aligned with the actual offerings. When it is clear whether consumers see VieCuri as a competent provider for uninsured care and are willing to accept the brand extension, more active positioning will result in a benefit for consumers as they might not yet be aware of VieCuri's offer of uninsured care.

Theoretical contribution

There has been a lot of literature that examines the success factors of a brand extension (Reast, 2005: Aaker & Keller, 1990; Völckner and Sattler, 2006). However, there is no overview of significant success factors for a brand extension in the healthcare sector. The purpose of this research is to fill this gap in the literature and complement the current literature about brand extensions. By integrating the current success factors and applying them in the healthcare sector, a contribution to the current literature will be made. This research sheds light on brand extensions in the healthcare sector, which has not been one before.

Outline

This research is organized as follows. To start, an explanation about brand extensions will be provided. Hereafter, the success factors found in the current literature will be reviewed. Those success factors will result in different hypotheses, specific for the healthcare sector, which will be summarized in the conceptual model. Thereafter, the empirical study will be discussed, which focused on the extension from VieCuri to uninsured care. Hereafter the results, which were obtained using a PLS will be discussed. Then the findings will be discussed. Finally, this research concludes with the discussion, which consist of the limitations, suggestions for further research, managerial implications and finally concludes with theoretical implications.

Literature review

This chapter will elaborate on the concepts that are necessary to answer the research question. In order to be able to estimate in advance whether a brand extension will be successful, first the concept "brand extension" and "brand extension acceptance" will be explained in more detail, including the advantages and risks. Thereafter an overview will be given of the success factors mentioned in the current literature. Those success factors are: perceived fit, perceived similarity, brand trust, brand familiarity, the quality of the parent brand, the parent brand attitude, brand loyalty, brand image, expertise and awareness.

Brand Extension

Martinez and Chernatony (2004) mention that brand extensions are becoming increasingly popular in the world of marketing, since the success rate are higher when comparing it with launching a new brand. Additionally, the costs of introducing are lower compared to launching a new brand. Some well-known examples of brand extensions are: Calvin Klein, who extended their fashion-offer to bed sheets (Reast, 2005), Coca-Cola who introduced Cherry Coke (Pitta & Katsanis, 1995) and Porsche, who extended to pens and eyeglasses (Batra, Lenk & Wedel, 2010).

Aaker and Keller (1990) provided a well-known definition of brand extensions, which is widely used in the brand extension literature. They define a brand extension as: "A current brand name is used to enter a completely different product class" (p.27). However, since researchers remain interested in brand extensions, new definitions have arisen. Völckner and Sattler (2006) describe it as the use of an established brand name in order to launch a new product. Batra, Lenk and Wedel (2010), describe it as: "the use of an existing brand name for a new product in a new category, to benefit from the existing brand name's awareness and the associations" (p.335). Extending to a new product could be both within a similar product class (Broniarczkyk & Alba, 1994), or to a complete new product class (Aaker & Keller, 1990). The focus of this research is based on the definition of Wood (2000) who described a brand extension as: "using a brand name successfully established for one segment or channel to enter another one in the same broad market" (p. 668). This definition covers the specific situation of this research, since the broad market is the healthcare sector and the new segment is uninsured care, next to the already offered insured care.

Since brand extensions are becoming increasingly popular in the world of marketing, more research has been conducted on this phenomenon. Hence, measuring the success of brand extensions has been defined and measured in various ways. The effects of brand

extensions have been measured in terms of the attitude towards the extension (Aaker & Keller, 1990), the reaction of consumers towards the extension (Park, Milberg & Lawson, 1991; Broniarczyk & Alba, 1994), the stock-market return (Lane & Jacobson, 1995) and the evaluation of the brand extension (Klink & Smith, 2001). Besides, the brand extension has been measured in terms of brand extension acceptance, which will be the focus of this research.

Henry Xie (2008) mentioned that not all consumers respond the same way to a brand extension, some may accept a brand extension earlier than others. For this research it is important to know which factors influence consumers accept such a brand extension; the brand extension acceptance. Nijssen and Agustin (2005) researched brand extensions from a manager's perspective and defined the brand extension acceptance as the question whether retailers and consumers accept the new product/service. Belén del Rio, Vázques and Iglesias (2001) simplified the willingness to accept a possible brand extension as the following: "if Brand X decided to sell products other than sport shoes, you would probably buy them" (p.423). There is no clear definition of brand extension acceptance literature, however Park, Kim and Kim (2002) describe it as: "the extent to which consumers accept the proposed extension "(p.191). This definition will be used in this research, since it is expected that there is not a single answer whether people accept a brand extension or not. Therefore, in my opinion, it is better to describe it as the extent to which consumers accept it.

In this research, the brand extension acceptance has been measured using four different constructs: *purchase intentions, word of mouth, passive loyalty and active loyalty.* Purchase intentions have been operationalized following the research of Taylor and Baker (1994). Taylor and Baker describe purchase intentions as the intention to buy a certain brand in three different moments: in the past, in the present and in the future. Word of mouth has been operationalized following the research of Zhang and Bloemer (2008), which implies that someone says positive things about a brand, recommend the brand to others and encourage friends and relatives to do business with this brand. Both the passive and active loyalty have been measured using a scale of Ganesh, Arnold and Reynolds (2000). Passive loyalty has been defined as the situation where consumers do not switch, even when switching would be more beneficial, for example when the competitor has lower prices (Ganesh, Arnold & Reynolds, 2000). Behavior in terms of active loyalty involves consumers to undertake more effort to stay loyal to a brand (Ganesh, Arnod & Reynolds, 2000).

It could be attractive for firms to extend the existing brand with a new firm/service, because the firm could take advantage of the brand name recognition and the brand image. This is in line with the research of Boush and Loken (1991), who mentioned that it is required that the favorable image of the current brand is transported to the new product. Tripathi, Rastogi and Kumar (2018) mention that it is important to know how consumers evaluate a brand extension and what the effects are on the brand extension success. Furthermore, they mention that launching a new product is very costly and comes with other barriers such as advertising and launching costs. Those barriers could be taken away by extending a current brand effectively. It is important to know what the success factor are when extending a brand, in order to achieve the highest possible chance of success when extending to a new product/service. Part of the literature shows specifically the advantages of a brand extension, whereas other authors highlight the potential risks of a brand extension. Both an overview of the advantages and the risks in the literature now will be provided.

Advantages

Keller (1993) mentioned that when brands are considering a brand extension, they could use the current brand image of the core product to inform the consumers about the new product. By doing so, the acceptance of the product could be stimulated in two ways. First, the awareness is higher, because there is already a memory of the brand. Consumers only have to form a connection between the current brand image and the new product or service. Secondly, consumers may form expectations about the new product based on the current brand. This results in the advantage that a connection is more easily formed and that this is based on the current brand. Another advantage of a successful extension is that the core product of the brand could be enhanced (Pitta and Katsanis, 1995; Aaker, 1990). One of the most common advantages of a brand extension is that advertising for the new product/service is way more efficient (Smith and Park, 1992) and that the advertising costs are lower (Tauber, 1988). Finally, consumers recognize the brand name more easily, which contributes to the success of the new product/service. This also reduces the risk of introducing a new product/service to the market (Aaker & Keller, 1990).

Potential risks

Next to advantages, brand extensions also face potential risks. When the brand extension fails, this could have a harmful effect on the core brand image. This might occur when unfavorable associations are being formed (Sullivan, 1992). When an extension fails it might have a

harmful effect on the image and even reduce the market share of the parent brand (Pitta & Katsanis, 1995). Trout & Ries (1986) mentioned that this harmed image might be even impossible to change. Furthermore, investments in time, money and resources are lost and it might be even the case that other strategic opportunities in the market are missed. Besides, the risk occurs that the brand gives out a negative or more confusing message about the original brand (Trout & Ries, 1986).

Concluding, there are several different advantages and risks for a brand extension. In order to explain the acceptance of a brand extension, now a list of current success factors will be provided.

Success factors

Perceived fit

Perceived fit is one of the most widely researched constructs in the brand extension literature and therefore entails many definitions (Aaker & Keller, 1990; Park, Milberg & Lawson, 1991). Bridges, Keller and Sood (2002) composed a new definition, based on existing literature, which is: "the similarity or overlap between the parent brand and the extension category" (p. 1). Unlike this definition, for this research the definition of Tauber (1988) has been used, who described perceived fit as the situation where consumers accept the new product/service as being logical and expected from the parent brand. The operationalization of Keller and Aaker (1992), has been used, since they specified the comparison between the parent brand and the extended product/service as being logical, appropriate and having a good fit, which suits the chosen definition best.

Furthermore, the literature entails various explanations of the positive relationship between the perceived fit and the brand extension success. Aaker and Keller (1990) mention that when the parent brand and the extended product/service are perceived as having a good fit, then the quality of the parent brand is more easily transferred to the extended product/service compared to a poor fit. In consequence, a poor fit may result in undesirable beliefs and associations for the both the parent brand and the extended product/service. Besides, Park, Milberg and Lawson (1991) found that consumers judge the new product/service based on their thoughts regarding the initial brand. When consumers perceive a fit between the parent brand and the new product/service the initial thoughts are more easily transferred. This relationship has also been confirmed by Aaker and Keller (1990) and Völckner and Sattler (2006). Based on the existing literature and empirical research, this relationship can be explained by the categorization theory (Aaker and Keller, 1990; Sichtmann and Diamantopoulos, 2013; Dacin and Smith, 1994). According to the categorization theory, people put information in categories in order to understand the environment (Klink and Smith, 2001). A brand could be seen as a category, including the current products/services. When the brand is extending to a new product/ service, the fit between the current category and the extension product/service determines the extent to which current associations are being transferred to the new product/service (Klink and Smith, 2001). When the brand introduces a new product/service inconsistent with the current category, this could result in a negative attitude towards the brand and the extended product/service (Loken and John, 1993).

Besides, the perceived fit could have an indirect effect through loyalty. Various researchers describe that a perceived fit result in a long-term relationship, which has a positive impact on brand extensions (Cha & Bagozzi, 2016; Ham& Han, 2013). An explanation for the relationship is that when people perceive a good fit between the parent brand and the extended product/service, they will not be likely to search for a new brand for a certain product/service and stay loyal to the parent brand. When the consumer does not perceive a high fit, he/she is more likely to find a new brand (Phau & Cheong, 2009).

The role of perceived fit in the brand extension literature has been researched among students (Delvecchio and Smith, 2005), the German fast-moving consumer goods industry (Völckner and Sattler, 2006), the sportswear market (Martinez and Chernatony, 2004) and for luxury brands (Albrecht, Backhaus, Gurzki and Woisetschläger, 2013).

Based on the categorization theory, it is expected that the relationship between the perceived fit and brand extension acceptance could also be applied to the healthcare sector. It is expected that when the parent brand introduces a new product/service that is consistent with the parent brand, it fits in the category in the consumers mind, which will result in a higher attitude towards the extension. Additionally, an indirect effect through loyalty is expected. Therefore, the first two hypotheses are:

H1: In the healthcare context, the perceived fit between the parent brand and the extended service has a positive effect on the brand extension acceptance.

H2: In the healthcare context, the perceived fit has a positive effect on brand loyalty, which has a positive effect on the brand extension acceptance.

Perceived similarity

Next to the perceived fit, the perceived similarity between the parent brand and the extended product/service is one of the important determinants for success of a brand extension (Barone, Miniard & Romeo, 2000). Bèzes and Guérin (2017) mention that the concept perceived similarity is often confused with other concepts, including the perceived fit. As mentioned before, the perceived fit is the situation where consumers accept the new product/service as being logical or expected from the parent brand (Tauber, 1988). The perceived similarity entails various definitions. To start, Smith and Park (1992) describe similarity as the extent to which consumers perceive the new product to be similar to other products from the brand. This definition is in line with the definition of Barone, Miniard and Romeo (2000), who

described the perceived similarity as extending the current brand with a new product/service that is similar to the existing products/services. In this research, the definition of Barone, Miniard and Romeo (2000) has been used, since this fits the situation best.

It has been widely confirmed that the perceived similarity has a positive effect on brand extension acceptance (Aaker & Keller, 1990; Park, Milberg & Lawson, 1991; Taylor & Bearden;2002). Consumers who perceive the brand and the extended product/service as not being congruent show lower attitudes towards the brand and the extended product/service (Marin & Ruiz, 2007). The relation between the perceived similarity and brand extension acceptance could be explained by the similarity attraction theory. According to this theory persons would like to sustain relationships with others that are similar to them (Meesala & Paul, 2018). This might be applicable in the brand extension literature as well. People like the feeling of being congruent with their previous behavior (Lee & Jeong, 2014). When people have built a relationship with the parent brand and the new brand/service is similar to the parent brand, they feel congruent and are more likely to accept the new product/service.

The effect from the perceived similarity in a brand extension context has been researched among students (Aaker & Keller, 1990) and using hypothetical brands (Park, Milberg& Lawson, 1991). Additionally, the relation has been researched multiple times in an experimental setting (Boush & Loken;1991, Taylor & Bearden, 2002; Keller & Aaker, 1992; Romeo, 1991).

Since the perceived similarity turned out to be one the most important factors for a successful brand extension, it is expected that this is also applicable in the healthcare sector. Therefore, the third hypothesis is:

H3: In the healthcare context, the perceived similarity has a positive effect on the brand extension acceptance.

Brand Trust

Brand trust is variously defined as: “the willingness of the average consumer to rely on the ability of the firm to perform in its stated function” (Chaudhuri & Holbrook, 2001, p. 82). Delgado-Ballester & Munuera-Alemán (2001) describe brand trust as: “a feeling of security held by the consumer that the brand will meet his/her consumption expectations” (p. 1242). Since there are various definitions in the literature, Delgado-Ballester, Manuera-Aleman & Yague-Guillen (2003) developed a composed definition for brand trust, which will be used in this research since it covers all the relevant components of prior research on brand trust.

Brand trust is defined as: “Feeling of security held by the consumer in his/her interaction with the brand, that it is based on the perceptions that the brand is reliable and responsible for the interests and welfare of the consumer” (Delgado-Ballester, Manuera-Aleman & Yague-Guillen, 2003, p.11). Trust has been operationalized using the research of Verhoef, Franses and Hoekstra (2002), since they reflect the feeling of security, reliability and responsiveness well.

Völckner & Sattler (2006) mentioned that experts in the field described that when consumers have a higher level of trust in the parent brand, they may have more favorable beliefs towards the brand and a greater confidence in the brand. Many authors specifically mentioned the importance of trust for the success or acceptance of a brand extension (Reast, 2005; Tripathi, Rastogi & Kumar, 2018; Anwar, Gulzar, Sohail & Akram, 2011). This relationship could be explained by the commitment-trust theory (Delgado-Ballester & Manuera-Alemán, 2001). The authors describe that trust is a key factor in the long-term relationship between the brand and consumers. A high level of trust results in a higher level of commitment towards the brand which in turn results in more positive and favorable attitudes towards the brand. The underlying reason for this relation is that a higher level of trust in the brand reduces the risk perception. Concluding, when consumers trust the parent brand, they believe the brand not to promote an unreliable product/service (Delgado-Ballester & Manuera-Alemán, 2001).

Further, authors in the field mentioned that trust results in a higher level of loyalty, which in turn results in a higher brand extension acceptance (Ball, Coelho and Machás, 2004). Anwar, Gulzar, Sohail and Akram (2011) mention that a higher level of trust results a higher level of involvement, which indicates a higher level of brand loyalty. This will eventually result in a higher level of brand extension acceptance. This could be explained by the expectation-confirmation theory. Consumers have to some extent an expectation about a brand/service (Lin, Tsai & Chiu, 2009). When people perceive the brand as being trustworthy, those confirmations are more likely to be fulfilled which leads to a higher level of brand loyalty. And since loyal consumers are more willing to try new products/services (Reast, 2005), it is expected that this leads to a higher brand extension acceptance.

