Website: http: jebhpme.ssu.ac.ir
EBHPME 2025; 9(2): 98-109
EISSN: 2538-4716

Evidence Based Health Policy, Management & Economics

ORIGINAL ARTICLE

# Designing a Model of Brand Authenticity Drivers in Healthcare with a Focus on Patient Trust

Parisa Imani[1], Shahnaz Nayebzadeh[1*], Seyyed Hassan Hataminasab[1]

[1] Institute of Market and Business, Y. C., Islamic Azad University, Yazd, Iran

**A B S T R A C T**

**Background**: The purpose of this study is to design and present a model of the effective factors influencing brand authenticity in the healthcare sector, with a specific emphasis on its role in building trust among patients.

**Methods**: This research is applied in terms of its purpose and utilizes a mixed-methods (qualitative-quantitative) approach. Based on an interpretive paradigm and an inductive approach, it is exploratory-analytical in nature. The statistical population consisted of industry and academic experts, selected via purposive sampling. The research was conducted in three main stages: 1) Identifying brand authenticity factors through a systematic review of national and international literature and qualitative content analysis using NVivo software; 2) Localizing these factors for the healthcare context via the Delphi method; and 3) Structuring the final model by determining the relationships and hierarchy among the factors using the Interpretive Structural Modeling (ISM) technique.

**Results**: The initial literature review identified 15 potential factors of brand authenticity. Through the Delphi process with experts, 3 factors were eliminated due to low consensus (average score < 3), resulting in 12 validated key factors specific to the healthcare sector. The ISM analysis then structured these factors into a four-level hierarchical model. The results pinpointed uniqueness, commitment to customers, brand distinctiveness, and customer engagement as the most influential (Level 1) drivers. Conversely, Brand's strong legacy was identified as the most dependent (Level 4) and foundational factor, indicating that it is significantly influenced by other factors but is crucial for achieving overall brand authenticity.

**Conclusion**: This study provides a novel, validated hierarchical model that delineates the interrelationships between the key factors of brand authenticity in the healthcare sector. It offers valuable strategic insights for managers by highlighting which factors to prioritize, from building a strong brand legacy, ensuring authenticity, and leveraging a rich historyto most effectively build patient trust. The findings empower healthcare sector managers in Iran and similar contexts to develop targeted strategies for enhancing brand perception and fostering long-term patient relationships.

**Keywords:** Brand authenticity, Trust building, Healthcare sector, Patient trust, Interpretive Structural Modeling (ISM)

## Introduction

Authenticity encompasses all things that are genuine, steadfast, sincere, and honest. It is primarily described through the concepts of sincerity, innocence, and originality. The term itself is derived from the Greek words "autos" (meaning "self") and "hentes" (meaning "doer"), implying something that possesses the credibility and competence of its original creator. In the field of marketing, this concept is recognized as an essential component of a brand, providing it with a quality of being hard to imitate and ensuring its uniqueness (1).

Humans have strived for centuries to achieve authenticity. Despite this long-standing interest, the concept has recently attracted significant attention

Corresponding Author: Shahnaz Nayebzadeh
Email: snayebzadeh@iau.ac.ir
Tel: +98 9133560344
Institute of Market and Business, Y. C., Islamic Azad University, Yazd, Iran





[ DOI: 10.18502/jebhpme.v9i2.20203 ]

from marketing researchers due to growing consumer demand for authenticity in the products and services they purchase. This demand is seenas a reaction to the increasing number of serious crises over the past years, such as the financial crisis. Ongoing threats to society, such as climate change, frequent scandals caused by ethical mismanagement, or the progress of globalization—which increasingly separates people from their national identity—have also fueled this desire (2).

Brand authenticity represents a positive consumer attitude towards a brand that helps generate a positive response, thereby influencing customer purchasing behavior. Authentic brands are defined by core values that direct their behaviors and reactions in the market and have a significant impact on the customer's perception of the brand, which results in increased trust that leads enterprises to commercial success. Brand authenticity has emerged as a strategic necessity and is well known for contributing to remarkable company success (3).

Nowadays, we are faced with increasing competitive growth at the business level. In such a situation, organizations that can successfully navigate challenging environmental conditions are those that can attract the satisfaction and trust of strategic stakeholders. Trust can be considered as the sense of security experienced by consumers in their interactions with products or services, which forms the basis of perceptions that should satisfy their interests, comfort, and well-being. This definition comprises several components: First, trust involves an individual's willingness to assume risk based on belief in the brand's value commitment (4); it becomes relevant in situations involving potential risks and negative consequences for buyers, where products or services act as guarantors, reducing perceived risks; second, trust is defined by feelings of confidence and security; third, brand trust represents a comprehensive expectation that can exist even without the possibility of error (5).

Trust and consumer product selection are widely regarded in literature as predictors of subsequent purchases. These factors also indicate purchase intention, plans to purchase specific products or services in the future, or the overall likelihood of consumer purchases. This consumer decision-making process occurs through various social and cognitive stages, typically involving problem recognition, information search, alternative evaluation, purchase decisions, and post-purchase behavior. Given intense competition among sellers and manufacturers, marketing managers increasingly seek methods to gain competitive advantages and facilitate sales.

