

A Review Article Branding Dental Clinic through Corporate Social Responsibility (CSR)

Supaprawat Siripipatthanakul, Dr. Karin Sixl-Daniell

Manipal Global NXT University, Malaysia

ABSTRACT

This article reviews the link between corporate social responsibility (CSR), brand awareness, brand image, brand satisfaction, and brand loyalty. It would help provide evidence for CSR management and determine CSR's importance for the performance of dental clinics. In their efforts to increase CSR practices and communication to respond to patients' demands and needs, which influence dental clinics' branding, they would also reassure managers. The literature review indicates that previous studies in the healthcare sector supported a framework, but few were found in the dental care services sector. The article will show the links between CSR practices and communication on dental clinic branding from a review. It may help the decision manager develop a marketing plan and strategies in the private dental healthcare sector.

KEYWORDS: *corporate social responsibility (CSR), brand image, brand satisfaction, brand loyalty*

How to cite this paper: Supaprawat Siripipatthanakul | Dr. Karin Sixl-Daniell "A Review Article Branding Dental Clinic through Corporate Social Responsibility

(CSR)" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-5 | Issue-5, August 2021, pp.866-876, URL: www.ijtsrd.com/papers/ijtsrd44946.pdf



Copyright © 2021 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



1. Background of the Research

Today, dental clinics have been expanded rapidly due to many industries' growth and their effect on increasing demand for dental care services in Thailand. Dental clinics, a part of the healthcare sector, offers dental care services in the routine of intra-oral diagnosis, radiology, tooth filling, tooth extraction, prosthesis (denture), root canal treatment, tooth cleaning, orthodontic treatment, and implant, etc. According to minimize the spread of disease, dental procedures have been highly restricted during the COVID-19 pandemic, which has significantly impacted health and well-being worldwide, to suspend all regular treatments. Scarlett & Grant (2015) recommended that dental practices and dental care services policies are based on ethical and safety concerns by persons delivering oral prevention, treatment, and care to patients. Samarmayake, 2012 (as cited in El-Houfey& El-Maghrabi, 2016) confirmed that the dental staff has the legal and ethical responsibility for implementing infection control measures to eliminate the spread of infection. Therefore, ethical oral healthcare, as well as infection control, is essential for dental clinics.

Tooth decay is an essential component of the burden of global disease. In Thailand, the leading oral disease among children is tooth decay. Based on data from the 7th National Dental Health Survey conducted in 2012, 78.5 percent of the 5-year-old children and 52.3 percent of the 12-year-old-children were affected by tooth decay. (Dental Division Health Department Ministry of Public Health-Thailand, 2012) Tooth extraction, tooth filling, root canal treatment, scaling, impact, surgery, screening, removable and fixed prostheses are the routine dental treatment for hospital base services in Thailand. (Tianviwat&Chongsuvivatwong, 2009)

Awareness of what foods and drinks have consumed are essential. It is the responsibility of the dentists to educate to improve their awareness of prevention. (Korwanich et al., 2008) Moreover, healthcare providers endeavor to inspire their brand preferences, respecting the emphasis on what motivates the target audience's basic emotions, such as denial, anxiety, relief, and hope. These emotions are both positive and negative; they impact patients' actions while

searching for health, assistance, or care services. The emotional loyalty is extraordinarily strong. The decisions to buy and the preferences will be influenced several times by understanding or reason and symptoms, treatment, locations, and human interaction. (Geangu et al., 2011) However, while caries prevention was a significant factor, in the process, pediatric patient-centered outcomes research should include community-based stakeholders. (Chi et al., 2018) Purchase decisions determine prices for health services, but there is a wide variance in treatment fees for the procedure. Prices paid by patients are dependent on complex factors. Including the patient's insurance plan, particular local cost of care, and their covered or uninsured status. Complex pricing makes suggested "consumer-directed" healthcare policy approaches unworkable mainly. The apparent solution is price transparency but doing this will either limit or fully eradicate the most economically beneficial and ethical healthcare system elements. Community hospitals treat patients at a reduced cost and provide the uninsured with free care. A key mechanism that sustains the social equality of the healthcare system is cost shifting. (Kay, 2007) Initially, CSR and individual organizations' actions are intended to strengthen all stakeholders' relationships inherently disrupted in a recessionary economy, such as job loss, lower disposal income, credit crunch, and property value depreciation. (Smith, 2010) Thus, in the COVID-19 pandemic situation, dental clinics' responsibility to their employees' welfare (dental staff's welfare) is also essential.

Social responsibility is crucial for dental clinics. Dental wastes have been utilized in dental clinics, which are no longer wanted for use and therefore discarded. Improper disposal of these dental wastes can harm the dentist, the people near the dentist. (Abhishek et al., 2016) When disposed of improperly, several hazardous dental wastes could harm the environment, such as chemical solutions, lead foil film backing, mercury, scrap dental amalgam, fluorescence tubes, and batteries. If liquid hazardous wastes are discharged into the bay, ocean, river, or other receiving waters or contaminated the soil, groundwater, or a public health problem. (Agarwal, 2011) Dental clinics must focus on what to fulfill of society in general and is particularly relevant to the social and ethical aspects to measure the environmental performance such as a reduction in the use of amalgam, environmentally friendly chemicals, appropriate disposal of all substances, prevention of health and safety risks and emergency plans. (Harr, 2001) The ideal should be a compromise between personal and socially responsible accomplishments.