This relation could be explained by the expectation-confirmation theory. Consumers have to some extent an expectation about the brand/service. When they are satisfied with the firm and their services, their expectations are being confirmed and this results in a higher brand loyalty (Lin, Tsai & Chiu, 2009). It is expected that this theory could be applied for brand extensions as well. People have expectations towards the parent brand and when those

are being confirmed they are more likely to stay loyal to the firm and try the new service as well.

Trust has been widely researched, in multiple contexts. The relationship between trust in the brand extension context has among others been researched for the German fast-moving consumer good (Völckner & Sattler, 2006), for British supermarkets (Laforet, 2008), the banking sector (Ball, Coelho & Machás, 2004) and the Finnish consumer-magazine website (Horppu, Kuivalainen, Tarkiainen and Ellonen, 2008). Since brand trust is an important success factor for brand extension acceptance among multiple contexts, brand trust has been included as an important success factor in the healthcare context as well.

It is expected, based on the commitment-trust theory that consumers who trust the parent brand, perceive the new product/service as less risky and therefore are more likely to accept the brand extension. Besides, brand trust could have an indirect effect through loyalty, which is also expected in the healthcare sector. Concluding, because trust is throughout the literature one of the key elements for a successful brand extension and this effect was found to be positive, the following effects are hypothesized:

H4: In the healthcare context, brand trust has a positive effect on the brand extension acceptance.

H5: In the healthcare context, brand trust has a positive effect on brand loyalty, which has a positive effect on the brand extension acceptance.

Brand familiarity

Zhou, Yang & Hui (2010) describe brand familiarity as the degree to which a person is aware and knowledgeable of a brand. Campbell & Keller (2003) composed a new definition, which entails that familiarity reflects the extend of a consumers direct and indirect experience with a brand. This definition is based on the research of Alba & Hutchinson (1987) on which many authors built their definition on (Kent & Allen; 1994, Ha & Perks, 2005). For this research, the definition of Zhou, Yang & Hui (2010) will be used since I believe that this definition suits the concept of familiarity in the healthcare sector best. Besides, their operationalization has been used in this research as well.

Tjorbjørnsen (2005), Kim & Chung (2012) found that when the brand familiarity is high, the acceptance/evaluation of the brand expansion is also higher. This might be explained the situation that consumers perceive the new product/service as less risky, because they are

already familiar with the parent brand and assume that the quality of the new product/service would be in line with the familiar product (Pitta & Katsanis, 1995). Klink & Smith (2001) found that the consumers reactions of the brand extensions before the actual extension is affected by familiarity.

This relationship has also been observed in different markets. Lane & Jacobson (1995) found that the consumers reactions towards a brand extension were more favorable when they were familiar with the brand, which led to a more favorable stock market response. Also, in the sportswear market, familiarity with a brand leads to a better image after the extension (Martinez and Chernatony, 2004) They authors mentioned that they conducted their study only in the sportswear market and to test whether it is generalizable, it should be tested in other markets as well.

It is expected that familiarity has a positive effect in the healthcare sector as well. One of the explanations found in the literature was that consumers perceive the new product/service as less risky because they already experienced the parent brand. This, in combination with the positive effects found in the literature, leads to the following hypothesis:

H6: In the healthcare context, brand familiarity has a positive effect on the brand extension acceptance.

Parent brand quality

Völckner, Sattler, Hennig-Thureau & Ringle (2010) mention that most studies that researched the relationship between the parent brand quality and brand extension acceptance, used the overall quality of the parent brand in global terms. For this research the definition of Zeithaml (1988) will be used, who defined a definition for the perceived quality in an extension context: “the consumer’s judgment about a product’s overall excellence or superiority “(p.2). Zeithaml (1988) furthermore mentioned that the parent brand quality takes place in comparison to other brands. In terms of operationalization, the questionnaire of Dagger, Sweeney and Johnson (2007) has been used, since this fits the definition of quality in this research best.

Several authors found that the quality of the parent brand is an important predictor for a successful brand extension. (Smith & Park, 1992; Pitta & Katsanis, 1995; Völckner, Sattler, Henning-Thurau & Ringle, 2010; Martinez & Chernatony, 2004). This result was also found by Aaker & Keller (1990), who found that the parent brand quality is an important predictor for a successful brand extension. The brand should be viewed as highly qualitative, because

when it would be viewed as a lower quality the extension could be damaged. Völckner, Sattler, Henning-Thurau & Ringle (2010) even find that the quality of the parent brand is the most important success driver of a successful brand extension, instead of perceived fit, which is often said to be the most dominant success factor. Völkner, Sattler, Henning-Thurau and Ringle (2010) mention that this finding is consistent with the brand-extension theory. The underlying reason for this is that a high parent brand quality provides a risk-reducing signal to consumers. Consumers believe that brands will not risk their brand name by introducing a product/service that does not match the quality-perceptions of the parent brand.

The relationship between the parent brand quality and the success of a brand extension has been researched in the service context (Völckner, Sattler, Hennig-Thurau & Ringle (2010), the retail sector (Taylor & Bearden (2002) and the sportswear market (Martinez & Chernatony, 2004).

It is expected that a high parent brand quality in the healthcare sector will lead to a higher brand extension acceptance. When consumers perceive the quality of the hospital as high, it is likely that this will transmitted to the new service as well. Therefore, the following hypothesis will be:

H7: In the healthcare context, the parent brand quality has a positive effect on the brand extension acceptance.

Parent brand attitude

The parent brand attitude is widely researched in the brand extension literature. The brand attitude has been conceptualized as the perception of consumers of the overall quality of the brand (Aaker & Keller, 1990). This is in line with the operationalization used by Sengupta and Johar (2002) for measuring the attitude of a brand. They mentioned that the parent brand attitude is the consumer's opinion of a certain brand of product. Hence, this definition and operationalization will be used for the brand attitude throughout this research.

Aaker & Keller (1990) mentioned that the success of a brand extension often depends on consumer behavior and that a favorable attitude facilitates the success of a brand extension. Negative views of the parent brand must not be transferred to the extended brand. Salinas & Pérez (2009) found that consumers with a better attitude towards the parent brand also have a higher attitude towards the extension. Lane & Jacobson (1995) mentioned that well-liked brands have benefits compared to the brand which are less liked. They mentioned that in financial terms, such as revenues and cost-savings, higher liked brands profit more.

This relationship might be explained by the information integration theory (Simonin & Ruth, 1998). According to this theory, consumers form attitudes when they receive, interpret, valuate and integrate information with already existing attitudes. When consumers have a positive attitude towards the parent brand and they link new information with this attitude, this is likely to result in a higher brand extension acceptance (Simonin & Ruth, 1998).

The relationship between the parent brand attitude in the extension literature has been researched for the stock market (Lane & Jacobson, 1995), for durable and non-durable products (Bhat & Reddy, 1991) and in the sportswear market (Buil, Chernatony & Hem, 2009). This research extends the existing literature to the healthcare sector.

It is also expected that the attitude towards the parent brand influences the brand extension acceptance in the healthcare sector. When a parent brand is well-liked, it is more likely that a consumer will link the information about the new product/service to the already existing attitude, which will result in a higher brand extension acceptance. Therefore, the following hypotheses is:

H8: In the healthcare context, the parent brand attitude has a positive effect on the brand extension acceptance.

Brand loyalty

Brand loyalty is a widely researched concept in the current literature and consequently knows many definitions. Jacoby & Kyner (1973) define brand loyalty by six necessary conditions:

"These are that brand loyalty is (1) the biased (i.e., nonrandom), (2) behavioral response (i.e. purchase), (3) expressed over time, (4) by some decision- making unit, (5) with respect to one or more alternative brand out of a set of such brands, and (6) is a function of psychological (decision-making, evaluative) process" (p.2).

Oliver (1999) describes loyalty as: "a deeply held commitment to rebuy or patronize a preferred product/service consistently in the future, thereby causing repetitive same-brand or same brand-set purchasing, despite situational influences and marketing efforts having the potential to cause switching behavior" (p. 34). The last definition will be used in this research, since this definition more focuses on the future which suits this research the most. The operationalization of Chang and Tseng (2013) has been used, since this is mostly focused on the future, which is aligned with the chosen definition.

Chahal and Bala (2012) mentioned that loyalty is necessary in the healthcare sector to retain patients and to survive in the highly competitive market. They mention that patients

who that are loyal to the healthcare institution prefer the same hospital for the same or even different treatments and also have a higher likelihood to recommend the hospital to others. In other words, loyal patients are important for the future. Tepeci (1999) also mentioned the importance of brand loyalty for a successful brand extension. Reast (2005) mentioned that when a consumer is loyal to the parent brand, there is a higher change that they will also try the extended brand. This relation could be explained by the expectation-confirmation theory. Consumers have to some extent an expectation about the brand/service. When they are satisfied with the firm and their services, their expectations are being confirmed and this results in a higher brand loyalty (Lin, Tsai & Chiu, 2009). It is expected that this theory could be applied for brand extensions as well. People have expectations towards the parent brand and when those are being confirmed they are more likely to stay loyal to the firm and try the new service as well.

The relationship between brand loyalty and the brand extension acceptance has been researched in the lodging industry (Jiang, Dev & Rao, 2002), hospitality industry (1999), for low involvement brands (Reast, 2005) and in a experimental setting (Hem & Iversen, 2003). It is expected that brand loyalty is also a success factor in the healthcare sector. Therefore, the following hypothesis will be:

H9: In the healthcare context, brand loyalty has a positive effect on the brand extension acceptance.

Brand image

The image of the brand has been defined by Keller (1993) as the "perceptions about a brand as reflected by the brand associations held in the consumer memory" (p.3). The brand image has also been conceptualized as brand associations, which are the nodes that someone has, linked to the brand node in the memory. Some factors that are important in determining the brand image is whether those links are favorable, the strength and the uniqueness (Keller, 1993). For this research the definition of Bullmore (1984) has been used, since it highlights the diversity of brand image, which is likely to be reflected in the healthcare context as well because of the diversity of patients. Bullmore (1984) describes the brand image as: "A brand's image is what people think and feel about it: and those thoughts and feelings will not – cannot- be universally identical" (p.236). As Keller (1993) mentioned, there is no consensus on how to empirically measure the construct. Since the focus of this research is the healthcare sector, the operationalization of the "Nederlandse Verenging van Ziekenhuizen" (n.d.) has

been used to measure the brand image. According to them, the brand image of a hospital consists of five categories: quality, personnel, facilities, efficiency and innovativeness.

Graeff (1996) mentioned that since the marketplace became more crowded, consumers more often make their decisions based on the image, instead of the actual characteristics that a brand has. A favorable brand image could have different effects, as is retrieved from the existing literature. A favorable brand image ensures a more favorable attitude (Graeff, 1996), a better brand equity (Faircloth, Capella & Alford, 2001) and has positive effects on brand extensions (Martinez and Chernatony, 2004; Pitta and Katsanis, 1995). The relationship between a favorable brand image and a higher success for brand extension could be explained with categorization theory (Lee and Ganesh, 1999). When a person encounters a brand name which is associated with a positive brand image, this person is more likely to transfer this positive attitude toward the new product/service. This will result in a more positive evaluation (Lee and Ganesh, 1999).

There are also authors who argue that brand image is a mediating variable. For example, that a positive brand image would lead to brand loyalty and this in turn leads to a better overall value of the brand, namely the brand equity (Chahal & Bala, 2012) This is also in line with Anwar, Gulzar, Bin Sohail, & Akram (2011) who found that the brand image has a mediating positive effect on brand loyalty and eventually the brand extension attitude. Direct and indirect effects between the brand image and brand extension acceptance has been researched among students (Atilgan, Aksoy and Akinci, 2005), for the stock market (Lane and Jacobson, 1995) and for the sportswear market (Martínez and Chernatony, 2004). With this research, the current literature will be extended to the healthcare sector.

When a consumer is selecting a care provider, a favorable brand image contributes positive to this process, since it may enhance the intentions (Wu, 2011). It is expected that the more favorable the brand image is in the healthcare sector; the more willing people are to accept the brand extension. This relationship has been proven to be indirect as well through loyalty. This resulted in the following hypotheses:

H10: In the healthcare context, a positive brand image has a positive effect on the brand extension acceptance.

H11: In the healthcare context, a positive brand image has a positive effect on brand loyalty, which has a positive effect on the brand extension acceptance.

Expertise

Ericson and Smith (1991) provided a general theory and definition of expertise, since many definitions exists. They mentioned that expertise should consist of two critical elements: outstanding behavior and stability. In examining expertise in the healthcare context, the definition of Dagger, Sweeney and Johnson (2007) has been adopted since it is most applicable in the healthcare sector. Besides, their scale to measure expertise has been used to operationalize expertise. Dagger, Sweeney and Johnson (2007) defined expertise as: "the competence, knowledge and qualifications from the provider of the product/service" (p.127).

Vanhonacker (2007) emphasized the importance of expertise for the parent brand and the possible negative consequences when the parent brand has a lack of expertise. When consumers perceive no expertise in the parent brand, it is not that likely that he/she will adopt the extension product/service. Expertise is an important determinant in the decision-making process of consumers (Kuusela, Spence & Kanto, 1998). This could be explained by several theories of information processing. Kuusela, Spence and Kanto (1998) highlight the importance of expertise. They mentioned that a higher level of expertise results in different decision-making processes. This is consistent with the findings of Erdem and Swait (2004) who found that expertise has an impact on the decisions that consumers make, which they explain by the cost-benefit approach. When consumers have a choice set, they tend to choose the option which has a high value and a low perceived risk. The higher the level of expertise of a brand, the more confidence a consumer has in the brand and so the earlier he/she will go for this option instead of a competitor's option.

Several researchers have researched the effect of expertise in brand extensions. It has been empirically researched among students using hypothetical companies (Swaminathan, Fox & Reddy, 2001; Reast, 2005). It has also been researched by Aaker and Keller (1998), who conducted it among students. Further, it has been researched in the retail sector, specified for panel TVs (Vanhonacker, 2007). Research in the healthcare sector has not been taken into account yet.

It is expected that expertise has a positive effect in the healthcare sector as well. This is based on the theory of the cost-benefit approach. It is expected that consumers will compare the value and perceived risk of multiple suppliers in the healthcare sector and when they perceive a high expertise of the supplier, they are more likely to accept the brand extension. Therefore, the following hypothesis is:

H12: In the healthcare context, expertise has a positive effect on the brand extension acceptance.

Awareness:

There are many authors in the field that see brand awareness as the foundation for a well-established brand (Rossiter and Percy, 1991). In consequence, many definitions of brand awareness exist. Hoyer and Brown (1990) stress the importance to make a distinction between brand awareness and brand recognition. People encounter a certain level of brand recognition when he/she sees a brand and knows that he/she already saw it once before. Awareness requires a cognitive process from the consumers, based on detailed information of the brand (Hoyer and Brown, 1990). For this research, the definition of Ghodeswar (2008) will be used, who describes brand awareness as the degree to which a potential buyer recognizes the brand as being a supplier from a certain product/service. The concept awareness has been operationalized using the research of Buil, Chernatony and Martinez (2008), since this scale was cross-national validated and proven to have a high reliability and validity.