While fundamentally concerned with humanitarian aspects, the healthcare sector significantly contributes to economic development. Health development activities involve producing medical goods (medicines, vaccines, biological materials, and equipment) and providing health services across medical and public health fields, typically commercialized by international companies. Substantial investments continue to be made in medical equipment, management, and health services to enhance the entire health industry. Organizational survival increasingly depends on customer trust leading to satisfaction, with neglect of customer trust causing irreparable damage, particularly in this universally relevant sector. Healthcare services aim to provide and promote community health, where patient satisfaction and trust constitute crucial health dimensions important for improving health status. The healthcare sector's primary goal involves patient care and improvement systems that play fundamental roles in preserving, restoring, and promoting physical and mental health through specialized facilities, while also conducting medical research.

Brand authenticity proves particularly crucial in healthcare since patient health and lives depend on industry services and products. Emphasizing brand authenticity helps build patient-provider trust through quality, safe products and services that provide reassurance. Healthcare providers must maintain honest, transparent communication with patients, with brand authenticity ensuring truthful information about treatments, medications, and



[ DOI: 10.18502/jebhpme.v9i2.20203 ]

costs, thereby increasing patient trust. Brand authenticity reflects commitment to ethical values and principles, assuring patients that services adhere to humane, ethical standards. Furthermore, it represents commitment to innovation and continuous service/product improvement, potentially enhancing treatment outcomes, patient quality of life, and brand trust.

Despite existing brand authenticity research, a comprehensive study focusing specifically on healthcare sector brand authenticity with emphasis on patient trust building, employing mixed-methods approach, and providing tailored models remains absent. Consequently, this study aims to identify effective brand authenticity factors emphasizing patient trust building and developing corresponding localized models for the healthcare sector. Based on these considerations, this research addresses the following questions:

1. What are the factors of brand authenticity?

2. What are the effective factors of brand authenticity in the healthcare sector with emphasis on building patient trust?

3. What is the model and hierarchical structure of effective brand authenticity factors in the healthcare sector with emphasis on building patient trust?

The identified research gap necessitates this comprehensive investigation, as no previous study has systematically examined brand authenticity factors in healthcare with specific emphasis on patient trust building using mixed-methods methodology. This study addresses this critical gap by developing a localized model that can guide healthcare organizations in enhancing brand authenticity and patient trust.

The primary objective of this research is to design and validate a comprehensive model of brand authenticity factors in the healthcare sector with specific emphasis on building patient trust.

## Materials and Methods

This study employed a mixed-methods approach conducted in three sequential stages to achieve its research objectives. The first stage focused on identifying brand authenticity factors through systematic literature review. The second stage involved localizing these factors within the healthcare context with emphasis on patient trust building. The third stage developed and validated a hierarchical model of these factors.

In terms of research philosophy, this study adopts an interpretive paradigm. With a developmental objective and inductive approach, the research possesses an exploratory-analytical nature. From a data collection perspective, it utilizes mixed research methodology combining both qualitative and quantitative approaches.

Given the multi-stage nature of this research, each stage employed distinct methodological strategies. The first stage utilized qualitative content analysis strategy. The second stage employed the Delphi technique with a survey approach to localize brand authenticity factors in healthcare with emphasis on patient trust building. The third stage applied interpretive structural modeling (ISM) method to develop the conceptual framework.

Data collection instruments varied across stages: note-taking for the first stage and structured questionnaires for the second and third stages.

In the first stage, the statistical population comprised all relevant articles on brand authenticity factors, constituting an unlimited population. Using purposive sampling, 68 articles were selected from three databases: SID (26 Persian articles, 2019-2023), Emerald (25 international articles, 2018-2024), and Science Direct (17 international articles, 2018-2024) for content analysis.

The second stage's statistical population included university professors and industry experts with expertise in healthcare branding. Using purposive sampling, 12 experts were selected based on their knowledge of healthcare sector branding. The third stage maintained the same expert population as the second stage.

Data collection methods included library research for the first stage (with note-taking as the primary instrument) and structured questionnaires for



[ DOI: 10.18502/jebhpme.v9i2.20203 ]

subsequent stages.

To ensure validity and reliability in the qualitative first stage, the Lincoln and Guba evaluation method was employed. Following Mohsenpour (2011), four criteria were assessed: credibility, dependability, transferability, and confirmability. Fifteen articles underwent content analysis, with expert validation confirming the validity of the studied items.

For Delphi method in the second stage, similar validation procedures were applied. The third stage utilized pairwise comparison questionnaires, with consistency indices ensuring reliability. The inconsistency index was employed, with values exceeding 0.1 the indicating need for comparison revisions.

According to Khaki (2008), the comprehensive pairwise comparison design eliminates potential variable omission biases. The structured two-by-two comparison approach ensures maximum information collection with optimal design, making additional reliability measurements unnecessary.

Analytical methods included qualitative content analysis using NVivo software for the first stage, Delphi technique with Excel for the second stage, and ISM with Excel and MICMAC software for the third stage.