However, it may be difficult for some dental professionals to conceptualize social responsibility within the walls of a business-driven model like a dental practice. (Dharamsi et al., 2007) Therefore, the dental school's future direction requires the production of generic skills, the emphasis on ethical behavior and social responsibility to effectively improve oral health and the community's quality of life. (Alcota et al., 2013) The relationships with entities representing network cooperators and patients' environment create CSR-based value for customers and conditions of balance between social and environmental well-being. (Matysiewicz&Sztangret, 2017)

A business organization extensively implements CSR schemes, yet no direct relationship exists between societal marketing tools and the products and services they promote. Fortunately, healthcare's nature as an organization is well associated with societal marketing concepts. Therefore, healthcare marketers could more effectively use social responsibility as their key strategy. Market orientation is no longer a term solely for business organizations; it should be understood as a way of communicating with the outside world, reacting to environmental change, attracting potential patients, and improving the services by listening to patients. (Hwang & Chung, 2018) Condition branding and disease awareness advertising are marketing practices. However, disease awareness advertising that might constitute CSR is where the advertiser does not benefit from prevention campaign and consumer attitude towards condition branding, and disease awareness advertising to determine impacts on stakeholders and inform future regulation. (Hall & Jones, 2008) Healthcare organizations communicate CSR through both traditional and interactive technologies. Traditional tools include reports, codes of ethics, and certification; interactive technologies include corporate websites, social media, blogs, and mobile apps. Information and Communication Technology (ICT) allowing healthcare organizations to have access to several new technologies to facilitate their routine practices. (Tomaselli et al., 2018) CSR relationships are based on knowledge diffusions such as communities of knowledge and enthusiasts, communicating and informing, and co-comprising of healthcare service attributes. (Matysiewicz&Sztangret, 2017) Therefore, dental clinics' existence relies on the clinics' responsibility and branding through CSR practices and communication.

In discussing the problems of CSR, the health sector stands out as a leader. Its strong association with its

numerous stakeholders in society, government, and other private industries would be a part of the explanation. Another aspect of the reason may be that, rather than most business companies, making a profit has a closer connection to people's lives by influencing their health issues. (Desai & Chandawarkar, 2015). Branding of the healthcare service sector is mainly dependent on word of mouth and patient experience. Thus, Branding should be based on a code of conduct, ethics, and social responsibility (Sirisha & Babu, 2014)

CSR and ethics are closely related and are often used interchangeably. (Choi & La, 2013) CSR is concerned with companies' commitment to sustainable development, stakeholder interests, and societal conditions enhancement. (Tuan, 2012) The healthcare industry is experiencing unexampled growth attended by changing cost structures, evolving healthcare laws, and the influx of private and alternative practices to the healthcare market. Branding is a marketing imperative to influence consumer choice and differentiate healthcare organizations from the competition. (Odom et al., 2019)

The healthcare context is one of the world's biggest and most comprehensive developing industries, changing from disease-centered to a patient-centered model. (Cortada et al., 2012, Jayadevappa & Chhatre (2011) suggested the healthcare costs projected to continue their rapid increase, the current paradigm of healthcare is unsustainable. More research is needed to explore the various attributes of patient-centered care, its acceptability, and comparative effectiveness in the healthcare arena. Charmel & Frampton (2008) stated that the patient-centered care approach creates a more appealing patient experience and a fundamental practice for providing high-quality care in improvements in patient satisfaction rating in hospitals that have put patient-centered care. The patients are involved in their care, with a physical environment that promotes patient comfort and staff who are dedicated to meeting patients' physical, emotional, and spiritual needs. Nguyen & Häkkinen (2005) concluded that income positively both access to care and the number of private dental care. The ratio between dentists and population also increases the number of private dental visits. Lowering co-payments and user fees and increasing the public supply of dental care, accompanied by an efficient recall system, might improve dental care access and better context the choice between sectors.

Thus, healthcare services in private dental practices have been greatly improved, with an essential role in technological advances and a patient-centered

approach. In comparison, dental clinic care costs are costly compared to public dental facilities, whose only drawback has been dental care availability for a comparatively long time. There is a growing trend for patients to opt the dental treatment through health insurance and social security assurance for private dental care services, where the dental clinics respond almost immediately.

In the healthcare sector, patients prefer brands consulting their colleagues, friends, and family before going to a doctor. The word TRUST rules the health care context. Branding of the service sector, especially healthcare, depends on patient satisfaction and word of mouth. Investment in Branding gains consumer trust, leads to increased market share, increases loyalty, and accelerated revenue growth. By cultivating a strong brand image, the frequency of the patients to the hospital will be increased. (Sirisha & Babu, 2014) The healthcare sector is an instance of a service industry in which brands play a crucial part in business success. (Tuan, 2012)

Choi and La (2013) suggest that managers may need to be aware of CSR as a critical variable in restoring consumer loyalty. CSR has a direct and indirect positive effect on loyalty; perceived CSR has a direct impact on loyalty, but through consumer trust, it also indirectly influences loyalty.