Several researchers have emphasized the importance of brand awareness in the brand extension context. When people have a higher level of brand awareness, the extended product/service often benefits from existing knowledge about this brand (Buday, 1989) and the extended product/service can be positively affected (Buil, Chernatony and Hem, 2009). The relation between brand awareness and the brand extension acceptance could be explained by the theory of hierarchy of effects (Martínez, Montaner and Pina, 2007). Consistent with this theory, it is important that the first goal of a brand should be to communicate the existence of a brand and informing the consumers about the specific attributes and features of the brand. When the brand is able to make the consumers aware of the brand, they will be more likely to go to the brand and also accept the brand extension (Martínez, Montaner and Pina, 2007).

The effects of brand awareness in the brand extension context has been researched in an experimental setting for different product classes (Glynn and Brodie, 1998) and for the sportswear industry (Tong and Hawley, 2009). Research in the healthcare sector remains, therefore it is interesting to include awareness in this research.

It is expected that brand awareness has a positive effect on the brand extension acceptance in the healthcare sector, based on the theory of hierarchy effects. When people are not aware of the new product/service, it is almost impossible to accept the brand extension. Therefore, the following hypothesis is:

H13: In the healthcare context, awareness has a positive effect on the brand extension acceptance.

Concluding, many success factors in the literature were found for a successful brand extension. However, an overview for those success factors in the healthcare sector remains. It is expected that the following concepts have a positive impact on the brand extension acceptance: *perceived fit, perceived similarity, brand trust, brand familiarity, parent brand quality, the parent brand attitude, brand loyalty, brand image, expertise and awareness*. Taken all of the hypotheses together, this results in the conceptual model, as could be seen in figure 1.

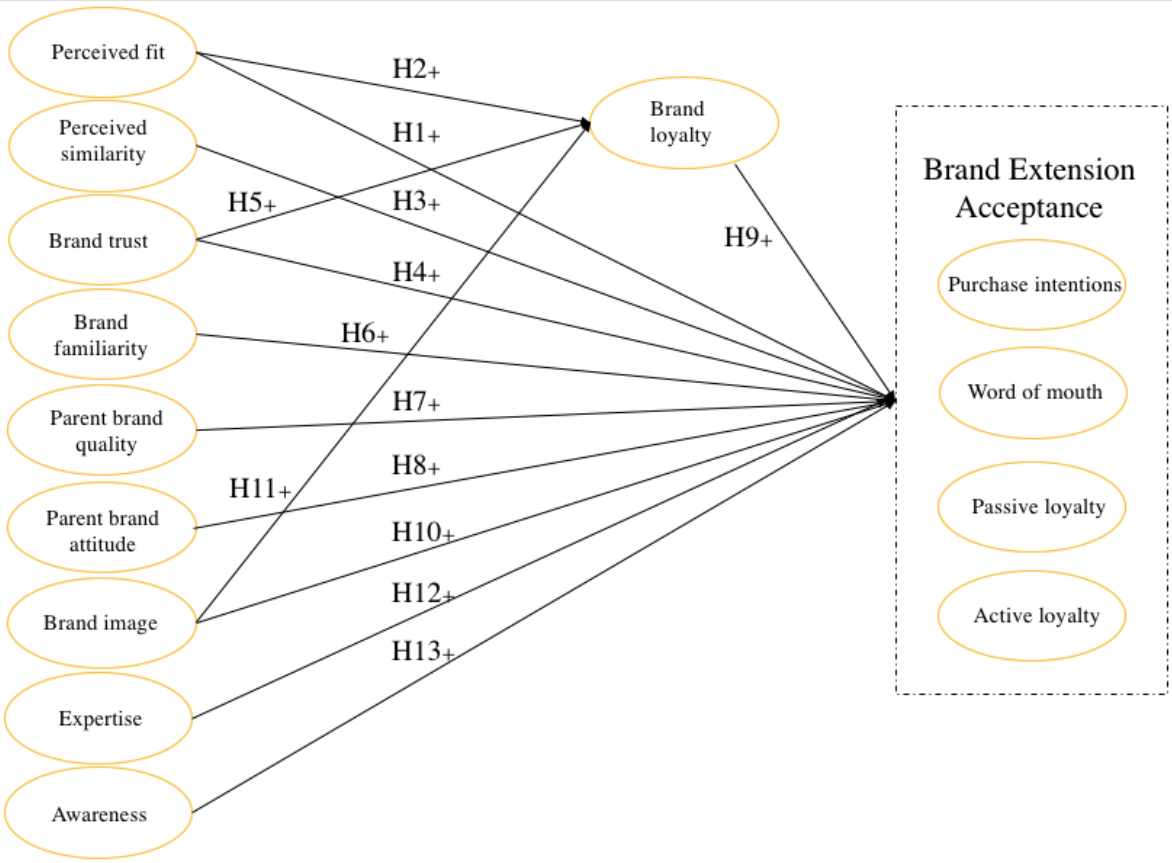

Figure 1: conceptual model

Methods

This chapter will provide more detailed information on the research design, how the data was collected, a description of the sample, the operationalization and the analysis.

Research design and method

The goal of this research is to answer the following research question:

What are the success factors for brand extension acceptance in the healthcare sector?

To provide an answer to the research question, I applied quantitative research, by which the data was collected using a survey. During the research I have taken an honest, ethical and professional attitude and anyone affected by the research has been treated with respect. Further no plagiarism has been committed.

For this research, the items for the survey were adopted from existing questionnaires. Since the language of these traditional items was in English, they were translated to the Dutch language. The items were translated by someone who is a Dutch native speaker and manages the English language well. A pre-test was conducted to ensure that the translated survey did not cause any translation problems and to minimize problems with the duration and the accompanying instructions.

Operationalization and pre-test

The measures of independent variables: *the perceived fit, perceived similarity, brand trust, brand familiarity, perceived brand quality, parent brand attitude, brand loyalty, expertise brand and awareness* relied on existing scales that have been proven valid and reliable in previous research. For those variables a seven-point Likert scale has been used. The origin of the questions could be found in table 1 and an overview of the complete questionnaire, including the original -and translated items could be found in appendix 2. The only independent construct that was measured on a five-point Likert scale and was based on an existing Dutch questionnaire was the construct *brand image.* The origin of this measurement is the Dutch Association for hospitals. The dependent variable, the brand extension acceptance was conceptualized and operationalized using four constructs: *purchase intention, word of mouth (recommendation), passive loyalty and active loyalty.* The origin of the dependent variables could be found in table 1 as well.

Purchase intentions was based on the research of Taylor & Baker (1994), word of mouth was based on Zhang & Bloemer (2008) and both passive and active loyalty were based on Ganesh

et al. (2000). The questionnaire was finalized with four demographic questions: the age, the gender, the place of residence and the educational level.

Construct	**Origin construct**
Perceived fit	Keller and Aaker (1992)
Perceived similarity	Desai and Keller (2002)
Brand trust	Verhoef, Franses and Hoekstra (2002)
Brand familiarity	Zhou, Yang and Hui (2010)
Parent brand quality	Dagger, Sweeney and Johnson (2007)
Parent brand attitude	Sengupta and Johar (2002)
Brand image	NVZ- zorgimago (2017)
Expertise	Dagger, Sweeney and. Johnson (2007)
Brand awareness	Buil, Chernatony and Martinez (2008)
Brand loyalty	Chang and Tseng (2013)
Brand extension acceptance Purchase intention	Taylor and Baker (1994)
Brand extension acceptance Word of mouth	Zhang and Bloemer (2008)
Brand extension acceptance Passive loyalty	Ganesh, Arnold and Reynolds (2000)
Brand extension acceptance Active loyalty	Ganesh, Arnold and Reynolds (2000)

Table 1: origin of the constructs

For some of the constructs there have been some adjustments to the number of items. To keep this process transparent, all of the adjustments made could be found in table 2. For the construct "*Parent brand quality"*, originally four different items reflected this variable. There were two questions, which turned out to be almost identical after translating. It was decided to delete the item: "the quality of the service provided at the clinic is impressive", because it was expected that when there were too many questions that were almost identical, people might quit the questionnaire. This was also the case for the construct *"Expertise"*, there were two almost identical questions, so one of the items was deleted. Furthermore, the construct "*Perceived similarity*" consisted originally out of five different items. One of the items was: "The attributes characterizing these brands are likely to be (very dissimilar/very similar)". It

was decided to delete this item, because the other items were very similar and it was expected that the target group would not completely understand this question. Finally, one item of the construct "*Parent brand attitude"* was deleted, because the item was not applicable in the hospital context without drastically changing it. The item was: *I think the ... is very useful.* When researchers are measuring the attitude towards a product, it makes sense to add this item, however in my point of view, it is not applicable to the healthcare context.

Construct	**Original items**	**Deleted item**
Parent brand attitude	I think the…… is a very good… I think the…. Is a very useful…. My opinion for the…. Is very favorable	*I think the…. Is a very useful…*
Expertise	You can rely on the staff at the clinic to be well trained and qualified. I believe the staff at the clinic are highly skilled at their jobs. The staff at the clinic carry out their tasks competently. I feel good about the quality of the care given to me at the clinic.	*I believe the staff at the clinic are highly skilled at their jobs.*
Perceived similarity	… and … are likely to be very similar The brand images of… and… are likely to be very similar The consumers of… and … are likely to be very similar The attributes characterizing these brands are likely to be very similar If you were to describe these two brands to someone, your descriptions of these two brands	*The attributes characterizing these brands are likely to be very similar*
Parent brand quality	The overall quality of the service provided by the clinic is excellent. The service provided by the clinic is of a high standard. The quality of the service provided at the clinic is impressive I believe the clinic offers service that is superior in every way.	*The quality of the service provided at the clinic is impressive.*

Table 2: deleted items

Pre-test

After the survey has been translated and a pretest was conducted to ensure that the translated survey did not encounter any problems, the survey was distributed among 17 different respondents using the researchers direct network. In total 9 respondents filled in the survey and provided feedback. Following this feedback, some language errors have been removed and there have been some visual adjustments. Hereafter, my direct supervisor checked the survey once again and a coordinator quality and safety within VieCuri checked the survey and hereafter the survey was distributed.

Sampling and data collection

Data for this study were collected using a questionnaire-based survey to explore the success factors for a brand extension in the healthcare sector. The survey is completely voluntary and the data is processed anonymous and only for this study. Also, in the survey, a short introduction about the topic was provided to inform the respondent. Furthermore, it was ensured that there are no right or answers. Finally, when the respondents of both the interview and the survey wanted to receive the results of the research, they got the option to leave their e-mail address or send a mail to me that they would like to see the results.

Data collection took place between 2 May 2019 and 18 May 2019 and resulted in 168 surveys. Fourteen of the surveys turned out to include missing data by which the threshold of a maximum of 10% missing data has been fulfilled (Henseler, 2017). Five of the completed surveys belonged to respondents who did not know VieCuri. In total, the data consists of 149 usable surveys. Since the minimum sample size has to be ten times as big as the maximum number of arrow heads point to a dependent variable, the sample size is sufficiently large. In total ten arrow head point to brand extension acceptance and 10*10= 100 is the minimum sample size. Further, there were no outliers in the data set. The respondents were selected using a convenience sampling method, with data being gathered via the Facebook of VieCuri. First, respondents were asked whether they knew VieCuri, since most of the questions were focused on VieCuri. The respondents that met this criterion got to see the complete questionnaire. The respondents who did not meet this criterion, got excluded from this research.

As mentioned before, the survey was spread via the Facebook of VieCuri. This message has been shared 21 times which ensured that a broader audience than only the direct followers of VieCuri got to see the survey. The survey was filled in by 113 women and 36 men, which is a considerable difference. The most respondents were in the age category of

41-50 years old. It is remarkable that all of the age categories are well represented. Furthermore, as could be seen in table 4, most respondents have the highest educational level of HBO. A complete overview of the sample could be seen in table 3, 4, 5, 6

Know VieCuri	Do not know VieCuri
149	6

Table 3: familiar with VieCuri?

Men	Women
36	113

Table 4: gender

Age	Frequency
16-30	28
31-40	16
41-50	39
51-60	35
61-70	26
71-	6

Table 5: age

Educational level	Frequency
Basis-onderwijs	2
Voortgezet onderwijs	15
MBO	49
HBO	69
WO	14

Table 6: education

Analysis:

When all the data was collected and prepared for the analysis, the conceptual model has been tested. The aim of this study is to indicate the success factors for brand extension acceptance in the healthcare sector. The conceptual model was tested in the program Adanco applying a PLS. PLS is a variance based structural equation modeling technique, that is especially applicable to model latent variables (Henseler, Hubona & Ray, 2016). Besides, applying a PLS makes it possible to measure multiple relationships at the same time and include indirect effects as well (Henseler, Hubona & Ray, 2016). The PLS model is defined by two sets of linear equations: the measurement and structural model, which will be further explained in chapter four.

Results

This chapter describes the analysis of the research in more detail and will address the results of the survey. The survey has been analyzed using the partial least squares analysis (PLS), which is a two-step process. This chapter will therefore be structured as follows: first, the measurement model will be tested in terms of reliability and validity. When the measurement model is of a good quality, the structural model is examined. Finally, an overview will be given of the confirmed/not confirmed hypotheses in terms of significance. This will be repeated for all of the four models, which are respectively "purchase intentions, word of mouth, passive loyalty and active loyalty".

Purchase intentions

Measurement model

The PLS analysis first reveals that the model fit (SRMR = 0.0536[1]) is satisfactory. In addition, since the model consists of reflective constructs, the construct reliability, indicator reliability, convergent validity and the discriminant validity were assessed. In table 7, an overview is presented of the measurement model. The measurement model assesses the outer model, by which the relationship between the construct and the corresponding indicators are assessed (Henseler, Hubona and Ray, 2016).

To examine the construct reliability of the measurement model, the Cronbach's alpha of each construct has been assessed. There is strong support for all of the measures, except for awareness, since it has a value below the recommended threshold[2]. However, since the recommended threshold has been a point of discussion, Hair, Ringle and Sarstedt (2011) mentioned a threshold of 0.6. Awareness scores above this threshold and scores sufficiently high for the Jöreskog's rho, therefore, awareness has not been deleted in the model

Furthermore, the indicator reliability has been assessed. In total, there are thirteen items that do not meet the recommended threshold[3]. Only items with an indicator loading below 0.4 are deleted immediately. The items that loaded between 0.4 and 0.7 were only deleted when this resulted in an increase of the construct reliability (Hair, Ringle & Sarstedt, 2011). As further specified in appendix 3, there were two items deleted immediately, since they had a loading below 0.4 (IMA7 & IMA8). Furthermore, there were two items deleted (FAM3 and AWA1) and the rest of the items were maintained in the model.

---

[1] The recommended threshold for overall model fit is ≤ 0.8 (Henseler, 2017)

[2] Recommended threshold for Cronbach's alpha and Jöreskog's rho ≥ 0.7 (Henseler, Hubona & Ray, 2016)

[3] Recommended threshold for the indicator reliability is ≥0.7 (Hair, Ringle & Sarstedt, 2011).

To examine the divergent validity of the measurement model, the Fornell and Larcker test has been used. By doing so, the AVE for each construct was compared to the squared correlation between any two constructs, whereby the AVE should be higher than the squared correlation. As could be seen in table 8, the divergent validity appears to be adequate.

Finally, the convergent validity has been assessed, which indicates whether the latent variable explains at least the half of the indicators variance (Hair, Ringle & Sarstedt, 2011). All of the constructs loaded above the recommended threshold[4].