Content analysis was conducted as systematic, objective, quantitative, and generalizable examination of communication messages.

## Results

The purpose of this study was to present a model of the effective factors of brand authenticity in the healthcare sector, with an emphasis on building patient trust. The research was conducted in three main stages.

### Stage 1: Identifying brand authenticity factors

In this stage, a qualitative content analysis approach was adopted. This method involves the systematic, objective, and quantitative study of communication messages. International and domestic articles were reviewed to identify the effective factors of brand authenticity, and qualitative analysis was performed to establish an initial framework. Using NVivo software, 15 key factors were identified (Table 1).

**Table 1.** Effective factors of brand authenticity extracted from international and domestic articles

| Row | Fctors | References |
|---|---|---|
| 1 | Transparency and honesty | (7) ،(8) ،(9) ،(10) ،(11) ،(12) ،(13) |
| 2 | Uniqueness | (14) ،(15) ،(7) ،(16) ،(17) ،(18) |
| 3 | Authentic Brand Guardianship | (19) ،(20) ،(21) ،(22) ،(23) ،(24) ،(25) ،(26) ،(27) ،(13) |
| 4 | Iconic Authenticity | (21) ،(7) ،(23) ،(24) ،(12) ،(25) ،(26) ،(13) |
| 5 | Commitment to customers | (27) ،(14) ،(15) ،(16) ،(19) ،(10) |
| 6 | Brand distinctiveness | (14) ،(15) ،(7) ،(16) ،(19) ،(10) ،(25) |
| 7 | Brand Identity Alignment | (7) ،(9) ،(20) |
| 8 | Existential Originality | (7) ،(22) ،(23) ،(24) ،(20) ،(12) ،(25) |
| 9 | Clear Engagement | (14) ، (10) |
| 10 | Sustainability and Brand Social Responsibility | (21) ،(9) ،(16) ،(12) ،(25) ،(25) |
| 11 | Brand's strong legacy | (21) ،(7) ،(24) ،(9) ،(10) ،(25) ،(25) ،(13) |
| 12 | Brand Values | (23) ،(16) ،(19) ،(9) ،(20) ،(13) ،(32) |
| 13 | Rich History | (7) ،(22) ،(24) ،(16) ،(9) ،(33) ،(10) ،(25) ،(25) ،(13) |
| 14 | Expertise and Skills | (16) ،(25) |
| 15 | Customer Engagement & Partnership | (27) ،(14) ،(15) ،(7) ،(16) |

### Stage 2: Localization of factors in the healthcare sector

In the second stage, the Delphi method was employed to localize the identified factors within the healthcare context, focusing on building patient trust. A questionnaire was designed and distributed among experts. Kendall's coefficient of concordance (W) was used to measure consensus, with a value of $\geq 0.5$ considered acceptable.

- Round 1: The questionnaire was distributed, and



[ DOI: 10.18502/jebhpme.v9i2.20203 ]

the average score for each factor was calculated. Three factors—Iconic Authenticity, expertise and skills, and Clear Engagement received averages below 3 and were eliminated at this stage (Table 2).

**Table 2.** First round survey results and average calculation

| Row | Factors | First Round Average Scores |
|---|---|---|
| 1 | Transparency and honesty | 3.83 |
| 2 | Uniqueness | 3.42 |
| 3 | Authentic Brand Guardianship | 3.83 |
| 4 | Symbolic originality | 2.25 |
| 5 | Commitment to customers | 3.50 |
| ⋮ | ⋮ | ⋮ |
| 14 | Expertise and Skills | 2.33 |
| 15 | Customer Engagement & Partnership | 3.42 |

- Round 2: The questionnaire was redistributed with the first-round averages. Factors with an average difference of less than 0.15 between rounds were considered to have reached consensus. Six factors met this criterion and were removed from subsequent rounds (Table 3).

**Table 3.** Results of the second round of polling and calculating the difference between the average of the second and first rounds of Delphi

| Row | Factors | First Round Average Scores | Second Round Average Scores | Difference between Round 2 and Round 1 Means |
|---|---|---|---|---|
| 1 | Transparency and honesty | 3.83 | 3.64 | 0.19 |
| 2 | Uniqueness | 3.42 | 3.35 | 0.07 |
| 3 | Authentic Brand Guardianship | 3.83 | 3.62 | 0.21 |
| 4 | Symbolic originality | 2.25 | 2.41 | 0.16 |
| 5 | Commitment to customers | 3.50 | 3.69 | 0.19 |
| ⋮ | ⋮ | ⋮ | ⋮ | ⋮ |
| 14 | Expertise and Skills | 2.33 | 2.33 | 0 |
| 15 | Customer Engagement & Partnership | 3.42 | 3.48 | 0.06 |

- Round 3: The process was repeated with the remaining 9 factors. 5 more factors reached consensus at this stage (Table 4).
- Round 4: The final 4 factors were evaluated, and all reached consensus, completing the Delphi process. (Table 5)

Ultimately, 12 factors were validated as effective factors of brand authenticity in the healthcare sector. The Kendall's W values increased from 0.421 in the first round to 0.568 in the fourth round, indicating strong and improving consensus among experts in subsequent rounds (Table 6).