Branding becomes an exciting topic to discuss the link between customer experience, brand equity, brand awareness, and brand loyalty (Wijayanti et al., 2019). There is a positive relationship between corporate social responsibility (CSR), corporate image, customer satisfaction, and customer loyalty. (Chung et al., 2015). The link of brand awareness, brand image, brand loyalty, and brand equity in the healthcare sector is confirmed by Altaf et al. (2018). Therefore, CSR is such effective marketing for differentiated healthcare brands and allows them to achieve a competitive advantage in the marketplace. (Kemp et al., 2014) Patient experience, brand awareness, brand image, brand loyalty, and purchasing behaviors in private dental practices also confirmed by Al-Borie et al. (2016)

Although many studies intensely focus on CSR activities in the healthcare industry. Still, few support the framework in the dental care services sector. This review article would better understand dental clinics' branding strategy through CSR and its linkages of brand image, brand awareness, brand satisfaction (or patient satisfaction), and brand loyalty. It may help the decision manager develop a marketing plan and strategies in the private dental healthcare sector.

2. Literature Review

2.1. Healthcare Marketing: Branding and CSR

Healthcare marketing from the consumer (patient) perspective is an important tool to assist their healthcare decisions. It needs to be balanced by healthcare organizations that can support the demand to improve services and increase care accessibility. Healthcare marketing effects on consumer behavior that significantly affect the decisions of healthcare services. (Kay, 2007) However, such effective marketing will help differentiate healthcare brands and achieve a competitive advantage in the marketplace. (Kemp et.al, 2014) Alternative brands in the consideration set are viewed in terms of choice criteria and contribution to the choice decision. The consumers' decisions may be based on the dentist's reputation, advertisements, and the differentiation in services (Wang et al., 1996). The dental clinics should improve the reliability of dental care to customers' needs rather than dentists. (Lee & Shih, 2009) The patients' expectations and perceptions to improve the dental services confirmed that the experience (perceptions) is essential. (Rocha et al., 2017). Services branding has become a growing industry. A set of brand loyalty, brand awareness, brand association, and perceived dental services affect patients' purchasing behaviors in private dental practice. (Ala' Eddin et al., 2016) Brands can make unique meaning to consumers, and such sense and a brand's personal experience in keeping a relationship between the brand and the consumer, also create an emotional connection. Just as many service providers have adopted branding strategies, marketers are branding the healthcare service experience. (Kemp et al., 2014)

Branding strategy refers to the number and nature of common and distinctive brand elements applied to its different products or services. Branding is the process of endowing products or services with the power of a brand. Marketers create a difference between services by giving the customers the name and other brand elements to identify it. Branding creates mental structures that help customers organize their knowledge about services in a way that clarifies their purchase decision and in the process of valuing the firm. (Kotler & Keller, 2016) A branding strategy aims to manage consumer perceptions, and the associated emotions have arisen as a prerogative due to the intense competition to remain competitive. (Corbin et al., 2001)

Brand awareness is when a consumer becomes familiar with the brand and recognizes it among product categories when the need arises. Hence, it is based on brand recognition and brand recall (Keller,

1993). Moreover, brand awareness has a significant role in the consumer decision-making process. (Keller, 2003) Political, cultural, and economic development affecting brand awareness. (Amoroso and Roman, 20015)

Brand image is forming due to brand beliefs created by the marketer and developed from the consumers themselves through brand service experiences. A firm's reputation or image compared with competitors is based on critical dimensions valued by customers. (Amoroso & Roman, 20015)

Satisfaction is a person's emotion of pleasure or disappointment that results from comparing a product or service's perceived outcome to expect. Brand satisfaction or consumer satisfaction is both a goal and a marketing tool. Companies need to be concerned with their consumer satisfaction level today because the internet allows consumers to quickly spread both good or bad word of mouth. Moreover, try to deliver a high level of consumer satisfaction subject to acceptable levels to other stakeholders, given its total resources. (Kotler & Keller, 2016)

Brand loyalty is shown by repeated buying. (Amoroso & Roman, 20015) Customer recommendation can serve as an indicator for the future purchase behavior of customers. (Wu & Lin, 2014)

Patient attitudes toward marketing are crucial for dental clinics. Factors affecting the attitudes of the patients toward marketing mix (4Cs, 4Ps, or 7Ps), service quality, or CSR is the tool for branding strategy in brand awareness, brand image, brand satisfaction, and brand loyalty. Wu & Lin (2014) recommended that CSR is the primary factor in the relationship between consumers and the brand, affecting consumer behavior.

Therefore, this review article focuses on the role of CSR in healthcare branding strategy. Consequently, dental clinics should focus on CSR activities and communication with the patients, staff, and community as value creation for competitive advantage.

2.2. Corporate Social Responsibility (CSR)

The marketing manager's job is to find the tool in trading off the benefits of one's competitive strengths in marketing against others' benefits. To allocate available resources among the various competitive devices to respond to the customers' demands. (Kumar et.al, 2020)

CSR has been discussed and turn into a significant global issue. Due to the changing macro environment and digital transformation, corporate activities impact

the social environment, which increases the responsibility of enterprises and leads to the growing importance of CSR. Moreover, CSR is the primary factor in the relationship between consumers and the brand, affecting consumer behavior. (Wu & Lin, 2014) Therefore, CSR is a strategy for companies (and the healthcare services sector) to minimize the negative impacts on natural, cultural, and social environments. (Chan 2011, as cited in Martínez & Del Bosque 2013). The social responsibility business model describes how an organization creates value and derives profits from value creation. (Matysiewicz&Sztangret, 2017)