[4] Recommended threshold for the convergent validity is value ≥ 0.5 for the AVE (Hair, Ringle & Sarstedt, 2011)

Construct and scale item	Cronbach's alpha	Jöreskog's rho	Indicator loading	AVE
Perceived fit	0.8696	0.9197		0.7924
FIT1			0.7686	
FIT2			0.7807	
FIT3			0.8279	
Perceived similarity	0.8705	0.9116		0.7211
SIM1			0.7673	
SIM2			0.7630	
SIM3			0.5983	
SIM4			0.7558	
Brand Trust	0.8766	0.9153		0.7298
TRUST1			0.7539	
TRUST2			0.7075	
TRUST3			0.7146	
TRUST4			0.7432	
Brand familiarity	0.7834	0.8736		0.6981
FAM1			0.6859	
FAM2			0.8066	
FAM3			0.6018	
Parent brand quality	0.9091	0.9429		0.8464
QUA1			0.8539	
QUA2			0.8835	
QUA3			0.8017	
Parent brand attitude	0.9191	0.9611		0.9251
ATT1			0.9215	
ATT2			0.9288	
Brand loyalty	0.9347	0.9583		0.8847
LOY1			0.8892	
LOY2			0.9102	
LOY3			0.8546	
Brand image	0.9282	0.9377		0.5595
IMA1			0.5069	
IMA2			0.6887	
IMA3			0.7313	
IMA4			0.5510	
IMA5			0.7097	
IMA6			0.6650	
IMA7			0.3338	
IMA8			0.3884	
IMA9			0.4503	
IMA10			0.6379	
IMA11			0.5245	
IMA12			0.5259	
Expertise	0.9174	0.9478		0.8583
EX1			0.8264	
EX2			0.8664	
Ex3			0.8821	
Awareness	0.6037	0.8337		0.7151
AW1			0.6696	
AW2			0.7605	
Purchase intention	0.9645	0.9769		0.9337
PAS1			0.9216	
PAS2			0.9413	
PAS3			0.9381	

Table 7: measurement model purchase intention

Construct	Perceived fit	Perceived similarity	Brand trust	Brand familarity	Parent brand attitude	Brand loyalty	Purcahse intentions	Parent brand quality	Expertise	Brand awareness	Brand image
Perceived fit	**0.7924**										
Perceived similarity	0.3968	**0.7211**									
Brand trust	0.1583	0.2099	**0.7296**								
Brand familarity	0.0645	0.0820	0.0855	**0.8926**							
Parent brand attitude	0.1637	0.2485	0.5771	0.1906	**0.9251**						
Brand loyalty	0.1228	0.1941	0.5065	0.1490	0.5475	**0.8847**					
Purcahse intentions	0.1593	0.2262	0.2794	0.0874	0.3702	0.4532	**0.9337**				
Parent brand quality	0.1904	0.3002	0.6336	0.2129	0.7144	0.4813	0.2969	**0.8464**			
Expertise	0.1785	0.3105	0.6434	0.1356	0.6853	0.4921	0.3578	0.7217	**0.8583**		
Brand awareness	0.1313	0.2294	0.1021	0.0251	0.0882	0.1536	0.2236	0.0999	0.0690	**1.000**	
Image	0.1303	0.2692	0.5170	0.1295	0.5575	0.4850	0.3200	0.5793	0.6170	0.0689	**0.6033**

*AVE in diagonal

Table 8: discriminant validity purchase intentions

Structural model + hypotheses testing

After the measurement model has been assessed, the structural model has been taken into account, which investigates the relationships between the different constructs. In table 9, all of the results were summarized. The model had an adjusted R-Square value of 0.5272, which implies that 52,72% of word of mouth has been explained by other variables in the model.

In table 9, the results were summarized. Each hypothesis has been tested and that resulted in the following direct confirmed relationships on the purchase intention: brand loyalty, expertise and brand awareness. Besides, two indirect through loyalty were found, which were brand trust and brand image. The results of the study further show that the brand loyalty has the greatest effect (beta =0.3802), followed by expertise (beta= 0.2551). Awareness (beta=0.2368), brand trust (beta=0.1610) and brand image (beta=0.1427) all showed smaller effects.

Hypothesis No.	Path	B	*p-value*	Significant
H1A	Perceived fit→ Purchase intentions	0.0821	0.4423	NO
H2A	Perceived fit → loyalty → Purchase intentions	0.0177	0.4777	NO
H3A	Perceived similarity → Purchase intentions	0.0193	0.8364	NO
H4A	Brand trust → Purchase intentions	-0.1213	0.3939	NO
H5A	Brand trust → loyalty → Purchase intentions	0.1610	0.0055***	YES
H6A	Brand familiarity → Purchase intentions	-0.0012	0.9839	NO
H7A	Quality of the parent brand → Purchase intentions	-0.1812	0.1852	NO
H8A	Parent brand attitude→ Purchase intentions	0.1835	0.1482	NO
H9A	Brand loyalty → Purchase intentions	0.3802	0.0007***	YES
H10A	Brand image → Purchase intentions	0.0873	0.4505	NO
H11A	Brand image → loyalty → Purchase intentions	0.1427	0.0048***	YES
H12A	Expertise → Purchase intentions	0.2551	0.0491**	YES
H13A	Awareness → Purchase intentions	0.2368	0.0026***	YES

*Significant at $p< 0.10$ ** Significant at $p<0.05$ ***Significant at $p< 0.01$

Table 9: results structural model "*purchase intentions"*

Word of mouth

Measurement model

The PLS analysis first reveals that the model fit (SRMR = 0.0552) is satisfactory, because it is higher than the recommended value. In table 10, an overview is presented of the measurement model.

To examine the construct reliability of the measurement model, the Cronbach's alpha of each construct has been assessed. Again, there is strong support for all of the measures, except for awareness, since it has a value below the recommended threshold. Also, for this model, awareness scores above the adjusted threshold of Henseler and Ringle (2009) and sufficiently high for the Jöreskog's rho. Therefore, awareness has not been deleted in the model.

Hereafter, the indicator reliability has been assessed. Again, there were thirteen items that did not meet the recommended threshold. As further specified in Appendix 4, there were two items deleted immediately, since they had a loading below 0.4 (IMA7 & IMA8). Further, three items were deleted because the indicated to a higher construct reliability, as could be seen in appendix 4 (FAM3, IMA1& AWA1).

To examine the divergent validity, again the Fornell and Larcker test was applied. As could be seen in table 11, the discriminant validity appears adequate.

Finally, the convergent validity for the word of mouth model has been assessed. All of the constructs loaded above 0.5.

Construct and scale item	Cronbach's alpha	Jöreskog's rho	Indicator loading	AVE
Perceived fit	0.8696	0.9198		0.7927
FIT1			0.7636	
FIT2			0.7859	
FIT3			0.8286	
Perceived similarity	0.8705	0.9117		0.7214
SIM1			0.7824	
SIM2			0.7677	
SIM3			0.5924	
SIM4			0.7430	
Brand Trust	0.8766	0.9153		0.7298
TRUST1			0.7646	
TRUST2			0.7108	
TRUST3			0.7151	
TRUST4			0.7468	
Brand familiarity	0.7834	0.8756		0.7027
FAM1			0.7410	
FAM2			0.8225	
FAM3			0.5448	
Parent brand quality	0.9091	0.9430		0.8466
QUA1			0.8507	
QUA2			0.8940	
QUA3			0.7950	
Parent brand attitude	0.9191	0.9611		0.9252
ATT1			0.9254	
ATT2			0.9248	
Brand loyalty	0.9347	0.9583		0.8846
LOY1			0.8887	
LOY2			0.9099	
LOY3			0.8553	
Brand image	0.9282	0.9378		0.5598
IMA1			0.5014	
IMA2			0.6848	
IMA3			0.7316	
IMA4			0.5469	
IMA5			0.7106	
IMA6			0.6664	
IMA7			0.3363	
IMA8			0.3900	
IMA9			0.4533	
IMA10			0.6396	
IMA11			0.5263	
IMA12			0.5305	
Expertise	0.9174	0.9478		0.8582
EX1			0.8218	
EX2			0.8686	
Ex3			0.8842	
Awareness	0.6037	0.8343		0.7158
AWA1			0.6904	
AWA2			0.7412	
Word of Mouth	0.8917	0.9327		0.8221
WOM1			0.7977	
WOM2			0.8534	
WOM3			0.8153	

Table 10: measurement model word of mouth

Construct	Perceived fit	Perceived similarity	Brand trust	Brand familarity	Parent brand attitude	Brand loyalty	Word of mouth	Parent brand quality	Expertise	Brand image	Brand awareness
Perceived fit	**0.7927**										
Perceived similarity	0.3928	**0.7214**									
Brand trust	0.1591	0.2091	**0.7298**								
Brand familarity	0.0653	0.0802	0.0857	**0.8926**							
Parent brand attitude	0.1631	0.2457	0.5755	0.1912	**0.9252**						
Brand loyalty	0.1228	0.1919	0.5061	0.1474	0.5446	**0.8846**					
Word of mouth	0.2651	0.3362	0.2526	0.1236	0.3234	0.2781	**0.8221**				
Parent brand quality	0.1911	0.3004	0.6338	0.2130	0.7104	0.4814	0.3573	**0.8466**			
Expertise	0.1789	0.3095	0.6442	0.1364	0.6833	0.4923	0.3644	0.7213	**0.8582**		
Brand image	0.1335	0.2751	0.5257	0.1282	0.5577	0.4824	0.3619	0.5807	0.6148	**0.6285**	
Awareness	0.2675	0.3231	0.1741	0.0866	0.1644	0.2402	0.3337	0.1682	0.1440	0.1440	**0.7158**

*AVE in diagonal

Table 11: discriminant validity word of mouth

Structural model + hypotheses testing

The hypothesized relationships were tested in the model using a PLS. In table 12, all of the results were summarized. The model had an adjusted R-Square value of 0.5403, which implies that 54,03% of word of mouth has been explained by other variables in the model.

In table 12, the results were summarized. Each hypothesis has been tested and that resulted in the following direct confirmed relationships on the word of mouth: perceived fit, brand image and awareness. The results of the study further show that awareness (beta=0.2956) has a greater effect compared to brand image (beta=0.2357) and perceived fit (beta=0.1819).

Hypothesis No.	Path	B	*p-value*	Significant
H1B	Perceived fit→ Word of mouth	0.1819	0.0124**	YES
H2B	Perceived fit → loyalty → Word of mouth	0.0001	0.9946	NO
H3B	Perceived similarity → Word of mouth	0.0653	0.5182	NO
H4B	Brand trust → Word of mouth	-0.1612	0.1563	NO
H5B	Brand trust → loyalty → Word of mouth	0.0005	0.9914	NO
H6B	Brand familiarity → Word of mouth	0.0644	0.3997	NO
H7B	Quality of the parent brand → Word of mouth	0.0800	0.5692	NO
H8B	Parent brand attitude→ Word of mouth	0.0215	0.8395	NO
H9B	Brand loyalty → Word of mouth	0.0011	0.9912	NO
H10B	Brand image → Word of mouth	0.2357	0.0396 **	YES
H11B	Brand image → loyalty → Word of mouth	0.0004	0.9914	NO
H12B	Expertise → Word of mouth	0.2464	0.0671	NO
H13B	Awareness → Word of mouth	0.2956	0.0002***	YES

*Significant at $p< 0.10$ ** Significant at $p<0.05$ ***Significant at $p< 0.01$

Table 12: results structural model "*word of mouth"*

Passive loyalty

Measurement model

The PLS analysis first reveals that the model fit (SRMR = 0.0553) is satisfactory, because it is higher than the recommended value. In table 13, an overview is presented of the measurement model of the dependent construct “passive loyalty”.

To examine the construct reliability of the measurement model, the Cronbach’s alpha of each construct has been assessed. As was also for model 1 and 2, there is strong support for all the measures, except for the construct awareness. However, since the value is above the threshold of 0.6 a scores sufficiently high for the Jöreskog’s rho, awareness has not been deleted in this model.

Furthermore, the indicator reliability has been assessed. In total, there are fifteen items that do not meet the recommended threshold. Only items with an indicator loading below 0.4 are deleted immediately. The items that loaded between 0.4 and 0.7 were only deleted when this resulted in an increase of the construct reliability. As further specified in appendix 5, there were three items deleted immediately, since they had a loading below 0.4 (IMA7, IMA8 & PAS3). Furthermore, there were three items deleted (SIM3, FAM3, AWA1), since deleting those items resulted in a higher construct reliability, as could be seen in Appendix 5.

To examine the divergent validity of the measurement model, the Fornell and Larcker test has been used. By doing so, the AVE for each construct has been compared to squared correlation between any two constructs, whereby the AVE should be higher than the squared correlation. As could be seen in table 14, all of the constructs score adequate.

Finally, the convergent validity has been assessed. As could be seen in table 13, all of the constructs loaded above 0.5.

Construct and scale item	Cronbach's alpha	Jöreskog's rho	Indicator loading	AVE
Perceived fit	0.8696	0.9196		0.7922
FIT1			0.7696	
FIT2			0.7825	
FIT3			0.8246	
Perceived similarity	0.8705	0.9099		0.7176
SIM1			0.8315	
SIM2			0.7790	
SIM3			0.5354	
SIM4			0.7246	
Brand Trust	0.8766	0.9153		0.7298
TRUST1			0.7664	
TRUST2			0.7069	
TRUST3			0.7183	
TRUST4			0.7475	
Brand familiarity	0.7834	0.8728		0.6985
FAM1			0.6923	
FAM2			0.8045	
FAM3			0.5986	
Parent brand quality	0.9091	0.9430		0.8465
QUA1			0.8644	
QUA2			0.8871	
QUA3			0.7879	
Parent brand attitude	0.9191	0.9611		0.9252
ATT1			0.9253	
ATT2			0.9250	
Brand loyalty	0.9347	0.9583		0.8847
LOY1			0.8895	
LOY2			0.9104	
LOY3			0.8541	
Brand image	0.9282	0.9379		0.5602
IMA1			0.4947	
IMA2			0.6816	
IMA3			0.7293	
IMA4			0.5451	
IMA5			0.7077	
IMA6			0.6622	
IMA7			0.3394	
IMA8			0.3943	
IMA9			0.4565	
IMA10			0.6458	
IMA11			0.5330	
IMA12			0.5325	
Expertise	0.9174	0.9478		0.8583
EX1			0.8348	
EX2			0.8573	
Ex3			0.8828	
Awareness	0.6037	0.8289		0.7091
AWA1			0.5949	
AWA2			0.8233	
Passive loyalty	0.7056	0.8309		0.6293
PAS1			0.8367	
PAS2			0.7223	
PAS3			0.3288	

Table 13: measurement model passive loyalty

Construct	Perceived fit	Perceived similarity	Brand trust	Brand familarity	Parent brand attitude	Brand loyalty	Passive loyalty	Parent brand quality	Expertise	Brand image	Brand awareness
Perceived fit	**0.7926**										
Perceived similarity	0.3285	**0.7934**									
Brand trust	0.1586	0.2110	**0.7297**								
Brand familarity	0.0648	0.0798	0.0858	**0.8928**							
Parent brand attitude	0.1634	0.2427	0.5773	0.1908	**0.9251**						
Brand loyalty	0.1228	0.1865	0.5060	0.1482	0.5460	**0.8847**					
Passive loyalty	0.0850	0.1565	0.2116	0.0478	0.2397	0.2401	**0.8179**				
Parent brand quality	0.1919	0.2982	0.6373	0.2143	0.7149	0.4840	0.1921	**0.8463**			
Expertise	0.1772	0.2975	0.6443	0.1349	0.6826	0.4907	0.2625	0.7227	**0.8583**		
Brand image	0.1299	0.2633	0.5162	0.1287	0.5569	0.4821	0.2292	0.5797	0.6130	**0.6037**	
Awareness	0.2583	0.3225	0.1700	0.0814	0.1596	0.2364	0.0886	0.1658	0.1367	0.1303	**0.7134**

*AVE in diagonal

Table 14: discriminant validity passive loyalty

Structural model + hypotheses testing

The hypothesized relationships were tested in the model using a PLS. In table 15, all of the results were summarized. The model had an adjusted R-Square value of 0.2796 which implies that 27,96% of word of mouth has been explained by other variables in the model.