The final 12 factors are listed in Table 7.

Stage 3: Presenting the structural model

In the final stage, ISM approach was used to present a model illustrating the relationships between the 12 validated factors. The factors were coded as C1 to C12 (Table 8).

An initial self-interaction matrix was formed based on expert pairwise comparisons. Following the ISM methodology, a final reachability matrix was derived, and the levels of each factor were determined by identifying their reachable, antecedent, and intersection sets (Table 9).

**Table 4.** Results of the third round poll and calculating the average difference between the third and second rounds of Delphi



[ DOI: 10.18502/jebhpme.v9i2.20203 ]

| Row | Factors | Second Round Average Scores | Third Round Average Scores | Difference between Round 3 and Round 2 Means |
|---|---|---|---|---|
| 1 | Transparency and honesty | 3.64 | 3.51 | 0.13 |
| 2 | Authentic Brand Guardianship | 3.62 | 3.48 | 0.14 |
| 3 | Symbolic originality | 2.41 | 2.33 | 0.08 |
| 4 | Commitment to customers | 3.69 | 3.41 | 0.28 |
| 5 | Brand Identity Alignment | 3.61 | 3.83 | 0.22 |
| ⋮ | ⋮ | ⋮ | ⋮ | ⋮ |
| 8 | Brand Values | 3.53 | 3.64 | 0.09 |
| 9 | Rich History | 3.69 | 3.72 | 0.03 |

**Table 5.** Results of the fourth round survey and calculating the average difference between the fourth and third rounds of Delphi

| Row | Factors | Third Round Average Scores | Fourth Round Average Scores | Difference between Round 4 and Round 2 Means |
|---|---|---|---|---|
| 1 | Commitment to customers | 3.41 | 3.51 | 0.1 |
| 2 | Brand Identity Alignment | 3.83 | 3.71 | 0.12 |
| 3 | Existential Originality | 3.66 | 3.69 | 0.03 |
| 4 | Sustainability and Brand Social Responsibility | 3.72 | 3.84 | 0.12 |

**Table 6.** Kandal Coordination Coefficient Test Results

| | | |
|---|---|---|
| The first stage of Delphi | number | 12 |
| | W. Kandal Coordination Coefficient | 0.421 |
| | Chi-square test statistics | 431.106 |
| | Degree of Freedom | 14 |
| | Significance level of SIG | 0.000 |
| The second stage of Delph | number | 12 |
| | W. Kandal Coordination Coefficient | 0.527 |
| | Chi-square test statistics | 532.187 |
| | Degree of Freedom | 14 |
| | Significance level of SIG | 0.000 |
| The third stage of Delphi | Number | 12 |
| | W. Kandal Coordination Coefficient | 0.534 |
| | Chi-square test statistics | 519.223 |
| | Degree of Freedom | 8 |
| | Significance level of SIG | 0.000 |
| The fourth stage of Delphi | Number | 12 |
| | W. Kandal Coordination Coefficient | 0.568 |
| | Chi-square test statistics | 534.387 |
| | Degree of Freedom | 3 |
| | Significance level of SIG | 0.000 |



[ DOI: 10.18502/jebhpme.v9i2.20203 ]

**Table 7.** Green supply chain management measures with emphasis on technical factors to improve performance in the ceramic tile industry

| Row | Final indicators | Row | Final indicators | Row | Final Indicators |
|---|---|---|---|---|---|
| 1 | Transparency and honesty | 5 | Brand distinctiveness | 9 | Brand's strong legacy |
| 2 | Uniqueness | 6 | Brand Identity Alignment | 10 | Brand Values |
| 3 | Authentic Brand Guardianship | 7 | Existential Originality | 11 | Rich History |
| 4 | Commitment to customers | 8 | Sustainability and Brand Social Responsibility | 12 | Customer Engagement & Partnership |

**Table 8.** Coding of effective factors of brand authenticity in the healthcare sector with emphasis on building trust in patients

| Row | Effective factors of brand authenticity in the healthcare sector with an emphasis on building trust in patients | Symbol |
|---|---|---|
| 1 | Transparency and honesty | C1 |
| 2 | Uniqueness | C2 |
| 3 | Authentic Brand Guardianship | C3 |
| 4 | Commitment to customers | C4 |
| 5 | Brand distinctiveness | C5 |
| 6 | Brand Identity Alignment | C6 |
| 7 | Existential Originality | C7 |
| 8 | Sustainability and Brand Social Responsibility | C8 |
| 9 | Brand's strong legacy | C9 |
| 10 | Brand Values | C10 |
| 11 | Rich History | C11 |
| 12 | Customer Engagement & Partnership | C12 |

**Table 9.** Materis Initial Attainment

| | C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 | C9 | C10 | C11 | C12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C1 | | V | A | V | X | X | A | X | A | X | A | V |
| C2 | | | A | V | X | A | A | A | A | A | A | X |
| C3 | | | | V | V | V | Or | V | Or | V | Or | X |
| C4 | | | | | A | Or | A | A | A | A | A | V |
| C5 | | | | | | X | A | X | A | X | Or | A |
| C6 | | | | | | | A | A | A | Or | Or | V |
| C7 | | | | | | | | A | Or | Or | Or | V |
| C8 | | | | | | | | | Or | V | Or | V |
| C9 | | | | | | | | | | V | V | V |
| C10 | | | | | | | | | | | V | V |
| C11 | | | | | | | | | | | | V |
| C12 | | | | | | | | | | | | |

Based on the information obtained from Table 10 and following the ISM path, the final achievement of the research has been achieved, as shown in Table 11 of the full description of this table.