CSR activities toward society and patients are essential in shaping patients' perceptions of a hospital brand. Hospitals must emphasize the importance of social responsibilities to the community and sustainable growth and implement CSR initiatives. Hospitals must respect patient rights and provide full and accurate information about their services to patients because patient satisfaction should be a top-priority strategy for hospital management. Hospital marketers can develop and communicate their CSR programs directed toward society and patients. CSR programs should focus on the rights, needs, and interests of patients and society stakeholders. CSR toward patients has a more substantial impact on the Branding of private hospitals than public hospitals. (Limbu et al., 2019) However, effective marketing will help differentiate healthcare brands and achieve a competitive advantage in the marketplace. (Kemp et al., 2014)

Corporate social responsibility (CSR) refers to a commitment to improving societal well-being through discretionary business practices and corporate resource contributions. (Kotler & Lee, 2005) Social responsibility was defined as the sense of obligation to society in which one lives and assumes that relationships within societies are improved and that the social and environmental aspects are proactively handled. (Brandani, 2012)

CSR's model in this study comprises five dimensions, based on several reviews such as Carroll's model (Carroll & Shabana, 2010); Matysiewicz&Sztangret, 2017; Alcota et al., 2013; Sierra et al., 2017; Chi et al., 2018; Kay, 2007, Smith, 2010 and as follows

1. Ethical Responsibility to Community Dental Healthcare (CSR1) is based on the study of Hwang & Chung, 2018; Das, 2017; Wichit&Patcharawan, 2007; Matysiewicz&Sztangret, 2017; Scarlett and Grant, 2015; El-Houfey and El- Maghrabi, 2016; Korwanich et al., 2008; Alcota et al., 2013.

2. Ethical Responsibility in Pricing Strategy (CSR2) is based on the study of Wang et al., 1996; Kepros et al., 2007; Sreenivas et al., 2013; Dobros&Katsaliaki, 2017; Bahadori et al., 2015; Desai & Chandawarkar, 2015; Porter & Grey, 2002.
3. Ethical Responsibility in Advertising (or CSR communication; CSR3) is based on the study of Wang et al., 1996; Tomaselli et al., 2018; de Lira and Magalhães, 2018; Geangu et al., 2011; Hall & Jones, 2008; Tomaselli et al., 2018, and Hwang & Chung, 2018.
4. Ethical Responsibility in Human Resource Management (CSR4) is based on Winstanley & Woodall, 1996 as cited in Rose, 2007; Chi & Gursoy, 2009.
5. Environmental Responsibility in Waste Product Management (CSR5) is based on the study of Jaysawal&Saha, 2015; Heenetigala, 2016; Agarwal et al., 2011; GEANGU et al., 2011; Sharma & Kiran, 2012; Abhishek et al., 2016; Harr, 2001), Hwang & Chung, 2018; Matysiewicz&Sztangret, 2017.

Moreover, CSR activities are essential to the corporates (cause-related marketing) and the role which it can play in brand enhancement. (Grover, 2014)

2.3. Theoretical Framework

Hypothesis 1: CSR positively influences brand satisfaction.

The consequence of satisfaction developed when a formal complaint management system did not exist or was relatively rudimentary. There was little focus on the treatment of complaints as a mechanism to retain customers and increase earnings. Therefore, receiving this information can improve their activities and solving related matters. (Johnson et al., 2001)

The theoretical and empirical evidence has suggested CSR activities in consumers' evaluation situations that are perceived more positively lead to higher customer satisfaction. (Chung et al., 2015; Choi & La, 2013)

Hypothesis 2: CSR positively influences brand awareness.

Brand awareness concerns the strength of a brand in consumers' minds. (Al-Borie, 2016) Brand awareness is the ability of the customers to recall and recognize the brand. (Hoeffler& Keller, 2002)

Creating stakeholder awareness and managing stakeholder attributions towards CSR activities are critical prerequisites for reaping CSR's strategic

benefits related to CSR communication. (Du et al., 2010)

Grover (2014) concluded that CSR is positively related to brand awareness.

Hypothesis 3: CSR positively influences brand image.

Brand image refers to a set of perceptions about a brand, and it reflects a customer’s overall impression of the brand. (Keller, 1993) A commitment to CSR is a major factor in the creation of a more positive brand image (Mohr & Webb, 2005)

Grover (2014) recommended that CSR is positively related to brand image.

Huang et al. (2014) confirmed that CSR has a significant positive effect on corporate image.

Hypothesis 4: Brand image positively influences brand satisfaction.

Grover (2014) concluded that brand image is positively related to brand satisfaction. Also confirmed by Brunner et al. (2008), there is a positive relationship between perceived image and satisfaction. Kandampully&Suhartanto (2000) confirmed the image is positively related to customer satisfaction. Espinosa et al. (2018) recommended repeated customers’ brand image positively influences overall satisfaction.

Hypothesis 5: Brand awareness positively influences brand image Grover (2014) suggested CSR is positively related to brand image.

Hypothesis 6: Brand image positively influences brand loyalty.

CSR has a direct impact on loyalty, but it also indirectly influences loyalty through consumer trust. (Choi & La, 2013) Altaf et al. (2017) and Odoom et al. (2019) supported brand image and have a strong

relationship with brand loyalty in the healthcare sector. Brunner et al. (2008) confirmed a positive relationship between brand image and loyalty. Kandampully&Suhartanto (2000) also recommended image is positively related to customer loyalty. Espinosa et al. (2018) confirmed repeated customers’ brand image positively influences overall loyalty.

Hypothesis 7: Brand satisfaction positively influences brand loyalty.