In table 15, the results were summarized. Each hypothesis has been tested and that did result in one significant direct success factor, which is expertise (beta=0.2692).

Hypothesis No.	Path	B	*p-value*	Significant
H1C	Perceived fit→ Passive loyalty	0.0175	0.8667	NO
H2C	Perceived fit → loyalty → Passive loyalty	0.0079	0.6153	NO
H3C	Perceived similarity → Passive loyalty	0.1140	0.2856	NO
H4C	Brand trust → Passive loyalty	0.0468	0.7670	NO
H5C	Brand trust → loyalty → Passive loyalty	0.0728	0.2541	NO
H6C	Brand familiarity → Passive loyalty	0.0038	0.9661	NO
H7C	Quality of the parent brand → Passive loyalty	-0.2531	0.1562	NO
H8C	Parent brand attitude→ Passive loyalty	0.1493	0.3096	NO
H9C	Brand loyalty → Passive loyalty	0.1709	0.2246	NO
H10C	Brand image → Passive loyalty	0.1121	0.3694	NO
H11C	Brand image → loyalty → Passive loyalty	0.0635	0.2324	NO
H12C	Expertise → Passive loyalty	0.2692	0.0458**	YES
H13C	Awareness → Passive loyalty	0.0717	0.3896	NO

*Significant at $p< 0.10$ ** Significant at $p<0.05$ ***Significant at $p< 0.01$

Table 15: results structural model "*passive loyalty"*

Active loyalty

Measurement model

The PLS analysis first reveals that the model fit (SRMR = 0.0528) is satisfactory, because it is higher than the recommended value. In table 16, an overview is presented of the measurement model of the dependent construct passive loyalty.

To examine the construct reliability of the measurement model, the Cronbach's alpha of each construct has been assessed. As was also for previous models, there is strong support for all the measures, except for the construct awareness. However, since the value is above the threshold of 0.6 (0.6037) and scores sufficiently high for the Jöreskog's rho, awareness has not been deleted in this model.

Furthermore, the indicator reliability has been assessed. In total, there are fourteen items that do not meet the recommended threshold. Only items with an indicator loading below 0.4 are deleted immediately. The items that loaded between 0.4 and 0.7 were only deleted when this resulted in an increase of the construct reliability. As further specified in appendix 6, there were two items deleted immediately, since they had a loading below 0.4 (IMA7 & IMA8). Furthermore, there were three items deleted (FAM3, IMA2, AWA2, ACT3), since deleting those items resulted in a higher construct reliability, as could be seen in appendix 6

To examine the divergent validity of the measurement model, the Fornell and Larcker test has been used. By doing so, the AVE for each construct has been compared to squared correlation between any two constructs, whereby the AVE should be higher than the squared correlation. As could be seen in table 17, all of the constructs score adequate.

Finally, the convergent validity has been assessed. As could be seen in table 16, all of the constructs loaded above 0.5.

Construct and scale item	Cronbach's alpha	Jöreskog's rho	Indicator loading	AVE
Perceived fit	0.8696	0.9197		0.7924
FIT1			0.7688	
FIT2			0.7810	
FIT3			0.8273	
Perceived similarity	0.8705	0.9118		0.7215
SIM1			0.7726	
SIM2			0.7630	
SIM3			0.6059	
SIM4			0.7394	
Brand Trust	0.8766	0.9153		0.7296
TRUST1			0.7460	
TRUST2			0.7148	
TRUST3			0.7160	
TRUST4			0.7424	
Brand familiarity	0.7834	0.8755		0.7023
FAM1			0.7418	
FAM2			0.8170	
FAM3			0.5482	
Parent brand quality	0.9091	0.9430		0.8466
QUA1			0.8615	
QUA2			0.8962	
QUA3			0.7820	
Parent brand attitude	0.9191	0.9611		0.9251
ATT1			0.9224	
ATT2			0.9278	
Brand loyalty	0.9347	0.9584		0.8847
LOY1			0.8907	
LOY2			0.9107	
LOY3			0.8527	
Brand image	0.9282	0.9379		0.5601
IMA1			0.5013	
IMA2			0.6851	
IMA3			0.7317	
IMA4			0.5430	
IMA5			0.7069	
IMA6			0.6638	
IMA7			0.3405	
IMA8			0.3945	
IMA9			0.4603	
IMA10			0.6416	
IMA11			0.5276	
IMA12			0.5250	
Expertise	0.9174	0.9478		0.8583
EX1			0.8289	
EX2			0.8637	
Ex3			0.8824	
Awareness	0.6037	0.8379		0.7142
AWA1			0.7763	
AWA2			0.6519	
Active loyalty	0.8141	0.8329		0.7309
ACT1			0.7792	
ACT2			0.7884	
ACT3			0.6252	

Table 16: measurement model active loyalty

Construct	Perceived fit	Perceived similarity	Brand trust	Brand familarity	Parent brand attitude	Brand loyalty	Active loyalty	Parent brand quality	Expertise	Brand image	Brand awareness
Perceived fit	**0.7926**										
Perceived similarity	0.3964	**0.7215**									
Brand trust	0.1589	0.2082	**0.7298**								
Brand familarity	0.0648	0.0602	0.0857	**0.8928**							
Parent brand attitude	0.1634	0.2452	0.5767	0.1910	**0.9251**						
Brand loyalty	0.1228	0.1910	0.5057	0.1478	0.5466	**0.8847**					
Active loyalty	0.1878	0.2638	0.3077	0.0998	0.4173	0.4428	**0.8772**				
Parent brand quality	0.1918	0.3007	0.6344	0.2136	0.7130	0.4825	0.3343	**0.8466**			
Expertise	0.1774	0.3072	0.6436	0.1354	0.6835	0.4910	0.3674	0.7214	**0.8584**		
Brand image	0.1219	0.2549	0.4981	0.1202	0.5338	0.4822	0.3443	0.5560	0.5941	**0.5981**	
Awareness	0.2750	0.3224	0.1770	0.0923	0.1677	0.2421	0.2385	0.1713	0.1462	0.1305	**0.7160**

*AVE in diagonal

Table 17: discriminant validity

Structural model + hypotheses testing

The hypothesized relationships were tested in the model using a PLS. In table 18, all of the results were summarized. The model had an adjusted R-Square value of 0.5121 which implies that 51,21% of active loyalty has been explained by other variables in the model.

In table 18, the results were summarized. Each hypothesis has been tested and that resulted in the following direct confirmed relationships on the purchase intention: parent brand attitude and brand loyalty. Besides there were two indirect effects found, which were brand trust and brand image. The results of the study further show that loyalty has the greatest effect (beta=0.3552) thereafter parent brand attitude (beta= 0.2763), third had brand trust the largest effect (beta=0.1459) and finally brand image had the smallest effect(beta=0.1060).

Hypothesis No.	Path	B	*p-value*	Significant
H1D	Perceived fit→ Active loyalty	0.0950	0.32565	NO
H2D	Perceived fit → loyalty → Active loyalty	0.0172	0.4492	NO
H3D	Perceived similarity → Active loyalty	0.1481	0.1090	NO
H4D	Brand trust → Active loyalty	-0.0493	0.6958	NO
H5D	Brand trust → loyalty → Active loyalty	0.1459	0.0050***	YES
H6D	Brand familiarity → Active loyalty	-0.0107	0.8660	NO
H7D	Quality of the parent brand → Active loyalty	-0.1285	0.3758	NO
H8D	Parent brand attitude→ Active loyalty	0.2763	0.0148**	YES
H9D	Brand loyalty → Active loyalty	0.3552	0.0005***	YES
H10D	Brand image → Active loyalty	0.1060	0.3587	NO
H11D	Brand image → loyalty → Active loyalty	0.1383	0.0029***	YES
H12D	Expertise → Active loyalty	0.0514	0.6520	NO
H13D	Awareness → Active loyalty	0.0514	0.5445	NO

*Significant at $p< 0.10$ ** Significant at $p<0.05$ ***Significant at $p< 0.01$

Table 18: results structural model "*active loyalty*"

Confirmed hypotheses

To finalize, an overview of all the hypotheses will be provided. In table 19 could be seen whether the hypotheses were confirmed or not.

Hypotheses	**Significant: YES/NO**
Perceived fit	
H1A	NO
H1B	YES
H1C	NO
H1D	NO
Perceived fit (indirect effect)	
H2A	NO
H2B	NO
H2C	NO
H2D	NO
Perceived similarity	
H3A	NO
H3B	NO
H3C	NO
H3D	NO
Brand trust	
H4A	NO
H4B	NO
H4C	NO
H4D	NO
Brand trust (indirect effect)	
H5A	YES
H5B	NO
H6C	NO
H6D	YES
Brand familiarity	
H6A	NO
H6B	NO
H6C	NO
H6D	NO
Parent brand quality	
H7A	NO
H7B	NO
H7C	NO
H7D	NO
Parent brand attitude	
H8A	NO
H8B	NO
H8C	NO
H8D	YES
Brand loyalty	
H9A	YES
H9B	NO
H9C	NO
H9D	YES
Brand image	

H10A	NO
H10B	YES
H10C	NO
H10D	NO
Brand image (indirect effect)	
H11A	YES
H11B	NO
H11C	NO
H11D	YES
Expertise	
H12A	YES
H12B	NO
H12C	YES
H12D	NO
Awareness	
H13A	YES
H13B	YES
H13C	NO
H13D	NO

Table 19: hypothesis testing

Discussion

In the final chapter of this research the results are interpreted and an answer to the research question will be provided. Besides, the limitations and suggestions for future research are described. To finalize, the key practical and theoretical implications will be discussed.

General discussion

Martinez & Chernatony (2004) mention that brand extensions are becoming increasingly popular in the world of marketing, since the success rate is higher when comparing it with launching a new brand. Therefore, there is more and more research for brand extensions, however literature for the healthcare sector is rather limited. As mentioned before, when a hospital wants to know whether it is strategically useful to extend the insured services to the uninsured services, it is highly important to know the success factors for consumers to accept this brand extension.

Prior research on brand extensions emphasized success factors for the acceptance of a brand extension which were empirically researched in different sectors. Hence, to make it more generalizable, it should be tested in various markets (Martinez and Chernatony, 2004). Based on the current literature, ten different success factors have been derived, which are: *perceived fit, perceived similarity, brand trust, brand familiarity, parent brand quality, parent brand attitude, brand image, brand expertise, brand awareness and loyalty.* Besides, loyalty was found to be an indirect effect for the perceived fit, brand trust and brand image. The current study aimed to contribute to the existing research on brand extensions by examining the different success factors for brand extension acceptance in the healthcare sector. This resulted in the following research question: *What are the success factors for brand extension acceptance in the healthcare sector?*

It was hypothesized that the ten success factors would have an impact on brand extension acceptance, measured by the purchase intentions, word of mouth, passive loyalty and active loyalty. The hypotheses were tested using a survey. This research provides partly evidence for the importance of the hypothesized success factors in the healthcare sector. Four main conclusions regarding the success factors for brand extension in the healthcare sector could be drawn.

Hypotheses	Beta
H9A: Brand loyalty → Purchase intentions	0.3802
H9D: Brand loyalty → Active loyalty	0.3552
H13B: Awareness → Word of mouth	0.2956
H8D: Parent brand attitude → active loyalty	0.2763
H12C: Expertise → passive loyalty	0.2692
H12A: Expertise → purchase intentions	0.2551
H13: Awareness → purchase intentions	0.2368
H10B: Brand image→ word of mouth	0.2357
H1B: Perceived fit → word of mouth	0.1819
H5A: Brand trust → loyalty → purchase intensions	0.1610
H11A: Brand image → loyalty → Purchase intentions	0.1427
H11D: Brand image → loyalty → active loyalty	0.1383
H5D: Brand trust → loyalty → active loyalty	0.1459

Table 19: strength of relation

First, it was hypothesized that ten different success factors would have an impact on "*brand extension acceptance*". The results showed that not all of those factors had a significant result in the healthcare sector. Summarized, the following success factors turned out to have a direct effect on one of the dependent measures: "*brand loyalty, awareness, parent brand attitude, expertise, brand image and perceived fit"*. Additionally, the following constructs turned out to have an indirect effect, through loyalty: "*brand trust and brand image"*. These findings are partly in line with the expectations. Further, the significant results that were found all showed an effect in the expected direction: all of the success factors indeed contributed positively to the brand extension acceptance. As could be seen in table 19, an overview is provided with the greatest effects.

It was shown that loyalty has the largest effect, which could be explained by the expectation-confirmation theory. Lin, Tsai and Chiu (2009) mention that people have expectations toward a brand/service. When those expectations are being confirmed, this leads to a higher level of satisfaction, which results in a higher brand loyalty. Since loyal consumers

are more likely to try new products/services (Reast, 2005), it makes sense that loyalty has a positive effect on the brand extension acceptance.

Hereafter, awareness showed the greatest effect, which is in line with the findings of Martínez, Montaner and Pina (2007). The authors explained this effect with the theory of hierarchy effects. Only when consumers are aware of the brand, they are able to accept the brand extension.

Third, the parent brand attitude showed to be a significant success factor for a brand extension. This relation could be explained by the information-integration theory. According to this theory, attitudes are formed when people receive, interpret, valuate and integrate information with existing attitudes (Simonin & Ruth, 1998). When people have a positive attitude towards the parent brand and they receive information about the new product/service and are able to link it to the attitude of the parent brand, they will more easily transfer the positive attitude and accept the brand extension.

Further, expertise showed a significant direct effect, which could be explained by the cost-benefit approach (Erdem & Swait, 2004). When consumers have to make a decision, they are likely to choose the option which has the highest value and a low perceived risk. Perceiving the brand as having a high level of expertise could be linked as perceiving the brand having a high value and a low perceived risk, which results in a higher level of accepting the new product/service.

The brand image turned out to have both a direct effect on brand extension acceptance and an indirect effect through loyalty. The significant effect of a positive brand image resulting in a higher brand extension acceptance could be explained by the categorization theory (Lee & Ganesh, 1999). According to this theory, people who have a positive image towards a brand, are more likely to transfer this positive image to the new product/service, which is likely to result in a more positive evaluation. Besides, a positive brand image leads to a higher level of brand loyalty, which also results in higher brand extension acceptance.

One of the most confirmed success factors in the brand extension literature is the perceived fit. The perceived turned out to be only significant for "*word of mouth".* This relationship could be explained by the categorization theory. According to this theory people put information in categories in order to understand the environment (Klink and Smith, 2001). When a brand is extending to a new product/service and people perceive a fit between the brand and the new product/service, they more easily transfer their current associations in the category they already had about the parent brand.

Brand trust turned out to have both direct and indirect effects. This relation could be explained by the commitment-trust theory. According to Delgado-Ballester and Munuera-Alemán (2001) when people have a higher level of brand trust, they will feel less risky towards the brand compared to a supplier who they do not yet know/trust. This effect could be both direct or mediated through loyalty.

There were three constructs that did not result in a significant relation: *"perceived similarity, familiarity and the parent band quality*". According to the similarity attraction theory, people would like to feel congruent with the brand that they already have a relationship with and are likely to accept the new product/service, when this is perceived similar with the parent brand (Meesala & Paul, 2018). This relationship has not been confirmed in this research. A possible explanation for this unexpected result is the impact of brand-specific associations (Glynn, 1995). The author argues that when a brand association is relevant in the extension category, a brand does not have to be similar to the extended product/service.

Further there were no significant effects found for the familiarity. As Thorbjørnsen (2005) mentions, high familiarity brands face higher risks in terms of feedback effects. When those firms encounter negative feedback, it may harm the parent brand more compared to none-familiar brands. Although there were no significant results in the opposed direction, it should be noted that the role of familiarity could be broader for brand extension acceptance than was expected on beforehand.