[ DOI: 10.18502/jebhpme.v9i2.20203 ]

**Table 10.** Materis the ultimate achievement

| | C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 | C9 | C10 | C11 | C12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C1 | 1 | 1 | 1* | 1 | 1 | 1 | 1* | 1 | 0 | 1 | 1* | 1 |
| C2 | 1* | 1 | 1* | 1 | 1 | 1* | 0 | 1* | 0 | 1* | 0 | 1 |
| C3 | 1 | 1* | 1 | 1 | 1 | 1 | 1* | 1 | 0 | 1 | 1* | 1 |
| C4 | 0 | 1 | 1* | 1 | 1* | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| C5 | 1 | 1 | 0 | 1 | 1 | 1 | 1* | 1 | 0 | 1 | 1* | 1* |
| C6 | 1 | 1 | 1* | 1* | 1 | 1 | 0 | 1* | 0 | 1* | 0 | 1 |
| C7 | 1 | 1 | 1* | 1 | 1 | 1 | 1 | 1* | 0 | 1* | 0 | 1 |
| C8 | 1 | 1 | 1* | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1* | 1 |
| C9 | 1 | 1 | 1* | 1 | 1 | 1 | 0 | 1* | 1 | 1 | 1 | 1 |
| C10 | 1 | 1 | 1* | 1 | 1 | 1* | 0 | 1* | 0 | 1 | 1 | 1 |
| C11 | 1 | 1 | 1* | 1 | 1* | 1* | 0 | 1* | 0 | 1* | 1 | 1 |
| C12 | 1* | 1 | 1* | 1* | 1 | 1* | 0 | 1* | 0 | 1* | 0 | 1 |

Determining the level of dimensions: In order to determine the level of dimensions in accordance with what was mentioned in the previous step, it is necessary to identify the achievable, precedence, and common set of dimensions specified in Table 11.

**Table 11.** Determiningthe model levels

| Symbol | Factors | Acquisition collection | Moghadam collection | Shared collection | Roof |
|---|---|---|---|---|---|
| C1 | Transparency and honesty | 1,2,3,4,5,6,7,8,10,11,12 | 1,2,3,5,6,7,8,9,10,11, 12 | 1,2,3,5,6,7,8,10, 11,12 | Second |
| C2 | Uniqueness | 1,2,3,4,5,6,8,10, 12 | 1,2,3,4,5,6,7,8,9,10,11,12 | 1,2,3,4,5,6,8,10, 12 | First |
| C3 | Authentic Brand Guardianship | 1,2,3,4,5,6,7,8,10,11,12 | 1,2,3,4,6,7,8,9,10,11, 12 | 1,2,3,4,6,7,8,10, 11,12 | Second |
| C4 | Commitment to customers | 2,3,4,5,12 | 1,2,3,4,5,6,7,8,9,10,11,12 | 2,3,4,5,12 | First |
| C5 | Brand distinctiveness | 1,2,4,5,6,7,8,10, 11,12 | 1,2,3,4,5,6,7,8,9,10,11,12 | 1,2,4,5,6,7,8,10, 11,12 | First |
| C6 | Brand Identity Alignment | 1,2,3,4,5,6,8,10, 12 | 1,2,3,5,6,7,8,9,10,11, 12 | 1,2,3,5,6,8,10,12 | Second |
| C7 | Existential Originality | 1,2,3,4,5,6,7,8,10,12 | 1,3,5,7,8 | 1,3,5,7,8 | Third |
| C8 | Sustainability and Brand Social Responsibility | 1,2,3,4,5,6,7,8,10,11,12 | 1,2,3,5,6,7,8,9,10,11, 12 | 1,2,3,5,6,7,8,10, 11,12 | Second |
| C9 | Brand's strong legacy | 1,2,3,4,5,6,8,9,10,11,12 | 9 | 9 | Fourth |
| C10 | Brand Values | 1,2,3,4,5,6,8,10, 11,12 | 1,2,3,5,6,7,8,9,10,11, 12 | 1,2,3,5,6,8,10,11,12 | Second |
| C11 | Rich History | 1,2,3,4,5,6,8,10, 11,12 | 1,3,5,8,9,10,11 | 1,3,5,8,10,11 | Third |
| C12 | Customer Engagement & Partnership | 1,2,3,4,5,6,8,10, 12 | 1,2,3,4,5,6,7,8,9,10,11,12 | 1,2,3,4,5,6,8,10, 12 | First |

The resulting model categorizes the factors into four distinct levels of influence, as shown in Figure 1.:

- Level 1 (most influential): uniqueness (C2), commitment to customers (C4), brand distinctiveness (C5), and Customer Engagement & Partnership (C12).