Brand loyalty is in conjunction with a brand in a positive attitude (attitudinal loyalty) and repeated purchase behavior (behavioral loyalty) of consumers toward the healthcare provider. For instance, satisfied patients prefer the same hospital for treatments, whether the same or different, and may recommend it to friends and family. (Chahal &Bala, 2010) Cronin & Taylor (1992) used a structural equation model (SEM) to demonstrate how satisfaction directly influences customer loyalty.

Brunner et al. (2008) recommended a positive relationship between perceived satisfaction and loyalty. Moreover, Kandampully&Suhartanto (2000) suggested customer satisfaction is positively related to customer loyalty.

Hypothesis 8: Brand awareness positively influences brand loyalty.

Altaf et al. (2017) recommended brand awareness has a strong relationship with brand loyalty in the healthcare sector. Moreover, Matysiewicz& Izabella (2017) confirmed brand awareness has a positive relationship with brand loyalty in the healthcare sector.

Therefore, the relationship between CSR, brand awareness, brand image, brand satisfaction, and brand loyalty in the private dental care sector is shown in the conceptual framework (Figure 1).

3. Conceptual Framework and Hypotheses to Test

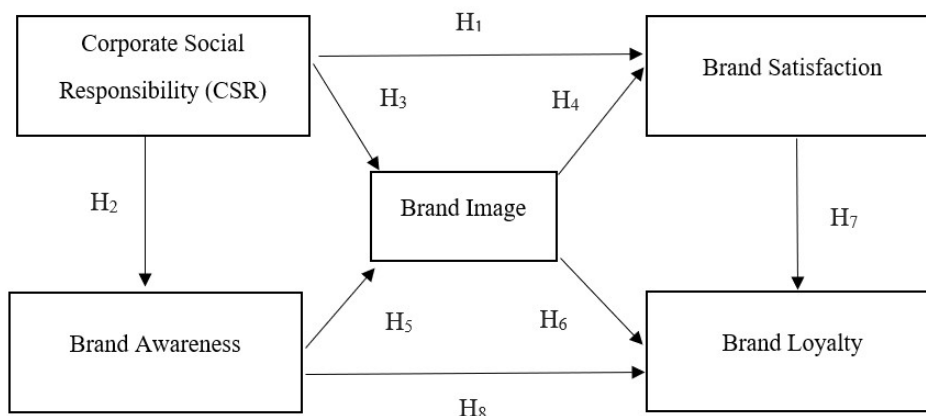


Figure 1: Conceptual Framework of this study

Table 1: Instrumentation of the Constructs and Sources

Constructs	Sources
Corporate social responsibility (CSR) comprises five dimensions:	In this study, CSR practices and communication are based on CSR models. (CSR1, CSR2, CSR3, CSR4 and CSR5)
Ethical Responsibility to Community Dental Healthcare (CSR1)	Hwang and Chung (2018) Matysiewicz & Sztangret (2017) Scarlett and Grant (2015)
Ethical Responsibility in Pricing Strategy (CSR2)	Bahadori et al. (2015); Sreenivas et al. (2013), Wang et al. (1996), Porter and Grey (2002), Kepros et al. (2017) and Kay (2007)
Ethical Responsibility in Advertising (CSR communication; CSR3)	Wang et al. (1996); Tomaselli et al. (2018), de Lira & Magalhães (2018), Geangu et al. (2011) and Hall & Jone (2008)
Ethical Responsibility in Human Resource Management (CSR4)	Rose (2007)
Environmental Responsibility in Waste Product Management (CSR5)	Agarwal et al. (2011) Alcota et al. (2013)
Brand Awareness	Altaf et al. (2018)
Brand Image	Odoom et al. (2019), Chung et al. (2015) and Altaf et al. (2018)
Brand Satisfaction	Chung et al., 2015, Choi and La (2013), Chung et al. (2015)
Brand Loyalty	Odoom et al. (2019), Chung et al., 2015, Amoroso & Roman (2015) and Altaf et al. (2018)

3. Conclusion

The healthcare system faces competition from regional countries and meets rapid technology development and customers' changing demands. These challenges require all providers to compete to survive in the business world. (Visavanont&Jeenanunta, 2014). The marketing manager's role is to find the instrument to competitive strengths in marketing against others' benefits. To distribute the resources available among the different competitive advantage to respond to the demands of customers. Regarding achieve sustainability, CSR activities need to be in line with successful ethical responsibility strategic policies; and social concern is becoming more critical as preferences between customers (patients) and the public increase. Practices of community growth in which the private dental care sector can participate in CSR directly impact community development. The growth of competition is globalization in a way that attracts new consumers. The modern client (patients) is more educated, more experienced, more involved in the quest for services and more inclined toward the cognitive side. In shaping patients' views of a dental clinic brand, CSR actions towards the community and patients are essential. Dental clinics must emphasize the importance of ethical, environmental responsibility

and CSR communication for society and the adoption of CSR measures. Dental clinics need to respect patient rights and provide patients with reliable care and information about their CSR practices, so patient satisfaction should be a top-priority dental clinic management strategy. The CSR practices targeted at society and patients can be created and shared by dental clinic marketers. The rights, needs, and desires of patients and stakeholders in the community should prioritize CSR activities. Patient perceived CSR has a more critical effect on private dental clinics' branding than that of the public sector. Efficient marketing, however, will help distinguish dental clinic brands and achieve a competitive edge in the marketplace. Several studies concentrate intensely on CSR activities in the healthcare field. Today, in the dental care services market, few clarify the framework. This article explains how CSR relates to brand awareness, brand image, brand satisfaction (or patient satisfaction), and brand loyalty are branding strategies for dental clinics.