Finally, the construct *"parent brand quality"* did not result in any significant effects. This might be explained following the research of Kim, Park and Kim (2014), who mentioned that the positive effect of parent brand quality only occurs when the extension product/service and parent brand are similar product categories and have inconsistent attributes or when they are dissimilar product categories but have consistent attributes. This moderation effect has not been taken into account in this research. This could have resulted in a significant effect.

Second, the results provide important information for loyalty as an indirect effect. The results showed that loyalty has a mediating effect for both brand image and brand trust, which is in line with the expectations based on the literature. The conflicting result is that loyalty did not turn out to have a mediating effect for the perceived fit. The perceived fit turned out to have a direct effect on word of mouth, but no significant indirect effect was found.

Third, an interesting finding is that the dependent measure "*passive loyalty"* only results in one significant success factor, which is "*expertise".* In contradiction with the active loyalty, passive loyalty reflects consumers being loyal to a brand, without being too involved (Ganesh, Arnod & Reynolds, 2000). Consumers do not feel the need to explorer other suppliers, they remain loyal nonetheless (Oliver, 1999). Therefore, constructs such as brand trust or the parent brand attitude do not significantly result in a higher brand extension acceptance, since those consumers stay loyal anyway. This is also in line with the research of Ganesch, Arnod and Reynolds (2000) who mention that consumers who are passively loyal do not switch, not even under less positive conditions, such as a competition who changes his prices.

Finally, the last interesting finding is that the four different dependent measures result in different significant success factors. Although all of the four dependent measures reflect brand extension acceptance, they resulted in different significant success factors. *"Purchase intentions"* and "*active loyalty"* have more significant success factors, compared with "*word of mouth"* and "*passive loyalty".* This is an interesting finding, since it points out that the four different dependents measures do have their own significant success factors. Combining them, are those seven success factors all important for a successful brand extension.

Limitations and further research

This research examined the success factors for brand extension acceptance in the healthcare sector. Although the findings were not completely in line with the expectations based on the existing literature, this study provides a good starting point for further research on the success factors of a brand extension in the healthcare sector.

While this research provides important insights into the success factors of brand extensions in the healthcare sector, replications in other regions or countries would help to establish the generalizability of the findings. The results should also be interpreted in light of the specific situation of VieCuri; extending from insured care to uninsured care. Further research could focus on other institutions in the healthcare sector, or different types of brand extensions to generalize the findings across the healthcare sector.

Another issue that this research does not address is the actual outcome of the brand extension. Future research could focus on the attitude after the extension (Aaker and Keller, 1990), the reaction of consumers towards the extension (Park, Milberg and Lawson, 1991; Broniarczyk and Alba, 1994) or the evaluation of the extension (Klink and Smith, 2001). Following the theory of planned behavior, people might have the intention to do or buy

something, but this does not immediately imply that this results in the expected behavior (Ajzen, 1991). The actual behavior might be affected by the attitude towards the behavior, the subjective norm or the perceived behavioral control (Azjen, 1991). Hence, future research could focus on actual outcomes in the healthcare sector as a result of a brand extension.

Another suggestion for future research is more in-depth analysis to understand the effect of different success factors for brand extension acceptance in the healthcare sector. This research builds on existing theories trying to explain the effect of a success factor. However, it is valuable to gain more in-depth information specific for the healthcare sector. This would result in more specified managerial implications.

Furthermore, in this research, no distinction has been made between various types of consumers. It would be interesting to investigate whether this would have an effect on the brand extension acceptance. For example, the innovativeness of consumers (Lozanova, 2016), the knowledge of consumers (Grønhaug, Hem & Lines, 2002), the cultural differences (Monga & John, 2006) or the mood of consumers (Barone, Miniard & Romeo, 2000) could have an impact. In addition to the consumer characteristics, marketing characteristics could be further investigated. Research could for example focus on the salesforce effectiveness or the buyer-seller relationship (Brown, Sichtmann and Musante, 2011).

Several limitations remain beyond those discussed previously. The sample size of this study is rather limited, which could have ensured that some effects were not considered significant. Besides, 113 women, compared to 36 men completed the questionnaire, which should be noted while applying the managerial implications. Further research could focus on achieving a larger dataset and a more equal number of women and men. Finally, the survey has been distributed among the social media of VieCuri. Although the survey has been widely spread, by which a larger group than only the direct followers has been reached, it should be noted that mostly directly close respondents filled in the questionnaire.

Managerial implications

Despite the need for more research on brand extension acceptance in the healthcare sector, this research should provide managers with an enhanced ability to strategically invest in the success factors before extending the brand with a new product/service. It should be noted that the majority of respondents were women, which implies that the managerial implications are for the most part targeted on women.

First, the results suggest that it pays off to invest in getting the consumers loyal to the parent brand. The results demonstrate that loyalty is one of the most important success factors

and was proven to have a mediating effect for both brand trust and brand image. Three conditions for loyal consumers are: patient satisfaction, patient participation in the process of the diagnosis and patient participation in the treatment decision making (Chang & Tseng, 2013).

Mediated through the variable loyalty, both the brand image and brand trust should be a point of interest for managers. An increase in trust and the brand image ensure an increase in the loyalty, which leads to a higher brand extension acceptance. Brands should invest in achieving a higher level of trust, by providing consumers a feeling of security and reliability. A brand image is not universal for every consumer, people will have their own thoughts and feelings. It is important to know what the general brand image is and invest in the categories that are not yet sufficient.

Second, this research encourages manager to focus on the level of awareness when extending to a new product/service. In accordance with the theory of hierarchy of effects, the first goal of a brand should be to make consumers aware of the brand and the new product/service (Martínez, Montaner and Pina, 2007). Targeting consumers that are not aware yet of the brand and their offerings should ensure a higher level of brand extension acceptance.

Third, in line with the recommendation about the brand image, the parent brand attitude should be of a good quality before extending to the new product/service. When a brand with a negative attitude is extending to a new product/service, this will be transferred to the new product/service (Aaker & Keller, 1990) It is therefore important for managers to know what the current brand attitude is.

Further, the level of expertise of the parent brand should be communicated to consumers before extending the brand to a new product/service. Managers should make people aware of the expertise they have and keep this expertise on level.

Additionally, the perceived fit between the parent brand and the extended product/service should be a point of focus. As Keller and Aaker (1992) defined the new service/product should be perceived as being logical, appropriate and having a good fit. Therefore, managers should seek for agreements between the current brand and the new product/service, in order to let the consumers, believe that the new product/service could be seen as a logical step for the parent brand.

Further, the results show that the success factors are not significant for all of the dependent measures: "*purchase intentions, word of mouth, passive loyalty and active loyalty"*. Given this, a brand should decide whether to invest in all of the four dependent

measures, which could get costly. The other option is to choose specific for one construct which is important for the firm and invest in those success factors.

To finalize, it should be noted that the constructs that did not have a significant effect should not be underestimated. More research in the healthcare sector is needed, to draw conclusions a about *the perceived similarity, brand familiarity, parent brand quality and expertise.*

Theoretical implications

From a theoretical perspective this research contributes to the literature in two different ways. To start, this research resulted in a list of success factors for brand extensions in the healthcare sector. This research thereby filled a gap in the existing literature, since the success factors had not been tested in the healthcare sector yet. The research forms a starting point on which future research could build further on.

Second, this research resulted in an overview which success factors are important for which dependent variable. This was not a goal of this research in the first place, but it turned out that the success factors resulted in different significant success factors for *purchase intensions, word of mouth, passive loyalty and active loyalty.* It turned out that loyalty did have an effect for most of the dependent variables. A distinction between various types of brand extension acceptance has not been made yet, therefore this research provides a good starting point for this issue as well.

Reference list

Aaker, D. (1990). Brand extensions: The good, the bad, and the ugly. *MIT Sloan Management Review*, *31*(4), 47.

Aaker, D. A., & Keller, K. L. (1990). Consumer evaluations of brand extensions. *Journal of marketing*, *54*(1), 27-41.

Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, *50*(2), 179-211.

Alba, Joseph W. and J. Wesley Hutchinson (1987), "Dimensions of Consumer Expertise," *Joumal of Consumer Research,* 13 (March), 411-53.

Albrecht, C. M., Backhaus, C., Gurzki, H., & Woisetschläger, D. M. (2013). Drivers of brand extension success: What really matters for luxury brands. *Psychology & Marketing*, *30*(8), 647-659.

Anwar, A., Gulzar, A., Sohail, F. B., & Akram, S. N. (2011). Impact of brand image, trust and affect on consumer brand extension attitude: the mediating role of brand loyalty. *International Journal of Economics and Management Sciences*, *1*(5), 73-79.

Atilgan, E., Aksoy, Ş., & Akinci, S. (2005). Determinants of the brand equity: A verification approach in the beverage industry in Turkey. *Marketing intelligence & planning*, *23*(3), 237-248.

Ball, D., Simões Coelho, P., & Machás, A. (2004). The role of communication and trust in explaining customer loyalty: An extension to the ECSI model. *European journal of marketing*, *38*(9/10), 1272-1293.

Barone, M. J., Miniard, P. W., and Romeo, J. B. (2000), *The influence of positive mood on brand extension evaluations*, Journal of consumer Research, 26(4), pp. 386-400.

Batra, R., Lenk, P., & Wedel, M. (2010). Brand extension strategy planning: Empirical estimation of brand–category personality fit and atypicality. *Journal of marketing research*, *47*(2), 335-347.

Belén del Río, A., Vazquez, R., & Iglesias, V. (2001). The effects of brand associations on consumer response. *Journal of consumer marketing*, *18*(5), 410-425.

Bèzes, C., & Mercanti-Guérin, M. (2017). Similarity in marketing: Scope, measurement, and fields of application. *Recherche et Applications en Marketing (English Edition)*, *32*(1), 83-105.

Bhat, S., & Reddy, S. K. (2001). The impact of parent brand attribute associations and affect on brand extension evaluation. *Journal of Business Research*, *53*(3), 111-122.

Boush, D. M., & Loken, B. (1991). A process-tracing study of brand extension evaluation. *Journal of marketing research*, *28*(1), 16-28. brand equity. *Journal of Marketing Theory and Practice*, *9*(3), 61-75.

Bridges, S., Keller, K. L., & Sood, S. (2000). Communication strategies for brand extensions: Enhancing perceived fit by establishing explanatory links. *Journal of Advertising*, *29*(4), 1-11.

Broniarczyk, S. M., & Alba, J. W. (1994). The importance of the brand in brand extension. *Journal of marketing research*, *31*(2), 214-228.

Brown, B., Sichtmann, C., & Musante, M. (2011). A model of product-to-service brand extension success factors in B2B buying contexts. *Journal of Business & Industrial Marketing*, *26*(3), 202-210.

Buday, T. (1989). Capitalizing on brand extensions. *Journal of Consumer Marketing*, *6*(4), 27-30.

Buil, I., de Chernatony, L., & Hem, L. E. (2009). Brand extension strategies: perceived fit, brand type, and culture influences. *European Journal of Marketing*, *43*(11/12), 1300-1324.

Bullmore, J. (1984). The brand and its image re-visited. *International Journal of Advertising*, *3*(3), 235-238.

Campbell, M. C., & Keller, K. L. (2003). Brand familiarity and advertising repetition effects. *Journal of consumer research*, *30*(2), 292-304.

Cha, M. K., Yi, Y., & Bagozzi, R. P. (2016). Effects of customer participation in corporate social responsibility (CSR) programs on the CSR-brand fit and brand loyalty. *Cornell Hospitality Quarterly*, *57*(3), 235-249.

Chahal, H., & Bala, M. (2012). Significant components of service brand equity in healthcare sector. *International journal of health care quality assurance*, *25*(4), 343-362.

Chang, C. W., & Tseng, T. H. (2013). Configural algorithms of patient satisfaction, participation in diagnostics, and treatment decisions' influences on hospital loyalty. *Journal of Services Marketing*, *27*(2), 91-103.

Chaudhuri, A., & Holbrook, M. B. (2001). The chain of effects from brand trust and brand affect to brand performance: the role of brand loyalty. *Journal of marketing*, *65*(2), 81-93.

Dacin, P. A., & Smith, D. C. (1994). The effect of brand portfolio characteristics on consumer evaluations of brand extensions. *Journal of marketing research*, *31*(2), 229-242.

Dagger, T. S., Sweeney, J. C., & Johnson, L. W. (2007). A hierarchical model of health service quality: scale development and investigation of an integrated model. *Journal of service research*, *10*(2), 123-142.

Delgado-Ballester, E., & Luis Munuera-Alemán, J. (2001). Brand trust in the context of consumer loyalty. *European Journal of marketing*, *35*(11/12), 1238-1258.

Delgado-Ballester, E., Munuera-Aleman, J. L., & Yague-Guillen, M. J. (2003). Development and validation of a brand trust scale. *International Journal of Market Research*, *45*(1), 35-56.

DelVecchio, D., & Smith, D. C. (2005). Brand-extension price premiums: the effects of perceived fit and extension product category risk. *Journal of the Academy of Marketing Science*, *33*(2), 184-196

Desai, K. K., & Keller, K. L. (2002). The effects of ingredient branding strategies on host brand extendibility. *Journal of marketing*, *66*(1), 73-93.

Erdem, T., & Swait, J. (2004). Brand credibility, brand consideration, and choice. *Journal of consumer research*, *31*(1), 191-198.

Ericsson, K. A., & Smith, J. (Eds.). (1991). *Toward a general theory of expertise: Prospects and limits*. Cambridge University Press.

Faircloth, J. B., Capella, L. M., & Alford, B. L. (2001). The effect of brand attitude and brand image on

Ganesh, J., Arnold, M. J., & Reynolds, K. E. (2000). Understanding the customer base of service providers: an examination of the differences between switchers and stayers. *Journal of marketing*, *64*(3), 65-87.

Ghodeswar, B. M. (2008). Building brand identity in competitive markets: a conceptual model. *Journal of product & brand management*, *17*(1), 4-12.

Glynn, M. (1995). *The Importance of Brand Association in Brand Extension* (Doctoral dissertation, University of Auckland).

Glynn, M. S., & Brodie, R. J. (1998). The importance of brand-specific associations in brand extension: further empirical results. *Journal of Product & Brand Management*, *7*(6), 509-518.

Graeff, T. R. (1996). Using promotional messages to manage the effects of brand and self-image on brand evaluations. *Journal of consumer marketing*, *13*(3), 4-18.

Grønhaug, K., Hem, L., & Lines, R. (2002). Exploring the impact of product category risk and consumer knowledge in brand extensions. *Journal of Brand Management*, *9*(6), 463-476.

Ha, H. Y., & Perks, H. (2005). Effects of consumer perceptions of brand experience on the web: Brand familiarity, satisfaction and brand trust. *Journal of Consumer Behaviour: An International Research Review*, *4*(6), 438-452.

Hair, J. F., Ringle, C. M., & Sarstedt, M. (2011). PLS-SEM: Indeed a silver bullet. *Journal of Marketing theory and Practice*, *19*(2), 139-152.

Ham, S., & Han, H. (2013). Role of perceived fit with hotels' green practices in the formation of customer loyalty: Impact of environmental concerns. *Asia Pacific Journal of Tourism Research*, *18*(7), 731-748.

Hem, L., & Iverson, N. M. (2003). Context effects in brand extensions: implications for evaluations. In *Annual EMAC Conference Proceedings*.

Henry Xie, Y. (2008). Consumer innovativeness and consumer acceptance of brand extensions. *Journal of Product & Brand Management*, *17*(4), 235-243.