[ DOI: 10.18502/jebhpme.v9i2.20203 ]

- Level 2: transparency and honesty (C1), Authentic Brand Guardianship (C3), Brand Identity Alignment (C6), sustainability and brand social responsibility (C8), and brand values (C10).
- Level 3: existential originality (C7) and rich history (C11).
- Level 4 (most dependent): brand's strong legacy (C9).

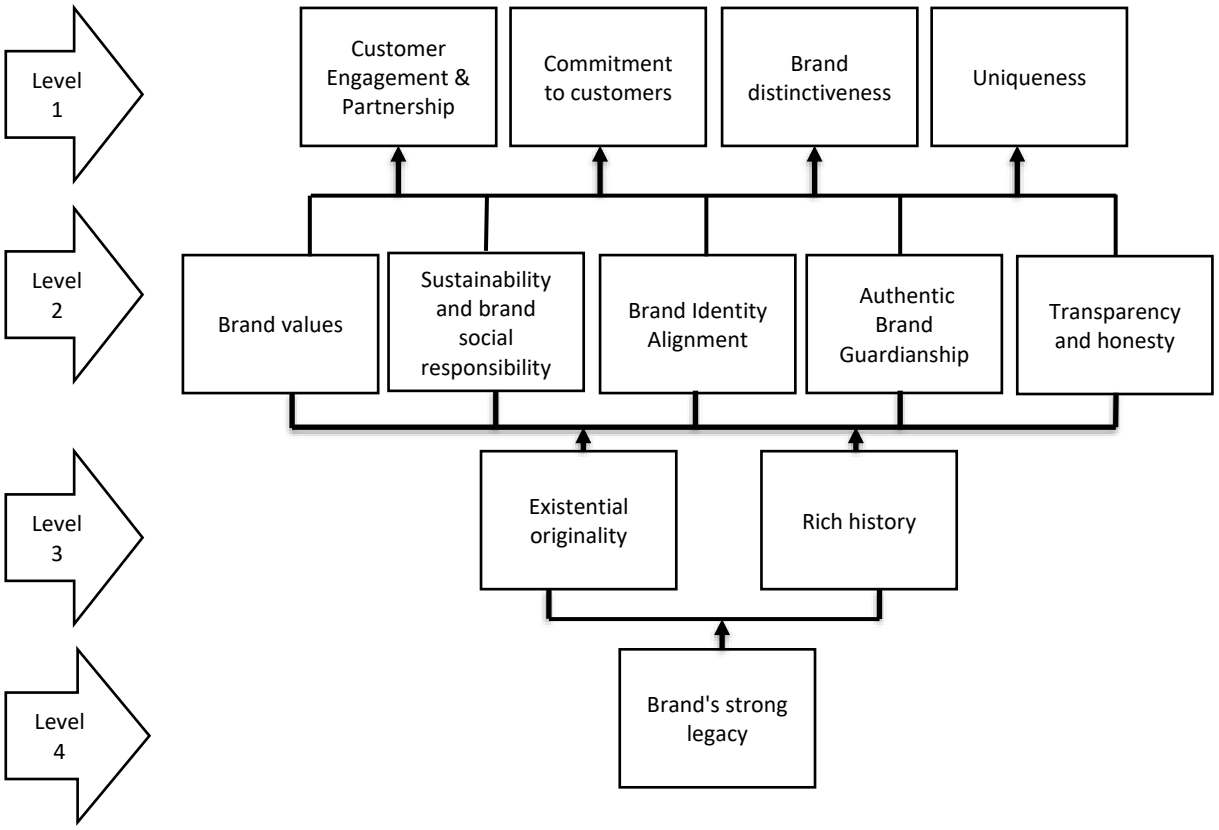


**Figure 1.** ISM model

In conclusion, the study successfully identified, validated, and structured a hierarchy of factors that contribute to brand authenticity in the healthcare sector, ultimately aiming to build trust among patients.

## Discussion

This study set out to design a hierarchical model of brand authenticity drivers in the Iranian healthcare sector, specifically focusing on patient trust. The findings illuminate the complex, multi-layered nature of brand authenticity, moving beyond a mere list of factors to reveal their structural relationships and relative influence.

The identification of 12 validated factors from an initial pool of 15 through the rigorous Delphi process underscores the contextual specificity of brand authenticity in healthcare. The elimination of factors like *Iconic Authenticity* and *Expertise and Skills* suggests that in the high-stakes healthcare environment, patients and experts prioritize foundational, relational, and ethical drivers over more symbolic or assumed professional competencies. This aligns with literature emphasizing sincerity, reliability, and ethical conduct as cornerstones of trust in health services (Del Barrio-Garcia & Prados-Pena, 2019; Kumar & Kaushik, 2022).