The quantitative study in further will lead to CSR activities and communication in dental clinics' branding. The private dental healthcare sector can help the decision-maker build a marketing strategy and a marketing plan. The limited regarding the link among CSR, brand awareness, brand image, brand

satisfaction, and brand loyalty as the patients perceived at dental clinics. It may not over other factors relating to brand satisfaction and brand loyalty. For example, some studies support the link between demographics, patient satisfaction (brand satisfaction), and patient loyalty (brand loyalty) (Ahmed et al., 2017). The age and educational attainment moderate the effect of CSR on branding. (Limbu et al., 2019). Furthermore, other factors (service quality, marketing strategy, relationship-social marketing) or different healthcare branding strategies over brand awareness, brand image, brand satisfaction, and brand loyalty may not appear in this study. The study should be extended to study in dental clinics in many countries or regions, also consider more related variables.

References:

- [1] Abhishek, K. N., Supreetha, S., Varma Penumatsa, N., Sam, G., Khanapure, S. C., &Sivarajan, S. (2016). Awareness-knowledge and practices of dental waste management among private practitioners. *Kathmandu Univ Med J (KUMJ)*, 14(53), 17-21.
- [2] Agarwal, B., Kumar, M., Agarwal, S., Singh, A., & Shekhar, A. (2011). Biomedical waste and dentistry. *BLOOD*, 5, 8.
- [3] Ahmed, S., Tarique, K. M., &Arif, I. (2017). Service quality, patient satisfaction and loyalty in the Bangladesh healthcare sector. *International journal of health care quality assurance*.
- [4] Ala'Eddin Mohammad Khalaf Ahmad, H., Al-Borie, M., Kamal, E. A., &Abdulaziz, F. (2016) The Impact of Brand Equity on Patients' Purchasing Behaviors in Private Dental Practice in Jeddah, Saudi Arabia.
- [5] Al-Borie, H. M., Kamal, E. A., Abdulfattah, F. A., &Rhbeini, A. Y. A. (2016). The Impact of Brand Equity on Patients' Purchasing Behaviors in Private Dental Practice in Jeddah, Saudi Arabia. *Journal of Business Administration Research*, 5(2), 41-55.
- [6] Alcota, M., Ruiz de Gauna, P., & González, F. E. (2013). Development of ethical practices and social responsibility in dental education at the University of Chile: student and faculty perceptions. *European Journal of Dental Education*, 17(1), 70-76.
- [7] Altaf, M., Tabassum, N., & Mokhtar, S. S. M. (2018). Brand equity and the role of emergency medical care service quality of private cardiac institutes. *International Journal of Pharmaceutical and Healthcare Marketing*.
- [8] Amoroso, D. L., & Roman, F. (2015). Corporate social responsibility and purchase intention: the roles of loyalty, advocacy and quality of life in the Philippines. *The International Journal of Management*, 4(1), 25-41.
- [9] Bahadori, M., Raadabadi, M., Ravangard, R., &Baldacchino, D. (2015). Factors affecting dental service quality. *International journal of health care quality assurance*.
- [10] Brondani, M. A. (2012). Teaching social responsibility through community service-learning in predoctoral dental education. *Journal of dental education*, 76(5), 609-619.
- [11] Brunner, T. A., Stöcklin, M., &Opwis, K. (2008). Satisfaction, image, and loyalty: new versus experienced customers. *European journal of marketing*.
- [12] Carroll, A. B., & Shabana, K. M. (2010). The business case for corporate social responsibility: A review of concepts, research, and practice. *International journal of management reviews*, 12(1), 85-105.
- [13] Charmel, P. A., & Frampton, S. B. (2008). Building the business case for patient-centered care. *HealthFinanc Manage*, 62(3), 80-5.
- [14] Chi, D. L., Milgrom, P., & Gillette, J. (2018). Engaging stakeholders in patient-centered outcomes research regarding school-based sealant programs. *American Dental Hygienists' Association*, 92(1), 16-22.
- [15] Chahal, H., &Bala, M. (2012). Significant components of service brand equity in the healthcare sector. *International journal of health care quality assurance*. Choi, B., & La, S. (2013). The impact of corporate social responsibility (CSR) and customer trust on the restoration of loyalty after service failure and recovery. *Journal of Services Marketing*.
- [16] Chung, K. H., Yu, J. E., Choi, M. G., & Shin, J. I. (2015). The effects of CSR on customer satisfaction and loyalty in China: the moderating role of corporate image. *Journal of Economics, Business and Management*, 3(5), 542-547.
- [17] Corbin, C. L., Kelley, S. W., & Schwartz, R. W. (2001). Concepts in service marketing for