Henseler, J. (2017). ADANCO 2.0. 1. In *9th International Conference on PLS and Related Methods 2017*.

Henseler, J., Hubona, G., & Ray, P. A. (2016). Using PLS path modeling in new technology research: updated guidelines. *Industrial management & data systems*, *116*(1), 2-20.

Hinkin, T. R., Tracey, J. B., & Enz, C. A. (1997). Scale construction: Developing reliable and valid measurement instruments. *Journal of Hospitality & Tourism Research*, *21*(1), 100-120.

Horppu, M., Kuivalainen, O., Tarkiainen, A., & Ellonen, H. K. (2008). Online satisfaction, trust and loyalty, and the impact of the offline parent brand. *Journal of Product & Brand Management*, *17*(6), 403-413.

Hoyer, W. D., & Brown, S. P. (1990). Effects of brand awareness on choice for a common, repeat-purchase product. *Journal of consumer research*, *17*(2), 141-148.

Jacoby, J., & Kyner, D. B. (1973). Brand loyalty vs. repeat purchasing behavior. *Journal of Marketing research*, *10*(1), 1-9.

Jiang, W., Dev, C. S., & Rao, V. R. (2002). Brand extension and customer loyalty: Evidence from the lodging industry. *The Cornell Hotel and Restaurant Administration Quarterly*, *43*(4), 5-16.

Keller, K. L. (1993). Conceptualizing, measuring, and managing customer-based brand equity. *Journal of marketing*, *57*(1), 1-22.

Keller, K. L., & Aaker, D. A. (1992). The effects of sequential introduction of brand extensions. *Journal of marketing research*, *29*(1), 35-50.

Kent, R. J., & Allen, C. T. (1994). Competitive interference effects in consumer memory for advertising: the role of brand familiarity. *Journal of marketing*, *58*(3), 97-105.

Kim, S., & Chung, H. (2012). The impacts of perceived fit, brand familiarity, and status consciousness on fashion brand extension evaluation. *International Journal of Fashion Design, Technology and Education*, *5*(3), 203-211.

Kim, K., Park, J., & Kim, J. (2014). Consumer–brand relationship quality: When and how it helps brand extensions. *Journal of Business Research*, *67*(4), 591-597.

Klink, R. R., & Smith, D. C. (2001). Threats to the external validity of brand extension research. *Journal of marketing research*, *38*(3), 326-335.

Kuusela, H., Spence, M. T., & Kanto, A. J. (1998). Expertise effects on prechoice decision processes and final outcomes: A protocol analysis. *European Journal of Marketing*, *32*(5/6), 559-576.

Laforet, S. (2008). Retail brand extension—perceived fit, risks and trust. *Journal of Consumer Behaviour: An International Research Review*, *7*(3), 189-209.

Lane, V., & Jacobson, R. (1995). Stock market reactions to brand extension announcements: The effects of brand attitude and familiarity. *Journal of Marketing*, *59*(1), 63-77.

Lee, D., & Ganesh, G. (1999). Effects of partitioned country image in the context of brand image and familiarity: A categorization theory perspective. *International Marketing Review*, *16*(1), 18-41.

Lee, S. A., & Jeong, M. (2014). Enhancing online brand experiences: An application of congruity theory. *International Journal of Hospitality Management*, *40*, 49-58.

Lin, C. P., Tsai, Y. H., & Chiu, C. K. (2009). Modeling customer loyalty from an integrative perspective of self-determination theory and expectation–confirmation theory. *Journal of Business and Psychology*, *24*(3), 315-326.

Loken, B., & John, D. R. (1993). Diluting brand beliefs: when do brand extensions have a negative impact?. *Journal of marketing*, *57*(3), 71-84

Lozanova, L. (2016), *Factors influencing consumers' acceptance of brand extensions,* International scientific conference.

Marin, L., & Ruiz, S. (2007). "I need you too!" Corporate identity attractiveness for consumers and the role of social responsibility. *Journal of business ethics*, *71*(3), 245-260.

Martinez, E., & De Chernatony, L. (2004). The effect of brand extension strategies upon brand image. *Journal of consumer marketing*, *21*(1), 39-50.

Martínez, E., Montaner, T., & Pina, J. M. (2009). Brand extension feedback: The role of advertising. *Journal of Business Research*, *62*(3), 305-313.

Meesala, A., & Paul, J. (2018). Service quality, consumer satisfaction and loyalty in hospitals: Thinking for the future. *Journal of Retailing and Consumer Services*, *40*, 261-269.

Monga, A. B., & John, D. R. (2006). Cultural differences in brand extension evaluation: The influence of analytic versus holistic thinking. *Journal of Consumer Research*, *33*(4), 529-536.

Nederlandse Vereniging van Ziekenhuizen. (n.d.). Highlights uit het onderzoek Nationale Ziekenhuis Imago Benchmark 2017. Retrieved February 3, 2019, from https://nvz-zorgimago.nl/uploads/Publicatie-Imago-van-ziekenhuizen-infographic.pdf

Nijssen, E. J., & Agustin, C. (2005). Brand extensions: A manager's perspective. *Journal of Brand Management*, *13*(1), 33-49.

Oliver, R. L. (1999). Whence consumer loyalty?. *Journal of marketing*, *63*(4_suppl1), 33-44.

Over VieCuri. (n.d.). Retrieved February 26, 2019, from https://www.viecuri.nl/over-viecuri/

Park, C. W., Milberg, S., & Lawson, R. (1991). Evaluation of brand extensions: the role of product feature similarity and brand concept consistency. *Journal of consumer research*, *18*(2), 185-193.

Park, J. W., Kim, K. H., & Kim, J. (2002). Acceptance of brand extensions: Interactive influences of product category similarity, typicality of claimed benefits, and brand relationship quality. *ACR North American Advances*.

Phau, I., & Cheong, E. (2009). How young adult consumers evaluate diffusion brands: effects of brand loyalty and status consumption. *Journal of International Consumer Marketing*, *21*(2), 109-123.

Pitta, D. A., & Prevel Katsanis, L. (1995). Understanding brand equity for successful brand extension. *Journal of consumer marketing*, *12*(4), 51-64.

Reast, J. D. (2005). Brand trust and brand extension acceptance: the relationship. *Journal of Product & Brand Management*, *14*(1), 4-13.

Romeo, J. B. (1991). The effect of negative information on the evaluations of brand extensions and the family brand. *ACR North American Advances*.

Rossiter, J. R., & Percy, L. (1991). Emotions and motivationa in advertising. *ACR North American Advances*.
Salinas, E. M., & Pérez, J. M. P. (2009). Modeling the brand extensions' influence on brand image. *Journal of Business Research*, *62*(1), 50-60.

Sengupta, J., & Johar, G. V. (2002). Effects of inconsistent attribute information on the predictive value of product attitudes: Toward a resolution of opposing perspectives. *Journal of Consumer research*, *29*(1), 39-56.

Sichtmann, C., & Diamantopoulos, A. (2013). The impact of perceived brand globalness, brand origin image, and brand origin–extension fit on brand extension success. *Journal of the Academy of Marketing Science*, *41*(5), 567-585.

Simonin, B. L., & Ruth, J. A. (1998). Is a company known by the company it keeps? Assessing the spillover effects of brand alliances on consumer brand attitudes. *Journal of marketing research*, *35*(1), 30-42.

Smith, D. C., & Park, C. W. (1992). The effects of brand extensions on market share and advertising efficiency. *Journal of marketing research*, *29*(3), 296-313.

Sullivan, M. W. (1992). Brand extensions: when to use them. *Management Science*, *38*(6), 793-806.

Swaminathan, V., Fox, R. J., & Reddy, S. K. (2001). The impact of brand extension introduction on choice. *Journal of Marketing*, *65*(4), 1-15.

Tauber, E. M. (1988). Brand leverage-strategy for growth in a cost-control world. *Journal of advertising Research*, *28*(4), 26-30.

Taylor, S. A., & Baker, T. L. (1994). An assessment of the relationship between service quality and customer satisfaction in the formation of consumers' purchase intentions. *Journal of retailing*, *70*(2), 163-178.

Taylor, V. A., & Bearden, W. O. (2002). The effects of price on brand extension evaluations: the moderating role of extension similarity. *Journal of the Academy of Marketing Science*, *30*(2), 131.

Tepeci, M. (1999). Increasing brand loyalty in the hospitality industry. *International Journal of Contemporary Hospitality Management*, *11*(5), 223-230.

Thorbjørnsen, H. (2005). Brand extensions: brand concept congruency and feedback effects revisited. *Journal of Product & Brand Management*, *14*(4), 250-257.

Tong, X., & Hawley, J. M. (2009). Measuring customer-based brand equity: empirical evidence from the sportswear market in China. *Journal of Product & Brand Management*, *18*(4), 262-271.

Tripathi, V., Rastogi, P., & Kumar, S. (2018). Direct and Moderating Influence of Perceived Fit, Risk and Parent Brand Trust on Brand Extension Success of a Personal Care Brand in India. *Global Business Review*, *19*(6), 1681-1692.

Trout, J., & Ries, A. (1986). *Positioning: The battle for your mind*. McGraw-Hill.

Twee VieCuri zorgproducten krijgen topklinische erkenning. (2018, December 11). Retrieved January 13, 2019, from https://www.viecuri.nl/nieuws/2018/december/twee-viecuri-zorgproducten-krijgen-topklinische-erkenning/?category=0

Van Den Brink, R. (2019, January 24). Sluiting Bronovo past in trend: minder ziekenhuisen, meer buitenpoli's. *Nos.* Retrieved from https://nos.nl/artikel/2268838-sluiting-bronovo-past-in-trend-minder-ziekenhuizen-meer-buitenpoli-s.html

Vanhonacker, W. R. (2007). Brand extension naming strategies: An exploratory study of the impact of brand traits. *Marketing Letters*, *18*(1-2), 61-72.

Verhoef, P. C., Franses, P. H., & Hoekstra, J. C. (2002). The effect of relational constructs on customer referrals and number of services purchased from a multiservice provider: does age of relationship matter?. *Journal of the Academy of Marketing Science*, *30*(3), 202-216.

Völckner, F., & Sattler, H. (2006). Drivers of brand extension success. *Journal of marketing*, *70*(2), 18-34.

Völckner, F., Sattler, H., Hennig-Thurau, T., & Ringle, C. M. (2010). The role of parent brand quality for service brand extension success. *Journal of Service Research*, *13*(4), 379-396.

Wood, L. (2000). Brands and brand equity: definition and management. *Management decision*, *38*(9), 662-669.

Wu, C. C. (2011). The impact of hospital brand image on service quality, patient satisfaction and loyalty. *African Journal of Business Management*, *5*(12), 4873-4882.

Zeithaml, V. A. (1988). Consumer perceptions of price, quality, and value: a means-end model and synthesis of evidence. *Journal of marketing*, *52*(3), 2-22.

Zhang, J., & Bloemer, J. M. (2008). The impact of value congruence on consumer-service brand relationships. *Journal of Service Research*, *11*(2), 161-178.

Zhou, L., Yang, Z., & Hui, M. K. (2010). Non-local or local brands? A multi-level investigation into confidence in brand origin identification and its strategic implications. *Journal of the Academy of Marketing Science*, *38*(2), 202-218.

Appendix

Appendix 1: uninsured care at VieCuri

Specialisme	Behandelingen	Concurrentie regio
Plastische Chirurgie*	• Mooi Vitaal • Hersteloperaties	Velthuis Kliniek, Bergman Kliniek, Arenborg Hoeve Venlo, Bauland Mill, Faceland Venlo, Michail Horst
KNO-Heelkunde	• Correcties oren en neus • Antisnurk behandelingen	Ziekenhuizen en ZBC's regio
MKA	• Implantologie • Pre-implantologische chirurgie	Regionale tandartsen en implantologen
Gynaecologie	• Sterilisatie van de vrouw • Labiumreductie • Anticonceptie > 21 jaar niet indicatie G11 (cyclusstoornissen)	Ziekenhuizen en ZBC's regio
Dermatologie	• Varices • Verwijderen kleine huidafwijkingen • Vaatlaser huidafwijkingen • Ontharingslaser	Helder kliniek Tegelen, Mohsa Venray, huidtherapeuten regio
Heelkunde	• Varices	Helder Kliniek in Tegelen
Specialisme	**Behandelingen**	**Concurrentie regio**
Urologie	• Vasectomie • Vaso-vasostomie • (Religieuze) circumcisie	Ziekenhuizen en ZBC's regio
Oogheelkunde	• Refractiechirurgie • Lenzen (premium IOL lens of multifocale lens zónder medische indicatie) • Ooglidcorrecties • Strabismus	Oogleden: zie Plastische Chirurgie. Overige behandelingen ziekenhuizen regio (LZR).

	• CBR keuringen	
Anaesthesie	• Lumbale facetdenervatie • Infiltratie sacro-iliacaal gewricht	DC Kliniek Roermond
Sportgeneeskunde	• Sportmedisch onderzoek/keuringen	Elkerliek Helmond, SJG Weert, Zuyderland Sittard, SportMax Eindhoven, TopSupport Eindhoven/Geldrop/Panningen. Ziekenhuis Boxmeer(?)
Paramedisch	• Eerstelijns fysiotherapie • Eerstelijns diëtetiek • Ergotherapie • Klinische Fysiotherapie • Logopedie	Regionale praktijken
Orthopedie	• Handprothese	Ziekenhuizen en ZBC's regio

Appendix 2: questionnaire

Beste meneer/mevrouw,

Hartelijk dank voor uw deelname aan dit onderzoek! VieCuri vindt het belangrijk om uw mening te kennen. Dit onderzoek naar onverzekerde zorg wordt uitgevoerd door Carmen Klein en Anna Heurkens in nauwe samenwerking met Fontys Hogeschool en Radboud Universiteit.

Onder onverzekerde zorg vallen alle ingrepen die niet door de basisverzekering worden vergoed. U kunt hierbij bijvoorbeeld denken aan cosmetische ingrepen (flapoorcorrectie, een moedervlek laten weghalen of een ooglidcorrectie), maar ook aan ingrepen zoals een sterilisatie, het verwijderen van lichte spataderen of een sportmedische keuring.

De antwoorden op de vragenlijst zullen uiteraard volledige anoniem worden verwerkt en deelname is geheel vrijwillig. Uw bijdrage wordt uitdrukkelijk alleen voor onderzoeksdoeleinden gebruikt. Probeer geen vragen over te slaan. Sommige vragen kunnen misschien veel op elkaar lijken, maar het is voor het onderzoek van belang dat u ze allemaal beantwoord. Het invullen van de vragenlijst duurt ongeveer 10 minuten.