The core contribution of this research lies in the application of ISM, which structured these 12 factors into a four-level hierarchy. The positioning of **Uniqueness, Commitment to Customers, Brand Distinctiveness, and Customer Engagement & Partnership** at the top level (Level



[ DOI: 10.18502/jebhpme.v9i2.20203 ]

1) as the most influential drivers is highly significant. This indicates that proactive, customer-centric strategies and clear market differentiation are the primary levers for establishing perceived authenticity. These factors act as strategic inputs that set the stage for everything else.

Conversely, the model reveals that a **Brand's Strong Legacy** (Level 4) is the most dependent factor. This is a critical insight for managers: a powerful legacy is not an initial condition but rather the ultimate outcome, heavily influenced by the consistent performance of factors at higher levels. It is the culmination of sustained authenticity, built over time through unwavering commitment, unique value propositions, and active customer engagement. This finding resonates with studies that frame brand heritage as a valuable market-based asset that is earned, not claimed (Zeren & Kara, 2021).

The intermediate levels of the model (Levels 2 and 3) form the connective tissue. Factors like **Transparency and Honesty, Authentic Brand Guardianship, and Brand Values** (Level 2) translate the strategic drivers into operational principles. Meanwhile, **Existential Originality and Rich History** (Level 3) serve as important, yet less directly controllable, attributes that support the brand's narrative. This hierarchical structure provides a clear causal map for managers, showing that investing in Level 1 drivers will subsequently strengthen the factors at lower levels, ultimately building a resilient and authentic brand legacy that fosters deep patient trust.

The model's emphasis on *Transparency* and *Social Responsibility* further reflects the heightened expectations of modern healthcare consumers. In an era of information accessibility, honesty about treatments, costs, and outcomes, coupled with a demonstrated commitment to societal well-being, becomes non-negotiable for authentic brands (10).

## Conclusion

This study successfully achieved its aim of designing and validating a comprehensive hierarchical model of brand authenticity drivers for the healthcare sector, with a specific focus on building patient trust. By employing a robust mixed-methods approach—integrating systematic review, Delphi technique, and Interpretive Structural Modeling—the research identified 12 key factors and delineated their interrelationships within a structured four-level framework.

The model conclusively identifies **Uniqueness, Commitment to Customers, Brand Distinctiveness, and Customer Engagement & Partnership** as the fundamental, high-influence drivers that managers should prioritize. Simultaneously, it establishes **Brand's Strong Legacy** as the key dependent outcome, representing the culmination of successful authenticity management.

The primary theoretical contribution of this work is the novel, empirically-derived hierarchical model that adds a structural dimension to the understanding of brand authenticity in healthcare, moving beyond linear relationships. From a practical perspective, this model serves as a strategic decision-support tool for healthcare managers in Iran and similar contexts. It provides a clear, actionable roadmap for allocating resources and developing targeted interventions to enhance brand authenticity, from foundational customer engagement initiatives to the long-term cultivation of a trusted legacy.

For future research, it is recommended to test the applicability and predictive power of this model in different cultural and healthcare settings (e.g., private vs. public hospitals). Furthermore, investigating the quantitative relationships between these levels, perhaps using Structural Equation Modeling (SEM), could measure the strength of the proposed pathways. Finally, exploring the role of digital transformation and social media in shaping these authenticity drivers presents a promising avenue for further inquiry.

## Ethical considerations

The ethical protocol for this research received formal approval from the Ethics Committee of Islamic Azad University, Yazd Branch



[ DOI: 10.18502/jebhpme.v9i2.20203 ]

(Ethical Code: IR162891295). Throughout the investigation, strict confidentiality of participant data was maintained, and all study procedures were conducted in full adherence to established ethical guidelines.

**Acknowledgments**

The authors are grateful for the cooperation of the expert panel in the datagathering process.

**Author's Contribution**

All authors contributed as the main authors through planning, designing, gathering data and statistical analysis and interpreting the data. P.I wrote the manuscript, and all authors read and approved the final manuscript.

**Conflict of Interest**

The authors declared no conflict of interests.

**Funding**

Non applicable.