- healthcare professionals. *The American Journal of Surgery*, 181(1), 1-7.
- [18] Cortada, J. W., Gordon, D., & Lenihan, B. (2012). The value of analytics in healthcare: From insights to outcomes. IBM Global Business Services Executive Report. *Annual Institute for Business Value*.
- [19] Cronin Jr, J. J., & Taylor, S. A. (1992). Measuring service quality: a re-examination and extension. *Journal of Marketing*, 56(3), 55-68.
- [20] Ercan, I., Yazici, B., Sigirli, D., Ediz, B., & Kan, I. (2007). Examining Cronbach alpha, theta, omega reliability coefficients according to sample size. *Journal of modern applied statistical methods*, 6(1), 27.
- [21] Das, M. (2017). Healthcare: An Emerging Area of Research. *International Journal of Research in Finance and Marketing*, 7(4), 13-29.
- [22] de Lira, A. D. L. S., & Magalhães, B. M. (2018). Digital marketing in dentistry and ethical implications. *Brazilian Dental Science*, 21(2), 237-246.
- [23] Dharamsi, S., Pratt, D. D., & MacEntee, M. I. (2007). How dentists account for social responsibility: economic imperatives and professional obligations. *Journal of Dental Education*, 71(12), 1583-1592.
- [24] Dental Division Health Development Ministry of Public Health (2012). The 7th Thailand National Oral Health Survey report. Bangkok: Health Department Ministry of Public Health.
- [25] Desai, P., & Chandawarkar, M. R. (2015). CSR Practices and Sustainability of Health Care Organizations. *Journal of Exclusive Management Science*, 4(8), 4-9.
- [26] Dobros, M., & Katsaliaki, K. (2017). Applying Marketing Tools in Dental Practice: The Case of Greek Dentists, *dental practice*, 11, 17.
- [27] Du, S., Bhattacharya, C. B., & Sen, S. (2010). Maximizing business returns to corporate social responsibility (CSR): The role of CSR communication. *International journal of management reviews*, 12(1), 8-19.
- [28] El-Houfey, A. A., & El-Maghrabi, N. M. (2016). Knowledge, attitudes and behaviors of dental patients toward cross infection control measures in dental clinics at Assiut University Hospital. *IJND*, 8(85), 14-20.
- [29] Espinosa, J. A., Ortinau, D. J., Krey, N., & Monahan, L. (2018). I'll have the usual: how restaurant brand image, loyalty, and satisfaction keep customers coming back. *Journal of Product & Brand Management*.
- [30] Geangu, P. I., CREȚOIU, R., & Gârdan, D. A. (2011). Particularities of dental, medical services, and consumers in the context of globalization. *Annals of Spiru Haret, Economic Series*, 2(11), 71-80.
- [31] Grover, A. (2014). Importance of CSR in Inclusive development. *Procedia-Social and Behavioral Sciences*, 157, 103-108.
- [32] Hall, D., & Jones, S. C. (2008). Corporate social responsibility, condition branding and ethics in marketing.
- [33] Harr, R. (2001). TQM in dental practice. *International Journal of Health Care Quality Assurance*.
- [34] Heenetigala, K. (2016). Community Development as a CSR Strategy for Sri Lanka. *Journal of Law and Governance*, 11(1).
- [35] Hoeffler, S., & Keller, K. L. (2002). Building brand equity through corporate societal marketing. *Journal of Public Policy & Marketing*, 21(1), 78-89.
- [36] Huang, C. C., Yen, S. W., Liu, C. Y., & Huang, P. C. (2014). The relationship between corporate social responsibility, service quality, corporate image, and purchase intention. *International Journal of Organizational Innovation (Online)*, 6(3), 68.
- [37] Hwang, Y. I., & Chung, S. (2018). Market orientation, social responsibility, and performance in Korea's healthcare industry. *International Journal of Healthcare Management*, 11(4), 325-332.
- [38] Jayadevappa, R., & Chhatre, S. (2011). Patient-centered care-a conceptual model and review of the state of the art. *The Open Health Services and Policy Journal*, 4(1).
- [39] Jaysawal, D., & Saha, S. (2015). Corporate social responsibility (CSR) in India: A review. Available at SSRN 2692044.
- [40] Jawale, K. V. (2012). Methods of sampling design in legal research: Advantages and disadvantages. *Online International Interdisciplinary Research Journal*, 2(6), 183-190.