Nogmaals hartelijk dank voor uw deelname aan ons onderzoek.
Met vriendelijke groet,
VieCuri Medisch Centrum
Carmen Klein, onderzoeker
Anna Heurkens, onderzoeker

Concept	Source	Original items	Questions survey
			Bent u bekend met VieCuri? If ‘’yes’’ was selected: all the questions were displayed If ‘’no’’ was selected: only the questions ‘’Selection criteria uninsured care & general questions were displayed’’
1.Brand Trust	Verhoef, Franses and Hoekstra (2002) *The Effect of Relational Constructs on Customer Referrals and Number of Services Purchased From a Multiservice Provider: Does Age of Relationship Matter?* Likert scale: 1-7	… can be relied on to keep its promises … puts the customer’s interest first … usually keeps the promises that it makes to me I can count on… to provide a good service.	Ik kan ervan uit gaan dat VieCuri haar beloften nakomt. VieCuri stelt het belang van de klant/patiënt voorop. VieCuri houdt zich meestal aan de beloften die aan mij worden gemaakt. Ik kan ervan uit gaan dat VieCuri een goede service levert.
2. Brand familiarity	Zhou, Yang and Hui (2010) *Non-local or local brands? A multi-level investigation into confidence in brand origin identification and its strategic implications* Likert scale: 1-7	This brand is very familiar to me I am very knowledgeable about this brand I have seen many advertisements about this brand in the mass media	VieCuri is erg bekend voor mij. Ik weet erg veel over VieCuri. Ik heb in de media veel reclame gezien van VieCuri.
3. Parent Brand quality	Dagger, Sweeney & Johnson (2007) *A Hierarchical Model of Health Service Quality*	The overall quality of the service provided by the clinic is excellent. The service provided by the clinic is of a high standard.	In het algemeen is de kwaliteit van de diensten die VieCuri levert uitstekend. De diensten die VieCuri levert zijn van hoge kwaliteit. Ik geloof dat VieCuri diensten verleent die zonder meer goed zijn

	Scale Development and Investigation of an Integrated Model Likert scale: 1-7	I believe the clinic offers service that is superior in every way.	
4. Parent brand attitude	(Sengupta and Johar, 2002) *Effects of Inconsistent Attribute Information on the Predictive Value of Product Attitudes: Toward a Resolution of Opposing Perspectives* Likert scale: 1-7	I think the…… is a very good….. My opinion for the…. Is very favorable	Ik denk dat VieCuri een zeer goed ziekenhuis is. Mijn mening over VieCuri is zeer positief.
5. Brand loyalty	Chang & Tseng (2013) *Configural algorithms of patient satisfaction, participation in diagnostics, and treatment decisions' influences on hospital loyalty* Likert scale: 1-7	If there is a need to seek medical advice, I will think of this hospital first If there is a need to seek medical advice, this hospital will be my first choice I feel that I am a loyal patient of this hospital.”	Als er behoefte is aan medisch advies, zal ik eerst aan VieCuri denken. Als er behoefte is aan medisch advies, zal VieCuri mijn eerste keuze zijn. Ik voel me een loyale patiënt van VieCuri.
6. Expertise	Dagger, Sweeney & Johnson (2007) *A Hierarchical Model of Health Service Quality Scale Development and Investigation of an Integrated Model*	You can rely on the staff at the clinic to be well trained and qualified. The staff at the clinic carry out their tasks competently. I feel good about the quality of the care given to me at the clinic.	Ik kan ervan uit gaan dat de medewerkers van VieCuri goed opgeleid zijn en over de juiste kwalificaties beschikken. De medewerkers van VieCuri voeren hun taken vakkundig uit Ik sta positief tegenover over de kwaliteit van de zorg die ik bij VieCuri krijg.

	Likert scale: 1-7		
7. Perceived fit	Kevin Lane Keller and David A. Aaker (1992) *The Effects of Sequential Introduction of Brand Extensions* Likert scale: 1-7	There is a good fit between... and… It is logical for… to make… It is appropriate for… to make..	Het aanbieden van onverzekerde zorg past goed bij VieCuri. Het is vanzelfsprekend dat VieCuri onverzekerde zorg aanbiedt. Het is logisch voor VieCuri om onverzekerde zorg aan te bieden.
8. Awareness	Buil, Chernatony and Martinez (2008) *A cross-national validation of the consumer-based brand equity scale*	I am aware of Brand X When I think of (product category), (brand name) is the brand that first comes to mind.	Ik ben me ervan bewust dat VieCuri onverzekerde zorg aanbiedt. Als ik aan onverzekerde zorg denk, is VieCuri het eerste merk wat bij me opkomt.
9. Similarity	Desai and Keller (2002) *The Effects of Ingredient Branding Strategies on Host Brand Extendibility*	… and .. are likely to be (very dissimilar/very similar) The brand images of.. and… are likely to be(very dissimilar/very similar) The consumers of… and … are likely to be (very dissimilar/very similar) If you were to describe these two brands to someone, your descriptions of these two brands	Het aanbod van VieCuri voor de verzekerde – en onverzekerde zorg zal zeer vergelijkbaar zijn. Het imago van VieCuri voor de verzekerde – en onverzekerde zorg zijn waarschijnlijk zeer vergelijkbaar. De klanten/patiënten die bij VieCuri voor verzekerde zorg zouden komen, zouden als klant/patiënt ook voor onverzekerde zorg naar VieCuri kunnen komen. Als ik de zorg die VieCuri biedt voor verzekerde – en onverzekerde zorg zou omschrijven, dan zouden de beschrijvingen erg overeenkomen.
10. Brand Extension	Taylor & Baker (1994).	The next time I need the services of a … I will choose XYZ	Als ik behoefte heb aan onverzekerde zorg, zou ik voor VieCuri als aanbieder kiezen.

Acceptance - Purchase intention	*An assessment of the relationship between service quality and customer satisfaction in the formation of Consumers purchase intentions* Likert scale: 1-7	If I had needed the services of a …. During the past year, I would have selected XYZ In the next year, if I need the services of a … I will select XYZ	Als ik het afgelopen jaar behoefte zou hebben gehad aan onverzekerde zorg, zou ik VieCuri als aanbieder hebben gekozen. Als ik aankomend jaar behoefte heb aan onverzekerde zorg, zou ik voor VieCuri als aanbieder kiezen.
11. Brand Extension Acceptance - WOM (recommendation)	Zhang, J., & Bloemer, J. M. (2008) *The Impact of Value Congruence on Consumer-Service Brand Relationships* Likert scale: 1-7	I say positive things about X to other people. I recommend X to people who seek my advice. I encourage friends and relatives to do business with X	Ik zeg positieve dingen over VieCuri tegen anderen over onverzekerde zorg Ik zou VieCuri aanraden als aanbieder voor onverzekerde zorg wanneer anderen om mijn advies vragen Ik stimuleer vrienden en familie om zorg af te nemen bij VieCuri, als zij op zoek zijn naar een aanbieder voor de onverzekerde zorg.
12. Brand Extension Acceptance - passive loyalty	Ganesh et al. (2000) *Understanding the customers base of service providers: an examination of the differences between switchers and stayers* Likert scale: 1-7	If my current bank were to raise the price of my checking account I would still continue to be a customer of the bank If a competing bank were to offer a better rate or discount of the services, I would switch As long as I live in this neighborhood, I do not foresee myself switching to another bank	Als ik op zoek ben naar een aanbieder voor onverzekerde zorg en VieCuri zou de prijzen omhoog doen, dan zou ik nog steeds deze zorg bij VieCuri afnemen. Als ik op zoek ben naar een aanbieder voor onverzekerde zorg en een andere zorgaanbieder kan een betere prijs/korting bieden dan VieCuri, zou ik gebruik maken van de concurrent. Zolang ik in de buurt van VieCuri woon, zie ik mezelf niet overstappen naar een andere zorgaanbieder wanneer ik op zoek ben naar een aanbieder voor onverzekerde zorg.
13. Brand Extension Acceptance -active loyalty	Ganesh et al. (2000) *Understanding the customers base of service providers: an examination of the differences between switchers and stayers*	I would highly recommend my bank to my friends and family I am likely to make negative comments about my bank to my friends and family	Ik zou VieCuri aanbevelen als iemand van mijn vrienden of familie op zoek is naar een aanbieder voor onverzekerde zorg. Ik zou waarschijnlijk negatieve opmerkingen maken over VieCuri als iemand van mijn vrienden of familie op zoek is naar een aanbieder voor onverzekerde zorg.

	Likert scale: 1-7	In the near future, I intend to use more of the services offered by my bank	Als ik in de nabije toekomst gebruik zou maken van onverzekerde zorg, zou ik deze zorg bij VieCuri afnemen.
14. Brand image	NVZ- zorgimago Likert scale: 1-5	In hoeverre vindt u onderstaande kenmerken van toepassing op uw ziekenhuis. Antwoord opties: - (Helemaal) van toepassing - (Helemaal) niet van toepassing - Neutraal - Weet niet Deskundig Betrouwbaar Kwalitatief hoogwaardig Gastvrij Patiëntgericht Persoonlijk Schoon/ netjes Veilig Efficiënt Transparant Innovatief	In hoeverre vindt u onderstaande kenmerken van toepassing voor VieCuri? - Deskundig - Betrouwbaar - Kwalitatief hoogwaardig - Gastvrij - Patiëntgericht - Persoonlijk - Schoon - Netjes - Veilig - Efficiënt - Transparant - Innovatief o Totaal niet van toepassing o Niet van toepassing o Neutraal o Van toepassing o Zeer van toepassing
15. General questions			Dit zijn de laatste vragen Wat is uw leeftijd Wat is uw geslacht - Man - Vrouw In welke plaats woont u? Wat is uw hoogst genoten opleiding? - Basisonderwijs

			- Voorgezet onderwijs - MBO - HBO - WO

Appendix 3: indicator reliability: purchase intention

Indicator	Indicator loading	Does construct reliability improve when deleting?	Deleted?
SIM3	0.5983	Results in lower Cronbach's alpha (0.8197) and lower Jöreskog rho (0.8926).	NO
FAM1	0.6859	Results in lower Cronbach's alpha (0.6629) and lower Jöreskog rho (0.8552).	NO
FAM3	0.6018	Results in higher Cronbach's alpha (0.8800) and higher Jöreskog rho (0.9433).	YES
IMA2	0.6887	Results in lower Cronbach's alpha (0.9200) and lower Jöreskog rho (0.9314).	NO
IMA4	0.5510	Results in lower Cronbach's alpha (0.9186) and lower Jöreskog rho (0.9300).	NO
IMA6	0.6650	Results in lower Cronbach's alpha (0.9194) and lower Jöreskog rho (0.9307).	NO
IMA7	0.3338	Deleted immediately	YES
IMA8	0.3884	Deleted immediately	YES
IMA9	0.4503	Results in lower Cronbach's alpha (0.9235) and lower Jöreskog rho (0.9348).	NO
IMA10	0.6379	Results in lower Cronbach's alpha (0.9199) and lower Jöreskog rho (0.9313).	NO
IMA11	0.5245	Results in lower Cronbach's alpha (0.9234) and lower Jöreskog rho (0.9340).	NO
IMA12	0.5259	Results in lower Cronbach's alpha (0.9228) and lower Jöreskog rho (0.9337).	NO
AWA1	0.6696	Results in single indicator, which implies that no conclusion could be drawn whether the construct reliability improves, but since it does not negatively impact the reliability (Hinkin, Tracey & Enz, 1997).	YES

Appendix 4: indicator reliability: word of mouth

Indicator	Indicator loading	Does construct reliability improve when deleting?	Deleted?
SIM3	0.5924	Results in lower Cronbach's alpha (0.8704) and lower Jöreskog rho (0.9206).	NO
FAM3	0.5448	Results in higher Cronbach's alpha (0.8800) and higher Jöreskog rho (0.9433).	YES
IMA1	0.5014	Results in higher Cronbach's alpha (0.9358) and higher Jöreskog rho (0.9358).	YES
IMA2	0.6848	Results in lower Cronbach's alpha (0.9200) and lower Jöreskog rho (0.9314).	NO
IMA4	0.5469	Results in lower Cronbach's alpha (0.9229) and lower Jöreskog rho (0.9337).	NO
IMA6	0.6664	Results in lower Cronbach's alpha (0.9194) and lower Jöreskog rho (0.9309).	NO
IMA7	0.3363	Deleted immediately	YES
IMA8	0.3900	Deleted immediately	YES
IMA9	0.4533	Results in lower Cronbach's alpha (0.9235) and lower Jöreskog rho (0.9348).	NO
IMA10	0.6396	Results in lower Cronbach's alpha (0.9199) and lower Jöreskog rho (0.9313).	NO
IMA11	0.5263	Results in lower Cronbach's alpha (0.9234) and lower Jöreskog rho (0.9342).	NO
IMA12	0.5305	Results in lower Cronbach's alpha (0.9228) and lower Jöreskog rho (0.9338).	NO
AWA1	0.6904	Results in single indicator, which implies that no conclusion could be drawn whether the construct reliability improves, but since it does not negatively impact the reliability (Hinkin, Tracey & Enz, 1997).	YES

Appendix 5: indicator reliability: passive loyalty

Indicator	Indicator loading	Does construct reliability improve when deleting?	Deleted?
SIM3	0.5354	Results in lower Cronbach's alpha (0.8704) and higher Jöreskog rho (0.9201).	YES
FAM1	0.6923	Results in lower Cronbach's alpha (0.6629) and lower Jöreskog rho (0.8549).	NO
FAM3	0.5986	Results in higher Cronbach's alpha (0.8800) and higher Jöreskog rho (0.9434)	YES
IMA1	0.4947	Results in lower Cronbach's alpha (0.9254) and lower Jöreskog rho (0.9358).	NO
IMA2	0.6816	Results in lower Cronbach's alpha (0.9200) and lower Jöreskog rho (0.9316).	NO
IMA4	0.5451	Results in lower Cronbach's alpha (0.9229) and lower Jöreskog rho (0.9339).	NO
IMA6	0.6622	Results in lower Cronbach's alpha (0.9194) and lower Jöreskog rho (0.9310).	NO
IMA7	0.3394	Deleted immediately	YES
IMA8	0.3943	Deleted immediately	YES
IMA9	0.4565	Results in lower Cronbach's alpha (0.9235) and lower Jöreskog rho (0.9350).	NO
IMA10	0.6458	Results in lower Cronbach's alpha (0.9199) and lower Jöreskog rho (0.9315).	NO
IMA11	0.5330	Results in lower Cronbach's alpha (0.9234) and lower Jöreskog rho (0.9343).	NO
IMA12	0.5325	Results in lower Cronbach's alpha (0.9228) and lower Jöreskog rho (0.9339).	NO
AWA1	0.5949	Results in single indicator, which implies that no conclusion could be drawn whether the construct reliability improves, but since it does not negatively impact the reliability (Hinkin, Tracey & Enz, 1997).	YES
PAS3	0.3288	Deleted immediately	YES

Appendix 6: indicator reliability: active loyalty

Indicator	Indicator loading	Does construct reliability improve when deleting?	Deleted?
SIM3	0.6059	Results in lower Cronbach's alpha (0.8704) and lower Jöreskog rho (0.9206).	NO
FAM3	0.5482	Results in higher Cronbach's alpha (0.8800) and higher Jöreskog rho (0.9431).	YES
IMA1	0.5013	Results in lower Cronbach's alpha (0.9254 and lower Jöreskog rho (0.9359).	NO
IMA2	0.6851	Results in lower Cronbach's alpha (0.9200) and lower Jöreskog rho (0.9316).	NO
IMA4	0.5430	Results in lower Cronbach's alpha (0.9229) and lower Jöreskog rho (0.9339).	NO
IMA6	0.6638	Results in lower Cronbach's alpha (0.9194) and lower Jöreskog rho (0.9310).	NO
IMA7	0.3405	Deleted immediately	YES
IMA8	0.3945	Deleted immediately	YES
IMA9	0.4603	Results in lower Cronbach's alpha (0.9235) and lower Jöreskog rho (0.9349).	NO
IMA10	0.6416	Results in lower Cronbach's alpha (0.9199) and lower Jöreskog rho (0.9315).	NO
IMA11	0.5276	Results in lower Cronbach's alpha (0.9234) and lower Jöreskog rho (0.9342).	NO
IMA12	0.5250	Results in lower Cronbach's alpha (0.9228) and higher Jöreskog rho (0.9338).	YES
AWA2	0.6519	Results in single indicator, which implies that no conclusion could be drawn whether the construct reliability improves, but since it does not negatively impact the reliability (Hinkin, Tracey & Enz, 1997).	YES
ACT3	0.6252	Results in higher Cronbach's alpha (0.8600) and higher Jöreskog rho (0.9346).	YES