**References**

1. Del Barrio-Garcia S, Prados-Pena MB. Do brand authenticity and brand credibility facilitate brand equity? The case of heritage destination brand extension. J Destin Mark Manag. 2019; 13:10-23.
2. Adalati H, Salehi Zarei A. An analysis of the concept of "brand authenticity" (case study: "Kashan handwoven carpet brand authenticity"). In: The first international conference on management capabilities, industrial engineering, accounting and economics. Babol; 2023. [In Persian]
3. Abdul Ghani WS, Azman NAA, Mohd Rashid N, Abdul Halim AH. The relationship of brand marketing communication and brand authenticity. J Int Bus Econ Entrep. 2020;5(1):43-9.
4. Momeni A, Abedi H, Azani M, Sahrai R. The effect of brand personality on organizational trust with the mediating role of customer engagement. In: The second national conference of applied research in modern management and accounting sciences. Qazvin; 2023. [In Persian]
5. Nekooeezade M, Amini A. The Role of Brand Trust in the Relationship between Technological Opportunism and Customer Loyalty in Mobile market. J Technol Dev Manag. 2019;7(3):125-48. doi: 10.22104/jtdm.2019. 3704.2284. [In Persian]
6. Fani M, Ghamkhaari SM, Torabi MA. Brand storytelling and brand trust with a focus on the mediating role of brand authenticity. Bus Manag Perspect. 2022;21(49): 169-201. [In Persian]
7. Bani Asadi M, Noami A. A systematic and strategic review of the effectiveness of brand DNA on brand authenticity using a meta-analysis approach. Bus Strateg. 2019;27(16):15-28. [In Persian]
8. Pourasdalahi Kh, Saeednia HR, Ali Pourdarvish Z. Presenting a conceptual model to explain scarcity marketing with emphasis on brand authenticity in online shopping behavior. J Consum Behav Stud. 2018;6(1):125-48. [In Persian]
9. Campagna CL, Donthu N, Yoo B. Brand authenticity: literature review, comprehensive definition, and an amalgamated scale. J Mark Theory Pract. 2023;31(2): 129-45.
10. Murshed F, Dwivedi A, Nayeem T. Brand authenticity building effect of brand experience and downstream effects. J Prod Brand Manag. 2023;32(7): 1032-45.
11. Kumar V, Kaushik AK. Engaging customers through brand authenticity perceptions: The moderating role of self-congruence. J Bus Res. 2022; 138:26-37.
12. Zeren D, Kara A. Effects of Brand Heritage on Intentions to Buy of Airline Services: The Mediating Roles of Brand Trust and Brand Loyalty. Sustainability. 2021;13(1):303.
13. Haq Verdi Lu V. Explaining the role of authenticity and self-congruity of the destination brand on positive word-of-mouth advertising and return visits mediated by brand involvement. In: International and national conference on management, accounting and law studies; 2022. [In Persian]
14. Ali Ismaili Z, Khairi B. Investigating the effect of original and pragmatic marketing on brand authenticity. Bus Rev. 2019;18(104):115-40. [In Persian]
15. Dehghan A, Taghipourian MJ, Nazarpour S, Garji M. Analyzing marketing factors affecting the willingness to choose a hospital brand. Health Manag. 2019;11(1): 19-34. [In Persian]
16. Ghafurian Tazairi A, Ghiorbaghbani SM, Harvi Chamani T. Examining the relationship between brand authenticity and brand love considering the role of the need for uniqueness in five-star hotels in Mashhad.



[ DOI: 10.18502/jebhpme.v9i2.20203 ]

Tour Dev. 2019;9(2):1-13. [In Persian]
17. Osorio ML, Centeno E, Cambra-Fierro J. An empirical examination of human brand authenticity as a driver of brand love. J Bus Res. 2023; 165:114-059.
18. Akbarpour Motaghi E, Saeedi H, Nubari Tabrizi A, Chitsaz S. Correlation between brand authenticity factors and brand reputation factors. Sci J New Res Approaches Manag Account. 2023;7(27):177-87. [In Persian]
19. Nazarpour S, Rostami F, Fatehpour M. The effect of brand personality, brand stability, and brand continuity on brand authenticity. Q J New Res Manag Account. 2022;4(56). [In Persian]
20. Manazaami AH, Aghaei N, Rumiani M. Designing a model of the effect of brand authenticity and special value of the brand on audience loyalty to the brand in Iran's top volleyball league clubs (case study: Tehran Capital Bank Volleyball Club). Sport Manag (Mov). 2019;12(3):819-48. [In Persian]
21. Rajabipourmibdi A, Stansti S, Rakhideh M. The mediating role of brand authenticity in the effect of brand cultural symbolism on consumer well-being (case study: Samsung brand smart phone). Mod Mark Res. 2019;10(3):21-40. [In Persian]
22. Khademi Gerashi M, Mohammadian S. Anthropomorphism and consumer happiness: analyzing the effect of brand authenticity. Bus Manag. 2023;15(4):814-37. [In Persian]
23. Kumar V, Kaushal V. Perceived brand authenticity and social exclusion as drivers of psychological brand ownership. J Retail Consum Serv. 2021; 61:102579. doi: 10.1016/j.jretconser.2021.102579.
24. Carroll R, Cadet FT, Kachersky L. Authenticity attracts authenticity: The impact of brand authenticity and self-authenticity on brand loyalty. J Brand Strategy. 2022;10(4):377-88.
25. Södergren J. Brand authenticity: 25 Years of research. Int J Consum Stud. 2021;45(4):645-63.
26. Mousavi SN, Shariatnejad A, Ghafouri Z, Mir S. Investigating the effect of brand authenticity on customer self-concept with the mediating role of brand social power. Bus Manag Perspect. 2023;22(54). [In Persian]
27. Keshtidar M, Modi D, Ghasemi N. Analyzing the communication model of identity, authenticity, love and social power of student sports Olympiad brand. Res Educ Sport. 2019;8(19):163-78. [In Persian]



[ DOI: 10.18502/jebhpme.v9i2.20203 ]