- [41] Johnson, M. D., Gustafsson, A., Andreassen, T. W., Lervik, L., & Cha, J. (2001). The evolution and future of national customer satisfaction index models. *Journal of Economic Psychology*, 22(2), 217-245.
- [42] Kandampully, J., & Suhartanto, D. (2000). Customer loyalty in the hotel industry: the role of customer satisfaction and image. *International journal of contemporary hospitality management*.
- [43] Kay, M. J. (2007). Healthcare marketing: what is salient? *International Journal of Pharmaceutical and Healthcare Marketing*.
- [44] Keller, K. L. (1993). Conceptualizing, measuring, and managing customer-based brand equity. *Journal of Marketing*, 57(1), 1-22. Keller, K. L. (2003). Brand synthesis: The multidimensionality of brand knowledge. *Journal of consumer research*, 29(4), 595-600.
- [45] Kepros, J., Mosher, B., Anderson, C., & Stevens, P. (2006). The product life cycle of healthcare in the United States. *Internet Journal of Healthcare Administration*, 4(2), 1-5.
- [46] Kemp, E., Jillapalli, R., & Becerra, E. (2014). Healthcare branding: developing emotionally based, consumer-brand relationships. *Journal of Services Marketing*.
- [47] Korwanich, K., Sheiham, A., Srisuphan, W., & Srisilapanan, P. (2008). Promoting healthy eating in nursery school children: a quasi-experimental intervention study. *Health Education Journal*, 67(1), 16-30.
- [48] Kotler, P., & Lee, N. (2005). *CSR: Doing the Most Good For Your Company and Your Cause*
- [49] Kotler, P., & Keller, K. L. (2016). *Marketing Management. Global Edition (Vol. 15E). Global Edition (Vol. 15E).*
- [50] Kumar, P., Singh, S. K., Pereira, V., & Leonidou, E. (2020). Cause-related marketing and service innovation in emerging country healthcare. *International Marketing Review*.
- [51] Lee, W. I., & Shih, B. Y. (2009). Application of neural networks to recognize profitable customers for dental services marketing—a case of dental clinics in Taiwan. *Expert systems with applications*, 36(1), 199-208.
- [52] Limbu, Y. B., Pham, L., & Mann, M. (2019). Corporate social responsibility and hospital brand advocacy. *International Journal of Pharmaceutical and Healthcare Marketing*.
- [53] Maichum, K., Parichatnon, S., & Peng, K. C. (2016). Application of the extended theory of planned behavior model to investigate purchase intention of green products among Thai consumers. *Sustainability*, 8(10), 1077.
- [54] Martínez, P., & Del Bosque, I. R. (2013). CSR and customer loyalty: The roles of trust, customer identification with the company and satisfaction. *International Journal of Hospitality Management*, 35, 89-99.
- [55] Matysiewicz, J., & Sztangret, I. (2017). Corporate social responsibility in healthcare. A value for customer approach.
- [56] Mohr, L. A., & Webb, D. J. (2005). The effects of corporate social responsibility and price on consumer responses. *Journal of consumer affairs*, 39(1), 121-147.
- [57] Nguyen, L., & Häkkinen, U. (2005). *Choices and Utilization in Dental Care: Public vs. Private Dental Sectors, and the Impacts of a Two-Channel Financed Health Care System*. National Research and Development Centre for Welfare and Health.
- [58] Odoom, P. T., Narteh, B., & Odoom, R. (2019). Healthcare branding: Insights from Africa into health service customers' repeat patronage intentions. *International Journal of Healthcare Management*, 1-13.
- [59] Porter, S. A. T., & Grey, W. L. (2002). Ethical dilemmas confronting dentists in Queensland, Australia. *Australian dental journal*, 47(3), 241-248.
- [60] Rahman, M. S. (2020). The advantages and disadvantages of using qualitative and quantitative approaches and methods in language “testing and assessment” research: A literature review.
- [61] Rose, A. (2007). *Ethics and human resource management. New York: McGraw-Hill*, 37, 38.
- [62] Scarlett, M. I., & Grant, L. E. (2015). Ethical oral health care and infection control. *J Dent Educ*, 79(5), S45-7.
- [63] Sharma, A., & Kiran, R. (2012). Corporate social responsibility initiatives of major companies of India focus on health, education, and environment. *African Journal of Basic & Applied Sciences*, 4(3), 95-105.

- [64] Sierra, V., Iglesias, O., Markovic, S., & Singh, J. J. (2017). Does ethical image build equity in corporate services brands? The influence of customer perceived ethicality on effect, perceived quality, and equity. *Journal of Business Ethics*, 144(3), 661-676.
- [65] Sirisha, B., & Babu, M. K. (2014). Branding of hospitals—through tangible factors by selected hospitals. *Excel International Journal of Multidisciplinary Management Studies*, 4(3), 227-237.
- [66] Smith, A. D. (2010). Corporate social responsibility in the healthcare insurance industry: a cause-branding approach. *International journal of electronic healthcare*, 5(3), 284-302.
- [67] Sreenivas, T., Srinivasarao, B., Srinivasa Rao, U., & India, A. (2013). An analysis of marketing mix in hospitals. *International Journal of Advanced Research in Management and Social Sciences*, 2(4), 187-207.
- [68] Tianviwat, S., Chongsuvivatwong, V., & Birch, S. (2009). Estimating unit costs for dental service delivery in institutional and community-based settings in Southern Thailand. *Asia Pacific Journal of Public Health*, 21(1), 84-93.
- [69] Tomaselli, G., Garg, L., Gupta, V., Xuereb, P. A., Buttigieg, S. C., & Vassallo, P. (2018). Healthcare systems and corporate social responsibility communication: a comparative analysis between Malta and India. *Journal of Global Information Management (JGIM)*, 26(4), 52-66.
- [70] Tuan, L. T. (2012). Corporate social responsibility, leadership, and brand equity in healthcare service. *Social Responsibility Journal*. Visavanont, N., & Jeenanunta, C. (2014). Critical factors influencing innovation in Thai hospitals. *Nida Development Journal*, 54(2), 229-267.
- [71] Wang, Z., Janda, S., & Rao, C. P. (1996). Dental services marketing: do market segments based on usage rate differ in terms of determinant attributes? *Journal of Services Marketing*.
- [72] WichitSrisuphan, R. N., & PatcharawanSrisilapanan, D. D. S. (2007). Opinions of parents, teachers, and school board members regarding healthy eating: A qualitative investigation of lay Thai people's perspectives. *J Med Assoc Thai*, 90(5), 1014-20.
- [73] Wijayanti, T. C., Setini, M., & Darma, D. C. (2019) How to Increase Brand Equity and Brand Loyalty? *International Journal of Innovative Science and Research Technology*, 4(10), 104-111.
- [74] Wu, S. I., & Lin, H. F. (2014). The correlation of CSR and consumer behavior: A study of a convenience store. *International Journal of Marketing Studies*, 6(6), 66.